

**Exploring the Beliefs about Sex and Relationships Held by Sex
Offenders with an Intellectual Disability**

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Contents

Abstract.....	9
Chapter One: Introduction	12
1.1. Background and Rationale.....	12
1.2. Thesis Aims and Research Questions.....	14
1.3. The Empirical Studies.....	15
1.4. Thesis Structure and Outline of Chapters	17
Chapter Two: Literature Review	18
2.1. Intellectual Disability	18
2.2. Intellectually Disabled Offenders	31
2.3. Sexuality	46
2.4. Research Context.....	58
Chapter Three: Methodological Review	64
3.1. Methodological Approach	64
3.2. Philosophical Stance.....	65
3.3. Ethical Challenges	67
3.4. Research Design	70
3.5. The Research Process	73
3.6. Quality assurance.....	77
3.7. Summary	80
Chapter Four: Adapting a Beliefs about Sex and Relationships Exercise for use with Sex offenders who have an Intellectual Disability	81
4.1. Introduction	81
4.2. Method.....	84
4.3. The Process of Vignette Development	88
4.4. Discussion.....	103
4.5. Conclusion.....	105
Chapter Five: Exploring the Beliefs about Sex and Relationships Held by Sex Offenders who have an Intellectual Disability	106
5.1. Introduction	106
5.2. Method	109
5.3. Results	114

5.4.	Discussion.....	140
5.5.	Conclusion.....	146
Chapter Six: Exploring the Contexts in which Sex Offenders with an Intellectual Disability Developed their Beliefs about Sex and Relationships		147
6.1.	Introduction.....	147
6.2.	Method.....	151
6.3.	Results.....	152
6.4.	Discussion.....	176
6.5.	Conclusions.....	183
Chapter Seven: An Exploration of the Behaviours Employed by Sex Offenders with an Intellectual Disability when Responding to Sexual Belief Vignettes		184
7.1.	Introduction.....	184
7.2.	Method.....	184
7.3.	Results.....	185
7.4.	Discussion.....	192
7.5.	Conclusions.....	196
Chapter Eight: Evaluating the use of Vignettes as a Therapeutic Tool to Explore the Beliefs about Sex and Relationships of Sex Offenders with an Intellectual Disability within a Clinical Setting		198
8.1.	Introduction.....	198
8.2.	Method.....	199
8.3.	Results.....	202
8.4.	Discussion.....	206
8.5.	Conclusion.....	208
Chapter Nine: Conclusions and Reflections		209
9.1.	Thesis Contribution.....	209
9.2.	Critical appraisal of the thesis.....	214
9.3.	Directions for future research	216
9.4.	Reflections	218
References.....		223
Appendices.....		268

List of Figures

Figure 1: Contributors to the 'Dark Figure' of crime perpetrated by ID individuals at various stages of the Criminal Justice System	32
Figure 2: Four sub-hypotheses from the Counterfiet Devianece Hypothesis	43
Figure 3: 'The Nature of Human Sexuality' - Reproduced from Hill (2008, pg. 4).....	46
Figure 4: Diagram showing interview topics and contributions to the studies	76
Figure 5: The process of vignette development	89
Figure 6: A data display of participants' relationship expectations	127

List of tables

Table 1: Wechsler Test Scores and Associated Percentile Ranks and Classifications	20
Table 2: The Four Risk Domains of the Structured Assessment of Risk and Need.....	59
Table 3: Sex offender treatment programmes and equivalent adapted programmes currently available in NOMS.....	60
Table 4: Methods of psychotherapy adaptation, taken from Hurley et al. (1998).....	82
Table 5: A comparison of themes within responses to the vignettes to statements encompassed within the vignettes	98
Table 6: Participant information	112

List of Appendices

Appendix 1: The Healthy Sexual Functioning programme sexual statements exercise	269
Appendix 2: Themes encompassed within the Healthy Sexual Functioning programme sexual statements.....	271
Appendix 3: Literature review concerning ID sex offenders and relationships, intimacy, sexual expression and sexual conservatism	272
Appendix 4: Example consent form.....	278
Appendix 5: First version of the vignettes	281
Appendix 6: Example debrief form.....	288
Appendix 7: Table of themes of participants' beliefs about sex and relationships	290
Appendix 8: Interview schedule Study Three	314

Appendix 9: <i>Beliefs about sex and relationships exercise within manual</i>	318
Appendix 10: <i>Staff interview schedule</i>	333
Appendix 11: <i>Example staff consent form</i>	334

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Abstract

This thesis aimed to enrich the existing research literature concerning sex offenders with an intellectual disability and to offer direct implications for the treatment of these individuals within the National Offender Management Service¹ (NOMS). The thesis concerns the exploration of the beliefs about sex and relationships held by sex offenders who have an intellectual disability. Existing research literature indicates that this is an important and somewhat under-researched area. Indeed, we know that people with intellectual disabilities often experience impoverished or distorted sexual learning experiences and commonly lack knowledge or hold mistaken beliefs about sex and relationships. Additionally, there is evidence to suggest that those who sexually offend often have sex education needs. Yet we know little about the nature of the beliefs about sex and relationships held by sex offenders with an intellectual disability beyond quantitative insights offered by comparative studies.

This thesis comprises five empirical studies which aimed to address this research gap. All of the studies employed qualitative methodology and recruited participants from a UK prison. The first study aimed to develop and evaluate a method by which beliefs about sex and relationships held by sex offenders with an intellectual disability could be explored. To do so, an existing sex and relationship beliefs exercise was taken from a NOMS sex offender treatment programme and adapted so that it was suitable for use with individuals who had an intellectual disability. The result was a battery of seven vignettes (short hypothetical stories) depicting sexual and relationship scenarios which could be used to explore the respondent's beliefs related to the scenarios. By using the vignettes with a sample of six sex offenders who had an intellectual disability, the study demonstrated that the vignettes were successfully eliciting participants' beliefs about sex and relationships. Furthermore, the vignettes appeared to be sensitive to the participants' needs by, for example, alleviating the risk of potential response bias such as acquiescence.

The second study used the vignettes to explore the beliefs about sex and relationships held by a sample of 21 sex offenders with an intellectual disability. These participants were presented with the vignettes as part of a semi-structured interview and the resulting data were analysed using inductive thematic analysis. The study found that the beliefs expressed by participants were largely idiosyncratic, however, a range of belief themes were also

¹ The agency which governs and provides offender services within community and custodial settings, encompassing Her Majesty's Prison and Probations services

identified. Most striking were themes relating to misunderstandings about female sexuality and beliefs which were conducive to a restrictive sexuality.

The third study sought to explore the contexts in which sex offenders with an intellectual disability developed their beliefs about sex and relationships. The 21 participants from the previous study were asked to describe their relationships, sexual experiences and learning histories. Participants also offered an account of their sexual offence(s). The resulting data were analysed using a deductive thematic analysis which was informed by existing literature on learning about sex and relationships. The study found that these individuals often had impoverished learning experiences. With little or no formal sex education many had relied upon limited and, at times, distorted information sources to inform their beliefs such as friends, pornography or their own experiences. The study was also able to identify links between participants' beliefs about sex and relationships and their experiences, including their sexual offending.

Having noted the frequency of response behaviours employed by participants when responding to the vignettes, the fourth study aimed to explore the way in which participants interacted with the vignettes. Using inductive thematic analysis on data from study two, three themes of response behaviour were identified: drawing upon experience, placing oneself within the vignette and building the story. These findings offer insight into the way in which participants' formed their beliefs but also further our understanding about the function of the vignette methodology. The study also highlighted the value in encouraging participants to engage in a kinaesthetic mode of responding as this appears to facilitate the activation of in-action beliefs which often differ from beliefs expressed from an objective position.

The final study sought to bridge the academic findings of the thesis with clinical practice by recruiting staff who work with sex offenders who have an intellectual disability within Her Majesty's Prison service to use the vignettes as a therapeutic tool. Two therapist-client participant pairs were recruited and each pair carried out an hour therapy session, working through the battery of vignettes. The results indicated that the vignettes represent a useful clinical tool for the exploration of beliefs about sex and relationships held by this client group. The study did, however, highlight the need for the vignettes to be tailored for each individual and for the therapist to be flexible and creative in their use of the vignettes in order to maximise responsivity.

As well as offering several original contributions to the research literature on sex offenders with an intellectual disability, this thesis presents direct implications for the treatment of these individuals within NOMS. One such implication is the inclusion of the

vignettes as an exercise within a new sex offender treatment programme within NOMS which is accessed by sex offenders who have an intellectual disability.

Chapter One

Introduction

1.1. Background and Rationale

Over the past 30 years we have seen a growing body of research inform the development of effective evidence-based interventions for sex offenders within NOMS. However, whilst this represents heartening development for ‘mainstream’ sex offenders, similar work concerning sex offenders with an intellectual disability has lagged considerably behind (Wilcox, 2004). As such, sex offenders with intellectual disabilities do not currently benefit from the range of standardised and specialised treatment interventions which are available to sex offenders without an intellectual disability, with offending behaviour programmes generally excluding those with an IQ below 80 (encompassing those with intellectual disabilities). This clearly sits uneasily with the Disability and the Equality Act (2010) which places a legal responsibility on all public services to guard against the discrimination of individuals with any form of disability.

We are, however, seeing a change to this state of affairs with a smaller but growing body of research contributing to our understanding of the extent and aetiology of sexual offending committed by people with an intellectual disability. Key authors including Bill Lindsay and Jim Haaven have made significant contributions to this field of research which has, in recent years, expanded considerably. This growing literature has not only enriched our understanding but it has also offered implications for the assessment and treatment of this client group. Indeed, NOMS are seeking to close the treatment gap described above by commissioning a range of developments in offender treatment programmes which will widen access to interventions for offenders who have an intellectual disability. Most notable to this thesis is the revision of the former Healthy Sexual Functioning programme (now the Healthy Sex Programme; HSP) to include appropriate adaptations for those with an intellectual disability.

This thesis aims to contribute to the existing research literature concerning sex offenders with an intellectual disability and to present practical implications for the treatment of this client group within NOMS. It is specifically concerned with the exploration of the beliefs about sex and relationships held by these individuals. The rationale for this focus has both academic and applied origins. In terms of the research literature, previous authors have

described how the beliefs we hold can affect us in a range of ways including guiding our behaviour (Baron, 2000; Ramsey, 1931), influencing our perception of the world (Abelson, 1986) and altering self-esteem (Mayhew & Edelman, 1989). Furthermore, we know that both individuals with an intellectual disability (for example: Galea, Butler, Iacono, & Leighton, 2004) and sex offenders (for example: Calder, Hampson, & Skinner, 1999) often present with deficient sexual knowledge and mistaken beliefs about sex. It is therefore conceivable to suggest that sex offenders who have an intellectually disabled may hold beliefs about sex and relationships which function in a harmful way and therefore represent a treatment need. However, whilst existing research has examined sexual knowledge differences between offending and non-offending cohorts of people with intellectual disabilities (for example: Lockhart, Guerin, Shanahan, & Coyle, 2010), we know relatively little about the specific nature and effect of the beliefs about sex and relationships held by this former group. Thus, this research aims to contribute to the extant literature by offering an in-depth exploration of the beliefs about sex and relationships held by a sample of sex offenders with an intellectual disability.

The applied rationale for this research is borne out of the development of the HSP mentioned above. The thesis aimed to contribute to this programme by adapting an exercise which was used as part of the original Healthy Sexual Functioning Programme (HSFP) to explore beliefs about sex and relationships in order that it could be used with sex offenders who have an intellectual disability as part of the HSP. The adaptation of existing psychological approaches for clients with an intellectually disabled has comprised a vital area of research and practice in this field (Lindsay, Hastings, Griffiths, & Hayes, 2007). This thesis aimed to contribute to this growing body of research by documenting the process of adaptation.

The research was fortunate in its ability to draw its sample from HMP Whatton, the largest sex offender prison and treatment centre in Europe which, at the time of writing, held approximately 830 convicted sex offenders, approximately 150 of whom are considered to have an intellectual disability. As such, the research takes advantage of one of the largest pools of imprisoned sex offenders with an intellectual disability within the UK. It is worth noting here that the focus of this thesis is on male sex offenders with an intellectual disability, reflecting the nature of the current literature which is overwhelmingly concerned with male participants (Lindsay *et al.*, 2004). Whilst an emerging body of literature is slowly contributing to our understanding of the extent and aetiology of female sexual offending (see Gannon & Cortoni, 2010), there remains a ‘male monopoly’ which not only exists within

‘mainstream’ sex offender literature, but also within literature relating to sex offenders with intellectual disabilities (Holland, Clare, & Mukhopadhyay, 2002; Thompson & Brown, 1997). Thompson and Brown (1997) argue that, although much less common, sexual abuse by women with an intellectual disability does occur (see Brown, Stein, & Turk, 1995). Thus, whilst the focus of the current thesis is on offending by males, the existence of sexual offending by females with intellectual disabilities is not denied nor is its importance undermined.

1.2. Thesis Aims and Research Questions

At the outset of this research there were four primary research aims, which were to:

- develop an exercise by which the beliefs about sex and relationships held by sex offenders with an intellectual disability can be explored;
- explore the nature of the beliefs about sex and relationships held by a sample of sex offenders with an intellectual disability;
- explore the contexts in which sex offenders with an intellectual disability developed their beliefs about sex and relationships;
- explore the clinical utility of the beliefs about sex and relationships exercise as a therapeutic tool in the treatment of sex offenders with an intellectual disability.

During the course of the thesis, a further aim was developed which was to:

- explore the response behaviours employed by sex offenders with an intellectual disability when interacting with sexual belief vignettes.

Encompassed within these aims were the following research questions:

- is the current HSFP beliefs about sex and relationships exercise suitable for use with sex offenders with an intellectual disability?
- How can the beliefs about sex and relationships held by sex offenders with an intellectual disability be elicited?
- How might these beliefs be elicited within a treatment setting?

- What types of belief about sex and relationships do these individuals hold?
- Are there any commonalities in the beliefs held by these individuals?
- How might these beliefs be formed and maintained?
- How might others' influence the types of beliefs these individuals develop?
- What is the likely effect of these beliefs?
- How might beliefs about sex and relationships be linked to sexual offending?
- What are the implications of the above for the psychological treatment for this client group?

1.3. The Empirical Studies

This thesis comprises five empirical studies, each designed to address one of the research aims stated above. These studies sought to offer both academic implications, supplementing the current research literature concerning sex offenders with an intellectual disability and practical, applied implications, informing the treatment of these individuals within NOMS. The section below offers a brief overview of each of these studies.

1.3.1. Study One (Chapter Four): Adapting a beliefs about sex and relationships exercise for use with sex offenders who have an intellectual disability

This study addressed the first aim of this thesis by developing an exercise to explore the beliefs about sex and relationships held by sex offenders with an intellectual disability. The study adapted an exercise used as part of the HSFP which was running at the time the research was carried out. The original exercise comprised 100 statements which represented common beliefs about sex and relationships which are considered mistaken and/or harmful. The process of adaptation involved analysis of the statements, practitioner consultation, a review of the relevant research literature and conversion of a selection of the statements into short, hypothetical stories (vignettes). The vignettes were then used with a sample of six sex offenders with an intellectual disability and the resulting data analysed using deductive thematic analysis to confirm they were eliciting the intended beliefs. This resulted in a battery of seven vignettes which were shown to elicit beliefs relating to five areas identified as pertinent to this group: relationships, intimacy, sexual expression, sexual conservatism and interpreting others' behaviour. This chapter documents the process of adaptation, the

evaluations and revisions made to the vignettes as well as results from data collection and analysis.

1.3.2. Study Two (Chapter Five): An exploration of the beliefs about sex and relationships held by sex offenders with an intellectual disability

This study addressed the second research aim by exploring the nature of the beliefs about sex and relationships expressed by a sample of sex offenders with an intellectual disability. Twenty one sex offenders with an intellectual disability from HMP Whatton (including the six participants from Study One) were each interviewed on two or three occasions. The vignettes developed in Study One were used as part of these interviews to elicit participants' beliefs about sex and relationships. Thematic analysis was carried out which used inductive coding to identify the themes of beliefs about sex and relationships expressed. This chapter offers a detailed description of the beliefs expressed by this group, highlighting the themes which were identified and other pertinent observations.

1.3.3. Study Three (Chapter Six): Exploring the contexts in which sex offenders with an intellectual disability developed their beliefs about sex and relationships

This study sought to address the third research aim by exploring the contexts in which the 21 participants from the previous study developed their beliefs about sex and relationships. Participants were asked to describe their relationships, sexual experiences and learning histories. The data were analysed using a deductive thematic coding framework which was informed by the sexuality literature. A range of themes were identified which offer insight into the sources of information these individuals were likely to have utilised in the formation of their beliefs about sex and relationships. Description and interpretation of the themes are discussed within this chapter.

1.3.4. Study Four (Chapter Seven): An exploration of the vignette response behaviours employed by sex offenders with an intellectual disability

Having noted the frequency of response behaviours employed by participants within Study Two, this study aimed to explore the way in which participants interacted with the vignettes. The study utilised the data from the 21 participants who took part in the former studies to explore their response behaviours when interacting with the vignettes. Using inductive

thematic analysis three different types of response behaviour were identified: drawing upon experience, placing self within the vignette and building the story. Each theme and encompassed subthemes are described within this chapter and the implications for both theory and practice discussed.

1.3.5. Study Five (Chapter Eight): Evaluating the use of vignettes as a therapeutic tool to explore the beliefs about sex and relationships held by sex offenders with an intellectual disability within a clinical setting

This study addressed the final research aim by recruiting practitioners working within HM Prison Service with sex offenders who have an intellectual disability to utilise the vignettes formerly developed as a therapeutic tool. Two therapist-client pairs were recruited and each undertook an hour treatment session in which the vignettes were used to elicit the client's beliefs about sex and relationships. Any expressed beliefs which were considered harmful or unhelpful were reformulated by the therapist who was guided by the exercise manual developed by the researcher. The utility of the vignettes for this purpose was then evaluated by collating feedback from the both therapist and client participants and by reviewing the recording of the treatment session. This chapter documents the findings and details several recommendations for the future use of this exercise within a clinical setting.

1.4. Thesis Structure and Outline of Chapters

The thesis comprises nine chapters. Chapter One offers an introduction to the thesis, outlining the background and rationale to the research and the aims and objectives which emerged from the research and practice gaps. Chapter Two concerns a review of the relevant literature in which a range of pertinent topics are addressed, namely, intellectual disability, sexual offending, sexuality (encompassing one's beliefs) and the treatment of sex offenders within NOMS. Having situated the thesis within both academic and practical fields, Chapter Three goes on to describe the methodological issues encountered when designing the studies to meet the research aims, offering an outline and rationale of the solutions reached. Chapters Four to Eight report the five empirical studies carried out as part of the thesis which are described above. Finally, Chapter Nine offers a summary of the research findings, implications, concluding remarks as well as the researcher's reflections upon the thesis journey.

Chapter Two

Literature Review

Three particular fields of research have greatly influenced this thesis, these are: intellectual disability, sexual offending and sexuality. The aim of this literature review is to offer an overview of the current evidence which pertains to these areas of research and has relevance to the research aims. It will also situate the thesis within its applied context by offering an overview of the current provision of Psychological treatment to sex offenders within NOMS.

2.1. Intellectual Disability

2.1.1. Terminology

The concept of intellectual disability is central to this thesis so it is first necessary to offer an overview of the way it has been described. It is important to acknowledge that there are a range of terms which have been used to describe people who meet the criteria for an intellectual disability. The World Health Organisation (WHO, 2007) conducted a review of the terminology adopted in 127 countries worldwide and reported ‘mental retardation’ was most often employed, followed by ‘intellectual disabilities’, ‘mental handicap’, ‘mental disability’, ‘learning disability’ and ‘developmental disability’. The use of the term ‘mental retardation’ is generally concentrated within the US literature and, until recently, it was the term adopted by one of the most commonly used diagnostic systems, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR; American Psychiatric Association, 2000). Schalock *et al.* (2007) do, however, note a slow transition within the US literature whereby this term is increasingly being replaced with ‘intellectual disability’. This change is reflected in the replacement of the term ‘mental retardation’ with ‘intellectual developmental disorder’ within the newly published fifth version of the DSM (American Psychiatric Association, 2013). This transition is reflective of the widespread views that ‘mental retardation’ is not a respectful term, nor does it communicate dignity, but rather it is seen to devalue the individual (Finlay & Lyons, 2005; Snell & Voorhees, 2006). Furthermore, Wehmeyer *et al.* (2008) note that whilst ‘mental retardation’ implies that the disability resides within that person, implying a slowness within the mind, ‘intellectual disability’ to a degree recognises its social construction. Here, the term ‘intellectual disability’ refers to the fit between the individual’s capacities and the context in which they function.

Within UK literature the term ‘intellectual disability’ is widely considered to be most appropriate and is most often used (Glaser & Deane, 1999). Much existing literature within the UK also employs the term ‘learning disability’ which corresponds to the same definition as intellectual disability (for example: Whitaker & Porter, 2002; Whitaker, 2004). This should be discriminated from a related deficit, ‘learning difficulty’ which, in the UK, represents a narrower term relating to difficulties in cognition, comprehension and/or communication which may hinder learning, but which do not necessarily denote low intelligence (Talbot & Riley, 2007). Examples of learning difficulties include dyslexia, dyscalculia, autism or Asperger’s syndrome (Talbot & Riley, 2007).

Thus, it is evident that there is currently a lack of consistency in the use of terminology for these individuals. Although much of the literature which will be discussed throughout this thesis has adopted varied terminology, the term intellectual disability (ID) shall be adopted throughout the remaining thesis.

2.1.2. Assessment and definition

The criteria for defining ID have historically been subject to much change, reflecting changes in both societal attitudes, concepts of so-called political correctness, and advances in scientific knowledge (Switzky & Greenspan, 2006). Schalock *et al.* (2007) explain how the definition has evolved over time. They explain that, historically, a social approach was adopted whereby a person would be deemed ID if they could not socially adapt to their environment. This was later replaced with a medical model, reliant on a clinical approach which took influence from knowledge about the role of organicity, heredity and pathology. With the advent of intelligence testing, later definitions of ID emphasised the role of intellectual functioning and therefore utilised IQ scores in their diagnoses. Finally, the approach from which the currently accepted definition derives recognises the role of both intellectual functioning and adaptive functioning, a definition which Schalock *et al.* predict will remain for the foreseeable future. Thus, the British Psychological Society cite three criteria currently used to determine ID:

- a significantly reduced capacity to understand complex information or learn new skills (impaired intelligence);
- a reduced ability to cope independently (impaired social/adaptive functioning);

- a condition which started before adulthood (18 years of age) and has a lasting effect.

Regardless of terminology adopted, these criteria are adhered to by various bodies including the American Psychiatric Association (APA, 2000), the British Psychological Society (BPS, 2001), the American Association on Mental Retardation AAMR, 2002) and the Department of Health (DoH, 2001). An overview for the rationale and measurement of each criterion is offered below.

(i) Impaired intelligence

Traditionally, impaired intelligence has been measured using the Wechsler Adult Intelligence Scales (Kaufman & Lichtenberger, 1999; Wechsler, 1981; Wechsler, 1999; Wechsler, 2008). The most recent version of the tool, the WAIS-IV (Wechsler, 2008), comprises ten sub-tests which offer an assessment of four aspects of cognitive functioning: Verbal Comprehension, Perceptual Reasoning, Working Memory and Processing Speed. In addition to offering composite scores for each of these specific cognitive areas, the WAIS-IV offers a Full Scale IQ score which represents general intellectual ability.

Table 1: Wechsler Test Scores and Associated Percentile Ranks and Classifications

Full scale IQ score	Percentile Rank Range	Classification
130 and above	98 to 99.99	Very superior
120 to 129	91 to 97	Superior
110 to 119	75 to 90	High Average
90 to 109	25 to 73	Average
80 to 89	9 to 23	Low average
70 to 79	2 to 8	Borderline
69 and below	.01 to 2	Extremely low

The WAIS scales offer seven classifications of intellectual functioning based on Full Scale scores, these classifications are displayed within Table 1. The impaired intelligence criterion requires a Full Scale IQ score of 70 or below. This is because a score of 70 is more than two standard deviations below the average IQ of 100 and is therefore thought to represent significant intellectual impairment (BPS, 2001).

It is however important to note that IQ scores are generally only accurate within a three to five point range and that accuracy may be even less when applied to individuals with low IQ (Whittaker, 2004). Having carried out a meta-analysis of literature relating to the stability of IQ scores for those with low IQ (encompassing three different scales, including the WAIS), Whitaker (2004) noted the relative instability of IQ scores in relation to this group. Although most retest scores changed by less than six points, the author found 14 per cent of scores changed by ten points or more.

(ii) Impaired adaptive functioning

Adaptive functioning is a broad concept which refers to “*the performance of the daily activities that are required for social and personal sufficiency*” (Sparrow, Cicchetti, & Balla, 2005, pg. 6). Whilst a strict definition of adaptive functioning does not exist, various influential bodies have offered some guidance as to how the concept should be operationalised. The APA (2013) recently updated their definition of adaptive functioning within the DSM 5, defining it as:

“...a failure to meet developmental and social cultural standards of personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living across multiple environments such as home, school, work and community.” (pg. 33)

The BPS (2001) offers an alternative definition of impairment in adaptive functioning, stating:

“The individual requires significant assistance to provide for his/her own survival (eating and drinking needs and to keep himself/herself clean, warm and clothed), and/or with his/her social/community adaptation (e.g. social problem solving, and social reasoning).” (pg. 6).

Thus, it is apparent that impairments in adaptive functioning are difficult to operationalise. This is one reason why adaptive functioning has proved problematic to measure (Craig, Stringer, & Moss, 2006), a difficulty which is also attributable to the lack of psychometrically

validated measures available (BPS, 2001) and paucity of research reporting psychometric properties of existing scales (Whitaker, 2008). As such, there is currently no ‘gold standard’ with regard to measurement of adaptive functioning (Maruish, 2004; The British Psychological Society, 2001).

Existing measures of adaptive functioning include the Vineland Adaptive Behaviour Scales – Second edition (Sparrow *et al.*, 2005) and the Adaptive Behaviour Assessment System II (Harrison & Oakland, 2003). The Vineland scales are completed by a practitioner following an interview with someone who knows the assessed individual whereas the Adaptive Behaviour Assessment System utilises ratings provided by both the assessed individual and people who know the individual. The Vineland scales are the most commonly used scales for both children (Hutton, Dubes, & Muir, 1992; Stinnett, Havey, & Oehler-Stinnett, 1994) and adults (Harrison, Kaufman, Hickman, & Kaufman, 1988).

There are, however, a number of issues with making an assessment of adaptive functioning. Firstly, McBrien (2003) suggests one of the difficulties in assessment lies in the requirement of significant previous knowledge about the individual which is not always available. Indeed, measures tend to rely upon reports from those who know the individual well such as friends, family or carers (BPS, 2001). It has further been suggested that existing scales of adaptive behaviour are unsuitable for individuals who are serving a custodial sentence (Everington & Keyes, 1999; Fabian, 2007). Young, Boccaccini, Conroy and Lawson (2007) point out that the AAMR guidelines state limitations in adaptive behaviour exist within community environments and, as such, some commentators have suggested that existing measures of adaptive behaviour cannot be applied to those in long term incarceration as such individuals have not had the opportunity to exercise typical adaptive behaviour. Furthermore, Young *et al.* suggest that certain behaviours may be considered adaptive within the community but not within prison environments. They cite the example encompassed within the latest version of the Vineland Adaptive Behaviour Scale (Sparrow *et al.*, 2005) which includes an assessment of anti-social behaviour. This includes a history of politeness for example, saying ‘please’ and ‘thank you’, refraining from lying or being rude to others, belonging to clubs, following rules and asking for advice. The authors suggest that opportunities to express some of these behaviours are not as frequent within custody as in the community.

(iii) Onset before adulthood

The final criteria for determining ID is that the first two criteria were onset before the age of 18 and has lasting effect. The criterion implies that the disability should have taken effect within the developmental period (that is, before the age of 18) and therefore excludes persons for whom intellectual and social functioning deficits began in adulthood, for example, as a result of trauma. Holland, Clare and Mukhopadhyay (2002) suggest that there may be considerable differences between such individuals and those whose disability developed in childhood. The British Psychological Society (2001) suggest this criterion can be judged by reference to historical evidence including medical records, educational records or records from previous services accessed by the individual.

2.1.3. Assessment of intellectual disability in practice

Due to difficulties in assessing adaptive behaviour and disability onset, intellectual functioning tends to be relied upon in the classification of ID (BPS, 2001). The World Health Organisation (1992) describes the five categories of ID which are determined using this assessment measure:

- borderline (IQ 70-80)
- mild (IQ 50-69)
- moderate (IQ 35-49)
- severe (IQ 20-34)
- profound (IQ <20)

However, whilst it is assumed that intellectual deficits will co-exist with impaired social functioning, this is not always the case (BPS, 2001). Clare (1993) argues that, particularly for those individuals falling within the mild ID range, impaired social functioning cannot necessarily be implied. Subsequently, some authors see the omission of adaptive functioning in assessment of ID as a critical one, for example the White paper, *Valuing People* (DoH, 2001) explains that the low IQ criterion is not in itself sufficient to determine intellectual disability, but rather, social skills and communication skills should also be considered. Coleman and Haaven (2001) agree with this, stating that IQ should not be seen as a sole determination of ability.

Apropos prevalence, *Valuing People* estimates 2.5 per cent of the UK population have mild or moderate ID, with concentrated rates within urban and deprived areas. The paper estimates 210,000 children and adults in the UK have severe or profound ID which, they suggest, is somewhat uniformly spread across socio-economic groups. However, the authors theorised this figure would increase by one per cent per annum for the following 15 years as a result of varied factors including increased life expectancy and an increase in diagnoses of autistic spectrum disorders for whom ID often coexists.

2.1.4. Assessment of intellectual disability within the research literature

Having conducted a review of the research literature relating ID (and, more specifically, men labelled as ID who have carried out a sexual offence), it is apparent that there are frequent inconsistencies in the way that ID is both termed and measured. A common method of ID classification in such studies is to adopt an administrative definition, implying ID on the basis of participants' access to ID services (for example: Lyall, Holland, & Collins, 1995b; McBrien, Hodgetts, & Gregory, 2003; McNulty, Kissi-Deborah, & Newsom-Davies, 1995; Steptoe, Lindsay, Forrest, & Power, 2006). There are, however, problems with this method of selection. Firstly, it is likely to be over-inclusive. McBrien, Hodgetts and Gregory (2003) suggest that whilst adopting the accepted definition of ID these services tend to do so loosely and, as such, many service users will not actually fit within the strict criteria for ID (O'Connor & Rose, 1998; Thompson, 1997). This was evidenced in a study conducted by O'Callaghan and Murphy (2007) where the authors noted six out of the 60 participants recruited for their study on the basis of access to an ID service had an IQ over 70. This does not necessarily devalue this body of research as the individuals accessed still represent a specialised group who require ID service provision. However, it is important to bear the inclusion criteria in mind when considering the implications of such research, that is, that the findings will not likely be specific to those who fall within the strict definition of ID.

Recruiting on the basis of access to ID services may also have an over-exclusive effect whereby potential participants who may be classified as ID, but who are not known to respective services, are omitted from inclusion. This was thought to be the case in a prevalence study conducted by Lyall, Holland and Collins (1995b) who sought to assess the prevalence of offending within a population of ID individuals within the Cambridge area. The authors made contact with all ID services within this geographical area, accessing 385 service users. However, on the basis of their estimations, made by reference to population base rates and national prevalence figures, the authors theorised that this figure only represented 50 per

cent of the total number of ID people within that area. They suggest that their selection methodology may have excluded a high number of mildly-ID individuals from participation where such individuals were not accessing ID services. In a similar prevalence study, Whitaker and Porter (2002) reported the number of people accessing services for ID individuals represented 0.29 per cent of the population within the catchment area. Comparing this figure to the estimated 2.5 per cent prevalence within the general population, the authors suggest that only 12 per cent of those eligible to access these services were doing so.

It is further apparent that there are inconsistencies in the IQ cut-off points employed to determine ID (O'Brien, 2002; Taylor & Lindsay, 2010). Thompson and Brown (1997) explain that research often employs IQ inclusion boundaries over 70 (for example: Courtney, Rose, & Mason, 2006; Parry & Lindsay, 2003). As a consequence, those participants who fall within the 'borderline' ID range are effectively lost within the corpus data.

2.1.5. Characteristics associated with intellectual disability

“...No diagnostic system can adequately describe an individual with ID. People with ID differ significantly in the extent and nature of their disability and whether or not they have other impairments.” (Holland, Clare & Mukhopadhyay, 2002; pg. 8).

It is important to note that individuals with ID represent a heterogeneous group and that, with the exception of the three diagnostic criteria, no other characteristic or symptom is necessarily associated with ID. The following characteristics therefore represent those characteristics that are commonly observed in those who have ID and have been identified as occurring more commonly than those without an ID.

Intellectually disabled people are considered to be at increased risk of having difficulties such as epilepsy, sensory impairments or specific social impairments (Clare, 1993). They are also more likely to display behavioural problems (Holland & Murphy, 1990) and are at increased risk of psychiatric disorder (Emerson, 2003; Holland & Murphy, 1990). Poor memory is also frequently noted (Beail, 2002; Everington & Keyes, 1999) with specific deficits in the encoding, storage and retrieval of memory commonly reported (Kebbell, Hatton, & Johnson, 2004). More specific research has found deficits in the working memory (Numminen *et al.*, 2000) which deals with temporary storage and manipulation of information. This deficit can inhibit performance in cognitive tasks (Numminen *et al.*, 2000)

and various aspects of cognitive functioning including reasoning (Süß, Oberauer, Wittmann, Wilhelm, & Schulze, 2002), long term retention and language comprehension (Süß *et al.*, 2002). Deficits in long term memory have also been noted in ID samples (Carlesimo, Marotta, & Vicari, 1997) and, as a consequence, Clare (1993) suggests that many individuals with ID may have difficulty recalling past events or experiences.

Other cognitive difficulties are reported in attention (Keeling & Rose, 2006; Minskoff, Hawks, Steidle, & Hoffman, 1989), reasoning (Minskoff *et al.*, 1989), problem solving (Wehmeyer & Kelchner, 1994), planning skills, concentration or focus and the transferability or generalisability of skills (Everington & Keyes, 1999). Furthermore, ID individuals often have rigid and concrete thinking patterns (Everington & Keyes, 1999), which materialise in difficulty understanding abstract concepts (Booth & Booth, 1994; Finlay & Lyons, 2001). Finlay and Lyons (2001) suggest that such difficulties may stem from a lack of the ability to express one's thoughts, or a lack of ability to collate specific examples in order to make general evaluations.

Intellectually disabled individuals are also commonly found to lack social skills (Elliott, Pring, & Bunning, 2002), have poor coping skills, frequently leading to frustration (Everington & Keyes, 1999) and to have difficulty identifying others' emotions (Simon, Rosen, & Ponpipom, 1996; Wood & Kroese, 2007). Further research has identified deficits in self-management skills, including decision making (Jenkinson, 1993; Wiliner, Bailey, Parry, & Dymond, 2010), judgment skills, likely contributing to a difficulty detecting dangerous situations (Everington & Keyes, 1999), impulse control and management of emotions (Wiliner *et al.*, 2010; Willner & Goodey, 2006).

2.1.6. Intellectual disability research

Hartley and MacLean (2006) identify an increase in the use of self-report measures in research with ID individuals over the past few decades. This represents a move away from traditional methods which were often reliant upon the reports of informants or observational methods and toward a view that, in fact, ID individuals can themselves be reliable informants (Stalker, 1998). However, there are a number of methodological challenges faced when conducting research with ID individuals and the following discussion highlights those issues which are pertinent to the current thesis.

Obtaining self-report information from ID participants can present numerous methodological challenges which may in turn threaten the reliability and validity of findings. In order for a self-report research to provide valid data, Hartley and MacClean (2006)

postulate three requirements placed on the participant: (i) to comprehend the question posed to them, (ii) to be able to respond independently (that is, free from influence) and (iii) to be able to communicate their response.

In terms of the first criterion, comprehension, we know that those with ID commonly experience reading difficulties (Clare, 1993) which impede their ability to understand the questions posed. One solution is to present the assessment material verbally to the respondent, a common solution adopted when adapting non-ID measures for use with ID participants (for example: Parry & Lindsay, 2003). However, Clare (1993) suggests that this method can be somewhat demanding on ID participants' verbal memory which, Gudjonsson, Clare, Rutter and Pearse (1993) note, tends to be poor. Indeed, working memory deficits have been observed in those with ID (Numminen *et al.*, 2000) and this may inhibit a participant's ability to retrieve and encode lengthy verbal information. Care must therefore be taken in ensuring that verbal information presented to ID participants is not too lengthy or detailed.

Further difficulty with comprehension may occur where the information presented adopts complex language which may inhibit an ID participant's understanding (Clare, 1993). Those with ID often have difficulty understanding abstract concepts and, as such, research with these individuals should seek to provide concrete information where possible (Booth & Booth, 1994; Finlay & Lyons, 2001). Where an ID participant does not understand the question posed, research suggests they may choose to respond in any case, particularly if offered dichotomous response options (Garwood & McCabe, 2000). Here, Garwood and McCabe (2000) note that, whilst a participant's election of a 'yes' or 'no' response option may initially indicate their comprehension, subsequent probing via an open-ended question often reveals that such knowledge is minimal or nil. The authors suggest the frequent use of follow-up questions such as asking "*can you tell me more?*" in order that participants' answers can be verified.

In their assessment of the reliability and validity of Likert scales in research with ID individuals, Hartley and MacLean (2006) suggested that paraphrasing or expanding on questions may facilitate the respondent's understanding and increase response rates. However, the authors advise that the use of rewording or paraphrasing should be consistent, ideally providing the interviewer with a set of scripted operational definitions to supplement the questions when required. This method was employed with success by Lunskey, Emery and Benson (2002).

We now turn to consider the second requirement for the provision of valid self-report data, independent responding. Persons with ID have been identified as being particularly

vulnerable to response bias in which they are influenced by other factors when formulating their response (Sigelman, 1980; Sigelman, Budd, Spanhel, & Schoenrock, 1981a; Sigelman, 1982). The identification and control of these biases is an important aspect of research as they pose a significant threat to the reliability of the research data. The literature identifies three particular characteristics common to those with ID which are likely to influence their responses, impeding their ability to respond independently: suggestibility, acquiescence and confabulation.

Suggestibility has been described as the tendency, in a formal questioning situation, to be influenced by the messages communicated by the interviewer (Gudjonsson, 1990). Those who are suggestible are more likely to be influenced by leading questions or change their answers accordingly if they perceive feedback to be negative. Previous research has identified persons with ID as being particularly suggestible in an interview situation (Everington & Fulero, 1999). Furthermore, significant negative correlations have been reported between suggestibility and IQ (Gudjonsson, 1990; Richardson & Kelly, 1995), memory (Gudjonsson, 1987; Liebman *et al.*, 2002; Richardson & Kelly, 1995), coping strategies (Gudjonsson, 1988) and locus of control (Liebman *et al.*, 2002) and a positive correlation has been reported with state anxiety (Gudjonsson, 1988).

Linked to the concept of suggestibility is the behaviour of response switching which is described as the tendency to change one's answer when the question is repeated (Chong, Yu, Martin, Harapiak, & Garinger, 2000). Chong *et al.* (2000) identify this as a significant methodological issue in self-report research with ID participants. The authors conducted an investigation into response switching following repeated questioning in a cohort of ID individuals. A measurement of life satisfaction (The Satisfaction Interview Survey with Norms: Heal, 1996) was administered which comprised three different response formats: yes/no, either/or and multiple choice 'face' responses depicting five different emotions. Some questions were repeated to the participants immediately after the original question and some following delay. The results showed a high incidence of response switching in which over half the sample switched their response following repetition on at least one occasion. There was no significant difference between immediate or delayed question repeating. The authors suggest one explanation for this phenomenon is that it is learnt through the everyday experiences of ID individuals. They explain that it is commonplace for adults or teachers to repeat a question when the answer provided by the respondent is incorrect, thereby prompting a response switch to the correct answer. They suggest therefore, that the high incidence of response switching may be a learnt behaviour through an ID individual's everyday

interactions. The authors therefore suggest that caution should be taken when repeating question with participants with ID.

Acquiescence refers to the tendency of agreeing with questions regardless of their content (Block, 1965) and has been identified as a significant methodological problem in research with ID participants (Sigelman, 1980; Sigelman, 1982). ‘Nay-saying’, on the other hand, refers to the tendency to answer negatively in response to questions regardless of their content (Chong *et al.*, 2000). Sigelman, Budd, Spanhel and Schoenrock (1981b) suggest that many well intentioned studies may have collected false data as a result of acquiescent respondents, particularly where such studies employ ‘yes or no’ questions as a sole method of investigation.

Within the general research literature, acquiescence has tended to be attributed to cognitive factors. Here, it is suggested that this form of response bias is likely where (i) the respondent does not know the answer to the question (Cronbach, 1942; Cronbach, 1950), (ii) the questions are ambiguous (Ray, 1983) or (iii) the person does not invest a lot of time or effort in thinking about the question (Couch & Keniston, 1960; Knowles & Nathan, 1997). Furthermore, positive relationships have been observed between acquiescence and both impulsivity and extroversion (Couch & Keniston, 1960) and a number of authors have noted an inverse relationship between IQ and acquiescence (Gudjonsson, 1990; Shaw & Budd, 1982).

The tendency of those with ID to acquiesce is said to be most likely when question response formats are ‘yes’ or ‘no’, in such cases there is a tendency to over-report behaviour and experiences (Sigelman, 1980). In their study investigating the socio-sexual knowledge of individuals with mild ID, Garwood and McCabe (2000) found evidence for acquiescence in response to yes/no questions in which subsequent probing of these responses revealed misunderstanding. As such, Sigelman (1980) suggest that interviews, rather than questionnaires, should be the preferred method in research with individuals with mild to moderate ID, in order that acquiescence can be minimised. In summarising the research relating to acquiescence by ID participants, Finlay and Lyons (2001) suggest: “*the validity of answers given by people with (intellectual disabilities) must never be assumed but must always be demonstrated*” (pg. 324).

A final form of response bias common in ID people is confabulation, defined by Gudjonsson (1992) as: “*problems in memory processing where people replace gaps in their memory with imaginary experiences which they believe to be true*” (p. 136). Previous authors have found confabulation to correlate negatively with IQ and memory and positively with

suggestibility (Gudjonsson & Sigurdsson, 1995; Gudjonsson & Sigurdsson, 1996; Gudjonsson & Young, 2010; Smith & Gudjonsson, 1995). This is a matter which may cause particular concern in research with ID people, given that such participants often have a poor memory (Beail, 2002; Everington & Keyes, 1999).

The above therefore highlights the types of response bias which have been commonly observed in research conducted with those who have ID. There are a range of characteristics associated with ID which are likely to contribute to a vulnerability to these forms of response bias. These include poor impulse control (Wiliner *et al.*, 2010; Willner & Goodey, 2006), deficits in memory (for example: Beail, 2002; Everington & Keyes, 1999), low attention (Keeling & Rose, 2006; Minskoff *et al.*, 1989) and poor concentration or focus (Everington & Keyes, 1999). Social desirability may also explain this susceptibility to response bias (Finlay & Lyons, 2002; Perlman & Fehr, 1987; Sigelman *et al.*, 1981b). Here it is suggested that a lifetime of being under the control of others and/or previous experiences of failure may contribute to a tendency towards offering socially desirable answers (Finlay & Lyons, 2002). Indeed, Stalker (1998) suggests that as a result of the nature of many aspects of their lives as governed by the control of others, ID individuals may develop acquiescent tendencies.

The final requirement of the ID participant is to communicate their response. It has been suggested that psychological factors including anger, anxiety, embarrassment or shame, feelings which are often brought on by self-report measures, may inhibit their ability to do this (Clare & Gudjonsson, 1993). Furthermore, it has been suggested that these individuals commonly have deficits in long term memory (Carlesimo *et al.*, 1997) and some authors have suggested this may impede their ability to report experiences or events which happened in the past (Clare, 1993). However, in their study documenting the life-stories of ex-prisoners with ID, Ellem, Wilson, Chui and Knox (2008) reported memory impairment was not so much an issue. The authors explained that participants in their study generally did not suffer much difficulty recalling significant life-challenging events, such as their time in prison.

2.1.7. Summary

This discussion has highlighted difficulties within the definition, assessment and research of individuals who have ID. It is clear that there is a lack of consensus concerning the way in which ID is defined and this remains a topical clinical issue with a change in conceptualisation within the new DSM. Problems with definition have in turn influenced the challenge in assessment and research of this group. Whilst the inclusion of these individuals within self-report research represents a heartening development, it remains that researchers in

this area must be aware of, and attempt to alleviate, a range of methodological challenges associated with these individuals as research participants.

2.2. Intellectually Disabled Offenders

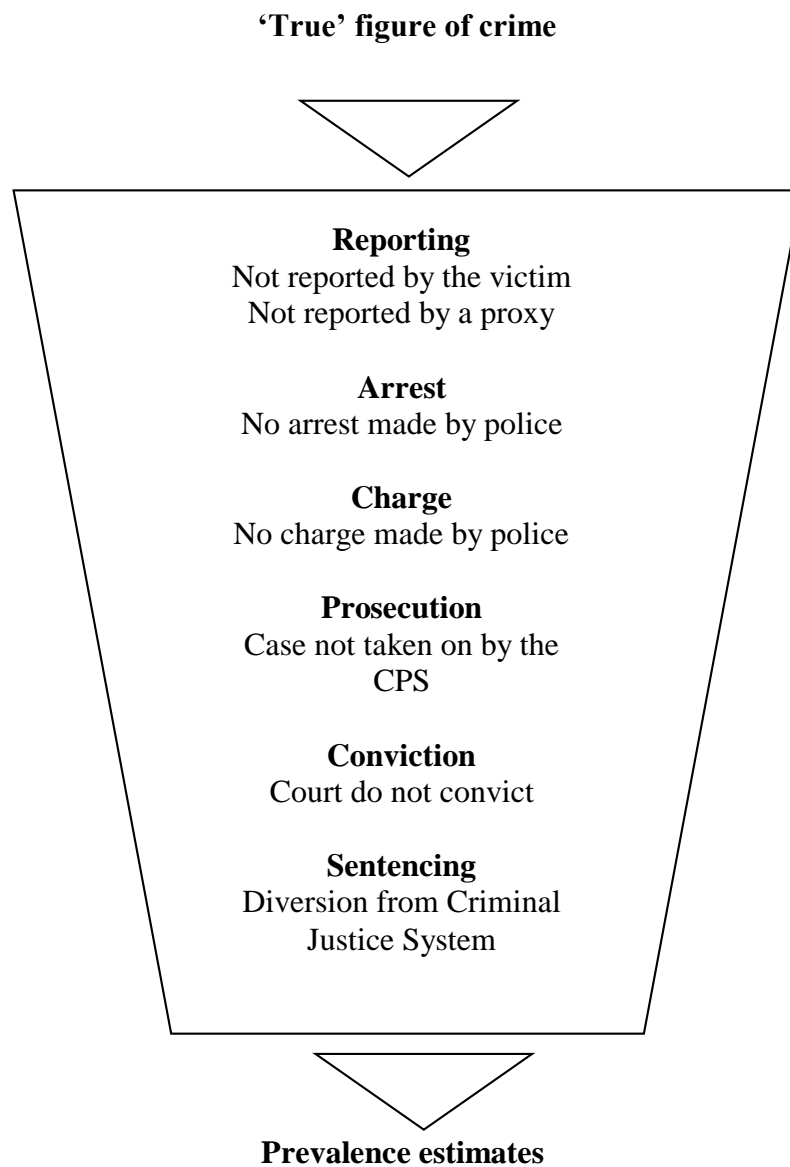
2.2.1. Prevalence

“...There is no investigator who denies the fearful role of mental deficiency in the production of vice, crime and delinquency...Not all criminals are feeble-minded but all feeble-minded are at least potential criminals...”

(Terman, 1916, p. 11)

Historically, there was thought to be a strong, causative link between ID and criminality, as demonstrated by the above quote from Terman. However, Lindsay (2009a) notes that ID is no longer considered to be a cause of crime and that instead, the relationship between ID and crime now receives attention due to the administrative difficulty it presents in forensic settings. It is now unclear whether ID individuals are over-represented within offending populations (Jones, 2007) and the reasons for this uncertainty are varied. Firstly, the ‘true’ figure of crime committed by those with ID is likely to be diluted at various stages of the criminal justice process, as demonstrated in Figure 1.

Figure 1: Contributors to the 'Dark Figure' of crime perpetrated by ID individuals at various stages of the Criminal Justice System



A range of factors will influence the way in which an ID person's offence is dealt with at each of these stages of the Criminal Justice System (CJS). For example, in the first instance a crime may go unreported by proxies such as service providers (Turk & Brown, 1993), motivated by the belief that the behaviour is merely inappropriate or that perpetrator lacks understanding about its illegality or harmfulness (Holland *et al.*, 2002; Lyall, Holland, & Collins, 1995a). Further down the system the Crown Prosecution Service (CPS) may decide against perusal of a prosecution. When deciding whether or not to prosecute an individual, the CPS considers both the likelihood of conviction and what course of action

would be in line with the public interest (Holland *et al.*, 2002). It may be the case that the severity of the individuals' ID deters the CPS from electing the prosecution route.

The foregoing discussion therefore demonstrates how offending by ID individuals may be hidden from detection in prevalence rates, contributing to an under-estimation of their offending. However, other factors may contribute to an over-estimation of ID individuals' prevalence in offending figures. Firstly, it is suggested that those with ID are more likely to have their offending behaviour detected. This is because they may be less likely to evade detection due to less sophistication in the way they commit their offence (Craig *et al.*, 2006) and may be more overt in their offending behaviours (Thompson & Brown, 1997). Secondly, it has been suggested that ID individuals, through naivety and honesty, may be more likely to report sexual behaviours, thereby increasing the likelihood of detection of illegal behaviours (Thompson & Brown, 1997). Lambrick and Glaser (2004) support this view, suggesting a range of characteristics common to ID individuals including poor social skills, poor impulse control and lack of sexual knowledge, may contribute to a greater propensity to be detected. This therefore suggests that an ascertainment bias applies to offenders with an ID.

Efforts to establish prevalence rates are also likely to be thwarted by methodological problems, contributing to both under and over-inclusive effects. Here, there is a notable lack of consistency in both the assessment of ID and the IQ cut-off points used in classification (Thompson & Brown, 1997). An example of this problem can be seen by comparing two studies which investigated the prevalence of ID suspects at UK police stations (Gudjonsson *et al.*, 1993; Lyall, Holland, Collins, & Styles, 1995). Whilst, Gudjonsson *et al.* (1993) adopted a short version of the WAIS-R to determine ID, Lyall *et al.* (1995) relied on the results of screening questions which enquired about any reading or writing difficulties and whether the individual had received support at school or attended a specialist school. This highlights the lack of uniformity in the assessment of ID which is likely to contribute to inconsistent results, making comparisons difficult to draw.

Thus, it is apparent from the above discussion that we remain unclear about the prevalence of ID individuals within offending populations. However, despite the problems in estimating prevalence, various authors have conducted prevalence studies from which they offer informed prevalence estimations. Such research seems to suggest that ID individuals are over-represented at police stations (Gudjonsson *et al.*, 1993; Lyall *et al.*, 1995), with Gudjonsson *et al.* (1993) finding an 8.6 per cent prevalence in UK police stations. The authors also reported an over-representation of those with borderline ID with 42 per cent of

suspects falling into this category. Lyall *et al.* (1995) subsequently reported 15.2 per cent of individuals charged at police stations within the UK were classified as ID.

Whilst these findings seem to indicate an over-representation at police stations research has suggested ID individuals are not so prevalent within prison populations. Mason and Murray (2002) cite the findings from two large scale prison prevalence studies, which have reported low levels of ID prevalence (Birmingham, 1996; Brooke & Taylor, 1996). The authors suggest this finding is indicative of a high rate of diversion of ID individuals from the CJS, which is in line with the Home Office Provision for Mentally Disordered Offenders (Home Office, 1990). This Home Office policy states that ID offenders should, as far as possible, be placed within community rather than institutional settings. Commenting on the finding that no author has reported more than a 2 per cent proportion of ID individuals with an IQ below 70 within the prison system, Holland (2004) concluded:

“The key message is not that many people with (intellectual disabilities) offend, but rather, how few offend given the nature and characteristics of their individual and social circumstances” (pg. 25).

However, these findings are to be contrasted with those offered by Hayes, Shackell, Mottram and Lancaster (2007). These authors administered the WAIS-III and the Vineland Adaptive Behaviour scale to a random sample of UK prisoners representing 10 per cent of the prison population and found a high proportion falling into the ID category. Indeed, 7.1 per cent of participants had an IQ below 70 and 23.6 per cent had IQ scores between 70 and 79. Scores from the VABS indicated 10.1 per cent had scores below 70, indicating ID, and 33.3 per cent fell in the borderline range.

Whilst Hayes *et al.* (2007) suggest that ID individuals found within the prison system are more likely to fall within the borderline ID range, further research has suggested that those with borderline ID are more likely to go undetected by prison staff. Within Talbot’s *No One Knows* report (2007) it was suggested that those with borderline ID frequently employed ‘social camouflage’ meaning their ID was often not apparent to staff. Such a masking of disability by those with ID has previously been noted (Noble & Conley, 1992) and this therefore means that many individuals’ ID may go undetected until the need for formal assessments of functioning arise (for example, before engaging in treatment interventions).

2.2.2. Nature of offending

Research pertaining to the nature of offending by ID men has suggested that their offending profiles often differ from those without ID. Holland (2004) suggests that certain offences are over-represented by those with ID. These include property offences, sexual offences and arson which are contrasted with white collar crimes and drug-related offences which appear to be under-represented (Lindsay, 2002b; Simpson, Simpson, & Hogg, 2001). Barron, Hassiotis and Banes (2004) supported this, finding sexual offences and arson to be over-represented in a cohort of 61 ID offenders referred to Criminal Justice or Mental Health services. The authors also found these offenders tended to have committed their first offence at an earlier age than non-ID offenders and to have committed a range of previous offences.

2.2.3. Sex offenders with an intellectual disability

2.2.3.1. Prevalence

In attempting to gauge the prevalence of ID individuals within the sex offender population one is faced with the same problems as making estimations relating to prevalence within the general offender population (discussed above). A number of authors have suggested sexual offending is over-represented by those with ID (Barron *et al.*, 2004; Day, 1993; Hayes, 1991; Holland, 2004). However, Lindsay (2002b) warns that such figures should be treated with caution due to the methodological problems faced and the difficulty in electing appropriate comparators. As such, he argues that there is currently little evidence to support either an over or under-representation of ID individuals within the sex offender population. It has been suggested, however, that ID sex offenders are more likely to have mild rather than moderate ID (Brown *et al.*, 1995).

2.2.3.2. Characteristics

Whilst the research concerning the extent of sexual offending by ID men is somewhat unclear, there is a growing body of research which describes the characteristics of these individuals and within this, ways in which they differ from non-ID sex offenders are noted. Such research suggests that ID sex offenders are commonly victims of sexual abuse themselves (Briere & Runtz, 1990; Lindsay, Law, Quinn, Smart, & Smith, 2001) and have histories of multiple family pathology, gross marital disharmony, parental separation, violence and neglect (Day, 1993).

Research also suggests that ID sex offenders commonly have a history of sexual offending or sexually inappropriate behaviour. Indeed, Lindsay (2009b) describes the nature of sexual behaviour by ID sex offenders as considerably persistent, rather than representing isolated incidents. Support for this is provided by a number of authors who cite the frequency of sexual offending histories, or strong suspicions of previous sexual offending, in cohorts of ID sex offenders (Day, 1994; Lindsay, 2004b). The persistence of sexual offending by ID men is also demonstrated in the reported rates of recidivism² where it has been shown that ID sex offenders have a higher rate of recidivism than non-ID sex offenders. Klimecki, Jenkinson and Wilson (1994) reported an 84 per cent recidivism rate for any reconvictions over a 12 month period and a 34 per cent sexual recidivism rate over a two year period in a cohort of ID sex offenders. Craig and Hutchinson (2005) later consulted the literature concerning the recidivism rates for sexual and violent offences in ID sex offender and non-ID sex offender cohorts. The authors found the sexual recidivism rate for ID sex offenders tended to be significantly higher, with the largest finding reporting a rate 6.8 times higher than of the non-ID group in a two year follow up. This therefore suggests that those with ID who sexually offend are more likely to be convicted of a further sexual offence than sex offenders without ID.

Sex offenders with an intellectual disability are said to commit a wide range of sexual offences (Lindsay, 2002a). When compared to non-ID sex offenders, research suggests that those with ID are less likely to involve planning in their offence (Craig & Hutchinson, 2005) and are less likely to use violence (Day, 1993). Courtney, Rose and Mason (2006) also noted a lack of empathy for the victims and a general ignorance of knowledge or skills as common themes in the offence process which, they argue, distinguish them from sex offenders without ID. With regard to victims, it seems ID sex offenders are less discriminating with regard to both age and sex of their victim (Gilby, Wolf, & Goldberg, 1989; Lindsay, 2002b). However, despite this lack of discrimination, there does appear to be a greater tendency of this offender group to offend against younger children, most commonly males (Blanchard & Watson, 1999; Brown & Stein, 1997).

Lindsay (2002b) notes that, whilst there is evidence within the literature to suggest a wide range of characteristics common to this offender population, many of these

² Recidivism refers to an individual's reoffending after they have been criminally sanctioned for a prior offence (Ministry of Justice, 2012)

characteristics appear idiosyncratic. Indeed, the heterogeneous nature of these offenders was supported by Courtney *et al.* (2006) who found great variations in the nature of ID sex offenders' offences processes. Nevertheless, Lindsay (2002b) notes four particular characteristics which, he states, distinguish ID sex offenders from non-ID sex offenders. The author suggests that ID sex offenders are less discriminating in the selection of their victims, they appear to be sexually naïve and are limited in their ability to understand relationships. Finally, ID sex offenders are likely to experience a greater difficulty mixing with women.

2.2.4. Intellectual disability and sexual offending: theories

The relative infancy of the literature concerning ID sex offenders when compared to sex offenders generally was described at the outset of this thesis. As such, the theories which attempt to explain sexual offending by those with ID are far less established and less informed than those described within the general sex offender literature. However, there are a range of theories which have been put forward offering offending explanations which are specifically aimed at ID sex offenders. The most established of these are described below.

2.2.4.1. Intellectual disability

Although, historically, ID was considered to represent a robust risk factor relating to offending (A. Holland, 2004), Tudway (2005) concludes there is currently “*little substantive evidence to support any link between the presence of intellectual impairment and a predisposition to criminal behaviour*” (pg. 279). Rawlings (2008) concurs that ID is no longer considered to act as a major risk factor itself. However, she does suggest that characteristics associated with ID may be implicated in offending and, further, suggests ID may facilitate events which lead to offending.

An example of such a factor was presented by Murray *et al.* (2001). The authors compared a cohort of 42 ID sex offenders with 42 non-offending counterparts, matched on intellectual functioning. Participants' IQ scores fell between 45 and 70. The sex offender group scored significantly lower on Verbal IQ and on the Vocabulary subtest, but significantly higher on the Object assembly sub-test of the WAIS-R. This group were also found to have significantly higher Performance IQ compared to Verbal IQ. In order to interpret these findings, the authors make reference to previous research which has implicated the role of verbal abilities in sexual offending by ID men. Here, it has been suggested that a lack of conceptual understanding may present difficulties for an offender with ID to rationalise their behaviour and instead, lead to denial and minimisation of the offence

(Lindsay & Smith, 1998). Furthermore, it has been suggested that poor verbal functioning may provoke vulnerabilities related to offending such as problems forming interpersonal relationships and deficits in problem solving due to, for example, problems utilising problem-solving techniques such as verbal mediation and self-talk (McCurry *et al.*, 1998).

2.2.4.2. Sexual abuse hypothesis

The sexual abuse hypothesis suggests that childhood experiences of sexual abuse may be related to sexual offending in later life (Lindsay, 2002b). This theory is borne out of the ‘circle of abuse’ observation which has been widely reported within the research literature (for example Dhawan & Marshall, 1996; Groth, 1979; Hanson & Slater, 1988). This evidence suggests that sexual abusers are commonly victims of abuse themselves and, given that ID individuals are at heightened risk of becoming victims of sexual abuse (Mitra, Mouradian, & Diamond, 2011; Peckham, 2007), this proves to be an important area of focus for these offenders.

