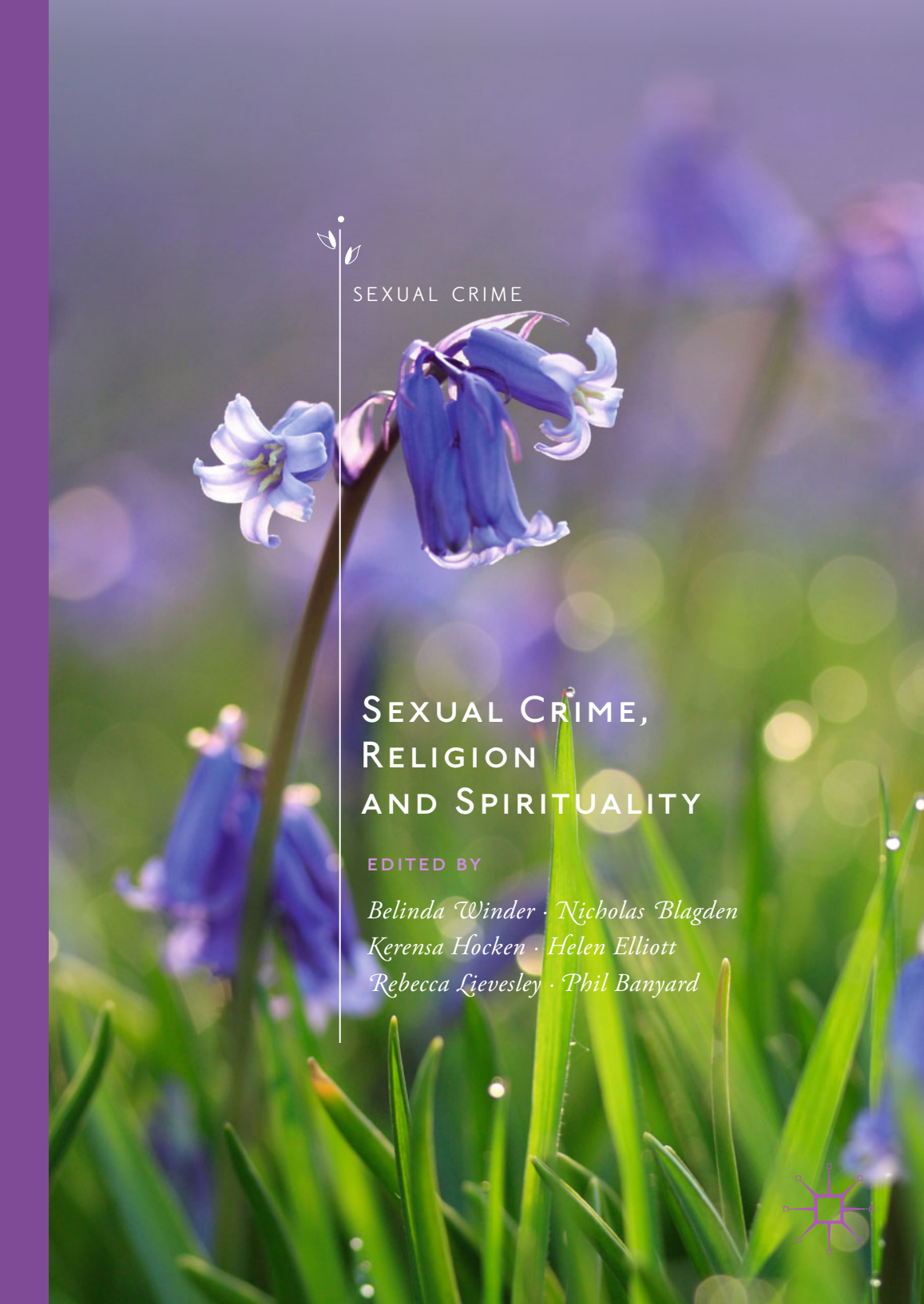

Sexual Crime, Religion and Spirituality

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Sexual Crime

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Sexual Crime is an edited book series devised by a team at SOCAMRU led by Professor Belinda Winder in the Psychology Division at Nottingham Trent University.

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To Rev Kevin Shaw, Rev Jo Honour, Imam Farooq Mulla,
Dr. Vivianne Crowley and Ruth Mann—all of whom bring light
(hope and illumination) into dark places

Foreword

Since before memory, religion has manifested in cultures around the world. Even with the contemporary debate about just what is meant by faith, spirituality and religion, our society continues to perceive their value. Rising secularization, coincident with dropping congregational affiliation, further confuses consideration of why religion continues to play a significant role. Nevertheless, the health profession, social agencies, and governmental bodies all continue to turn to religion to do its part in the work of their respective fields.

Winder has admirably taken on the difficult topic of the intersection of religion and sexual crime, assembling a collection which addresses far-ranging issues, from the sectarian history of prison chaplaincy, to the impact of religion on rehabilitation, models of intervention, the spiritual anxiety experienced by survivors of sexual crime, and the proper role of religion in the Criminal Justice System. Most notable are the chapters about two of the most contentious problems of our time. One of these is the continuing drama of exposure of sexual abuse by religious perpetrators. The other problem is how to accommodate a faith, like Islam, which has been used by extremists to recruit within correctional institutions.

Recognizing the importance of religion and spirituality to those facing crisis, the American Red Cross has in recent years added a function to its disaster services called Disaster Spiritual Care (DSC). DSC works closely with health and mental health services, a distinct recognition that none of these is fully efficacious in isolation. Similarly, a correctional policy which assumes responsibility for the physical health and safety of the incarcerated should also recognize spiritual care as integral.

As prison populations grow and age, there is a corresponding need to understand the important interrelation of CJS concerns with the spiritual needs of not only inmates, but also crime victims, parolees and staff. Through the lens of dynamic and changing religious landscapes, we can return to the vision of early penal reformers who had faith that in nurturing the souls of offenders, society could be a safer, and ultimately stronger.

Columbia, SC, USA Holli S. Emore, M.Div.

Holli S. Emore, M.Div. is Executive Director of Cherry Hill Seminary, an international distance education programme. Committed to building interfaith relationships, both locally and globally, she serves on the Board of Directors of Interfaith Partners of South Carolina and often teaches public groups about the rapidly growing Pagan religions. Emore has been a regional resource for law enforcement, victim services, criminal justice classes and others since 2004. She is the volunteer South Carolina Regional Lead for Disaster Spiritual Care for the American Red Cross.

Acknowledgements

Sincere and grateful thanks to all the chaplains, academic-chaplains, academics, prisoners and patients who have contributed directly or indirectly to this volume.

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Contents

Editors and Contributors

About the Editors

Belinda Winder is a Professor in Forensic Psychology and Heads the Sexual Offences, Crime and Misconduct Research Unit (SOCAMRU) at Nottingham Trent University. She set up SOCAMRU in 2007; the unit's primary aim is to conduct and facilitate applied research in the area of sexual offending. Belinda is a co-founder, trustee, Vice Chair and Head of Research and Evaluation for the Safer Living Foundation, a charity set up in 2014 to conduct (and evaluate) initiatives that help to prevent further victims of sexual crime. In her spare time, she also works as a Pagan Chaplain at Rampton High Secure Hospital.

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Chris Wilson Research Council funded Ph.D., Cardiff University Wales was a member of the design team for the nationally accredited Thames Valley Sex Offender Group Work Programme and subsequently worked as a national trainer in the programme's implementation. Appointed in 2002 as Project Manager for the Thames Valley Circles of Support and Accountability (CoSA) Pilot Project, Chris was instrumental in adapting the Canadian model to a British context and latterly was National Development Manager for Circles UK. Chris' work on Circles is widely published and he is currently researching restorative practice in CoSA at Cardiff University.

S (remaining anonymous) is both a graduate and professionally qualified. Following the end of his probation period, he is now separated and recently resettled into the East Midlands. Previously, he worked successfully as a senior management contractor in not-for-profit organisations,

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Additional anonymous authors' bios: The remaining authors of this chapter are individuals who have been convicted of sexual offences, currently serving a prison sentence. Their contribution to this chapter is invaluable.

List of Tables

1

Religion and the Criminal Justice System (CJS): A Socio-Historical Overview

David Kirk Beedon

Introduction

Consideration of the relationship between religion and the criminal justice system (CJS) in England and Wales cannot be undertaken without, at the same time, examining the role of chaplaincy services. Oversight of religious provision within prisons and secure hospitals has been one of the main functions of chaplains within such institutions from their inception. As this book's subject matter straddles the domains of both prison- and (secure) hospital-based chaplaincy practices, it is appropriate to include healthcare chaplains when constructing an historical overview (see also Chapter 8). Whilst prison chaplains are funded by Her Majesty's Prison and Probation Service (HMPPS), those serving in secure hospitals are paid out of National Health Service (NHS) budgets and the two operate under separate systems of training, policy and accountability. The different balances of institutional emphases between the punitive and the therapeutic

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require that the two roles are not overly conflated in any consideration of chaplaincy provision in prisons and secure hospitals. Healthcare and prison chaplains also have a different social history. These reasons explain why literature from chaplaincy studies takes a differentiated approach that highlights both the ministerial continuities and the contextually shaped differences across the variety of institutions within which chaplains can be found (Legood, 1999; Swift, Cobb, & Todd, 2016; Threlfall-Holmes & Newitt, 2011).

I write from the experience of having served as a chaplain in a large training prison in the East Midlands. This was also the site of my fieldwork for research following the academic discipline of practical theology (PT). PT is a problematising, interdisciplinary, context-based and practice-focussed form of enquiry. In my research, I have employed an action-learning approach and this socio-historical overview of the role of religion in the CJS will likewise draw upon some of my experiential learning as well as desk-based research. This approach will serve the book's purpose of being relevant not only to academics but also to practitioners and the general public.

I begin with an incident from the context of healthcare chaplaincy that illustrates a precariousness concerning religious provision in secular institutions and systems in twenty-first-century Britain. In August 2006, the Trust Board of the Worcester Acute Hospitals NHS Trust decided to scrap its chaplaincy department due to budget cuts (Swift, 2014, p. 85ff.). This precipitated a national debate. A long-running tension surfaced in the public discourse concerning the spending of taxpayers' money on religious matters in secular institutions run by the state. This tension continues and affects both secure hospitals and prisons. During the "age of austerity" (post-2008), it is unsurprising that voices from some quarters have become more strident in questioning the secular state's funding of religious matters from the public purse (Hamburgh, 2017).

The September 2018 results of a *British Social Attitudes* survey found that 52% of the almost 3000 participants identified as having "No Religion", a figure that has been rising for a number of years (NatCen, 2018). Some thereby argue that this statistically further supports the view that the United Kingdom (UK) is largely a secular nation and religion should not have a publicly funded role in its institutions. But the picture is more

complicated than this, as is revealed when we consider the demographics of the prison population where only 31% self-declare as having no religion whilst 48% identify as belonging to a Christian denomination and 15% as being Muslim (Sturge, 2018). The apparent discrepancy between the general and the prison population regarding religious affiliation highlights the contextual peculiarities of religion, faith and spirituality behind bars, which I shall return to and explore later in this chapter.

In 2015, there were approximately 900 full-time and part-time chaplaincy posts in the NHS (Hamburgh, 2017). Some healthcare chaplains serve in the three high security hospitals (Ashworth, Rampton and Broadmoor) or in the approximately 60 medium secure units and 150 low security units across the country. Figures for number of chaplains appointed to these services were unavailable but in 2013 there were approximately 6000 mental health patients held in high (680), medium (2800) or low (2500) security establishments (Joint Commissioning Panel for Mental Health, 2013). This compares with 123 full-time and 238 part-time chaplains employed by HMPPS as of March 2017 (Ministry of Justice, 2017). The prison population in May 2018 was 83,430 held in 121 prisons across England and Wales.

This socio-historical study of the evolution of chaplains will argue that these religious functionaries are not merely an accident of history but very much woven into the institutional weft and weave of prisons and hospitals. This is not to attempt to formulate an argument from history to justify the ongoing public funding of chaplaincy services. That is for others to argue for or against elsewhere. The argument here is that the religious and state-endorsed role of a chaplain in prisons and secure hospitals cannot be understood without first exploring the historical contexts that created and shaped these religious functionaries.

A Brief Social History of Religion and Criminal Justice in England

> The prison chaplains are entirely useless. They are, as a class, well-meaning, but foolish, indeed silly, men. (Oscar Wilde cited in Wilde, Jackson, & Small, 2000)

For most of the history of the office of "Chaplain", the term referred to a Christian minister (usually ordained) who provided pastoral care as well as religious education and services (e.g. leading acts of worship and hearing confessions) in an institutional setting (which also included places of education such as schools and universities) where he (as was invariably the case) would have the use of a chapel (a place of worship outside of the parish geographical system).

The etymology of the word "chaplain" is disputed (Beckford & Gilliat-Ray, 1998, p. 26f.). The most popular[1] associates the title with the legend of Saint Martin of Tours who lived in the fourth century CE.[2] Hagiography describes him as a Roman soldier who took pity on a naked beggar, tore his military cloak in two and shared the garment with him as an act of charity. Martin later became Bishop of Tours in France and, after his death, a relic alleged to be his half of the cloak was revered and carried into battle by Merovingian kings in the religious belief God would bless their military endeavours with success. The Latin for "little cloak" was *cappella,* and this word became associated with the small temporary shrines erected to hold the relic and the ministers who served at the reliquary became known as *cappellani* or, in French, *chapelains*. Over time, it is argued, the association between the relic and the reliquary was lost and all small *extra-parochial* ecclesiastical buildings became referred to as *chapels* and those who served in them as chaplains.

This hagiographical background may seem far removed from our concerns with the CJS and its relationship with religion. However, it is an important reminder that, from the outset, the very notion of "chaplain" may have connoted a religious function serving institutional purposes that some people of that same faith group might question. In my own research, I have explored how chaplains might contribute to the "humanising of

incarceration" but some interlocutors have queried whether that is even possible as modern mass incarceration could be judged essentially inhumane (Beedon, 2017). This is a tension that chaplains operate within. Whilst those with a secularist agenda question the public funding of religious provision in state institutions, some religious people are equally uncomfortable with the possible compromising of the critical function of "speaking truth to power" that chaplains can suffer (Forrester, 2000, p. 86; Phillips, 2013, p. 34). This raises a (small "p") political issue with respect to a chaplain's constant negotiation of a role where they are co-located as a religious functionary serving an institution's outcomes that may be judged by some as being at variance with the religious values held by their sponsoring faith group.

Additionally, there can be a negotiation required regarding the institutional hierarchy and the power dynamics at play in prisons and secure hospitals as examples of "total institutions" (Goffman, 1961; Noblett, 2002) and centres of discipline and punishment (Foucault, 1977). Chaplains in such contexts draw keys that are secured on a chain to their belt. These are powerful symbols of their function within the discipline and security systems of the institutions which operate alongside their religious and pastoral duties. Chaplains until relatively recently were predominantly drawn from the Anglican (Church of England—CofE) Christian tradition. The (still operative) 1952 Prison Act required: "…every prison to have a chaplain and every chaplain to be a 'clergyman [*sic*] of the Church of England'" (cited in Beckford & Gilliat-Ray, 1998, p. 27). John Howard's penal reform report entitled *The State of Prisons in England and Wales* (1779) inspired and informed the Penitentiary Act of 1779 whereby Anglican clergy became requisite religious functionaries appointed to the early places of modern incarceration. As the "Established Church", with a privileged role in national life, it was natural for the CofE to undertake these roles but in doing so their state-appointed status and recruitment from the national faith body led some to criticise that their religious function was too aligned with the mechanisms of social control and conformity. As was observed as late as 1999: "The [prison] chapels remain, an enduring reminder of the original purpose of our prisons. They were designed, on a philosophical basis of Christianity and Utilitarianism, as factories of virtue…[O]fficers carried staves in one hand and Bibles in the other. The

chaplain was there to point the finger of accusation, to call to repentance, to work on the vulnerable as a technician of guilt" (Gilliat-Ray, 1999, p. 33; citing The Revd Harry Potter, prison chaplain).

It is no accident that prisons are sometimes also known as "penitentiaries", which has strong religious overtones, being concerned with reforming the "penitent". So is the importing of the term "cell" from monastic life. A cell, in the sense of a living space, was originally where a monk resided on their personal quest for the reformation of character before the eyes of God. The 1779 Penitentiary Act "…attempted to combine the monastic or Quaker ideals of silence and solitude being a stimulant to reflection, repentance and regeneration, the utilitarian desire for social control and scientific observation, and the desire of both for deterrence" (Potter, 1999, pp. 100–101). A visit to the rigidly cellular configuration of the old Chapel at Lincoln Castle (which housed a Victorian prison from 1848 to 1878) provides ample visual reinforcement of the "separate system" of physically isolating prisoners so they could reflect upon their wrongdoing and the chaplain—as a "technician of guilt"—could preach *at* them individually (although they were gathered *en masse*) in an attempt to bring about reformation of the character of those judged deviant from social norms.

Notions of correction, conformity and social control were also present in the early history of hospital chaplaincy because poverty, deviance and disease were then, as often now, readily associated in public and political discourse. Although conceived differently to their modern counterparts, early "hospitals" were usually attached to monastic institutions. The dissolution of the monasteries in the mid-sixteenth century saw this provision disappear, to be superseded by the outworking of Henry VIII's Poor Law Act of 1535 which required civil not ecclesiastical authorities to care for local people in need. It has been noted that two London hospitals reformed at this time (Saint Bartholomew's and Saint Thomas') showed links in their operation "in terms of local policing, education and control of vagrancy. In a changing social order, the relationships between the sick and poor are carefully constructed with the 'deserving poor' sitting perilously close to the 'criminal poor'" (Swift, 2014, pp. 19–20).

This close ideological association in the public consciousness between poverty, deviance and disease grew stronger with the burgeoning of industrial cities in the nineteenth century and the growth of Workhouses and Victorian forms of mass incarceration. It is visually attested to by the "little distinction between the architecture used to house Victorian prisoners, paupers and the sick. In a variety of ways, the design of these social spaces promoted observation and the detailed management of the daily life of the destitute" (Swift, 2014, p. 35).