Empirical support for the link between sexual abuse and sexual offending by ID men has been documented within the literature. Beail (1995) reported a high incidence of sexual abuse, finding 82 per cent of a cohort of sex offenders with ID reported childhood abusive events. Furthermore, it appears that sexual abuse acts as a significant historical variable for sex offenders, when compared to non-sex offenders, for whom physical abuse proves a more frequent historical variable (Briere & Runtz, 1990; Lindsay *et al.*, 2001). For example, Lindsay *et al.* (2001) compared the incidence of sexual abuse in 48 ID sex offenders and 50 ID non-sex offenders and found a higher incidence of sexual abuse histories in the sexual offending cohort (38 per cent compared to 12.7 per cent). Further analysis revealed that the non-sex offending cohort had a higher rate of physical abuse histories (36 per cent) than the sex offending cohort (14 per cent), lending support to the idea that a link exist between the nature of the abuse suffered and later offending. In addition to this, research has indicated that a link exist between sexual abuse in childhood and sexual re-offending, or strong suspicion of re-offending (Lindsay, Elliot, & Astell, 2004). However, Steptoe, Lindsay, Forrest and Power (2006) advise that these findings are treated with caution, pointing out that rates of abuse histories for both groups in Lindsay *et al.*’s (2001) study were less than 50 per cent. This therefore suggests that, as is the case with mainstream sex offenders, history of physical or sexual abuse is not a necessary nor sufficient cause of criminality, indeed, not all sex offenders will have been abused themselves, and not all victims of abuse will become abusers (Briggs & Hawkins, 1996; Langevin, 1993).

Further research has attempted to theorise about the specific effects of sexual abuse and how these may be implicated in sexual offending by ID men. This research seems to implicate the role of sexual preoccupation, a strong risk factor in sexual offending (Thornton, 2002). In their review of the research pertaining to the clinical effect of sexual abuse in samples of ID individuals, Sequeria and Hollins (2003) observed the high frequency of reporting of sexual disinhibition which they hypothesised was a potential consequence of childhood sexual abuse. A link between sexual abuse and the development of sexual preoccupation has also been noted within the non-forensic literature. Here, Noll, Trickett and Putnam (2003) compared the sexual attitudes and behaviours of a cohort of 77 women who had been the victim of sexual abuse to 89 non-abused women and found support for this link. The authors reported a higher incidence of sexual preoccupation in the sexually abused cohort, characterised by frequent thinking about sex and endorsement of attitudes relating to a high frequency of masturbation and arousal by pornographic material or sexual themes. Within the sexually abused cohort, the authors identified a subgroup who demonstrated higher sexual preoccupation. This group consisted of those victims who had been abused by a single perpetrator who was not a biological father and whose abuse involved little violence and was perpetrated over a short time.

Finkelhor and Browne (1986) proposed a model of the effects of childhood sexual abuse in which it is proposed that four traumatic factors of sexual abuse (termed ‘traumagenic dynamics’) may contribute to the development of maladaptive responses. The first factor, ‘traumatic sexualisation’, is the process by which sexual abuse affects the development of a child’s sexuality. Here, Finkelhor and Browne (Finkelhor & Browne, 1986) suggest that a child may develop inappropriate, dysfunctional sexual feelings and attitudes, for example, they suggest sexual preoccupation and repetitive sexual behaviour is commonly observed within child victims of sexual abuse. The second factor, betrayal, refers to the experience of betrayal suffered by many victims who are abused by someone whom they depended upon or trusted. The authors suggest that this may manifest in a future extreme dependency on others in attempt to regain trust or an impairment of judgment in others’ trustworthiness. This in turn, may serve to isolate the individual who may develop an aversion to close relationships. The third factor, stigmatization, suggests that a child abuse victim will often be subject to negative connotations, such as shame or guilt, as a result of the abuse. These connotations may be self-imposed by the victim, or applied by others. The effects of these feelings may create feelings of isolation for the victim and may drive the victim to self-destructive behaviour such as criminal activity or self-harm. Finally, powerlessness refers to the process

by which a victim of sexual abuse may become disempowered whereby their sense of efficacy diminishes. This is a likely result from abuse which generally represents an experience in which the victim is violated against their will, likely through coercion and manipulation and where their attempts to prevent the abuse will have been overpowered. The effect of this powerlessness may create a long term sense of an inability to control various elements of one's life. Powerlessness can also affect a person's concept of self-efficacy in later life as well as their coping skills. The authors suggest that the above effects may culminate in a third type of reaction to powerlessness, the development of dysfunctional needs to control or dominate others. The authors suggest that this is a more prominent issue for male victims for whom power and control are strongly encouraged through sex role socialisation.

2.2.4.3. Impulsivity

Poor impulse control is a frequently reported characteristic relating to ID individuals which is said to frequently materialise in an inability to control inappropriate and repetitive behaviours (Everington & Keyes, 1999; Willner & Goodey, 2006). When coupled with the link between impulsivity and offending within the general offending literature (see Hanson & Harris, 2000; Nussbaum *et al.*, 2002), it is conceivable to suggest that impulsivity represents a pertinent factor in the sexual offences carried out by those with ID.

Research supporting this link has been described. Glaser and Deane (1999) implicated the role of impulsivity in sexual offending by ID men. The authors compared a cohort of ID sex offenders with ID non-sex offenders and found the two groups were surprisingly similar. Perhaps most surprising, the authors reported no significant difference in the number of previous charges for sexual offences. As such, the authors theorised that some of these offences could be seen as opportunistic, rather than driven by deviant pathology and concluded sexual offending may represent impulsive and poorly controlled behaviour rather than driven by deviant sexual arousal. As such, it has been suggested that a lack of impulse control may account for the claimed over-representation of ID individuals within the sex offender population (Day, 1993; Rawlings, 2008).

However, contradictory evidence was presented by Parry and Lindsay (2003) who carried out a comparison of impulsiveness of three samples of ID individuals: (i) a sexual offending group, (ii) a non-sexual offending group and (iii) non-offenders. The authors reported the only significant difference between groups was between the sexual offending group and the non-offenders which suggested the non-offenders were significantly more

impulsive. For example, the sexual offending participants frequently used grooming behaviours which, although representing somewhat simple attempts, acted as indicators of offence planning. The authors therefore suggest impulsivity may not be a factor in sexual offending by those with ID and that sexual preferences and cognitions may play a larger role. However, it should be noted that the psychometric properties of the measure of impulsivity employed in this case, the Barratt Impulsiveness Scale (BIS-11; Barratt, 1994), had not been examined in relation to ID respondents. Indeed, the authors admit that evidence pertaining to the reliability and validity of this scale applied to ID individuals was lacking. Crocker, Mercier, Allaire and Roy (2007) subsequently employed the BIS-11 with ID individuals and found that the measure was too complex to be used as a self-report measure. The authors therefore recommended it be used as a by-proxy assessment. This therefore suggests that the use of the BIS-11 in the Parry and Lindsay (2003) may call the validity of their observations into question.

2.2.4.4. Counterfeit Deviance hypothesis

The Counterfeit Deviance hypothesis was one of the first theories put forward to account for sexual offending by ID men (Lindsay, 2009b) and arguably offers one of the most comprehensive theories to date. Luiselli (2000) cites the hypothesis as one of the most influential theories in the development of treatment for this offender group. The term ‘counterfeit deviance’ was coined by Hingsburger, Griffiths and Quinsey (1991) which they used to describe behaviour exhibited by ID individuals which, on the surface appears sexually deviant, but after further examination could be better explained by reference to other, unidentified factors. The hypothesis suggests that in these instances, the sexual behaviour represents inappropriate sexual expression rather than a manifestation of sexual paraphilia. It is worth noting here that the DSM-V (American Psychiatric Association, 2013) considers an individual to have a paraphilic disorder if they:

- (i) experience personal distress due to their sexual interest
- (ii) their sexual desire or behaviours cause another person psychological distress, physical injury or death or the sexual desire concerns unwilling participants or those who are unable to provide legal consent.

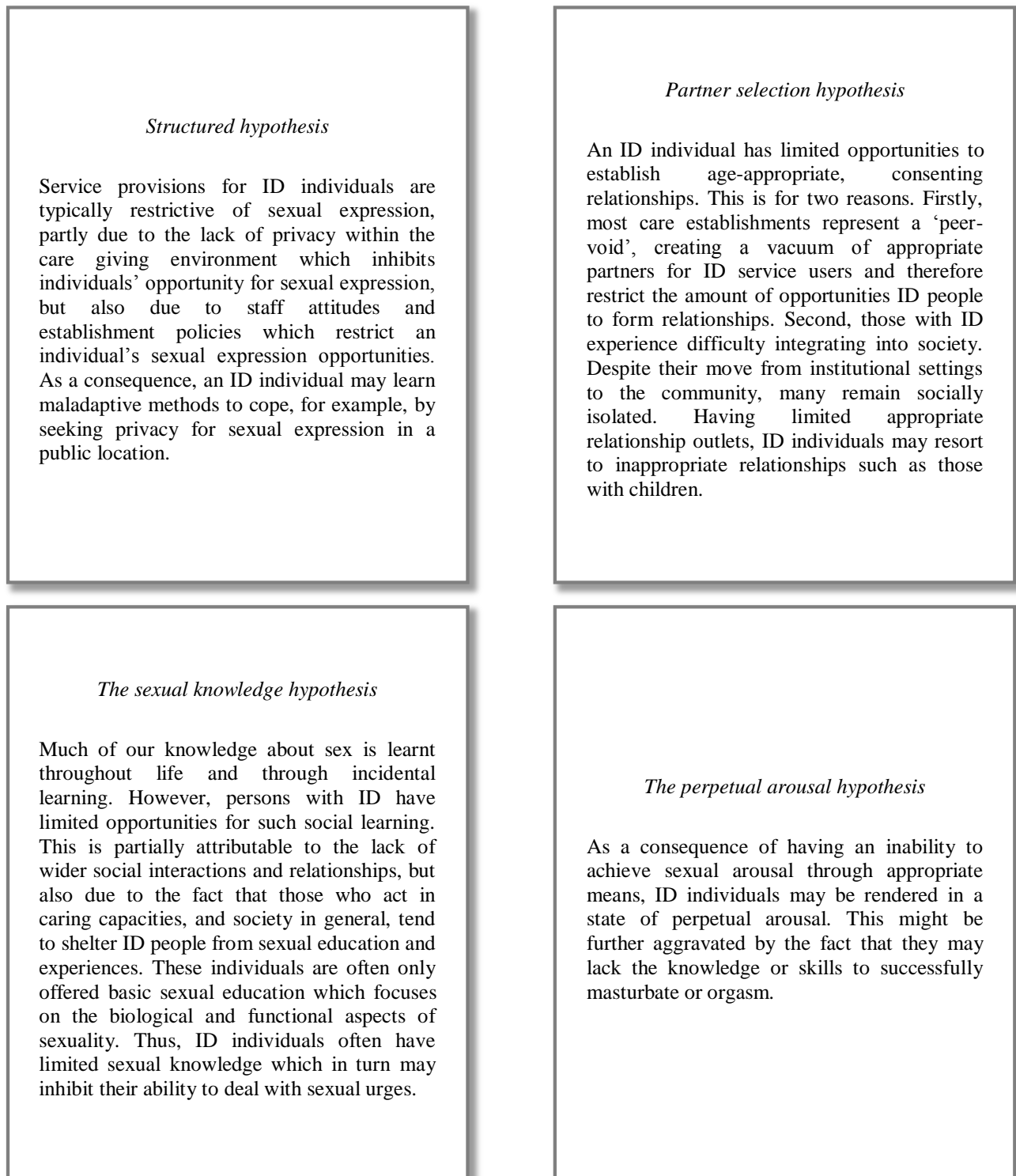
Examples of paraphilic behaviours include exhibitionism, paedophilia, fetishism, voyeurism, sexual masochism and sexual sadism and they are thought to be indicative of an underlying addictive pathology (Carnes, 1989).

Hinsburger *et al.* were not the first to discriminate between deviant sexual behaviour and sexual naivety in this group. Luiselli (2000) highlights this acknowledgment within the DSM-IV (APA, 1994). This manual had introduced the idea that there may be instances where a person with ID will exhibit unusual sexual behaviour which is driven by a decrease in judgment or a lack of social skills or impulse control thereby warranting differential diagnosis. The manual suggests that, in such instances, the behaviour can be discriminated from paraphilia as it does not represent the individual's 'preferred or obligatory pattern' and that, furthermore, the behaviour represents a rare occurrence which more often occurs at a later age than does 'true' paraphilic behaviour.

Day (1997) later expanded on the concept of deviance versus sexually inappropriate behaviour in ID individuals by proposing a distinction between two types of offender. According to Day, Type I offenders are thought to exhibit sexual offending, paraphilic behaviour and Type II offenders who are thought to exhibit challenging behaviour which is not deviant *per se*, rather, it is 'counterfeit deviant' (Hingsburger *et al.*, 1991). Thus, whilst on the surface Type I and Type II behaviours may appear similar, the behaviours essentially differ in terms of a range of factors including intent, modus operandi, victim characteristics and recidivism. Lunsy, Frijters, Griffiths, Watson and Willston (2007) suggest that ID individuals with paraphilic behaviour will commit sexual offences for the same reasons as non-ID paraphilics. The authors explain that it is of the opinion of clinicians and researchers in the field that ID individuals classified as paraphilic may have more advanced sexual knowledge than non-offending ID individuals, whereas those classified as counterfeit deviant will typically have significant gaps in socio-sexual knowledge, social norms, boundaries and the law. It is therefore important to discriminate between Type I and Type II offenders and this discrimination, Lunsy *et al.* state, is the first step in testing for counterfeit deviance.

Hingsburger *et al.* outline 11 sub-hypotheses which should be considered when assessing whether behaviour is counterfeit deviant. It is not within the remit of this discussion

Figure 2: Four sub-hypotheses from the Counterfeit Deviance Hypothesis



to describe all 11 of these hypotheses so a summary of four of the sub-hypotheses is offered as an example within Figure 2.

Thus, in order to assess whether behaviour is counterfeit deviant, Hingsburger *et al.* suggest that a comprehensive clinical evaluation should be carried out which accounts for multiple aspects of the individual's life including their environment, relationship experience, socio-sexual knowledge and attitudes and biomedical influences. The authors suggest that the identification of counterfeit deviant behaviour is of great importance as treatment needs of an individual who exhibits counterfeit deviant behaviour will be quite different to that of an individual who is sexually deviant. They advise that remediation for counterfeit deviant behaviour should be educational, rather than specifically targeting the inappropriate behaviour. The authors therefore suggest that clinicians should conduct a thorough investigation of a range of factors in order that a diagnosis of counterfeit deviance can be determined and, ultimately, treatment needs can be established.

Investigations into the Counterfeit Deviance hypothesis

At the time of his writing, Lindsay (2004a) noted that there were no controlled investigations into the Counterfeit Deviance hypothesis despite what he claims is a relative ease of investigating it (Lindsay, 2009b). Since Lindsay's publication however, some research evidence has been presented which purports to investigate the hypothesis. Lindsay and Taylor (2008) explain that the general approach of such investigations is to compare the sexual knowledge of ID individuals who have displayed sexualised challenging behaviour to appropriate counterparts who are not known to have displayed such behaviour. These investigations work on the assumption that, since the hypothesis suggests that some ID men who sexually offend do so because they lack socio-sexual knowledge and an understanding of the rules, morals and taboos of society, the validity of the hypothesis can be tested by comparing the socio-sexual knowledge of sexual offending groups to non-offending counterparts.

To date, there have been three specific investigations into the hypothesis (Lockhart *et al.*, 2010; Lunsky *et al.*, 2007; Michie, Lindsay, Martin, & Grieve, 2006). All of these studies found ID sex offenders to have no lesser sexual knowledge than their non-offending counterparts. Furthermore, contrary to what was expected, the ID sex offender groups outperformed their non-offending counterparts on some of the subtests of sexual knowledge.

Whilst these studies have failed to support the Counterfeit Deviance hypothesis, they suffer a number of methodological criticisms which may limit the applicability of their

findings. Firstly, each of the studies used sexual knowledge, one of the 11 sub-hypotheses, as the comparison variable with which they could test the hypothesis. However, the authors of the hypothesis present each of the sub-hypotheses as potential facilitators of the inappropriate sexual behaviour, rather than necessary components. This over reliance upon sexual knowledge as a gauge of counterfeit deviance serves to oversimplify the hypothesis and further ignores any interplay which might exist between the various factors under the hypothesis. One of the authors of the hypothesis, David Hingsburger, agrees that he knows of no empirical research which tested the entire hypothesis, something he suggests is truly needed (Hingsburger; personal communication, 6th June, 2011). Despite this, the author describes the hypothesis as still valued and used clinically.

Further limitations can be raised relating to the assessment measures adopted by the studies. The studies have employed psychometric measures which typically measure somewhat basic sexual knowledge. For example, the General Sexual Knowledge Questionnaire (T. Talbot & Langdon, 2006) employed by Talbot and Langdon provides a somewhat basic assessment of sexual knowledge, failing to assess components of wider socio-sexual knowledge such as intimacy or relationships. Michie *et al.* adopted the Sexual Knowledge and Attitudes test (Wish, McCombs, & Edmonson, 1980), a somewhat outdated assessment of sexual knowledge which reflects values and practices which are no longer relevant (Galea *et al.*, 2004). Thus, it can be argued that when investigating the potential link between sexual knowledge and sexual offending by ID individuals, a more thorough examination of the individual's sexual knowledge and beliefs is required which accounts for wider, socio-sexual matters.

It therefore appears that the intentions behind the Counterfeit Deviance hypothesis have, at times, been misinterpreted within the literature and subsequent research has not appropriately investigated the hypothesis. Future research into the hypothesis should conduct a thorough investigation of all 11 sub-hypotheses which are encompassed within the theory in order that a comprehensive assessment can be carried out.

2.2.5. Summary

It is evident that whilst the research literature concerning ID sex offenders represents a growing body of research, it lags considerably behind that of the general sex offender literature. Various theories have been put forward in attempt to explain sexual offending by this group, however, a lack of research means that these theories currently remain weakly

supported. Further research is therefore required to supplement our understanding of the extent and nature of sexual offending committed by those with ID.

2.3. Sexuality

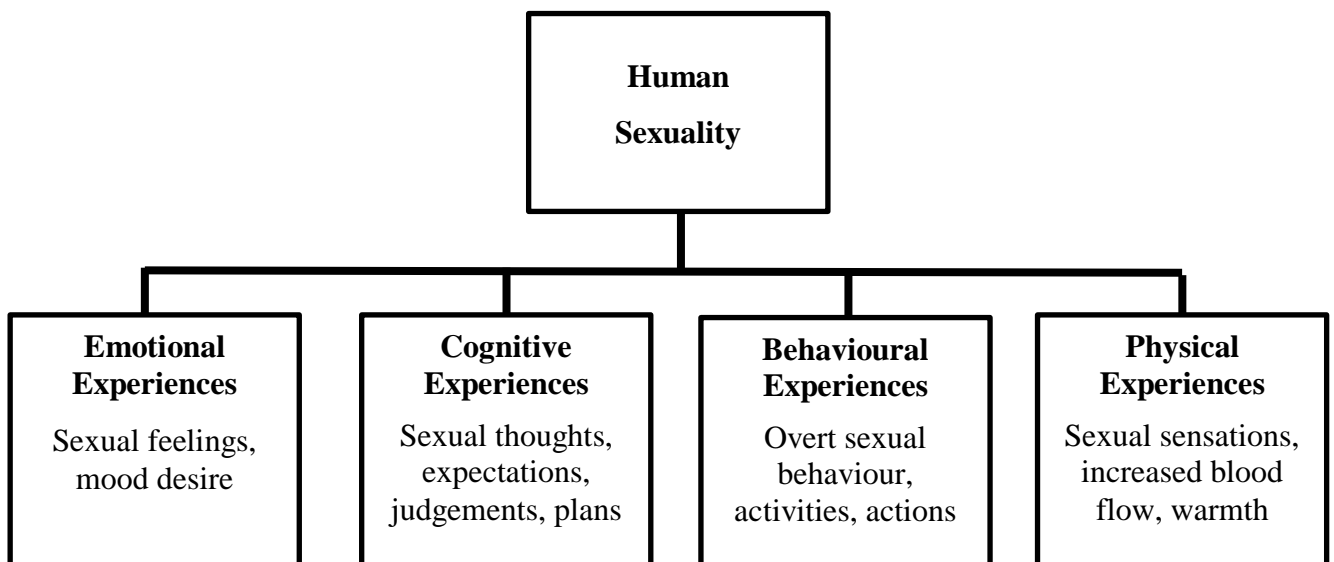
With its focus on the beliefs concerning sex held by ID sex offenders, the issue of sexuality is important within this thesis and is therefore deserved of discussion here. The following discussion seeks to offer an overview of the concept of sexuality, with specific attention paid to the cognitive component of sexuality which encompasses beliefs about sex and relationships. Consideration is also made about the application of these concepts specifically to those with ID.

2.3.1. What is sexuality?

Sexuality is a broad concept which is said to not only encompass physical sex but thoughts, feelings, attraction to others, identity, love and relationships (Perry, 2006) and this is said to comprise a vital part of being a human being (Boyle, 1994; Chance, 2002; Murphy, Coleman, & Abel, 1983). Hill (2008) sees sexuality as: “*all emotional, cognitive, behavioural and physical experiences of humans related to their sexual nature*” (2008, pg. 4) which he lays out in the model displayed in Figure 3.

With its focus on beliefs about sex and relationships, this thesis is particularly concerned with the cognitive experiences component of Hill’s model of sexuality as this concerns the thoughts, expectations, judgements and plans we have concerning our sexuality, including our beliefs.

Figure 3: ‘The Nature of Human Sexuality’ - Reproduced from Hill (2008, pg. 4)



The discussion below awards specific attention to the concept of beliefs about sex and relationships but also encompassed within the cognitive component of sexuality, and of interest to this thesis, are the judgements we make in sexual situations. Here, Hill explains that the way in which we interpret a sexual situation may be influenced by personal factors in which the sexual relevance of a situation to an individual is based upon their understanding and interpretation of that situation, rather than its objective nature. Thus, when interacting with another in a seemingly ambiguous situation the way in which a person interprets that behaviour will depend on a number of personal factors including their sexual attitudes, self-esteem, their attraction (or lack of) to the other and their need for intimacy.

Connected to this idea, Hill outlines two perspectives which attempt to explain how a person's personality affects their sexual behaviour. The dispositional perspective suggests that the traits and needs of an individual influence their behaviour, so an individual will have heightened awareness to stimuli which is consistent with their needs, but their needs also influence their interpretation of the information they receive from their environment. Take, for example, a situation in which a male goes to his local newsagents to buy a magazine, the woman working behind the counter smiles and asks him how he is today. The dispositional perspective would suggest that where the male has a high need for sexual or emotional intimacy and is attracted to the female, he may interpret her behaviour as indicative of romantic attraction. Conversely, should the male have a low sexual or emotional need and not have an attraction to the female, he would be more inclined to interpret the interaction as platonic. The social cognitive learning perspective provides an alternative view, suggesting that a person's interpretation of information from their environment will be influenced by their previous experiences. Here, the individual draws upon information available to them, for example, considering their own success or failures in response to similar situations in the past.

2.3.2. Researching sexuality

The topic of sexuality is often considered taboo or sensitive; it attracts controversial viewpoints, such as views regarding homosexuality, and is frequently subject to stereotype, such as the idea that males are more sexually driven than females. The potential for socially desirable responding when investigating this subject is therefore great. Supporting this idea, Meston *et al.* (1998) explain socially desirable responding can threaten the validity of a self-report sexuality research by encouraging participants to: (a) exaggerate or minimise the extent of sexual activity engaged in, (b) falsely deny or admit to participating in certain

sexual acts, and (c) choose not to report anything that would reflect negatively on their character.

Mindful of this research problem, some researchers have attempted to assess the validity of sexuality self-reports. For example, Alexander and Fisher (2003) adopted the bogus pipeline procedure in which participants are led to believe that the veracity of their answers is being assessed via polygraph. The results showed that sex differences in self-reported sexuality were lowest when the bogus pipeline was used and largest when the participant thought the experimenter would view their answers. The authors present this as evidence supporting the effect of social desirability in self-reporting of sexuality, reasoning that the participants in this study were most encouraged to answer according to gender roles when they felt their answers would be exposed.

These authors also found evidence of self-preservation within participants' reports. Here, Alexander and Fisher observed the tendency of male participants to report a higher frequency of sexual activity than females. They hypothesise that this finding may be partly explained by a self-preservation strategy whereby both male and female participants are influenced in answering by gender-role expectations. Subsequently, false accommodation occurs when a participant's truthful answer does not corroborate with the expected norms so they instead answer in line with these gender expectations. The effect of this with regard to sexuality reports is that males may falsely over-report and females falsely under-report sexual activity, resulting in distorted self-pervations. Alexander and Fisher point out that this pattern of responding can either occur intentionally, whereby participants deliberately offer bias reports or unintentionally, as a result of selective recall.

2.3.3. What constitutes a healthy sexuality?

An issue of particular interest for the current thesis is what is deemed healthy in terms of one's sexuality and furthermore, what is considered conducive to a healthy sexuality. Indeed, by seeking to contribute to the development of the Adapted Healthy Sexual Functioning programme, it is necessary to consider what is healthy. A range of approaches to defining a healthy sexuality have been offered within the literature (Edwards & Coleman, 2004), however, the definition offered by Perry (2006), which he adapted from Planned Parenthood, World Health Organisation and World Association of Sexologists was favoured for its comprehensive description. This states that a 'healthy' sexuality:

- it is experienced in a state of physical, emotional, social and cultural well-being;
- it is demonstrated by voluntary and responsible sexual expressions that enrich individuals and their social lives;
- it includes freedom from coercion, dysfunction, disease or infirmity;
- it means having the capacity to enjoy and control one's own sexual and reproductive behaviour in accordance with personal and social ethics. It also means freedom from fear, shame, guilt, false beliefs and other psychological factors that inhibit sexual response and impair sexual relationships.

The author described the pervasive norm which views sexuality as a weakness, detached from personhood and which expresses limited forms of sexual expression as acceptable. This, he explains, contributes to an unhealthy sexuality by detaching sexuality from its emotional, social, spiritual and intellectual aspects and creating anxiety and an aversion toward sexual expression. He suggests that the resultant environment does not allow for us to challenge our unhealthy sexuality and hinders the development of a healthy status quo.

2.3.4. Beliefs about sex and relationships

Within the cognitive experiences component of Hill's model of human sexuality lie the beliefs we hold about sex, sexuality and relationships. These beliefs are a central concern for this thesis and are therefore awarded attention here. Thus, the following discussion will tease out the conceptual problems posed by the concept of beliefs, offering an overview of the researcher's review of the relevant literature specifically concerning beliefs about sex and relationships.

2.3.4.1. What are beliefs?

Beliefs have been described as statements which we hold about ourselves and the world around us which we purport to be true (Nisbett & Ross, 1980). Philosopher Ramsey (1931) conceptualised all the beliefs a person holds as comparable to a large map, comprised of smaller maps which represent the individual beliefs and which are continually being added to or amended. These maps will be characteristically incomplete, contain numerous errors and fantasies and, in some cases, be contradictory.

Hume (1911) claims to be the first philosopher to have questioned how we discriminate belief from mere thought. Armstrong (1973) answers this by drawing upon Ramsey's conceptualisation of beliefs as maps, suggesting that a belief differs from a mere thought because the beholder is willing to act upon a belief, and not upon a mere thought. This is not to say, however, that beliefs are seen as causal factors in the mind of the beholder, but rather, Armstrong states, a belief should be seen as having the potential to cause or inhibit action.

Although there is a wealth of literature which engages with the philosophical debate concerning the nature of a belief, this thesis chooses to adopt Nisbett and Ross' (1980) conceptualisation. Thus, beliefs about sex and relationships are considered to be statements about sex or relationships which the beholder purports to be true.

2.3.4.2. Developing beliefs about sex and relationships

One of the research aims described at the outset of this thesis was to explore the contexts in which sex offenders with an ID developed their beliefs about sex and relationships. However, there is an evident lack of literature concerning the development of beliefs about sex and relationships. Indeed, MacDowall *et al.* (2006) suggests we know relatively little about the process of learning about sexual matters. That research which does exist tends to focus on information sources, suggesting there are a range of sources of sexual information from which an individual will develop their beliefs. Hill (2008) suggests that a range of sources including family, friends, teachers and clergy, influence the development of sexuality, including beliefs about sex and relationships, from a young age. However, the author explains that information from these sources is often subtle or disguised and this vague information can often cause bewilderment. He explains that sexuality is 'guarded by allegory' and 'obscured by euphemism' whereby elements of sexuality such as sex and child birth are often explained to children in allegories such as 'the birds and the bees' or 'the stork's delivery' and euphemisms such as 'making love' or 'petting'. He also provides the example of genitalia which is often referred to as 'down there', this, he explains, has the effect of keeping the recipient unaware of the true nature of genitalia. Such information is also likely to communicate to children that sexuality is both a private and taboo matter. The author suggests that more recently these euphemisms have taken a shocking, sensational form which, he argues, has the effect of minimising aspects of intimacy. This suggests that the process of learning about sexuality and formulating associated beliefs can be somewhat confusing at times.

Empirical studies have offered some insight into the nature of sexual information sources. Bleakley, Hennessy, Fishbein, Coles and Jordon (2009) found friends, parents, teachers and the media were the main sources of sexual information for adolescents. The authors found use of these sources varied as a function of gender and race, for example, finding females made more use of friends, teachers, mothers and the media whereby males made more use of brothers and fathers. Bleakley *et al.* also examined the influences of these sources on adolescents' beliefs about sex and relationships and found parents, grandparents and religious leaders were more likely to encourage negative beliefs about sex whereas friends and cousins were associated with more positive beliefs. For example, the results indicated that those who used their mother as a source of sexual information were less likely to believe that no negative physical outcome, such as contracting an STI, would result from having sex. Conversely, those who used their cousin or friend as a source of sexual information were more likely to believe a positive outcome, such as feeling good about one's self, would result from having sex.

MacDowall *et al.* examined the results from the National Surveys of Sexual Attitudes and Lifestyles (Natsal) 2000 which collated responses from 11,161 British participants aged between 16 and 44 concerning sexual behaviour and sexual health. Participants were asked about the sources of their sex education as they were growing up and the results indicated that peers and school lessons represented the main source. Other sources cited, in order of contribution, included their first sexual partner, the media, parents and siblings. However, there were clear generational differences identified within the sample. Twice as many 16-19 year olds cited school lessons as the main source of sex education than did 30-44 year olds, a finding that is likely to represent the increase in sex education provision over the last 20 years. The majority of participants expressed a wish to have had better sexual knowledge before they had their first sexual encounter, stressing the need for this knowledge to extend beyond basic sexual matters, and more of an understanding about psychosexual matters such as relationships and sexuality. There was also a preference for this information to be sourced from authoritative figures, namely, parents and schools rather than friends and the media.

Social psychological processes may also contribute to the development of sexual myths. Herek, Windaman and Capitanio (2005) discuss the stigma attached to individuals with AIDs and the sexual myths relating to transmission of the disease which have developed from this stigma. They explain that stereotyping tends to be borne out of such stigma and, in the case of homosexuality, such individuals have historically been conceptualised as sickly people who spread disease. This, Herek *et al.* explain, led to the stereotypical association

between homosexuality and the transmission of AIDs. The authors suggest that these stereotypes have the effect of stigmatising the outgroup (homosexuals) and, consequently, those in the ingroup (heterosexuals) may develop biased beliefs about their own vulnerability to AIDs infection. Thus, by exaggerating the difference between their ingroup and the outgroup, heterosexuals may view homosexuality as the only route to contracting AIDs, only holding nuanced beliefs relating to the risk of AIDs transmission via heterosexual sex. This in turn may mediate the risk-taking behaviour conducted by such heterosexual individuals.

Whilst the above discussion highlights the likely sources of the sexual information from which beliefs about sex and relationships might develop, the source of information alone will not determine the nature of the beliefs formed. Indeed, where two individuals are exposed to the same sexual information, identical beliefs will not necessarily result as the way in which this information is dealt with and interpreted is likely to differ between individuals. In his discussion of the nature and evolution of beliefs, Baron (2000) implicates the role of personal bias. In forming beliefs, he explains that we generally have the goal of believing what is true and on this basis, we tend to formulate beliefs which fit the evidence available to us, contributing to the overall aim which is to bring our beliefs into line with evidence. As we progress with the belief, we start to become actively open minded, considering evidence which acts against that belief and entertaining the alternatives. This idea is similar to the dispositional perspective of sexual behaviour described by Hill (2008) which also implicates the role of personal bias in cognitive processing of sexual stimuli. Baron makes the discrimination between two types of belief: those which are rational, accepted for good reasons, on the basis of relevant evidence, and those which are irrational, having little or no evidence supporting their validity. Irrational beliefs may persist for a range of reasons, one being due to the effect of desire whereby a person's own goals can encourage a form of self-deception in which a belief persists via biased thinking.

2.3.4.3. The effect of beliefs

A belief can have varying effects on its beholder; it is purported to affect the beholder's behaviour by influencing the way they act, being analogous to a map by which they steer (Ramsey, 1931). This can have a negative impact on the beholder, for example, where a belief is considered irrational, it is thought to facilitate faulty decision making (Baron, 2000). It is therefore conceivable to suggest that one's beliefs about sex and relationships will inform decisions about sexual behaviour and, as such, the beliefs about sex and relationships held by those who have sexually offended are clearly deserving of attention.

The harmful effect of irrational or mistaken beliefs about sex and relationships is evident from the sexual therapy literature which recognises the facilitating effect of mistaken beliefs about sex and relationships on sexual dysfunction (e.g. Nobre & Pinto-Gouveia, 2006; Wincze & Barlow, 1997; Zilbergeld, 1992; Zilbergeld, 1999). As such, the importance of addressing beliefs about sex and relationships was recognised by The World Health Organisation (World Health Organisation, 1975) in their guidance for the delivery of sexuality education. As part of their guidance, the WHO outlined ‘freedom from false beliefs about sex and relationships’ as one of the requirements for the development of a healthy sexuality. Perry (2006) also advocates for freedom from false beliefs about sex and relationships as a requirement for a healthy sexuality.

It is important to note that the context in which a sexual belief is held is likely to mediate its effect. Rosenthal, Moore and Buzwell (1994) found support for this idea, finding Greek-Australian girls and homeless Anglo-Australian girls both held beliefs relating to love and commitment. For the Greek-Australian girls these beliefs proved healthy and adaptive, having a protective effect on their sexual risk through encouragement of protection of virginity and delaying of sexual gratification until they felt the time was right. For the homeless girls, on the other hand, these beliefs had a negative impact, raising risk by encouraging sexual intercourse as a route to intimacy and acceptance. Furthermore, the effect is likely to be stronger for those with intellectual disabilities who, it might be suggested, are less likely to scrutinise harmful beliefs. Indeed, the negative effect of sexual myths held by ID individuals has been noted by key commentators in the field of ID, Craft and Craft (1978), who suggest that such beliefs are likely to confuse and frighten the beholder.

Gannon and Polaschek (2006) explain that some beliefs may cluster together as a result of life experiences to form strong connections. These connections can then develop into schemas which may guide the beholder’s expectations and perceptions of the social world around them and contribute to a bias or distortion in information processing. This is supported by previous authors who have highlighted the effect of beliefs on varying components of individuals’ lives including their perceptions of the world (Abelson, 1986), the process and outcome of their learning (Ames & Ames, 1989), their sexual relationships (Mannino & Young, 2008) and self-esteem (Mayhew & Edelman, 1989).

2.3.4.4. How do we research beliefs about sex and relationships?

Assessing the beliefs about sex and relationships held by participants presents a significant methodological challenge, a challenge which has been acknowledged within the existing

literature. Indeed, there are a number of studies which have attempted to explore individuals' beliefs about sex and relationships using self-report methods (for example: Knox, Zusman, & McNeely, 2008; Nobre & Pinto-Gouveia, 2006; Taylor, 2005). The methods employed by these authors tend to take the form of presenting a range of sexual statements to the participant, asking them to rate the extent of their agreement or disagreement with each statement (for example: Knox *et al.*, 2008). However, such methods fail to address two particular issues inherent in researching individuals' beliefs. Firstly, it is likely that the individual is not conscious of all the beliefs they hold, for example, where a belief guides our action, we may only become conscious of that belief where the action proves unsuccessful (Armstrong, 1973). Where the beholder *is* aware of a particular belief, the second challenge for the researcher is whether they are willing to self-report accurately this belief and in this instance, social desirability is likely to mediate their response (see above).

These issues are further confounded when dealing with offending populations and, more specifically, those convicted of a sexual offence. This is because, in talking to sex offenders about their offences, a range of purported beliefs are likely to be offered which may not represent actual beliefs, but instead serve an alternative function such as offence minimisation. Indeed, it has previously been noted that self-excusing statements offered by sex offenders do not necessarily represent belief-based thoughts, but may instead be indicators of other cognitive phenomena or processes such as impression management (Gannon & Polaschek, 2006; Maruna & Mann, 2006). Courtney, Rose and Mason (2006) highlighted this as an issue when interpreting their own results. The authors uncovered a range of self-report knowledge gaps in a sample of ID sex offenders which participants reported to have been operating at the time of their offence. However, the authors noted their inability to tell whether these knowledge gaps were real or claimed. In addition to this, some sex offender researchers have identified a difficulty for many participants to be introspective with regards to their beliefs (Gannon & Polaschek, 2006; Gannon & Wood, 2007).

The discursive approach has been offered as a potential remedy to this methodological challenge and was therefore considered for the current thesis. Arguing from a discursive perspective, Auburn (2010) criticises the cognitive approach due to its reliance upon text and talk to offer insight into the beliefs and attitudes held by the respondent. Those subscribing to the discursive perspective feel such accounts do not directly reflect the respondent's own beliefs and attitudes. Instead, the discursive approach sees talk as action oriented, it is: "*designed to achieve particular interpersonal and ideological projects for that moment at hand*" (Auburn, 2010, pg. 105). Proponents of the discursive approach suggest that analysis

should ideally take place within the natural context in which the social practices under investigation can occur. The discursive approach has attracted research in the field of sexual offending concerning the study of cognitive distortions (although not adopting this terminology). Cognitive distortions, within a sex offender context, are described as: “*attitudes and beliefs which offenders use to deny, minimize and rationalise their behaviour*” (Blumenthal, Gudjonsson, & Burns, 1999, pg. 129) and are said to comprises of ‘maladaptive beliefs and distorted thinking’ (Ward, Hudson, Johnston, & Marshall, 1997). The challenging of cognitive distortions is seen as a central component of the rehabilitative process and, as such, has become enshrined within the treatment literature (Beech & Mann, 2002) with some of these types of attitudes seen as dynamic risk factors (Thornton, 2002). However, from a discursive perspective, cognitive distortions are examined on the basis of their desired effect, rather than seeing such expressions as accurate representations of distorted thinking (Auburn & Lea, 2003). Thus, cognitive distortions are argued to represent social practices (Auburn, 2010) used to manage others’ impressions of the person communicating the purported attitude or belief (Ward, Gannon, & Keown, 2006). This therefore offers an alternative approach to examining the self-report purported beliefs of sex offenders by taking emphasis away from discovering the underlying truth and toward understanding the speaker’s desired effect when communicating such beliefs.

An alternative approach to assessing beliefs is that of the experimental approach. This approach works on the premise that the participant’s honest beliefs can be enhanced or detected using experimental methods. The ‘bogus pipeline’ method falls into the former category. Using this approach, participants are connected to a machine which they are led to believe is a polygraph used by the researcher to detect the honesty of their answers. The machine is actually non-operational and therefore used only to encourage participants’ honest responding rather than to detect truth of their answers. Previous research has demonstrated an increase in socially undesirable answers from participants when using this method (Tourangeau, Smith, & Rasinski, 1997) which has also consistently been shown to reduce socially desirable answering (Roese & Jamieson, 1993). These authors have presented this evidence as indicative of increased honesty in participants’ response.

Thus, it is apparent from the above that the bogus pipeline method appears to alleviate the threat of socially desirable answers, which is thought to increase the likelihood of honest answering by the respondent. However, this method does not necessarily allow the researcher to access those beliefs which are not readily available within the beholder’s consciousness. An alternative experimental approach may offer a remedy to this. Keown, Gannon and Ward

(2008) have argued the case for adopting cognitive experimental methods in the assessment of offence-supportive beliefs held by child sex offenders. The authors suggest that interviews or questionnaires may not offer an accurate method of accessing child sex offenders' beliefs, participants in such situations often use such beliefs as a way to offer rational explanations of their behaviour in absence of their own understanding or as a tactic to manage the impressions the interviewer makes of them. In a study conducted by Keown, Gannon and Ward (2008), the authors used The Rapid Serial Visual Presentation-Modified task (RSVP-M) in attempt to identify the offence-supportive beliefs held by child sex offenders. The RSVP-M is based on the finding that reading time is faster where the text read is consistent with the reader's own mental model (Albrecht & O'Brien, 1993). The authors compared responses to three types of belief assessment in a sample of child sex offenders: interview, questionnaire and experimental method. The results from both interview and questionnaire methods demonstrated that the participants held distorted beliefs which tolerated child abuse. The RSVP-M method, however, did not support these findings, failing to detect a significant amount of distorted beliefs in this offender group. The authors suggested two interpretations might be made with regard to these results; either the experimental method used was flawed, or, the results indicate that the self-report distorted beliefs expressed by this offender population are not true reflections of these individuals' actual beliefs. Further research is however required to investigate this further.

2.3.5. Intellectual disability and sexuality development: a differential process?

The above discussion highlights that our sexuality is a broad component which is likely to develop from a variety of sources. However, by making reference to the ID literature, it is conceivable to suggest that those with ID will often be exposed to a differential process of sexuality development. Within the introduction to Chapter Six further attention will be paid to the process of sexual belief development for ID sex offenders, however, this section will offer an overview of the issues pertaining to sexuality development generally.

Despite the impact of principles of normalisation (Wolfensberger, 1972) of human services, including deinstitutionalisation (Landesman & Butterfield, 1987) and campaigning by commentators such as Anne Craft (Craft & Craft, 1978; Craft & Craft, 1979; Craft & Craft, 1983), some argue that the normalisation movement has failed to prevail in the area of sexuality for ID individuals (Shakespeare, Gillespie-Sells, & Davies, 1996). It has even been suggested that approaches to ID sexuality run counter to the concept of normalisation (Nirje, 1970; Szollos & McCabe, 1995), with these individuals being seen as either asexual and

infantile (Cambridge, 1996; Murphy, 2007) or, to the other extreme, as oversexed, having uncontrollable sexual urges in need of repression (Murphy, 2007). Indeed, whilst the principles of normalisation, deinstitutionalisation and inclusion have contributed to an increase in the rights of people with ID and a drive to change service provisions, Healy, McGuire, Evans and Carley (2009) acknowledge that service providers still struggle to recognise the sexual autonomy of these individuals. This, they suggest, is partially due to prevailing negative attitudes towards ID sexuality and restrictive practices of family and carers. Aunos and Feldman (2002) support this, stating that, whilst persons with ID are now recognised as having comparable sexual needs and desires to non-disabled persons (Mitchell, Doctor, & Butler, 1978), it does not appear as though societal attitudes have adjusted accordingly. As Valenti-Hein and Choinski (2007) point out: “*the acceptance of sexuality in individuals with (ID) is still a difficult and sensitive issue*” (pg. 729).

This lack of support for ID sexuality has been evidenced within the research literature. Here, negative attitudes towards ID individuals’ sexuality have been expressed by members of the general public (Karellou, 2003), university students (Katz, Shemesh, & Bizman, 2000) and parents and caregivers of ID people (Aunos & Feldman, 2002; McCabe & Cummins, 1996; Yool, Langdon, & Garner, 2003). Furthermore, it seems that direct care workers tend to be accepting of certain sexual behaviours exhibited by ID individuals such as masturbation, but as the intimacy of the sexual behaviour increases, so does their disapproval (Owen, Griffiths, Feldman, Sales & Richards, 2000). Support for this was presented by Yool, Langdon and Garner (2003) who found that staff working with ID adults in a medium secure unit generally held liberal attitudes towards patients’ sexuality and masturbation, but were less liberal in their attitudes towards sexual intercourse, homosexual relationships and involvement of ID patients in decisions about their own sexuality.

These attitudes towards ID sexuality may be explained by a want to protect these individuals. Indeed, O’Callaghan and Murphy (2007) explain that the desire to support ID sexuality has to be reconciled with the need to prevent abuse. The prevalence of sexual abuse against ID individuals (McCarthy & Thompson, 1997; Mitra *et al.*, 2011; Turk & Brown, 1993) is likely to contribute to a wariness concerning the promotion of ID sexuality (O’Callaghan & Murphy, 2007). Consequently, O’Callaghan and Murphy (2007) recognise that, whilst there is now the expectation within UK National Care Standards that services give consideration to the sexual needs of ID adults, there remain significant difficulties in

ensuring that these needs are met. This unmet need is described as ignoring the natural course of human development (Valenti-Hein & Choinski, 2007).

2.3.6. Summary

The above discussion highlights that the development of one's sexuality is a complex and varied process which is likely to contribute to individual differences in manifestations. Whilst the process of developing one's sexuality can prove confusing for any individual, it seems that it may be further complicated for those with ID. It is further evident that when researching sexuality (including, beliefs about sex and relationships), one is likely to face a number of methodological challenges. This is both due to the sensitive nature of the topic and the nature of beliefs which are often unconscious and situational.

2.4. Research Context

The above discussion provides a summary of the relevant research literature informing this research however, it is now necessary to place the thesis within its applied context. The following discussion describes the current status of treatment of sex offenders (including those with ID), within NOMS, positioning the thesis within this field.

2.4.1. The treatment of sex offenders within NOMS (UK)

On the basis of results from several meta-analyses relating to a range of forensic populations Andrews and Bonta (1994) formulated three necessary components of effective correctional treatment: risk, need and responsivity. These components imply that the intervention should i) be matched to the individual's perceived risk, ii) target the individual's need, whereby criminogenic needs are of primary concern, and iii) should be delivered in an appropriate way which caters for the client's abilities and learning needs (Abracen & Looman, 2004). These principles are therefore used to guide treatment development and evaluation.

2.4.1.1. The Structured Assessment of Risk and Need

The Structured Assessment of Risk and Need (SARN) (Her Majesty's Prison Service, 2005; Thornton, 2002) provides an assessment of a sex offenders' dynamic risk factors, or 'treatment needs' and is used to guide treatment planning. The SARN is split into four domains, collectively assessing 15 dynamic risk factors. The four domains and encompassed risk factors are summarised in Table 2. Webster *et al.* (2006) observe that there has been a notable shift within the sex offender research literature from a focus on static risk prediction

(risk predicted by the presence of unchangeable, historical risk factors such as childhood abuse, or previous convictions) to dynamic risk prediction (risk predicted on the presence of changeable, psychological factors such as offence-supportive attitudes). Knowledge of dynamic risk factors is of great use in the treatment of sex offenders as these are the risk factors that are amenable to change. Whilst static risk factors provide a useful measure of long term risk, they cannot be used to assess changes in risk over time (Craig, 2010)

Table 2: The Four Risk Domains of the Structured Assessment of Risk and Need

<p style="text-align: center;">Sexual Interests</p> <p><i>Sexual preoccupation:</i> an obsession with sex</p> <p><i>Sexual preference to children:</i> a sexual preference for pre-pubescent children, rather than adults</p> <p><i>Sexualised violence:</i> a preference for coerced, rather than consenting sex</p> <p><i>Other offence-related sexual interest:</i> any other socially deviant sexual interest which can be said to play a crucial role in the committing of the offence</p>	<p style="text-align: center;">Distorted Attitudes</p> <p><i>Adversarial sexual attitudes:</i> the offender views males as the dominant partner in a heterosexual relationship and females as submissive</p> <p><i>Sexual entitlement:</i> the egocentric belief that a man has an unconditional right to sex</p> <p><i>Child abuse supportive beliefs:</i> beliefs which either justify sexual activity with children or minimise the seriousness of it</p> <p><i>Women are deceitful beliefs:</i> beliefs that women are deceitful, corruptive or exploitative</p>
<p style="text-align: center;">Social and Emotional Functioning</p> <p><i>Inadequacy:</i> characterised by feelings of loneliness, low self-esteem and an external locus of control</p> <p><i>Distorted intimacy balance:</i> seeing relationships with children as preferred for meeting emotional intimacy, rather than relationships with adults</p> <p><i>Grievance thinking:</i> a suspicious, angry and vengeful thinking style and a failure to see others' points of view</p> <p><i>Lack of emotional intimacy:</i> a failure to establish appropriate, intimate adult relationships, whether this is through choice or not</p>	<p style="text-align: center;">Self-Management</p> <p><i>Lifestyle impulsiveness:</i> a tendency to make impulsive or irresponsible decisions</p> <p><i>Poor problem solving:</i> failure to successfully apply cognitive skills to solve life problems</p> <p><i>Poor emotional control:</i> characterised as frequent uncontrolled outbursts of emotion</p>

2.4.1.2. The Sex Offender Treatment programmes

The Sex Offender Treatment Programmes (SOTPs) were created in response to the NOMS initiative launched in 1991 which aimed to carry out offence-focused work with imprisoned sex offenders (Williams, Wakeling, & Webster, 2007). The SOTPs comprise seven individual offence-related programmes. Two of these programmes are ‘adapted’ programmes, designed for and accessible to those with an IQ below 80 and thus those with ID (see Table 3). One of these programmes, the HSP, is a recent revision of the former HSFP. Amongst the changes made to this programme is the addition of specific exercises which can be used with ID sex offenders, meaning the programme is now suitable for both ID and non-ID sex offenders. The remaining programmes require a minimum standard of verbal and written ability and, as such, exclude men with an IQ below 80 (Williams *et al.*, 2007).

Each programme is risk targeted, that is, it is designed for a particular level of risk and to target certain treatment needs. The Core SOTP forms the central programme and caters for offenders who are considered high or medium risk (Williams & Mann, 2010). In their evaluation of the programme, Friendship, Mann and Beech (2003) noted its significant impact in reducing sexual and violent recidivism, which was most noteworthy for medium risk sex offenders.

Table 3: Sex offender treatment programmes and equivalent adapted programmes currently available in NOMS

Sex Offender Treatment Programme	Adapted version
Core SOTP	Becoming New Me
Rolling SOTP	NA
Extended SOTP	NA
Better Lives Booster	Adapted Better Lives Booster
Healthy Sex Programme	Healthy Sex Programme with supplementary, adapted exercises

2.4.1.3. Treatment of sex offenders with an intellectual disability

It is evident that sex offenders with ID are currently disadvantaged when it comes to offence-related treatment. Perhaps the most significant contributor to this deficient treatment

provision is the lack of an evidence-base from which specialised treatment programmes can be developed. Willner (2005) explains that the typically low numbers of potential participants in ID sex offender research inhibits researchers' ability to attain the statistically significant results required to satisfy 'evidence'.

This treatment gap sits uneasily with the Disability Discrimination Act (1995; 2005) and the related Prison Service Order (PSO 2855) which place a duty on public bodies (including the Prison Service) to promote equality of opportunity to those with disabilities. However, NOMS is committed to improving these services for ID sex offenders and undertook a revision of the treatment provision for ID sex offenders, following advice from the Correctional Services Accreditation Panel (Williams & Mann, 2010). The result of this revision was the proposal of four treatment programmes for ID sex offenders which replace the former Adapted Sex Offender treatment programme and which are intended for use in both custodial and community settings:

- *Becoming New Me*: this represents the main treatment block and the equivalent programme to the former Adapted SOTP, providing a more suitable alternative to the Core SOTP.
- *New Me Coping*: aims to increase coping skills in areas such as relationship management, sex in relationships, communication skills, managing one's feelings and feeling better about oneself. Targets low risk offenders.
- *Healthy Sex Programme*: targets low risk men who have a current deviant sexual interest.
- *Staying Strong Support group*: designed for men who have formerly completed an Adapted programme and consists of a recap of some of the material covered in the completed programme.

At the time of writing both the Becoming New Me (BNM) and the Healthy Sex (HSP) programmes had been developed. The BNM programme had received accreditation whereas the HSP had received provisional accreditation.

Since this thesis sought to offer direct implications for the HSP, it is worth providing some detail about the current programme here. The HSP targets the four dynamic risk factors of the Sexual Interests domain of the SARN and is thus intended for sex offenders identified

as having a treatment need in at least one of these risk areas. It is the only accredited treatment programme which specifically targets these needs. Modules are delivered on a one-to-one basis and are geared towards the provision of behaviour modification techniques encompassed within a holistic view of personal change. Thus, module one is concerned with building motivation and commitment, modules two to four aim to assist the individual to change and module five seeks to help the offender maintain change. As part of module two the offender starts to identify and understand how sex and sexuality may be influenced by their beliefs. This research is particularly relevant to the adaptation of this module for persons with ID.

The importance of identifying and eradicating unhealthy beliefs about sex and relationships and promoting those which facilitate healthy sexuality is recognised by the programme. The potentially harmful effect of sexual myths on sexual functioning is acknowledged. It is felt that these beliefs may interact with other distorted thoughts which legitimise offending to facilitate sexual offending. Furthermore, the programme places importance on the offender having realistic and appropriate beliefs about sex and relationships, attitudes and expectations in relation to their sexuality and sexual relationships in order to facilitate rehabilitation. The programme therefore encompasses an exercise in which the therapist and offender work together to identify unhealthy beliefs about sex. The aims of this exercise are to:

- increase awareness of deficits in understanding of sexual relationship skills and/or expectations;
- evaluate sexual relationship expectations and develop more functional expectations;
- increase awareness of other aspects of intimacy other than sexual behaviour,
- offer an opportunity to re-evaluate and re-set life goals;
- to reduce reliance on sexual myths which may contribute to pro-offending thinking.

(Healthy Sexual Functioning Manual, 2004)

The offenders' answers are subsequently probed by the treatment worker in attempt to explore the origin, formations and maintenance of the belief with the offender and any

misconceptions or harmful attitudes are subsequently restructured by a combination of CBT techniques and psycho-education.

2.4.2. Summary

The above discussion highlights the relative treatment disadvantage suffered by ID sex offenders within NOMS. In seeking to bridge this treatment gap, practitioners are thwarted by the research lag related to ID sex offenders which has been described throughout this chapter. However, encouragingly, this treatment gap is gradually closing and there is the continuous development of appropriate, adapted interventions for these individuals. This thesis seeks to make a contribution to this valuable growing body of literature.

Chapter Three

Methodological Review

This chapter concerns the research methodology. The chapter begins by offering an outline and rationale for the methodological approach taken. It goes on to state the philosophical stance adopted by the thesis, describing the ontological and epistemological positions taken, with specific reference to the topic of beliefs about sex and relationships. The ethical issues in relation to the research are identified and ways of alleviating these addressed. It then details the research procedures adopted including participant recruitment, data collection and data analysis, addressing the challenges faced and steps taken to overcome them. It concludes by addressing the issue of quality assurance in qualitative research and describing ways in which the thesis seeks to achieve this.

3.1. Methodological Approach

Upon considering both the research aims and methodological problems faced, it was decided that the adoption of a qualitative approach would be most appropriate for the current thesis. Qualitative research broadly involves:

“the collection and analysis of non-numerical data through a psychological lens (however we define that) in order to provide rich descriptions and possible explanations of people’s meaning-making – how they make sense of the world and how they experience particular events” (Coyle, 2007; pg. 11)

There is recent evidence of an increase in the use of this methodology to investigate psychological phenomenon and, more specifically, sexual offending (for example Cowburn, 2010) and ID (for example Hartley & MacLean, 2006). This is not surprising given that the method lends detail to our investigations, adding depth to existing quantitative research and facilitating the development of theory.

The qualitative approach was considered particularly attractive to the current thesis topic for a range of reasons. It was firstly considered well suited for the exploration of beliefs about sex and relationships. The research sought to build upon existing research literature concerning the sexual knowledge and beliefs of these individuals by offering a detailed investigation into the nature and effect of the beliefs about sex that they hold. Previous

investigations have almost exclusively been quantitative in nature (for example: Lunskey *et al.*, 2007) which, whilst allowing for the collection of large data sets and the drawing of comparisons between cohorts, have lacked depth. It remains that we know relatively little about the process of sexual belief formation, the nature of the beliefs about sex and relationships held and the likely effect of these beliefs held by these individuals. It was felt that this literature gap could be addressed utilising a qualitative approach given that it aims to: “*engage in research that probes for deeper understanding rather than examining surface features*” (Johnson, 1995, pg. 4). Thus, by employing a qualitative approach it was felt that this thesis could offer depth to the current literature by detailing the content and nature of the beliefs about sex and relationships held by this group and hypothesising, on the basis of qualitative data, about the aetiology and effect of these beliefs.

It was further felt that the qualitative methodology was particularly appropriate for use with ID participants. Previous literature tells us that ID respondents need to demonstrate the validity of their responses in self-report research (for example Finlay & Lyons, 2001) and that interviews, rather than questionnaires, are likely to represent the most appropriate research method (Sigelman, 1980). Thus, it was felt that by employing a qualitative approach this research could not only gather rich, detailed data, but minimise the effect of response bias which is so frequently cited within the ID literature.

In addition to alleviating some of the prominent methodological challenges associated with ID research participants, the qualitative methodology has the potential to give voice to these participants. The research was keen to access the first hand perspectives of the individuals who were subject of the investigations and it was felt that the qualitative methodology facilitated this by documenting verbatim participants’ accounts of their beliefs and experiences.

3.2. Philosophical Stance

When conducting qualitative research it is important for the researcher to not only document the application of their methods but also to make explicit the assumptions that they have made (Holloway & Todres, 2003). Thus, it is at this point necessary to define the philosophical stance adopted by this thesis, that is, the ontology and epistemology to which it subscribes. Madill, Jordon and Shirley (2000) conceptualise the range of epistemological positions as falling within a continuum which ranges from naïve realism at one end to radical constructivism at the other. The authors describe naïve realism as asserting a direct correspondence between what we see and what we know meaning that data collected in

psychological research offers a transparent view of that phenomenon. This is starkly contrasted with the radical constructivist viewpoint which rejects the notions of absolute truth or falsity, instead viewing knowledge as a construct of discourse. Proponents of this position would see the data collected within a research setting as the product of social action, rather than representative of an underlying truth. A range of alternative positions locate themselves between these extremes, making differing assumptions about the nature of knowledge and our observations depending on their location upon that continuum.

This thesis acknowledges the value in each of these approaches and the researcher spent some time considering what each position could offer to the thesis. It was decided that the adoption of a critical realist epistemology would be most appropriate. Falling within the realist ontology, this position considers the existence of a reality, however, it diverges from the other realist positions by acknowledging a subjective aspect to knowledge construction due to perception bias (Madill *et al.*, 2000). Thus, by considering the role played by perception in the formulation of knowledge, critical realism borrows from the constructivist paradigm.

The critical realist stance was seen as particularly fitting to this thesis. This is firstly because the thesis seeks to listen to these individuals and allow their voice to be heard. The researcher therefore wanted to avoid imposing her own interpretation upon participants' words and instead stick closely to the accounts they offer. However, this thesis has also highlighted the nature of sexuality as often sensitive and taboo. We know this means that when talking about sexuality matters individuals are often motivated to respond in a way that adheres to what they feel is socially acceptable, rather than what they truly believe. As such, it was felt that the thesis will be attempting to re-construct a reality whilst being aware that participants' accounts of this reality are not transparent nor do they offer a direct representation of that reality.

3.2.1. What do self-report beliefs represent?

Having situated the researcher's philosophical stance it is helpful here to consider how it applies to the subject matter of the thesis; beliefs about sex and relationships. The researcher does not wish to suggest that all the self-report beliefs expressed by participants in this study will perfectly reflect what they truly believe. Indeed, the above discussion highlights that we are often unaware of the beliefs we hold until they are drawn into our consciousness, for example, when they have driven a failed action (Armstrong, 1973). In addition to this, it is acknowledged that factors beyond the researcher's control may encourage participants to

offer a misrepresentation of the beliefs they hold. For example, they may be motivated by the want to ‘look good’, fearing that expressing their true thoughts may jeopardise a positive evaluation by others, in this instance, the researcher.

Thus, it is not within the remit of this thesis to assess the extent to which self-report beliefs expressed by these participants represent actual beliefs, but rather, the thesis is concerned with exploring the self-report beliefs expressed by these individuals. Such an approach will offer direct implications to practitioners who work with ID sex offenders who will be working with the same self-report beliefs. The thesis therefore argues that all self-report beliefs, however much they reflect the ‘reality’ (whatever that may be), are of interest to both the researcher and clinician.

There are a number of reasons why this thesis sees the self-report beliefs of these individuals as valuable to both the researcher and clinician. Firstly, we know that a client’s beliefs are considered clinically relevant in the field of psychology. Indeed, Beck’s (1976) cognitive behavioural model implicates an individual’s thoughts, attitudes and beliefs in the commission of their behaviour and it is this model upon which cognitive behavioural therapy, the approach employed by the SOTPs, is based. Furthermore, the HSP, which is of particular relevance to this thesis, explicitly acknowledges the propensity for beliefs about sex to interact with other offence-precipitating variables to facilitate sexual offending. So, whilst it is not argued here that a direct link exists between beliefs and behaviour, the thesis does acknowledge the potential for a belief to cause or inhibit action (Armstrong, 1973) and further, to exert negative effects on the beholder such as lowering their self-esteem (Mayhew & Edelman, 1989).

The thesis chooses to conceptualise expressed beliefs as information which is available to the individual. It sees the participants’ beliefs as being drawn from stocks of pre-constituted knowledge (Schutz, 1976). This therefore implies that the information is available to the beholder to draw upon and use at any time. As such, the thesis is interested in all beliefs about sex and relationships reported by participants. It adopts a pragmatic approach to interpreting the relevance of these beliefs by considering the likely effects of the beliefs within the context in which they are held.

3.3. Ethical Challenges

Because this research is concerned with those who have ID (Dye, Hare, & Hendy, 2007) and have been convicted of a sexual offence and because it employs a qualitative methodology (Cowburn, 2010), it presents an ethically complex body of research. All of the studies carried

out as part of this thesis received ethical clearance by both the Nottingham Trent University College Research Ethics Committee and the HM Prison Service Ethics Committee for the East Midlands. The studies adhered to guidelines outlined by the British Psychological Society and were additionally considerate of the relevant provisions outlined under the Mental Capacity Act (MCA) 2005. The process of seeking ethical approval for the studies allowed for an in-depth consideration of all likely and potential ethical challenges as well as the solutions to these challenges. The need for such a stringent process of ethical evaluation is particularly pronounced when carrying out research with both individuals involved within the CJS and those with ID. Within a research context, both populations might be considered vulnerable so ensuring the research process is ethically sound was imperative. The following discussion outlines the key ethical challenges faced when conducting this research.

3.3.1. Informed consent

In order to take part in any of the studies of this thesis, a potential participant was required to provide informed consent (British Psychological Society, 2009). Provision of informed consent had been highlighted as a particular challenge for research concerning ID participants. Dye, Hare and Hendy (2007) note that whilst the need for research with ID participants has vastly increased, particularly that which provides an evidence base for ID service provisions, there remains a significant literature gap with regard to their consent to participate in research. People with ID are considered vulnerable in relation to research participation due to uncertainty concerning their capacity to consent (Iacono, 2006). However, Iacono and Murray (2003) point out that the need to protect vulnerable individuals has to be balanced against the need not to be too restrictive so as to preclude individuals from participation unnecessarily.

When considering the ability of an ID individual to consent to take part in psychological research we are guided by the provisions made by the MCA (2005). Sections 30-34 of the MCA offer specific guidelines for determining capacity to consent to research in which it states that the researcher should start with the assumption that the individual has capacity unless they have evidence to the contrary. Furthermore, it suggests that practical steps should be taken to facilitate the individual's ability to make a decision by, for example, making information sheets more accessible, allowing time for them to process and consider the information and giving them ample opportunity to ask questions. Thus, in considering the individual's capacity to consent, the researcher should consider whether the individual can:

- understand the information
- retain the information long enough to use it and make the decision
- use and weigh up the information
- communicate their decision

Thus, any research which seeks to include individuals with ID should adhere to these provisions.

3.3.2. Sensitive subject matter

The sensitive nature of subject matter discussed represented a further ethical concern. Cowburn (2005) states that the sensitive nature of the subject matter in research concerning sexual offending can present a number of threats to all involved in the research. Interviews are often laden with questions which seek to explore private matters which may in turn cause distress to the participant (Cowburn, 2010) or the researcher. How the researcher responds to participant distress in such instances depends on the researcher's ethical, epistemological and/or methodological stance. Cowburn (2010) explains that, according to the Kantian philosophy of research, the aim of the researcher is to elicit information from the participant, it is not the researcher's intent to change the participant. This, he explains, can sit uneasily with the researcher where the participant becomes distressed. In such instances, the researcher has to mediate between the want to reassure the participant, but also to comply with this principle of research.

Related to this, Blagden and Pemberton (2010) discuss the problems faced by researchers interviewing sex offenders when the participant expresses a view or an account which sits uneasily with the researcher. For example, the offender may subscribe to, and overtly express, offence supportive views such as '*the child enjoyed it*' (Blagden & Pemberton, 2010). At this point the researcher is faced with a dilemma; should they challenge the participant, making it clear that they do not agree with this viewpoint, thereby avoid any element of collusion, or should the researcher allow the participant to continue uninterrupted and perhaps gain richer data from which greater insight might be gained. The authors point out that it is not the role of the researcher to directly challenge the participant, but rather, the role of a clinician. However, they note further caution must be taken to ensure the researcher, whilst not challenging the participant, does not inadvertently agree with the participant by, for example, acquiescing.

3.3.3. Confidentiality

Confidentiality is a key ethical consideration in the commission of any psychological research (BPS, 2009). Making an assurance of confidentiality can encourage the provision of a wealth of detailed information by the participant which in turn will enhance our knowledge of the investigated subject (Cowburn, 2005). However, a necessary consequence of collecting such detailed data from offenders is that there is a significant risk that incriminating or stigmatising information relating to the participant or a third party will be revealed. In such cases, the researcher has a moral, professional and legal duty to report the information to the authorities (Cowburn, 2005). This was illustrated by the case of Rik Scarce, imprisoned for 159 days for failing to pass on sensitive data collected in the course of his research to law enforcement agencies (Scarce, 1995). Cowburn suggests ‘unguarded disclosures’ may be particularly likely in semi-structured interviews where the rapport built between participant and researcher may temporarily hinder the participant’s defensiveness. Furthermore, Ellem, Wilson, Chui and Knox (2008) acknowledge offenders with ID may be particularly vulnerable to making such disclosures as they may not fully appreciate the consequences of divulging incriminating information. It is therefore of great importance to ensure that the offender is aware of the boundaries of the researcher’s confidentiality - both prior to and throughout the duration of the interviews.

3.4. Research Design

There are a range of research methodologies available to the qualitative researcher, each carrying their own epistemological assumptions. When designing the studies to answer the thesis aims, the researcher was keen not to mould the aims to fit with the available methodology, but rather, to elect the methodologies which were most suited to the aims. Since the research aimed to offer direct implications for clinical practice with ID sex offenders, as well as using those with ID as informants of their experiences, it was felt that a qualitative approach which entailed minimal interpretation would be most fitting. Such an approach would likely offer results that are accessible to the range of professionals who would benefit from the research as well as sticking close to words of the participant. With this in mind, it was decided that a thematic approach to data analysis would be adopted.

Thematic analysis is described as “*a method for identifying, analysing and reporting patterns (themes) with data. It minimally organizes and describes your data set in (rich detail)*” (Braun & Clarke, 2006, p. 79). It is a flexible method of data analysis which can be

moulded to fit any given theoretical framework and therefore fits within the critical realist position adopted by the thesis. Braun and Clarke (2006) cite a number of advantages of this approach, this includes:

- the results are generally accessible to educated general public
- it is a useful method for working within participatory research paradigm, with participants as collaborators
- it can usefully summarize key features of a large body of data, and/or offer a ‘thick description’ of the data set
- it can highlight similarities *and* differences across the data set
- it can generate unanticipated insight
- it can be useful for producing qualitative analyses suited to informing policy development

Thus, the advantages of thematic analysis appear to map well onto the aims of this thesis, highlighting the appropriateness of this approach for the current research.

Having elected a thematic approach to analysis, the thesis also drew upon techniques outlined by Miles and Huberman (1994). Rather than offering a prescribed set of procedures for conducting qualitative research, these authors present a pragmatic approach to conducting qualitative enquiry in which a range of techniques are outlined, allowing the researcher to tailor their own approach accordingly. The authors see the process of data analysis as comprising three stages: data reduction, data display and the drawing of conclusions.

The first step, data reduction, is described as an on-going process in which the researcher focuses on information which is relevant to the study and involves “*selecting, focusing, simplifying, abstracting, and transforming the data*” (Miles and Huberman, 1984; pg. 11). This starts before data are even collected where the researcher develops research aims, questions, conceptual frameworks and data collection guides to focus the information gathered (anticipatory data reduction). The authors outline a range of methods of data reduction and these will be discussed throughout the thesis. Having reduced their data, the researcher then uses data display to organise and compress the information. Doing so facilitates the analysis process, enabling the researcher to identify patterns within the data and draw of conclusions. There are a range of formats in which data can be displayed, including diagrams, tables and matrices. Finally, conclusion drawing prompts the researcher to consider

the meaning behind the findings. The validity of these conclusions is then assessed by returning to the data to confirm the correspondence between the conclusions and data collected and to engage in critical analysis by, for example, entertaining the alternative hypotheses which could account for the observations.

3.4.1. Intellectual Disability

Within the literature review at the outset of this thesis it was highlighted that the practice of defining ID in both research and practice lacks consensus. It was therefore considered necessary to make explicit the classification of ID adopted by this thesis. In considering who to encompass within her conceptualisation of ID, the researcher was mindful of the intended applications of the research to the treatment of ID sex offenders within NOMS. As such, it was decided that the research adopt the same categorisation used within NOMS which encompasses those falling within the borderline ID range. Adopting this approach, a classification of ID required a full scale IQ score below 80, measured using the Wechsler Adult Intelligence scale (WAIS III; Kaufman & Lichtenberger, 1999). This was the version of the WAIS which was in use within the Prison Service when the research was carried out. Whilst the problematic neglect of the adaptive functioning criterion was discussed within the literature review chapter, the thesis sought to mirror the process of determining ID used within NOMS in order to offer transferable implications to clinical practice with these offenders. Whilst the NOMS currently utilise an in-house assessment of adaptive functioning (The Adaptive Functioning Checklist; AFC, unpublished), this is not necessarily used to classify ID, but rather is utilised to inform the treatment and management of offenders. It was also felt that, at the time of writing, there was an absence of a suitable tool to assess adaptive functioning within the prison environment (see 2.1.2. Assessment and definition). Whilst the AFC offers a measurement of adaptive functioning, there is currently an absence of evidence supporting its psychometric properties. As such, data concerning participants' assessed adaptive functioning was collated for reference, rather than classification.

3.4.2. Vignettes

Having considered the above methodological challenges, it was decided that vignettes would offer a valuable tool by which beliefs could be explored. Vignettes have been described as “*short stories about hypothetical characters in specified circumstances, to whose situation the interviewee is invited to respond*” (Finch, 1987, pg. 105). The participant will generally be asked to respond to the vignette by passing judgement on the situation, expressing their

feelings towards the scenario, express any ideas they associate with the vignette or make a recommendation about what actions should follow on from the example (West, 1982). West (1982) describes the vignette method as providing a superior alternative to questionnaires in the measurement of perceptions, beliefs and attitudes. Indeed, Finch (1987) suggests that, by placing the research in context, the vignette allows the participant to express their beliefs and values in relation to a set of particular social circumstances, rather than in a vacuum. Chapter Four offers an outline of the rationale for choice of this method.

3.5. The Research Process

The thesis sits within a body of research which was borne out of a collaborative relationship between Nottingham Trent University and HMP Whatton. This relationship was of significant benefit to the current research, enabling access to a ‘hard to reach’ population, offering the benefit of a range of expertise from staff with considerable experience working with ID sex offenders and by facilitating the research process. By drawing its sample from HMP Whatton the research was able to benefit from one of the largest pools of imprisoned ID sex offenders within the UK. The prison currently holds approximately 820 sex offenders of whom approximately 150 are thought to have an ID.

3.5.1. Participant access

Access to all prisoner participants recruited for this thesis was regulated by gatekeepers from the HMP Whatton Psychology and Programmes department who accessed names of potential participants from treatment waiting and completion lists. This source was chosen because these individuals would (in most instances) have a WAIS score available which allowed for classification of ID. It has previously been described as usual practice for recruitment of sex offender participants to be governed by gatekeepers such as prisons (Blagden & Pemberton, 2010; Cowburn, 2005). However, previous authors have noted the potential difficulties faced when utilising this recruitment method. These include delays due to gatekeepers’ busy workloads or their placing the researcher in low priority and a bias in sampling due to gatekeepers’ discretion in selecting participants (2010). Apropos the latter point, it has been suggested that gatekeepers may operate their own inclusion or exclusion criteria which the researcher is unaware of. This is supported by Ellem, Wilson, Chui and Knox (2008) who report their own experience of gatekeepers not understanding the vital inclusion and exclusion criteria such as how ID is determined.

Thus, throughout the recruitment process the researcher was continually mindful of the importance of communicating both the research aims and the recruitment criteria to all gatekeepers, particularly given that the inclusion and exclusion criteria changed. This thesis was fortunate in that the gatekeepers took an active role in the recruitment process and were evidently thoughtful in their consideration of potential participants. On a number of occasions the researcher met with gatekeepers to discuss any concerns over inclusion of potential participants and to provide updates on future recruitment opportunities.

3.5.2. Recruitment

Following the gatekeeper's identification of individuals who met the selection criteria, the researcher met with the men individually and introduced herself and the research to them. The researcher read through the Information sheet and answered any immediate questions the individual had. The individual was then asked whether they wished to agree or to decline to take part in the research there and then or to go away and think about taking part. If the latter was the case, the researcher gave the Information sheet to them to take away and either arranged a later date to meet with the individual again or asked them to contact her should they decide to take part. Particular emphasis was placed on the voluntary nature of participation.

This initial meeting was valued as an opportunity for the process of rapport building to begin, a process which was particularly important in the current research. Indeed, authors in both ID research literature (Atkinson, 1988; Flynn, 1986) and sex offender literature in general (Blagden & Pemberton, 2010) have highlighted the importance building a rapport with the participant before collecting research data. This was, therefore, a particularly important process in the current research, due to both the nature of the participants' disability and the sensitive topics under discussion. With only a limited amount of time spent with the participant, it was important to cease any opportunity to build a trusting relationship with the participant and the initial meeting represented such an opportunity.

3.5.3. The interviews

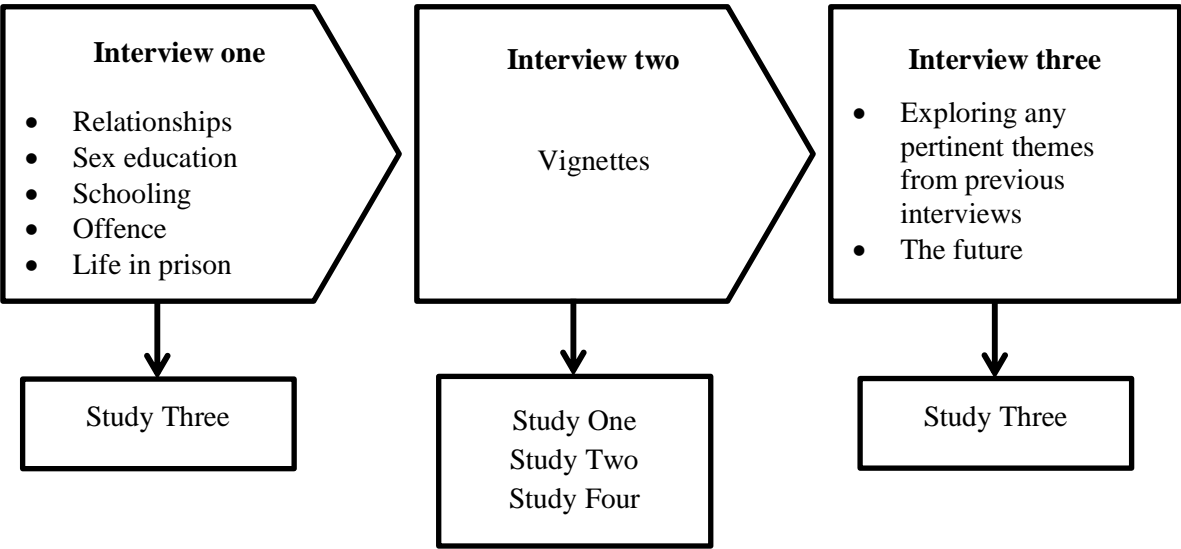
Studies One to Four (Chapters Four to Seven) of this thesis concern data collected with a sample of 21 ID sex offenders recruited from HMP Whatton. The data for these studies were collected over two or three interviews with each of these participants. The discussion below offers an overview of the data collection process across all of these interviews.

Following recruitment, an appointment was sent to the participant to meet the researcher at the programmes department of the prison where they were taken to the prison interview rooms. The researcher began by reading the consent form (see Appendix 2 for an example consent form) to the participant. The restraints of the researcher's assurance of confidentiality were emphasised to the participant at this stage. Prison Service Order 7035 imposes strict limits on confidentiality of information, stating information which concerns an intent to harm oneself or others, an offence which the individual has not been convicted for or threats to prison security must be passed on to appropriate persons (that is, wing staff, prison security or the police). Although this was highlighted in the information sheet, it was reiterated to the participant at this stage.

Once the participant had provided their consent, the researcher engaged in an informal conversation asking, for example, what they thought of the prison, how long they had been there and whether they were involved in work at the prison. This furthered the process of rapport-building and also served to make both the participant and the researcher more relaxed and comfortable within the interview setting. The researcher then began the interview and the schedule was worked through using a semi-structured format. As Figure 4 shows, the interview explored various aspects of the individual's background which included their experience of relationships, including friendships, family and romantic relationships, sexual experiences, schooling including specific questions concerning sex education and life in prison. Participants were also asked to offer an account of their offence should they be comfortable talking about it.

Questions were structured so as to lead up to and wind down from sensitive questions such as those concerning the participants' offence. Each interview ended with the researcher's verbal presentation of the debrief form (see Appendix 6 for an example) and 'winding down' with an informal conversation for example, asking the participant what their plans for the day were. This represented a further stage of rapport building. Figure 4 shows that the data from this study contributed to Study Three (Chapter Six).

Figure 4: Diagram showing interview topics and contributions to the studies



The second interview involved using the vignettes to explore participants’ beliefs about sex and relationships and this typically took place two weeks after the first interview. Data from these interviews are described in Studies One (Chapter Four), Two (Chapter Five) and Four (Chapter Seven). Although this was the procedure for the majority of participants, for a minority of participants the vignettes were presented within the first interview as time had permitted for this. A final interview followed approximately two weeks later. This allowed for further exploration of any pertinent issues raised in the former interviews as well as debrief from the research relationship and content of the interviews by exploring the offenders’ wishes for the future. For a small number of participants this was covered within the second interview meaning a third interview was not required. Data from this interview were utilised in Study Three (Chapter Six).

3.5.4. Data analysis

The studies conducted as part of this thesis employ both inductive (Boyatzis, 1998) and deductive (Crabtree & Miller, 1999) approaches to thematic analysis. The inductive approach is described as data-driven, that is, data are coded ‘bottom-up’ (Braun & Clarke, 2006). Using this approach the researcher does not utilise a pre-existing coding frame, nor do they impose analytic preconceptions (Braun & Clarke, 2006). This type of analysis therefore lends itself to exploratory investigations.

A deductive approach, on the other hand, employs a ‘top down’ process in which the analyst is driven by hypotheses or existing research (Braun & Clarke, 2006). Termed ‘theoretical’ thematic analysis, this approach tends to focus on a specific aspect of the data which is relevant to the researcher’s interest and is therefore often less representative of the corpus data (Braun & Clarke, 2006). The choice of approach is therefore dependent on the nature of the investigation, the motives of the researcher as well as the existing evidence base.

Given that the thesis employs thematic analysis, it is important to define what the researcher considered to represent a theme. Braun and Clarke (2006) offer some guidance on this, defining a theme as “(capturing) something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (pg. 10). The frequency at which the theme is represented within the data does not necessarily indicate its pertinence as it is the relevance to the research question which determines its importance to the investigation. As such, the authors explain that it is down to the researcher to judge what constitutes a theme and they advise against the defining of rigid rules. Thus, this research sought to identify clusters of data which are pertinent to the research questions. It will draw upon frequencies of occurrence of themes within the data to indicate their strength but it stresses that this does not necessarily indicate the importance for the research questions.

3.6. Quality assurance

There is a growing body of literature which describes ways in which qualitative research can be critically appraised. Here, several authors have claimed that qualitative research can be evaluated by either transferring quality markers used within the quantitative research paradigm (Gaskell & Bauer, 2000) or by using markers specifically applicable to the qualitative paradigm (Madill *et al.*, 2000). Madill *et al.* argue that approaches to assessing the quality of qualitative research will vary according to the epistemological position from which the research is carried out, something they state is seldom acknowledged. For example, researchers aligned to the realist epistemologies are likely to transfer quantitative principles such as objectivity and reliability to evaluate their research whereas those subscribing to a more constructivist standpoint would reject such application and instead apply principles more closely aligned with their ontology. One such approach used by constructivists is the concept of permeability which is the idea that a person’s understandings can be changed by observations.

Given that this research has positioned itself from a critical realist standpoint, it considers that quantitative markers of research quality can be adapted and applied to evaluate the research conducted as part of the thesis. Subscribing to this idea, Gaskell and Bauer (2000) outline six criteria which can be applied to qualitative research which, they suggest, represent functional equivalents of quantitative notions of reliability and validity. The following discussion seeks to outline each of these criteria and suggest how they might be applied to the current research. Firstly, the authors cite reflexivity and triangulation as ways in which confidence in the validity of qualitative results can be gained. Reflexivity is described as involving:

“ongoing self-awareness during the research process which aids in making visible the practice and construction of knowledge within research in order to produce more accurate analyses of our research” (Pillow, 2003, pg. 178).

Using this approach, the researcher has to be wary of the origins of their interpretations of the qualitative data, to decentre their own position. This was considered particularly pertinent to the current research given that it grapples with the sensitive subjects of sexuality, sexual offending and intellectual disability. As such, the researcher maintained a reflective diary throughout the duration of the research in which she reflected upon her observations and interpretations. She also discussed her reflections with her research supervision team. Chapter Nine of this thesis offers an overview of the researcher’s reflections. Gaskell and Bauer state that triangulating different methods or perspectives will also lend to the quality of the research. This thesis seeks to triangulate different perspectives by recruiting practitioners from HM Prison Service in one study of the thesis to administer the vignettes and offer their feedback.

‘Transparency and procedural clarity’ are the second criteria put forward and are cited as essential elements of good quality qualitative research. The authors compare transparency to the quantitative measures of internal and external validity and suggest methods such as provision of detailed descriptions of recruitment methods, participant details and the interview topic guide as some of the ways in which this can be judged. This thesis offers a clear and detailed guide as to the research procedures adopted as well as providing examples of the interview schedules within the Appendices (Appendices 4 and 6) and an example interview transcript (Appendix 10) in order to lend quality in this way. It was also considered important to offer detail concerning the process of data analysis and how themes

were identified to further lend to the transparency of the thesis. Thus, this thesis seeks to offer transparency and clarity in its approach to data analysis.

The third criterion, 'corpus construction', represents an equivalent of the quantitative measures of sampling and sample size. However, instead of the sample size being of concern here, it is the process of saturation of the research data which contributes to the sample's representativeness. Thus, the authors advise the qualitative researcher should access a good spread of data sources, ensuring exemplars from each strata are included, and should only cease data collection once saturation point is reached, that is, where no novel observations emerge from new data. However, as will be highlighted within the second study of this thesis, the researcher was not able to access the volume of participants to facilitate this sampling strategy.

In outlining the fourth criterion, 'thick description' (Geertz, 1974), the authors suggest that a researcher can achieve high fidelity in reporting by making frequent use of verbatim reporting, thereby allowing the reader to judge the researcher's interpretations by reference to the raw data. However, Gaskell and Bauer (2000) note that this should not be a method by which the researcher can 'cherry pick' quotations on the basis of their congruence with their own prejudices but, rather, data excerpts should provide an accurate reflection of the corpus data. In reporting the themes identified within the data, this thesis will offer both a detailed description of each theme as well as representative data excerpts as examples. The thesis will also provide an indication as to the strength of each theme.

The fifth criterion outlined by Gaskell and Bauer suggests that reporting surprise results, that is, insights which contravene common sense and/or theory, will add to the quality of the data. The authors see this concept as being akin to quantitative practices of hypothesis testing and falsification and see this as a necessary practice in qualitative research, steering the researcher away from bias in the selection of evidence to interpret. Gadamer (1975) explains that expected markers of this include reporting revealing insights, demonstration of the researcher's open-mindedness to results which go against what was expected or a change of thought throughout the research process on the basis of findings. This thesis therefore sought to report all findings, whether or not these were in line with the researcher's expectations.

The final criterion, 'communication validation', refers to the process of taking the researcher's interpretations of the data back to the data source for confirmation. This method allows for the researcher's interpretations to be judged by those against whom the interpretations were made. However, the authors acknowledge that this may not always be

effective, particularly where the researcher's interpretation is not a favourable one. Whilst the researcher valued the feeding back of general findings to the participants, it was not felt that taking individual interpretations back to the participants was appropriate in this instance. The first reason for this was that it may not have been practical to add this phase into the data collection and analysis due to time constraints. Secondly, since the beliefs were to be elicited in response to the vignettes it was felt that participants may wish to change their response upon reflection. Indeed, we have seen that a person may not be aware of their beliefs until they are elicited in-action (Armstrong, 1973) so participants' motivations may differ once they are no longer engaged with the vignette. Furthermore, since the researcher sought to employ minimal interpretation it was felt that the likelihood of misinterpreting the client's meaning was minimised.

3.7. Summary

This chapter defines the philosophical stance taken by the thesis and the methodologies borne out of this approach. It documents the researcher's navigation throughout a complex field of research in which she has negotiated a range of philosophical, methodological and ethical challenges. It has also identified ways in which the quality of the research conducted as part of this thesis can be demonstrated.

Chapter Four

Adapting a Beliefs about Sex and Relationships Exercise for use with Sex offenders who have an Intellectual Disability

4.1. Introduction

This study addressed the first research aim which was to develop an exercise by which the beliefs about sex and relationships held by sex offenders with an ID could be explored. To do so, the study adapted an exercise which, at the time the research was carried out, was used with sex offenders without an ID as part of the HSFP (now the HSP). Such adaptation is proving an important practice in the field of forensic ID as existing psychotherapies and assessment measures are often unsuitable for use with these clients (Kellett, Beail, & Newman, 2005; Nezu, Nezu, Rothenberg, & DelliCarpini, 1995). Indeed, we have seen from the literature review that sex offenders with an ID suffer a lack of treatment options when compared to those without ID due the unsuitability of existing programmes. In their work with these clients, practitioners are further hindered by a lack of suitable assessment tools. Here, Keeling, Rose and Beech (2007) note that there are few existing psychological measures suitable for use those who have ID and, further, problems with comprehension or cognitive deficits are likely to limit the application of existing tests to these individuals.

There is, however, a growing body of research which is informing the development of improved psychological service provisions for those with an ID. This field of development has very much relied upon the process of adapting existing approaches to suit the needs of the client. In terms of forensic interventions specifically, we know that the effectiveness of treatment is very much reliant on satisfying the risk-need-responsivity model described by Andrews and Bonta (1994). The last of these principles, responsivity, states that treatment interventions must be delivered in a way that maximises the individual's potential for treatment. This means that for those with ID adaptations of existing approaches should accommodate for the likely deficits which have been associated with this group including poor memory (Beail, 2002; Everington & Keyes, 1999), low attention (Keeling & Rose, 2006; Minskoff *et al.*, 1989), and difficulties with problem solving (Wehmeyer & Kelchner, 1994) and the generalisation of skills (Everington & Keyes, 1999).

With this in mind, some authors have documented a range of methods which appear to facilitate adaptation of existing approaches. With regards to the delivery of

psychotherapies, Hurley, Tomasulo and Pfadt (1998) offer an overview of nine methods to facilitate an increase in responsivity which are outlined in Table 4. It is evident from this list that key to these methods is the ability to be flexible and creative, to reduce the complexity of approaches to account for cognitive deficits and to be mindful of the effect disability issues may have on both the practitioner and client. Whitehouse, Tudway, Look and Kroese (2006) later reviewed the methods of adaptation reported in 25 articles concerning the delivery of psychotherapy to ID clients and found flexibility in delivery was the most commonly employed method. Also commonly cited were transference, disability issues and directive methods.

Table 4: *Methods of psychotherapy adaptation, taken from Hurley et al. (1998)*

Adaptation	Definition
Simplification	Reduce the complexity of usual techniques, breaking down into smaller chunks and reducing length of sessions
Language	Reduce the level of vocabulary, shorten sentences and length of thought
Activities	Use activities to enhance learning, such as drawing
Developmental level	Incorporate developmental level into techniques and materials. Use games
Directive methods	Be direct and clear in treatment outline, goals and progress. Use visual aids
Flexible methods	Be flexible in use of methods to suit the individuals' cognitive level. Draw on other modalities to increase responsivity
Involve carers	Involve family or support staff
Transference issues	Attachments are likely to be stronger and quicker, therapist may fall into parental-type reactions. Utilise stronger boundaries
Disability approaches	Disability issues must be addressed in treatment. Encourage a positive self-view

The adaptation of existing assessment measures for this offender group has also been described within the literature. The particular importance of this practice in the field of research with sex offenders who have an ID was recognised by Lindsay, Hastings, Griffiths and Hayes (2007) who proclaimed:

“One of the most heartening research developments in the field has been the establishment of appropriate assessments for offence-specific variables in the population with ID” (pg. 56).

Keeling, Rose and Beech (2008) suggest three ways by which suitable measures can be created for ID clients. Firstly, existing measures can be used, but supplemented with images and/or verbal presentation. An example of this can be seen in a study conducted by Parry and Lindsay (2003) who verbally presented the Barratt Impulsivity scale (Barratt, 1994) to a sample of ID participants. However, this method can be problematic as the content of the test can remain too complex for the respondent, Crocker, Mercier, Allaire and Roy (2007) argue this was the case with the Barratt scale. Thus, for some measures, further adaptation is required to make both the content and delivery of the measure ID appropriate.

A second method, therefore, is to adapt existing measures, altering the content of the measure so as to create a more suitable assessment of the intended constructs, whilst attempting to maintain the psychometric properties of the original measure. Wilcox (2004) points out that this has been common practice for many years, albeit informally. Kolton, Boer and Boer (2001) documented their use of this approach when adapting the Abel and Becker Cognitions scale (Abel, Becker, & Cunningham-Rathner, 1984) for a sample of ID sex offenders. As part of their adaptation, the authors changed the response format from a four point Likert scale to dichotomous response options (agree or disagree) as they felt that the Likert format encouraged extremity bias. However, in doing so, these authors may have encouraged an alternative form of response bias, acquiescence, a behaviour thought to be encouraged by dichotomous response options (Garwood & McCabe, 2000; Sigelman, 1980).

Finally, Keeling, Rose and Beech explain that new measures can be developed specifically for use with ID respondents. Although Lindsay (2002b) notes a lack of psychometric tools which have specifically been designed for use with this client group, the development of new measures is emerging. For example, Butler, Leighton and Galea (2003) created the Assessment of Sexual Knowledge, a measure created on the basis of existing research literature specifically for ID populations. However, Lindsay (2012) advises against the development of such measures from scratch explaining that there is often a lack of appropriate comparator measures against which psychometric properties can be judged and further, that there is no reason to suggest that existing generic measures, which are substantiated with research, cannot be adapted.

The aim of this study was to create a method to explore the beliefs about sex and relationships of ID sex offenders by adapting an exercise which was used within the HSFP. The intended application of the resultant exercise was: (i) to be used as a research tool in a subsequent study to explore the beliefs about sex and relationships held by ID sex offenders, thereby contributing to this field of research and (ii) to be encompassed within the revised HSFP, the HSF, as an adapted exercise to be used with offenders who have an ID.

4.2. Method

4.2.1. Materials: The Healthy Sexual Functioning Programme sexual statements

The source of adaptation was a beliefs about sex and relationships exercise which was used as part of the HSFP which was running in NOMS at the time the research was carried out. This exercise comprised a battery of 100 sexual statements (see Appendix one) which, when used as part of the HSFP, was presented to the offender who was asked to indicate whether they: a) agree with the statement; b) used to agree with the statement but do not anymore, or c) disagree with the statement. The statements covered a broad range of sexual issues and allowed for the offender's belief in various sexual myths to be identified.

Since these sexual statements formed the source of adaptation, it is important to understand how they too were developed. The statements were devised by the HSF programme developers using a range of core sex education resources (Joannides, 2001; Litvinoff, 2001; Silverstein, 1993; Stoppard, 1998; Westheimer, 2001). From these sources, a range of commonly held mistaken beliefs about sex were extracted and converted into statements.

Through reference to the research literature concerning ID, and through consultation with practitioners at HMP Whatton, it was apparent that the standalone statements, in their original format, would not have been appropriate for use with this client group. This is because the majority of the statements were considered too leading for use with ID participants. The statements represented directional assertions for example, '*a partner should not ask how to please a man*' and were thus inherently leading. The suggestibility and vulnerability to acquiescence of this population has been previously noted (Everington & Fulero, 1999) so it was felt that the statements would likely lead participant with an ID to answer according to the direction of the statement. The restricted response options were also considered to encourage response bias. Indeed, Sigelman (1980) explained how restrictive

response formats encourage acquiescent answers and over-reporting and, as such, interviews should be the preferred method when carrying out research with these individuals. Furthermore, the statements stand alone, out of context and this was considered problematic as ID individuals often have difficulty making logical connections (Everington & Keyes, 1999).

Lievesley (personal communication, 6th December, 2012) discussed the challenges she faced when using psychometric statement items with an ID forensic population. She firstly describes the difficulty presented by offering the respondent dichotomous response options such as true or false. This, she explains, often encouraged the respondent to offer all relevant information in relation to that question and expect the interviewer to reach a judgement as to which response option was most appropriate. The nature of the items as first person statements (for example: '*I have manipulated a child to get sexual pleasure*') was also problematic. Given that the majority of the population Lievesley sampled had difficulty reading the author chose to present all items verbally, reading each item out in turn. This frequently caused confusion for the respondent who often felt that the statement referred to the interviewer who was reading out the item, rather than them.

It was also considered that, not only would the way in which the statements were presented require adaptation, but the content of the statements may also need adapting. The first reason for this was that many of the statements refer to abstract concepts, for example, '*coming at the same time is the ultimate in enjoyment and compatibility*'. Research suggests that this population often have rigid and concrete thinking patterns (Everington & Keyes, 1999; Finlay & Lyons, 2001), leading to a difficulty understanding abstract concepts (Booth & Booth, 1994; Finlay & Lyons, 2001) and this presented a further problem with the applicability of the statements to ID respondents.

A further concern at this stage was whether the concepts that the statements seek to explore were as applicable to ID sex offenders as to non-ID sex offenders. For example, an important question was whether there are any beliefs about sex and relationships which are more likely to be observed in ID sexual offending populations and likely to require attention which the statements did not cover. It was therefore considered important to keep an open mind as to the applicability of these statements to this population and to the possibility that additional belief-themes might be included within the resultant tool. However, it was considered reasonable at this stage of the research to assume that the concepts behind the statements were applicable to ID sex offenders and verification of this applicability would be sought through subsequent literature review and data collection.

Through consultation with practitioners at HMP Whatton the above concerns about the suitability of the sexual statements were confirmed. These practitioners reiterated concerns about ID individuals' comprehension of the statements due to a lack of context. Furthermore, Hocken (personal communication, 3rd December, 2012) described an anecdotal account of an ID sex offender group treatment session in which a selection of the HSF sexual statements was piloted to explore the groups' beliefs about sex. This, she reports, proved unsuccessful and this was mainly attributed to participants' difficulty understanding the meaning behind the statements. Thus, it was decided that the statements required adaptation into a more suitable format.

4.2.2. From statements to vignettes

The Methodology section of this thesis in Chapter Three offers a brief introduction to the vignette methodology. From this it appears that vignettes would alleviate some of the problems relating to statements which are highlighted above. By allowing for the creation of neutral scenarios, the vignettes avoid leading the respondent to a particular answer. They also allow topics of sexuality to be placed in context, thereby facilitating an ID respondents' making of logical connections, giving these respondents something to 'hang' meaning on to. It was therefore decided that vignettes were a suitable format in which the statements could be translated.

There are a range of approaches to the use of vignettes within research. The method has most commonly been employed within a quantitative paradigm whereby participants are provided with a range of pre-set response options and are asked to choose the one which most corresponds with their answer (for example: Slead, Durrheim, Kriel, Solomon, & Baxter, 2002; Willner & Smith, 2008). Used in this way, the aim is very much centred on prediction of future behaviour on the basis of responses to the vignette. However, more recently the use of vignettes within qualitative research has gained popularity (Jenkins, 2006). In such research the vignette tends to 'set the scene' and a series of semi-structured questions follow in which the interviewer is encouraged to probe and explore answers further. The value in this approach, therefore, is that it allows the participant to express their specific view, rather than electing a response which offers the nearest match, further allowing the respondent to quantify their answers. When employed within qualitative research, the purpose of a vignette is not to make an accurate prediction of the respondent's behaviour, but rather to explore their knowledge and to "*achieve insight into the social components of the participant's*

interpretative framework and perceptual processes” (Jenkins, Bloor, Fischer, Berney, & Neale, 2010, pg. 179).

Whilst West (1982) suggests that because vignettes place real-life situations within a context, they encourage responses which are more predictive of real-life behaviour, Jenkins *et al.* (2010) argue that we cannot draw such bold conclusions. These authors draw upon Schutz’s (1976) systems of perceptual relevances to explain why this is the case. Firstly, they suggest that the motivational influences the participant has towards the vignette will differ to that which they would have in the actual situation depicted. For example, the interview may offer a chance for the participant to reflect on their thinking which is not necessarily true for the real-life situation. This means the participant is likely to give a more considered and elaborate interpretation of the hypothetical situation than they would in real life. In addition to this, the authors suggest that by incorporating an issue within a vignette and requiring the participant to formulate a response, the researcher is effectively problematising a situation which may ordinarily be routinised or go unconsidered by the participant. The thesis therefore acknowledges the limitations of this method.

4.2.3. Participants

Twelve participants recruited from HMP Whatton took part in this study. There were six members of staff from the HMP Whatton programmes department and six prisoner participants. The staff participants comprised the Sex Offender Treatment programme Clinical lead, the national trainer for the BNM programme and four programme facilitators. Both the BNM Clinical lead and the national trainer were contributors to the development of the HSP. The programme facilitators had at least two years’ experience working with ID sex offenders at the prison and had delivered the BNM programme.

The prisoner participants were recruited using the process described in the Methodology chapter. Individuals were considered for inclusion within the research if they were defined by the Prison Service as having ID and did not fall within the research exclusion criteria. For this study, the following exclusion criteria were adopted:

- they had previously completed an Sex Offender Treatment programme or a Healthy Relationships programme;
- they cannot remember their offence;
- there were current concerns relating to the offender which may jeopardise the safety of the research and/or the participant;

- there were current concerns relating to the offender which may jeopardise the validity and/or reliability of the data, for example the offender had significant problems relating to mental health.

The first criterion was imposed to mediate the effect of any psychoeducation concerning sex and relationships received in prison following their offence. These prisoners were of a similar age, ranging from 44 to 57 ($M = 50$; $S.D. = 4.7$) and all but one of the participants were White British, the remaining being of Black ethnicity and a Caribbean nationality. Participants' Full Scale IQ scores as measured by the WAIS-III ranged from 64 to 77 ($M = 71.2$; $S.D. = 4.7$), with two participants placed within the mild ID range and the remaining participants within the borderline range. For the purpose of subsequent studies, this sample of prisoner participants were referred to as 'participant group one'.

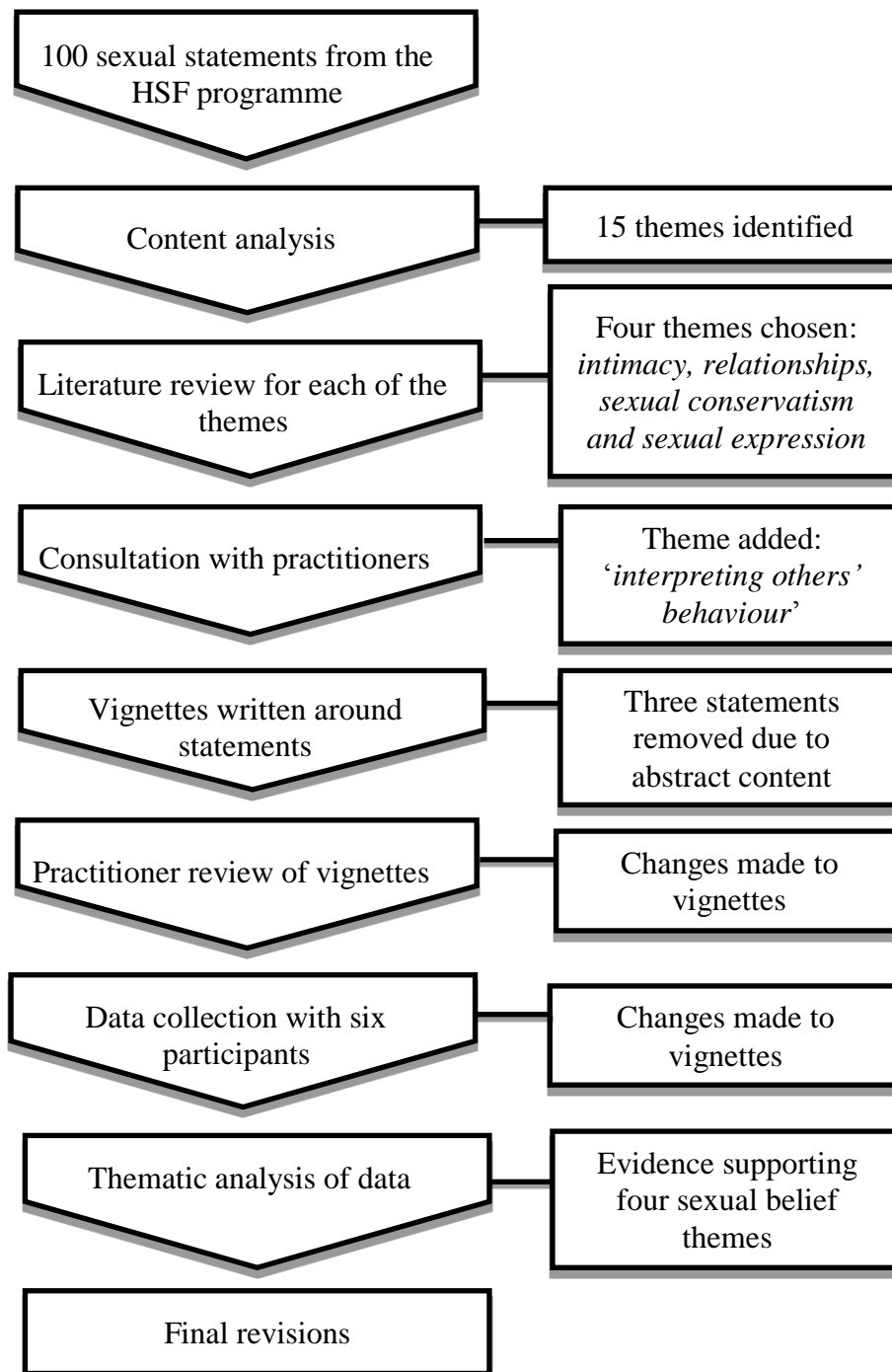
4.3. The Process of Vignette Development

The process of vignette development was carried out in eight stages which are displayed in Figure 5 and described in the below discussion. The resultant vignettes can be seen within Appendix 5.

4.3.1. Stage one: content analysis

It was evident that it would be both impractical and potentially detrimental to the depth of responses elicited to adapt all 100 sexual statements into vignettes. The reason for this is that the resultant materials would be extremely lengthy, entailing long interviews which may have caused distress to participants (Yacoub & Hall, 2009) and would not be practical for application in a treatment context. Furthermore, such a mass of interview material would not allow for the level of detail to be collected which was required to address the research questions. It was therefore decided that the research would focus on a few selected themes which were considered pertinent for this offender group and most effective for use within a treatment setting.

Figure 5: The process of vignette development



The first step of the vignette development process was therefore to reduce the battery of statements down to those which were most relevant to ID sexual offenders. The 100 sexual statements were analysed using content analysis which aimed to uncover the general themes encompassed within the battery and to clarify what types of sexual belief these statements were seeking to explore. Reference was made to the sexual education literature used in the creation of the statements to guide the analysis (Joannides, 2001; Litvinoff, 2001; Stoppard, 1998; Westheimer, 2001). The categorisation was verified by the three project supervisors and minor amendments made on the basis of feedback. For example, the initial category 'miscellaneous' was omitted and the one statement placed under that heading, '*my use of sexual swear words doesn't matter*', was placed into the sexual expression category. This resulted in 15 themes of sexual statement, each portraying general themes relating to sexuality: basic sexual knowledge, relationships, intimacy, sexual conservatism, sexual ability, cognitive distortions, sexual preoccupation, power, sex for women, sexual arousal, sexual expression, homosexual stereotypes, attitudes towards homosexual sex, knowledge about homosexual sex and homophobic views. These themes of beliefs about sex and relationships shared some overlap, with a number of statements falling under numerous categories. The themes are described within Appendix 2.

4.3.2. Stage two: literature review

In order to elect the most appropriate themes of sexual belief statements for adaptation a literature review was carried out for each of the 15 themes. Given that the literature which specifically relates to ID sex offenders is often scant, inferences were also drawn from the general sex offender literature and the general ID literature. On the basis of the literature review, the following themes of statement were selected for adaptation: relationships, intimacy, sexual expression and sexual conservatism. An overview of the research literature supporting these themes is provided within Appendix 3.

4.3.3. Stage three: practitioner consultation

Following a literature review, a meeting was held with the Sex Offender Treatment Programme Clinical lead and the national trainer for the BNM programme. The purpose of this meeting was to ensure that any surplus beliefs about sex and relationships which they felt were pertinent to this group on the basis of their clinical experience could be considered for inclusion within the vignettes. Following this meeting, a further theme of sexual belief was

added to the four other chosen themes: interpreting others' behaviour. Specifically the practitioners felt that vignettes representing this theme should seek to explore the participant's interpretation of an adult female's behaviour within a customer-worker interaction and within a social situation and interpretation of young girls talking about sex on a bus.

As well as being based upon common observations from their clinical practice, it was felt that the inclusion of these vignettes was also empirically supported. We have seen that an individual's interpretation of a sexual situation is likely to be mediated by their sexual urges or motives (Hill, 2008). Furthermore, a wealth of research has demonstrated an over perception bias in male's interpretation of women's behaviour in which they are found to operate a bias in favour of interpreting sexual intent, a finding that has been demonstrated in both laboratory and naturalistic settings (Abbey, 1987; Haselton, 2003; Saal, Johnson, & Weber, 1989). For example, Haselton (2003) found women frequently reported being over perceived as having sexual interest in another and this was more frequent than experiences of having sexual interest under perceived. It was felt that this behaviour would be further pronounced in ID sex offenders due to the greater suggestibility (Everington & Fulero, 1999) and lesser sexual knowledge (Galea *et al.*, 2004; Garwood & McCabe, 2000).

4.3.4. Stage four: constructing the vignettes

The chosen statements were then collated and vignettes created around the specific and general themes encompassed within the statements. The development of the vignettes was significantly guided by the research literature on both ID and the vignette method, as well as through consultation with professionals at HMP Whatton. The specific areas of vignette development are outlined below.

4.3.4.1. Content

The construction of the vignettes was informed by the specific and general themes encompassed within the relationship, intimacy, sexual conservatism and sexual expression HSF programme statements. Thus, the statements were organised into those which could be encompassed together within one vignette and a vignette was written around them. The vignettes were supplemented with background information concerning the characteristics of the characters including age, sex and relationship status as previous research suggests that the provision of such background information can improve the believability of the vignettes (Willner & Smith, 2008).

Several authors have commented on the need for research with ID participants to employ clear and simple vocabulary and meaning in their questions (Finlay & Lyons, 2001; Hurley *et al.*, 1998). Hurley *et al.* (1998) suggest that the language used should be simplified by reducing the level of vocabulary, employing more simple words, simplifying the sentence structure and shortening the length of thought. Thus, the vignettes were written as simply as possible and the sentence length kept to a minimum, utilising the Flesch Reading Ease check (Microsoft Corporation, 2002) to ensure reading ease. This programme provides a score of readability with a maximum of 100, whereby 60-70 is generally considered acceptable for this population (Keeling *et al.*, 2007) and has been utilised in previous research investigations with ID participants (such as: Gillies & McEwen, 1981; Keeling & Rose, 2006; Lindsay *et al.*, 2006). The resulting vignettes had a score of 87.8. Guidance was also sought from professionals at HMP Whatton who have experience working with this offender group to ensure that the language employed was appropriate.

Through consultation with professionals at HMP Whatton, and through reference to the research literature (Booth & Booth, 1994; Finlay & Lyons, 2001) it was apparent that ID participants may have difficulty responding to questions which relate to abstract concepts. Thus, as far as possible, the use of abstract terms was avoided and, as a consequence, four statements were omitted from inclusion as the underlying concepts were considered too abstract, these included: '*coming at the same time is the ultimate in enjoyment and compatibility*' and '*sex is purely physical and mechanical*'. For the remaining statements, care was taken to ensure they were translated into vignettes, the meaning of which was as concrete as possible.

4.3.4.2. Response format

The qualitative approach of vignette presentation, termed the non-directive approach, was adopted in which a semi-structured method of questioning followed each vignette. This approach was favoured over the directive approach, which offers the participant a choice of set responses, as this is considered most appropriate for the exploration of beliefs and attitudes (Hughes, 1998). Furthermore, open-ended questioning has been found to represent the most reliable mediator of acquiescent answers in ID participants (Sigelman *et al.*, 1981b; Sigelman, 1982) and response bias generally (Yacoub & Hall, 2009). The use of open questioning was supported by Kebbel and Wagstaff (1990) who discuss the validity of eye witness accounts, including those with ID. The authors suggest that recall is most accurate when the ID witness is asked open, uninterrupted 'free call' questions such as '*what*

happened? In contrast, the authors suggest that closed questions, such as ‘*what colour was his shirt?*’ decrease the accuracy of such reports. A further value in employing the non-directive approach is that the method allowed for the participants’ concepts to be assessed, rather than the researcher’s (Heshusius, 1982), something that was particularly valued in the current investigation relating to relationships and intimacy (Knox & Hickson, 2001). Thus, each vignette was presented to the participant and proceeded with a standard question: ‘*what do you think about this?*’ This general question was then followed by more specific questions which sought to assess the participant’s views regarding specific components of the vignette.

As far as possible, the use of questions requiring a ‘yes’ or ‘no’ answer was avoided. The reason for this was that, although it is apparent that yes-no response formats yield the highest response rates in research with ID respondents (Sigelman *et al.*, 1981b; Sigelman, 1982), these response formats are notably more susceptible to acquiescent answers (Chong *et al.*, 2000). Indeed, employing a yes-no response format does not allow the researcher to identify where the participant does not understand the question posed (Garwood & McCabe, 2000). Thus, where yes or no answers were provided, these would be followed up with a quantifying questions which would allow the researcher to ensure the participant’s comprehension (Garwood & McCabe, 2000).

Some of the questions employed Likert scales as a response aid. Although previous authors have critiqued the use of Likert scales with ID respondents, suggesting such individuals may have difficulty discriminating the subtle differences in response choice (Lindsay, Michie, Baty, & Smith, 1994) or may choose avoid answering a question by choosing the neutral response option (Bumby, 1996), contradictory evidence has been presented by Hartley and MacLean (2006). The authors conducted an evaluation of the reliability and validity of Likert scales in research with ID individuals by reviewing previous research employing this method. In carrying out their review, the authors sought to investigate the claim that Likert response formats are vulnerable to low response rates with ID respondents due to the difficulty in distinguishing subtle differences between each rating on the scale. The results indicated that Likert-type scales present a valid and reliable method in research with this population for scales up to five points. The authors do, however, suggest that response rates may be lower for individuals with moderate to profound ID and when response scales are not supplemented with pictorial representations. To further facilitate understanding, these Likert scales were supplemented with pictorial aids for each possible rating (Finlay & Lyons, 2001).

4.3.5. Stage five: practitioner review

The draft vignettes were then reviewed, along with the remainder of the interview schedule, by four members of staff at HMP Whatton who have considerable experience working with ID sex offenders. All of these staff members were group facilitators who had run adapted programmes for more than two years. This was a self-selecting sample in which the staff responded to a departmental email requesting assistance in the review of the materials. Each of the staff provided informed consent by signing a staff consent form (see Appendix 9 for an example). The reviewers were asked to judge the face validity of the schedule, commenting on the use of language and general appropriateness of the interview schedule for use with ID sex offenders. In addition to this, a mock interview was carried out between the researcher and a member of the BNM team who regularly carries out role plays for the national training programmes run by the Prison Service. This mock interview not only allowed for further face validation of the tool, but provided a valuable opportunity for the researcher to adjust to the interview experience and the likely needs of the respondents. On the basis of feedback from both stages of consultation, a number of changes were made.

Firstly, it was the opinion of the professionals that many participants would have misunderstandings regarding some sexual words and terminologies employed within the vignettes and it was therefore important to check their understandings before the vignettes were presented. As such, it was decided that the vignettes would be preceded by a checklist of these sexual words to ensure the participant's comprehension. For each word, the participant would be asked what they thought the word meant and whether they could suggest and alternative words with the same meaning. Pictorial representations would then be presented to the participant which could act as a reference point if required in the later vignettes.

The way in which some questions were worded was also changed on the basis of feedback. Some changes were made to make the schedule more clear, for example, the question '*do you think masturbation is always a good release?*' was considered too vague and was therefore changed to '*do you think masturbation is always a good way to make yourself feel better?*' Some of the questions were also considered too leading, a methodological pitfall which is particularly pertinent to research with ID participants who are considered more susceptible to being led by such questions (Clare & Gudjonsson, 1993; Clare & Gudjonsson, 1995; Heal & Sigelman, 1995; Perlman, Ericson, Esses, & Isaacs, 1994). These questions were therefore altered to a more neutral phrasing, for example, the question '*do you think Raj*

and Anna will go on to have sex?' was changed to *'what do you think Raj and Anna would do next?'*. It is clear that in doing so, the vignette offered a less direct assessment of the statements *'intercourse is the ultimate sexual act'* and *'all physical contact must lead to sex'* but this was considered a necessary consequence.

During this process of consultation it also became apparent that a number of the vignettes were somewhat lengthy and may therefore have presented too high demand on the working memory of some participants (Clare, 1993). Following advice from Hurley *et al.* (1998) concerning the simplification of therapeutic tasks, these vignettes were shortened, or in some cases, split into smaller sections, allowing time to reflect after each section, for example, asking *'what do you think about this?'*

4.3.6. Stage six: data collection

4.3.6.1. Process

Having created the vignettes, the next stage was to assess their effectiveness for eliciting the target beliefs about sex and relationships in a sample of ID sex offenders. The six prisoner participants described in the participants section were recruited using the procedure described within the Methodology chapter of this thesis. As previously described, the participants provided informed consent to participate in the research. Participants took part in one interview in which the vignettes were used to explore their beliefs about sex and relationships. Interviews lasted between 45 minutes to an hour and a half, with most exceeding the hour. This was at the will of participants who engaged fully with the interview and refused several opportunities to end the interview early. The researcher also monitored the participant's reactions and mood to ensure that their behaviour was congruent with their expressed wishes.

During the process of data collection, concurrent evaluations of the vignettes and accompanying schedule were made and, if appropriate, revisions were made before further data were collected. This process was facilitated by the maintenance of a reflective diary in which the researcher noted emerging insights and reflections. In addition to this, a contact summary form (Miles & Huberman, 1994) was completed after each interview in which the researcher was prompted to consider how the data from the interview contributed to certain aspects of the vignette evaluation.

4.3.7. Stage seven: thematic analysis

The qualitative data from the interviews were analysed using deductive thematic analysis (Braun & Clarke, 2006; Crabtree & Miller, 1999) which sought to test whether the vignettes were eliciting the types of belief intended. The five themes of sexual belief which the vignettes were based upon formed the five *a priori* higher-order codes used to analyse the data: relationships, intimacy, sexual expression, sexual conservatism and interpreting others' behaviour. Data taken from participants' responses to the vignettes were analysed using these codes. Any segments of data considered to fit with one of these codes was highlighted, extracted from the transcript and entered into a table in a Word document. Once all the transcripts had been analysed in this way, the extracted data were returned to and themes identified and coded within these. The amount of participants contributing to each theme was used to gauge its strength, thus, a weak theme was one which one or two participants had contributed to, moderate three to four participants and strong five to six participants. This method of data analysis allowed the researcher to examine whether the vignettes were eliciting the beliefs about sex and relationships which they were designed to do.

4.3.7.1. Results

Table 5 summarises the results of this analysis. The second column of the table displays the higher order codes which were identified within participants' responses to each of the vignettes and the themes identified within the coded responses. The third column details the sexual statements upon which the vignette was based and the category within which the statement fell. This not only allows us to examine the extent to which the five themes of sexual statement are evidenced within the data, but it also allows us to see whether the individual statements which the vignettes were written around have been represented within participants' responses to the vignettes.

The table demonstrates that the vignettes have successfully elicited themes of response which correspond to the five themes of sexual statements which they were based upon. Whilst there are some strong themes, indicating a consensus of belief between participants, it is clear that there is much variability in participants' expressed beliefs.

In addition to the above, it seems there is much similarity between the themes elicited from the vignettes and the individual sexual statements around which the vignettes were written. For example, if we look at the vignette concerning Chris which was based upon the two statements: '*one night stands are better than sex in a relationship*' and '*sex with the same*

partner will always become boring' we can see that participants' responses to the vignette were reflective of the idea that one night stands are risky and that you should commit to a partner instead. These responses appear to correspond to the first statement. Furthermore, two participants felt that there was a risk of sex becoming boring within a relationship which directly corresponds to the latter statement.

However, some of the following statements were not so well represented within themes of participant response:

- kissing is just something kids do
- love is the answer to everything
- foreplay is not as important as intercourse
- talking about sex lessens the enjoyment
- sex is something that needs to be worked at

It seemed that participants' responses to the vignettes in which these statements were embedded did not correspond to these statements. It was felt that finding could be due to participants not having any strong beliefs concerning these statements, meaning they were not expressed. However, it was felt that this was more likely due to the ineffective embedding of these statements within the vignettes, meaning the researcher was not able to access participants' beliefs in relation to the statements via the vignettes.

Table 5: A comparison of themes within responses to the vignettes to statements encompassed within the vignettes

Vignette	Higher-order codes/Themes (Strength: W = Weak; M = Moderate; S = Strong)	Statements encompassed within vignette
Arjay	INTERPRETING OTHERS' BEHAVIOUR A shop keeper has to be polite (W) If a woman dresses up, she might be attracted to you (W) Politeness does not indicate attraction (W) A person's body language might indicate attraction (W)	INTERPRETING OTHERS' BEHAVIOUR NA (practitioner theme)
Mark	INTERPRETING OTHERS' BEHAVIOUR It is normal for young girls to talk about sex (W) Young girls try to make themselves look older (W)	INTERPRETING OTHERS' BEHAVIOUR NA (practitioner theme)
Chris	RELATIONSHIPS One night stands are risky (S) Sex with the same partner can be boring (W) You should commit to a partner rather than having a one night stand (M) A one night stand is OK if it is mutually consenting (W)	RELATIONSHIPS One night stands are better than sex in a relationship Sex with the same partner will always become boring
Chris & Zoe	INTERPRETING OTHERS' BEHAVIOUR Cues to attraction: eye contact (M), body language (M), touching (W) Touching someone does not mean you are attracted to them (W)	INTERPRETING OTHERS' BEHAVIOUR NA (practitioner theme)
David	SEXUAL EXPRESSION A person should not be asked to change their sexuality if they are gay (S) It's OK to be gay (M) A personal dislike of homosexuality (W) Homophobia (W) Gay pornography is fine to use as long as it does not include force (W)	SEXUAL EXPRESSION It would be appropriate for me to change my gay orientation The use of gay pornography is always appropriate
Anna & Raj	RELATIONSHIPS A long term relationship would be easy (W) A long term relationship would need work (W) Ways to show love: materialistic ways (M), tell them (W), kiss them (W) Frequency of sex expected: twice a week (M), once a week (W), 3-4 times a week (W), dependent on the individuals (W)	RELATIONSHIPS Good long-term relationships are easy to maintain Romance is all about spending money Sex is the only way a man can show a partner that he loves them There is a normal frequency of sexual activity amongst couples If a relationship is going well then the couple will have sex every night Love is the answer to everything

INTIMACY

You can kiss a partner to show them you love them (W)
Reasons why a woman might not want to have sex: she is tired (M), she is not in the mood (W), she is thinking of someone else (W), she is not interested in you (W), she is ill (W), it is against her religion (W), she is upset (W), she feels insecure (W)
If a partner says no to sex, it means no (M)

Raj **SEXUAL EXPRESSION**

Masturbation is not a good way to relieve stress (M)
Masturbation is private (W)
Masturbation is embarrassing (W)
Masturbating is disgusting (W)
You should not masturbate, your partner should do it for you (W)

RELATIONSHIPS

Talking about sexual thoughts is embarrassing (W)
If your sexual thoughts will not upset your partner, you can share them (W)

INTIMACY

Kissing is just something kids do
If someone does not want to have sex with their partner, it means they do not love them
All physical contact must lead to sex

SEXUAL EXPRESSION

Sex/masturbation is always a good release
Masturbating to make yourself feel better is always a good thing
Masturbation should be hidden from a partner

RELATIONSHIPS

A good sexual thought is one which I should share with my partner

Rachael **INTIMACY**

&
Michael
Fondling does not have to lead to sex (W)
Kissing and cuddling leads to sex (W)
Foreplay means getting each other aroused (W)
Foreplay is part of sex (W)
Foreplay does not have to lead to sex (W)
Foreplay tends to lead to sex, but not always (W)
Foreplay leads to sex (W)
Foreplay is important (W)
A couple might remain clothed to have foreplay (W)
Sex tends to finish when the man ejaculates (W)
If a partner does not orgasm, something is wrong (S): she is not attracted to the man (W), she has had enough (W), she is pregnant (W), she is going through the menopause (W), she is worrying (W)
Both partners reaching orgasm represents sexual fulfilment/the peak of pleasure (M)
Partners will be tired after sex (W)

RELATIONSHIPS

If a partner does not want to 'swallow', they should not (M)
If a partner does not want to 'swallow' it is not a problem (W)

INTIMACY

All physical contact must lead to sex
Foreplay is about touching each other
Foreplay is not as important as intercourse
Nakedness is not important
Sex is over when the man ejaculates
If I find my partner has faked an orgasm, I should make sure they have another one
If I give my partner an orgasm, then they'll be satisfied
Intercourse is the ultimate sex act
Sex is about making a partner orgasm
There is no such thing as 'afterplay'
Talking about sex lessens the enjoyment

RELATIONSHIPS

If my partner loved me he/she'd swallow
Good partners should like the same things as each other in bed

If a partner does not want to 'swallow', the man would be upset (W)
A partner should not be forced to do anything sexual (M)
Partners will not necessarily like the same sexual things (W)
It is a problem if partners do not like the same sexual things (M)

SEXUAL CONSERVATISM

A woman should not have sex when she is on her period (W)
A woman cannot enjoy sex whilst she is on her period (W)
If you have sex with a woman on her period you could catch something (W)
Sex whilst pregnant is OK (M)

Sex is something that needs to be worked at

SEXUAL CONSERVATISM

Women don't enjoy sex whilst pregnant
Women can't enjoy sex during their periods

4.3.8. Stage eight: final revisions

Results from the thematic analysis were used to inform a number of changes made to the vignettes. Some of the questions which followed the vignettes were changed in attempt to better represent the statements which had been highlighted by the thematic analysis as not corresponding to participants' responses. For example, following the first part of the vignette concerning Raj and Anna, the additional question '*what does it mean to be in love?*' was added. It was felt that this question would better represent the statement: '*love is the answer to everything*'.