The mid-nineteenth century also witnessed the emergence of embryonic "probation" practices. In the 1840s, a Birmingham court recorder, Matthew Davenport Hill, was appalled at the poor rehabilitative opportunities offered by Victorian gaols. He proposed that some offenders be given a token sentence "on the condition that the defendant be under the supervision of a responsible adult" (Phillips, 2010, p. 7). The initial "responsible adults" were volunteers but appointed with the title "Court Missionaries". Their evangelical intention was clear. They held to a belief that "fallen human beings, not who they are or what they have done, can be redeemed, saved, changed restored and made into a new person" so it can be argued that "religious sensibilities determined the first prominent [probation] ideology" (Phillips, 2010, p. 8; citing Whitehead & Statham, 2006, pp. 4, 5).

Initially, probation services were ad hoc and largely aimed at the reformation of "drunkards" through the work of the Church of England Temperance Society (CETS). The 1907 Probation of Offenders Act was the first legislation to significantly regularise probation services and "missionaries" became "officers of the courts". It was the 1930s before CETS's dual control of probation was relinquished and a truly "secularised" probation service began to emerge (Nellis, 2007). "In the 1960s, the religious motivation of probation staff was largely replaced by a humanistic approach, influenced by social scientists involved in social work training" (Bailey, Knight, & Williams, 2007, p. 114). As with much of the history of the relationship between religion and the CJS, involvement of religious bodies (usually the CofE) in prisons, hospitals and probation practices has been an ideological mixture of ecclesial status and social control alongside some genuine humanitarian concern.

The foundation of the NHS in 1948 revolutionised healthcare provision in the UK. Correspondence in the years leading up to the launch of the NHS between the Archbishop of Canterbury and the Ministry of Health (MofH) reveals an ecclesiastical anxiety around spiritual provision to patients, in particular regarding the funding of chaplaincy posts and hospital chapels. Subsequent MofH circulars "stipulated that chaplains should be employed and chapels provided" thereby allaying CofE worries that it might be left footing the bill (Swift, 2014, pp. 41–42). It is estimated that at its inception, there were just twenty-eight chaplains in post across the NHS (Swift, 2014, p. 41).

The penal and forensic healthcare contexts chaplains operate within as religious functionaries have changed dramatically since the Second World War. In 1950, there was a prison population in England and Wales of 20,474 (47/100,000 of general population) (Institute for Criminal Policy Research, 2018). At the end of May 2018, this figure was reported to be 83,430 (179/100,000 as of 2017 general population figure) (Sturge, 2018). Between 1955 and 2018, the population of the UK increased by 30% (Worldometers, 2018). Decennial analysis shows life expectancy in 1950–1952 was 66 (Male) and 72 (Female) rising to 79/83, respectively, in the records for 2010–2012 (Office for National Statistics, 2018). Vast improvements in neo-natal and geriatric care mean the population is growing and it is growing older, both at a rate unimaginable in 1945. Increased longevity has impacted penal healthcare provision globally (Bedard, Metzger, & Williams, 2016). In the UK, a recent rise in historical childhood sexual abuse convictions has further contributed to an increase in the number of elderly prisoners being held. Those aged 60 years or older are the biggest growing demographic group in the prison population (Prison Reform Trust, 2017). Statistically, older members of the population also identify as having stronger religious affiliations and identity that younger ones (NatCen, 2018).

At the interface of incarceration and health care is the issue of mental health. It has recently been noted that, since the 1950s, "whilst bed numbers have decreased in general psychiatric hospitals, they have actually increased in forensic-psychiatric services over the same period" (Hare Duke, 2018, p. 313). A *British Medical Journal* article highlights that amongst the prison population: "Figures quoted for psychiatric morbidity

are often very high. Around 90% of prisoners in England and Wales are reported to have at least one type of mental disorder or substance misuse problem" (Ginn, 2012). Chaplains operating in prisons and secure hospitals have been increasingly faced with the challenge of offering appropriate care and spiritual guidance whilst being aware that "distinguishing between psychological and spiritual aspects of pastoral issues is a complex and subtle matter" (Watts, 2016, p. 141).

This social-historical locating of the role of chaplains within prisons and secure hospitals has mapped out some of the political, historical, sociological and (for most of the period) ecclesiastical factors that provided the contextual contours that have given shape to modern-day chaplaincy. One significant factor that hasn't been discussed and that emerged in the second half of the twentieth century is the growing multi-faith nature of society and the need for chaplaincy departments in health care and prisons to respond accordingly. This aspect of religious provision has been left until now because it emerged late in the evolution of chaplaincy practice being considered. It will also provide a useful segue into the exploration of three central and related concepts whose meanings have shifted significantly through the socio-history under consideration: religion, faith and spirituality.

The Emergence of Multi-faith Provision

> …Chaplaincy Statement of Purpose: HM Prison service chaplaincy is committed to serving the needs of prisoners, staff and faith communities by engaging all human experience through religious faith and practice. We will work collaboratively, respecting the integrity of each tradition and discipline. (Noblett, 2002, p. 90)

The post-war period witnessed a growing influx of peoples to the UK who were predominantly from British Overseas Territories and former colonies. Whilst many from the Caribbean were from the Anglican Christian tradition (and, sadly, significant numbers would be alienated from their "mother Church" due to racist attitudes), many came from other

faiths. Numbers of immigrants from overseas remain relatively low as a whole across the nation but in some "towns and cities that figure can rise to about 30 per cent of the local population" (Gilliat-Ray & Arshad, 2016). The make-up of the prison population and service users in health care began to reflect these demographics.

Subsequently, there was a growing awareness of the need for chaplaincy departments to reflect the emergent multi-faith character of society. Predictably, change was slow in coming largely due to vested interests. Chaplaincy departments had been run by Anglican clergy for many decades and late into the twentieth century was described as still being predominantly "white, male and Christian" (Swift, 2014, p. 48). Anglican clergy, who often had a coordinating (managerial) role in the departments, acted as "brokers" that representative ministers of other faith traditions had to negotiate access to the institution through (Beckford & Gilliat-Ray, 1998, p. 15). Often these "gate-keepers" remained "polite but distant" towards visiting ministers (Beckford & Gilliat-Ray, 1998, pp. 209, 210).

Due to the Christian faith-based connotations of the title "Chaplain" (as socio-historically considered above) and the asymmetric power dynamics implied by the brokerage model, religious provision for people of other faiths was often ad hoc and the term "Visiting Minister" most frequently used to distinguish them from more securely tenured (Christian, Anglican) chaplaincy office-holders. The first Muslim adviser was not appointed to the Prison Service until 1999 and immediately set to work addressing nationally the patchy provision of "religious support, halal meals and Friday prayers" (Gilliat-Ray, Pattison, & Ali, 2013, p. 8). Whereby the first Muslim healthcare chaplain (part-time) was appointed in 1970, by 2002 there were still only six full-time imams working in prisons and all other provision was on a sessional basis (for a Muslim prison population of over 5000). In 2003, Muslim "visiting ministers" were renamed "Muslim Chaplains" by the Prison Service thereby providing some titular parity across chaplaincy departments (Beckford, Joly, & Khosrokhavar, 2005).

There had been systemic inertia in the Prison Service that impeded the transformation of chaplaincy—and thereby religious—provision behind bars. This inertia had led one commentator to echo the MacPherson Report's notion of "institutional racism" and to analogously criticise the "institutional religionism" that had hindered an adequate response to the

religious needs of minority faiths (Weller, 2005, p. 147). As Director General of the Prison Service, Martin Narey oversaw radical changes. In seeking to appoint a new Chaplain General to Prisons in 2001, he noted that chaplaincy generally had been poor in "…catering for the spiritual and other needs of those from non-Christian faiths…The new Chaplain General will have a precise brief to care for the welfare of all faiths and not just the Christian faiths. We need to give a better deal to minority faiths if we are to assure those in custody that they will get a fair deal" (cited in Noblett, 2002, p. 99).

There are, of course, others faiths beyond the Christian and Muslim ones but these two alone currently account for 63% of the prison population and 31% of the remainder are registered as "No Religion" (Sturge, 2018). The Prison Service Instruction "Faith and Pastoral Care for Prisoners" (PSI 05/2016) that governs the religious provision and chaplaincy service delivery across the prisons in England and Wales lists eighteen faith groups that HMPPS recognises, the latest addition being that of Rastafari in 2013. Whilst the rationale for seeking to increase the diversity of religious provision was often couched (as in the quote from Narey in the earlier paragraph), in terms of "fairness" the reality was rather more *realpolitik*.

The foundation of the United Nations (UN) in 1945 ushered in an era within which human rights played an increasingly significant role in defining expectations regarding a state's incarceration of its citizens. The UN *Standard Minimum Rules for the Treatment of Prisoners* (UNSMRFTP) had as its first basic principle: "There shall be no discrimination on grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (United Nations, 1955 6[1]). In the sections on "Religion" (41[1-3] and 42), it is categorically stated that "Access to a qualified representative of any religion shall not be refused to any prisoner" and "A qualified representative…shall be allowed to hold regular services and to pay pastoral visits in private to prisoners of his religion at proper times". Shortly after the formulation of the UNSMRFTP came the founding of the European Economic Community (1957) which, in 1993, became the European Union. Article 9 of its *Convention on Human Rights* states: "Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in

public or private, to manifest his religion or belief, in worship, teaching, practice and observance" (European Union, 2010).