Further changes were made on the basis of the researcher's reflections made throughout the administration of the vignettes and the data analysis. The original schedule had employed a sexual words checklist to ensure participants' understanding of key sexual words which would later be used in the vignettes section. This was employed under the advice of the practitioners consulted in the vignette development process on the basis that it was considered likely that many participants would not understand these words. However, it was evident in one instance where the checklist was administered that it was not effective. Here, it was apparent that the participant, David, had not understood the interviewer's want for basic definitions of the words and instead tended to provide somewhat wide definitions, for example:

David

I: So for each of the following words, em, I'd like you to tell me, erm, what the word means. The first word is 'Sex'

P: '*Sex*'...*erm...Err, em, love, em, affection..*

The researcher also documented her fears following this interview that the checklist appeared somewhat condescending, particularly in this instance where the participant functioned at the higher end of the ID classification and had generally good basic sexual knowledge. This sparked concerns that the checklist may serve to jeopardise the participant-researcher rapport for this reason or, even worse, aggravate the participant. The sexual words checklist was therefore removed from the interview schedule and instead it was felt that participants' comprehension of terminology should be gauged as and when they appeared within each interview.

Although care was taken when devising the interview schedule so as not to encourage response bias, it was apparent that some of the questions within the schedule may have unduly led the participants to answer a certain way. Firstly, the way in which some items were phrased was felt to lead participants. For example, following the first interview with David, the question ‘*do you think masturbation is a good way to make yourself feel better?*’ was changed to ‘*what do you think about Raj masturbating to make himself feel better?*’. As such, any questions which were apparently leading were further adapted by leaving the wording more open.

A further aspect of the schedule which may have encouraged response bias, was offering a Likert response scale. Here it was felt that the scale did not eliminate the likelihood of acquiescent answers but rather encouraged the participant to offer a less considered response. This was evident from the excerpt below in which Brian selected a response from the Likert scale but, after further probing, expressed difficulty in being able to offer an informed answer to the question posed on the basis of lacking experience:

Brian

I: What do you think about Raj masturbating to make himself feel better?

We’ve got that scale again.

P: (points to ‘good’)

I: That’s good. So it’s good that he’s masturbating to make himself feel better?

P: (long pause)

I: So, why do you think masturbating is a good way to make yourself feel better?

P: *Don’t know because I don’t do it.*

I: You don’t know because you don’t do it? OK. But do you think that it’s good that he’s masturbating to make himself feel better?

P: (long pause) *No.*

Brian’s response may be the product of his acquiescence. Here, it may have been the case that he did know the answer to the first question asked but chose to respond positively by electing the ‘good’ response option, a response behaviour that is well documented within the ID literature (see 2.1.6. Intellectual disability research). When asked to qualify this answer, we see he does not feel able to offer an opinion due to a lack of experience which effectively

invalidates his first response. Within this relatively short dialogue Brian also appears to engage in response switching in which he first suggests that using masturbation to relieve stress is a good thing, then explains he does not feel able to offer an opinion and finally suggests that it is a bad thing. The researcher wondered whether this response behaviour was influenced by her repeating of the question which Brian may have perceived as an indication that his initial answer was wrong. Nevertheless, it was felt that these data showed that the Likert response scales did not add anything to the interview schedule and, in cases, complicated matters and encouraged response bias.

It was further evident that some vignettes were too lengthy and encouraged cognitive load. For example, in response to vignette three, participants were often confused about the details of the scenario, frequently mistakenly thinking the characters were in a cinema watching a film, rather than talking in a pub about their favourite films. As such, it was decided that the problematic vignettes would be simplified where possible and broken down into smaller sections thereby reducing the length of thought, as advised by Hurley *et al.* (1998).

4.4. Discussion

This study documents the adaptation of a range of sexual belief statements into a series of vignettes which could be used to explore the beliefs about sex and relationships of ID sex offenders. The stages of vignette development were informed by existing research literature and drew upon the expertise of those who have considerable experience working with these offenders. The vignettes were refined at each stage and the final stage of data collection allowed the vignettes to be tested with a sample of ID sex offenders for whom they are intended.

In considering the utility of vignettes for their designed purpose there are two questions which need to be answered: (i) do the vignettes elicit the types of beliefs intended and (ii) are they suitable for those with ID? The results presented here appear to demonstrate satisfaction of both these criteria.

Apropos the first question, the deductive thematic analysis has shown the vignettes to successfully elicit the five themes of sexual belief which they were designed to elicit. Furthermore, this analysis showed that the majority of the statements which the vignettes were designed around corresponded to the themes identified within participants' responses to the vignettes, thereby supporting the translation of the statements into the vignettes. However, despite this, the thematic analysis highlighted a number of statements which did

not correspond to participants' responses. Whilst subsequent changes have been made to better represent these statements within the vignettes, the process highlighted that the need to represent the statements within the vignettes had to be carefully balanced with the need not to unduly lead the participant to respond in a certain way. As a consequence, not all of the statements could be explicitly represented within the vignettes.

It is perhaps a little more difficult to demonstrate that the second criteria has been met. The development of the vignettes was influenced by both the ID literature and practitioners who work in the field of ID sex offenders which helped the researcher ensure the materials were ID sensitive. By administering the vignettes to six ID participants the researcher was able to identify aspects of the materials which were problematic for this population and to make appropriate revisions.

Participants generally offered comprehensive responses to the open-ended questions posed and in the few instances where they were offered the response options of Likert ratings, it appeared that response bias was encouraged, supporting Bumby's (1996) claims. Here it seemed that in times of uncertainty, the availability of response options encouraged participants to offer inaccurate answers, something that only became apparent after subsequent probing of answers. This supports previous findings which suggest acquiescence is more likely when the participant does not know the answer to the question (Cronbach, 1942; Cronbach, 1950) as well as Sigelman's (1980) claim that interviews are the preferred approach when conducting interviews with ID participants. These findings suggest that whilst asking participants to elect a response from a selection of pre-set options may allow for a breadth of questions to be posed, doing so may encourage response bias and misrepresent their 'true' beliefs. As such, the open ended nature of the questions posed and the removal of Likert response options in this exercise lend to its appropriateness for this population.

This study also highlighted the need for information to be simplified for this population, something Hurley *et al.* (1998) have previously identified as a key method of adaptation. Here it was clear that the length and complexity of the vignettes encouraged cognitive load and, as such, simplification of the developing vignettes was imperative to facilitate understanding. Although this was always the intention when developing the vignettes, the process of vignette revision highlighted that it is easy for complex information to be included due to oversight. As such, the revision of materials by multiple professionals and piloting of the materials with the intended client group is imperative.

4.5. Conclusion

The overarching aim of this thesis was to explore the beliefs about sex and relationships held by sex offenders with an ID. In order to do this, it was first necessary to identify a method by which these beliefs could be elicited and explored. This study therefore took an existing sexual statement exercise which was used with sex offenders who do not have an ID to explore their beliefs about sex and relationships and adapted it so that it was appropriate for use with those who have an ID. The result was a battery of vignettes which could be used to explore participants' beliefs about sex and relationships. This chapter documents the process of adaptation which included consultation, reviews of the research literature and use of the vignettes with a sample of sex offenders who have an ID. The results indicate that the vignettes successfully elicited the beliefs they were intended to, thereby supporting the successful adaptation of the original statement exercise into vignettes. The study has also highlighted the value in adopting a qualitative vignette approach, particularly when compared to the use of statements. It seems this approach is not only suited for use with those who have an ID, alleviating the risk of potential response bias, but it also appears a particularly valuable method by which beliefs about sex and relationships generally can be explored.

Chapter Five

Exploring the Beliefs about Sex and Relationships Sex Offenders who have an Intellectual Disability

5.1. Introduction

This chapter describes the main study of this thesis which sought to address the second research aim: to explore the nature of the beliefs about sex and relationships held by a sample of sex offenders with an ID. In doing so, the study will offer an important contribution to existing knowledge, seeking to address a gap within the research literature which is described below.

There is a wealth of research literature which identifies the frequent lacking in sexual knowledge and holding sexual myths by individuals with ID. Wish, McCombs and Edmonson (1979) conducted one of the first studies exploring the sexual knowledge of adults with ID. They assessed sexual knowledge and attitudes in a cohort of people with moderate to severe ID and found significant deficits in knowledge of birth control, homosexuality and sexually transmitted infections (STIs). Employing quantitative psychometric measures such as the Assessment of Sexual Knowledge (ASK) (Butler *et al.*, 2003) or the Sexuality Knowledge, Experience, Feelings and Needs Scale for People with Intellectual Disability (McCabe, Cummins, & Deeks, 1999), subsequent investigations have identified significant knowledge deficiencies in areas of puberty, menstruation, menopause, safer sex practices, sexual health, STIs, legal issues and contraception in samples of those with ID (Galea *et al.*, 2004; Garwood & McCabe, 2000; Kempton, 1972; Szollos & McCabe, 1995; Watson & Rogers, 1980).

As well as knowledge gaps, research within the ID field has also documented the frequent holding of misconceptions about sex by this group or sexual attitudes which are conducive to a restricted sexuality, endorsing a conservative view of sex. Szollos and McCabe (1995) described a range of misconceptions reported by a sample of individuals with mild ID. These included the belief that masturbation causes harm, sexual intercourse is intended to cause harm to the female, men menstruate and women can give birth without being pregnant. McCabe and Cummins (1996) subsequently found a third of ID individuals in their study believed it was acceptable to have sex with anyone. Garwood and McCabe (2000)

found various sexual misconceptions held by men with mild ID, including the belief that STIs could be transmitted by kissing or coughing.

Further studies have compared ID individuals' sexual knowledge to that of their non-ID counterparts. These studies have found those with ID to consistently demonstrate less knowledge about sex. For example, Gillies and McEwen (1981) examined the sexual knowledge of adolescents with mild ID, compared to non-ID adolescents and found those with ID displayed significant deficits, often complete ignorance, in sexual knowledge, most notably about contraception, menstruation, STIs, abortion and homosexuality. In contrast, the non-ID participants demonstrated few gaps in sexual knowledge, with the exception of contraception methods, where they were often not aware of available contraceptive methods. Szollos and McCabe (1995) found ID participants' sexual knowledge and experience was low in comparison to a non-ID comparison group, scoring significantly lower in all areas except 'basic body parts' and 'dating and intimacy'.

Thus, it is evident that those with ID are likely to have a lack of understanding or hold misconceptions about sex. Similarly, research within the field of sexual offending has identified that men who have sexually offended also display such knowledge deficits (Simkins, Ward, Bowman, & Rinck, 1989). Indeed, Calder, Hampson and Skinner (1999) argue that despite the nature of their offences, many sexual abusers have had little sex education and have poor sexual knowledge. This is supported by Beech, Fisher and Beckett (1999) who suggest that sex offenders entering treatment within the Prison Service will often have poor sexual knowledge and require sex education. As such, sex education programmes are a common component of interventions with sex offenders (Whittaker, Brown, Beckett, & Gerhold, 2006).

Thus, it is apparent that both ID individuals and those who have sexually offended frequently display distortions and deficits in their knowledge about sex. It would therefore be conceivable to suggest that ID men who have sexually offended will suffer the same problems. Indeed, it has been argued that parallels can be drawn between these two offender populations in terms of their lacking sexual knowledge (Haaven, Little, & Petre-Miller, 1990) although this is contrasted with claims that limited sexual knowledge is one of the few ways in which ID sex offenders differ from sex offenders without ID (Craig, 2010). However, until recently, there has been a paucity of research exploring the sexual knowledge of these individuals (Lindsay, 2005). That literature which does exist has tended to compare the sexual knowledge of sexual offending groups to those who have not offended using a range

of psychometric measures. In doing so, these studies have sought to test the theory which posits a link between sexual knowledge and sexual offending by ID men (Barron, Hassiotis, & Banes, 2002; Hingsburger *et al.*, 1991; Luiselli, 2000). In finding the offending groups to have better sexual knowledge, some of these authors have somewhat dismissed that such a link exist (see Michie *et al.*, 2006), whilst others have maintained a view that sexual knowledge (or lack of) plays at least some part in the commission of sexual offences by these offenders, albeit not a causative one (see Lunsy *et al.*, 2007). This thesis wishes to argue that the focus on comparisons between these groups is misplaced and that, rather, the first step in better understanding the beliefs about sex and relationships of this population is to seek an understanding of the nature and aetiology of the beliefs about sex and relationships they hold.

It is worth noting here that, whilst there is a paucity of literature concerning the general beliefs about sex and relationships held by ID sex offenders, a larger body of research has emerged which is concerned with the use of cognitive distortions by these individuals. Cognitive distortions, within the context of sexual offending, are described as: “*attitudes and beliefs which offenders use to deny, minimize and rationalise their behaviour*” (Blumenthal *et al.*, 1999, pg. 129) and are said to comprise ‘*maladaptive beliefs and distorted thinking*’ (Ward *et al.*, 1997). Since these cognitions represent self-report beliefs, they were considered relevant to the current research and therefore worthy of discussion here. Haaven, Little and Petre-Miller (1990) suggest that equally sophisticated cognitive distortions are found in cohorts of ID and non-ID sex offenders. For these individuals, the distortions facilitate the justification of their offence(s) and are therefore seen as a central component in the theoretical structure of treatment for ID sex offenders (Lindsay, 2005).

Evidence for the role of these cognitions in sexual offending by ID men has been cited within the empirical literature. Here, the incidence of cognitive distortions has been found to be higher in sex offenders with ID compared to non-sexual offending groups (Broxholme & Lindsay, 2003) and further, the cognitive distortions held have been found to be offence-specific (Courtney, Rose & Mason, 2006). Courtney, Rose and Mason also found evidence of the role played by cognitive distortions in the qualitative offence accounts offered by ID sex offenders. For example, some offenders denied having chosen a victim, claiming their victim had initiated events leading to the offence, that the victim was sexually complicit and that it was the victim’s responsibility to stop the offence. This therefore highlights how the beliefs and cognitions held by these individuals can facilitate their sexual offending, supporting a link between beliefs and behaviour. However, it should be noted that

we cannot be certain whether these cognitions represent long held beliefs which are present and active at the time of the offence, or whether they represent excuse-like cognitions developed *post-hoc* to the offence (Gannon & Polaschek, 2006; Maruna & Mann, 2006).

It appears from the above discussion that sex offenders with ID are likely to display deficits and distortions in their understandings about sex. The effect of such deficits will be considered in the next chapter, but what has been highlighted here is a lack of research offering insight into the nature of the beliefs held by these individuals. Previous investigations have taken a comparative approach, comparing ID sex offenders to their non-offending counterparts on measures of sexual knowledge. Whilst these investigations describe the broad categories of sexual knowledge deficits and how this compares to non-ID counterparts, they offer little insight into the content of the beliefs about sex and relationships they hold. Furthermore, whilst the literature concerning the sexual knowledge of ID individuals is more developed, the existing research has employed quantitative methodology, utilising sexual knowledge psychometrics to gauge understanding. As well as offering an abstract measure of understandings about sex, such measures are likely to be vulnerable to the methodological challenges related to this population which have previously been described within this thesis, such as the tendency to acquiesce (Sigelman, 1980). The previous study also highlighted the pitfalls in the use of this methodology. It is argued that a qualitative approach would be more suited to the exploration of beliefs about sex and relationships by situating beliefs about sex and relationships within a context and detailing the nature of the beliefs reported. Thus, the present study sought to explore the beliefs about sex and relationships held by sex offenders with ID, utilising the vignettes described in the previous empirical chapter.

5.2. Method

5.2.1. Participants

5.2.1.1. Recruitment

The data described in this study were collected from 21 participants. The sample comprised the six participants in ‘participant group one’ who were described in Chapter Four and an additional 15 participants, ‘participant group two’. For these additional 15 participants, the study followed the same recruitment procedure which is described in the Methodology chapter (see 3.5. Research Process, from page, 73). Thus, names of potential participants

were accessed from BNM programme waiting and completion lists via a gatekeeper within the HMP Whatton programmes team. This source was used as all of these individuals had been formerly assessed by HM Prison Service as having an ID. Initial intentions to employ a sampling strategy were unsuccessful as the pool of potential participants was not large enough to facilitate this. Instead, opportunity sampling was used whereby the researcher worked down the list of potential participants, approaching them in batches of four. Adopting this procedure, the list of potential participants from the pre-BNM list was exhausted, having approached all individuals. The list of post-BNM men was almost exhausted.

During the process of recruitment there was a notable difference in the willingness to take part in the study between the pre and post treatment men whereby those who had not undertaken treatment were less likely to participate in the research. This is demonstrated by the observation that whilst 21 pre-treatment men were approached, only 13 agreed to take part, this is compared to the finding that all ten post-treatment men approached agreed to take part in the research. One potential reason for this is that those who had undergone treatment were more comfortable talking about sexual matters and their offence than those who had not. Indeed, a number of pre-treatment men interviewed intimated that this was the first time they had talked about their offence in detail and often commented on a lack of experience talking to women. It may also be the case that those who had completed treatment were more likely to cooperate with those viewed to be acting in a professional capacity. It was often evident that those who were on the BNM waiting list were frustrated at the time taken to get onto the programme and, as such, may not have been so willing to help out someone who they saw to be connected with the Prison Service.

Although the difficulty recruiting pre-treatment men presented a significant research challenge, it is encouraging to see that these individuals were able to exercise autonomy in deciding whether to take part in the research. It is also worth noting at this stage that one post-treatment participant took part in the research, but later chose to withdraw his data following the final interview. Unfortunately, the researcher was not able to meet with him to discuss reasons for withdrawal because shortly after he withdrew, he had been released from prison. Whilst this was disappointing to the researcher, it can also be viewed as indicative that these participants were sufficiently informed about the nature of participation and felt empowered to make their own decision regarding participation. Two individuals failed to attend three consecutive appointments with the researcher to undertake the interviews so the researcher met with both individuals thanking them for their time and advising they were no longer required to take part in the research.

5.2.1.2. Participant characteristics

Table 6 summarises the characteristics of the sample. These participants were predominantly White-British and were aged between 24 and 57 ($M = 41.6$; $S.D. = 10.2$). Participants' Full Scale WAIS score ranged from 59 to 79 ($M = 70.1$; $S.D. = 5.6$) with nine falling within the mild ID range and 12 within the borderline range (The World Health Organisation, 1992). Thirteen of the participants were classed as pre-treatment (p) as they had not undertaken an SOTP and eight were classed as post-treatment (t), having completed the BNM programme.

All participants had offended against females and the victims of these offences were both adults (in ten instances) and children under the age of 16 or 13 (in 13 instances). One participant had offended against both a male and a female. In six instances the victim was a stranger to the offender when the offence occurred and the remaining victims were known to the offender. Seven victims were direct family members (son, daughter, sister or niece), four were step-daughters or relatives of the offender's partner and one was a neighbour. The remaining five victims, all of whom were adults, were former partners or acquaintances of the offender. All but one of the participants committed a contact offence with the remaining participant (Alex) having committed non-contact offences only. Billy had committed both contact and non-contact offences.

5.2.2. Procedure

As previously described, these participants had taken part in three interviews (see 3.5.3. The interviews, from page 74). This study concerns data collected from the second of these interviews. Here, the participant was told that they were going to be read a series of short stories about characters and that they would be asked to express their opinions about what was going on in the stories. It was stressed to participants that there were no right or wrong answers and that it was their own opinion that was important. Each vignette and accompanying questions was worked through with the participant. Each interview lasted between 45 minutes to an hour and a half.

Table 6: Participant information

Participant	Group	Age	Ethnicity*	FSIQ	Participant's description of their offence(s)	Legal terminology for the offence(s)	Victim(s)
Andrew (p)	1	49	WBRI	73	<i>I pleaded guilty to incest, the court, the court sentenced me to rape because my daughter was under 13...I got my solicitor to stand up and tell everybody I never forced anyone to do anything...But, I'll accept that because she was under 13 that it was rape, I, and, 'indecent touching' of my sons</i>	Incest, rape, sexual assault.	Male <16 & female < 16
Brian (p)	1	56	WBRI	66	<i>Attempted rape</i>	Attempted rape	Female < 16
Chris (p)	1	57	WBRI	75	<i>...to me, rape is actually forced intercourse but that never happened all the way through and they knew, but penetration of the mouth, they call it rape now so, where that comes from I don't know...(I got convicted for) Three rapes and sexual activity with a minor and photographs, there was 32 of them</i>	Rape; possession and making of indecent images of a child	Females < 16
David (p)	1	48	WBRI	77	<i>Rape</i>	Rape	Female < 16
Edward (p)	1	44	MWBC	64	<i>Attempted rape</i>	Attempted rape	Adult female
Fred (p)	1	46	WBRI	72	<i>Rape</i>	Rape	Female < 13
Alistair (p)	2	50	WBRI	67	<i>A sex offence, I don't know what they call it? I don't know how they dressed it?...Well, in the burglary I tell the woman to get her breasts out, I never touched her or anything</i>	Causing a female to engage in sexual activity without consent (non-penetration)	Adult female
Bobby (p)	2	24	WBRI	74	<i>Rape</i>	Rape	Adult female
Charlie (p)	2	45	WBRI	68	<i>13 sexual assaults and 8 indecent assault or something like that, I don't know</i>	Conspiracy to commit incest; sexual activity with a child under 13	Female <13
Dean (p)	2	43	WBRI	78	<i>Oral rape...I'm being punished because I oral raped her</i>	Sexual assault	Adult female

Participant	Group	Age	Ethnicity*	FSIQ	Participant's description of their offence(s)	Legal terminology for the offence(s)	Victim(s)
Ethan (p)	2	50	WBRI	74	<i>I was convicted of lewd and libidinous behaviour against my daughter and I was convicted of adult rape against my big sister</i>	GBH (previous sexual offences for rape and sexual assault)	Female adults & female <13
Felix (p)	2	40	WBRI	67	<i>Rape of a minor</i>	Rape	Female <16
Gordon (p)	2	26	WEEU	59	<i>Rape</i>	Rape	Adult female
Alex (t)	2	41	WBRI	74	<i>My original offence was murder, 22 years ago and I started, when I was at (prison) I started stripping off in my cell, naked, walking around naked, in my birthday suit and used to lay on the bed, start playing with myself, masturbating</i>	Exposure (five counts)	Females adults, female <16 & female <13
Billy (t)	2	48	WBRI	73	<i>Basically I have been convicted of, I was convicted of indecent photograph, my first ever conviction was indecent assault, then it was another indecent assault and this one which was indecent photograph</i>	Indecent assault (three counts) and possession and making of indecent images of a child	Females <16
Craig (t)	2	38	WBRI	71	<i>Both indecent assaults</i>	Sexual assault and indecent assault	Female adult
Don (t)	2	24	WBRI	67	<i>I can't remember the name of this but I know it's in here somewhere (flicks through booklet), it, it was, she just give me a whatsa name, a blow job and I masturbated her</i>	Rape	Female <13
Elliott (t)	2	27	WBRI	79	<i>Underage sex</i>	Rape and sexual assault	Female <13
Gerry (t)	2	49	MWBC	62	<i>I got done for attempted rape you see</i>	Attempted rape	Adult female
Isaac (t)	2	29	WBRI	70	<i>My index offence is for indecent assault against a 15 year old teenage girl</i>	Sexual assault (two counts)	Females <16
Kyle (t)	2	39	WBR	62	<i>It was sexual assault...two sexual assaults</i>	Sexual assault (two counts)	Adult female

*WBRI = White British; WEEU = White Eastern European; MWBC = Dual heritage White Black Caribbean

5.2.3. Analysis

In order to explore the beliefs about sex and relationships held by these participants, analysis was carried out on the data elicited by the vignettes using inductive thematic analysis (Boyatzis, 1998; see 3.5.4. Data analysis). This approach was chosen as the aim of the analysis was exploratory, given the lack of existing research. Thus, the researcher read through each transcript and highlighted any segment which she felt represented a belief about sex or relationships. There was no restriction as to the amount of text encompassed within this segment. The highlighted segments were subscribed a label which described the belief and were copied into an Excel spreadsheet alongside the participant's name and the number of the vignette. As the data within the spreadsheet built up, the researcher was able to identify themes of belief and began to ascribe these to each data extract, noting them within the spreadsheet. The table in Appendix 7 lists all of the beliefs themes identified.

Whilst recognising the challenge in doing so, the research aimed to best represent the voice of the participants. The researcher therefore sought to make minimal inference and stay as close to the data as possible, attempting to retain participants' own concepts and explanations. The influence of the researcher in such interpretations was likely to be particularly heightened given both the sensitive nature of the topics discussed and the nature of participants' disability. Since participants' beliefs were elicited from the vignettes and were therefore expressed in-context, it was felt important to report the results of this analysis within the context in which they were expressed.

5.3. Results

5.3.1. Themes elicited from vignettes

1. Arjay is a 25 year old man. He goes into his local newsagents every Thursday to buy a magazine. One of the girls who works there, Emma, is always really nice. She always smiles at him when he walks into the shop and says 'hello'.

All but three of the participants viewed the situation as a platonic interaction, describing Emma's behaviour as polite and friendly. A moderate theme here was the recognition that it is part of Emma's job as a shop keeper to interact with customers in a friendly manner and a strong theme that politeness does not necessarily indicate attraction. However, both Alistair and Fred entertained the idea that there may be a romantic connection between the two

characters. Here, Alistair suggested that Emma's smiling may indicate attraction and that Arjay should ask her out for a date:

Alistair (p)

P: *Looks like there could be something there...Ah ha*

I: What makes you say that?

P: *Just, when you read it out to us, it sounds that way*

I: Mmm, Is there anything in there particularly that made you think she might like him?

P: *Can you read it again?*

I: Of course (repeats vignette)

P: *Mmm, she smiles at him all the time every time he goes in*

I: And so what do you think Arjay should do?

P: *Ask her for a date.*

Fred sought further information about the scenario which may help him gauge intentions:

Fred (p)

P: *Is she underage? Is she trying to give him the come-on and that, if she's, if she's err, it all depends on how she's dressed and that, she could be like 15, 16, probably underage, working at, just getting pocket money. Err, all depends what magazine he's buying...It could be something off the top shelf or car magazine, you don't know. It's er, why is he going in there? Is it every Thur?*

I: Every Thursday,

P: *Is he going in there at the same time because there's no one else in there, and that? So, that's what you've got with that.*

I: So you said it depends on how she is dressed, what do you mean by that?

P: *Is she wearing short skirts or tight clothes and that*

I: And if she was, what would that make you think?

P: *Well, it could mean, because you are going in there every Thursday at that time, is she dressing for you?*

Thus, whilst Alistair considers a romantic connection may exist between the characters, Fred's interpretation of the scenario involves suspicion about more sinister behaviour in which both characters may be employing implicit tactics in order to attract the other.

2. Chris is a 35 year old man. He is talking to his friend, Jim, and is telling him about all the women he has had sex with recently. Chris says he has had lots of one night stands. He says he would rather have sex like this than have sex with the same person all the time.

Only one of the participants, Elliott, saw one night stands as OK and unproblematic. Six other participants (who had offended against both adults and children) considered general conditions when a one night stand would be OK which included where the partners are consenting, where protection is used, in absence of force and where the partners were over the age of consent. However, participants' views on one night stands were overwhelmingly negative, suggesting that in their opinion it is not OK to have sex in this way. These participants suggested a range of things which they felt were potentially problematic and this tended to be attributed to the consequences, most commonly, the risk of contracting an STI, but also including the risk of hurting the partner's feelings, of pregnancy, an offence occurring or tainting one's reputation. Only one participant, Billy, identified the lack of intimacy as a problem with one night stands:

Billy (t): *...it's like you don't care about that person, and you don't want to show your feelings to that person and you are just interested in sex, it's not about her feelings or anything else...*

The link between one night stands and contracting STIs was a strong theme in these responses with most of the participants suggesting one night stands carry a high risk of contracting an STI, most commonly AIDS. A common reason attributed to this higher associated risk was unfamiliarity with the partner, meaning you are less likely to know if they have an infection:

Kyle (t)

P: That's the main reason, really, because you're not getting to know that person and talking to each other, do you know what I mean?

I: So what is the problem with not getting to know someone, do you think?

P: *Well, they could have, they could have a disease, they could have anything, you know what I mean, they could have sexual things wrong with them, do you know what I mean?*

Gerry explained that the reason why he felt the risk of contracting an STI was higher was because the drive for sex would inhibit precautionous thinking:

Gerry (t): *Going with different people you see and of course all you are interested in is sex you see...So I don't think you are going to be thinking about precautions too much you see, just one night stands.*

This vignette allowed for insight into the way in which these participants conceptualised one night stands. It was interesting to note that four of the participants, all of whom were from the pre-treatment group, made an association between one night stands and infidelity in which they felt a one night stand would imply cheating on a partner:

Bobby (p): *Having sex with just the one person (is better) because if I've got a girlfriend - which I ain't - but when I do get one, and I have sex with her and then I don't have sex with her but I'm doing one night stands with someone else, then she's going to get jealous and then she might leave me.*

Edward (p): *Yeah because, at the same time, alright Chris might marry, might have a decent wife at home you know and he might have sex with different person and then he might have viral disease...((4s)) And you unfaithful to your wife you know, tell your wife what you doing, behind her back.*

Both Brian and Craig made comparisons between one night stands and prostitution, suggesting the two are similar:

Craig (t): *You could be classed as a male prostitute.*

Brian (p): *Well it's similar to prostitution that is.*

So here a number of participants were seen to be attributing one night stands to other socially disapproved sexual practices, perhaps lending to their negative conceptualisations about having sex in this way.

Participants also suggested a range of reasons why they thought the character in the vignette, Chris, might prefer one night stands to having sex in a relationship. These were most often attributed to variety, implying that being able to experience sex with different women might be desirable to some. Other reasons cited were the lack of commitment and gaining varied sexual experience. Elliott (t) and Gerry (t) were the only participants to suggest elements of a one night stand which they personally felt were beneficial, namely, the chance to experiment and the avoidance of relationship arguments.

Five of the participants, four of whom were post-treatment, acknowledged that it is Chris' choice to have one night stands:

Craig (t): *It's up to him if, the way he wants to have sex but if it was in my eyes, I wouldn't really like that. I would want to get into a relationship.*

As Craig's quotation demonstrates, this view was balanced against participants' own preference for sex within a relationship, a preference voiced by all but one of the participants. The reasons for this preference were varied but most commonly referred to the lessened risks such as that of contracting STIs. Two participants from the post-treatment group based their preference on the idea that sex in a relationship is more intimate.

3. i. Chris has a friend called Zoe. He really likes Zoe and he has sexy thoughts about her a lot. Chris and Zoe are out with some friends one night and are talking about their favourite films. Zoe is laughing a lot about what Chris is saying and keeps touching him on his shoulder. This makes Chris feel sexy.

Participant interpretations of Zoe's behaviour were generally mixed. Three participants, all of whom were post-treatment, suggested Zoe's behaviour indicated her interest in a platonic relationship with Chris and nothing further. A greater proportion of the participants felt there was a possibility that Zoe might be attracted to Chris. Craig and Edward were the only participants to express certainty about Zoe's attraction to Chris:

Craig (t)

P: *She likes him...She's always laughing at what he says and she's touching him and that*

I: Mmm. So you say that you feel like she likes him, is that as in she is attracted to him or likes him just as

P: (interrupts) *Yes, both, attracted to him and as a friend.*

Edward (p): *I think Zoe want a relationship with Chris.*

The remaining participants said they were unable to tell how Zoe feels about Chris from the information within the vignette. Some of these participants implied the need to be within the depicted situation before they could gauge how she felt about Chris.

The majority of participants from both sample groups intimated that it is difficult to tell how a woman feels about a man. Three participants suggested one of the reasons for this is a difficulty telling what a woman is thinking. In spite of this, all participants offered a range of behavioural cues from which Chris, and individuals generally, could gauge whether others are attracted to them. These cues most commonly referred to body language, which represented a strong theme, but also play fighting, laughing, touching and wanting to be with you:

Alex (t): *I dunno, some women sort of like brush their hair don't they? Sort of like twiddle around with their hair like that, sort of, I dunno, I seen it being done. Some women, not all women, but I think it's the sort of, what they do, like talking to them and they are going like that (gestures: twirling hair)*

Chris (p): *Eyes, hands (laughs) I know it sound daft, but I always look at the eyes, you can always tell by the eyes, watch the, is it pupils? In the middle (gestures to own eyes)... They get wide don't they?*

As the above extracts demonstrate, there was a wide range of cues to attraction suggested by participants and these were discussed with some certainty. What is also interesting to note from these extracts is the prompt for confirmation from the interviewer where the participants state: 'don't they?' This may be indicative of these participants' belief that this is a shared belief, something to which the interviewer, and indeed society generally, also subscribe.

Three of the participants suggested you could talk to the person to find out if they are attracted to you, either asking them directly or picking up hints from conversation.

Participants were told that Chris wanted to kiss Zoe and then asked what they thought he should do. Almost all of participants said he should ask her first. Billy, on the other hand, suggested a non-verbal approach:

Billy (t): *Err, wait for the right moment and take it very slowly, make eye contact and go towards, towards to kiss her and see what she does, if she moves away, then you know she doesn't want a kiss or, just give her a kiss on the cheek and see if that goes any further.*

Here Billy appears both apprehensive and cautious in his approach, yet he is also mindful of the need for initiating contact to be subtle.

4. Mark is sitting on a bus, going into town. He can hear the two girls in the seat behind him talking, the girls look about 12 to 14 years old. The girls are talking about their boyfriends and are giggling a lot. One of the girls says she has had sexy thoughts about her boyfriend, her friend asks her if she wants to have sex with him.

In response to this vignette, five of the participants felt that the girls' actions were wrong. These participants felt that the girls were too young to talk about sex and, further should not talk about sex in public. This was contrasted with the view expressed by six of the participants that this was normal behaviour from teenagers and that it did not present a problem. Four of the participants felt that because the girl in the vignette was talking about her sexy thoughts, she wanted to have sex.

Participants were then asked if they thought the girl should have sex with her boyfriend, to which the majority of participants said no. Craig (t) and Bobby (p) were the only participants who suggested conditions in which it was OK for the girl to have sex, namely should the partners be the same age. It is interesting to note here that whilst Craig recognised this would be against the law he felt it was morally OK:

Craig (t)

P: Because if he is over the age of 16, she shouldn't have sex with him and if she's around the same age as him, it's up to them if they want to have sex, I know it's against the law but, if they are consenting to it.

I: So what about if they were both 14 years old?

P: ((5s)) Still the same, if they want to have the sex, I know it's against the law.

This can be contrasted with Don who recognised that even where both partners are under age, sex is illegal and punishable and should not be done:

Don (t): *...even if they consent, she could still get into trouble because, not matter what, if he give consent, him or her give consent together, it's still underage sex or you can still get done for it.*

When asked how old they felt a person should be before they have sex, all of the participants were of the opinion that a person should be over 16, with five of these participants citing minimum age thresholds greater than 16. These answers were contrasted with the finding that all but one of the participants were aware that the law states you have to be over 16 to have sexual intercourse, indicating that whilst these participants were aware of the law concerning sexual consent, they disagreed with it. Some participants communicated their reasoning for believing an individual should be over 16 to have sex. These reasons were varied, suggesting damage to reputation or physical damage can result from having under age sex and that individuals are not mature enough to have sex until they reach the age of 16.

From this discussion a moderate theme was elicited concerning the effect of culture upon the sexuality of young people. Within this theme was the idea that young people are wrongly being offered sex education from a young age, an opinion expressed by four participants:

Ethan (p): *...from what I gathered, cos I never went to school, but from what is laid down in the papers and that, in sex education er, they are teaching them too young and I think it's wrong, morally wrong, nobody should be experimenting in sex until they are old enough...*

Ethan's beliefs are therefore reminiscent of the idea that sexuality is an adult topic and that there is an association between receiving sex education and becoming sexual active. Also contributing to this theme was the idea expressed by Billy and Chris that our culture has contributed to an early sexualisation of children, making them grow up too fast:

Billy (t): *But now, everybody tries to make kids grow up too fast...5 year olds dressing up in their competitions for pageants...*

Chris (p): *Well, there again see my opinion is, erm, not being nasty but girls from 12 to 14 are usually sexually active anyway...Erm, not necessary havi.. err, err, experimenting with sex...You know, masturbation and watching pornography and things like that. Because a lot of 12 to 14 year olds, you know when I was at school, were upright skirts down below their knees but you know today, you can never tell, they are very deceiving, the way they come across, you know. I think it's a culture they've grown up in.*

Billy and Chris therefore view our culture as promoting the premature maturation of children. For both of these participants, this is a recent change in culture, one which Chris contrasts with his own upbringing. Fred (p) acknowledged that the legal age of sexual consent varied between countries and, as such, it was difficult for him to identify a 'right' age at which a person can engage in sex:

Fred (p): *No, because the, if you look at in different countries the age limit is all different. So it's hard to say yes and no because, in the, in the paper, it said where the different countries and different ages and that, so, it's hard to say because it all depends on what religion you are, what you can have and what you can't have, so.*

So what these participants are alluding to is the idea that our culture encourages the development of sexualised behaviour in those who are under the age of sexual consent, something they feel is immoral and wrong. In addition to this, there was a sense that it is often difficult to gauge a young girl's age and that 12 to 14 year old girls are sexually curious:

Chris (p): *See my opinion is, erm, not being nasty, but girls from 12 to 14 are usually sexually active anyway*

It is interesting to note that all but one of the contributors to this theme had offended against children under the age of 16.

5. David is a 30 year old man who is attracted to men. He is not attracted to women, so he considers himself to be gay. David likes to use pornography.

The majority of the participants expressed the view that it is OK for others to be homosexual. For five of these participants, their reported views indicated complete acceptance of homosexuality, in which no reservations or caveats were placed upon their acceptance of those who are gay:

Bobby (p): *Dave's gay. He likes men...I don't see no problem with it...it's just the same as if he were straight, as if he were attracted to women.*

Other participants felt that homosexuality is OK because such individuals do not present any problems to the participant personally:

Isaac (t): *it's not harming me personally if two men are happy in a relationship, it's like two women, if they are happy in a relationship then it's fair do's innit*

However, whilst being seemingly accepting of homosexuality, the majority of participants expressed some reservation about gay people or described conditions in which homosexuality was OK. In some cases, such a view appeared to represent more subtle forms of homophobia. Some of these participants felt homosexuality was fine as long as such individuals did not interfere with their own lives:

Kyle (t): *That's down to him, do you know what I mean? If he likes gay men, that's, that's his preference...I don't think anything about it, as long as they don't touch me, I don't care. Do you know what I mean?*

Another strong theme was the idea that sexuality is a choice which people have a right to exercise and, as such, homosexuality is OK. Four participants expressed views which were clearly linked to a negative view of homosexuality and were classed as homophobia:

Dean (p): *Disgusting, I don't like it, I don't like it myself...a man should be to a woman and a woman should be to a man.*

Dean's emotive response communicates feelings of anger and disgust towards those who are homosexual and this was a response shared by all participants in this theme of homophobic responses. In two instances, the participants asked to move onto the next question due to the discomfort they felt, demonstrating the strength of their views.

In the second part of this vignette, the participants were offered a different stance on David's homosexuality where they were told that David's friend, Terry, said David should try and like women instead of men. Despite the common theme of homophobic views within the sample, only three of the participants, all of whom were from the pre-treatment group, agreed with Terry's suggestion (although it should be noted that one participant refused to answer this question):

David (p): *And, and at the end of the day, if it needs to be pushed in that direction, as long as it doesn't hurt anybody, that's another option to find out how you stand so to speak, because, I've, you hear things in the media that's, err, people who are gay realise 10, 20 years on that they're...what's the word I'm thinking of? ... perhaps bisexual?*

The remaining of the participants felt that Terry was wrong and the most common reason for this was that you cannot change your sexuality, that David's sexuality is his rightful choice and that Terry should not interfere with David's life choices:

Don (t): *But, you can't force someone to change what they think about someone, you can't force, you can't say to someone, it's like me saying to, I was going to say to you but I can't, it's like me saying to someone, one of my mates, going 'go and sleep with him', you can't. It's your own choice at the end of the day.*

It is interesting to note Don's response in this instance which appears to communicate acceptance of homosexuality as a choice, but this is contrasted with his earlier comment on the same subject "*don't get me wrong, I can't stand em!*".

This vignette also allowed for an exploration of participants' opinions regarding pornography. When asked what they thought of pornography, some participants offered a positive view, suggesting it is normal and OK and is unproblematic. With the exception of Gerry (t), all of these participants were from the pre-treatment group. The remaining participants had negative attitudes towards pornography and these attitudes were based on two types of belief; one implying that pornography is morally wrong and another suggesting it is potentially risky. All but one of these participants were from the post-treatment group. Don suggested that whilst pornography is wrong, it is normal amongst men:

Don (t):...*it's not right at the end of the day to have pornography, don't get me wrong, every man has it.*

Ethan and Don both felt there is no need for pornography when you are in a relationship and that if an individual was to use pornography whilst in a relationship, his partner would wonder why:

Ethan (p): *You are demoralising your lassy there, you are in a relationship, now how does she know what's going on in your head? You could be looking at pornography, then thinking about that when you make love to your lassy... he doesn't need it, if he has a woman in his life.*

This can be contrasted with the view expressed by Kyle (t) that pornography is only safe to use when it is used with a partner:

Kyle (t): *Well, it's down to them, it's up to them, but you are using them in the right, the right way, yeah, like with your partner or something, you don't see it on your own, do you know what I mean? If your partner likes that kind of thing.*

Thus, Kyle acknowledges that there are right ways and wrong ways of using pornography.

6. i. The following stories are about two people called Raj and Anna. Raj is a 25 year old man and Anna is a 24 year old woman. They have been boyfriend and girlfriend for one year and they are in love with each other. They also live together.

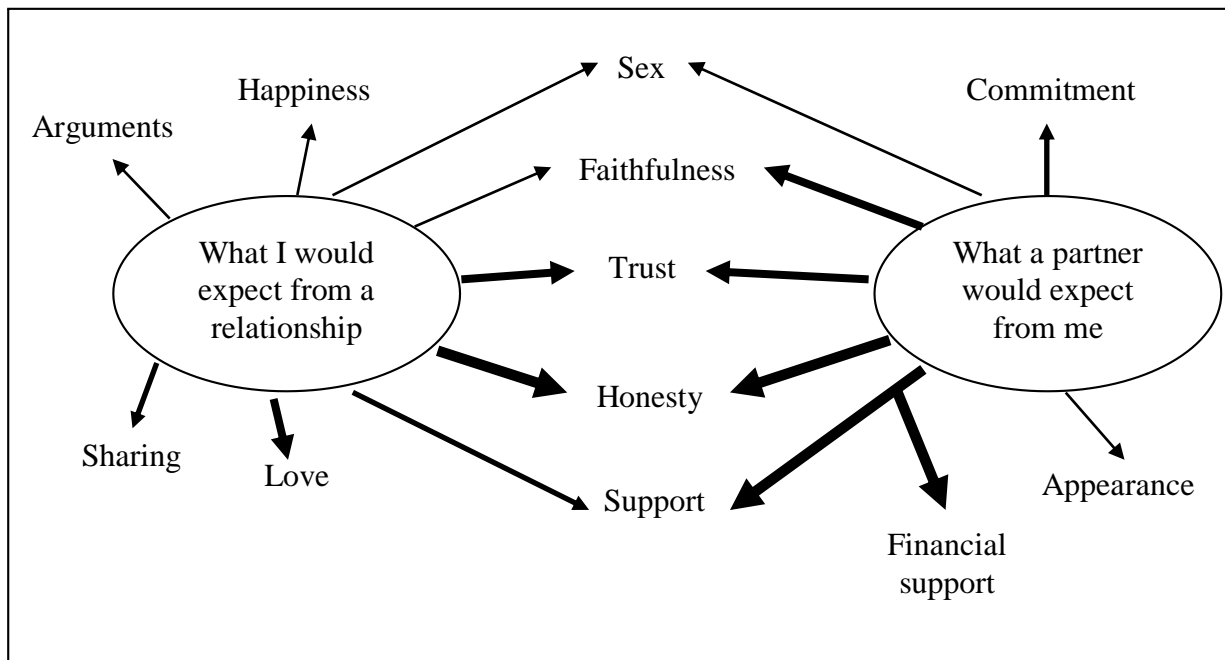
All participants saw this as a positive situation, attributing positive descriptors to the scenario such as 'lovely, 'nice' and 'good' and described the characters as being happy. Five of the participants were vigilant to the characters' age when responding to this vignette, suggesting the situation depicted was appropriate because the characters are the same age.

Following these initial reactions from participants, the vignette was used as a platform from which participants' ideas about love and relationships could be explored. When considering long-term relationships, a strong theme was the belief that this type of relationship would be difficult. Two participants suggested it would be easy for some, but not for others. Relatedly, there was a moderate theme in which participants identified negative aspects of being in a relationship, namely, arguments and life being generally more difficult.

Participants were asked what they expected from a relationship with a partner and what they thought a partner would expect from them. Figure 6 offers a data display for participants' responses which demonstrates how participants' own expectations and what they perceived a prospective partner to expect differed. Within the data display the thickness of the arrow indicates the strength of the relationship with the thickest arrow representing the strongest theme which had eight or more participants contributing to the theme. The thinnest arrow represents the weakest themes, representing the expressed views of two participants.

It is evident from the data display that honesty was the strongest theme of response, with participants both expecting honesty from their current or prospective partners and anticipating a partner's expectation of honesty from them. Trust and faithfulness also represented pertinent themes with participants commonly citing this as a shared expectation.

Figure 6: A data display of participants' relationship expectations



It is interesting to note that there were some differences in participants' responses regarding what they would expect from a relationship and what they felt a partner would expect from them. Most notable is the theme of support whereby a moderate number of participants expected this from a partner but more anticipated a partner to expect this from them. In the latter case, it was specifically financial support that participants felt partners expected. Indeed, financial support was only cited as a perceived expectation held by a partner with no participants stating they would expect financial support specifically. This may be a reflection of participants' gender expectations in which the male is viewed as the provider and the protector. Some expectations were exclusive to one partner, most notably, the belief that a partner would expect a nice appearance and commitment and the individual's own expectations of arguments, sharing and happiness.

Participants were also asked what they felt it meant to be in love. They mostly conceptualised love in terms of the associated feelings and behaviours including commitment, caring, support and unconditional feelings. However, three of the participants identified the physiological components of love where they cited indicators such as butterflies in your stomach, a yearning for the person and suppressant of appetite:

Alistair (p): *That is a hard one man. You do anything for the person and you feel, like you can't, there's times when you cannot eat I suppose (laughs). Just nice feelings inside you.*

Whilst Billy acknowledged that love can, at times, be stressful, all other participants communicated a positive view of love with no negative aspects or effects noted. Four of the participants named particular benefits of love including support, self-esteem and confidence:

Craig (t): ((4s)) *You've got someone who you can tell them, tell things to, share things with, have fun with, have kids and that and grow old together.*

A minority of participants expressed a naivety about love, either noting the need to theorise about love in absence of experience or claiming complete ignorance about love. In terms of communicating feelings of love, participants suggested a range of ways in which it can be expressed. A strong theme here was the idea that love should be expressed via materialistic means, implying the need to spend money and when mentioned, these tended to be the first answers offered:

Andrew (p): *Buy her flowers, chocolates, take her out, you don't have to have sex.*

Alex (t): *Buy little presents. Take her out for a meal. Take her on holiday, go and see a concert, maybe, well, I don't know, that's old fashioned now, box of chocolates and roses, yeah or just a little card saying certain things in it, not to be possessive, just say "I love you, hope you love me too", something like that, just little things, just to keep it ticking.*

However one participant, Ethan, acknowledged that spending money on your partner is not the best way to show your love:

Ethan (p): *He could, if he's got money, shower her with gifts but I mean that's just a farce, cos that'll wear off soon, do you know what I mean, but to be truly committed, you don't shower people with gifts, you buy them something, don't get me wrong, you buy them a wee gift now and then, but to*

show your affections, your love or be understanding, understand where the other person is coming from.

So here Ethan acknowledges the more intimate ways of expressing love, something that was also acknowledged by a smaller number of participants who suggested other ways of expressing love including communicating your feeling to your partner verbally or by letter and spending time with your partner. Gordon, on the other hand, felt there was no need to communicate your love to your partner as they would know if you loved them:

Gordon (p): *I would, be honest with you, I would not make nothing special, I would not making nothing special ...because she would see by my attitude how I live with her, how I talk to her, how she, she would know that.*

Participants were asked about the roles played by the man and woman in a relationship. A moderate theme of responses, all offered by participants from the pre-treatment group, expressed traditional gender roles should be adopted. These included the image of the male as the breadwinner and the female's role as carrying out housework and child care. The remaining participants, most of whom were from the post-treatment group felt that the roles of the man and woman should be equal. Finally, participants were asked how easy they thought a long-term relationship would be. The majority of participants suggested there were conditions under which a long term relationship would be easy, namely, where partners act in a certain way such as being honest and doing romantic activities and dependent on the nature of the partners. A minority of three participants implied that a long-term relationship would need work.

6. ii. Raj and Anna are sitting on the sofa watching a film one night when Anna leans over and starts kissing Raj. Raj kisses her back and he begins to feel her body. After a few minutes, Raj asks Anna if she would like to go upstairs and have sex. Anna says she does not want to have sex.

This vignette allowed for an exploration of participants' ideas regarding sex within a relationship. Five participants, all but one from the pre-treatment group, suggested Anna had intimated sex:

Chris (p):

P: She instigated him didn't she so why wouldn't she want to have sex with him?!

I: Do you think she instigated sex?

P: Well let's face it, kissing and cuddling usually ends up with sex doesn't it.

Dean (p): ((6s)) *She teased him, didn't she?...Well, she rubbed his legs and kissed him, she made him aroused and then er, I mean what did she kiss him, tease him and make him aroused for? If she was not going to have sex?*

As the above extracts demonstrate, these participants were typically bemused as to why Anna had intimated to Raj that she wanted sex then declined his offer to have sex. A minority of participants acknowledged that her actions were not necessarily an indication of her desire to have sex but rather, represent non-sexual intimate activities.

A majority of the participants said that Raj should not pursue his want for sex with Anna. There was a moderate theme in which participants identified that sex was not a vital part of a relationship and that it should not be rushed into:

Don (t): *You can have sex because you want to have sex, you don't have to have sex because you think you are having a good relationship*

However, participants seemed to place particular importance on the need to gain consent in sex and for there to be an absence of force. Gerry was the only participant to suggest Raj could pursue his want for sex, suggesting he could try to encourage Anna:

Gerry (t): *Well, if she doesn't want to have sex that's it, you could try and encourage her you see "oh, what's wrong? I only want to make love to you", you know what I mean? Things like that, you know, words of encouragement, aye.*

When asked why they thought Anna did not want to have sex, participants offered a range of potential reasons. The most common reason was attributed to her mood whereby she was not

in the mood for sex or she was tired. Three participants suggested that she might not be ready to have sex and an equal amount of participants suggested she may not be attracted to him.

When asked how often they thought Raj and Anna would have sex, participants offered a range of responses. Nearly half of the sample, mostly from the pre-treatment group, offered a frequency which might be expected which ranged from ten times to once a week. Other participants recognised that the frequency of sex within a relationship will depend on the individuals within that relationship.

Participants were then asked what Raj should do, given that he was feeling aroused. The majority of participants suggested he could reduce his arousal by undertaking a distraction task, such as going for a walk, reading, talking to his partner or having a cup of tea, or he could reduce arousal by having a cold shower. Fewer participants suggested he could masturbate.

6. iii. Raj comes home from work after having a really bad day. He walks into the house and Anna is watching TV downstairs. Raj feels really stressed from his day and decides he wants to masturbate to make himself feel better. He tells Anna that he is going upstairs to unpack his bags. He then goes upstairs to the bathroom and he masturbates.

This vignette allowed for an exploration of participants' views on masturbation. Whilst three participants from the pre-treatment group expressed the opinion that masturbation is wrong, disgusting and something that should not be done, the majority of the participants described masturbation as OK or described circumstances in which it is OK. A common theme within these responses reflected the view that masturbation is a normal sexual behaviour, something every man does and is not problematic. Two of the participants from the post treatment group stated conditions in which masturbation is OK, namely, when the focus of masturbation is someone known to the individual and when it is not done too frequently. However, there was evidence that participants had placed restrictions on their acceptance of masturbation. Here, a strong theme reflected the idea that you should not masturbate when in a relationship and, if done, would be indicative of a problem within the relationship. This view was based on one of two ideas: that masturbation is not necessary when in a relationship or that an individual would not be happy to find that their partner masturbates:

Gordon (p): *it's normal, but it's different if you have a girlfriend...I would*

not see the point, why you need to masturbate? ((8s)) I would not agree with that.

Alex (t): *She might think you are a dirty perv.*

Thus, these views appeared to be based on the idea that sexual activity with one's partner is the only appropriate form of sexual expression when in a relationship.

Eight participants expressed the view that masturbation is not a good way to relieve stress. These participants commonly acknowledged that there are better ways to deal with stress such as talking to someone. A smaller number of participants entertained the idea that masturbation may work to relieve stress.

6. iv. Raj has been having lots of sexy thoughts recently and he thinks about these when he masturbates.

More than half of the participants suggested having sexual thoughts is OK, although most of these, who were predominantly from the post treatment group, noted that it was dependent on what the thoughts were, recognising that there are instances in which sexy thoughts can be inappropriate and risky. Two participants expressed the view that having sexy thoughts is entirely inappropriate:

Gerry (t): *Well there's er, he shouldn't be having any sexy thoughts...well it's all wrong, having these sexy thoughts, these fantasies you see, cos er it might lead to him doing something he might regret.*

Participants were then asked if they felt Raj should share his sexual thoughts with Anna to which all agreed he should. A minority of these participants considered circumstances when these should not necessarily be shared, namely, when the thoughts are about someone else or relate to infidelity. The remaining participants felt that all thoughts should be shared with your partner. This response was reflective of a common theme which ran throughout the data, reflecting the idea that you should be honest at all times:

Ethan (p): *Er, but honesty is the best policy.*

Participants were also asked where they thought it was OK to masturbate given six different places: the bathroom at home, the park, a car, the bedroom, a public toilet and in front of a partner. There was almost a consensus in agreement that the two places in which it was OK to masturbate are within your bedroom and the bathroom at home. Almost all of the participants also agreed that masturbation within the park, car or public toilet was not OK. However, Gerry felt that it would be OK to masturbate in a car should it be parked within a secluded place. The rationale for these answers was most commonly attributable to the privacy required to masturbate and that it would be seen as inappropriate if someone was to see the person masturbating. There were mixed responses concerning the appropriateness of masturbation in front of one's partner. The majority of participants suggested it would depend on the wishes of the partner, reasoning that it would be OK if the partner consented and it was in private. Dean and Gordon both felt it was wrong, for Dean, he felt it was degrading to the partner whereas Gordon expressed disgust at the idea, terming it 'wrong'. In contrast to the other participants, Edward expressed the view that masturbation was not OK in any instance:

Edward (p)

P: ((5s)) *It's wrong. All of them ways it's wrong, you show me is wrong. You not to masturbate, not to masturbate, because you have a partner.*

I: OK. What about if you haven't got a partner? Do you think it's OK to masturbate if you haven't got a partner?

P: *Na! No!*

I: No?

P: *No, no.*

I: It's never OK to masturbate?

P: *Not to OK to masturbate because it's not the right, it not the way*

In this instance it seems Edward applies black and white thinking, reasoning that there are right and wrong ways to engage in sexual activity and placing masturbation in the latter category.

7. i. Rachael and Michael are both 40 years old and are married. They are both feeling sexy and go to bed together. They lay on the bed with their clothes on kissing and touching each other.

Almost all of the participants commented that the situation depicted within the vignette was OK. Eight of these participants commented on the legality/appropriateness of the interaction in that the characters are consenting and over the age of consent to have sex. A minority of participants considered the need for sexual partners to remove their clothes before engaging in sexual activity. Six participants acknowledged that some people feel uncomfortable with their own nakedness.

The vignette was then used to explore participants' ideas about foreplay. When asked what the word 'foreplay' meant to them, only one participant, Brian, did not know what the term meant. Most of the participants conceptualised foreplay as sexual activities other than intercourse, most commonly, touching but also masturbation, oral sex and kissing and a moderate theme here was the idea that foreplay leads up to sexual intercourse. Gerry offered a more abstract idea of foreplay:

Gerry (t): *Oh, well I understand much about the word foreplay, it means playing about...you know, give someone tender loving care, TLC.*

Almost all of the participants agreed that foreplay is important and the reasons for thinking this were attributed to its facilitating effect on intercourse, improving intimacy and benefiting the female:

Charlie (p): *Because obviously you've got to show each other affections, stuff like that, obviously if you don't that, if there's no affections between each other then obviously there's not going to be no, no long term relationship.*

7. ii. Rachael and Michael talk about what sexy things they'd like to do. Michael says he would like them to have oral sex and he would like Rachael to swallow his semen. But Rachael says she would like them to masturbate each other, using their hands.

The majority of the participants felt that the characters talking about sex was positive. Four of these participants demonstrated caution by suggesting it was OK if consenting, could not be overheard by others and the things discussed were appropriate. The remaining participants saw talking about sex as a good thing to do within a relationship.

Participants were then asked what they thought about the fact that Rachael and Michael wanted to do different things. Whilst three participants acknowledged that people are different and, as such, partners will not always want the same things sexually, the majority of participants offered a solution to the partners wanting to do different things. Most of these participants suggested that the characters should either reach an agreement about what to do or take it in turns to do the sexual activities each had suggested. Gerry suggested that Michael go along with Rachael's request to ensure the couple engage in sexual intercourse:

Gerry (t)

P: *Well, maybe he could just go along with her, what she's saying and do what she wants to do you see, as long as you are having sex, you see*

I: Why would you do that? Why would you go along with what she wants?

P: *Well, you don't want to upset, you don't want to upset her you see and er, er, you want, you, if you upset her, she might change her mind and she might say, she might not want to have sex you see.*

Three participants viewed the situation depicted as problematic suggesting arguments might result or that neither partner will be happy.

Participants' opinions about oral sex were explored at this stage. Four of the participants expressed a personal dislike of oral sex, describing it as disgusting and embarrassing. The majority of participants felt that Michael would have negative feelings because Rachael did not want to swallow his semen, most commonly disappointment but also being hurt or upset and, in two instances, angry. A small minority of participants suggested that Michael would not have any negative feelings because Rachael did not want to swallow his semen.

When asked what they thought the characters would do next, a majority of participants anticipated that they would have sexual intercourse. The remaining participants were not sure what the characters would do next or suggested foreplay might continue.

7. iii. Rachael and Michael are having sex. Rachael tells Michael that she has had an orgasm. Michael ejaculates and they finish having sex.

A strong theme elicited from this vignette reflected the idea that ejaculation/orgasm is the goal in sexual intercourse and therefore symbolises the end of sexual activity. This was

indicated by participants describing the sexual interaction as finishing following Rachael's orgasm and Michael's ejaculation and referring to this point as the goal in sex.

When asked what they thought the characters would do next, most of the participants suggested that they would likely engage in non-intimate activities such as showering, eating or sleeping. A moderate theme here was the suggestion that more intimate activities might follow the sexual intercourse, including talking about the sex they have just had, cuddling and engaging in further sexual activity.

7 iv. Michael finds out Rachael pretended to orgasm.

This vignette component elicited one of the strongest belief-themes throughout all of the vignettes and, in some instances provoked an emotive response:

Dean (p)

P: *Terrible*

I: Uh huh, why is it terrible?

P: *Well why can't you have an orgasm? She didn't love him then, she was probably thinking about somebody else and he's just a stand in*

I: What should he do? What should Michael do?

P: ((5s)) *Oh, he'd be upset. Er, ((5s)) yeah he'd be very upset wouldn't he?*

I: So what do you think he should do?

P: ((4s)) *"What's going on here?", "Do you love me?", "Do you not love me?", "Were you thinking about somebody else while we was having sex?", "Why?"*

Some participants appeared perplexed as to why Rachael would want to lie and felt it was bad that she failed to tell the truth:

Gordon (p)

P: ((6s)) *No idea. Why? Why did she do that? So, so I dunno, I dunno Miss*
(laughs) *no idea.*

I: Why do you think she would pretend?

P: *Yeah why, why?*

Isaac (t): *I think, why would she lie? Because it's a bit, it's a bit harsh lying man, when you are having sex because, if you haven't orgasmed, why would you lie about something like that?*

A moderate theme here was the view that Michael would have negative feelings having learnt that Rachael pretended to orgasm and these negative feelings included annoyance, disappointment and feeling upset. Some participants offered potential explanations for Rachael's behaviour with reasons most commonly being attributed to her not enjoying having sex and her feelings (or lack of) for Michael, whereas other participants felt that Rachael was thinking of, or wanted to be with someone else. Subsequently, the majority of participants felt that Rachael did not enjoy having sex with Michael in this instance and this was on the most part attributed to her failure to orgasm and her pretending to orgasm.

The vignette was then used to explore participants' understanding of the female orgasm generally. Only one participant suggested that if a woman does not orgasm it does not necessarily imply anything. The remaining participants felt that if a woman does not orgasm, it indicates a problem and these problems were most often attributed to the partner's performance but also indicate that the woman did not enjoy the sexual intercourse, that she was not interested or preoccupied with other thoughts or, in two instances, indicative of her ill-health. Three participants believed that female orgasm is indicated by the production of fluid, equivalent to ejaculate in males.

7. iv. Rachael is on her period. Michael suggests they have sex.

The majority of participants disagreed with having sex whilst a woman is on her period. The reason for this was mostly attributed to a perceived unpleasantness, suggesting it was unpleasant and unclean. A moderate theme here was the idea that having sex with a woman who is menstruating may harm her.

7. v. What about if a woman is pregnant?

Most of the participants suggested this was not OK. There was a moderate theme here in which participants expressed concern about potential harm to the unborn child. A minority of participants felt it was OK to have sex whilst pregnant under certain circumstances, namely,

the sexual position adopted and the time of pregnancy. Three participants suggested that women can have a heightened sexual appetite when pregnant.

5.3.2. Individual participant beliefs

Although the above highlights a range of common belief-themes which were shared by the participants, it is important to note that the majority of beliefs expressed by each participant were very much unique to them and were as such described as idiosyncratic. Some themes within the beliefs expressed by individual participants were also noted. These beliefs were often considered pertinent by the researcher and judged as likely targets for intervention within a clinical setting. Although it is not within the remit of this discussion to document all of these findings, it was considered important to offer some examples here.

A common theme within the responses from Ethan (t) was the belief that women are transparent in their behaviour and thinking. Thus, Ethan felt that if a woman was attracted to someone or if they wanted to be kissed, they would let the object of their affections know. He also felt that it would be clear to the other sexual partner if the female had or had not reached orgasm during sexual intercourse as her behaviour would offer a true indication. In spite of this, Ethan reported a number of occasions in the past where he had misinterpreted a female's behaviour in which he misperceived their romantic or sexual interest.

For a number of participants, themes of sexual inadequacy appeared throughout their responses and in cases the harm these caused was evident. For example, Alex (t) held the belief that a man should be able to engage in sexual intercourse for half an hour to an hour before reaching ejaculation. Upon reflecting on his previous sexual experiences, it was evident that this belief served to fuel feelings of sexual inadequacy:

Alex (t)

P: I'm not sexually experienced, I get too aroused, too turned on, because when I start doing it I get too turned on because, I don't know what it is, it's mainly that I'm sexually inexperienced and it don't last long enough, about five minutes and it's all over and it's a disaster because um, I don't make the opposite sex have an orgasm or anything

I: So how long do you think you should last then?

P: Well some people, some people, I don't know because some people last between half hour and hour, depends, depends how they control their

hormones inside them, but I'd say, I'd think it should last at least half an hour.

So for Alex, the belief that sexual intercourse should last for at least an hour leads to his interpretation that he is sexually inadequate and his appraisal of previous sexual encounters as 'a disaster'. Craig (t) also held an inadequacy belief whereby he believed that his penis was too small to satisfy a female sexually. Another noteworthy belief expressed by this participant was the belief that masturbation is only OK when the object of fantasy is someone known:

Craig (t): *Like if I wanted to masturbate and that, it's alright to masturbate to someone you know, but if you, it's like someone on the telly, it's not OK, because you don't know them.*

It is interesting to note that Craig reports this latter belief as one of the main things he has learnt from undertaking the BNM programme.

For Charlie (p), a recurrent theme was evident in which he felt the arguments within a relationship were both likely and problematic. This belief influenced his view of one night stands which he felt were beneficial because they are less likely to involve arguments. Charlie also felt that if partners did not have the same sexual interests, arguments would result:

Charlie (p)

I: So it says that Michael wanted to do one thing and Rachael wanted them to do something else, what do you think about that?

P: *That's going to cause arguments...Well there's no compromise between both of them is there. They're obviously disagreeing with, you know, with the situation um so obviously, you know, obviously she's going one way and obviously he's going the other and they can't compromise between each other. So that's going to cause arguments.*

So for Charlie, arguments between partners should be avoided and one way in which he felt this could be achieved is to avoid entering into a relationship.

5.4. Discussion

This study describes a qualitative exploration of the beliefs about sex and relationships held by a sample of sex offenders with an ID using a series of vignettes. The study addresses a gap within the research literature, and in doing so, offers a number of implications for both research and practice.

Participants in this study expressed a range of beliefs about sex and relationships and the analysis conducted has identified a range of both individual and group belief themes. The finding that many of the expressed beliefs were idiosyncratic is not surprising considering previous discussions concerning the development of beliefs which highlights the complex process as one which is unique to the individual. Indeed, no two people will have identical access to sources of information or personal bias in constructing beliefs nor will they share the same approaches to scrutinising existing beliefs. This also corresponds with descriptions of ID sex offenders as heterogeneous (Courtney *et al.*, 2006; Lindsay 2002b). It is important to bear this in mind when considering the applications of this research to a clinical setting, suggesting a generic beliefs about sex and relationships exercise may not be practical and instead, individually tailored approaches may be more apt. This fits well with the approach adopted by the HSP which is a one to one programme, allowing for content to be tailored in line with the offender's needs.

In spite of the above, a range of belief themes have been identified, indicating some coherence in self-report beliefs. A number of these themes strongly supported within the data. Evidence of such strong themes suggests commonalities lie within the sample, whether that be in participants' learning histories or their processing biases. These belief themes offer a valuable contribution to the existing ID sex offender literature.

It is first worth noting that a range of seemingly appropriate and healthy beliefs were communicated by participants who also demonstrated generally good basic sexual knowledge. Indeed, there are a number of particular themes which represent positive findings. The majority of participants demonstrated an understanding of 'OK' and 'not OK' sexual behaviour, for example, understanding where it is appropriate to masturbate. Almost all of the participants also understood the laws concerning the age at which someone is able to engage in sexual activity and most of the participants understood what their offence meant. This is contrasted with O'Callaghan and Murphy's (2007) finding that individuals with ID in their sample had frequent misunderstandings concerning the law relating to sex.

Participants were also able to express their own conceptualisations of romantic relationships and these responses were primarily positive. These individuals were able to identify the components of their own relationship expectations, offering a welcomed addition to the ID research literature (Knox & Hickson, 2001). This lends support to the findings offered by Siebelink *et al.* (2006) that those with ID are not naïve to the concept of relationships. There were commonalities in ideas between participants including the idea that honesty and support are key elements of a successful relationship, however, it is interesting to note that there were differences in what the participants anticipated a partner would want from them and what they would want from a partner. This suggests that these participants had an unbalanced conceptualisation of romantic relationships. Perhaps this is indicative of participants' stereotypical gender expectations which have been observed elsewhere within the ID literature (Coleman & Haaven, 2001). It is argued here that challenging these beliefs within a treatment setting would be conducive to a more healthy sexuality.

A number of other belief-themes also appear to have positive functions. Almost all of the participants demonstrated an understanding of platonic behaviour enacted within a customer-shop worker interaction, thereby demonstrating a basic understanding of social behaviour. The vignette which sought to explore such understandings was included on the basis of practitioners' observations within treatment interventions that this offender population often report experiences in which they mistakenly interpret another's behaviour as indicative of attraction. Perhaps the disparity in findings between this study and practitioner's experience is representative of the failure of the vignettes to simulate exactly a real-life interaction of this kind and thus to accurately predict behaviour (Jenkins *et al.*, 2010). As such, these participants were offering an objective response to the depicted situation in which their motivations did not mirror those which they would have in a real-life situation (Jenkins *et al.*, 2010). This finding may therefore be indicative of the limitations of the vignette methodology. Nevertheless, the finding that these individuals showed an understating of friendly behaviour is a positive one.

The theme reflecting the idea that honesty is the best policy was particularly strong and whilst this represents a positive finding, there was evidence in the responses from some participants that the belief was applied somewhat concretely. For example, the majority of participants felt that all sexual thoughts should be shared with one's partner, regardless of their content. Such rigidity in thinking is commonly observed in those with ID (Everington & Keyes, 1999; Finlay & Lyons, 2001) but is also reminiscent of Beck's (1976) concept of polarized thinking in which the individual conceptualises things as black or white (for

example as ‘good’ or ‘bad’) without appreciation for areas of grey. Whilst the value placed on honesty here is a positive finding, the lack of flexibility in its application indicates that these participants may not have considered the potential for adverse results to occur from complete honesty, for example, should the thought be considered inappropriate. This may therefore be of clinical interest.

Other themes found within the data are worth discussing here. There was a strong theme in which participants offered a range of cues which they felt could be used in attempt to gauge another’s romantic interest and this was despite the finding that the majority of participants viewed this as a difficult task. These participants typically felt that behavioural cues such as body language and eye contact may indicate someone’s attraction to them and these responses were offered with some certainty. This finding resonates with the clinical experiences of the professionals consulted in Study One who described these offenders as often misinterpreting others’ behaviours. The finding also resonates with the sexuality research literature which reports a sexual over-perception bias as occurring more frequently in males whereby they over estimate females’ sexual interest (Abbey, 1982; Abbey, McAuslan, & Ross, 1998; Haselton, 2003; Saal *et al.*, 1989; Shotland & Craig, 1988). The range of cues employed by these participants may therefore contribute to an over perception bias. This is likely to be of particular interest to the clinician.

Schutz’s (1976) concept of pre-constituted stocks of knowledge seems to offer a fitting explanation to the above observation. Here, it might be suggested that in a time of uncertainty these participants were drawing upon existing knowledge stocks to help them answer the question posed. That is, whilst struggling to gauge whether a woman’s behaviour indicates her attraction, these participants were able to draw upon shared explanations of flirtatious body language to aid their evaluation. The implication of this finding is that treatment should help the individual to develop different sets of interpretive repertoires, ones which allow them to make healthier interpretations of their feelings and actions. This idea will be returned to within the final chapter.

There were a number of strong themes representing gaps in knowledge and misunderstandings. These findings were often concentrated around female sexuality, specifically the female orgasm, but also misunderstandings about sexual intercourse whilst the female is menstruating or pregnant. In responding to questions concerning areas of naivety, participants often formulated somewhat concerning responses such as the suggestion that a woman’s failure to orgasm might be attributed to her lack of enjoyment, the man’s failure or her infidelity. It is interesting to note that these responses were often reflective of

the SARN risk factors, most often inadequacy, grievance thinking and the idea that women are deceitful. These findings are perhaps indicative of biases in participants' processing and interpretations of sexual information (Baron, 2000) which, in these instances, were SARN related schemas. Thus, where participants were not drawing upon a solid knowledge base, they formulated their responses via their cognitive biases. This finding lends support to the idea that a lack of sexual knowledge may facilitate sexual offending by interacting with other offence-precipitating variables, thereby supporting the viewpoint adopted by the HSP.

Another commonality within the participants' responses was a limited view of intimacy, a finding that is most pronounced when discussing sexual intercourse. For example, when considering the things which are not OK with having one night stands, most of the participants were mindful of the non-intimate consequences, most commonly contracting an STI or an unplanned pregnancy. There was also a strong theme in which the orgasm/ejaculation was seen as the ultimate goal of sexual intercourse, indicating the end of sex. This belief may have contributed to participants' views that a female's failure to orgasm during sexual intercourse is indicative of a problem. The idea that orgasm indicates the end of sex was further reflected in participants' suggestion that non-intimate activities, such as showering and eating, are likely to follow sexual intercourse. Whilst many of these appear reflective of beliefs shared by the general public (Joannides, 2001; Litvinoff, 2001; Silverstein, 1993; Stoppard, 1998; Westheimer, 2001), these results are coupled with the finding that a lack of intimate experiences was reported by this group. We know that intimacy is an important aspect of one's relational experiences, thought to exert positive effects upon the individual (Fiore, 1983; Waltz, 1988; Ward, Keenan, & Hudson, 2000) and that its absence is associated with anti-social behaviour (Check, 1985; Hsu, Hailey, & Range, 1987). Furthermore, a lack of emotional intimacy is encompassed within the SARN risk factors on the basis of its link to sexual recidivism (Thornton, 2002) so the value in challenging these beliefs is likely to be heightened for sexual offending cohorts. These results therefore indicate that these participants would likely benefit from education which expands their concepts of intimacy.

The researcher felt that across the data there was a sense that participants were almost frightened of their sexuality. This was first indicated by the general observation that the participants often held beliefs which were sexually conservative, condoning a restricted sexuality. An example of this is participants' views concerning sexual activity when in a relationship which conform to the idea that the only appropriate sexual outlet in this instance is that which is engaged in with one's partner, the use of pornography and self-directed

masturbation were considered wrong. Other examples include participants' concern about sexual thoughts, the use of pornography generally and one night stands. This is supported by the existing ID literature where sexual conservatism is well documented (for example: Garwood & McCabe, 2000; Heshusius, 1982; Lunsky & Konstantareas, 1998; Szollos & McCabe, 1995; Timmers, DuCharme, & Jacob, 1981; Wish *et al.*, 1979).

In addition to the above, participants were often cautious in their responses. For example, whilst demonstrating an understanding of the law concerning sexual activity, including issues of consent and the legal age at which an individual can have sex, most of these participants exercised a heightened awareness to these issues. This finding was most pronounced within the post-treatment group. For example, strong themes were identified where participants believed that a woman should be asked before you kiss her and a number of participants felt that individuals should be older than the legal age of consent before they engage in sexual activity.

Given that each of these individuals has in some way expressed their sexuality inappropriately, resulting in the sexual offence, these findings may be seen as positive to some in that they demonstrate precaution in sexual thinking. However, we must also consider the effect of these reported beliefs on participants' sexuality. Perry's (2006) description of the '*sexuality as a weakness*' norm seems to fit with these data in that they are reflective of a limited view of sexuality, suggesting the need for caution to be exercised in expression. This stance is not, within Perry's definition, conducive to a healthy sexuality. Furthermore, the Counterfeit Deviance hypothesis (Hingsburger *et al.*, 1991) purports that such a restriction on appropriate expressions of sexuality may facilitate sexual offending.

There are a number of ways in which these cautious responses might be explained. Firstly, they may be the product of response bias in which participants wish to portray themselves in a positive light and distance themselves from their offences. However, a further explanation may be that these findings are reflective of participants' cautious dispositions. These dispositions may have been learnt via the teachings of others, indeed, previous ID literature theorises that those in a caring position may encourage a dampening of sexuality through implicit or explicit teaching processes, particularly where the individual has displayed sexual behaviour that they consider to be inappropriate (Aunos & Feldman, 2002; Demetral, 1981; McCabe & Cummins, 1996; Yool *et al.*, 2003). However, also likely is the contribution made by participants' experiences with the CJS. Here, it may be the case that the process of apprehension and conviction for their sexual offences has contributed to a wish to be more sexually cautious. This is something Charlie explicitly acknowledged, claiming the

process of apprehension for this crime and subsequent punishment had deterred him from engaging in any future romantic relationships or sexual activity.

It is interesting to note that cautious responding was a stronger theme for individuals who had been through the BNM treatment programme. In fact, the most pronounced difference in responses between the pre and post treatment groups related to this caution. Here, those from the post-treatment group appeared more likely to consider caveats to appropriate sexual behaviours, for example, the majority of these participants expressed the view that sexual thoughts are OK, dependent on the content of the thoughts, acknowledging that some sexual thoughts are inappropriate and risky. More individuals from the pre-treatment group saw pornography as OK whereas the post-treatment group cited a range of risks inherent in using pornography. Furthermore, three from the post-treatment group did not entertain any likelihood that Zoe would be attracted to Chris within the third vignette. This suggests that the post-treatment men had developed a more cautious sense of sexuality and were more astute to matters of inappropriate sexuality. This may be through an increased knowledge about OK and not OK sexual activities but may also have been influenced by participants' knowledge of other group member's experiences, contributing to a more careful outlook. Nevertheless, the finding offers important implications for the treatment of these individuals, implying the need for intervention to appropriately support the offenders' sexuality.

Further differences in the responses offered by the pre-treatment and post-treatment groups were noted. It was apparent that these two groups differed in their ideas about the roles played by the male and female in a relationship. The existing literature indicates that individuals with ID often hold rigid stereotypes about the roles of men and women (Coleman & Haaven, 2001) and the results reported here support the idea that those who had not yet engaged in offence related treatment also shared these ideas. However, what these results further imply is that the process of undertaking offence-related treatment may serve to challenge these rigid beliefs, with those from the post-treatment group more often viewing these roles as equal. We know that within the BNM programme any adversarial sexual attitudes will be challenged by treatment workers as these are encompassed within the SARN. Furthermore, the sex education block of this programme encompasses an exploration of partners' roles within sexual intercourse, including considering who should be in control during sexual interactions. The results presented here are therefore encouraging in that they suggest that these components have helped participants' to appreciate the equality of gender roles.

5.5. Conclusion

Existing research indicates that the beliefs about sex and relationships held by sex offenders with an ID are an important area of research and may also represent a focus for intervention. Despite this, there is a paucity of research literature which describes the nature of the beliefs about sex and relationships held by these individuals. This may in part be due to a lack of tools by which these beliefs could be explored. This study therefore aimed to address this research gap by using the vignettes developed in the previous study to explore the beliefs about sex and relationships held by a sample of sex offenders with an ID. The vignettes offered participants a platform from which they could express their beliefs relating to various sexual and relationship scenarios. Whilst participants' beliefs were largely idiosyncratic, a number of belief themes were identified, indicating commonalities between these participants, whether this be in terms of their learning experiences or cognitive factors. Whilst a number of positive belief themes were identified, the results indicated that these individuals had a range of beliefs which were misguided or potentially harmful. Perhaps most striking were themes of belief which were conducive to a restricted sexually and, in some cases, promoted fear about one's sexuality. This contrasts starkly with these participants' sexual offences. The results reinforce the stance taken by the HSP that unhelpful beliefs about sex and relationships are harmful and may indirectly facilitate sexual offending.

Chapter Six

Exploring the Contexts in which Sex Offenders with an Intellectual Disability Developed their Beliefs about Sex and Relationships

6.1. Introduction

We have seen from both the previous empirical study and prior research literature generally that those with an ID and, specific to this thesis, sex offenders with an ID often have gaps in sexual knowledge and hold mistaken or harmful beliefs about sex and relationships. This study sought to address the third research aim which was to explore the contexts in which these individuals' developed their beliefs about sex and relationships. In doing so, it sought to address a gap within the existing literature which is described below.

It is evident that a variety of information sources contribute to the development of our beliefs about sex and relationships. Within the literature review (2.3.4.2. Developing beliefs about sex and relationships) it was explained that parents, siblings, friends, school and the media are amongst the main sources of sexual information from which we formulate our ideas about sex (Bleakley *et al.*, 2009; Hill, 2008). However, we also know that these information sources seldom offer value-free, unbiased information. For example, Hill (2008) notes the often bewildering nature of sexual information which is frequently subtle or disguised and Bleakley *et al.* (2009) points out that the source of the sexual information often determines whether the message is positive or negative. Whilst this indicates that the sexual learning process is likely to be confusing at times, there is reason to believe that those who have ID may be further disadvantaged in the process of developing their sexuality and, as such, may be more likely to develop harmful or misguided beliefs about sex and relationships. This will be discussed further below.

In assessing the contributors to the development of beliefs about sex and relationships, the literature concerning the general population has utilised self-report methodology where individuals are asked where they learnt about sex (Bleakley *et al.*, 2009; MacDowall *et al.*, 2006). However, it is interesting to note that within the ID literature inferences concerning belief development are made by making reference to the environment in which these individuals reside as well as the attitudes of those who act in a caring position. It therefore

seems that within the ID literature the individual is not viewed as a reliable informant concerning their sexual learning. However, we have seen from previous discussion that those with ID can successfully report significant life events (Ellem *et al.*, 2008) and the previous study of this thesis gives credence to this. This thesis therefore values the ability of those with an ID to self-report their learning experiences.

Existing research literature tells us that the sources from which an ID individual can gather sexual information may not be as varied as those available to someone without an ID. Rawlings (2008) suggests that these individuals often miss out on social information which those without an ID are exposed to in day to day life. Whilst the sexuality research tells us that friendships represent a dominant source of sexual information (Bleakley *et al.*, 2009) it is suggested that those with an ID seldom hold meaningful relationships with people outside family or care giver relationships (Jameson, 1998) which is partly attributable to a lack of opportunity to establish wider relationships (Mattison, 2000). As such it is likely that those who act in a caring position towards these individuals represent the main information source for sexual matters. However, Bleakley *et al.* (2009) found sexual information from parents and grandparents were associated with more negative beliefs about sex and relationships and, as such, it is conceivable to suggest that the sexual sources of information available to ID individuals are likely to encourage negative beliefs about sex and relationships. This is confirmed by the finding that carers are often not willing, capable or comfortable supporting the sexuality of ID people (Healy *et al.*, 2009; Owen *et al.*, 2000; Yool *et al.*, 2003) and, furthermore may offer restricted or distorted information, motivated by the want to protect the individual or through fear of evoking sexual impulses (Demetral, 1981; Konstantareas & Lunsky, 1997).

An individual will formulate beliefs on the basis of the evidence which is available to them (Baron, 2000). The above discussion therefore implies that those with an ID may form their beliefs using limited and in cases, biased information. This is supported by research which documents restrictive, negative and potentially harmful beliefs about sex and relationships expressed by cohorts of people with an ID (Galea *et al.*, 2004; Garwood & McCabe, 2000; Kempton, 1972; Szollos & McCabe, 1995; Watson & Rogers, 1980) which are perhaps in part absorbed through the teachings of others.

There is further reason to suggest that the way in which sexual information is dealt with may also differ for those with an ID. Firstly, the suggestibility of these individuals has previously been noted. Gudjonsson (1990) describes suggestibility as the tendency, in a formal questioning situation, to be influenced by the messages communicated by the

interviewer. Thus, those who are suggestible are more likely to be influenced by leading questions or change their answers accordingly if they perceive feedback to be negative. This therefore implies people with an ID may be more easily influenced and, when applied to the formation of beliefs about sex and relationships, may be less likely to scrutinise inaccurate or distorted sexual information. Linked to this idea, research suggests that men with lower IQs may be more vulnerable to influence of sexual media. Rhodes and Wood (1992) conducted a meta-analysis of research relating to social influence and found that those with lower IQs were more likely to yield to persuasion and influence of the messages. The authors suggest one reason for this is that those with higher intelligence have more confidence in their own opinions and are more likely to engage in critical thinking in relation to the message. Leading on from this, Bogaert, Woodward and Hafer (1999) investigated the relationship between men's IQ and their reactions to pornography. The authors showed a sample of undergraduate men a series of films and used a range of measures to examine the effect of the films, including a sexual attitudes test and a measure of interpersonal behaviour involving a female confederate. After viewing antisocial pornography, participants with lower IQs were more assertive in the test of interpersonal behaviour than they were following an erotic, non-violent film. Furthermore, men with higher IQs demonstrated less variation in their behaviour towards the confederate after viewing the films. The results therefore lend support to the idea that those with lower IQs are more easily influenced by sexual information and from this it might be implied that these individuals may accept distorted sexual information more readily.

Having considered the likely contexts in which these individuals may have developed their beliefs about sex and relationships, the effect of these beliefs will now be considered. Craft and Craft (1978) suggest that sexual myths held by individuals with ID may serve to confuse and frighten the beholder. It has also been suggested that limited sexual knowledge may hinder the establishment of close relationships, thereby limiting opportunities for intimacy and access to appropriate sexual partners (Szollos & McCabe, 1995). Deficiencies in sexual knowledge can also serve to increase vulnerabilities such as the heightened risk of being sexually abused which has been observed in the ID population (McCarthy & Thompson, 1996; Muccigrosso, 1991; Sobsey & Doe, 1991). Individuals' sexual health may also be endangered. For example, it has been suggested that men with an ID who have sex with other men are disproportionately at risk of contracting HIV and this is mainly attributed to a lack of understanding about safe sex practices (Cambridge, 1994).

Poor sexual knowledge may also facilitate sexual offending, with theoretical links having been made between deficient sexual knowledge and sexual offending by men with an

ID. The Counterfeit Deviance hypothesis (Hingsburger *et al.*, 1991) offers the most pervasive argument and suggests that sexual offending by such individuals may, in instances, be driven by sexual naivety rather than deviance *per se*. Evidence pertaining to this theory was reviewed within the literature review of this thesis.

Empirical support for the role of beliefs about sex and relationships in sexual offending by this group was offered in a rare qualitative investigation carried out by Courtney, Rose and Mason (2006). The authors examined the offence process for these individuals and found support for the role of naivety in the commission of sexual offending. Participants in this research sample frequently claimed ignorance of sexual knowledge and social skills deficits which they report as active at the time of their offence. This, the authors claim, distinguished the sex offenders with ID from their non-ID counterparts. The authors saw the offenders' knowledge, beliefs and attitudes as central to the offence process, concluding:

“The way in which (a sex offender with an intellectual disability) plans, carries out, responds to, and moves on from (their offence) is shaped by their understanding of what constitutes an offence, who is responsible for it, and how relationships and offences occur” (pg. 186-187).

This therefore lends some support to the idea that the beliefs about sex and relationships may, in some way, relate to sexual offending.

It is also worth noting here that, in addition to individuals with ID, sex offenders have also been described as suffering distorted and deficient sexual learning histories, contributing to misunderstandings about sex. This further lends support to the idea that a link may exist between beliefs about sex and relationships and sexual offending. In discussing the implicit theories held by sex offenders, Ward (2000) suggests that these individuals are likely to acquire irrational beliefs during their childhood, based on disruptive family environments and poor modelling. The author argues that the early developmental environment in which a sex offender is situated is often characterised by adverse experiences and distorted learning environments and these factors facilitate the development of misunderstandings about themselves and others (Ward & Keenan, 1999). Lahey (1992) also implicated the role of others in the development of mistaken beliefs about sex and relationships held by sex offenders. The author found 'bizarre' and mistaken beliefs about sex and relationships in a sample of juvenile sex offenders which she argued had mainly been absorbed from family

and peers. The author reported that these beliefs served to misguide the beholder's actions, facilitating their sexual offending.

The theory that a link exist between beliefs about sex and relationships and sexual offending has translated into clinical practice with sex offenders. Here, the HSP recognises that, although a direct link between such misunderstandings and sexual offending may not exist, these beliefs are likely to interact with other offence facilitating factors to precipitate sexual offending. Furthermore, a study conducted by Simkins *et al.* (1989) offered tentative evidence pertaining to the link between sexual knowledge and risk of sexual recidivism. These authors found the sexual knowledge and beliefs measure of the Multiphasic Sex Inventory (Nichols & Molinder, 1984) provided an effective predictor of the treatment progress and outcome in a sample of child sex offenders. The results indicated that those scoring low on this subscale (indicating low sexual knowledge and high belief in sexual myths) were less likely to benefit from group work and were more often associated with a higher perceived risk of recidivism, as judged by group workers.

The aim of this study was to explore the contexts in which sex offenders with an ID develop their beliefs about sex and relationships. Using existing research literature, it aimed to identify the common contexts in which individuals learn about sex and relationships and explore these with participants. Additionally, the study sought to access participants' own accounts of their sexual learning experiences, that is, where they felt they had learnt about sex. It was felt that such an investigation would facilitate the drawing of hypotheses about the development and the effect of the beliefs identified within the prior study. Consideration of the potential links between these individuals' sexual offences and their beliefs will also be included.

6.2. Method

6.2.1. Participants

This study concerns data collected from participant group one and participant group two. Details concerning participant characteristics can be found within the prior chapter (see Table 6, pg. 112).

6.2.2. Procedure

As explained within the Methodology chapter, these participants had taken part in three interviews (see 3.5.3. The interviews, from pg. 74). As well as responding to the sex and

relationship vignettes, these interviews sought to explore these individuals' relationships, education, sexuality and sexual experiences and their offence. This study used the data from all three of these interviews.

6.2.3. Analysis

This study employed deductive thematic analysis to explore the contexts in which participants had developed their beliefs about sex and relationships. Existing evidence pertaining to the sources of sex education was used as an analysis guide. Thus, a list of initial *a priori* codes was drawn up on the basis of existing literature, representing the likely contexts in which these individuals had gathered information about sex and relationships (Bleakley *et al.*, 2009; Hill, 2008; MacDowall *et al.*, 2006). These codes were: family, friends, school, sexual experiences, experiences of romantic relationships and the media.

These codes were applied to the data whereby any segment of data which fit with a code was highlighted. The highlighted data were then extracted along with the participant's name and entered into a table within a Word document which was split into six headings, according to the *a priori* codes. Themes within the extracted data were then identified and coded. The results section offers a description of the themes identified within each of the headings.

The final part of the analysis comprised an inductive thematic analysis of participants' offence accounts. Any data from the three interviews in which the participant gave an account of their offence, including life at the time of the offence, were extracted along with the participant's name and entered into a Word document. The researcher then employed thematic analysis to identify themes within the data. This resulted in a synthesis of participants' offence accounts which is described within the results section below.

6.3. Results

6.3.1. The media

When asked where they felt they had learnt about sex, the majority of participants cited the media (encompassing TV, films and magazines). Alongside friendships, this was the commonly cited source. For some participants, this was a significant source of sexual information and most often took the form of pornography, encompassing films and magazines which some participants describe extensive use of:

Alex: *the only way I found out what a naked body was was a porno magazine*

Billy

I: So, can you remember how you learnt about sex?

P: *Basically from magazines*

Craig

I: Can you remember how you learnt about sex?

P: ((4s)) *erm ((4s)) watching videos*

I: Mmm, what kind of videos?

P: *Pornos. When I was about 11. And dirty magazines.*

Dean: *I, I haven't been taught it. Books, magazines, TVs.*

Thus, for these participants pornographic material was often a primary source of sexual information. It is interesting to note Craig's conception of pornographic magazines as 'dirty magazines', portraying the idea that they are inappropriate and frowned upon.

6.3.2. Friends

The majority of participants cited friends as a source of sexual learning. When they talked about the sexual information received from friends or peers, it tended to take a jovial form, discussing sex in a joking fashion. Participants also described sexual information from friends which was delivered in a way termed by Gordon as 'man talk':

Gordon: *(we talked) about lots of things, about girls, how they look like (laughs) chest size, what kind of ass size (laughs) so, like man talk.*

As Gordon's quote demonstrates, this was often portrayed by participants as discussions about superficial aspects of sex and relationships such as females' appearance.

The data then allowed for further exploration of participants' friendships. This revealed that the nature and extent of participants' experiences with friends varied somewhat. Three participants reported having had no difficulty making friends and only recalling positive experiences with these relationships, citing fond memories of going on bike rides, going to the pub, playing sport and going to the cinema. This was starkly contrasted with

three participants who claimed never to have made a friend before. One of these participants, Ethan, expressed a particular naivety about friendships, explaining his difficulty understanding about how friendships are developed:

Ethan: *I used to get jealous when I see people friendly with each other, like Janine would say to Emma “I’ll see you tomorrow” “OK, Janine, I’ll see you tomorrow” well, how do you strike up a friendship like that? I would see Terry and Mark going across to road to have a couple of pints, shaking hands at the end of the night, saying goodbye, you know, how did they do that? So I would look for criticism in them.*

The remaining of participants reported mixed experiences with friends. Most of the friendship experiences recalled were from participants’ childhoods and it was often suggested that making friends in adulthood proved much harder. Indeed, a difficulty making friends represented a strong theme within these data with participants citing a range of barriers to the establishment of friendships which they had faced. Craig and Ethan describe their extensive experience of homelessness throughout their lives as such a barrier:

Craig

I: So did you ever try to make friends then?

P: *Yeah.*

I: So, why don’t you think you did have any then?

P: *Cos, the one’s I did try to make friends with had somewhere to live and they didn’t want to be caught hanging about with someone that was homeless.*

Other factors inhibiting friendships were the participants’ intellectual disability, their identity as a sex offender, a lack of trust in others due to prior experiences and difficulties interacting with others. Participants reported a range of other negative experiences with friends. There was also a moderate theme in which they felt they had been taken advantage of by friends who had either used them for their own means or taken advantage of their vulnerability by, for example, persuading them to do something they should not for the purpose of their own entertainment:

Elliott: *Got into the wrong crowd... a bad crowd...They just used to use me, had a place of my own and they just used it as a place to doss.*

Alex: *...when I done all that, all my mates grassed me up to the police and I felt that's not nice, they'd get me to do this and that, I'd do it, and they'd grass me up and then er, I'd get into trouble and they'd get away with it.*

Another moderate theme was the idea that friends had exerted a bad influence upon these individuals, which often involved encouraging them to engage in criminal behaviour. These participants often spoke about the want to impress others or fit in and this desire had driven such bad behaviour. Participants also seemed to have been influenced by friends and peers indirectly, using them as a comparator by which they could judge their own situation. This represented a moderate theme where participants describe often comparing themselves to others:

Dean: *I used to go out with my friends and my mates and they were all picking (women) up, no, not me. Smart as ought, I'd go out smart, obviously smart, cleaned up, everything, every weekend it never seemed to happen.*

As the above quote from Dean demonstrated, these comparisons were invariably unfavourable to the participant and served to fuelled feelings of inadequacy or injustice.

Some positive experiences were also reported. Four participants described having had one 'good', longstanding friendship which tended to have been established at school. A range of activities carried out with friends were recalled, including going to the cinema, 'hanging out', having a laugh and playing football. It was interesting to note that some participants held a conception about what a 'friend' constitutes and used this to determine whether previous relationships could be classified as friendship. For example, Gerry expressed the idea that if someone were his friend, he would visit their house, and on this basis he did not class particular relationships as friendships but more acquaintances:

Gerry: *Err, ((6s)) As I got older I had, I had friends but err, I don't think they was friends as when I was young, you see, because as when I got older you see I had to go out and meet people, you see, going to work and basically I'd only see people at work you see and err, I'd go to the pub, you see and I'd*

see people at the pub and sometimes I'd go back to a party with them, you see, but there wasn't anyone that I really knew that I'd go round to their houses, are you with me?...I, I knew where they lived, well, I had an idea where they lived, but I didn't just go round to their house you see, any time you see, like some, most people would do I suppose, you see. Yeah, I just see people at work you see, mainly see people at work and err, see people at the pub and, you know, I suppose you might call them acquaintances you see.

So here Gerry appears to have developed a concrete idea of what does and what does not constitute a friendship. Whilst in his childhood there were ample opportunities to establish what he felt constituted friendships he notes a lack of opportunity in adulthood. We also see another example of the use of social comparisons where Gerry refers to what 'most people would do' in order to evaluate his own experience. Believing most people would visit friends within their home, Gerry concludes that his relationships with others would fall more within the category of an acquaintance.

The concept of an acquaintance represented a common theme in participants' discussions. These participants often discriminated between a friend and an acquaintance on the basis that an acquaintance is someone who you do not know very well, are not close to and cannot necessarily talk to about personal matters:

Alistair

I: What about friends, what are they like in prison?

P: *Well they are not really friends, they are just acquaintances.*

I: And why is that?

P: *Well, they are just all in prison, you know, you don't really know them do you? You don't know their lifestyle outside or what they get up to, you only can see what you see in prison.*

This theme was most commonly elicited when participants discussed friends which they have in prison, typically describing the nature of such relationships as acquaintances.

6.3.3. *Participants' own experiences*

6.3.3.1. **Sexual experiences**

Another strong theme of participants' sexual learning was participants' own sexual experiences. Some of these experiences were described as consenting, experimental sexual experiences either with oneself or with a partner:

Alex

I: So, I was wondering if you can remember how you learnt about sex?

P: *That's when with Sue³ yeah, yeah. It's like I say, when I was on the farm, the very first time I masturbated, like I say, I kept pulling the foreskin back, 'now you see me, now you don't' kind of thing and I ejaculated and white sperm came out and then er, and then when I saw a picture of a naked woman was in a porno magazine and then er, I see it in real life when my girlfriend was in the boys toilets and I pulled her skirt and pulled her knickers down and saw her vagina.*

As Alex's comment demonstrates, these learning experiences were often described by participants as naïve encounters which elicited confusion. Three participants cited their experience of sexual abuse as their first source of sex education and two other participants cited incidents in which they had witnessed other people engaging in sexual acts as early sexual learning experiences. An example of the latter theme comes from Felix who describes frequently witnessing his mother engage in sexual acts with strangers who she had brought into their home.

The data then allowed for further exploration of this source of sexual learning. Apropos sexual orientation, all but one of the participants described themselves as heterosexual, only being attracted to females. The remaining participant, Gerry, described his primary attraction to females but acknowledged instances in which he had been attracted to males. Although just over half of this sample had offended against females under the age of 16, only two participants disclosed a current attraction to females under the age of consent.

³ All names cited represent pseudonyms

Explaining their attraction to children, Billy and Kyle both talked about the greater ease they found interacting with children in comparison to adult females:

Billy: *it was that, it was easier to manipulate the child than it was an adult and that I felt that I wasn't satisfying a woman like I could satisfy a child because there was no, what's the word I'm looking for? No, erm ((4s)) I can't think of the word ((4s)) I can't think of the word, what's the word, what's the word... apper, appertation, I can never say the word ((4s)) like when you expect somebody to do something really well...expectations!*

So for Billy, feelings of inadequacy in relation to those his age fuelled his want to associate with children. One participant, Charlie, explained that whilst he had formerly been attracted to girls of school age, the process of his offence and subsequent conviction had served to expel this attraction:

Charlie

I: Do you think this is still the case now, that you have an attraction to them?

P: *No. No way.*

I: No? Why not?

P: *Cos erm, after what happened to me when I went to court and stuff like that it completely shook me and obviously being in prison, with me family and things like that so erm, but that's, that's completely erm, changed, changed the way my thoughts are.*

The remaining participants described their attraction to adult females which tended to be described as women over the age of 18.

The sexual outlets utilised by participants were then explored. Some participants spoke about their former use of pornography, although these participants tended to suggest that they no longer used it due to either perceiving it to be dangerous or risky or feeling that they had grown out of it. For Dean, pornography represented his only sexual outlet before meeting his former partner, and this is something he felt was wrong:

Dean: *But, at 32 I was thinking to myself, I'm like a 17 year old lad, I'm only just starting, cos really it should have happened shouldn't it? If you look at it,*

at 18, 19, 20, I'd had to go from there, right up to 30 with not really having a sexual relationship with a woman, just using magazines. And not really having the experience.

Apropos masturbation, few participants spoke of what they perceived to be appropriate use of this sexual outlet. In their descriptions of past use of masturbation, the majority of participants conveyed these experiences as inappropriate in nature, either having used deviant stimuli such as a child victim or having engaged in excessive masturbation. Other participants spoke of their limited use of masturbation, either having only used it in an experimental way or in absence of a partner. For Gerry, it was evident that feelings of guilt prevented him from masturbating whilst in prison:

Gerry: Masturbation I, I, it was, it never came to me too much you see, occasionally there would be the occasional signs you see but even in prison, you see I very rarely do it because, well I, I know, I don't want to be getting caught for one thing you see, right, and for another thing you see, I'd be thinking, well, er, guilt, I might be feeling guilty about it because I've come to prison, the time I've been in prison, there'd be loads of thoughts going through my mind you see so, er, so, often I'd resist the temptation not to do it.

Dean also described feelings of guilt and wrongdoing in an instance when he had engaged in masturbation when his partner did not wish to have sex: *"I was thinking er, 'this is not right, this is not right'"*. It is therefore evident that most of these participants have not utilised masturbation in a healthy way, nor do they hold a positive attitude towards this form of sexual expression.

Participants described a variety of sexual experiences with only one participant, Craig, reporting never having engaged in any form of consensual sexual contact with another. The age at which participants recalled first having had consensual sexual intercourse ranged from seven to 32 years old, although five participants said they could not remember when they first had sex.

A minority of positive descriptions of sexual relationships were reported. Four participants were able to offer reasons why they viewed particular sexual encounters as successful, for two participants it was the level of intimacy involved in which they described feelings of closeness to their partner during the sexual interaction. The other two participants

attributed the success of a previous sexual interaction to the characteristics of the partner, implying that their attractiveness contributed to the quality of sexual intercourse:

Don

I: What about your sex life with her, what was that like?

P: *Sex life was good with her because she was like a model, she did modelling so it was good.*

I: And why would her doing modelling make the sex life good?

P: *Because she was really, like, good looking. Nice body and that.*

A range of negative sexual experiences were also reported by participants. Just under half of the participants implied that they had been sexually promiscuous in the past, having had multiple sexual partners with whom they had short lived sexual encounters which were lacking in intimacy. Whilst two of these participants did not express any evaluation of these experiences, the remaining expressed regret. Other negative sexual experiences included participants reporting feelings of sexual inadequacy in which they felt that they had not been able to satisfy partners. Reasons for this included feeling that they ejaculate too quickly during intercourse, that their penis size was too small and that they were unable to make their partner reach orgasm:

Billy

P: *all my friends, I remember from 17, 18, going on 20, saying "I had some last night, fun times with her", do you know what I mean? "yeah OK? But why can't I do that", you know, and it, it kind of like, I mean I actually went with one person and she turned around and said "my husband just used to lie on top of me, give me it and that was it, there was no intimacy, no foreplay, nothing like that and I can't orgasm", stuff like that, I didn't twig on it, but she meant me*

I: Right, how do you know she meant you?

P: *Because two and two makes two.*

So for Billy, he had developed a sense of sexual inadequacy based on a social comparison to his peers and his interpretation of a previous sexual experience.

Almost a third of this sample reported having been the victim of sexual abuse within their childhood. The abuse was typically committed by a male family member (uncle, brother or family friend) although in one instance, the perpetrator was a female babysitter. In all instances, the abuse was committed over a prolonged period and these participants cited a range of effects which they felt they had suffered as a result including a difficulty interacting with adults, being distanced from others and facilitating their sexual offending. In addition to this, two participants described their first sexual experience with a partner as comparable to rape due to their own lack of experience. Here, both Dean and Ethan explain that the disparity in sexual experience between themselves and their partner meant they felt the sexual encounter was akin to rape:

Ethan: *Er, er, well, it was confusing because it was my first ex-wife who, was very experienced, I wasn't experienced enough and er, she, she threw me on the floor and started ripping my shirt off and I went "woah" and I told her, I said "listen, I've never had sex before" she says "you've never?" I said "no" I says "unless you count at the age of seven when I was raped by my father's friend as sex, I've never had sex" and she said "Oh, don't worry about that" and I, I was kind of like, I felt like I was getting raped...Because, I didn't, I didn't want to have sex with her, you know what I mean, I wanted this, like House on the Prairie thing, meet someone, fall in love, get married, then have sex...But I didn't even love her, you know what I mean, I was looking for er, a lady and this night and this, this woman who as I said was married er, 22 stone I mean, throws me, I'm a 7 and a half stone young lad.*

Dean

P: *...most times when we were having sex, the first time with Janet it was like, I was being, I was being raped, because I was inexperienced...You know, it was if I was being raped on similar things to what me mum and dad had done to me...You know er ((5s)) you, you can't er ((5s)) I mean for the first year and a half it was as if I was being raped by her, being raped*

I: And why do you say that?

P: *Because ((6s)) I wasn't doing anything on the physical side*

I: Right. But was it, were you actually wanting to have sex with her? Is it something you wanted to do?

P: Err, yes and no, you know when I started with her, yes and no. Yes the feeling was there but sometimes no... I was frightened, scared.

Within these accounts offered by Dean and Ethan it appears as though a perceived lack of control contributed to these interpretations. It appears that these participants viewed their sexual partner as having more power within the interaction both in terms of physical strength and experience and, as such, they felt as though the partner had effectively raped them. Drawing parallels to past abuse also lends to this interpretation. Dean's sense of fear during this first sexual encounter is echoed by Brian and Edward. Both of these participants described instances where they received oral sex for the first time, which they did to please a partner rather than for their own satisfaction. In both instances, the experience proved a negative one, inducing feelings of unpleasantness and fear:

Edward: *..this the first time for me Danni because I never experienced them things Danni, I never, I wasn't brought up that way Danni, you see, and it was the first time for me Danni, and I got scared, scared.*

So for Edward, his feelings of inexperience coupled with the conflict between the sexual experience and his family's values contributed to feelings of vulnerability and fear. Similar themes were evident in Brian's description of his first time using prostitutes which he portrays as a chance, naïve encounter:

Brian: *It just happened...I went out for a ride in me car, stopped to have a smoke and looked across and someone came straight over. It started from there...It was a bit scary to start off ((4s)) got took to a secluded place...all she done was (gestures down) on me...I said no, but she kept on.*

Brian's description of this experience reflects the same sense of vulnerability and fear as Edward's account. But additionally, it portrays a sense of powerlessness in which his attempt to stop the sexual interaction was unsuccessful.

Over-sexualisation represented a further theme with three of the participants reporting currently receiving medication to alleviate sexual preoccupation. These participants describe this as a problem that has negatively affected their lives and facilitated their sexual offence.

6.3.3.2. Experiences of romantic relationships

As well as sexual experiences, the data allowed for exploration of participants' relationship experiences. This revealed that participants had somewhat varied experiences of romantic relationships. Only one participant had never had a romantic relationship or experienced any sort of romantic activity. This participant, Craig, reports that his only experiences of non-platonic interactions with another were his two sexual offences. Six of the participants report having limited relationship experience, either not having had an exclusive relationship with a boyfriend or girlfriend or having had few or brief relationships. It should, however, be noted that three of these participants were under the age of 30 at the time of interview and had been in prison for an extensive period, another of these participants had been in prison since the age of 18. As such, it is likely that the limited relationship experience reported by these participants may be partially attributed to a lack of opportunity. When describing their limited relationship experience, these participants expressed a moderate theme in which they often compared themselves to others. For example, when discussing his want for a relationship Dean explained:

Dean: *Yeah, it was everything to me, it was, it was if I'd got something like my sister had got, like I just wanted to be like everybody else, I just wanted to live like everybody else, thinking to yourself, you know, because I had this perception of me being ugly all the time, I'm not going to pick nobody, you know and, and I got this, I got Janet with me and it was, it was er, it was wonderful we used to walk round, we'd go shopping together and I used to look at other people and think to myself "I'm doing what other people are doing, look at this!" you know it was great, wonderful, it was absolutely wonderful to have.*

For Dean, having a romantic relationship and being able to do activities with his partner gave him a sense of finally fitting in with others. As Dean's quotation demonstrates, participants' social comparisons made them feel they were missing out on a vital part of life and contributed to feelings of inadequacy.

There was evidence that some of these participants had had extensive relationship experience. Eleven of the participants had been married and one participant, Felix, reported having never been single for a prolonged period within his adult life. However, when

describing these relationships, participants often inferred that the relationship quality was somewhat poor, with a range of factors including emotional detachment from one's partner, a lack of trust, infidelity and arguments cited as problems which interfered with the relationship success. A range of other negative relationship experiences were discussed by participants. Half of the participants claimed that other people had in some way interfered with or affected their relationship with a partner. These other individuals were most commonly parents of either partner but also included a partner's sister, a partner's sons and the Social Services:

Alistair: *Erm, it was alright, til a couple of years afterwards like. I got married at 16 to her you see and we had a kid and eh, more or less straight away she fell pregnant. And then, her mother was always butting in and it was like, "oh, don't think I like this" anyway, and em, that's why we got divorced.*

So for Alistair, the involvement of his mother in law within his relationship was not only an irritation but was also attributed to the breakdown of the relationship. Alistair's quote is reflective of the other participants' annoyance at others' involvement within their relationship and their wish to be able to manage their relationship independently. Further negative relationship experiences included relationship arguments, both partners' infidelity and the distress of going through heartbreak. When offering a general overview of their relationship experience, almost all of the participants offered a negative impression, suggesting they had had little success with romantic relationships due to either a lack of experience or unpleasant experience.

In spite of the above, some positive relationship experiences were described, although this was with less frequency. In describing successful periods of a romantic relationship, participants cited happiness, being able to laugh and joke with their partner and being able to talk to their partner about anything. Billy described a relationship with a partner, Elizabeth, which was characterised by compatibility, emotional and physical intimacy, honesty and what he described as a perfect sex life. However, this relationship later broke down which Billy attributes to the actions of Elizabeth's younger sister whom he felt was taking advantage of her.

The age at which participants first established a romantic relationship ranged from six years old to 30 and there were a range of situations in which they had met partners. Although most of the participants had met their first girlfriend at school, three participants explicitly

acknowledged the lack of relationship opportunities at this time. Some partners were met through friends, where the partner was either related to a friend (a sibling, aunty or mother), was romantically involved with a friend or was a friend of a friend. Participants had also met partners through their family members whereby the partner had been romantically involved with a family member or was a friend of the family. Some participants described instances in which they had met strangers with whom they later struck up a relationship. These meetings had occurred at a pub or club, in the partner's place of work where the participant was a customer or in some instances, during chance interaction which occurred in public. An example of the latter experience was reported by Gordon who describes an instance in which he walked past a female's house one night and was beckoned in by a female stranger. He later developed a relationship with the female's friend.

There was a moderate theme in which participants acknowledged a difficulty interacting with females. Some participants suggested conditions in the past where they had found interacting with a female easier, namely, where the female was younger, where they had consumed alcohol or where they knew the female already. This is contrasted with the finding that three participants felt it was generally easier to talk to females in comparison to males.

There were some instances in which it was evident that participants had adopted somewhat broad conceptualisations of love or girlfriends, perhaps indicating a naivety. Two participants described having had a relationship with a girlfriend but upon further exploration, it appeared possible that the relationships were not reciprocated. Here, Bobby described his relationship with a partner whom he had met at her place of work, a truck stop which he regularly visited when working. Having cited this as a significant romantic relationship in his life, Bobby's recollection of the nature of this relationship was explored from which it was evident that the relationship was very much restricted to their interactions whilst she was working:

Bobby

I: So what kind of things would you do with her?

P: *Um, well, chat, ring her up er, um, pop in for a coffee, er, bite to eat, er, give her my flask and she'd fill it up for me.*

I: Right, did you ever do anything sexual with her?

P: *Urr, no...No, was too busy...Was too busy for that.*

I: So would you ever see her outside of her being at work?

P: *Um, well no. Because it depends on if I'm, if I'm going past or the other way.*

I: Right, OK, so she didn't live near you then?

P: *No...The, the services were like, just on the side of the, on the side of the motorway.*

Similarly, Dean described a situation in which he engaged in a relationship with a woman, Georgina, having met her when working for her family's business. Dean's description of Georgina indicates that she was particularly vulnerable, having suffered a road accident which left her with a significant physical disability and this was something Dean was deeply sympathetic about. Dean described a range of activities which he undertook with Georgina including having lunch and dinner at his parents' house, going night clubbing and spending time with her whilst he worked. Having cited Georgina as the first of two significant girlfriends he has had in his life, Dean later expressed confusion about the status of their relationship:

Dean

I: So would you say that you got to the point where you were boyfriend and girlfriend?

P: *I think we did, yeah.*

...

P: *I was with her mum and dad and the family business for five years or so and, I don't think it was boyfriend and girlfriend, it was boyfriend and girlfriend, and then it wasn't sometimes because like, you are in with the business.*

Thus, whilst Dean cited Georgina as a significant romantic relationship in his life, it remains unclear as to whether this interpretation of their relationship was reciprocated.

Participants also talked about their experiences of love. Over half of the participants felt they had been in love with another person although having claimed this, Gordon, questioned whether he had sufficient life experience to know what love is. Three participants explicitly stated they had never been in love, for two of these participants, Alex and Craig, this was due to lack of opportunity whereas Ethan felt he lacked the capacity to love another. Similar to the responses concerning relationships, two participants appeared to have a broad

interpretation of love which they had applied to their own experiences. Here, both Bobby and Gerry described situations in which they felt they may have been in love:

Bobby

I: Uh huh, have you been in love before?

P: *Oh yes*

I: Yeah? And how many times do you think?

P: *Once*

I: And who was that with?

P: *Um, oh I didn't know her name, I just sat there in the lorry, just sat there in a big traffic jam in (local city) and I was just sat there, switched the engine off, sat there tapping the steering wheel, and all of a sudden I saw these nice, er, females, same age as me, just walking past the lorry and I was like "they're nice" and then I go back to staring at the traffic lights going "change!"*

Gerry

P: *I have to cast my mind back, being in love, I suppose there has been a few occasions before I come to prison where I might have been in love*

I: Can you describe to me those situations, can you describe one of those situations?

P: *Err, ((10s)) going out I suppose, er, meeting someone at work, work in a hotel er, and, er going out for a few drinks and then going back to, going to bed and then the next day I have thoughts about it you see.*

I: So where did you meet her, did you meet her...

P: *At work you see*

I: At work, was she working there as well?

P: *Yeah, as a waitress you see*

I: I see, so what happened with that relationship with her?

P: *It wasn't really a relationship you see...It's like one of these one night stands you see, I still seen her, I seen her and she left, a long time ago so there's been other occasions you see where, you know like, I've fancied someone you see and er, I might have been in love you see, I got chatting to a person you see, and er I didn't get round to asking her out but I just chatted*

to her, I'd not asked her out you see and but, er, that might, before I knew it, she was seeing someone else, maybe I left it too late.

So in both instances, Bobby and Gerry entertained the idea that they may have been in love with someone with whom they had had little or no interaction with. It was interesting to note that Bobby interpreted the above experience as love yet felt he had never experienced love with those with whom he had had relationships.

Participants' future relationship aspirations were explored. Three participants described themselves as currently being within a romantic relationship, with two of these relationships having been established whilst the participant was in prison serving their current sentence. When the remaining participants considered their desire for relationships in the future, it is interesting to note that those who had more relationship experience tended to express the least interest in establishing such a relationship in the near future. The reasons cited for this included the want to stabilise other aspects of their life first, that their offence had put them off future relationships or that they felt they were not suited to being in a relationship:

Don: *I do and I don't, but I don't want to rush into it, I wanna, I wanna, get myself out of prison first, get myself a job, get myself a flat, I then start looking but not straight into one, like become friends first, but not into a relationship straight away.*

So Don's ambivalence about entering into a romantic relationship is related to his prioritisation of other aspects of his life including work and accommodation. Conversely, the participants who had had limited or no experience of romantic relationships tended to report the highest desire and perceived need for one in the future. The reasons attributed to this included the want not to be lonely and the idea that such a relationship would facilitate a crime free life in the future:

Craig: ((4s)) *Erm, just for company and that, so I don't have to spend the rest of my life on my own.*

Isaac: *I want one and at the end of the day I need one to keep us on, a bit of stability, on the straight and narrow so.*

Brian

I: What are your hopes for the future?

P: *Find a partner. I need someone for when I get out*

I: You need someone for when you get out?

P: *A companion*

I: Why do you think you need someone for when you get out?

P: *Someone to look after me.*

Thus, it appears that these individuals hold someone romanticised ideas about romantic relationships, seeing a relationship as a solution to loneliness and chaotic lifestyles.

6.3.4. School

Half of the participants acknowledged receiving some sort of formal sex education at school whereas half recalled an absence of sex education here. Two participants attributed their missing out on sex education at school to their ID:

Craig: *they didn't teach it at my school anyway. Cos I was in the dummy's class at school me (laughs).*

This belief was confirmed for Don when he discovered that his twin sister, who was educated at a 'mainstream' school, was receiving sex education. This prompted him to enquire at the school he attended whether they would be learning about sex:

Don: *...I asked them when I was in there, I said "don't we do sex education" because I know, I knew my sister was doing it and that's why I asked her I said "do we do sex education here?" they said "no" I said "why?" they said "because we've never even thought about doing it in these schools" they said "because of the disability of people" and I thought "Woah".*

So for Don learning that his school had not considered offering sexual education, yet his sister's mainstream school had, was surprising. This was likely to have offered the impression to Don that those with ID do not require sexual education.

Where participants had received sex education at school, they described it as basic in nature, covering topics such as anatomy, child birth and contraception:

Elliott: ((4s)) *no, it was only sex education, it was like, “this is a condom, this is how you put a condom on”, and that was it, that’s all we got taught.*

Kyle: *I think it was when I was in middle school, it was just like, like the male and the female body do you know what I mean? It weren’t really full on stuff and anything else it was just basically about that.*

In both of these instances it is clear that the participant felt that the sex education they received was not sufficient and felt it should have been broader and more extensive.

Further exploration of this learning context revealed that participants shared a number of common schooling experiences. Almost all participants reported having had problems at school which were mainly attributed to a difficulty undertaking class work but also included their own problematic behaviour which often resulted in disciplinary actions such as suspension or expulsion. Most of the participants reported times when they had absconded from school and this was mainly attributed to their dislike of school or boredom. Having experienced difficulty at ‘mainstream’ schools, six of these participants reported going to specialist schools for individuals with learning difficulties which they referred to as ‘*special*’ or ‘*learning difficulty schools*’.

6.3.5. Family

According to participants, the weakest source of sexual information was their parents, with all but one of the participants claiming that their parents never spoke to them about sex. In the one instance that a parent had offered sexual information, it was described as a reactive measure, having discovered the participant having sexual intercourse at the age of 15. Here, Alex’s foster mother offered him cautionary information about the risks of pregnancy and the need for contraception.

When talking about their relationships with family, some positive experiences and memories were reported. A minority of participants offered a positive overview of their relationships with family members, suggesting they were generally good. When asked what the good things about family relationships were, participants tended to refer to the practical

types of support offered by family members such as lending money, buying presents and taking them places:

Don

P: Really, really close we are, really close...

I: So what do you mean by close?

P: If I want something I can get it.

Fewer participants cited more intimate benefits of these relationships such as being able to talk to family members about their thoughts and feelings.

In spite of the above, participants' recollections of family relationships were mostly negative. Indeed, the family environments described by these participants were often characterised by violence, physical and emotional abuse and alcohol misuse and for two participants, the abuse they suffered from parents continued well into their 30s. Participants often acknowledged the damage caused by adverse family events. Andrew described a disturbed upbringing which was characterised by parental violence and alcoholism, something which he feels made him a '*nervous wreck*'. Chris described his bereavement following the death of his father at a young age, something he felt affected him in a hugely negative way including contributing to sustained feelings of loneliness. There was also a strong theme in this sample which related to disturbed parental relationships in which participants' parents had a turbulent relationship with one another, often encompassing physical violence and separation. The effect this had on later relationships was noted by Ethan:

Ethan: *...and I remember my first ex-wife, this lassy that's got a daughter to me, she says "I love you" - "what's love?" because I never heard it in my family, my mother never told my dad that he loved her and she loved him, it was never mentioned er, always seen violence, my dad used to beat my mum all the time, so I seen violence, not anything else, so love was alien.*

When discussing family relationships, participants often referred to their own disruptive behaviour which included stealing from family, abusing drugs and alcohol, engaging in violent behaviour and, in one instance, playing disturbing pranks on his parents.