Both in penal and healthcare contexts, "human rights" accompanied by "equality and diversity" concerns have become key drivers towards a more inclusive method of making religious provision on wings and wards (Gilliat-Ray & Arshad, 2016, p. 111). The urban riots of 2001 also generated political unease around community cohesion (or lack of it). The role religion plays in fostering inclusive or exclusive attitudes within society became a focus of attention (Billings, 2009).

The growing awareness of the potentially deleterious and dangerous social effect of some forms of religion naturally began to inform chaplaincy practice, especially after the 9/11 attacks. Authorities became anxious, recognising that:

> Prisons are 'places of vulnerability', which produce 'identity seekers', 'protection seekers' and 'rebels' in greater numbers than other environments. They provide near-perfect conditions in which radical, religiously framed ideologies can flourish. (The International Centre for the Study of Radicalisation and Political Violence, 2010)

This created an extremism and radicalisation agenda that increasingly drew Muslim prison chaplains into the security monitoring of inmates for signs of any religious attitudes associated with terrorist groups (Pickering, 2012). Some have advised caution around this development as research suggests that the perceived neutrality of chaplains within carceral space is of benefit in the humanising of incarceration and there is a danger this could be "compromised by expectations of being a resource only to combat extremism" (Todd & Tipton, 2011, p. 40).

As considered thus far, religion maintains a relationship with and within the CJS because of

- a historical standing derived from a residual Christian or faith-sensitive heritage;
- the requirements of human rights as well as equality and diversity legislation;

- a growing anxiety that, if not monitored, some forms of religion can foster extremist attitudes and behaviours.

None of these bases suggest a strong appreciation of religion as a force for good per se. Toleration seems more the basis than appreciation. This is further supported from my experience as a prison chaplain. There was a common discourse amongst many (not all) prison officers when supervising acts of worship that the majority of those attending were at chapel for nefarious reasons. Some certainly were and would, for example, secrete drugs in the department to be picked up by other worshippers for distribution across the wings. But this was not all the time nor with all Sunday worshippers. Few, if any, chaplains are naïve enough to be unaware of this activity. But whilst facilitating religious provision they try to manage the polarity of "custodial compassion" which combines the "hard" jailcraft of discipline, order and security with the "soft" skills that foster deep humane regard even for those whom others would (with some reason) be negatively inclined towards (Beedon, 2017). Key to this is an attitude of trust within the reality of criminal behaviour (Armstrong, 2014).

The wellspring for humane regard for most chaplains—of whatever tradition—is faith. This is easily overlooked in the CJS with its more techno-rational bureaucratic and disciplinary concerns (Arrigo & Bersot, 2014, p. 265). As suggested by the title of the Prison Service Instruction governing religious provision in prisons, a chaplain's role is often perceived in a binary way; faith and pastoral care are considered separately (National Offender Management Service, 2016). When asked directly "what is the most important role of the prison chaplain… the resounding response from prison officers, governors and prisoners was the provision of pastoral care" (Todd & Tipton, 2011, p. 21).

In addition to the historical, rights-based, diversity and anti-terrorism justifications for the role of chaplains, an humanitarian one could also be added. This is an important role to play and one that is valued by staff and prisoners alike (Todd & Tipton, 2011). But its perceptual divorce from the faith basis that most chaplains would attribute it to thereby fails to appreciate adequately that, for religious people, faith and humane regard are not separate aspects of their lived experience but deeply interwoven.

The desire to see lives transformed is not a concern exclusive to people of faith and many people in the CJS who profess no faith practice humane regard towards those in their care and custody. It needs also to be acknowledged that there is unfortunately plenty of evidence from history and recent cases of widespread predatory abuse that the religiously motivated can act in as inhumane a way as the most malign who hold to no faith. But an acknowledgement of the centrality of faith as an inspiration for humanitarian practices within chaplaincy departments could help foster an appreciation of the intrinsically life-affirming values and virtues that many religious traditions draw upon. Furthermore, such appreciation would go beyond some of the more transactional and instrumental understandings of the role of religion in the CJS which have been considered thus far.

To assist with this perceptual shift regarding the positive contribution faith per se can make to humanitarian practices, within the framework of this socio-historical enquiry, I will explore the way in which three key terms have drifted in meaning over time. I will unpick some of the confusion associated with "religion", "faith" and "spirituality".

Religion, Faith and Spirituality: Terms Seeking Definition

> [T]he chaplain's religious tradition is implicitly the foundation and motivation for their pastoral work. For example, helping inmates to adjust to prison was often realised through 'spiritual counselling' and attendance at religious services. And attendance at religious services, even for those of no specific faith, was often identified as a deeply therapeutic activity. (Todd & Tipton, 2011, p. 21)

This single quotation refers to "religious tradition", "spiritual counselling" and "faith" in a few brief lines. But are "religion", "spirituality" and "faith" the same thing? If not, how are they different? When the Christian faith had a hegemonic hand on such matters the ascendant denomination—the CofE in England and Wales from the sixteenth century—could define

them according to its own understanding. Religious practice consisted primarily of compulsory attendance at church services, spirituality was derived from the liturgy and hymns of parish church worship, and faith consisted of those sets of beliefs laid down in preparation for "confirmation" (i.e. knowing or being able to recite the Lord's Prayer, Apostles Creed and 39 Articles of Religion from the *Book of Common Prayer*).

The arrival and growing awareness of people of other faiths and their religious practices began to challenge the received definitions. Even well-intentioned correlations could backfire and be a cause of offence to believers from other traditions (such as equating the Quran to the Bible or Mohammed to Jesus). Faiths outside Christianity often practised their religion in significantly different ways to that of churchgoers. For the CJS, there were challenges concerning authorisation of "visiting ministers" (eventually chaplains) from other faiths. There are clear hierarchical structures in the Anglican and Roman Catholic denominations which provide the means by which chaplains are licensed by the bishop of the local diocese (an ecclesiastical regional authority). Most other faiths and some other Christian traditions had no such governing body. As with Free Church chaplains, "faith advisors" with recognition from a national body were appointed for national recruitment and oversight purposes within the CJS.

Whilst diversity of religious expression brought many benefits, confusion surrounding the three terms under consideration followed in its wake within secular institutions that often did not possess the level of religious literacy required to make provision for prisoners and patients of growing diversity. To address this confusion, "an industry [sprang] up to try to explain, contest, and expound on the meanings and practical implications of these words" (Pattison, 2013, p. 195).

The focus of this socio-historical enquiry needs to be extended beyond the title of "Religion and the CJS" to "Religion, Faith and Spirituality…". I am not making any claim that the following descriptions are exhaustive or universally definitive. My purpose is expansive: to open up the notion of "religion" which in much secular discourse can be conceptually flattened. There is more to "religion" and its connotes than often meets the eye.

Religion

"Religion" is often employed in a "catch all" fashion, as in the title to this chapter where it denotes something much broader than religious practice. The English word "religion" is derived from the Latin *religāre* meaning "obligation, bond", from the verb "to tie back, tie tight". It is from the *ligāre* part of the word that "ligament" and "ligature" is derived in English to denote something that fixes, fastens or secures (Ayto, 1990, p. 438). Hence, etymologically, it has the sense of something or someone being bound or committed and was increasingly applied to the bond between people and their gods (Swift, 2014, p. 143). From the fifth century CE, it became applied to "monastic life", and to this day, the noun form—"a religious"—refers to someone who has taken a monastic vow.

Strictly speaking "religion" refers to a set of habits, practices and disciplines associated with a particular faith tradition. This resonates with common usage whereby someone can be said to do something "religiously" (e.g. attend a football match each week). In the context of the accommodation of "religion" in the CJS, it could refer to a devout Muslim prisoner being supported in his or her fast during Ramadan, attendance at *jummah* (Friday prayers) and being facilitated in daily *salat* (five ritual prayers) during prison activity. But these practices are not the sum total of their faith needs.

Faith

In a recent study of spirituality in Mental Health services, definitions were provided for "spirituality" and "religion" yet "faith" was subsumed into the latter (Raffay, Wood, & Todd, 2016). In another study on religion, spirituality and health care, it was observed that "it should be recognised that religious adherence and affiliation is a 'thick' multi-facetted attachment that involves bodies and bodily habits and practices as well as beliefs" (Pattison, 2013, p. 196). Both these works imply that "faith" (or its synonym "belief") is a conceptual subset of "religion". It is my contention

that whilst there are overlaps between faith and religion, they are not synonymous nor is one (faith) necessarily a subsumed element within the other (religion).

As stated, the operative definition for religion at work here is: "a commitment to a set of habits, practices and disciplines associated with a particular faith tradition". These are external or outward matters. Faith on the other hand concerns more internal matters—ones of the heart and mind. Dictionary definitions speak of faith in terms of "belief" or "trust" in God (usually as delimited through doctrine) or in something for which there is no proof.[3] These are often inner matters of deep intellectual and emotional conviction. For Hindu prisoners, this would consist of a strong belief that every "soul [*atman*] is basically immortal and potentially divine" (National Offender Management Service, 2016, p. 51). The progress (*transmigration*) of this soul through various reincarnations is determined by actions accumulated from previous lives as well as current behaviour (*karma*). Such a faith attitude can be a helpful motivational resource regarding offender behaviour if appropriately understood and encouraged.