A moderate theme emerged from participants' discussion of family relationships which related to feelings of neglect and abandonment. Here participants described feeling that their parents did not care about them and had effectively dismissed them, for example, both Ethan and Felix described instances in which they had run away from home at a young age and gone seemingly unnoticed by their parents. Three participants had been placed into care and whilst one of these participants, Alex, spoke fondly of the foster home environment, all of these participants reported an emotional distance from foster parents.

In describing their current family situation, just under half of the participants described having one or both parents supporting them. The remaining participants described either having a disturbed or distanced relationship with family members or, in three instances, having no family members.

6.3.6. Participants' offence accounts

These participants had committed a range of sexual offences and it was evident that most of the participants were aware of the legal terminology attributed to their offence. For three of these participants, their current offence was the only sexual offence which they have received a conviction for, although it should be noted that all of these men were under the age of 30. The remaining participants had received at least one sexual conviction prior to the current offence, with half of the participants having engaged in a persistent history of sexual offending. All but one of the victims were female, eight participants had offended against adult females only, ten against females under the age of 16 and two participants offended against adult females and females under 16. The remaining participant, Ethan, had offended against a male and a female under the age of 16.

All but two of the participants offered an account of their offence(s). The remaining two participants did not feel comfortable discussing their offence with the researcher so were not pressured to do so. In the majority of cases, the victim was known to the offender, most commonly via a friend or family member, but also included former partners and relatives (son, daughter and sister). Four of the participants describe being in a romantic relationship at the time of the offence (not the victim), although three of these participants describe an emotional or physical distance from their partner at this time. An equal amount of participants describe having just separated from a partner at the time of the offence and in two of these instances, the former partner was the victim.

Other aspects of participants' lives at the time of their offence were explored. A majority of participants were living independently at the time of the offence, either with a

partner or on their own. Three participants were homeless or of no fixed abode and one participant was in an open conditions prison. The remaining four participants were residing with their parents or parent at the time of the offence. Most of the participants described recent life disruptions including loss of work, relationship breakdowns or a worsening in substance misuse.

Participants described the lead up to the offence in which four intimated that they had engaged in some element of planning. These participants described how they had acted in premeditated ways to facilitate targeting of the victim and to avoid detection by others:

Felix: *I gave my girlfriend a couple of sleeping tablets to keep her out the way and er, yeah, I just sat down and rape, raped her, she was 15.*

Alex: *I was making all the excuses to plan it, you know what I mean, because no one was around, no one could see me, she, it's only going to be her walking down and me with my penis out and she's going to go like that, you know, it's all different, different planning I done.*

Thus, both of these participants had considered the risks concerning detection prior to committing their offence and subsequently orchestrated the offence so as to alleviate these risks. It is worth noting here though, that three of these participants were from the post treatment group and were therefore likely to have had offence accounts challenged and have engaged in guided reflection about their offence process. Participants also described their states at the time of the offence in which alcohol, and to a lesser extent, illicit drugs, had commonly been consumed. Alcohol was described by participants as an offence facilitator by either providing courage to carry out the offence or inhibiting precautionous thinking: “*it knocks your inhibitors*” (**Kyle**). Three participants described states of anger at the time of the offence following a conflict with their victim, for these participants, their offence appeared to be fuelled by a want to retaliate.

Dean: *So what's going on here? Err, ((5s)) and that bloody underwear that you are wearing is for my eyes and my eyes only because I never seen her in any of that neither. And I bought her all that and she never wore it, and that day she had it all on. I'd got boxes galore, about this high, all gorgeous, sexy underwear over the eight years what I bought her and I never seen her with it*

on. ((4s)) I thought to myself well, "I want to know what's going on here, you are not showing any of that off to another man when I've not seen it". So I raped her.

For Dean the anger was fuelled by both suspicion and a sense of unfairness, having not had the sexual experiences from his partner he felt he was entitled to. His anger at his partner's departure triggered intense feelings of injustice which appeared to have facilitated his offence.

Participants were asked about their thoughts during the commission of the offence. Some participants described thoughts which made the offence OK and these most commonly related to a perceived benefit for the victim from engaging in the sexual activity. Eight of these participants explained a misunderstanding that the victim wanted sex, citing a range of behavioural cues offered by the victim which they felt were indicative of this. This included messing around, spending time with them and looking at them:

David: *I looked up two or three times, she smiled, I realise now after doing the course and that that, it wasn't, it might not have been smiling because of enjoying it, it might have been smiling because she was frightened.*

Thus, David's account demonstrates that he was vigilant to his victim's reaction at the time of his offence, yet he acknowledges that he may have misinterpreted her reaction. A lack of resistance from the victim also made the sexual offending 'OK' for some participants, representing a moderate theme within the data:

Andrew: *If she'd of said 'I'm not happy with this' that would have been it...*

Chris:

I: What made it OK to take the photos?

P: *Erm, her consent, her consent*

I: And how did you, em, what made you think she gave her consent?

P: *Because she didn't reject.*

Gerry

P: *Well, I thought it was OK because er, I thought she might have fancied me, you see*

I: And what, what made you think that?

P: ((5s)) *I dunno, maybe the way she was looking at me, maybe because er, she was still being with me you see, er, because she didn't run off you see, she was chatting to me you see.*

Fred: *because she never said no, or was scared and that so to say anything, err, she used to keep coming into the bedroom and that and I thought she wanted it.*

Thus, these participants suggest that they had not considered their offending behaviour to be wrong at the time it was committed. They imply the need for an explicit communication from the victim that they were not willing to engage sexually with them before they would consider it 'not OK'. Some participants identified thoughts they had had which implied that the offence was not OK. These thoughts tended to appear in the latter stages of the offence or after it had been committed and denoted a general feeling that '*this is not right*' or '*I shouldn't be doing this*'. However, despite these thoughts they continued with the commission of the offence.

Finally, participants were asked why they thought they offended. The most common reason was simply the want for sex, although it is interesting to note that the majority of participants citing this reason were from the post-treatment group. Other perceived offence causative factors included being too lenient and allowing the victim to engage in the sexual offence, flattery from receiving the victim's attention, an emotional distance with partner at the time and not thinking straight. A smaller but moderately sized theme of reasons attributed cause to participants' own abuse. These participants generally reasoned that the sexual abuse they suffered caused long term difficulties interacting with adults and presented a disturbed learning experience which subsequently guided maladaptive behaviours:

Felix: ((3s)) *it's always been an ambition of mine to, to either rape or have an affair with a 15 year old or younger girl, I wanted to, cos it happened to me as a child, I was raped five times – twice at boarding school and three times at home, er, abused by a female babysitter er, so my head's always*

been screwed up and I've always had this anger towards people as I've grown up towards authorities and anyone really, towards anybody and everybody, so I acted out on one of my ambitions what I've always wanted to do...I always wanted to know why people were doing this to other people more than anything and what was so good about it.

So for Felix, the link between his experience as a victim of sexual abuse and his sexual offending was one of revenge and intrigue. Also considering the role of his own abuse in his sexual offending, Kyle suggested that by committing his offences, he was proving his heterosexuality to himself:

Kyle: *I think er, because of my abuse, what happened to me, because it's from my brother, do you know what I mean, it was possibly part of it could probably be er, so I don't think I'm gay.*

A final reason was that at the time of commission the offence was considered to serve a function, in which it was perceived to offer a solution to a problem. Here, Alex felt through carrying out his sexual offences, he would receive oral sex, Bobby felt he could show his ex-partner that he loved her by committing the offence and Dean said he offended because he sought answers from a relationship breakdown.

Those who had undertaken the BNM course were asked if they had learnt about sex from the programme. These participants recall having learnt about sexual consent including the age at which an individual can legally consented to sex. They also report having learnt to discriminate between 'OK' and 'not OK' sexual activity and, in one instance, learning about male and female anatomy. Two of the participants felt the sex education block did not supplement their existing sexual knowledge.

6.4. Discussion

The primary aim of this study was to explore the contexts in which a sample of sex offenders with an ID developed their beliefs about sex and relationships. The study complements the former investigation (Study Two) by offering insight into the context in which these individuals' beliefs about sex and relationships were developed and are subsequently held. This allows for inferences to be made about the development and effect of the beliefs. Since

an investigation of this kind is currently absent within the research literature, the study offers an original contribution to knowledge.

The study offers a novel contribution to the existing literature by asking participants with an ID to self-report the sources of their sex education. In terms of explicit sex education as recalled by participants, it is clear that sexual information has mainly been gathered from informal sources, that is, friends and the media. This finding is partially reflective of the general sex education literature which also cites these as the common sources (Bleakley *et al.*, 2009; Hill, 2008; MacDowall *et al.*, 2006). However, this previous research has also found parents and schools to be dominant sex education sources, something that is not reflected within the current study. These participants explicitly acknowledged a lack of sexual information offered by schools, but mostly parents. This finding may be reflective of an ambivalence to offer sex education to individuals with ID by those who act in a caring position, something which is often described within the literature (Demetral, 1981; Konstantareas & Lunsky, 1997). Explicit support for this idea is offered by Don's claim that whilst his twin sister received sex education at a 'mainstream' school, he was denied this on the basis that he attended a specialist school for those with disabilities. However, a further contributor to this finding may be a generational difference. Here, it must be acknowledged that the majority of participants in this study were schooled over 20 years ago and there has likely been a general improvement in education since this time. As such, the retrospective data described here is not directly comparable to the current sex education literature which typically samples adolescents in the 21st Century. Indeed, MacDowall (2006) describes findings from the Natsal 2000 survey which demonstrate a twofold increase in use of sexual information from school by those ages 16 to 19 in comparison to those aged 30 to 44. This, they hypothesise, is likely attributable to improved sex education provision within the last 20 years. Nevertheless, these findings still present important implications. With limited or no sexual information offered from authoritative sources, these participants have relied upon somewhat unreliable sources of information such as that picked up in jest with friends or via pornography.

It is important to note that the majority of these participants lived independently at the time of their offence, with a minority of three men living with parents and no individuals placed within supported living environments. This is likely due to these participants' level of intellectual and adaptive functioning which, in clinical terms, falls within the mild to borderline range of ID. As such, a theoretical focus upon the effect of explicit restrictions on sexuality placed by those who act within a caring position to ID individuals who sexually

offend may not apply so well to these individuals. The theories put forward under the Counterfeit Deviance hypothesis (Hingsburger *et al.*, 1991) place much emphasis on the physical and explicit restrictions placed on the sexuality of those with ID in institutional settings. As such, these findings lend support to the idea that the Counterfeit Deviance hypothesis may not apply so well to those who are found within custody settings, given that such individuals will have been deemed culpable and capable of being processed throughout the CJS and are thus likely to function with an appropriate level of independence. However, further research could be carried out to investigate whether an adapted version of this theory might apply to this population of ID sex offenders. This matter will be returned to in the final chapter.

Exploring the relationships these individuals have had in their lives allowed for further inferences to be made about both the learning environments and relationship experiences which may have influenced their beliefs. Family relationships were the first to be explored and it was evident that participants saw these relationships in a predominantly negative light. Previous findings concerning the disturbed historical characteristics common to ID sex offenders (Day, 1993) are supported in these participants' reports of multiple family pathology, parental conflict, separation and neglect and a minority of positive memories. There was also evidence of emotional detachment from developmental relationships, further echoing previous research with these individuals (Steptoe *et al.*, 2006). This in turn is likely to have hindered participants' learning about relationships and intimacy.

There was evidence in this study that participants had difficulties establishing friendships and further, had negative experiences with friendships they had had. This lends support to Lindsay's (2004b) claim that social and relationship problems are commonly suffered by ID sex offenders. Participants also commonly reported feelings of vulnerability and having been taken advantage of within these relationships. Thus, whilst friendships were found to be a common source of sexual information, this finding suggests that they also present a limited and perhaps distorted information source.

Apropos romantic relationships, it was somewhat surprising to find that some of the participants reported extensive relationship experience, supporting the claims from Siebelink *et al.* (2006) that those with ID are not naïve to the concept of romantic relationships. Only one participant reported never having had a romantic relationship before, with the remaining participants describing limited relationships of this kind. This somewhat contrasts with Day's (1994) finding, as well as the sense gained from the general ID literature, which suggests that these individuals are invariably inexperienced when it comes to these types of relationships.

What these findings did suggest, however, is that it was predominantly the quality of these relationship experiences, rather than extent of them, which was poor.

Some evidence of relationship naivety was found, thereby supporting Lindsay's (2002b) suggestion that these individuals can often appear sexually naïve and limited in their ability to understand relationships. Such naivety materialised in participants' broad conceptualisations of what constitutes a romantic relationship and love in which some participants expressed confusion or uncertainty as to whether their experiences fit with these concepts. Whilst it is important to acknowledge participants' own conceptualisations of relationships (Knox & Hickson, 2001), we must also consider the consequence of any potential misunderstanding about the status of a relationship for example should romantic feelings not be reciprocated. It was this concern that prompted the professionals consulted in Study One to advise that beliefs about sex and relationships concerning the interpretation of others' behaviour be targeted by the vignettes. A naivety about relationships was also evident in finding that those who had limited or no experience of a romantic relationship tended to express the greatest want for one in the future. This desire appeared to be motivated by a romanticised belief that a relationship would facilitate a future offence-free life. This was contrasted with those who had more experience of these relationships, who placed less importance on a relationship in the future.

The limited and poor experiences of romantic relationships discussed above may have been facilitated by a difficulty interacting with women. Lindsay (2002b) identified that ID sex offenders are likely to experience more difficulty mixing with women than non-ID sex offenders and this was partially reflected within the current data, representing a moderate theme. Additionally we observed in the previous study that these participants had a number of misunderstandings concerning female sexuality which, given that all of the participants were attracted to women, may further inhibit their ability to interact with females. Having had limited or low quality relationship experiences, it is clear that the majority of these participants will not have benefited from the subtle and prolonged learning process which many experience through a history of interactions with others. It is from these learning processes that we are likely to pick up understandings about various nuances of human behaviour (Rawlings, 2008), for example, gauging others' feelings and motives.

Participants described a variety of sexual experiences. The moderate theme of sexual abuse victimology identified here, in which almost a third of the sample reported having been sexually abused in their childhood, is also reflected within the research literature (Briere & Runtz, 1990; Lindsay *et al.*, 2001). Furthermore, participants' accounts of this abuse offer

some support for theories linking sexual abuse and sexual offending. Firstly, these participants commonly spoke about a difficulty mixing with adults and trusting others as a result of the abuse they suffered and, perhaps consequently, all the participants who suffered sexual abuse had offended against children. Furthermore, two of the participants who report childhood sexual abuse describe current medical treatment to reduce sexual preoccupation, supporting the idea that a link may exist between sexual abuse and the development of sexual preoccupation (for example: Finkelhor & Browne, 1986; Noll *et al.*, 2003).

The data reported here allows for inference to be made about the perceived sexual outlets available to these individuals. The conservative views about sexual activities highlighted in the previous study were reflected here in participants' discussions about their experiences of solitary sexual activity, that is, pornography and masturbation. Participants tended to see these sexual outlets as inappropriate and potentially risky and therefore tended to avoid engaging in them. Previous research in both the field of ID (Garwood & McCabe, 2000; McCabe & Cummins, 1996) and ID sex offenders specifically (Lunsky *et al.*, 2007) have also reported the frequency of negative views relating to these sexual activities. Of course, these responses may be the product of social desirability bias, meaning participants offered these opinions believing them to be the most socially acceptable viewpoints. However, even if this were the case it would remain that these individuals would view these forms of sexual activity as inappropriate which would lead to their own negative appraisals of the behaviour and subsequent feelings of guilt should they engage in it. This was reflected in the account offered by Gerry who described feeling guilty when he masturbated in prison for the first time. This therefore suggests that a potentially appropriate, healthy sexual outlet may have been blocked or at least problematised for these individuals by their attitudes.

It is important to acknowledge that conservative views about these forms of sexual expression are not exclusive to ID people, with authors in the general sexuality literature suggesting masturbation remains a taboo topic in Western culture (Bennett & Rosario, 1995). Sedgwick (1991) explains the topic still '*arouses ridicule and suspicion*'. However, there is reason to suggest that such a belief would be more harmful to the beholder where masturbation represents the only appropriate sexual outlet available to them, a situation Szollos and McCabe (1995) cite as frequent for those with ID. It is clear that most of the participants in this study have not had a consistent sexual partner throughout their lives and so holding this belief may have further restricted their sexuality. Under the Counterfeit Deviance hypothesis, such as restriction is considered to encourage the use of inappropriate sexual outlets as an alternative.

There was frequent evidence within this sample that participants' offences and subsequent involvement within the CJS had in some way affected their sexuality. We have seen themes of sexual caution within the previous study and here some participants described being deterred from engaging in certain forms of sexual expression such as masturbation or from engaging in a romantic relationship in the near future due to their involvement with the CJS. Thus, whilst previous literature has considered involvement within the CJS as a potential education source (Lunsky *et al.*, 2007), this data suggests that it may also deter individuals from engaging in appropriate sexual and relationship outlets. Further research might wish to explore the aetiology of this apparent aversion, that is, whether it is sourced within the individual or encouraged by the systems.

A moderate theme running throughout this data was the idea that participants compare themselves to others when considering the normality of their own experiences. The idea that we make comparisons to others in order that we can evaluate our own experiences is not a new observation, having first been put forward by Festinger (1954). Festinger suggested that individuals are driven to evaluate their own opinions and abilities and one way in which they will do this is by comparing themselves to others. Given the stigmatized nature of ID, the concept of social comparisons has frequently appeared within the ID literature. For example, Carnaby (1998) explains how, in order to integrate socially, ID people are likely to undertake social comparisons which commonly induces feelings of discomfort. The results reported here support this, suggesting that these participants often compared aspects of their own lives with what others around them were doing and, upon perceiving a disparity, often encountered feelings of injustice or inadequacy. For Dean, these feelings appeared to be active and influential at the time of his offence. Given that these comparisons tended to evoke negative affect within participants, it may represent a target for clinical intervention.

Participants in this sample committed a range of offences. As previously noted, the offence profiles of sex offenders with ID is somewhat unclear so it is difficult to make comparisons with the participant characteristics noted here. The literature which does exist suggests these individuals are often less discriminating with regard to both age and sex of their victims (Gilby *et al.*, 1989; Lindsay, 2002b) and that, despite this lack of discrimination, they appear to have a greater tendency to offend against younger children, most commonly males (Blanchard & Watson, 1999; Brown & Stein, 1997). Whilst a slight majority of the participants had offended against individuals under the age of 16, this was not an overwhelming majority. Furthermore, only one of the participants in this sample offended against a male and, as such, the observations are not consistent with existing research

literature. It was evident that few of the sexual offences committed by these participants represent isolated incidents. The majority of these participants have engaged in persistent sexual offending, something Lindsay (2009b) describes as characteristic of these individuals.

The offence accounts offered by these participants offer insight into the nature of their offending. Here, it was evident that the participants' states at the time of the offence may have facilitated their offence by hindering precautionous thinking, with intoxication and feelings of anger commonly reported. A minority of participants reported some element of planning involved in their offence, thereby supporting current literature which notes the limited use of offence planning by ID sex offenders (Craig & Hutchinson, 2005).

Inadequacy appears to be a particularly pertinent theme within this study. Participants often described feelings of inadequacy within previous relationships and from the sexual belief data presented in Study Two it is conceivable to suggest that some of the beliefs about sex and relationships expressed may further fuel such feelings. For example, some participants had expectations about sexual intercourse which were perhaps unrealistic, including the idea that a man should last at least half an hour before reaching ejaculation and that a female must reach orgasm. Previous literature tells us that the beliefs we hold can affect our self-esteem (Mayhew & Edelman, 1989) and the data presented here supports this idea, suggesting that the placing of unrealistic expectations on themselves may have fuelled feelings of inadequacy. Since feelings of inadequacy are identified as a risk factor in sexual offending (Thornton, 2002), addressing the beliefs which fuel these feelings of inadequacy will represent an important focus of clinical intervention.

This study has further highlighted an inconsistency between one's beliefs and their behaviour. For example, over half of participants had offended against children but expressed the view that a person should be over the age of 16, at least, before they engage in sexual intercourse. Furthermore, promiscuity presented a moderate theme of participant experiences, yet all but one of these participants viewed one night stands as problematic and not OK. Thus, whilst we cannot necessarily predict behaviour on the basis of the beliefs expressed by these individuals, the beliefs expressed do offer insight into participants' interpretative frameworks (Jenkins *et al.*, 2010). Participant responses offer insight into what these individuals think is sexually appropriate and what is inappropriate, something which is likely to guide, rather than cause behaviour (Armstrong, 1973). Furthermore, should participants engage in behaviour which is incongruent with their beliefs and attitudes it is likely that negative feelings such as shame and guilt will result. For example, in response to the vignettes, Dean expressed the belief that it is not OK to masturbate when you are in a

relationship with somebody. This belief appeared to function negatively in a situation he describes where he felt the need to masturbate when in a relationship with his partner, this, he describes, elicited feelings of wrongdoing and shame.

Whilst the reliance on participant self-reports represents a strength of this study, we must also acknowledge the limits of this approach. In using this approach, the study is limited to accessing the learning experiences that participants were consciously aware of and those which they are able to recall. Thus, whilst a lack of education from parents is documented here, we are not able to access the implicit, nuanced messages communicated to these individuals by others such as those in a caring position. We know that sexual information is often 'disguised' in this way (Hill, 2008) and the inability to access this medium of education represents a limitation of the study.

6.5. Conclusions

Having explored the beliefs about sex and relationships held by a sample of sex offenders with ID, this study sought to explore the contexts in which these beliefs were developed. In doing so, the study offers a valuable contribution to the exiting research literature which has tended to make inferences about the sexual learning experiences of those with ID by examining their environments or exploring the attitudes of those who care for them. Conversely, this study has treated the individual with ID themselves as a reliable informant of their sexual learning experiences. Thus, participants were explicitly asked where they thought they had learnt about sex. In addition to this, six contexts in which people are thought to learn about sex and relationships were explored with participants to build a picture of these learning environments. The results demonstrate that these individuals have had limited and at times distorted sexual learning experiences. Links between these experiences and the beliefs these participants expressed in the former study have been made and a number of targets for clinical intervention highlighted. Furthermore, the findings offer credence to the idea that beliefs about sex and relationships may play a role in sexual offending by these individuals.

Chapter Seven

An Exploration of the Behaviours Employed by Sex Offenders with an Intellectual Disability when Responding to Sexual Belief Vignettes

7.1. Introduction

Chapter Five documented the use of the vignettes to uncover the beliefs about sex and relationships held by sex offenders with an ID. When conducting these interviews the researcher became aware that participants interacted with the vignettes in various ways and when analysing the responses to the vignettes it became more apparent that they were employing a variety of strategies to help them formulate their response. As such, a further research aim was developed which was to explore the response behaviours employed by sex offenders with an ID when interacting with the vignettes. This study addressed this research aim.

The rationale for this study was that it was felt that these strategies may offer insight into the cognitive processes at work when responding to the vignettes and may also help us infer about the process of belief formation. Indeed, we have seen from the discussion of the vignette methodology within Chapter Four that vignettes are thought to offer “*insight into the social components of the participant’s interpretative framework and perceptual processes*” (Jenkins *et al.*, 2010, pg. 178). It was therefore decided that these response behaviours should be explored. This chapter therefore has a methodological focus, in which it aimed to explore the ways in which participants interacted with the vignettes and formulated their responses. This was considered an important contribution to the thesis given that the use of vignettes with this population for this purpose has not previously been documented.

7.2. Method

7.2.1. Participants

This study concerns data collected from participant group one and participant group two. Details concerning participant characteristics can be found within the prior chapter (see Table 6, pg. 112).

7.2.2. Procedure

As explained within the Methodology chapter, these participants had taken part in three interviews (see 3.5.3. The interviews, from pg. 74). This study used the data from the second of these interviews.

7.2.3. Analysis

The researcher read through all of the interview transcripts in which participants were responding to the vignettes. Since this was an exploratory analysis, an inductive data analysis strategy was employed in which any response behaviours were highlighted and coded using a label which best described the behaviour. Response behaviours were simply considered to be answers to the following question: “*what is the participant doing here?*” Coded excerpts of data were then entered into an Excel spreadsheet. The theme labels were then refined and resultant themes organised in terms of strength.

7.3. Results

7.3.1. Drawing on experience

The most common response behaviour was where the participant drew upon experience to aid their response. In most instances, it was the participants’ own experiences which they used to inform their answers in which they recalled similar events or experiences which they had had to help them formulate a response. In most instances these experiences were reported in a neutral fashion, whereby the participant did not attach a value judgment to it:

Alex: ((4s)) *I don’t know. Maybe not. Maybe. I dunno, about that type, about 14 some girls do have sex you know what I mean, 14, 15 year olds, I remember I was 15 when I first had sex so erm.*

However, participants often portrayed their experiences as negative:

Kyle

I: What about pornography, what do you think about him using that?

P: *I, again it’s up to him, but it can give you distorted thinking ... because of what you are watching there, and this is going from experience, is what you would like to do to a person.*

In a minority of instances, the experiences drawn upon were positively portrayed:

Billy

P: It shows that they are caring for each other, they want to show their experience, show their experience and their feelings to one another

I: And why do you say that?

P: Sex is a part of thing that, it's feeling each other's company and feelings and respect and all that kind of thing. With me and Polly it was like, she loved me, she cared for me, she wouldn't let anybody hurt me, she wanted to make my world more better and I wanted to do the same for her and that's how it works.

In addition to drawing from their own experiences, a weak theme here was a response behaviour in which participants used knowledge about others peoples' experiences, most commonly friends, to help them answer the question. These participants implied that they had learnt from what other people had experienced or discussed:

Ethan: *I just make sure (a woman's period) is over properly er because some women are known, I've not been with but I've known but they have finished their period and there was this one lassy, was a long term relationship with a pal, she says "I had my period, five days later it cleared up, we had sex and I had my period again!"... so that stuck in my mind, I thought well at least a week after she has finished her period, if we are going to have sex, we'll do it then.*

Some participants drew upon information they had gathered from the media, including news stories and television documentaries. It was interesting to note that for Gerry, this was a predominant reference point whereby he often referred to relationships and incidents he had seen in television programmes, including soaps such as Coronation Street or news and media reports:

Gerry: *you see some of these celebrities you see, they getting married one minute, never mind having relationships, the next minute they are getting divorced you see, they don't speak to each other or having somebody who's*

long term, one week they are seeing someone, next week shhoo, they are seeing someone else (laughs) or they complain that they don't ever see each other.

A minority of the participants acknowledged a lack of experience relating to the vignette subject matter. These participants either expressed their inability to answer the question posed due to this lack of experience or acknowledged that their response was based on an assumption:

Dean

I: What about if a woman is pregnant? And the man suggests they have sex?

P: *Never been in that situation so I can't answer it. Never. So, can't answer that one.*

Alex

I: And so do you think a woman can enjoy having sex when she is on her period?

P: ((4s)) *I don't know, I've never been in this situation but I can assume that it would be painful for her, you know.*

Conversely, some of these participants related specifically to the vignette, having been in a similar situation before:

Don: *Sounds a bit like me that doesn't it?*

These participants tended to reflect upon their own similar experiences to help them answer the questions posed.

7.3.2. Placing self within the vignette

The next most frequently observed response behaviour was where the participant placed themselves within the vignette to help consider how they would feel within the depicted situation. Doing so helped the participant gauge how the character might feel and further helped them formulate an opinion concerning the vignette. As the interviews progressed, it became apparent that these participants were using this response behaviour unprompted.

However, having noted the effect of this behaviour, the researcher decided to prompt participants in the later interviews to verbalise their likely thoughts should they be placed in a similar situation.

Some participants imagined themselves within the character's shoes and this helped them to hypothesise what they would do or how they would feel. It was interesting to note that this response behaviour frequently emerged in relation to the fifth vignette where Terry tells David he thinks he should like women instead of men. In spite of the frequency of apparent homophobic views, the majority of participants felt Terry was wrong and this was often as a result of the participant having considered how they would feel in a similar situation:

Bobby: *Urm, well, depending on, well it's, it's really up to David's choice really, because if I was in Dave's shoes, I wouldn't be a bit happy if one of my friends come up to me and said "why don't you try er, why don't you try and get interested in a woman instead of men?", I wouldn't be that happy.*

However, in two instances, there was reason to suggest that this response behaviour may have contributed to seemingly the homophobic responses formerly expressed. Here, when asked what they thought about David being gay, both Dean and Charlie expressed a disapproval which seemed to have been based on them placing themselves in David's position, that is, imagining themselves being gay. For Dean, this appears to be the only source of his homophobia:

Dean

I: So that's interesting because you said, you said before that you are not really keen on gay people and that men should really be attracted to women, but when we go here and Terry is saying "I think David should try and like women instead of men" you are saying: "well actually no, he should leave him alone, that's the way David is"

P: *Oh no! I've got nothing wrong with gay people and all that, I get on well with them and all that, I'm just saying, that's not me ... that's not me.*

Having placed themselves within the character's shoes, participants often made a discrimination between themselves and the character. Here, some participants intimated that

there was a difference between themselves and the character and, as such, the response to the vignette would differ depending on whom it concerned:

Isaac: *Erm, it's OK if it's in an appropriate place, appropriate time, appropriate partner erm, and if it's two consenting people then erm, that's OK for him because he hasn't offended er, but I think that's risky for me you know, you know thinking about sex all the time, stuff like that, but for him, he hasn't committed no offence, he sees it as something he wants to do you know, maybe he'll grow out of it and settle down you know.*

More common were the responses in which participants acknowledged the character's right to act in the depicted way, but felt that they personally would not wish to do the same.

When situating themselves within the vignette, participants often engaged in a kinaesthetic form of responding, acting out what they would do within the vignette or what they felt the character would or should do. Adopting this response behaviour, participants were often animated and, at times, emotive:

Gordon: *But his situation, is, he's come home stressed and stuff and my girl no want to give me sex, OK, I take my way, yeah, I come home from work but my girl before and when I ask her sex she not want sex and she always wind me up, yeah, so I would say "what's going on? Why is the relationship is like that?" I would speak with her, "why you not want to have sex with me? Are you have with somebody else sex and now not give me sex?" or something like that "why is that? I want an answer, I want a proper answer and if you not want a relationship with me, I'm off then."*

In some instances, it appeared as though this form of responding elicited cognitions that were not necessarily immediately apparent to the beholder:

Felix

P: Could be a number of reasons, she might not be in the mood to have sex or er ((3s)) she's probably not took any pills or anything so she don't get pregnant er, could mean anything really why she doesn't want it.

I: So imagine you were in that situation and you were sitting on the sofa watching a film with your partner and she leans over and starts kissing you and rubbing your thigh and you start to feel aroused and you suggest to her that you go upstairs and have sex and she said ‘no’, what kind of thoughts would you be having?

P: Erm ((5s)) *I’d ask her if, “ain’t I good enough for you?” my thoughts to myself would be like that erm ((5s)) ‘why is she doing why she is doing? why is she doing what she is doing’, basically just clear the situation up really... Myself I’ve always, in the past I’ve always had a certain opinion of myself, I’ve lacked a lot of self-esteem in the past so that’s why I’ve always thought about myself in that way, in those ways.*

Thus, in the above instance, asking Felix to imagine how he would feel in the vignette situation not only encouraged kinaesthetic responding, but also allowed for a comparison to be made between Felix and the character.

7.3.3. Building the story

Participants often built further information into the vignette, and this was done in two different ways. Firstly, participants often hypothesised about information surplus to the vignette, considering other elements of the story which were not mentioned in the vignette and may apply. In some instances, participants tried to build up an image of the type of person the character was likely to be:

Gerry: *But er ((4s)) what, what’s she thinking, she might even know him, that’s just telling the story, but she might even know him, she might even know where he lives er, like probably a few mile down from the shop you see, er what she thinks of him is that he’s a nice pleasant enough chap and he’s probably married you see, you know er, he has a good job.*

In a minority of instances, participants considered that there might be elements of deviance or inappropriateness which were not explicitly portrayed by the vignette. Within the first vignette both Fred and Don engage in this behaviour, suggesting that Arjay may be going to the newsagents every Thursday for the purpose of admiring the shop worker, Emma:

Don: *He could just be going in there for perving.*

In other instances, participants typically considered the possibility that the character had deviant motives which were not documented within the vignette.

Participants also used this response behaviour in attempt to explain what was going on in the vignette, thus, in response to the second component of the seventh vignette, a number of participants hypothesised about why Rachael and Michael would be kissing and touching each other on their bed:

Bobby: *They might have their clothes on because someone might be in the house.*

Craig: *They might be working up to having sex.*

Such responses offered insight into what participants felt was the norm or likely in the sexual or relationship situations described.

Another theme within this response behaviour was where participants made assumptions about the characters or situations surrounding the vignettes. This commonly involved the assumption that the characters within the vignette had positive or desirable characteristics which were not mentioned. Such a response was commonly elicited by the introduction of Raj and Anna within the fifth vignette whereby, on the limited information available, many of the participants made felt that the relationship was ideal:

Ethan: *These sound like they are a couple made in heaven.*

Kyle: *Well, it's a healthy relationship innit... because they've been living together for a year, do you know what I mean? And they possibly can talk to each other about their feelings and that lot and they are living together.*

A moderate theme was an assumption that either a sexual element to the vignette was implied or that there was some deviant intent behind the characters' actions:

Gerry

I: He goes into his local newsagents every Thursday to buy a magazine

P: (interrupts) *What magazine? Porn magazine?*

Alex: ((5s)) *Well, she keeps touching his shoulder, he's, he's interpretating it in the wrong context, you know what I mean? In other words, because she keep going like that, he's most probably thinking about sex whereas she's touching and he's thinking "she wants to touch me, maybe if I ask her to touch me down below, she might do it".*

A weak theme was identified in which the assumptions made by participants were seemingly projections of their own experiences or feelings. For example, in response to the sixth vignette, Dean felt that there was an injustice in Rachael not wanting to give Michael oral sex, which he based on the assumption that Michael had previously given Rachael oral sex. Dean previously discussed his frustration and upset that, although he frequently gave his partner oral sex, this was rarely reciprocated and, furthermore, these thoughts appeared to motivate this offence:

Dean:

P: (in response to the vignette) *Er, well if you've gave the girl oral sex and all the while she's come in your mouth er, ((5s)) why is it not alright for the girl to have yours in your mouth?*

...

P: *Er, it was a long while before I had oral sex off a woman, in my relationship, but I had to give it, but never received... I've done other things with, for her, why couldn't she do things for me? It was as if it was all one way.*

As such, it is conceivable to suggest that Dean's response represents a projection of his experiences onto the vignette.

7.4. Discussion

This study aimed to explore the response behaviours employed by a sample of sex offenders with an ID when responding to vignettes concerned sex and relationships. By analysing the response behaviours employed by participants, the study offers insight into these cognitions and further, helps us to evaluate the use of vignettes for the purpose of exploring beliefs

about sex and relationships. These results offer a novel contribution to the existing literature, supplementing our knowledge of the vignette methodology and the process of belief formation.

The analysis demonstrates that participants interacted with the vignettes in a range of ways, employing various response behaviours to facilitate expression of their beliefs. These results support the claims of Jenkins *et al.* (2010) that the vignette methodology offers insight into the participant's interpretative framework and perceptual processes.

The finding that participants utilised their previous experiences to help formulate their responses fits well with Schutz's (1967) concept of Thou-orientations which has been applied by Jenkins *et al.* to vignette response behaviours. Here, Schtuz suggests that where an individual seeks to explain another's behaviour or understand their motivations, there are a handful of strategies which they can employ. The most effective of these strategies is the drawing upon recollections of one's own past behaviour which is similar to that of the character. Doing so allows the respondent to apply the explanations attributed to their own behaviour to that of the character. Participants in this study made frequent use of this strategy, drawing upon their own and others' experiences.

The finding that participants often drew upon their own experiences to help them respond to the vignette fits with the literature discussed in Chapter Two. Within his description of the social cognitive learning process Hill (2008) explains that we use our previous experiences to help us interpret and respond to current situations. This finding is also supported by Yacoub and Hall (2009) who found that ID participants' knowledge of sexual intercourse tended to be derived from their own experiences. This finding has particularly important implications in light of the findings from Study Three that the experiences of sex and relationships reported by these individuals were often limited, negative or somewhat distorted. Indeed, many of the experiences which participants explicitly drew upon in this study were negatively portrayed, indicating that these individuals may operate a bias in favour of negative expectations. There was also a moderate theme in which participants drew upon information received from others, mainly friends, to help them formulate their answers. This in turn corresponds with the finding reported in Study Three that friends were a common source of sexual information in this group, thereby supporting the validity of participants' self-report sources of sexual information.

Participants also seemed to aid their response by placing themselves within the vignette situation. It was at times encouraging to see that participants were making discriminations between themselves and the characters within the vignette. In instances,

doing so demonstrated an ability to appreciate the perspective of others and to operate flexibility in thinking, something ID people have previously been found to have difficulty doing (Everington & Keyes, 1999). By verbalising what they and/or the character would do in the depicted situation and utilising kinaesthetic modes of responding, participants often expressed beliefs which did not appear immediately apparent to them. As the previous literature review offered in Chapter Two explained, many beliefs are not immediately conscious to the beholder (Armstrong, 1973) and within the Methodology chapter the problem of accessing participants' beliefs about sex and relationships was discussed. These findings suggest that encouraging a kinaesthetic mode of response may offer a partial solution to this problem, suggesting the method may activate certain cognitions that would also be activated in a real life situation. The value in adopting role play activities, in which the participants are asked to act out what they would say or do, has been noted within existing research literature concerning psychological interventions with forensic populations (Pithers, 1994; Webster, Bowers, Mann, & Marshall, 2005), those with ID (Chesner, 1995) and, specifically, ID sex offenders (Keeling & Rose, 2006; Williams & Mann, 2010). This research indicates that such an approach facilitates learning and aids the therapeutic process. Apropos its application to forensic populations for the purpose of encouraging empathy, Webster, Bowers, Mann and Marshall (2005) explain that a participant taking part in role play is encouraged to engage at an affective level in which actual emotions, rather than hypothesised emotions are encountered. This may help to explain the current data, indeed, participants in this study were often emotive in their responses and these findings suggest that their engagement with the vignettes in this way allowed for activation of in-action beliefs.

The finding that participants often built further information into the vignette may be indicative of their attempts to situate the vignettes within a wider context. Whilst the vignette method was chosen for its value in placing the topic in context, it remains that a wider context will always need to be filled. Thus, whilst this method reduces the need for '*it depends*' answers, it does not eradicate them, leaving the participant considering what unmentioned factors may mediate their answers. But crucially, vignettes illuminate these '*it depends*' responses. Whilst it is likely that participants also engage in this type of reasoning when answering psychometric measures or vignettes that are used quantitatively, these methodologies force the participant to elect a pre-defined response, hiding this response behaviour from the analysis. This finding further highlights the value of vignettes in exploring beliefs.

These data demonstrate that, in seeking to fill the wider context of the vignette, these participants often hypothesised about surplus details or inserted their own assumptions. These responses appear offer insight into their cognitive processes. Indeed, some commonalities in the types of hypotheses or assumptions made were noted and these may be explained by reference to cognitive processes. Firstly, participants often considered that deviant or sexually inappropriate factors may be at play within the vignette situation but not explicitly mentioned. One explanation for this finding is that participants' responses indicate the operation of a perception bias in which there is a greater propensity towards interpreting information in a sexual manner. This explanation would fit with the dispositional perspective of sexual behaviour described by Hill (2008) which suggests that a high sexual need may create a bias towards interpreting information in a sexual way. It might also be suggested that participants' experiences being situated within a prison for sex offenders, some having engaged in treatment sessions with other sex offenders, may have increased their awareness of deviant sexual activity, thereby contributing to a perception bias. Alternatively, this type of responding may represent a form of response bias in which the answer is not a reflection of participants' true perception or belief but rather the participants are influenced in their answer by task-related factors. Given that these individuals were situated within a sex offender prison, being interviewed about sexual matters, they may have assumed that sexual deviance was the topic of interest and therefore been vigilant to any related information.

In building the story further, participants also hypothesised about the motives of the characters or what they would likely do next. Within these responses there was evidence for the drawing upon sexual scripts in which participants seemed to use their knowledge of what would normally happen in such situations to guide their answer. For example, in response to the first vignette concerning Rachael and Michael, some participants suggested that the couple would likely be working up to having sex. This finding fits well with the theory of sexual scripts (Gagnon, 1977) which explains that individuals use sexual scripts to organise their beliefs and expectations about sex in a narrative way.

It is interesting to note that some participants assumed that the characters had desirable lives or characteristics on the basis of the limited information offered within the vignette. Within the previous study, the negative effect of social comparisons (Festinger, 1954) made by these participants was noted and this was something that has also been evidenced within the ID literature (Carnaby, 1998). These findings suggest that these participants may be using unrealistic ideals to compare their own lives with and, that upon

comparing themselves to others, they may be exaggerating the perceived difference. This in turn is likely to reduce self-esteem.

From the results of this analysis, it was decided that minor revisions would be made to the vignettes. It was decided that participants should be prompted to consider what they would do within the situation depicted within the vignette and asked to verbalise their likely thoughts and feelings. Whilst on the most part participants found the vignette easy to follow and understood the information communicated, there were a minority of instances in which details from the vignettes were misunderstood. Previous literature has reported working memory deficits in this population which can inhibit the individual's ability to store and manipulate information in the short term (Numminen *et al.*, 2000) and these misunderstandings may have materialised due to this difficulty. On the basis of this finding, consideration was made to illustrate the vignettes, thereby facilitating participants' comprehension (Finlay & Lyons, 2001). However, upon reflecting on some of the response behaviours elicited by the vignettes in their current form, it was decided that the vignettes would remain as text only. Indeed, the above analysis demonstrates the value of the vignettes in encouraging participants to build their own picture of the depicted situation from which assumptions are often made. Such response behaviours offer a valuable insight into the cognitive process of these individuals so it was felt best to keep this element of ambiguity. Instead, the components of the vignettes which tended to encourage misunderstandings were further simplified and broken down.

7.5. Conclusions

The previous research studies of this thesis describe the development and use of a series of vignettes to explore the beliefs about sex and relationships held by a sample of sex offenders with an ID. Whilst carrying out these studies it became apparent that participants were interacting with the vignettes in different ways to facilitate the expression of their beliefs. This study therefore aimed to explore these response behaviours. It was felt this would offer insight into the process by which these beliefs are formed as well as the function of the vignette methodology. It appears to be the first study to have done this. The results indicate that participants utilised three response behaviours: drawing upon their experience, placing themselves within the vignette and building the story. These findings demonstrate that the expression of beliefs involves various interpretative processes which appear to be illuminated by the vignettes. The study also offers a number of implications for the exploration of beliefs about sex and relationships within clinical practice. Particularly, it highlights the value in

asking the participant to place themselves within the vignette when responding, as well as responding on behalf of the participant. This enables the clinician to engage the client with the vignette at an effective-level, potentially accessing in-action beliefs but it also provides access to the individual's social comparisons.

Chapter Eight

Evaluating the use of Vignettes as a Therapeutic Tool to Explore the Beliefs about Sex and Relationships of Sex Offenders with an Intellectual Disability within a Clinical Setting

8.1. Introduction

The previous research studies presented in this thesis appear to demonstrate the utility of the vignettes for the purpose of exploring the beliefs about sex and relationships held by ID sex offenders, on the basis of their application within a research setting. However, given that the aim of this research was to inform the treatment of ID sex offenders within NOMS, it was important to document the use of the vignettes within a real life treatment setting to further evaluate their clinical utility.

Many authors have discussed the value in bridging the research-practice gap whilst acknowledging the challenge in doing so (see, for example: Deshler, 2003; Kazdin, 2008). There are a number of reasons why it was felt that the results from the prior studies may not translate directly into practice and it was therefore necessary to bridge the research with practice. Within the prior studies, the vignettes were used as an exploratory tool in which the aim was to uncover the beliefs held by the participants. This differs from their anticipated use within an applied setting where they are intended to be used as a psychoeducational tool, uncovering and subsequently reformulating any unhelpful beliefs expressed. This study therefore sought to explore their utility as a therapeutic tool for these means. Additionally, the knowledge, motivations and skills set of the researcher administering the vignettes within the former studies are somewhat different to the practitioners who would likely use the tool in practice. Whilst the researcher used the vignettes in an exploratory way, it was felt that a practitioner would be more astute to pertinent treatment issues and would therefore conduct a session differently. This study therefore wished to document the use of the vignettes by trained staff members and gauge feedback from these practitioners who would likely use this tool within an applied setting.

The study therefore addressed the fourth research aim which was to explore the clinical utility of the sexual belief vignettes as a therapeutic tool in the treatment of ID sex

offenders. Doing so not only helps to bridge the academic findings with applied practice, but it further lends to the quality of the research carried out by triangulating, that is, supplementing the researcher's observations with that of practitioners.

8.2. Method

8.2.1. Participants

8.2.1.1. Recruitment

This study recruited both staff (therapists) and client (prisoner) participants. The clients were those who were considered suitable to undertake the HSP which, at the time of data collection, was being developed. Given that the beliefs about sex and relationships exercise was designed to be encompassed within this programme, it was important that the application of the exercise with men deemed suitable for the programme was documented. Once developed, HSP would be accessible to offenders who had a current treatment need within the Sexual Interests domain of the SARN. Names of potential participants were accessed via a gatekeeper at HMP Whatton Programmes department who managed a waiting list for those considered suitable and in need of completing the HSP. Although the programme had not been developed at this time, some men had been referred to the waiting list to be considered when the programme started and further, to be considered for interim one to one work. These referrals typically came from SARN writers who identified outstanding treatment needs which would be addressed by the programme.

There were five men on this waiting list at the time of recruitment. All of these men were approached and asked to take part in the research. Four of these participants agreed to take part in the research although for one participant, this was on the condition that one of three preferred members of staff would administer the exercise. Upon carrying out file checks, it was apparent that another of these participants did not have an ID and had formerly completed non-adapted programmes (the Core and Extended SOTPs). As such, he was thanked for his time but advised that the research was interested in those who take part in adapted treatment programmes and, as such, he was not suitable to participate. Another of these participants agreed to take part but later withdrew his interest in taking part as he had changed his mind. This left two consenting participants who took part in the research.

Therapist participants were recruited using a self-selecting recruitment procedure in which a research participation request was distributed via email to all ID trained staff within

the Programmes department of HMP Whatton. This email enclosed an information sheet as well as the beliefs about sex and relationships exercise and the accompanying manual. It was evident at this stage that staff workloads coupled with the time requirement for participation significantly hindered the recruitment process. With a number of adapted treatment programmes running at the time of recruitment, many staff were unable to commit time to the research. As such, it was emphasised to staff that they could be flexible as to the amount of time they were able to commit to the research. However, two staff participants were recruited using this procedure.

8.2.1.2. Participant information

Two therapist-client pairs were recruited to undertake this study. The first pair comprised a staff member who was a Forensic Psychologist in training, Jane. Jane was a trained HSFP therapist who also had experience working with ID sex offenders in both treatment and assessment capacities. The client, Eric, was 50 years old with a Full scale IQ of 59 and had two index offences of sexual activity with a male under 13. In addition to these offences, he had former sexual offences of indecent exposure against three male strangers and gross indecency against a male child. He had been placed on the waiting list for the HSP following recommendations from his SARN report which identified his sexual preference for children, sexual preoccupation and other sexual interests as outstanding treatment needs. He had not yet begun any treatment relating to this referral.

The second pair comprised a staff member who was a Forensic Psychologist in training, Catherine, who was a trained HSFP therapist and has a range of experience working with ID sex offenders including running both the BNM and the Adapted Better Lives Booster programmes. The client, Bryan, was 43 and had a Full scale IQ of 65. Bryan had a conviction for sexual assault of a female under the age of 13.

At the time the study was carried out, Catherine was undertaking a course of behavioural intervention with Bryan following recommendations that he undertake the HSP. Catherine had also formerly worked with Bryan on the BNM programme. As such, the pairing benefitted from an established therapeutic rapport in addition to Catherine's familiarity with Bryan's treatment needs and offence details.

8.2.2. Materials

Within NOMS, the treatment of sex offenders is generally guided by theory and application manuals. Having developed and refined the sexual belief vignettes within the former studies,

the first step in this study was to develop an accompanying manual to guide practitioners' application of the exercise (Joannides, 2001; Litvinoff, 2001; Silverstein, 1993; Stoppard, 1998; Westheimer, 2001). This manual needed to describe the aims and rationale for the use of the vignettes and offer some general guidance to inform practitioners' reformulation of any harmful beliefs which might be uncovered. Thus, using information from the HSFP treatment manual and the sexual education books which informed the HSFP beliefs about sex and relationships exercise, a series of generic responses to each vignette were compiled. These responses are displayed in the manual format within the appendices (Appendix 9). Within this manual, the practitioner is reminded that a belief can function differently dependent on the beholder so are prompted to bear this in mind when considering reformulation.

8.2.3. Procedure

Having recruited a therapist-client pair, the researcher made an appointment for them to undertake the vignettes exercise in a one-to-one treatment session. This session took place within a HSFP treatment room at HMP Whatton where it was filmed using a DVD recorder in line with clinical practice. Therapists were provided with the vignettes exercise and the treatment manual which guided their application of the exercise. They were instructed to use the exercise to explore the client's beliefs about sex and relationships and, upon uncovering any beliefs which they felt required change, to use the manual and their expertise to guide the reformulation of the client's responses. In light of Hurley *et al.*, 's guidance (see Table 4: Methods of psychotherapy adaptation, pg. 82), the therapists were told that the exercise was flexible and allowed for an element of creativity in the delivery.

Given that the therapists were restricted as to the amount of time they could commit to the research, only one session was undertaken. The therapists were advised that there was no need for the entire exercise to be completed within this session and that they were to use their discretion to decide how long the session should last. This was advised as the researcher wanted to encourage a quality therapeutic interaction, allowing time for any harmful beliefs to be thoroughly reformulated. Thus, as a general guide, the researcher suggested that the session should not last much more than one hour, given that the client's concentration and attention may diminish past this time.

The researcher booked a feedback session with the therapist as close to the treatment session as was practical. This session started with a discussion about their general feedback concerning the use of the exercise within the treatment session which was guided by an interview schedule (see Appendix 10). Finally, the researcher met with the client to gauge

their feedback on the treatment session and to debrief them from their involvement within the research. This meeting typically lasted about half an hour.

8.3. Results

8.3.1. Jane and Eric

8.3.1.1. Overview

This treatment session lasted approximately one hour. Within this hour, the pair worked through the first three vignettes which concerned Reggie, David and Chris. It was evident that Eric took some time to get used to the exercise and to understand what was asked of him. He initially showed some misunderstandings about details from the first vignette such as thinking that it was Reggie that was touching Zoe on her shoulder and not the reverse, demonstrating a misprocessing of the vignette information. He also appeared to take time to get used to the response format and needed some prompting from Jane as to how to go about formulating his answer. Here, Jane suggested he try and place himself within the character's shoes.

The main focus of this session was upon the first vignette concerning Reggie and Zoe. Eric had initially indicated that he thought the vignette described a platonic interaction. However, as the discussion concerning the vignette continued, Eric became more certain that Zoe was attracted to Reggie. Despite this, Eric was cautious in his advice to Reggie, suggesting he should get verbal consent before he was to try and kiss Zoe. This caution was also reflected within Eric's response to the vignette concerning Chris and his one night stands. Eric felt that Chris' behaviour was wrong and that he was putting himself at risk of contracting STIs. Apropos David, Eric expressed acceptance of David's sexuality as well as disagreeing with Terry's suggestion that David should try and be attracted to women.

8.3.1.2. Feedback

Upon offering feedback on this session, Jane identified some aspects of the vignettes that had worked well. She found the vignettes opened up a broad discussion concerning the vignette topic which often unearthed somewhat idiosyncratic responses that seemingly appeared from nowhere but which required challenging. She also felt that Eric was able to draw upon many of the skills and knowledge sets that he had picked up from prior programmes and put these into practice in formulating his responses.

In spite of the above, Jane raised a number of concerns about the therapeutic utility of the vignettes for use with this particular client. With a FSIQ of 59, Eric's assessed intellectual functioning was significantly lower than that of the majority of individuals sampled in the prior studies and represents a relative rarity within the Prison Service. Jane felt that the sole use of an auditory verbal approach in this instance contributed to problems with Eric's processing of the information within the first vignette and his comprehension of the vignette and subsequent questions. Jane felt that either illustrating the vignette information on a flipchart or providing accompanying illustrations to the vignettes which the client could follow would alleviate any cognitive load and facilitate processing of the information.

A further concern for Jane was that the time required to complete all of the vignettes and related reformulations may diminish the clinical utility of the exercise for use within the HSP. Given that it took an hour to complete three vignettes, Jane suggested the exercise, in its current form, would require approximately three sessions for some clients should the entire schedule require completion. She suggested one of the reasons why the exercise was so lengthy was that the vignettes elicit such a wealth of information from the client that it was sometimes difficult to know what to challenge first. She felt that there was often a lot to unpick within the client's responses and this presented a significant challenge.

Jane was asked to comment on the appropriateness of the beliefs about sex and relationships exercise for use with ID clients. She felt that its use was dependent on the client's level of functioning, predicting that for some ID clients, the exercise may work well but for those, such as Eric, who function at a lower level or who have specific deficits in terms of processing, it may not be as appropriate. As a general reflection, Jane felt that accessing the beliefs of those with ID can be problematic itself as these individuals may not understand the reason behind a therapist's want to explore their beliefs and attitudes which they view as unproblematic.

Given her role as a HSFP therapist, Jane was asked to consider the comparison between the vignettes and the sexual statements which are used as part of the existing HSFP. Whilst acknowledging that there are merits and drawbacks to both methods and that suitability will very much depend on the client, Jane felt that the existing sexual statements exercise may be preferred method due to both the breadth of the topics covered and the directness of assessment. Yet she acknowledged that there are likely to be problems faced when using this method. In concluding her evaluation of the vignettes, Jane expressed the view that should the exercise be supplemented with pictorial aids, the vignettes would achieve their aim of exploring beliefs about sex and relationships, albeit in a lengthy way.

Feedback was also sought from Eric who felt that he had taken quite a bit away from the session. He referred to the wealth of positive feedback which he received from the therapist which he felt was indicative of his successful participation in the session. He also felt he had been able to put into practice some of the material learnt on a previous programme, the BNM. In considering how well the exercise went, Eric emphasised that he has a range of learning difficulties which he suspects may have hindered his performance in the exercise. Eric describes himself as having a range of learning difficulties which therapists working with him need to understand to help him engage in therapy. He felt that getting an understanding of these difficulties takes some time and in the past, group workers have slowly developed an understanding of his strengths and deficits over a prolonged period of time and, having gained an understanding, have been better prepared to assist his learning.

Eric acknowledged that it took some time to get into the exercise, both in terms of building confidence talking with Jane, whom he had not met before, and in terms of understanding the process of the exercise. In terms of the latter point, Eric felt that it took him until after the first vignette to understand how the vignettes worked and what the therapist was seeking to hear from him. However, once he had gone through the first vignette, he felt following the stories and responding to them was much easier. He also suggested that the changing of topic and characters in each vignette presented a challenge as it meant that for each vignette he needed to deal with understanding new information and forgetting the former. He suggested that keeping to the same characters, but expanding on the story each time may have made the task easier for him.

8.3.2. Catherine and Bryan

8.3.2.1. Overview

Catherine and Bryan worked through vignette four, concerning Raj and Anna. Within the session, Catherine made use of activities to facilitate Bryan's understanding and to help reach the learning point. She used drawings on a flipchart to illustrate the questions concerning expression of love and made use of role play in which Bryan was an active participant.

Catherine described an interesting finding from the session concerning the progression of Bryan's responses to the vignettes concerning Raj and Anna. His initial responses were, as Catherine describes, seemingly pro-social, that is, in line with the view that sex is not everything within a relationship and that other intimate activities can be sufficient alone. However, this response changed when the vignette progressed to Anna

touching Raj's thigh at which point Bryan felt she was teasing Raj. Catherine felt that the initial part of the vignette allowed for a general discussion about his beliefs but when the story progressed, it effectively situated those beliefs within a concrete example and drew out the problematic belief. The use of role play then helped Bryan to place himself within Anna's shoes and to realise that it perhaps was not Anna's intent to initiate sex.

8.3.2.2. Feedback

Offering feedback on her session with Bryan, Catherine felt that the vignettes were a useful way to elicit his beliefs about sex and enjoyed using them. She considered the concrete nature of the scenarios and questions that followed key to the success of the vignettes:

“I do think the vignettes work, it got the learning points out and I do think it made it accessible to him, you've got these people and this is the scenario and this is where they are at.”

She felt that the role play and flipchart illustrations were well suited to Bryan's needs but suggested that supplementing the vignettes with activities such as these would need to be done on a case by case basis, anticipating individual differences in the need for adaptation.

When asked to consider the appropriateness of the HSFP beliefs about sex and relationships exercise for this population, Catherine remarked: *“it wouldn't work, definitely not”* and this she attributed to the abstractness, breadth and lack of context. She acknowledged that the time taken to complete the vignettes, in their current form, may affect their clinical utility. However, to alleviate this, Catherine felt it would be beneficial to have a collection of vignettes which the therapist could choose from. She explained that in Bryan's case, this would have been particularly helpful as his treatment needs were very much concerned with his beliefs about children and so vignettes which elicit beliefs about children may have been particularly helpful.

Both Catherine and the researcher consulted with Bryan to gauge his evaluation of the vignette exercise. Bryan felt they worked well, commenting that he *“liked the little stories”* and additionally remarked to the researcher that he felt the existing therapeutic relationship between himself and Catherine helped him to complete the exercise as best as he could. Bryan also felt like he had taken a few learning points away from the exercise, giving the example of the idea that a partner's engagement in intimate activities does not necessarily indicate their intent to have sexual intercourse. Both Catherine and the researcher asked for

Bryan's opinion concerning the use of the HSFP sexual statements to which he explained that he anticipated difficulty completing the exercise, feeling as though he would get confused. He also felt that he would not be able to rate each of the statements in his own time, as a homework task which the format adopted by the HSFP. He remarked that he "*just wouldn't do it*".

8.4. Discussion

This study sought to bridge the academic findings previously described with practice by documenting the use of the sexual belief vignettes within an applied clinical setting. In doing so, the study has highlighted a number of implications concerning the use of these vignettes within clinical practice with ID clients. It is first apparent that the vignettes do not stand alone and the therapist will likely need to employ creative methods to supplement the activity and to facilitate both comprehension and learning. Hurley *et al.* (1998) have previously written about the need for activities to supplement psychotherapy with ID clients and the findings reported here give credence to their suggestion. Indeed, Jane felt that Eric required pictures to aid his understanding and Catherine described how the use of drawings on flipchart paper and role play enhanced Bryan's understanding and learning.

This study also highlights the importance of a good therapeutic relationship for the purpose of the exercise. It first seems beneficial for the therapist to have a good knowledge of the client, of their learning style, how they have previously engaged with interventions as well as their criminogenic needs. This is something Eric explicitly highlighted as important for him and the benefit of such a relationship was later demonstrated in the session between Catherine and Bryan who had an established, pre-existing therapeutic relationship. Additionally, the client needs to have built up a rapport with the therapist so that they are comfortable completing the exercise. Bryan felt that his relationship with Catherine facilitated his engagement with the exercise. This is not surprising given the sensitive nature of the topics discussed and the taboo nature of sexuality as previously described.

What is highlighted by this study is the tension between the assessment of a breadth and of a depth of beliefs about sex and relationships. The original HSFP exercise encompasses 100 statements which attempt to elicit a range of beliefs about sex and relationships, allowing for a broad range of beliefs to be accessed. The problems using such statements with ID populations were identified at the outset of this research and this led to the employment of the vignette methodology. Catherine reiterated these concerns, expressing her opinion that the statements would not be suitable for use with this population. However, a

breadth of assessment is not possible using the vignettes because, by their very nature, they are focused on detailed exploration of beliefs elicited in-context and therefore draw out specific sets of belief. As Jane identifies, this presents a significant clinical problem concerning the HSP due to time demands as the assessment of beliefs about sex and relationships comprises a small component of the programme and cannot, therefore, be allotted many sessions. A possible solution to this is to create a battery of vignettes from which the therapist can choose those which are most appropriate to the client. This approach had been considered during the course of the research and was echoed by Catherine in the current study. Such an approach would require the therapist to have a decent knowledge about the client before undertaking the exercise.

The study demonstrates the differing function of the vignettes between a research and clinical setting. Whilst in the research context, the wealth of information elicited from the vignettes was a great benefit to the researcher, this volume of information may present a challenge within a therapeutic interaction where the administrator of the exercise is required to challenge and reformulate responses. This was highlighted within Jane and Eric's session where Jane reported the challenge in having to decide what beliefs to challenge first. Again, a better knowledge of the client may have assisted the therapist in making this choice.