Prisoners and patients may have a faith (a cognitive and attitudinal position regarding the world and life derived from a religious tradition) but not follow the religious practices associated with it. This is why, giving an example from my own faith tradition, people frequently claim "You don't have to go to church to be a Christian". I may disagree (as I do) but it highlights the distinction between external religious practices and inner (attitudinal and ethical) dispositions.

Spirituality

Of the three words currently under consideration, "spirituality" is the most contested one. It has been claimed that its late arrival into the lexicon of public discourse around "religion" (in the 1950s) should arouse suspicion (Paley, 2008, p. 4). Others have asked: "is spirituality…a kind of 'religion-lite' that is individualistic, flexible, non-demanding and non-disciplined—or should traditions like Christianity be seen as particular kinds of spiritual life choices, no more or less significant than…the cult

of Jedi knights?" (Pattison, 2010, p. 352). "Practice Guidelines" around the spiritual needs of patients in an NHS Foundation Trust noted: "From consulting with people we found that Spirituality means different things to different people" (Norfolk and Suffolk NHS Foundation Trust, 2015, p. 4).

This suggests that spirituality is a modern and vague term, and the title of the "Practice Guidelines" refers to the spiritual needs of "people of religious faith or none" thus revealing how dissociated a notion it can be from the two other words under consideration here. Spirituality can be free-standing from "religion" or "faith". But perhaps its modernity, vagueness and dissociation from more traditional religious concepts is where its appeal lies. It has a plasticity that refuses external authority (Swift, 2014, p. 144). It has been philosophically argued that this religionless seeking after transcendent meaning should not be dismissed as "trivial, eclectic and individualistic" but symptomatic of a disillusionment with traditional religious sources of moral authority (e.g. the Bible or the Pope) and a disenchantment with the hollowness of consumer society (Swift, 2014, p. 134; drawing upon Taylor, 2007). Spirituality is expansive and "goes beyond religion" according to a recent global study into its ability to impact positively on gang members (Deuchar, 2018, p. 41).

With definitional vagueness comes a perceived neutrality. Spirituality is a term unburdened by the negative connotations and historical accretions of religion and faith. This is why it has generated a movement: Spiritual But Not Religious (SBNR).[4] In the relationship between religion and the CJS, this drift away from more conventional conceptualisations and understandings of "religion" and "faith" has allowed the accommodation of traditions such as Modern Paganism which is defined as "a very diverse religion with a correspondingly broad spectrum of beliefs about the nature of Deity. It does not derive from a single vision, or a single doctrine, setting out the nature and expectations of the Divine" and having "no universally authoritative sacred texts or devotional literature" (National Offender Management Service, 2016, p. 75). The opening up by the CJS of new avenues through which transcendence can be explored is welcome. In a study around spirituality and NHS mental health services, it was noted: "Service users' spirituality should not be sidelined. To service users with strong spiritual beliefs, supporting their spiritual resilience is central

to their care and well-being. Failure will lead to non-holistic care unlikely to engage or motivate" (Raffay et al., 2016, p. 1).

"Religion", "faith" and "spirituality" remain contested notions. But to understand the historically evolved relationship between religion and the CJS a broader appreciation is required that goes beyond merely perceiving it as concerning the "rights" and "equality"-driven accommodation of religious practices. In a sense, this appreciation would resemble that present at the inception of chaplaincy services, one that acknowledges the humanising effect that faith (and now spirituality) can offer those in care and custody. What is different and more humanely transformative, as compared to the religion-CJS relationship in the nineteenth century, is the breadth and diversity of religious practices, faith attitudes and spiritual awareness that is tolerated within the system. The more tolerance becomes appreciation the better will be the transformative outcomes.

Conclusion

This socio-historical overview of the relationship between religion and the CJS has followed a problematising approach. In doing so, it has highlighted the tensions that have existed within CJS religious provision for two centuries. One of the most recent challenges has been the growing secularisation of society and the concomitant questioning of the state's funding of religious functionaries in secular institutions of care and custody. Whilst it may be a valid concern, discourse around the issue often fails to take into account the degree to which religious provision was woven into the institutional weft and weave of prisons and hospitals from their inception. Unpicking this deep thread could damage the institutional fabric of such places of custody and care in unpredictable ways.

Religious provision in the CJS, usually offered through chaplaincy departments, largely relies on a threefold rationale. Firstly, religion has a historical standing in the UK which is derived from a residual Christian or faith-sensitive heritage. Despite arguments over secularisation, the ongoing sympathetic accommodation of religion in the CJS witnesses to a sensitivity towards and tolerance of faith-based provision. Secondly, post-war human rights and more recent "equality and diversity" legislation have

recognised the importance of religion and have protected it as a key characteristic of human life. Whilst "Brexit" is beyond the scope of this historical enquiry, it will be interesting to see the impact on "equality and diversity" matters of the UK's departure from the European Union in March 2019. Finally, concerns over the last two decades around social cohesion and terrorism have produced a growing anxiety about some forms of religion and their adverse social and political effects. This has led to increased institutional attention being paid to matters of religion and heightened scrutiny of faith-based activity across prisons. Some unease has been voiced over the recruitment of Muslim chaplains in the monitoring of prisoners for extremist attitudes or behaviour.

This threefold rationale is largely transactional in nature, accommodating religion for socio-historical and political reasons. Motives underlying the relationship between religion and the CJS have been mixed from the outset. Self-serving ecclesial concerns around maintaining the status and power of the "Established Church" meant early (Anglican) chaplains became instruments of social control in places of custody and care. Their evangelical zeal readily lent itself to the penal purposes of Victorian incarceration, which was to correct social deviance through the reformation of character. As society became more multi-faith, there was also a systemic inertia in chaplaincy departments as vested interests were protected.

Alongside these questionable aspects of religious practice and presence in the early CJS was also a humanitarian concern fuelled by a faith-based appreciation of the intrinsic worth of even the most heinous offender. As the CJS has become more techno-rational, it has continued to accommodate and tolerate religion for transactional purposes but its ability to appreciate the value of faith per se has been weakened. Hopefully, this current volume will contribute to the fostering of a more appreciative perception of religion within the CJS. Certainly, as attention moves beyond outward religious practices to the more psycho-emotional aspects of faith, as well as spirituality's seeking for transcendence, the diverse, rich and expansive nature of what is often perceptually flattened into contourless "religion" might come into view. This would provide a great service to the CJS and not just a religious one.

Notes

1. https://www.britannica.com/topic/chaplain.
2. https://en.wikipedia.org/wiki/Martin_of_Tours.
3. https://www.merriam-webster.com/dictionary/faith.
4. https://en.wikipedia.org/wiki/Spiritual_but_not_religious.

References

Armstrong, R. (2014). Trusting the untrustworthy: The theology, practice and implications of faith-based volunteers' work with ex-prisoners. *Studies in Christian Ethics, 27*(3), 299–309.

Arrigo, B., & Bersot, H. (2014). The society-of-captives thesis and the harm of social disease: The case of Guantánomo Bay. In B. Arrigo & H. Bersot (Eds.), *The Routledge handbook of international crime and justice studies*. Abingdon: Routledge.

Ayto, J. (1990). *Bloomsbury dictionary of word origins*. London: Bloomsbury.

Bailey, R., Knight, C., & Williams, B. (2007). The probation service as part of NOMS in England and Wales: Fit for purpose? In L. Gelsthorpe & R. Morgan (Eds.), *Handbook of probation* (pp. 114–130). Abingdon: Willan.

Beckford, J., & Gilliat-Ray, S. (1998). *Religion in prison: Equal rites in a multi-faith society*. Cambridge: Cambridge University Press.

Beckford, J., Joly, D., & Khosrokhavar, F. (2005). *Muslims in prison: Challenge and change in Britain and France*. Basingstoke: Palgrave Macmillan.

Bedard, R., Metzger, L., & Williams, B. (2016). Ageing prisoners: An introduction to geriatric health-care challenges in correctional facilities. *International Review of the Red Cross, 98*(903), 917–939.

Beedon, D. (2017). Humanising incarceration: A prison chaplain's response to 'a rising toll of despair'. *Prison Service Journal* (230), 47–52.

Billings, A. (2009). *God and community cohesion: Help or hindrance?* London: SPCK.

Deuchar, R. (2018). *Gangs and spirituality: Global perspectives*. Basingstoke: Palgrave Macmillan.

European Union. (2010). *Convention on Human Rights*.

Forrester, D. (2000). *Truthful action: Explorations in practical theology*. Edinburgh: T & T Clark.
Foucault, M. (1977). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). London: Penguin Books.
Gilliat-Ray, S. (1999). Sector ministry in a sociological perspective. In G. Legood (Ed.), *Chaplaincy: The church's sector ministries* (pp. 25–37). London: Cassell.
Gilliat-Ray, S., & Arshad, M. (2016). Multifaith working. In C. Swift, M. Cobb, & A. Todd (Eds.), *A handbook of chaplaincy studies: Understanding spiritual care in public places* (pp. 109–122). London: Routledge.
Gilliat-Ray, S., Pattison, S., & Ali, M. M. (2013). *Understanding Muslim chaplaincy*. Farnham: Ashgate.
Ginn, S. (2012). Dealing with mental disorder in prisoners. *British Medical Journal, 345*(7885), 26–27.
Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates* (1st ed.). New York: Anchor Books.
Hamburgh, R. (2017). Are hospital chaplains a waste of NHS money? *The Guardian*.
Hare Duke, L. (2018). Long-stay in forensic-psychiatric care in the UK. *Social Psychiatry and Psychiatric Epidemiology, 53*(3), 313–322.
Institute for Criminal Policy Research. (2018). *World Prison Brief—United Kingdom: England and Wales*. Retrieved from http://www.prisonstudies.org/country/united-kingdom-england-wales.
Joint Commissioning Panel for Mental Health. (2013). *Guidance for commissioning mental health services*. Retrieved from https://www.rcpsych.ac.uk/pdf/jcpmh-forensic-guide.pdf.
Legood, G. (1999). *Chaplaincy: The church's sector ministries*. London: Cassell.
Ministry of Justice. (2017). *Freedom of Information Act Request 112352*.
NatCen. (2018). *British Social Attitudes Survey 2018*. Retrieved from http://www.natcen.ac.uk/news-media/press-releases/2018/september/church-of-england-numbers-at-record-low/.
National Offender Management Service. (2016). *Prison Service Instruction 05/2016: Faith and Pastoral Care for Prisoners*. London: Ministry of Justice.
Nellis, M. (2007). Humanising justice: The English probation service up to 1972. In L. Gelsthorpe & R. Morgan (Eds.), *Handbook of probation* (pp. 25–58). Abingdon: Willan.
Noblett, W. (2002). Prisons: A developing chaplaincy. In C. Jones & P. Sedgwick (Eds.), *The future of criminal justice: Resettlement, chaplaincy and community* (pp. 89–102). London: SPCK.

Norfolk and Suffolk NHS Foundation Trust. (2015). *Practice guidelines for staff working with the spiritual needs of people of religious faith and none*. Retrieved from http://www.nsft.nhs.uk/Event/Documents/spirituality%20Practice%20Guidelines%20for%20staff.pdf.

Office for National Statistics. (2018). *English Life Tables No. 17: 2010 to 2012*. Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/englishlifetablesno17/2015-09-01.

Paley, J. (2008). Spirituality and nursing: A reductionist approach. *Nursing Philosophy, 9*(1), 3–19.

Pattison, S. (2010). Spirituality and spiritual care made simple: A suggestive normative and essentialist approach. *Practical Theology, 3*(3), 351–366.

Pattison, S. (2013). Religion, spirituality and health care: Confusions, tensions, opportunities. *An International Journal of Health Care Philosophy and Policy, 21*(3), 193–207.

Phillips, J. (2010). The social construction of probation in England and Wales, and the United States: Implications for the transferability of probation practice. *British Journal of Community Justice, 8*(1), 5–18.

Phillips, P. (2013). *Roles and identities of the Anglican chaplain: A prison ethnography* (PhD thesis). Cardiff University, Cardiff.

Pickering, R. (2012, September). Terrorism, extremism, radicalisation and the offender management system: The story so far. *Prison Service Journal, 203*, 9–14.

Potter, H. (1999). Prisons. In G. Legood (Ed.), *Chaplaincy: The church's sector ministries* (pp. 100–108). London: Cassell.

Prison Reform Trust. (2017). *Bromley Briefings Prison Factfile*. Retrieved from http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Summer%202017%20factfile.pdf.

Raffay, J., Wood, E., & Todd, A. (2016). Service user views of spiritual and pastoral care (chaplaincy) in NHS mental health services: A co-produced constructivist grounded theory investigation. *BMC Psychiatry, 16*(1). https://doi.org/10.1186/s12888-016-0903-9.

Sturge, G. (2018). *UK Prison Population Statistics* (Briefing Paper CBP-04334). Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwj01duIja7dAhVLJcAKHSSuA4YQFjABegQICBAC&url=http%3A%2F%2Fresearchbriefings.files.parliament.uk%2Fdocuments%2FSN04334%2FSN04334.pdf&usg=AOvVaw1Ll3I0pgIYMf64k8KAR6cM.

Swift, C. (2014). *Hospital chaplaincy in the twenty-first century: The crisis of spiritual care on the NHS* (2nd ed.). Farnham: Ashgate.

Swift, C., Cobb, M., & Todd, A. (2016). *A handbook of chaplaincy studies: Understanding spiritual care in public places*. London: Routledge.

Taylor, C. (2007). *A secular age*. Cambridge, MA and London: Belknap.

The International Centre for the Study of Radicalisation and Political Violence. (2010). *Prisons and terrorism: Radicalisation and de-radicalisation in 15 countries*. Retrieved from https://www.clingendael.org/sites/default/files/pdfs/Prisons-and-terrorism-15-countries.pdf.

Threlfall-Holmes, M., & Newitt, M. (2011). *Being a chaplain*. London: SPCK.

Todd, A., & Tipton, L. (2011). *The role and contribution of a multi-faith prison chaplaincy to the contemporary prison service* (Final Report). Cardiff: Center for Chaplaincy Studies.

United Nations. (1955). *Standard minimum rules for the treatment of prisoners*. Retrieved from http://www.refworld.org/docid/3ae6b36e8.html.

Watts, F. (2016). The interface of psychology and spirituality in care. In C. Swift, M. Cobb, & A. Todd (Eds.), *A handbook of chaplaincy studies: Understanding spiritual care in public places* (pp. 137–148). London: Routledge.

Weller, P. (2005). *Time for a change: Reconfiguring religion, state, and society*. London: T & T Clark.

Whitehead, P., & Statham, R. (2006). *The history of probation: Politics, power and cultural change 1876–2005*. Crayford: Shaw.

Wilde, O., Jackson, R., & Small, I. (2000). *The complete works of Oscar Wilde: De profundis, "Epistola: in carcere et vinculis"*. Oxford: Oxford University Press.

Worldometers. (2018). *UK Population*. Retrieved from http://www.worldometers.info/world-population/uk-population/.

2

The Voice of Chaplaincy

Kevin Shaw

For this chapter, I will be drawing on my experience in Forensic Chaplaincy, as well as that of being a Probation Services Officer in a Category C Prison, and from being part of the prison visiting teams in churches I have been involved with. I will also draw on some of the experiences of Chaplains in all of these settings, by their direct contributions in response to this chapter's questions, conversations I have had with Chaplains, and my own observations of their work. I will of course be changing the details of Chaplains, staff, prisoners, and patients in order to protect their identity. Some of those people and stories mentioned will be amalgams of several to protect the information whilst retaining the central meaning or point.

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The Context

Rampton Hospital in Nottinghamshire is one of three High Secure Special Hospitals in England, the other two being Broadmoor Hospital, Berkshire, and Ashworth Hospital, Merseyside.

After working in Probation at HMP Ranby in Nottinghamshire for several years as both Offender Supervisor and a Programmes Facilitator, it was something of a shock when I arrived at Rampton Hospital. I found similar doors and fences, but nurses instead of officers, patients instead of prisoners, and care instead of incarceration. I could not exaggerate the stark differences in culture, setting, and objective. As one patient said to me, 'At Rampton we have carpet on the floor!'

No patient at Rampton has a clearly defined sentence end date, so 'moving on' is entirely a matter of the patient's rehabilitation progress and the Multi-Disciplinary Team's assessment of their readiness for Medium Secure forensic services. The average stay at Rampton is eight years, with the journey at Medium Secure being anything from two to six years (again merit based) and then to Low Secure or comparable services. Given that most patients arrive at Rampton from prison or by being escalated from other in-patient forensic services, an individual may eventually complete time that is equal to or greater than that of a life sentence. I have met several patients who have been in forensic services for upwards of forty years.

Given the above, it is important to also say that most patients do progress through forensic services well and many settle back in the community, even holding down jobs and living a 'normal life'.

Hospital Life

The hospital is made up of specialist directorates, as follows:

- Mental Health
- Personality Disorder
- National High Secure Service for Learning Disability
- National High Secure Women's Service
- National High Secure Deaf Service

Those designated as 'national' means that Broadmoor and Ashworth do not hold any patients fitting this criterion. Rampton also housed one of the four national 'Dangerous and Severe Personality Disorder Units' (DSPDU), which has now ended as a project and has become absorbed into the Personality Disorder Directorate.

The average number of patients at Rampton sits at around three hundred and thirty. The therapeutic and secure nature of the hospital can be seen in the fact that the staffing numbers are somewhere just above two and a half thousand, across all shifts.

A patient's time at Rampton will, after several months in the assessment phase, include a variety of activities that are treatment based, occupational, and social. The core therapies include programmes like Sex Offender's Group, Violence Reduction, Substance Misuse, Schema Therapy, alongside other interventions like Cognitive Behavioural Therapy (CBT) and Dialectical Behavioural Therapy (DBT). The occupational and social include a vast array of activities.