The limitations of this study must be highlighted here. The current study has relied upon a small sample, accessing feedback from two therapists and two clients. Due to time constraints, only four out of the six vignettes were utilised between these two pairings. It is acknowledged that this represents a limitation, meaning the data presented here offers only a snapshot of the therapeutic use of these vignettes. Furthermore, the staff members sampled represent a specific profile of practitioner, that is, female trainee Forensic Psychologists. Whilst this is reflective of makeup of the department from which participants were sampled, being exclusively female, this may have affected the way in which the client-participants engaged within the exercise and may further hinder application of findings to other practitioner-client dynamics such as those involving male non-psychology staff. We know from previous discussions that response bias in sexuality reports may be heightened where the sex of the interviewer is opposite to that of the respondent (Alexander & Fisher, 2003). As such, further research is advised which employs larger, more varied samples in order that the therapeutic use of the vignettes can be evaluated thoroughly.

8.5. Conclusion

The previous studies documented the development and use of a series of vignettes to explore the beliefs about sex and relationships held by sex offenders with an ID. Whilst offering original contributions to the research literature, it was unclear whether the findings concerning the utility of the vignettes translated into clinical practice. This study therefore sought to bridge the academic findings of this thesis with clinical practice by documenting the use of the vignettes by HMPS practitioners within a treatment context. The results indicated that, whilst the vignette methodology is not without limitation, they appear to offer a useful clinical tool for the exploration of beliefs about sex and relationships. It is the opinion of the researcher that this approach is better suited to this client group than the original HSFP sexual statement exercise. This study has outlined a range of implications for practitioners wishing to use the vignettes in clinical settings. This includes the need for practitioners to be flexible and creative in their use of the vignettes as well as having an existing therapeutic relationship with the client.

Chapter Nine

Conclusions and Reflections

This thesis concerned the qualitative exploration of the beliefs about sex and relationships held by sex offenders with an ID. It began by documenting the development of a beliefs about sex and relationships exercise which was adapted from an existing NOMS run Sex Offender Treatment Programme. The resulting exercise comprises a range of vignettes relating to relationship and sexual issues which were shown to elicit a range of commonly held beliefs about sex and relationships which are considered to be harmful or mistaken. Study Two went on to use the vignettes to explore the beliefs about sex and relationships expressed by a sample of 21 sex offenders with an ID within HM Prison Service. This study highlighted a range of belief themes as well as noting some idiosyncrasies in beliefs held by these participants. Study Three broadened the exploration of these individuals' beliefs by examining the contexts in which these individuals developed their beliefs. The results from this study were used to make inferences about the aetiology and effect of the beliefs expressed by these participants. Study Four went on to analyse and interpret the response behaviours employed by these 21 participants when responding to the sexual belief vignettes, thereby lending to our understanding of the vignette methodology and the formulation of beliefs. Finally, Study Five bridged the academic findings with practice by documenting the use of the sexual belief vignettes as a therapeutic tool by practitioners within applied setting, HM Prison Service.

The aim of this chapter is to offer a synthesis of findings from each of the studies of this thesis, highlighting the original contributions to knowledge that have been made and directions for future research borne out of these findings. It will offer a critical appraisal of the research carried out by outlining the limitations of work done. The chapter concludes with the researcher's reflective account of the research journey.

9.1. Thesis Contribution

This thesis has made several original contributions to existing knowledge, supplementing both the research literature and forensic clinical practice. It is first worth reminding the reader of the five research aims:

- develop an exercise by which the beliefs about sex and relationships held by sex offenders with an intellectual disability can be explored;
- explore the nature of the beliefs about sex and relationships held by a sample of sex offenders with an intellectual disability;
- explore the contexts in which sex offenders with an intellectual disability developed their beliefs about sex and relationships;
- explore the clinical utility of the beliefs about sex and relationships exercise as a therapeutic tool in the treatment of sex offenders with an intellectual disability
- explore the response behaviours employed by sex offenders with an intellectual disability when interacting with sexual belief vignettes.

Encompassed within these aims were the following research questions:

- is the current HSFP beliefs about sex and relationships exercise suitable for use with sex offenders with an intellectual disability?
- How can the beliefs about sex and relationships held by sex offenders with an intellectual disability be elicited?
- How might these beliefs be elicited within a treatment setting?
- What types of belief about sex and relationships do these individuals hold?
- Are there any commonalities in the beliefs held by these individuals?
- How might these beliefs be formed and maintained?
- How might others' influence the types of beliefs these individuals develop?
- What is the likely effect of these beliefs?
- How might beliefs about sex and relationships be linked to sexual offending?
- What are the implications of the above for the psychological treatment for this client group?

The five studies conducted as part of this thesis have addressed each of these research aims in turn and in doing so, have answered each of the related research questions. From these studies a number of pertinent contributions to knowledge have been made and these are summarised below.

9.1.1. The beliefs about sex and relationships held by sex offenders with an intellectual disability

The research studies offered an in-depth analysis of specific beliefs about sex and relationships held by a sample of sex offenders with an ID. Doing so, they have addressed several gaps within the existing research literature. Previous literature concerning the beliefs about sex and relationships held by these individuals has focused upon the comparisons in sexual knowledge between sexual offending and non-offending cohorts (for example Lockhart *et al.*, 2010; Lunskey *et al.*, 2007; Michie *et al.*, 2006; Talbot & Langdon, 2006). Whilst highlighting the differences between these groups, this body of literature has failed to offer detailed insight into the nature, origins and effect of the beliefs which these individuals hold. This research addressed this gap in knowledge by offering a detailed and contextualised account of the beliefs about sex and relationships of a sample of ID sex offenders. It has described the beliefs that were reported by participants, offered a picture of the contexts for learning which the individuals were exposed to and considered the likely effects of the beliefs within the contexts in which they were held. Whilst previous research concerning the sexual knowledge and beliefs of ID sexual offenders has almost exclusively been quantitative in nature, the qualitative approach adopted by the thesis has lent depth to the observations made.

What we have gathered from the studies is that these individuals have been exposed to deficient and distorted sexual learning experiences. The notable lack of sex education from parents and schools experienced by these participants is consistent with the general ID literature (Aunos & Feldman, 2002; Healy *et al.*, 2009). Having had little or no formal education about sex, participants mainly accessed sexual information from peers, sexual experiences and the media. However, whilst citing them as strong influences on their sexual learning, participants paint a mostly negative picture of their relationships with friends and sexual experiences. Adverse life events have also contributed to a distorted learning experience, perhaps most striking is the finding that a third of this sample report have been a victim of sexual abuse.

Given these findings it is not surprising that a range of mistaken beliefs and gaps in knowledge were identified within these participant samples. Whilst it is important to note that participants' beliefs tended to be idiosyncratic, a range of belief themes were also identified. A lack of understanding concerning female sexuality and beliefs condoning a restricted sexuality represented particularly strong themes. Whilst these results are not particularly surprising, they are cause for concern. All people have a right to sexual health and this

includes accurate sexual information and pleasure (WHO, 2006). But these individuals have been denied this right, something that is echoed by the wider ID literature (for example: Aunos & Feldman, 2002; Healy *et al.* 2009; Valenti-Hein & Choinski, 2007).

Furthermore, the harmful effect of the mistaken beliefs these ID sex offenders held was also highlighted throughout these studies. We know from the existing literature than mistaken beliefs about sex can be harmful (Nobre & Pinto-Gouveia, 2006; Wincze & Barlow, 1997; Zilbergeld, 1992) and the data reported within this thesis supports this. Indeed, it seems misunderstandings about sex and relationships have influenced these participants' negative appraisals of their sexual experiences and fuelled feelings such as inadequacy, injustice and distress. There was also tentative evidence to support a link between these beliefs and participants' sexual offending which is discussed below.

Whilst current thinking is moving away from the idea that poor sexual knowledge is a direct cause of sexual offending by these individuals (Michie *et al.*, 2006), the findings presented here suggest that mistaken beliefs about sex may indirectly facilitate sexual offending. As previously explained, the studies highlight the likely harm caused by the mistaken beliefs about sex which these participants hold. However, what the data also showed was that the beliefs these participants expressed often linked with the risk factors which are associated with sexual recidivism under the SARN (Thornton, 2002). It was particularly interesting to note that SARN-related beliefs were often elicited when the participant lacked understanding about the sexual topic. For example, when attempting to explain why a female did not reach orgasm, participants often suggested reasons such as her deceitfulness or the partner's inadequacy, perhaps as a result of a bias in participants' processing. It is therefore conceivable to suggest that these individuals' mistaken beliefs about sex could interact with other offence-precipitating variables (such as those encompassed within the SARN) to facilitate sexual offending.

9.1.2. The use of vignettes to explore beliefs about sex and relationships

These studies also offer important methodological implications for the assessment of beliefs about sex and relationships in both research and clinical contexts. The research has demonstrated the value of the vignette methodology in placing the sexual subject within a wider context and further encouraging participants' engagement and interaction with the vignettes, eliciting insightful responses. Of particular interest were the findings that participants utilise a range of response behaviours when interacting with the vignette and the exploration of these behaviours presents an original contribution to the vignette literature. It

was also interesting to note that by placing themselves within the vignette, the participants often engaged at an affective level and accessed cognitions which may not have been consciously apparent when answering objectively. This offers implications for both research and practice.

9.1.3. Clinical implications

The empirical studies of the thesis offer important implications for the treatment of ID sex offenders within NOMS. The studies documented the adaptation of the beliefs about sex and relationships exercise from the HSFP into a practical tool which can be used to explore and reformulate harmful beliefs about sex and relationships. The practical implications of the thesis have been partially realised by the inclusion of the exercise within the HSP which is now being run within NOMS.

Whilst the psychometrics used to assess sexual knowledge as part of the HSFP allowed for a breadth of sexual topics to be discussed, these vignettes offer a more detailed, depth-first exploration which appeared more appropriate for those with ID. The vignettes appear to give the clinician access to participants' interpretative processes, something that is likely to be missed when employing the psychometric approach.

In considering the clinical implications of the findings it is useful to return to the researcher's conceptualisation of beliefs about sex and relationships. Here, it was suggested that self-report beliefs could be seen as interpretive repertoires, that is, stocks of pre-constituted knowledge which the individual can draw upon to make sense of their experiences. The results presented in these studies support the idea that many of the interpretive repertoires utilised by these individuals are unhelpful and potentially harmful. As such, clinical interventions should help the individual to develop alternative interpretive repertoires, one's which NOMS consider to be conducive to a more healthy sexuality and which will therefore guide more healthy sexual behaviour (Armstrong, 1973). Such an intervention would likely entail both the development of new, 'healthy' repertoires and the challenging of the old, unhealthy ones. With this in mind, the thesis has produced a manual which offers more healthy responses to the sexual belief vignettes which can be used for this purpose. These responses are based on the HSFP manual and therefore represent what NOMS consider to be healthy beliefs about sex and relationships. The final study of the thesis documented the use of this manual by clinicians within a therapeutic setting.

The thesis has raised a number of recommendations concerning the practical use of these vignettes. First, the value in having an existing therapeutic relationship with the client

was highlighted in Study Five. Ideally the practitioner should have a good understanding of the client's learning style, their treatment needs as well as their treatment history in order to maximise the utility of the exercise. In addition to this, the practitioner should be experienced working with those who have ID and be able to draw upon the techniques outlined by Hurley *et al.* (1998) to enhance responsiveness. This thesis has observed the particular use of role play and illustrations to complement the vignette technique.

Also highlighted are a number of implications for the provision of sexual education to this group. Given that basic sexual knowledge generally appears to be good, the focus upon the more basic aspects of sexual knowledge and sexual education within both the literature and clinical interventions may be misplaced. What appears in need of attention are the wider concepts of sexual knowledge such as that relating to intimacy, female sexuality and the nuances of romantic interactions.

The thesis has also illuminated participants' fear of expressing themselves sexually, something which was particularly pronounced in those who had undertaken the BNM programme. Given the nature of the offences committed by this group, this finding may be welcomed by some, however, this thesis concurs with the conception of sexuality as a vital part of a human being (Boyle, 1994; Chance, 2002; Murphy, Coleman, & Abel, 1983) and that these findings are not conducive to a healthy sexuality. Furthermore, we have seen theoretical support for the idea that restrictions placed on ID individuals' sexuality may actually facilitate sexual offending (Hingburger *et al.*, 1991). As such, it is felt that ID sex offenders found within NOMS would benefit from the encouragement of a healthy, rather than restricted sexuality. Whilst it is hoped that the HSP will address this need, only a small proportion of ID sex offenders will access this programme so education concerning healthy forms of sexual expression should extend to other adapted programmes such as the BNM programme.

9.2. Critical appraisal of the thesis

There are a range of limitations of this research which must be considered when interpreting the results. Firstly, the thesis sampled convicted sex offenders with ID who were incarcerated within HM Prison Service. As a consequence, it sampled participants who had fell within the mild to borderline range of ID, thereby excluding ID sex offenders who were not considered sufficiently capacitated to be processed through the prison system. Indeed, prevalence studies have identified that those with the more severe classifications of ID are seldom found within the CJS (Holland *et al.*, 2002). The theoretical assertions concerning the beliefs about sex and

relationships of ID sex offenders which are made within this thesis should be interpreted in light of these sample characteristics. It is likely that the results would differ somewhat should a sample of more severely ID sex offenders been included within the research as such individuals require more support from others and are thus likely to function with less independence. Thus, when considering the implications of this research, the nature of the sample upon which it was based must be borne in mind.

It may also be suggested that the way in which participants were recruited may have produced a biased sample. Participants were recruited from pre and post treatment lists and, as such, were considered suitable to undertake treatment. This means that individuals who were not considered for treatment, for example if they were considered too low a risk to be prioritised or had short-term sentences which did not allow time for treatment engagement, were not considered for participation in the research. Whilst this was a necessary recruitment procedure, in that it ensured these men fit within the research inclusion criteria, it may have produced bias within the sample by only including those men considered for treatment.

It may be the case that, through the process of being apprehended for their sexual offence and being processed through the CJS, participants' beliefs may have been altered. Courtney, Rose and Mason (2006) found evidence for this in their own study with ID sex offenders, in finding some participants felt that through their involvement with the CJS they gained understanding and clarification on sexual matters. Further sampling problems are raised due to the fact that this field of research relies on convenience sampling whereby participation is voluntary. Stinson, Sales and Becker (2008) suggest that this may bias participant samples as a high number of potential participants refuse to take part in such research.

The limitations associated with reliance upon self-report data must also be acknowledged. Firstly, the validity of the data presented here was partially reliant upon participants' accurate memory recall, something which has been cited as often problematic within ID individuals (Clare, 1993). Having interviewed each participant on three occasions, this research benefitted from the ability to cross-reference participants' accounts over different time points. Thus, in the final interview the participant was often asked to revisit reports of experiences which they had made in the first interview. Whilst the details of these experiences were mostly replicated, some inconsistencies were noted in the accounts offered by two participants, Bobby and Dean. For example, Bobby offered differing accounts of the extent of his romantic relationship experience, citing in the initial interview that his longest relationship was seven months long and in the last interview, one month. This finding may

represent the effects of poor memory, given that considerable time had often lapsed since the experience participants report. However, it may also be explained by reference to impression management. Here, it may be the case that these participants' motivations behind impression management may have changed throughout the process of interviewing and rapport building, meaning the participant may have changed the way in which they wished to portray themselves to the researcher. Alternatively, this process may have contributed to participants' greater ease discussing these experiences with the researcher in that they felt more comfortable reporting honestly in the last interview.

Participants' recollections of events and learning experiences which occurred a long time ago may also suffer a bias in recall whereby their recollections may have been coloured or re-evaluated by subsequent experiences. For example, when asked about their experience of friendships, a number of the participants suggested they had little or no friendships from childhood to present day, however, in later conversations they would mention having been with a friend. This suggests that some participants report their experiences in line with their self-concept, rather than offering a true reflection.

9.3. Directions for future research

Whilst enriching our current understanding of this offender population, this thesis has raised a number of further research questions and avenues for future research to explore. The final study of this thesis offered a preliminary exploration of the use of the vignettes within a clinical setting. However, more research is required to further explore the use of the vignettes in this setting, utilising a larger sample size and sampling a range of practitioners.

This thesis was explicit in its intent to explore the beliefs about sex and relationships of ID sex offenders only. The focus on this group and absence of a comparator was motivated by the want to offer a detailed picture of the beliefs about sex and relationships of this group which was absent from the existing literature. It was felt that the focus upon the comparison between ID sex offenders and ID non-offenders in previous literature has served to distract from considering what beliefs are held by ID sex offenders and what effect they are likely to exert on the beholder. Having addressed this literature gap, future research may wish to carry out comparisons between ID sex offender populations and non-ID sex offenders and ID non-sex offenders. Such research may wish to compare the self-report beliefs expressed by each of these groups, the likely belief-sources as well as the response behaviours employed in relation to the vignettes to see if there are any differences which might lend to our understanding of the different groups of individuals.

What is also highlighted by this thesis is the need to revisit the Counterfeit Deviance hypothesis (Griffiths, Quinsey, & Hingsburger, 1989). It is apparent that the hypothesis has been subjected to much scrutiny within the research literature since it was first put forward in 1989. However, the literature review reported in Chapter Two suggests that the hypothesis has not been subject to appropriate investigation, yet there appears to be indirect support for some of the ideas encompassed within the hypothesis. Furthermore, one of the authors of the hypothesis, D. Hingsburger (personal communication, 7th June 2011), explains that it is still valued in practice and used clinically. However, what is highlighted within this thesis is that the hypothesis is in need of revision as well as an improved evidence base. Many of the ideas upon which the hypothesis is based are related to practices which are no longer as relevant today, for example, the idea that those with ID will more than likely reside within specialised, supported accommodation.

Further research may also wish to consider the applicability of the hypothesis to those who are found within the CJS. Within the review of the research literature, it was apparent that at various stages of the CJS decisions can be made concerning the criminal culpability of those with ID, meaning they are diverted away into other services. As such, those who are found within NOMS will have been assessed as competent and capable to be processed within the CJS and will have survived the 'leakage' observed at various stages of the criminal justice process. Since these individuals will not be directly comparable to ID sex offenders who are diverted from the CJS, one might question the applicability of some of the Counterfeit Deviance hypotheses to those found within NOMS. This is because many of the explanations presented as part of the hypothesis refer to the explicit influences of those who care for the ID person, particularly in highly supervised settings. Given their capacity to be processed throughout the CJS, it is reasonable to suggest that ID sex offenders found within NOMS may not have been exposed to the same level of care as those who benefit from diversion. However, the hypothesis still offers a useful framework to consider sexual offending behaviour so future research may wish to consider adapting the hypothesis to account for sexual offending committed by these former individuals. Particularly, it may wish to consider the effect of implicit restrictions on ID sexuality such as cultural attitudes.

9.4. Reflections

9.4.1. *The place of reflection in this thesis*

Johnson (2001) suggests that one aspect of a thesis which is often not appreciated is its value as a reflective learning experience. The practice of reflection was considered particularly important to this research for a number of reasons. Firstly, any research must consider the role of the researcher as a filter to the entire research process and this need was considered particularly heightened in the current research which concerned the sensitive subjects of sexuality, sexual offending and ID. As previously described, these topic areas are likely to elicit strong view points and stereotypes so it was imperative that I engage in frequent self-monitoring of my assumptions and interpretations to encourage awareness of the potential influences of my own biases. Elliott, Fischer and Rennie (1999) advise that this practice of self-reflection is on-going throughout the research process as it is likely that one's assumptions, values and biases will evolve. Such biases will exist in any form of research whether quantitative or qualitative in nature. However, there is reason to suggest that the need for reflection is heightened within qualitative research where there is more potential for the researcher to exert influence upon the data collected and the way in which it is interpreted, indeed, "*the data are not coded in an epistemological vacuum*" (Braun & Clarke, 2006; pg. 12). It is for this reason that reflection is considered a quality marker for qualitative research (Gaskell & Bauer, 2000).

The applied nature of this research further warranted the need for continual reflection. The thesis aimed to create an exercise which can be used by practitioners within a treatment setting so it was important to document reflections on the use of the vignettes in order that they could be fed into the development of the resultant exercise throughout the duration of the research.

The process of reflection both documented and facilitated personal growth. Before starting this thesis I had some previous experience working with individuals with disabilities, including those with ID, however, I had no experience either interviewing this population or carrying out in-depth interviews of any kind. Furthermore, I had never worked within a prison environment, nor had I worked with convicted offenders. By reflecting on my interactions with participants I was able to evaluate and improve my ways of working. The process of reflection also allowed me to manage my own emotions given that the thesis

touches on several sensitive topics, speaking to participants who are at very low times in their lives or as they recall adverse life events was inevitably distressing at times.

Thus, throughout the data collection and analysis stages of the research I kept a reflective diary in which I noted thoughts, observations and insights in which I reflected on my experiences and ways in which I aimed to improve for the future. This process of reflection generally took the form of a free-writing exercise but where appropriate, I structured my reflections in accordance with Gibbs' (1988) model of reflection. This model prompts the reflector to consider what happened including the thoughts and feelings which were encountered at the time and then to evaluate the experience, considering the positives and negatives from which an action plan can be made should a similar event arise in the future.

9.4.2. What I bring to this research

Johnson (2001) talks about the need to situate one's own biases at the outset of the research. Whilst having no prior experience working within a forensic setting, I had previously worked with children with learning difficulties in a support worker role. Undertaking this role I feel I started to develop an appreciation of the importance of inclusion, having become aware of the frustrations faced by these children in their exclusion from certain activities at school and friendships.

Prior to undertaking the thesis I worked as a keyworker and sexual health advisor within a youth education service. It was during this time when I began to develop strong ideas about the delivery of socio-sexual education and was often frustrated about the taboo nature of sexuality. These attitudes have undoubtedly shaped the way I conducted this research and my interpretations so it was important to document my thoughts and reflections during the research process.

9.4.3. Reflections on my thesis journey

Throughout the majority of the thesis I based myself within HMP Whatton for two to three days a week. This proved extremely valuable as I was able to immerse myself within the forensic environment, becoming more comfortable with my surroundings. Having had no prior experience working within a prison, this at first proved daunting but I soon became comfortable with the environment and the people within it. My presence at the prison also facilitated the establishment of relationships with staff members who offered a range of expertise and assistance in the research process.

Whilst I received valuable support from the staff the prison to assist with recruitment of participants, at times this proved a challenging task. When seeking participants to take part in the first four studies I began to reflect on the factors which may have discouraged individuals to take part. I observed that many individuals who declined to take part in the research were of the Muslim faith and I began to wonder whether these individuals saw involvement with the research as contrary to their religious beliefs. I also suspected my gender may have affected people's decision to take part, with some feeling uncomfortable discussing sensitive matters with a female. Conversely, I also wondered whether my identity as a female in her mid-20s may have encouraged some individuals to take part.

Reflecting on my experiences within the research interviews proved particularly valuable. Through the process of reflecting upon the recruitment and interview process, it became evident that the process of rapport building was extremely valuable and imperative to the quality of the data. Indeed, the sensitive nature of the information discussed meant that the participant needed to feel comfortable disclosing personal information. This was highlighted within the interviews carried with one participant, Gordon. In the first interview carried out with Gordon he appeared to operate with an air of suspicion and disclosed very little about his family and love life, stating all such relationships were 'fine' or 'good'. However, he slowly began to open up and after this interview he disclosed that he had had a much more interesting life than he had described and would be willing to discuss this further within the subsequent interview. Thus, in the second interview with Gordon, we returned to explore his past relationships in which he revealed much more including a turbulent relationship with his father and multiple romantic relationships including his own infidelity. This offered a clear example of how the process of rapport building facilitated access to richer and more accurate data.

The effect of participants' intellectual disability upon my own interactions was the frequent subject of reflection. I often became aware of the temptation to slip into a parental type role when I felt the participant was particularly vulnerable. For example, in one interview with Craig I found myself almost chastising him for the range of homemade tattoos he had collected at former prisons. When working with this population, Hurley *et al.* (1998) note that attachments grow much stronger and quicker than when working with non-ID clients so the process of reflection here was important to mediate such effects. As well as the process of self-reflection, I found supervision a valuable process by which I could become aware of and manage this process.

Throughout the data collection phase I continually had to be mindful that my role was one of a researcher, tasked to collect information from the participant-informants and not to adopt the role of a practitioner or therapist. There were several instances in which this created tension. Perhaps the most common occurrence was when participants expressed cognitive distortions, for example one participant communicated strongly his view that the 12 year old female who he offended against was not a victim but rather, was the initiator of the sexual activity and had seduced him over a sustained period of time. These instances often made me feel as though I had compromised my moral position and that, by failing to challenge participants' views, I may have been seen to collude with them. However, whilst acknowledging the discomfort in doing so, Cowburn (2010) explains that the aim of the researcher is to elicit information from the participant not to change them. Thus, in these instances I found supervision was imperative both in terms of reassurance that I was 'doing the right thing', but also to enable me to justify my approach.

Furthermore, potentially harmful gaps in knowledge or mistaken beliefs were often expressed by these participants and I often felt this presented a moral dilemma: should I correct the gaps in knowledge and thus potentially compromise the validity of the research or should I fail to acknowledge the gaps, in keeping with my researcher role? This was particularly challenging when participants sought affirmation from me that their answers were correct, often appearing to monitor my reactions, seeking cues pertaining to the correct answer. Indeed, I found participants to be particularly vigilant of my reactions to their responses. In such instances, I therefore chose to reiterate the instruction that the interview concerned exploration of participants' own opinions and that there were no right or wrong answers. Nevertheless, the constant self-monitoring and control of my responses remained a difficult task.

Whilst Cowburn (2010) explains that the researcher should not seek to change the participant, it was encouraging to find that, despite some initial anxieties, all of the participants who took part in this research were glad to have participated and some cited ways in which they felt they had benefited. This included a building of confidence, a greater ease interacting with others and being able to talk about personal and sensitive subjects. Those who had not yet undergone treatment also commented on an alleviation of anxiety concerning starting the BNM programme, feeling that the research had allowed them to practice talking to others about their thoughts and offences. For many this was the first time they had spoken about their offence in any depth and they valued the judgment-free forum in which they were able to do so.

Within the data analysis and interpretation the use of reflection was further illuminated. Whilst I sought to stick as closely to the data as possible, there remained an element of interpretation required within the analysis and subsequent reporting of the data. It was therefore necessary to frequently engage in reflection and utilise supervision.

Reflecting on the thesis as a whole, I feel it has been a valuable learning experience which has exceeded all expectations. I have been fortunate in my ability to build both research and clinical skills throughout the four years I have undertaken the thesis. I have benefitted from the expertise of a range of professionals including my research supervision team, staff at HMP Whatton as well as those with whom I have networked.

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Appendices

Appendix 1: *The Healthy Sexual Functioning programme sexual statements exercise*

'Bad' sex is my partner's fault

A good sexual thought is one which I should share with my partner

A man should be able to last all night

A man should know what's best for his partner

A partner should not ask how to please a man

A woman can not get pregnant if she has sex standing up

A woman can not get pregnant if the man withdraws before ejaculating

A woman can not get pregnant the first time she has sex

A woman is happy if she has just one orgasm

All physical contact must lead to sex

As a man it is my role to thrust hard

Blowjobs are only performed by women and prostitutes

Coming at the same time is the ultimate in enjoyment & compatibility

Dangerous Sex is so exciting it can't be wrong

Every gay couple should comprise of a 'butch' and a 'bitch'

Excessive drinking and drug use are an essential part of the gay community

Fetish can be a normal part of gay sex

Fisting is a safe sexual practice

Foreplay is about touching each other

Foreplay is not as important as intercourse

Gay men deserve to be unhappy

Gay men don't kiss

Gay men just want sex

Gay men should go for pretty boys

Gay relationships shouldn't be as sought after as gay sex

Good long-term relationships are easy to maintain

Good partners should like the same things as each other in bed

Good sex means a lot of different positions

Having a vasectomy will reduce my sexual prowess

Having sex will make everything alright

Having sex with more than one man at a time is problem-free

HIV, AIDS and other STDs only affect some groups

I can't become a better lover

I should be able to give a partner multiple orgasms

I should be able to have sex like I could when I was younger

If a man is feeling highly sexually aroused then he must ejaculate

If a relationship is going well then the couple will have sex every night

If I find my partner's 'faked' an orgasm I should make sure they have one

If I give my partner an orgasm then they'll be satisfied

If my partner loved me he/she'd swallow

If my partner takes part in the act it doesn't matter why

If someone does not want to have sex with their partner then it means that they do not love them

If your partner does not have an orgasm it is your fault

Intercourse is the ultimate sex act

It is a problem if a partner does not orgasm through intercourse

It is advisable to distinguish between givers and receivers

It is OK for me to just concentrate on pleasing my partner

It would be appropriate to try and change my gay orientation

It's OK to distinguish partners on the presence or lack of a foreskin

It's right that gay men should feel guilty

Jealousy is an acceptable part of gay relationships

Kissing is just something that kids do

Love is the answer to everything

Making stupid mistakes is a part of being young
Masturbating to make yourself feel better is always
a good thing
Masturbation should be hidden from a partner
Men and women experience sex differently
Men and women tend to differ in their sexual
appetite
Men have erections on awakening in the morning
because they want sex
Men reach orgasm more easily than women do
Most sexual thoughts are usually complex
My use of sexual swear words doesn't matter
Nakedness is not important
Nothing is sadder than an old gay man
One night stands are better than sex in a
relationship
Organising birth control takes the fun out of sex
Penis size matters
Pleasure giving is always positive
Promiscuity is the only way acceptable in the gay
'world'
Romance is about spending money
Sex / masturbation is always a good release
Sex is about intercourse and therefore requires an
erection
Sex is about making a partner orgasm
Sex is about performance
Sex is all over when the man ejaculates
Sex is purely physical & mechanical
Sex is something that needs to be worked at

Sex is the only way that a man can show a partner
that he loves them
Sex should always be taken as a sign of success
Sex should be great from the start
Sex will always be exciting
Sex with the same partner will always become
boring
Sometimes getting angry works
Spiritual leaders are against an enjoyment of sex
Talking about sex lessens the enjoyment
Talking dirty is always a good thing
The more noise my partner makes the more they're
enjoying it
The reasons that women and men have for not
wanting sex are different
The use of gay pornography is always appropriate
There are standard positions which we should
enjoy
There is a fixed norm for frequency of intercourse
There is a normal frequency of sexual activity
amongst couples
There is no such thing as "afterplay"
We have an entitlement to sex
When masturbating a woman you use the same
force that you would on a man
Women can't enjoy sex during their periods
Women don't enjoy sex as much as men
Women don't enjoy sex whilst pregnant
Women never enjoy sex more than men

Appendix 2: Themes encompassed within the Healthy Sexual Functioning programme sexual statements

Theme	Description	Example
Basic sexual knowledge (5 statements)	Basic elements of sexual knowledge concerning sexual health, pregnancy and bodily functions. The statements elicit any gaps in sexual knowledge and incorrect beliefs about sex and relationships.	‘A woman cannot get pregnant if the man withdraws before ejaculating’
Relationships (13 statements)	Expectations of a relationship encompassing love, intimacy and sex.	‘Romance is about spending money’
Intimacy (28 statements)	Various aspects of intimacy which can be split into clusters: a) those which express a limited view of how one can be intimate with their partner and those which remove the intimacy from sex by, b) seeing sex as impersonal, merely about the actual act and c) fixating on the orgasm as the intended result of sex.	‘Sex is the only way that a man can show a partner that he loves them’
Sexual conservatism (6 statements)	A restricted view of sex. This is reflected by a restricted view of what sexual behaviours are considered acceptable.	‘Masturbation should be hidden from a partner’
Sexual ability (8 statements)	The expectations relating to one’s sexual ability, reflecting fears of inadequacy.	‘I can’t become a better lover’
Cognitive distortions (5 statements)	Distorted attitudes which may serve to legitimise offending.	‘Making stupid mistakes is a part of being young’
Sexual preoccupation (13 statements)	A preoccupation with sex whereby sex is only ever viewed as a good thing, never a bad experience. A fixation on sex, seeing it as serving a wider purpose - good sex will improve others aspects of one’s life.	‘Having sex will make everything alright’
Power (7 statements)	A notion of power, strength and a sense of machosim.	‘As a man it is my role to thrust hard’
Sex for women (12 statements)	Views of men and women being very much different in their sexual appetite and need.	‘Women never enjoy sex more than men’
Sexual arousal (5 statements)	Interpretations of sexual arousal – what indicates arousal and what can hinder it.	‘Talking about sex lessens the enjoyment’
Sexual expression (7 statements)	Reflect judgments about appropriateness of different types of sexual expression.	‘Masturbation should be hidden from a partner’
Homosexuality		
Homosexual stereotypes (8 statements)	Common stereotypes about gay lifestyles which may therefore lead to misguided expectations.	‘Gay men just want sex’
Attitudes towards homosexual sex (11 statements)	Expectations about gay sex. These tend to reflect a promiscuous, risky view of homosexual sexuality, ignoring relationships/intimacy.	‘Fetish can be a normal part of gay sex’
Knowledge about homosexual sex (6 statements)	Stereotypical views about gay sex as well as sex education and sexual health issues regarding safe sexual practices.	‘Fisting is a safe sexual practice’
Homophobic views (4 statements)	Negative attitudes towards homosexuality.	‘Gay men deserve to be unhappy’

Appendix 3 Literature review concerning ID sex offenders and relationships, intimacy, sexual expression and sexual conservatism

It was clear from the literature review that the categories relationships and intimacy represent pertinent themes for the ID population with further theoretical support indicating a likely link between intimacy and relationships and sexual offending by ID men. Before reviewing the relevant literature, it is worth here addressing the concept of intimacy. Although there are various ways in which intimacy can be defined, it is generally accepted that a relationship which encompasses warmth, affection and mutual self-disclosure, as well as closeness and interdependence between partners is deemed intimate (D. Perlman & Fehr, 1987). Such relationships can range from mere acquaintances or casual friends, to close friends or supportive lovers (Marshall, 1989). Intimacy is thought to exert numerous positive effects on an individual including acting a buffer to stress (Fiore, 1983) and having positive effects on both physical and mental health (Waltz, 1988). Conversely, emotional loneliness is said to result from a state in which one lacks intimacy (Ward, Hudson, & Marshall, 1996) and is associated with a range of anti-social behaviours including hostility and aggression towards women (Check, 1985) as well as being associated with depression (Hsu *et al.*, 1987). Ward, Keenan and Hudson (2000) suggest the basic requirement for all human relationships is the ability to infer others' beliefs, desires, emotions, intentions and needs. The authors suggest that failure to make such inferences about one's partner is likely to lead to a difficulty empathising and thus, difficulty resolving relationship conflict. As such, it is the opinion of intimacy theorists that much human behaviour can be explained through reference to their need for intimacy (Dahms, 1972).

The general ID literature describes this population as seldom holding meaningful relationships with people outside family or care giver relationships (Jameson, 1998) and it appears one reason for this relates to a lack of opportunity to establish wider relationships (Mattison, 2000). A difficulty recognising others' emotions, a deficit commonly reported in ID individuals, has also been implicated in this relationship difficulty (Simon *et al.*, 1996; Wood & Kroese, 2007). This can cause distress for the ID individual as research suggests they will commonly aspire to establish close, long-term relationships (Goodley, 2003). Lacking relationships also limit the amount of appropriate sexual outlets an ID individual has and this is supported by suggestions that masturbation is the only sexual outlet available to many individuals who have an ID (Szollos & McCabe, 1995). Limited relationships also mean that those with ID lack the opportunity to develop social skills which are necessary to

establish relationships and further lack exposure to sexual issues via social interaction (Scotti, Speaks, Masia, & Boggess, 1996). This in turn, therefore, may contribute to a lack of socio-sexual knowledge. Furthermore, this appears to be a reciprocal relationship, that is, whilst having limited relationships hinders the establishment of social skills, lacking social skills will, in turn, hinder the establishment of relationships. Szollos and McCabe (1995) support this, suggesting that a consequence of having limited sexual knowledge is that ID individuals may be hindered in their ability to establish close relationships and this in turn limits opportunities for achieving intimacy.

Contrary to the above, some authors have offered evidence which appears to demonstrate the considerable romantic relationship experience of this population. McCabe and Cummins (1996), for example, found 48% of ID individuals in their sample had experience of sexual intercourse and 80% had experience of kissing. McCabe (1999) later reported 58% of ID individuals in his study had sexual intercourse experience and 78% romantic kissing. More recently Siebelink, DeJong, Taal and Roelvink (2006) reported considerable self-report relationship experience and need in a sample of ID individuals. The authors found intimacy experience was quite common, noting that participants seemed to have considerable experience with various aspects of sexuality and romantic relationships. Participants reported a range of sexual needs, most commonly kissing and relational need was higher than sexual need and the need for a boyfriend or girlfriend was scored most highly. Participants were then asked about the activities which comprised their relational needs, that is, what they would like to do with their boyfriend or girlfriend. This proved to be a useful way of deconstructing participants' conceptualisations of relationships, with the most frequently reported activities including both sexual and non-sexual activities: hugging (66%), shopping (64%), going for a walk (63%), kissing (62%) and sexual intercourse (57%). The authors reported positive relationships between sexual knowledge and attitudes and between attitudes, experiences and need which, they state, is reflective of findings within non-ID research. Thus, the more sexual knowledge an individual had, the more positive their sexual attitudes were, and positive attitudes were related to more experience and need. This therefore contradicts the widely held view that ID individuals have limited relationship experience (for example Jameson, 1998; Mattison, 2000), suggesting instead that ID individuals often have considerable experiences of relationship and intimate activities.

The concepts of relationships and intimacy have featured specifically within the ID sexual offending literature, albeit to a lesser extent than in the general sex offending

literature, whereby this population have been described as having limited relationship skills. Day (1994) examined 191 offences committed by 47 male sex offenders with ID and found a high prevalence of limited relationship skills, a lack of understanding about normal sexual relationships and difficulties mixing with women. This relationship naivety was later implicated in sexual offending by Lindsay, Elliot and Astell (2004). These authors found an association which approached significance between a lack of previous relationships with women and sexual re-offending or strong suspicion of re-offending in a cohort of 52 ID sex offenders.

Further support for the link between sexual offending by ID men and relationship inexperience is presented by Courtney, Rose and Mason (2006). In their qualitative investigation into the offence process for ID sex offenders, the authors reported two types of offence planners: groomers and grabbers. Groomers would slowly work towards committing the offence over time whereas grabbers would be more opportunistic in their offending. The authors noted that grabbing offences were often seen as failed attempts to establish social contact, demonstrating deficiencies in social skills. It was also apparent that these opportunist offenders seldom made attempts to hide their offence or avoid apprehension and it was suggested that this indicated their genuine unawareness any wrongdoing. These findings therefore lend support to the hypothesis that some ID sex offenders' offending represent naïve attempts to establish intimate contact, rather than sexual deviance *per se* (Barron *et al.*, 2002; Day, 1997).

These findings are further supported by Lockhart, Guerin, Shanahan and Coyle (2010) who compared the self-report sexual needs of three groups of participants with ID, those with: (i) sexualised challenging behaviour, (ii) non-sexualised challenging behaviour and (iii) no challenging behaviour. The sexualised challenging behaviour group reported significantly higher needs in terms of dating and intimacy when compared to the non-sexualised challenging behaviour group and it was therefore suggested that problematic sexual behaviour exhibited by these individuals may represent attempts to fulfil sexual needs inappropriately (Brown, 1994). The authors did, however, warrant caution to this conclusion as there were no significant differences in the need reported by the sexualised challenging behaviour group and the non-challenging behaviour group.

Further research intimates that these difficulties with romantic relationships are likely reflective of general relationship problems suffered by the sexual offending groups. Lindsay (2004b) found a significantly higher incidence of social and relationship problems in 106 sex

offenders (52%) compared to 78 non-sex offenders (24%) with ID. Steptoe, Lindsay, Forrest and Power (2006) later compared the self-report quality of life and relationships of 28 ID sex offenders compared to 28 non-offending ID individuals using the Significant Others scale (Power, 1988). They found that both the actual and ideal levels of support from the individuals' mother and father were lower for the sex offender group. Thus, the offender group felt more isolated from their parental relationships and, furthermore, did not seek more emotional support from their parents. The authors describe the findings as indicative of the ID sex offenders' emotional detachment from important developmental relationships, a finding which also appears within mainstream sex offender research (for example: Smallbone & Dadds, 1998). The authors also compared scores from Life Experience checklist (Ager, 1989) which measures five areas of life experience thought to contribute to quality of life and community integration: home, leisure, relationships, freedom and opportunities. The results revealed that the sex offender group scored lower in terms of leisure and relationships, suggesting that this group had poorer relationships and less use of leisure. It is not clear, however, whether this was due to a lack of available relationships and leisure opportunities, or whether this group had access to, but chose not to engage in these activities.

With regard to sexual expression and sexual conservatism, research suggests that people with ID are often naïve in their sexual expression (Barron *et al.*, 2002) and frequently hold strong and persistent attitudes concerning the types of sexual expression which they consider acceptable. This conservatism of ID individuals' attitudes towards sexuality has been widely documented over the past 30 years (for example: Garwood & McCabe, 2000; Heshusius, 1982; Lunskey & Konstantareas, 1998; Szollos & McCabe, 1995; Timmers *et al.*, 1981; Wish *et al.*, 1979) and manifests in a range of ways. It appears that this population commonly hold more negative and more conservative attitudes towards sexuality than do their non-ID counterparts (Szollos & McCabe, 1995) and are more likely to absorb rigid male and female stereotypes (Coleman & Haaven, 2001). McCabe and Cummins (1996) supported these findings in reporting that, whilst the majority of ID participants in their sample had positive attitudes towards intercourse, only half saw masturbation, oral sex and homosexuality in a positive light. In their examination of the effects of two sex education programmes on six ID participants, Garwood and McCabe (2000) found participants held very negative attitudes towards sexuality both pre and post programme. Such negative attitudes were particularly strong in the areas of oral-genital sex, hugging without clothes on

and masturbation, which half of the participants saw as 'bad'. It is interesting to compare these findings with those of Brown and Thompson (1997) who found that ID participants were more willing to condone, and admit to, abusive sex with ID women than they were masturbation or homosexual sex.

Thus, it is apparent that ID individuals commonly hold conservative or negative attitudes about sexuality. It might be suggested that such attitudes are likely to be linked to lacking sexual knowledge and false beliefs whereby attitudes are created and maintained using incorrect information or in absence of information. These beliefs and attitudes may also be the product of negative attitudes towards ID sexuality expressed by others (see: Aunos & Feldman, 2002; Karellou, 2003; Katz *et al.*, 2000) which are subsequently absorbed and internalised by those with ID.

It is certainly conceivable to suggest that such beliefs and attitudes will not be conducive to a healthy sexuality (Hill, 2008). However, cognitions that are supportive of a restrictive sexuality have further been implicated in the commission of sexually inappropriate behaviour within the Counterfeit Deviance hypothesis (Griffiths *et al.*, 1989). Under the Structured hypothesis, Hinsburger *et al.* (1991) suggest that the controlled environment characteristic of many ID individuals' lives may influence the development of distorted views as to what sexual behaviours are considered appropriate and these may, in turn, facilitate sexual offending. This is supported by the study conducted by Szollos and McCabe (1995) who found ID respondents typically held a number of inaccurate beliefs including the belief that masturbation causes harm.

Under the Modelling hypothesis, the authors suggest a further way in which sexual expression may be linked to sexual offending. They suggest that many of the relationships held by an ID individual do not represent realistic models for sexual and intimate behaviours. Instead, such relationships may influence the development of inappropriate concepts of what intimate behaviours are deemed appropriate and this in turn may facilitate sexual offending. Thompson and Brown (1997) support this idea, suggesting ID men may be naïve to conventions of privacy and the legality of certain expressions of sexuality which may lead to their expression of sexual behaviours in public. Furthermore, the authors suggest that ID individuals may lack the opportunity to engage in private sexual behaviours due to the lack of private space characteristic of many of their lives.

In addition to this, some interesting findings with regard to conservative views about sex held by ID sex offenders were presented by Lunsky *et al.* (2007). The authors compared

the sexual attitudes of (i) Type I ID sex offenders (strictly paraphilic: Doyle, 2004), (ii) Type II ID sex offenders (more inappropriate than paraphilic: Doyle, 2004) and (iii) ID non-offenders. The results suggested all participants were generally very conservative in their sexual attitudes, with the exception of same-sex attitudes. Here, Type I offenders tended to be much more liberal in their attitudes towards same-sex relationships than both other groups and the effect size for this was large. The authors did not offer an explanation for these results but instead concluded further research is necessary to better understand the relationship between ID sex offenders' attitudes and their sexual offences.

Appendix 4: Example consent form

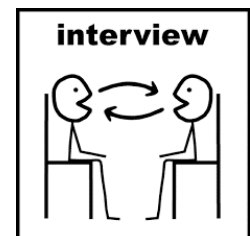
It has been explained to you that you are taking part in research which is looking at people's views about sex.

The research is being done by Danni Mayes from Nottingham Trent University as part of a doctorate degree. The findings will help people understand sexual offending better, this will hopefully help to improve treatment programmes for sex offenders in prison.

What are you agreeing to?

You are agreeing to take part in 3 interviews with Danni Mayes. In these interviews, we will have a discussion about your views on sex.

We will talk about some of the things that have happened in your life, your offence and your opinions.



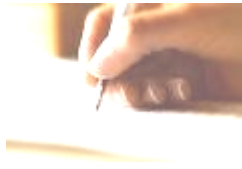
Danni will use information from your prison files at HMP Whatton to prepare for these interviews.

The interviews will take place in an interview room at HMP Whatton.



You can stop these interviews at any time to have a break or end the interview.

What will Danni do with the information you give to her?



Information from your prison files will only be seen by Danni and if it is used in Danni's report, nobody will be able to know that this information relates to you.

Danni Mayes will not tell anyone else about the things you talk about in the interview unless the information you give her relates to;

- a) You harming yourself
- b) A risk of someone else being harmed
- c) An offence which you have not been convicted for, or
- d) Plans to escape prison or break prison rules.

If you mention any of these things, the information may be passed to the prison security department, your wing staff or the police. Danni Mayes will tell me if this is going to happen.

The interviews with Danni will be recorded on a Dictaphone. These recordings will be deleted when the research has finished.

Danni will write up everything that you talked about but your name will not be written on these notes, Danni will use a false name. Your name will not be mentioned in any reports about the research. Some of the things you say will be used in the research but no one will know it was your words.

It is your choice whether you want to take part or not

It is up to me if you want to take part in the research or not. If you choose to take part, but then change your mind, you will not get into trouble.

If you have done the interview, but then change your mind about taking part in the research, then you have 4 weeks (one month) to let Danni know.

You will not receive anything for taking part

You will not receive anything if you take part and you will not lose anything if you do not take part in the research.

Your decision to take part will not affect your chances of parole or getting treatment at HMP Whatton.

Signed.....

Date.....

Researcher.....

Date.....

(Danni Mayes)

Appendix 5: First version of the vignettes

1) CHRIS

(i) Chris is a 35 year old man. He is talking to his friend, Arjay, and is telling him about all the women he has had sex with recently. Chris says he has had lots of one night stands. He says he would rather have sex like this than have sex with the same person all the time.

- What do you think about this?
- What do you think about Chris' 'one night stands'?
- Why do you think Chris likes one night stands better than sex with the same partner?
- What is 'OK' about Chris having one night stands?
- What is 'Not OK' about Chris having one night stands?

(ii) Chris is out with a group of friends one night. They are all sitting in a pub, talking about their favourite films. One of his friends has brought her friend along, Zoe. Chris finds Zoe very attractive.

- What do you think about this?
- What do you think Chris should do?
- How do you think Chris could tell if Zoe was attracted to him?
- Chris would like to kiss Zoe, what should he do?

2) DAVID

(i) David is a 30 year old man who is attracted to men. He is not attracted to women, so he considers himself to be gay. David likes gay pornography

- What do you think about this?
- What do you think about David being attracted to men?
- What do you think about David liking gay pornography?

(ii) David has a friend called Terry. Terry tells David he thinks he should try and like women instead of men.

- What do you think about this?

3) RAJ AND ANNA

The following stories are about two people called Raj and Anna. Raj is a 25 year old man and Anna is a 24 year old woman. They have been boyfriend and girlfriend for one year and they are in love with each other. They also live together.

- What do you think about this?
- How easy is it to have a long-term relationship?

(i) Raj and Anna are sitting on the sofa watching a film one night when Anna leans over and starts kissing Raj. Raj kisses her back and he begins to feel her body. After a few minutes, Raj asks Anna if she would like to go upstairs and have sex. Anna says she does not want to have sex.

- What do you think about this?
- Why do you think Anna doesn't want to have sex with Raj?
- Raj wants to show Anna that he loves her, what other ways can he do this?
- Is kissing enough?
- When Raj and Anna's relationship is going well, how often do you think they would have sex?

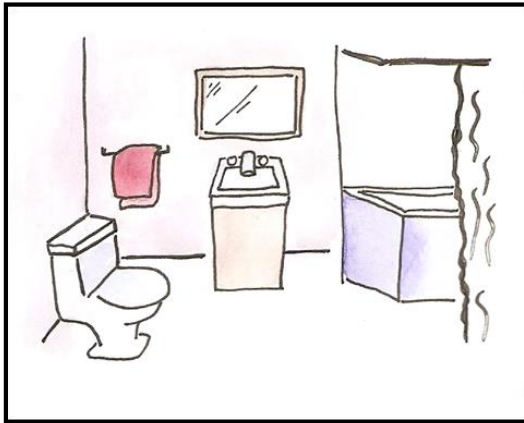
(ii) Raj comes home from work after having a really bad day. He walks into the house and Anna is watching TV downstairs. Raj feels really stressed from his day and decides he wants to masturbate to make himself feel better. He tells Anna that he is going upstairs to unpack his bags. He then goes upstairs to the bathroom and he masturbates.

- What do you think about this?
- What do you think about Raj not telling Anna he was going to masturbate?
- What do you think about Raj masturbating to make himself feel better?

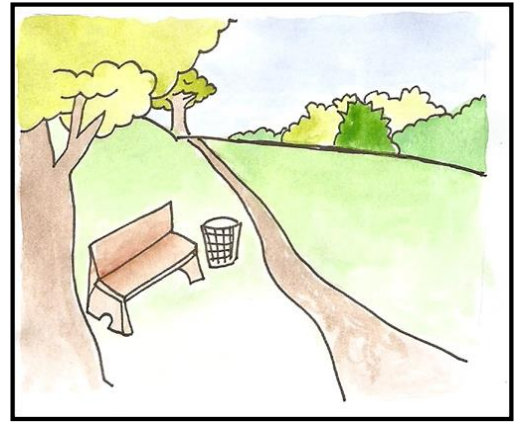
(iii) Raj has been having lots of different sexy thoughts recently and he thinks about these when he masturbates.

- What do you think about this?
- Do you think Raj should share these thoughts with Anna?
- Do you think there are any sexy thoughts that partners shouldn't share with each other?

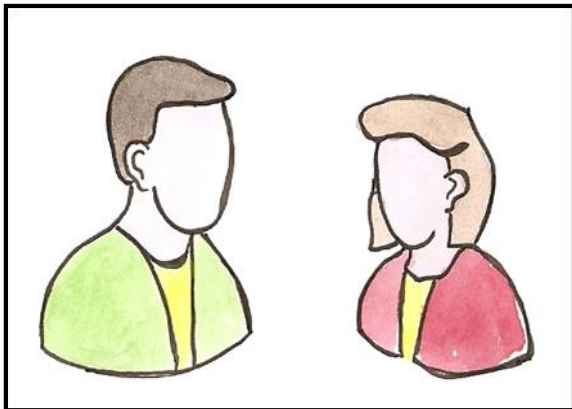
2Where is it 'OK' to masturbate? (you can choose more than one if you want)



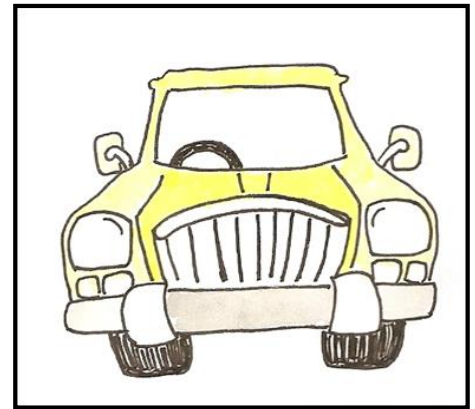
The bathroom at home



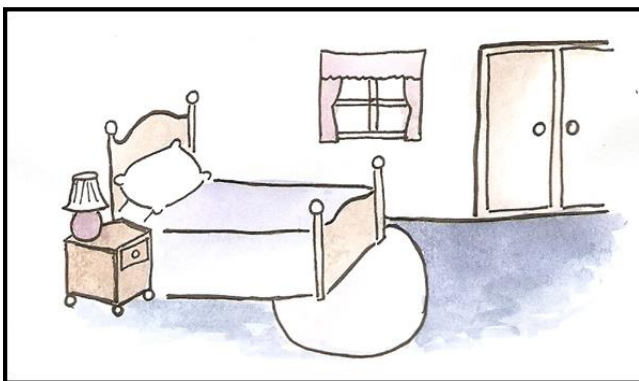
The park



In front of a partner



A car



The bedroom



Public toilet

4) RACHEL AND MICHAEL

(i) Rachael and Michael are both 40 years old and are married. They are both feeling sexy and go to bed together. They lay on the bed with their clothes on kissing and touching each other.

- What do you think about this?
- What do you understand by the word 'foreplay'?
- Do you think foreplay is important?
- What is OK in foreplay?
- What is not OK in foreplay?

(ii) Rachael and Michael talk about what sexy things they'd like to do. Michael says he would like them to have oral sex and he would like Rachael to swallow his semen. But Rachael says she would like them to masturbate each other, using their hands.

- What do you think about this?
- What do you think about them talking about the sexy things they want to do?
- What do you think about Rachael and Michael wanting to do different things?
- Rachael doesn't want to 'swallow', what should she do?
- How do you think Michael might feel about Rachael not wanting to 'swallow'?

- Michael and Rachael continue having foreplay. What do you think they would do next?

(iii) Rachael and Michael are having sex. Rachael tells Michael that she has had an orgasm. Michael ejaculates and they finish having sex.

- What do you think about this?
- Why do you think they stopped having sex?
- Do you think sex should finish when the man has ejaculated?
- What do you think they would do next?

(iv) Michael finds out that Rachael pretended to orgasm.

- What should he do?
- If a woman does not orgasm, what do you think this means?
- Do you think Rachael enjoyed having sex with Michael?

(iv) Rachael is on her period. Michael suggests they have sex.

- What do you think about this?
- Do you think women can enjoy having sex when they are on their periods?
- What about if a woman is pregnant?

Appendix 6: Example debrief form

Information sheet - after the interview

Thank you for taking part in this study. What you have told me will help me understand how someone's knowledge and opinions about sex may link to their sexual offending. It will hopefully help me make suggestions about how treatment for sex offenders in prison could be improved.

You taking part in the interview will not have any effect on your chances of parole or the treatment you will receive in prison.

I will not tell anyone what we talked about today. When I write up the information you have provided to me, I will not put your name on it. The name I will use instead is:..... I will write some of the things you have said to me in my report, but nobody will know it was you who said them.



If I use any information from your files held at HMP Whatton, I will use a false name and nobody will know that the information relates to you.

If you decide that you do not want me to use the information you have given to me, you have until to tell me that you have changed your mind. If you do this, you will not get into trouble and all the notes I have made will be shredded and thrown away through confidential waste. The tape recordings I have made on the Dictaphone will be deleted.

Some of the things we have talked about today were quite personal. If you feel upset after the interview you should contact a member of your wing staff. There are lots of services in Whatton where you can go if you feel like you need help;

- *Support volunteers* - look on your wing and find out who they are
- *Listeners* - you can ask wing staff if you need to speak to a listener
- *Counselling psychology service* - put an application in and speak to one of the team



The report I write will be included in my final research project - this research project will take a long time to do and should be finished by 2013.

If you are interested in the results of my research, I would be happy to give you a short report or meet with you if you are still at HMP Whatton.

I would like to thank you again for your help.