An 'average' day for a patient may include any of the following (not an exhaustive list):

- Wake and breakfast
- Session in horticulture, woodwork, and toy making shop
- Visit a day-centre for crafts, football discussion group, model making, and cooking
- Talking Therapies group
- Education (cooking, reading, writing, maths, music, art, computers, to name but a few)
- Library visit (books, magazines, and music)
- Physical healthcare appointment (including dentist, chiropodist, optometrist)
- External hospital visit (emergency or planned)
- Weekly visit to the patient shop
- On ward time (in own bedroom, dayroom, watching TV, playing pool, cards, socialising, etc.)
- Protected lunchtime (when no off ward visitors permitted)
- On ward one-to-one visits (therapist, Chaplain, psychiatrist, psychologist, advocate, social worker, etc.)

- Gym, football, tennis, swimming, spin class, and grounds walk
- Fresh air (a daily opportunity where all patients can access the grounds)
- Recreation Hall social events (including events such as Christmas, Eid, live bands and artists)
- Personal visits (family, friends, volunteer visitor, legal visits)
- Ward round (gathering of Multi-Disciplinary Team, including responsible clinician (usually a psychiatrist), to discuss progress/needs)
- Twice annual Care Programme Approach (CPA) meeting, where the previous period and the needs of the next are discussed. This meeting can include representatives from all of the internal teams, plus outside groups like Probation and own family
- Mental health tribunal
- Medication time
- Protected evening mealtime
- Evening/weekend programme (all social, including sports and leisure, film nights, snooker, pool, on ward activities, games nights, quiz nights).
- Bedtime (patients have en suite rooms with television, music players, and their own belongings).

For a more visual picture of this schedule and available activities, search online for the BBC's 'Inside Out' documentary about Rampton Hospital, or search 'Rampton for Carers' for the series of information videos specially produced for those with family and friends at the hospital.

Modern Chaplaincy

The history and role of Chaplains are excellently laid out in Chapter 1 by David Kirk Beedon, and I'm greatly appreciative of this foundation as I come to discuss the Chaplains perspective. Embedded Healthcare Chaplaincy has a long history dating back to the inception of the NHS and further back if you include the role of the church in providing Christian care for those in hospitals. Indeed, many hospitals have their origins in the efforts of churches seeking to provide healthcare for the poor. Over recent decades, Chaplaincy has transformed from being a largely Christian domain to being Multi-Faith in its provision. More recently, non-religious

spiritualities and Humanist Chaplaincy have also become part of the picture, although it has to be acknowledged that this development is patchy, dependent on the awareness and will of those commissioning and leading Chaplaincy teams. In line with the person-centred approach, modern Chaplaincy hopefully focusses on patient need rather than institutionally decided provision.

Practically speaking, the impact of Article 9 of the Human Rights Act (described in Chapter 3) has always been seen at Rampton. Article 9 requires that patients are able to practice whatever faith they wish, according to their own desire and conscience. The fact of an incredibly diverse patient population, who are unable to access external faith groups, has seen up to eighteen Chaplains of different faiths coming into the hospital over a month. The remote rural location of the hospital has at times created challenges in sourcing minority faith Chaplains, but I have always found the hospital motivated to embrace the spirit of the law (Article 9) as well as the letter, encouraging and supporting full and appropriate provision where possible.

Chaplaincy and Spiritual Care: Where Do We Fit?

During my first year in Chaplaincy at Rampton, I remember dusting off an old pamphlet from the 1960s, highlighting the role of a Chaplain in regard to mental health. Much of it was dated in tone and practice, but one statement has stayed with me as relevant which was [paraphrasing] that 'the work of the chaplain is not a therapy, but it will be therapeutic'. I think this captures the fact and the spirit of Chaplaincy in the secure mental health setting. We are not part of the Clinical Team, but we are part of the Multi-Disciplinary Team. We do not have an agenda with outcomes that can, or should be, measured (this has been tried at times), but we do seek to help patients to grow in spiritual and practical ways.

One of the models of Chaplaincy I think is most helpful is that of being 'incarnational', meaning bringing something of the divine, the 'other', into the ordinary. As Chaplains, we seek to be with, or alongside, patients, finding ways to support, encourage, help, and bring hope to their journey.

A previous manager of Chaplaincy at Rampton used to say that newly arriving patients found hope too large an item to carry in with them, so our role is to get that hope in through the door and then carry it for the patient until such a time when they can carry it themselves. This may not be a very technical description and also risks being a little 'corny', yet for me, it describes what I hope we do. I will say more later about the role I think Chaplains play in enabling and supporting the very difficult journey patients embark upon.

One of the major differences between High Secure Forensic Chaplaincy and Chaplaincy in acute hospitals is duration of stay. Whereas the hospital Chaplain in acute services may visit once, twice, or in some cases over several weeks or months, we in forensic services have years to get to know and walk with a patient. I always advise our newer team members to rein in the desire to 'get out there' quickly when they start working at Rampton, instead encouraging an approach that takes its time, getting a feel for the hospital dynamics. Sensitivity to the issues of patients, the policies and procedures, the nursing culture, and even the vast network of the site is something that takes time. I encourage 'loitering WITHOUT intent' as a good approach to get to know patients and staff, to join the life of the hospital, and to participate in a natural and embedded way. My experience is that the staff and culture of Rampton embrace Chaplaincy and Spiritual Care, giving us weight and opportunity to be engaged in the journey of patients. This also means we can be intimately and significantly involved in the work that is done around the serious offending that is often behind why somebody is admitted. Whilst approximately a fifth of patients have not come through the Courts, each one meets the general criteria of being 'A grave and immediate danger to themselves or others'.

Who Is Worthy of Help?

People I meet outside of Rampton often project the tabloid view of our patients as 'monsters' and ask how it is possible to show kindness, compassion, or forgiveness to such 'evil' individuals. What this demonstrates, albeit bluntly, is the conflict that exists with our minds between 'good and evil' and the feeling that a person must be one or the other. The moral

and ethical questions are numerous. How can a person be religious, yet do terrible things? How could God forgive? Can a person change? Should they be allowed the opportunity to seek redemption? Why do they deserve peace? The judgements made are equally numerous, with charges against religious patients being that hypocrisy, unworthiness, manipulation, and evil intent.

I understand these very human responses completely. Whilst working for Probation in prison, I was required to do some in-depth one-to-one work with a child sexual abuser who had also killed his victim. At the time, I had recently become a Dad, and I found myself deeply conflicted in my feelings towards this man and my role in helping him to rehabilitate and progress. All of the questions and judgements above whizzed around in me in the form of emotions, my palms sweating as I put my hand on the door handle to go in for our first session.

As a Chaplain, we enter the room with less of an agenda than I had when I worked for Probation, but the emotional response can be similar. We are impacted by the information and experiences we have, yet have a job to do and in fact often more than a job, a vocation. Somebody once said to me, 'I couldn't be a Chaplain, having to pretend to like 'those' people'. I said, 'I'm not asked to like anyone, I'm asked to love them'. To say the person was shocked is to understate it! Yet, that is what the work is for all forensic Chaplains and prison Chaplains: to know the worst and seek to bring out the best. We have to be realistic and risk aware, ensuring we are not being manipulated and staying within clear professional boundaries, but we must offer unconditional positive regard to all and actively pursue ways to assist those who seek our help. The 'pretending to like' to approach suggested by the person above would be too wearying. As a Chaplain once said to me, 'If you don't believe a person can change, you are in the wrong business'.

A Hierarchy of Offending?

One of the things that struck me early in my prison Probation career was the hierarchy of offending that existed among prisoners. The commercial burglar was higher than the domestic burglar, because they didn't think

they affected individuals, just as the thief was better than the robber. Some drug dealers felt themselves top because all they did was provide a service, whilst the bottom of the pile, every time in the eyes of all other types of offender, were the sex offenders. Although a further hierarchy does exist within that group too, so admitting to any kind of sexual offence is not wise in prison. I worked with one prisoner who was in for rape and had been moved well out of area, but was recognised by a new prisoner some months later. He was attacked on the wing by a group of men who battered him with snooker balls in a sock, doused him in boiling water with sugar, and kicked his testicles to pulp. You simply do not admit to such offences in prison or indeed forensic services for that matter. This makes it very difficult to discuss or engage with programmes, because other prisoners or patients can know what groups happen and where, and once somebody is 'outed', there is little effort to seek what type of sexual offence a person has committed. There are therefore very few places to feel safe within the secure environment, and it has been asked of me on numerous occasions why people who have been convicted of a sexual offence like church, and perhaps it is in part because it feels like a safe space.

This raises the point that it is well known among Chaplains in secure settings that individuals with a sexual conviction can form a large part of your congregation or meeting, the reasons for which are definitely as diverse as they are complicated. In my experience, and as suggested already, those in for sexual offences are understandably not very forthcoming in discussing offences. That said, still others actively seek the Chaplain's view and may want to make some sort of confession. So, what do sex offenders use faith, spirituality, belief, and religion for? My experiences and thoughts here are also reflective of a broader sweep of types of offending.

Can Religion or Spirituality Be Used to Justify Offending?

In asking this, I am not wondering if there might be any just cause found for sexual abuse. In my experience and belief, there can never be, but I do think that there have been some cases where religion and spirituality have formed part of the motivation and objective for offending.

In all of my time working in prisons and the forensic mental health setting, I have not encountered anyone who felt that the teachings of their own particular faith, religion, or spirituality gave them licence or instruction for sexually offending against someone. I have met some who as the result of psychosis or a severe fixed delusion felt that sexual acts had some kind of therapeutic or spiritual effect, with a couple of them believing that what they did was a form of 'cleansing'. Some of these people were serving sentences for carrying out sexual assaults with these motives or objectives.