Danni Mayes

Appendix 7: Table of themes of participants' beliefs about sex and relationships

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Age	The development of sexuality	Females often look older than they are (3)	Alex (t): But then the old teenagers, all that was, because they say the youngest one was 11, I didn't know, because some girls get mature real quick, grow breasts and that
		Girls aged 12-14 are usually sexually active (2)	Chris (p): See my opinion is, erm, not being nasty, but girls from 12 to 14 are usually sexually active anyway
		At the age of 12, people are sexually curious (4)	Ethan (p): When you are young er, at their age, 12 odd of course you are going to be curious, you are always going to be curious, but I always say, it's better holding off as long as you can
	'Underage' sex	The law says you have to be at least 16 to have sex (20)	Charlie (p): Because she's underage...erm 16 and over innit
		The age of consent varies across cultures (1)	Fred (p): No because the, if you look at in different countries the age limit is all different. So it's hard to say yes and no because, in the, in the paper, it said where different countries and different ages and that so it's hard to say because it all depends on what religion you are, what you and have and what you can't have, so
		I think you should be at least 16 to have sex (16)	Isaac (t): my opinion is 16
		I think you should be over 16 to have sex (5)	Dean (p): ...Er, in my opinion, 20 plus
		A person under 16 should not have sex because:	Alistair (p): because she's a bit young and, she doesn't want to bring up children at that age, if she falls pregnant
		<ul style="list-style-type: none"> they would not be responsible enough to deal with the potential consequences of having sex (2) 	Bobby (p): ...well, the 12 year old maybe doesn't know how or how to have sex
		<ul style="list-style-type: none"> a person under 16 may not know won't know how to have sex (2) if a girl under 16 had sex, she might get a bad reputation (1) 	Billy (t): ...at the end of the day if, if you are 12, 13 years of age and you have sex, you've got boys out there who will turn round and say 'oh, she's a slag, she's easy, she'll do anything' and you get a reputation and that reputation is very hard to get rid of...
<ul style="list-style-type: none"> if a person under 16 had sex, it could cause physical harm (1) 	Don (t): Because she's underage. He could be over age, he could be overpowering her, if he's 18 he could hurt her, could damage her insides, you don't know		

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Age	'Underage' sex	If two underage people are the same age, it is OK to have sex (2)	Craig (t): Because if he is over the age of 16, she shouldn't have sex with him and if she's around the same age as him, it's up to them if they want to have sex, I know it's against the law, but if they are consenting to it
		If two underage people are the same age, it is not OK to have sex (1)	Don (t): ...even if they consent, she could still get into trouble because, not matter what, if he give consent, him or her give consent together, it's still underage sex or you can still get done for it
	Talking about sex	It is normal for girls 12-14 to talk about sex (6)	Alistair (p): it's just teenagers talking isn't it
		Girls 12-14 should not talk about sex (5)	Kyle (t): I, I, I don't know, I would say probably about 16, something like that er, when they can really understand it, do you know what I mean, more than anything else
		It is risky for young girls to talk about sex (2)	Billy (t): That could be a situ, a dangerous situation to be in because the girls are too young and, if I knew the girls or knew their parents, I would actually say something to their parents
	Society sexualises children	Children are exposed to sex education/sexual information too early (4)	Ethan (p): ...from what I gathered, cos I never went to school but from what is laid down in the papers and that, in sex education er, they are teaching them too young and I think it's wrong, morally wrong
Adults make children grow up too fast (2)		Billy (t): But now, everybody tries to make kids grow up too fast... five year olds dressing up in their competitions for pageants	
Interacting with others	Interacting with women	It is not easy to tell how a woman feels about a man (15)	Alistair (p): ...just from experience like, it's not easy
		You do not know what women are thinking (3)	Kyle (t): ...you don't know what the woman is thinking
	Interacting with someone you are attracted to	It is difficult talking to someone you are attracted to (6)	Billy (t): It's harder talking to someone you fancy because you don't know how they are going to react, you don't know if they are just going to bite your head off...
		If you want to kiss a woman you should: <ul style="list-style-type: none"> ask her (11) just do it (3) wait until you feel it is the right 	Alistair (p): Ask her if she can kiss him Billy (t): Err, wait for the right moment and take it very slowly... Fred (p): Just go for it! Probably on the cheek, that's more friendly than like going on the lips and then if he kisses her on the cheek and

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
		moment (3)	she turns round and it happens, it happens!
Interacting with others	Interpreting others' behaviour	You can tell a woman is attracted to you by her:	Alistair (p) : Body language... getting closer to her like that, that's it
		<ul style="list-style-type: none"> • body language (8) • eyes/eye contact (8) • touching (7) • facial expression (3) • laughing and joking (3) • play fighting (2) • dropping hints (2) • the way she is dressed (1) • playing with their hair (1) • spending more time with you (1) 	<p>Chris (p): Eyes, hands (laughs), I know it sound daft, but I always look at the eyes you can always tell by the eyes, watch the, is it pupils? In the middle (gestures to own eyes)... they get wide don't they?</p> <p>Gerry (t): ...she keeps tapping him on the shoulder er, maybe she feels attracted to him</p> <p>Bobby (p): You can tell by her facial expression</p> <p>Elliott (t): ..she's laughing to what he's saying and she keeps touching him</p> <p>Alex (t): Erm, I dunno, just play fighting or something like that</p> <p>Isaac (t): by, by unusual, different things she would do from normally you know like erm, like Zoe dropping hints and stuff like that</p> <p>Fred (p): Is she wearing short skirts or tight clothes...well it could mean, because you are going in there every Thursday at that time, is she dressing <u>for you</u>?</p> <p>Alex (t): I dunno, some women sort of brush their hair don't they? Sort of like twiddle around with their hair like that, sort of, I dunno, I seen it being done</p> <p>Billy (t): If she has given him the right signals, like laughs at his jokes, erm, wants to be with him, laughing, joking, touching, everything, you just take it a little bit further.</p>
		Politeness does not indicate attraction (13)	Billy (t) : well, she's just being polite... I would not take anything out of that, I'd just say I think she's being polite and welcoming me into the store

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Interacting with others	Interpreting others' behaviour	A shopkeeper has to be polite (6)	Felix (p) :...she is working at the shop and it's just the way she is with the customers and that kind of thing, just an outgoing person
		There are instances when sexual thoughts are OK (7)	Andrew (p) : well it depends on what thoughts he's having, I mean reading a porno mag, that's just a picture in a thing, but if you are thinking about going, going to harm someone or something then that's not right
Sexual thoughts	Appropriateness	Sexual thoughts are normal (2)	Billy (t) : Everybody has sexy thoughts
		Sexual thoughts are potentially risky (6)	Alex (t) : Yeah, because at the end of the day, thinking er, wanting sex all the time is, is, you are not, if you ain't going to get it, because at the end of the day, if you think about sex all the time and then you might end up doing the inappropriate thing
		Sexual thoughts are wrong (2)	Gerry (t) : Well there's er, he shouldn't be having any sexy thoughts... well it's all wrong, having these sexy thoughts these fantasies you see, cos er, it might lead to him doing something he might regret
		Sexual thoughts should be shared with your partner (21)	Kyle (t) : I think so yes, to keep the relationship healthy and everything else, and to keep honest with each other...I think they should share all of it
	Sharing sexual thoughts	There are some thoughts that should not be shared with your partner (4)	I : Are there any sexy thoughts partners shouldn't share? Andrew (p) : Yeah, like ex-girlfriends, boyfriends, things like that because it's not really nice to bring things up like that is it
Pornography	Acceptability	Pornography is OK (5)	Dean (p) : It's up to them what they watch... if you watch it, fair enough, you know, it's their, just if you want to watch it, fair enough. Got no problem with it
		Pornography is morally wrong (5)	Don (t) :...it's not right, at the end of the day, to have pornography, don't get me wrong, every man has it...
		Pornography is risky (4)	Alex (t) : it can be a risky situation because if you start looking at pictures or something like that, you go from pictures to TV programmes, from TV programmes to reality people and then you start offending...it gets riskier and riskier
	Pornography and relationships	There's no need for pornography when in a relationship (2)	Ethan (p) : You are demoralising your lassy there, you are in a relationship, now how does she know what's going on in your head? You could be looking at pornography, then thinking about that when you make love to your lassy... he doesn't need it, if he has a woman in his life

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Pornography	Pornography and relationships	Pornography is only safe when used in a relationship (2)	Kyle (p) : Well it's down to them, it's up to them, but you are using them in the right, the right way, yeah, like with your partner or something, you don't see it on your won, do you know what I mean?
		It is OK to masturbate (6)	Chris (p) : Fair enough, no problem at all. Masturbation is fine, as long as it's in private.
		Masturbation is normal (5)	Charlie (p) : I mean everybody does it, I mean, we wouldn't be human if we didn't, um, I don't have a problem with it
		Masturbation is a private thing (4)	Billy (t) : Well, that's a man's personal time isn't it? It's not something that you would want everyone to know, I mean there is times when a lady wants times to herself and you know, that's her time
		Masturbation is unpleasant (3)	Brian (p) : It's disgusting
		Masturbation is risky (3)	Isaac (t) : Er, masturbation, er, is normal, but in erm, to do it on a regular basis you are stimulating those thoughts, could make them stronger so you've got to be careful about that because er, because that could get you thinking about sex all the time. Cos if you are do, doing it three, four times a day, you are just sexually excited all the time and you are thinking about sex all the time and that's dangerous levels so
Masturbation	Acceptability	It is OK to mast to make yourself feel better (5)	Dean (p) : ...Ur, it's OK, it's OK ...it's good if he wants to relieve a bit of stress
		It is not OK to masturbate to make yourself feel better (8)	Andrew (p) : He feels stressed so he masturbates to, to feel better?! He should really go to the doctors
		It is never OK to masturbate (1)	Edward (p) : It's wrong. All of them ways it's wrong, you show me us wrong. You not to masturbate, because you have a partner I : OK. What about if you haven't got a partner? DO you think it's OK to masturbate if ou haven't got a partner? E : Na! No!...No no... Not to OK to masturbate because it's not the right it not the way
		It is never OK to masturbate:	I : What about in front of a partner? Brian (p) : (shakes head) No
		• in front of your partner (2)	I : What about in a park? Edward (p) : Naw!
		• in a park (21)	
Masturbation	When is it OK to masturbate	It is OK to masturbate (5)	
		It is not OK to masturbate (8)	
		It is never OK to masturbate (1)	
		It is never OK to masturbate:	
		• in front of your partner (2)	
		• in a park (21)	

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example	
Masturbation	When is it OK to masturbate	<ul style="list-style-type: none"> in a car (20) in a public toilet (21) 	<p>I: In a car? Andrew (p): No, because people can see you</p> <p>I: In a public toilet? Felix (p): No... Um, you got people coming in and out the toilets, it's a public place so you could get done for indecent and stuff, in public places, so, that's it</p>	
		It would be OK to masturbate in a car if it was in a secluded place (1)	Gerry (t): In a car? Well, ...er, I'm sure many people do it in the car you see, seems to be a luxury dunnit... er it would be OK if you was in a field or you went to some lay-by you see, a lay-by, you know, just somewhere off the road you see, the beaten track, where people are not likely to just walk past	
		It is OK to masturbate in:	Billy (t): Because you've got everything there to actually clean yourself after you have masturbated, erm, it's got a lock on the door so you have privacy	
		<ul style="list-style-type: none"> your own bathroom (20) your bedroom (20) 	Elliott (t): Yeah, in your bedroom, that's fine because that's private as well	
		It is OK to masturbate as long as it is not too frequent (1)	Isaac (t): It's OK, as long as you don't do it all the time like	
		Masturbation is OK as long as it's about someone you know (1)	Craig (t): Like if I wanted to masturbate and that? It's alright to masturbate to someone you know, but if you, it's like someone on the telly, it's not Ok, because you don't know them	
		A partner would not like you to masturbate (6)	Alex (t): She might think you are a dirty perv	
		A partner would be suspicious if they found out you masturbate (4)	Isaac (t): Anna might be thinking in her head, 'why is he in the toilet masturbating? Has he met somebody at work he is masturbating about?' things like that...also it could be like going off her and stuff like that and she, she, she might think it that way, what secrets is he hiding from doing that?	
		You should tell your partner if you masturbate (3)	Craig (t): I think he should have told her...because they shouldn't keep secrets... they are in a relationship	
		There is no need to masturbate when in a relationship (5)	Gordon (p): It's normal, but it's different if you have a girlfriend... I would not see the point, why you need to masturbate?	
	If your partner consents, it is OK to masturbate in front of them (18)	David (p): Err, it depends if it's part of the, the, if they... if they are in a sexual act at the time. If they are, it's OK		
		Masturbation in a relationship		

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Relationships	Relationship expectations	<p>From a relationship, a partner would expect:</p> <ul style="list-style-type: none"> • support (8), including financial support (5) • honesty (8) • faithfulness (5) • trust (5) • commitment (3) • nice appearance (2) • sex (2) 	<p>Kyle (t): I think to be totally honest, about everything, do you know what I mean? And be supportive and be there for her</p> <p>Gerry (t): Maybe to look after them you see, err, maybe, maybe loads of money (laughs) "give me, give me, give me" charity, you know...</p> <p>Billy (t): just generally being honest with each other"</p> <p>Gordon (p): ...Er, to be good, not go round,, no cheating (laughs) yeah that's what I think</p> <p>Craig (t): To be truthful, err, to be caring and that... to be open and honest, if you, if you are in difficulty and that, not to hide things away</p> <p>Felix (p): commitment really</p> <p>Brian (p): Be honest and don't tell lies... And your appearance goes along way as well</p> <p>Andrew (p): Sss..stability, I had to think of that word, stability, a job, er, a good sex life I presume</p>
		<p>From a relationship, I would expect:</p> <ul style="list-style-type: none"> • honesty (8) • trust (5) • love (5) • support (3) • sharing (3) • arguments (2) 	<p>Felix (p): I expect her to be honest, the most important thing</p> <p>Isaac (t): ..er, somebody who I can trust</p> <p>Kyle (t): Honesty, being open...err I would say support, loving</p> <p>Billy (t): support, honesty, erm respect just generally being honest with each other</p> <p>Isaac (t): Just share, share your thoughts, share your feelings, share your emotions and that</p> <p>Charlie (p): ...I mean obviously you are going to get arguments, not arguments sort of like every day like we would have erm...</p>

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Relationships	Relationship expectations	<ul style="list-style-type: none"> happiness (2) sex (2) faithfulness (2) 	<p>Dean (p): Love, kindness, happiness together, no arguing, no falling out...</p> <p>Charlie (p): Erm, I suppose erm, a lot of love, that's got to be a big Yes in a relationship and obviously sex and things like that so</p> <p>Ethan (p): And it's an unsaid rule, but everybody knows it, if you are in a relationship, you can't go and look at somebody else and fancy somebody else, you know what I mean, whether that be male or female, you just can't do that, because you are committed, you have made a commitment.</p>
		A relationship would help me stop offending (2)	Craig (t): (I want a relationship) so I don't commit any more offences, to keep us on, to help keep us on the straight and narrow...cos she can stop us before I actually do it, commit an offence. Like sit and talk to her, tell her how I feel and all that
		Partners should be honest (7)	Craig (t): they shouldn't keep secrets... they are in a relationship
		A long term relationship would be hard (7)	Ethan (p): it's an upheaval battle and you have to fight it every day because every day there's new challenges
	Long term relationships	A long term relationship would be easy (4)	Don (t): Easy!... Because learn to respect each other and be honest with each other
		A long term relationship would be easy certain kinds of people (2)	Gerry (t): I suppose it's quite easy for some people
	Roles in relationships	Relationship roles should be equal (9)	Kyle (t): it's all equal these days, do you know what I mean? Years ago the man used to be the dominant one...and because we live in the 21st Century, it's all equal now..
		A man's role in a relationship is to:	Dean (p): Breadwinner...earn money...erm take care of the partner, support her in everything she does, yeah
		<ul style="list-style-type: none"> work/be the breadwinner (4) look after/protect their partner (2) make sure it runs smooth (1) 	<p>Alex (t): A man's role in a relationship? To be respectful to the other, the opposite sex, to protect her, be faithful and loyal and trustworthy</p> <p>Alistair (p): Man's role in a relationship? Make, make sure things go smooth. But it should be the two of them like, not one</p>

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example	
Relationships	Roles in relationships	A woman's role in a relationship is to: <ul style="list-style-type: none"> carry out domestic chores (4) look after children (3) support her partner/ be there (3) 	<p>Charlie (p): Erm, a woman's role is, is, obviously, obviously if she, if she's obviously like working something like part time or something like that, obviously make sure the house is nice and clean and things like that and obviously, if she's got time, to have dinner on the table</p> <p>Bobby (p): I do eye, until the kids come along, then she's got to look after the kids ain't she</p> <p>Elliott (t): To be there for the bloke</p>	
		Negative aspects of relationships	Arguments are a normal part of relationships (4)	Craig (t): Every, every relationship has it's rocky patches
			Life is more difficult when in a relationship (2)	Ethan (p): nobody has an easy way of life, but in a relationship, it's more difficult
	Sex in a relationship	The place of sex in a relationship	Sex should not be rushed in a relationship (3)	Alex (t): ...but now I feel you've got to have a friendship first before you can have a relationship, you know, before you can have sex... you don't just go in there and dive in the honey pot, you know what I mean, you got to get to know them first and them to know you and you get that trust, build up trust
Sex is not the most important part of a relationship (4)			Don (t): You can have sex because you want to have sex, you don't have to have sex because you think you are having a good relationship	
Partner differences		If his partner does not want sex, a man might feel helpless (1)	Bobby (p): It may make Raj feel a bit er, may make Raj feel a bit helpless now	
		If his partner does not want sex, a man angry and rejected (1)	Gerry (t): Well, you see he might be feeling a bit angry you see, he might be feeling frus, frustrated, he's worked himself up...he might be feeling annoyed, frustrated, a bit angry you see... she doesn't want to have sex so he's feeling reject, rejection you see	
		If his partner does not want sex, a man could try and reduce his arousal (4)	Dean (p): He could go and have a cold shower	
		If his partner does not want sex, a man could masturbate (2)	Isaac (t): Erm, talk, talk to her, Anna and say 'I'm feeling aroused' and stuff like that or use, use his cooling off techniques, if he's got any, you know, go and have a cool shower, go out, go for a walk, read the paper, erm, also, also he can, he can masturbate can't he, because it's appropriate enough innit. That's my opinion anyway	

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Sex in a relationship	Partner differences	Partners will want different things (3)	Chris (p): You are two individuals, don't forget, you are not one. You are one as a family unit or as a man and wife but thoughts and fantasies are totally different
		If partners want different things they could compromise/come to an agreement (7)	Alistair (p): Oh, I see, they just have to come to some agreement
		If partners want different things they will argue (3)	Charlie (p): That's going to cause arguments
		If partners want different things the man should do what the woman wants (1)	Gerry (t): Well maybe he could just go along with her, what she's saying and do what she wants to do you see, as long as you are having sex you see
	Frequency	A couple would have sex:	Andrew (p): At least once a week, I would presume.
		• once a week (2)	Fred (p): Probably twice a week, three times if you are lucky, it all depends if she's got s headache or not (laughs) you know, probably twice, three times a week. Depends if he's on shifts and that.
		• two or three times a week (5)	Charlie (p): About 4 or 5 times, something like that
		• four or five times a week (2)	Gerry (t): ...maybe you want 10 times..a week..that's what I would expect you see
		• ten times a week (1)	Isaac (t): When it first started, every night
	• every night in early stages of the relationship (1)	David (p): everybody's different, err, some might have it a coup.., might have sex a couple of nights a week, some could have it four or five times a week, some could have it once a month, it depends on the ind.., I think everybody is different	
Talking about sex	Talking about sex in a relationship is good (9)	Billy (t): It's good because it's sharing their feelings and that between each other, what they feel, that they are letting them know, each other, what they want to do, explaining things to them	
	Talking about sex in a relationship is good as long as it's in private (2)	Craig (t): It's alright, as long as no one else can hear them, like kids and that	
	Talking about sex in a relationship is good as long is consenting (2)	Charlie (p): I mean obviously they were talking about it between, you know, each other and obviously um they were planning a nice relationship in, in actually discussing things first. And obviously you know obviously she's willing and he's willing and obviously	

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Sex in a relationship	Talking about sex	Talking about sex in a relationship is good as long as is appropriate (2)	there shouldn't be a problem. Don (t): There's nout wrong with talking about what they want to do, it depends what they are talking about, if they are talking about sexy things, it's down to them at the end of the day to take that risk and do it
		Love is: <ul style="list-style-type: none"> when you are committed to that person/want a future together (4) when you are honest with your partner and trust them (4) when they make you feel lots of nice feelings (4) when you support your partner (2) a close relationship/bond (2) 	Bobby (p): Oh er, well you just, two people wanting to start a relationship with each other. Maybe they want to get married and what, wee, kick a load of kids out Craig (t): Means you got to trust them wholeheartedly, be honest with them, and love them for the person they are Gerry (t): (exhales)... You've caught me there... well I suppose if you are in love, it means everything, er, if you are in love er... er, it's a good feeling er, maybe it's what you've been searching for all your life, you get these butterflies you know, butterflies, er, and er, maybe you just be on top of the world, yeah Dean (p): You care for each other, support for each other er... happy to be together, want to sleep together, want to be together, want to make a life together Isaac (t): Love means friendship, trust erm, open and honest, erm, intimate, becoming close and share their feelings and thoughts and er, and just be in each other's' company, getting along and having a laugh and all that, becoming really close, sexual and friendship
Love	Conceptualising 'love'	Love means physiological feelings: <ul style="list-style-type: none"> butterflies/racing heart races (3) you yearn for them (2) you can't eat (1) 	Bobby (p): Um well, heart starts racing, you start getting butterflies in your face, in your face? In your stomach, and you kind of huhuh, you start going all nervous and red in the face Billy (t): Well it means all sorts of things doesn't it, you pine for the person to be with, you want to be with that person, you don't want to go to work but you do have to go to work. Erm, you feel happy when you see the, all the time, erm, it's nice to have that company Alistair (p): That's a hard one man. You do anything for the person

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Love	Conceptualising 'love'	I'm not sure what love is (2)	and you feel, like you can't, there's times when you cannot eat I suppose (laughs) Just nice feelings inside you Gordon (p): ...how we know what love exactly means? Maybe we don't, I don't know, maybe what I had with my girls and I have maybe not been in love, maybe that's been like, how do I explain to you? Erm, like always been together and then you start getting used to that and then when you go away somewhere you feel there is something missing, yeah, so then people would say "Oh, that's love" but maybe it's not, maybe it's just how you feeling about the person, going away, you feel there is something missing, so like give you an example, you have smoking, then one day you not have it and something missing, "I love smoking", you know what I mean, so it a tricky question... I still think about the girl but, but, I don't know if that's because of love, maybe yeah, maybe no, because I'm not old enough to know, what is love... Maybe later in life I'll understand yeah, but now I have not idea what is love
		The benefits of love are:	Billy (t): Love gives you self-esteem, confidence and respect
	The effects of love	<ul style="list-style-type: none"> positive feelings about yourself (3) company and support (3) 	Craig (t): You've got someone who you can tell them, tell them things to, share things, have fun with, have kids and grow old together
		There is nothing bad about being in love (3)	I: Is there anything bad about being in love? Bobby (p): No
	Expressing love	Love can be stressful (2)	Billy (t): Love can be very stressful... it can be stressful but it's the rough with the smooth innit
		If a man wants to show a woman he loves her:	Andrew (p): Buy her flowers, chocolates, take her out, you don't have to have sex
		<ul style="list-style-type: none"> buy her things (8) take her somewhere, e.g. for a meal or on holiday (8) show affection (5) tell her (4) 	Alex (t): Buy little presents. Take her out for a meal. Take her on holiday, go and see a concert, maybe, well, I don't know, that's old fashioned now, box of chocolates and roses, yeah or just a little card saying certain things in it, not to be possessive, just say "I love you, hope you love me too", something like that, just little things
			Gerry (t): He could er, just make her feel good by saying all these nice words you see, by all these things

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Love	Expressing love	<ul style="list-style-type: none"> do household chores (2) get married/propose (2) kiss her (2) be there (2) 	<p>Alistair (p): Just keep telling her</p> <p>Isaac (t): ...er doing things like to show that he cares and things like that doing the housework for her</p> <p>Craig (t): By taking her out places, for meals and that, buying her presents, taking her on holiday or even getting married</p> <p>Bobby (p): Take her on a, in a roman, take her out on a romantic meal. Or kissing her</p> <p>Elliott (t): Just be there for her, not think, to think upstairs and downstairs is for dancing</p>
		Kissing is not a good way to show someone you love them (4)	Dean (p): Kissing is not enough
		You do not have to spend money to show someone you love them (2)	Ethan (p): He could, if he's got money, shower her with gifts but I mean that's a farce, cos that'll wear off soon, do you know what I mean, but to be truly committed, you don't shower them with gifts, you buy them something, don't get me wrong, you buy them a wee gift now and then but to show your affections, your love er be understanding
		A partner would know if you loved them (1)	Gordon (p): I would be honest with you, I would not make nothing special, I would not making nothing special... because she would see by my attitude how I love with her, how I talk to her, how she, she would know that
		Foreplay means:	Chris (p): Leading up to the sexual act, you know, kissing and cuddling, the er, erm, stripping clothes off with each other you know, you could have a mad, what we used to call a mad five minutes you know
Foreplay	Conceptualising foreplay	<ul style="list-style-type: none"> sexual things before sex (8) touching (6) kissing (4) getting someone sexually excited (4) masturbation or oral sex (3) 	<p>Fred (p): Well there's er, she could be touching him, he could be touching her, things like that. Rubbing each other. It's er, getting each other aroused over it and, and all that</p> <p>Craig (t): Means having a bit of a feel of the breasts, kissing and</p>

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Foreplay	Conceptualising foreplay	<ul style="list-style-type: none"> playing around (2) 	that
		<ul style="list-style-type: none"> part of sex (2) 	<p>Isaac (t): Erm... Is foreplay like making somebody sexually excited?</p> <p>Don (t): Masturbation, oral, erm, oral covers everything really... Licking someone out. Masturbating someone off</p> <p>Felix (p): Um, yeah foreplay is between two people, consented to play with each other, either with hands or with kit, with toys or anything like that</p> <p>Edward (p): Well, you know, when me and, you know, before me have sex with me wife, yeah well, we, we kissing each other first, we touching one another first, you know, massage each other, you know, before we have sex... to me still, well, it's part of the sex you know... it gets you in the mood</p>
		I do not know what 'foreplay' is (3)	<p>I: So Raj and Anna continue having foreplay – what do you understand by that word, foreplay?</p> <p>Brian (p): Don't know, never done it</p>
		Foreplay does not have to lead to sex (6)	Craig (t): It might lead up to having sex, if not, they just stay there and they might go back downstairs
		Foreplay is important because it:	Alex (t): Yeah, it takes a bit of work to er, get a woman turned on (laughs) it's not just putting it in there and then, and then it's a disaster, you've got to have a bit to arouse the woman (laughs)
	The importance of foreplay	<ul style="list-style-type: none"> gets the woman ready (6) 	Gerry (t): Well you know, foreplay, I suppose it's all part of being, having sex, if you want to make sex last a while you see
		<ul style="list-style-type: none"> improves sex (4) 	Chris (p): Oh it's very important, very, very... a) to set the mood
		<ul style="list-style-type: none"> helps partners get in the mood (3) 	Isaac (t): Yeah it is, definitely erm because, because it gets you like, cos you are stimulated dunnit, it makes you feel good er...
		<ul style="list-style-type: none"> makes you feel good (3) 	Charlie (p): Because obviously you've got to show each other affections, stuff like that, obviously if you don't that, if there's no
		<ul style="list-style-type: none"> shows affection/facilitates intimacy (5) 	

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Foreplay	The importance of foreplay	Foreplay is not important (1)	affections between each other then obviously there's not going to be no, no long term relationship Ethan (p): I don't think it's all that important you know what I mean, I've done a bit of foreplay, but usually I just get straight down to sex... Well I just want to get it over and done with, I don't want to get committed
		Acceptability	Oral sex is disgusting and embarrassing (4) A woman should not be pressured to swallow man's semen (7) If a woman has received oral sex, it is only fair that she reciprocates for the man (1) If a woman does not want to swallow the man's semen, she should: <ul style="list-style-type: none"> just tell the man (8) spit it out (1)
Oral sex	Partner differences	If his partner did not want to swallow his semen, a man might feel: <ul style="list-style-type: none"> hurt or upset (4) disappointed (3) angry/annoyed (2) bad about himself (2) 	Fred (p): He'll probably feel upset, probably she's not told him what's what Felix (p): He might feel disappointed, but he has to accept Rachael's wishes Elliott (t): He'll feel pretty angry... Cos she ain't swallowing his semen Don (t): He might feel disresp, like not feel good about himself because she's thinking, he could be thinking 'hold on a minute, why doesn't she want to?'
		If his partner did not want to swallow his semen, a man should not feel bad (5)	Andrew (p): He'd feel alright. Because it's something she don't want to do, not everybody wants to do something like that Craig (t): It's not that important
Sex	Importance of sex	Sex is not important (5)	Craig (t): It's not that important

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Sex	Importance of sex	There is more to life than sex (3)	Isaac (t): there's more to life than thinking about sex all the time, one: family er people, people you let down...
		Sex should not be rushed into (2)	Chris (p): You mustn't rush into sex
	Consenting to sex	No means no (6)	Don (t): she doesn't want to have sex, she said 'no' at the end of the day, that's 'no
		You cannot force a woman to have sex (5)	Billy (t): you can't force someone to have sex with you
		You should respect a woman's wishes if she says 'no' (3)	Alex (t): if a woman says she don't want to have sex you have got to wish her wishes, at the end of the day... and if the woman says no, it means no
		Consent is an ongoing process (2)	Don (t): Because you've still got the right to say, half way through sex 'I don't want to do it no more, I want to stop'. And she's said no, he's got to take that as no. Because if she stopped consenting in sex, you've got to stop. If she says 'no', you've got to stop there and then. Not carry on. Because that's classed as rape after
		If a woman does not want to have sex, her partner could persuade her (1)	Gerry (t): Well, if she doesn't want to have sex that's it, you could try and encourage her you see, "oh, what's wrong? I only want to make love to you", you know what I mean? Things like that, you know, words of encouragement
		Kissing and cuddling usually results in sex (5)	Chris (p): Well, let's face it, kissing and cuddling usually ends up with sex doesn't it? In my world it does. You know, it's the beginning of the sexual act basically
	Leading up to sex	Kissing and cuddling does not necessarily have to end in sex (3)	Alex (t): it's not all about sex even if you have kisses and cuddles, that's, that's nice because it shows you are affectionate to each other. Not to have intercourse, just to have kiss and cuddles, you know what I mean. It's alright kiss and cuddles, but, as I say, if she says she doesn't wants to have sex then, no, you know
		Nakedness	You need to get naked to have sex (3)
	Some people find it difficult to get naked (6)		Isaac (t): Erm, it's not easy, er for some people it is easy but I remember I had somebody who found it, found it quite, you used to have to turn the light off to remove her clothes and that and I felt, I felt like, what's the word, I know there is a word for it... uneasy

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Sex	One night stands	One night stands are bad because:	Fred (p): He has to go to the hospital (laughs) cos you never know what you pick up
		• there is a risk of STIs (16)	Brian (p): you could get the girl pregnant
		• there's a risk of pregnancy (4)	Kyle (t): Because like, he's not getting to know that person, do you know what I mean? That's the main reason, really, because you're not getting to know that person and talking to each other, do you know what I mean
		• there is no commitment/you do not get to know anything about them (4)	Ethan (p): It's a bit, it's a bit of a dodgy situation he's in, I a) he's alright because he's what I call 'freelance', he's a free agent, but and this is I say, there's another side of the coin is he could be sitting there and he could be just like, going with a married woman er, she could be at the party or whatever they are at, he might have met her at café or wherever, and er, and it could have happened through that, also he could because he's free and easy, he could get into, well, she's free and easy so then you are forcing, so then, as you know, that's rape. So that could come into it
		• it may lead to a sexual offence (3)	Don (t): Because you could get her pregnant, could get her pregnant, you could get yourself in prison, you could find out she was seeing some bloke, em, could cry rape, could be underage, you don't know
		• the other person could 'cry rape' (3)	Isaac (t): he maybe, hurting someone's feelings er, because at the end of the day somebody might want to get close to Chris but he's not having any of it, he's just doing on thing isn't he
		• you could hurt the woman's feelings (2)	Kyle (t): One night stands are not healthy, you know what I mean?
		• it is not healthy (2)	Craig (t): You could be classes as a male prostitute
		• it is akin to prostitution (2)	Billy (t): It's like you don't care about the person and you don't want to show your feelings to that person. You are just interested in sex
		• it lacks intimacy (1)	
• you aren't taking precautions (1)			

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Sex	One night stands	One night stands are OK if:	Gerry (t): Going with different people you see and of course all you are interested in is sex you see...so I don't think you are going to be thinking about precautions too much you see, just one night stands
		<ul style="list-style-type: none"> • it is consenting/there is no force (5) • you use protection (2) • you are single (2) • you are old enough (2) • it is a one off (1) 	<p>Alex (t): There's nothing wrong with it, as long as it's consenting both ways, it's the main thing isn't it</p> <p>I: So is there anything that's OK about having one night stands?</p> <p>Craig (t): Yes, if they use protection and they are old enough</p> <p>Ethan (p): I believe that if two people consent then, then they are not doing any harm, providing they are not legally attached to someone else, because that destroys, you get families and that</p> <p>Don (t): They both could not be married, they both could not be partners and they both like over, over age, like the age that you are supposed to consent at, there's no problem, in my eyes</p> <p>Bobby (p): the first time off it's alright, but carrying on's a bit, taking the Mick a bit... Well, it's a bit, it's alright to have one person but then doing it with, doing it again to different women is just, he can't make his mind up</p>
		The benefits of having one night stands are:	Billy (t): He's learning sexual moves and sexual feelings and all that kind of thing so he's learning about how women like to have sex
		<ul style="list-style-type: none"> • you can experiment (2) • there are no arguments (1) • there's choice and variety (1) 	<p>Elliott (t): he probably doesn't want to be stuck in a relationship. Because otherwise, if you are in the same relationship, it can end up in arguments all the time</p> <p>Gerry (t): Well, it's OK because er, you, you getting a choice, you are being with a variety of women say for instance, say, er, not sticking with the same person you see...you get to know different women</p>
		Some may prefer one night stands because:	Alex (t): I dunno. Maybe all women are different. Yeah, women are different, it's like men, men are all different sizes, like women's

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Sex	One night stands	<ul style="list-style-type: none"> of the variety (6) no commitment (5) more exciting (5) it fits with their lifestyle (2) more experience (2) 	<p>vaginas are all different sizes aren't they?</p> <p>Chris (p): because there's no commitment, you've got no worries have you? You haven't got the 'I love you's' and Valentines and birthdays and weddings and anniversaries you know</p> <p>Andrew (p): It's more exciting I presume?</p> <p>Fred (p): Probably because he can't settle down with one person. He's, he's always on the go, he could be a lorry driver, van driver, he could work in a different country, he could be a sales rep and that</p>
		One night stands are associated with infidelity (4)	<p>Billy (t): learning that sexual moves and sexual feelings and all that kind of thing so he's learning about how women like to have sex</p> <p>Bobby (p): Having sex with one person (is better) because if Ive got a girlfriend – which I ain't – but when I do get one, and I have sex wither then I don't have sex with her but I'm doing one night stands with someone else, then she's going to get jealous and might leave me</p>
		Sex in a relationship is better than a one night stand (6)	<p>Craig (t): ...I would want to get into a relationship. Because if you have sex with different people every night and they don't take, have protection, then you can catch transexually, what is it? I mean it's up to him if, the way he wants to have sex but if it was in my eyes, I wouldn't really like that</p>
		One night stands are OK (1)	<p>Elliott (t): it's up to him, if he wants one night stands, then he can have one night stands... because if he doesn't want to be with the same person all the time, then fair play</p>
		Sex is over when the man ejaculates and the woman has an orgasm (7)	<p>Gerry (t): they got to the end didn't they, aye...because he's ejaculated hasn't he, er and then, that's it, once you've ejaculated er, he's relieved himself, he feels, he feels quite happy you see</p>
	Ejaculation as the end of sex	Both partners are satisfied when they've reached orgasm (4)	<p>I: Do you think sex has to finish when the man has ejaculated and the woman has had an orgasm</p> <p>Alistair (p): I think so...because all the excitement has calmed down then, you know what I mean</p>

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Sex	Ejaculation as the end of sex	Sex does not have to end when the partners have ejaculated (5)	Don (t): ...you don't have to ejaculate in someone and then that's it, you finish it, you still kind of, it's not all about getting finished and that's it
	After sex	After having sex a couple might do non-intimate things such as: <ul style="list-style-type: none"> shower (4) sleep (4) have a cup of tea and cigarette (2) eat food (2) get dressed (1) 	Dean (p): Get off each other. Go clean up. Er have a shower, clean up Fred (p): Give her a kiss then turn over and go to sleep (laughs) Chris (p): Have a cup of tea and a fag (laughs) Alistair (p): Get a shower? Have a good meal? (laughs) Craig (t): If they still want more sex they might have more sex. And if they've had enough, probably get dressed and go downstairs
		After having sex a couple might do intimate things such as: <ul style="list-style-type: none"> carry on having sex (5) kiss and cuddle (3) lay together (2) talk about it (2) 	Bobby (p): It should carry on really, just keep on going Elliott (t): Kiss and cuddle, cuddle up with each other Kyle (t): hey could probably lie there, in each others' arms, cuddle each other...because it makes things stronger and it's not just about sex or getting your rocks off or having an orgasm or whatever Charlie (p): Um probably talk about it, how great it was, you know
Female sexuality	Sex and a woman's period	A woman should not have sex whilst on her period (15) The problem with having sex whilst a woman is on her period is: <ul style="list-style-type: none"> it is unpleasant/unclean (9) it will hurt/harm her (4) 	Don (t): I don't think it's right to have sex on their periods Ethan (p): it's disgusting and I never would, I never have done ...I make sure I don't have sex until a week after Gerry (t): I don't suppose medically he should...because it's not a good idea you see, she's on her period you see er, could be all sorts of complications

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Female sexuality	Sex and a woman's period	<ul style="list-style-type: none"> it is not enjoyable for the woman (3) you can catch something (1) it is private for the woman (1) 	<p>Dean (p): No...cos her hormones are all over the place. Er, she not feeling very well, she's not, doesn't want it</p> <p>Edward (p): ... when a woman is on her period yeah, the blood and waste, you know, germs you know, that's why there is a period and if you have sex with that person you know, the discharge and that thing has, that means, eh you'll catch something</p> <p>Charlie (p): Na, no...well obviously it's sort of, the woman's month and it's a private thing sort of thing isn't it</p>
		A woman can have sex whilst she is on her period (2)	Craig (t): It's, yes, it's alright to have sex when she is on her period
		A woman cannot have sex whilst she is pregnant (6)	Dean (p): It's not, you can't have sex when the woman is pregnant... I don't know why, you just can't
	Sex and pregnancy	If a woman has sex whilst pregnant it could harm the baby (5)	Craig (t): No, it's not, you can't have sex if she, when she is pregnant because you can damage the baby or kill the baby
		It is healthy to have sex whilst pregnant (4)	Chris (p): Sex is healthy if a woman is pregnant, cos I was always under the belief that if I have sex with a pregnant woman I'd stab the baby in the head, you know, but that's all (rolls eyes)
		It is OK to have sex whilst pregnant where:	Charlie (p): Na, I mean obviously there's, there's a situation where you can go up to a certain um... what do you call it, um, a certain time until she starts feeling, um, you know, provided she's willing to let it happen
		<ul style="list-style-type: none"> it is early on in the pregnancy (3) if you wear a condom (1) in a certain sexual position (1) 	Gordon (p): Yeah I would think it is OK, with a condom maybe
	Female sexual appetite	There are lots of reasons why a woman might not want to have sex (4):	Bobby (p): Well, they can do it doggy style because then it's not hurting the kid
		<ul style="list-style-type: none"> she is not in the mood (10) she is not ready (3) she is not sexually attracted (3) 	Edward (p): You know, there is many occasion why she may not want to have sex.
			Kyle (t): She might not be in the mood, she might not even fancy it
		Charlie (p): She's probably not ready yet. Erm, she's known, not known him long enough	

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Female sexuality	Female sexual appetite	<ul style="list-style-type: none"> it is against her religion (3) she thinks the man is only after one thing (2) she is on her period (2) she is tired (1) she has someone else on the side (1) 	<p>Gerry (t): Maybe she doesn't fancy him. Maybe she, there could be hundreds of reasons you see</p> <p>Brian (p): Could be religion... not to have sex before marriage... that's it</p> <p>Alistair (p): She's not attracted to him</p> <p>Alex (t): Maybe she might be thinking he is only after one thing. Cos I remember I used to be in that situation, just get my leg over and that's it, wham, bam, thank you mam...</p> <p>Ethan (p): she could er, she could be on her period, her period could have started so she doesn't want to have sex</p> <p>Craig (t): She might be too tired. She might, she might just not feel like having sex</p> <p>Elliott (t): Because she's probably not ready to have sex or she's probably got someone on the side</p>
	Female orgasm	<p>If a woman does not orgasm, it could mean:</p> <ul style="list-style-type: none"> she did not enjoy it (7) the man has failed (4) she is not interested in the sexual partner (3) she has too much on her mind (3) she may have prevented herself from reaching orgasm (2) she is unwell (2) 	<p>Bobby (p): Erm, that she's not enjoying it, because she didn't orgasm</p> <p>Alex (t): You're a failure, the man</p> <p>Fred (p): She's not interested, she could be, she could have, she could be thinking about somebody else ad that, she could be, err, the marriage could be breaking down and she could be thinking of someone else, she could have been with somebody else that night because she don't want to have sex with him, she's gone back and forward about somebody else, stuff like that</p> <p>Billy (t): Well it could mean all sorts of things couldn't it, that's she's not enjoying herself, she's not relaxed, erm, she has things on her mind, you know, it could be anything</p> <p>Ethan (p): It's difficult because, a woman doesn't orgasm all the</p>

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Female sexuality	Female orgasm	<ul style="list-style-type: none"> she is pregnant (1) 	<p>time sometimes a woman will hold back, and they can, their mechanisms are different from a man's, and er, er, a man can hold back</p> <p>Gerry (t): well it means that, well I suppose it means the same as a man you see, there's something wrong with them, they can't ejac, they have to go and see, they have to go and see the Doctor you see, so they can get a sperm count, there's something wrong with them you see, I don't know the medical terms you see, they've got serious problems, they need to go and see the Doctor you see</p>
		If a woman did not orgasm, it does not mean anything (1)	Edward (p): She might be pregnant
		If his partner pretended to orgasm, a man would feel:	Billy (t): It wouldn't worry me if she did or if she didn't, that's just my opinion, it doesn't mean anything
		<ul style="list-style-type: none"> upset (3) annoyed (3) disappointed (3) 	<p>Charlie (p): I mean obviously he won't be very happy, I mean obviously he um, he'd be a bit upset but um, you know I mean I don't know what he'd do in that situation</p> <p>Elliott (t): He'll be annoyed...because she faked an orgasm</p> <p>Gerry (t): I suppose he, he'd be disappointed eh?</p>
		Women ejaculate (3)	<p>I: How do you know the woman has had an orgasm?</p> <p>Don (t): Because I've always seen it, on the bed, on the sheets and all that stuff. So I know</p> <p>I: So you've seen what?</p> <p>D: The sperm, semen, sorry, I apologise</p>
Homosexuality	Acceptance	It is OK to be gay (5)	Bobby (p): Dave's gay. He likes men... I don't see no problem with it... it's just the same as if he were straight, as if he were attracted to women
		Being gay is a person's right/choice (5)	Billy (t): Being gay is someone's choice
		There is nothing wrong with being gay (4)	Isaac (t): It's not harming me personally if two men are happy in a relationship, it's like two women, if they are happy in a relationship then it's fair do's innit

Overall theme	Sub-theme	Belief (number of participants expressing this)	Example
Homosexuality	Reservations about homosexuality	It is OK for others to be gay, as long as they do not interfere with me (6)	Kyle (t): That's down to him, do you know what I mean? If he like gay men, that's that's his preference... I don't think anything about it, as long as they don't touch me, I don't care. Do you know what I mean?
		Homosexuality is wrong (5)	Dean (p): Disgusting, I don't like it, I don't like it myself... a man should be to a woman and a woman should be to a man
	Changing sexuality	You cannot change if you are gay (6)	Don (t): But you can't force someone to change what they think about someone, you can't force, you can't say to someone, it's like me saying to, I was going to say to you but I can't, it's like me saying to someone, one of my mates, 'go and sleep with him', you can't. It's your own choice at the end of the day
		A gay person may be able to change their sexuality (3)	David (p): And, and at the end of the day, if it needs to be pushed in that direction, as long as it doesn't hurt anybody, that's another option to find out how you stand so to speak, because, I've, you hear things in the media that's err, people who are gay realise, 10, 20 years on that they're... what's the word I'm thinking of?... perhaps bisexual?

Appendix 8: Interview schedule Study Three

YOUR LIFE

1. What is your religion/faith?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say |

- Is your religion important to you?
- If so, how does it affect the way you think about sex?

2. Can you tell me what the relationships in your life have been like?

- Family

- Mother and father

(Prompts: *What was your relationship like with them? What was their relationship like with each other?*)

- Brothers and sisters

- What were some of the good things about these relationships?

- What were some of the bad things about these relationships?

- Friends

- Did you have many friends when you were younger?

- What about as you have got older?

- Do you find it easy to make friends?

- What were some of the good things about these relationships?

- What were some of the bad things about these relationships?

- Girlfriends/Boyfriends

- Have you had many girlfriends/boyfriends?

(Prompts: What was your first relationship like? What have these relationships been like? How did you meet? What was your first sexual experience like?)

- What were some of the good things about these relationships?

- What were some of the bad things about these relationships?

3. Who are you attracted to?

- Men
- Women
- Boys
- Girls

4. What kind of things would you expect from a relationship with a boyfriend / girlfriend?

5. What kind of things do you think a boyfriend/girlfriend would want from you?

6. Do you have a partner now (girlfriend/boyfriend/wife/husband)? If no,
How much do you want a girlfriend/boyfriend?

Not at all	_____	Very much
0	5	10

7. How much would you say you need a boyfriend/girlfriend?

Not at all	_____	Very much
0	5	10

8. Can you tell me about your experience of school?

- Lessons
- Friends
- Attendance

9. Can you remember how you learnt about sex?

- What did you learn at school?
- What did you learn from family/parents?
- What did you learn from friends?
- Have you ever believed something about sex that wasn't true?

YOUR OFFENCE

The following questions are about what happened in your offence/offences.

10. Can you tell me what the court convicted you of?

- What does this mean you did?

11. Can you tell me what happened in your offence?

- What made it OK?
- What made it not OK?

12. Why do you think you offended?

13. Could you tell me what your life was like at the time of your offence?

- Relationships
- Work
- Sexy thoughts

PRISON

14. What is life like here in prison?

- Do you work? What is that like?
- Attend education? What is that like?
- Friends? (**Prompts:** *Is it easy to make friends? What are friendships like? What do you do with friends here? What do you talk about with friends?*)

Appendix 9: *Beliefs about sex and relationships exercise within manual*

MANUAL

The vignettes have been designed to tap into various beliefs about sex and relationships. Guidelines for the reformulation of any problematic beliefs expressed are provided below, however, it should be noted that these represent general guidelines. It is important to note that the context in which the belief sits will mediate its effect, thus whilst for some the pornography is a healthy sexual outlet, for a minority of individuals it may facilitate risk.

The vignettes make use of a range of sexual terminology so it is important that the therapist checks participants' understanding of these terms and corrects misunderstandings or gaps in knowledge when they appear.

Throughout the vignette schedule there are instances in which you are prompted to ask the participant to place himself within the depicted situation and comment on how he would think and feel and what he would do. This is an important practice for two reasons. Firstly we find that by imagining themselves in the depicted situation, participants engage with the story in a different way. They often verbalise thoughts which are not immediately conscious to them, but are activated when engaging at an affective level. Secondly, we often find that respondents' ideas about what the character would think/feel/do differs from their personal response. Exploring these differences is useful as it tells us how the participant compares himself to others.

1. REGGIE

Reggie is a 29 year old man who does not have a girlfriend or boyfriend. He has a friend called Zoe who he really likes and he has sexy thoughts about her a lot. Reggie and Zoe are in a pub with some friends one night. Zoe is laughing a lot about what Reggie is saying and keeps touching him on his shoulder.

- What do you think about this?
- What should Reggie do?
- How easy is it to talk to someone who you are attracted to?
- How do you think Zoe feels about Reggie?
- How do you think Reggie could tell if Zoe was attracted to him?
- Reggie would like to kiss Zoe, what should he do?

Lots of people think you can tell if someone is attracted to you by looking at their eye contact and/or body language but it is actually much harder to tell how someone feels by their behaviour. People have different ways of behaving when they are with other people so we cannot say for sure that any particular behaviour shows they are attracted to someone.

2. DAVID

(i) David is a 30 year old man who is attracted to men. He is not attracted to women, so he considers himself to be gay. David likes gay pornography

- What do you think about this?
- What do you think about David being attracted to men?

Some people are attracted to people their own sex, other people are attracted to both men and women, and others are just attracted to the opposite sex. This is natural, it is like this all over the world and it has always been like this.

- What do you think about pornography? (Both gay and heterosexual)

Pornography can be a normal, healthy way to make you feel sexy. However, the sex we see on the TV, films and in magazines is always interesting, exciting and fun and it can be very different from the sex we have in real life. Some people start to believe that real sex should be like the sex they see in pornography and this can be harmful as it can make the person feel they aren't good enough.

(ii) David has a friend called Terry. Terry says he thinks David should try and like women instead of men.

- What do you think about this?

Years ago people used to think that being homosexual was an illness. We now know this is wrong. There is nothing wrong with people who are bisexual or homosexual, this is the way they are and they should not be made to change.

3. CHRIS

(i) Chris is a 35 year old man. He is talking to his friend, Jim, and is telling him about all the women he has had sex with recently. Chris says he has had lots of one night stands. He says he would rather have sex like this than have sex with the same person all the time.

- What do you think about this?
- What do you think about Chris' 'one night stands'?
- Why do you think Chris likes one night stands better than sex with the same partner?
- What do you think is better?

Some people feel like one night stands are better than sex with the same partner because they are different and exciting. However, in reality, a one night

stand is not always as good as the person wanted it to be. One night stands often happen when the person has drunk alcohol. Because of this, they may have bad feelings after having a one night stand such as guilt, shame or embarrassment.

Sex with the same partner may become boring if you don't try to stop it getting like that. If you always have sex in the same way, it can become boring. Both partners should work together to have sex in different ways, for example, you could have sex in different places, at different times of the day, with different clothes on and so on. However, neither partner should feel pressured to doing anything they don't want to do.

- What is 'OK' about Chris having one night stands?

The way we imagine a one night stand is often better than it is in real life. However, where both people are consenting, where they both understand what the sex means for the other person and where they are having safe sex it can be 'OK'. Safe sex means using contraception which stops the woman getting pregnant and which protects against sexually transmitted infections, i.e. a condom.

- What is 'Not OK' about Chris having one night stands?

There are lots of things that can be 'Not OK' about one night stands. These include: (i) the risk of getting a sexually transmitted infection - this is higher for people who have lots of one night stands, (ii) You not knowing that person - this can mean that you put yourself in danger, (iii) Sexual partners having different reasons for sex - you can't always be sure what the other person wants to get out of a one night stand. They might really like you and if you just wanted sex, this could upset them and make them feel bad about themselves.

(ii) Jim tells Chris he has something that is bothering him. He says he is worried that his penis is too small and thinks he isn't very good at having sex because of this.

- What do you think about this?
- Does the size of your penis matter?

Lots of men worry about the size of their penis, but men's penises come in lots of shapes and sizes. They tend to measure between 3 inches and 7 inches when erect (with most being in the middle) and will be much smaller when not hard. However, the size of a man's penis doesn't really affect how much the woman enjoys sex. The woman's relationship with the man will have more of an affect. You should also know that most sensitive part of a woman's vagina is in the first 2 inches.

4. RAJ AND ANNA

(i) The following stories are about two people called Raj and Anna. Raj is a 25 year old man and Anna is a 24 year old woman. They have been boyfriend and girlfriend for one year and they are in love with each other. They also live together.

- What do you think about this?
- What does it mean to be in love?

People have different ideas about what being in love means. But it should be remembered that being in love is unlikely make your problems better, such as your fears, bad feelings or being unhappy with yourself. Being in love is not enough to make a relationship go well, a relationship will always need both people to work hard.

- What is a man's role in a relationship?
- What is a woman's role in a relationship?

There are no set roles that a man and a woman should play within a relationship.

- How easy is it to have a long-term relationship?

All relationships need to be worked at. At first, partners tend to feel excited and have lots of fun, but after a while this feeling can fade away and the partners need to put more effort to make things exciting again. It can help to think back to the things you did when you first met. So a long-term relationship will not always be easy, it is often the case that the longer a relationship lasts, the more effort is needed from both partners. However, long-term relationships can be much more rewarding than shorter ones. A good long-term relationship can make the person feel safe, loved and happy.

- Raj wants to show Anna that he loves her, how can he do this? (How would you show a partner you love them?)

There are lots of different ways a person can show someone they love them, sex can be just one. When we watch relationships on TV it can make us think we have to spend money to show someone we love them, but this is not true. We can show someone we love them without spending money, for example cuddling them, spending time with them or just telling them that we love them can be enough.

- Is kissing enough? (What does kissing mean to you?)

Some people think kissing is just something kids do, but this is not true. Kissing a partner on their lips can mean a lot to them. Our face is really sensitive, meaning we can feel things really easily and this makes kissing a great way to

get close to someone and share a nice feeling. In fact, for some people, kissing means more to them than having sex.

- How often do you think they would have sex?

There is no normal amount of times a couple should have sex. Some couples will have sex every night, others might have sex once a month, others may not have sex at all. Everyone is different in how much and how often they like sex. Partners should talk to each other often to see if they are happy with how much sex they are having. Nobody should feel under pressure to have sex to keep their partners happy, their partners should understand their needs and respect that.

(ii) Raj and Anna are sitting on the sofa watching a film one night when Anna leans over and starts kissing Raj and rubbing his thigh. Raj feels aroused and he begins to feel her body. After a few minutes, Raj asks Anna if she would like to go upstairs and have sex. Anna says 'no'.

- What do you think about this?

When we are in love with someone, kissing and touching them makes us both feel nice. However, a lot of people believe that kissing and touching should always lead to sex, but this is not true. If kissing and touching always leads to sex it can have a bad effect on a relationship. It can mean a person avoids kissing or touching their partner because they know they will be expected to have sex with them. This can make either partner feel unloved or feel like they are being used for sex.

- Why do you think Anna doesn't want to have sex with Raj?

It is important to remember that everyone has different times when they feel sexy. Some people feel sexy more often than others and there are many reasons why a person might not want to have sex. These include, not feeling sexy, feeling tired, feeling stressed or having feeling negative towards their partner at the time, e.g. if the couple have just argued.

- Raj is feeling aroused, what should he do?

Some people believe that if a man feels aroused and gets an erection, he must ejaculate, but this is not true. It will not harm a man if he does not ejaculate after getting an erection. In some cases it can improve two people's sex if the man lets his erection go down before he ejaculates as this builds up sexual tension which can make sex more exciting. So in this story, Raj could either ignore his arousal and let it die down or he could masturbate himself.

(ii) Raj comes home from work after having a really bad day. He walks into the house and Anna is watching TV downstairs. Raj feels really stressed from his day and decides he wants to masturbate to make himself feel better. He tells Anna that he is going upstairs to unpack his bags. He then goes upstairs to the bathroom and he masturbates.

- What do you think about this? (What do you think about masturbation?)

Masturbation is a normal, healthy sexy thing to do. There are times when it can be Not OK, these will be discussed later on in the programme.

- What do you think about Raj not telling Anna he was going to masturbate?

For many people, masturbation is a private thing and they don't want to talk to other people about it. A lot of people still masturbate when they are in a relationship and there are many reasons for this, one being that we don't always

feel sexy at the same time as their partner. Letting our partner know we are masturbating can be a scary and embarrassing thing to do but it can make us feel closer to them and can make us enjoy sexy things in the relationship more.

- What do you think about Raj masturbating to make himself feel better?

Masturbation can be a good release of sexual tension but it is not a good way of dealing with bad feelings, such as stress or sadness. The good feeling you get from masturbating will fade quickly and it will not do anything to help the problem that caused you to feel upset in the first place. You are better to try and deal with that problem, for example, by talking to someone, rather than using masturbation.

(iii) Raj has been having lots of different sexy thoughts recently and he thinks about these when he masturbates.

- What do you think about this?

Sexual thoughts can be a good thing. If you have a partner, having thoughts about sexy things you would both enjoy is normal and a good thing. However, there are times when sexy thoughts can be Not OK, this includes when they are about inappropriate things such as sex with children or sex that is not consenting.

- Do you think Raj should share these thoughts with Anna?
- Do you think there are any sexy thoughts that partners shouldn't share with each other?

It can be good to share sexual thoughts with partners, but not always. Some partners can get jealous when they hear their partner's fantasies or they may feel that they are not good enough to please their partner sexually. Therefore,

it is a good idea to 'test the water' when sharing your fantasies with your partner. Tell them one of your fantasies and see how they react. Remember, if you are sharing your fantasies with your partner, you need to be prepared to hear your partner's fantasies too.

5. RACHAEL AND MICHAEL

(i) Rachael and Michael are both 40 years old, they live together and they are married. One morning Michael wakes up with an erection.

- What do you think about this?
- Why do you think Michael has an erection?

Sometimes men may wake up with an erection because they want sex, but this isn't always the reason why. Sometimes things happen to a man's body while he is asleep which makes his penis go hard. This doesn't mean he wants to have sex.

- What should he do?

There are lots of different things Michael could do, he could masturbate although he doesn't have to. His erection would probably go down after a few minutes if he chose not to masturbate. It will not harm a man if he does not ejaculate after getting an erection.

(ii) One night Rachael and Michael both feel sexy and go to bed together. They lay on the bed with their clothes on kissing and touching each other.

- What do you think about this?
- What do you understand by the word 'foreplay'?

Foreplay is generally thought to be things that come before sex which get the partners ready for sex. These can be sexy things such as talking about sex,

kissing, touching, masturbation or oral sex but it can also mean things such as spending time with each other, giving gifts or treating each other.

- How important do you think foreplay is?

Foreplay is important because it affects what happens during sex but it can also affect the relationship. Foreplay can often be more important than sex because it can go on for longer and it can be more meaningful to the partner. It is not just important for the woman, but for the man too.

(iii) Rachael and Michael talk about what sexy things they'd like to do. Michael says he would like them to have oral sex and he would like Rachael to swallow his semen. But Rachael says she would like them to masturbate each other, using their hands.

- What do you think about this?
- What do you think about Rachael and Michael wanting to do different things?

Couples rarely like exactly the same things in life, for example, the food they like or the TV shows they watch, so sex won't be any different. Where partners like different things, they should work together to agree on what sexy things they can do. No partner should be forced to do something they don't want to do.

- How do you think Michael might feel about Rachael not wanting to 'swallow'?

Some people believe that if their partner does not swallow their semen they do not love him. This is not true. Some people enjoy swallowing a man's semen during oral sex, it can make them feel sexy or make them feel closer to them. But for some people, the taste or the feeling of swallowing semen is not nice so they do

not like doing it; this has nothing to do with how they feel about their partner. A partner should never feel pressured to do anything they do not want to do.

- Michael and Rachael continue having foreplay. What do you think they would do next?

Although we say that foreplay is something that comes before sex, sex doesn't always have to come after foreplay.

6. GREG AND SONIA

(i) Greg and Sonia are husband and wife. They are having sex together when Sonia tells Greg that she has had an orgasm. Greg ejaculates and they finish having sex.

- What do you think about this?

An orgasm is an extra-special feeling that people sometimes get when they are doing something sexy. Orgasms are always different. Some feel like a bit wave going over you whereas others feel quite small and disappointing.

- Why do you think they stopped having sex?

Couples often stop having sex when the man has ejaculated but they don't have to. Many women are still sexually excited after the man has ejaculated and may want to do more sexy things. Couples should talk to each other to see how they feel during sex and what they would like to do next.

- How long do you think sex should last?

Most men 'last' between 2 and 7 minutes during sexual intercourse. A lot of men believe they should last longer than this, but this is not true.

- Do you think Sonia enjoyed having sex with Greg? (How could he tell?)

Some people think that the more noise a woman makes, the more she is enjoying sex. This is not true. Some women do not make any noise at all whereas others might make a lot of noise. The best way to find out if your partner enjoyed having sex is to talk to them. Partners should be honest with each other about what they like and what they don't like.

- What do you think they would do next?

Couples often stop doing sexy things when the man has ejaculated, but this doesn't have to happen. Good sex often means doing sexy things when the man has ejaculated, such as touching each other, cuddling or just talking to each other. Doing this can make your relationship stronger and your sex better. A woman will often take longer to calm down after sex so doing other sexy things can make her feel good. It is important for partners to talk about what they like to do before, during and after sex so they can get what they want out of sex.

(iv) Greg finds out that Sonia pretended to orgasm.

- What do you think about this?
- Why do you think Sonia pretended to orgasm?

When we watch women having sex on TV and in films they always seem to have an orgasm so this makes people think a woman must orgasm during sex. This is not true, in real life, women do not always orgasm during sex. Some women can have more than one orgasm, some have one, and some hardly ever have an orgasm. This can make a woman want to fake an orgasm because she doesn't want to disappoint her partner, or because she feels like she is not normal for

not having an orgasm. Partners should therefore be honest with each other and discuss what they like in sex.

- Why do you think she did not have an orgasm?

Only about 30% of women have orgasms just by having sexual intercourse. There are lots of different reasons why a woman might not have an orgasm and things such as smoking, being stressed and not having enough sleep will make it more difficult. There are lots of things a woman can do to help her have an orgasm, these include: having regular exercise, eating healthily, being serious about your partner or doing things that make you feel sexy such as reading sexy books.

- Do you think Sonia enjoyed having sex with Greg?

Some people think sex is all about making each other orgasm, but this is not true. This is quite a harmful belief because it can make us focus too much on getting an orgasm and not enjoy having sex.

- What should Greg do?

He should talk to Sonia and tell her that she doesn't need to pretend to orgasm.

(iv) Sonia is on her period. Greg suggests they have sex.

- What do you think about this?

Many people think it is harmful or unpleasant to have sex whilst the woman is on her period, this is not true. Menstruation (the blood that comes out of a woman's vagina) is not harmful to the man or woman. Some women want sex more

during their period and their orgasms can be nicer. Other women will not want to have sex whilst on their period.

- What about if a woman is pregnant?

Many people think having sex with a woman who is pregnant can harm the baby, however, this is not true. The foetus (unborn baby) is protected by a sack filled with fluid and it sits far away from where the penis goes during sex. If a woman wants to have sex when she is pregnant, the important thing is finding positions that are comfortable for her.

Appendix 10: Staff interview schedule

General

- How did the exercise go?
- What worked well?
- Is there anything that you felt did not work?
- Is there anything about the exercise which you feel needs to be changed?
- How does the exercise compare to the existing HSF beliefs about sex and relationships exercise
 - What is better?
 - What is not so good?

Therapeutic utility

- Were there many problematic beliefs that were uncovered by the vignettes?
- What did you do about these beliefs?
- In this exercise the reformulation of unhealthy beliefs was done concurrently, rather than in a separate session do you think this was the best way to do it?

Responsivity

- How appropriate do you think the exercise is for use with men with ID?
- Were there any problems with comprehension?
- How well do you think the current exercise would work with this population?

Appendix 11: Example staff consent form

Consent form

You have been asked to take part in a research study which is being carried out by Danni Mayes from Nottingham Trent University. This information sheet offers an overview of the study and what participation will involve.

What is the study about?

The study aims to pilot a beliefs about sex and relationships exercise which has been designed to fit within the Adapted Healthy Sexual Functioning programme currently under development. So far, the exercise has only been used within a research context so it is important to see if practitioners working with ID sex offenders find it useful. The exercise comprises a range of vignettes (short, hypothetical stories) which tap into a range of sexual and relationship issues.

What would you need to do?

Should you agree to take part you will be asked to take part in the following:

1) Beliefs about sex and relationships exercise

You would first be required to undertake a one to one session with a participant in which you will use the exercise to uncover their beliefs about sex and relationships and subsequently reformulate any beliefs which you feel are problematic. The participant will be an ID prisoner who has been assessed as suitable to undertake the Adapted HSF programme. You do not have to have training in HSF. The session will take part in the HSF room and will be video recorded. It could last up to an hour and a half, however, you can use your discretion to decide when to end the session. It does not matter if the schedule has not been completed in this time.

2) Feedback

You would then be asked to take part in an interview with Danni to offer your feedback on the exercise. This interview will take approximately 30 minutes and will be recorded using a password protected Dictaphone.

It is also worth noting that you may need to do some pre-reading before you carry out the beliefs about sex and relationships exercise. This will help you to reformulate any unhealthy beliefs, although it is anticipated that your experience will also inform your responses. A short manual has been created to help guide your responses and I have attached this document should you wish to read over now.

What happens to the information you give to me?

Your participation in this study will remain anonymous and the information you give to me will be treated with confidentiality (within the limits imposed by HMPS).

The video footage from the prisoner session will remain on site at HMP Whatton, locked away when not in use, and will be destroyed once the research is complete. The interview with myself will be recorded on a password protected Dictaphone and will be taken from HMP Whatton for the purpose of analysis.

Both the video and Dictaphone recordings will only be accessible by myself and my research team. When the results of this study are written up, you will not be identified but rather, will be given a pseudonym.

A final note...

You will not receive anything for taking part in this study but, whilst I appreciate that participation will require some of your valuable work time, this

process of piloting the exercise with experienced staff will make an important contribution to the development of the Adapted HSF programme.

Should you have any questions, please do not hesitate to contact me via my email:

danielle.mayes@ntu.ac.uk

I have read and agree with the above. I consent to take part in this study:

Participant..... Date

Researcher..... Date.....