One of the issues that clouds the water about inappropriate religious belief and practice is the way in which culture and tradition are fused with religion. I have had this conversation with Chaplains of all traditions over the years, and it is a common issue for all faiths that many of the problems we experience are actually of culture and tradition rather than doctrine or orthodox practice. One example would be how the patriarchal nature of many religious texts align and meld with the male-dominated cultures of most societies.

In 'Sexual Offending and Mental Health', Dr Olumuyiwa Olumoroti's chapter entitled 'Sexual Offending: Ethnicity, Culture and Diversity Issues in Assessment and Management' highlights some of the issues. One terrible issue he raises is the influence of culture and religion on mothers whose daughters are being sexually abused by a family member, highlighting that,

> 'Mothers from cultural backgrounds which adhered to rigid patriarchal norms demonstrated intense value conflicts about family preservation, loyalty bind between the abusive partner and child victim… [and often] …These mothers were guardedly optimistic about the perpetrator's ability to change and viewed forgiving the perpetrator as a 'good Christian act'. (2008, p. 98)[1]

It is easy to see then how cultural factors can be confused with religious factors, although it does have to be acknowledged that some religious texts and ideas do help to create issues. I have had several complaints from male patients over the years about women priests leading the service. Such concerns usually come from the Anglo-Catholic or the extreme evangelical element that do not accept or validate the ministry of women in certain

roles. Such views can lead to highly negative thinking and comment about women. What can then happen is that some men pick up on these extreme points of doctrine or culture and then use that as a point of attachment for their own misogyny or even offending. In a now famous case, 'Christian' cult leader David Koresh used his influence and power as a messiah to have nineteen wives he was sexually active with, some as young as twelve years old.[2] This type of distortion is not limited to any particular spirituality or faith grouping. One Pagan Chaplain I know pointed out that some individuals have been (wrongly) attracted to the charisma and power of being a 'witch', perhaps seeking a mechanism for the domination and control that is one of the main themes in sexual offending studies and literature. She also said certain Pagan rites have also been used to manipulate people into abusive situations.

So, whilst I have had experience and knowledge of people who may distort faith and culture to manipulate, I have not found any who hold to the idea that their religion or spirituality teaches that sexual abuse is required or justified. As for the socio-cultural distortions, we do sometimes encounter these as Chaplain and have a responsibility to challenge these where found.

What I have seen more of, and some of the above begins to stray into it, is where faith, religion, and spirituality are not used as an excuse, but as a point of opportunity for offending.

Religious and Spiritual Opportunism in Regard to Sexual Offending

I came to faith in the early 1990s, through attending a Black Majority Pentecostal church (I'm white, but being a musician was attracted by the music). Except for one person who was on the periphery of the congregation, nobody there knew me. After just a few weeks attending, I was invited to become a relief Sunday School Bus driver. I had my 'induction' the following week, showing me the route, and the week after that found myself alone on a bus with a dozen children aged between about four and ten. It is incredible to think that such a lax approach was taken, and

it cannot be attributed only to the sharp focus on safeguarding we have today. It was always in the church's remit to protect children.

I have not therefore been surprised to have met several men serving sentences where they had targeted faith groups for opportunities to offend against children. The poor safeguarding policies and procedures coupled with the trusting nature of leaders and congregations made it easy for people to operate under the cover of conversion. In a chapter entitled Techniques of Deception, Anna C. Salter interviews a very young man who was made a Deacon in his church because of all of the good he was doing to help people, especially young people. When he was first accused of sexual assault, the man said that his young accusers were not believed because,

> I had many people: counsellors, church leaders, leaders of the community, to come up and stand in my defence, several times on those occasions, and it was simply just disbelief. (2003, p. 32)[3]

Why would the leaders of the church believe the young man over the children? He goes on to say that when further offences came to light, the church still stood by him and one minister even suggested such accusations were to be expected when God was blessing you. Incredible isn't it? Unfortunately, it is not unusual for religious leaders to make the protection of fellow leaders their priority, a fact which finds no better demonstration than in the revelations of how sexual abuse and misconduct were managed historically in the Roman Catholic Church (and other denominations it seems). 'Problem' Priests were moved around, offering fresh grounds for offending, or at best put in less public roles. Either way, they were afforded a level of protection and care that the victims were not. These issues are not limited to the Christian faith, and I have spoken with Muslims, including an Imam, who suggest that what we have seen in the Roman Catholic revelations will break for the Islamic world in the years ahead. Indeed, one Imam in the Nottinghamshire was recently found guilty of sexually assaulting a boy in a Mosque,[4] something which most Muslims would find impossible to comprehend. There is no suggestion of collusion or cover up by other leaders in this case, but a culture of this behaviour has been suggested elsewhere. A BBC report in 2011 showed that there had

been 400 allegations of physical abuse of children in Madrassas (Islamic schools) in the preceding three years, and that 'families often faced pressure not to go to court or even make formal complaints'.[5]

So, faith groups have to take safeguarding seriously, both in regard to leaders and those who form the congregations. It is worth recognising that there is a tension that exists for faith groups, in that they are public places with the express intention of making newcomers feel at home. A minister I worked with used to say that the church is an organisation that exists for its non-members. The tension then, according to one prison Chaplain, is that churches need to be an open and welcoming 'safe space', a hospitality that must even extend to ex-offenders who are seeking support. He said that of course everything must be done to protect people from predatory behaviour, through robust policies and procedures, but everyone must be able to participate in the life of the church, although in a safe and controlled manner. This creates a challenge for leaders and congregations of all faith groups, balancing safeguarding with a welcoming environment, and this is true of our environment in secure settings Chaplaincy. I have known men who came to services in order to seek grooming opportunities. Fortunately, this is easily spotted and nipped in the bud.

Another challenge I have experienced on several occasions is those patient/prisoners who have converted to a particular faith, only to disengage with the psychological therapies and rehabilitation programmes that are the staple instrument and measure of their progress. I recall one young man who felt that now he 'had God' there was no need to address the offending behaviour and substance misuse that had led to his index offence. He felt like a changed man and that was enough for him, and he expected God to 'get him out', so engagement with prison programmes was unnecessary. I met with him on numerous occasions and discussed my concerns about his thinking and explored it from different angles, but he couldn't see why anyone would doubt the work God had done in him. One difficulty here is that sometimes a person's previous Christian experience is that of seeing people in prison chapel or church sharing their changed life in front of a congregation, often to rapturous responses. I am the first to admit knowing people who have indeed undergone radical transformation through a faith encounter or discipline, but the difficulty is that this still needs training, managing, or even sometimes measuring. I

do not mean measuring spiritual progress, but as in the case of the disengaged young man already described, it may be that completing a course in violence reduction would demonstrate what a changed individual he actually is. It may however also offer him tools for when he would, almost certainly, feel the pull of his 'old life' and his former responses.

Religion, Spirituality, and Rehabilitation

Several years ago, a particular patient who I'd not had much engagement with requested that I visit him. He had no previous religious connections, but wanted me to help him to find a framed picture of St Jude. I asked him why St Jude, and he said 'because I've heard he is the Patron Saint of Desperate Cases and Lost Causes, which is what I am'. I can't describe how much this impacted me at the time, especially when through further conversation, I realised he had spent a couple of years watching me to see if I was a safe person to talk to. This might be a good window into the gritty way in which religion and spirituality become meaningful in secure settings, as people look for symbols of hope in the simplest things. Perhaps the high take up of religious services among individuals with a sexual conviction (which is my experience) is because it offers some hope in darkness, especially if you feel yourself at the bottom of the hierarchy described earlier. It is my experience that forensic patients and prisoners use faith meetings and resources, including Chaplains, for many different reasons, including for help, hope, extra biscuits, gathering, swapping contraband, advice, strength, festival food, grooming opportunities, building faith, coping with illness, progressing through the mental health or prison system, parole leverage, meditation, singing, and simply getting off the wing or ward. I personally don't mind why people come because I do have a conviction that faith and spiritual practice have a real-world effect and can make a tremendous difference to a person's life, whatever their difficulties or starting point.

I followed one young man in his journey through the forensic mental health system after he started attending chapel. Having no previous experience of religion, he quickly felt that it was an avenue of change that he desperately wanted. He had been looking for a way to find forgiveness,

but had no recourse to seek this from victims. He was a prison transfer and had spent many years on long sentences and was the classic 'tough guy', but when he spoke of the way he felt about being forgiven by God, he would cry. He became an encourager of everyone around him that was struggling, to the point where staff would use him to talk to other patients. He knew that forgiveness from God didn't mean forgiveness from victims or others affected by his actions and drew up plans to sow as much good in the world as he could. I was at a Multi-Disciplinary Team meeting looking at his progress, and one of his former psychologists had come in. He said in almost twenty years of knowing him, he had never seen such a change and that his faith needs should be written into his care pathway.

I admit that the story is a little too perfect and suggests that he had no further difficulties, because obviously he did. I also recognise that the multi-disciplinary approach means we all have to be careful about taking the credit for positive change. I remember remarking to a Staff Nurse that the change in one patient was particularly impressive since he had been attending church, to which he replied, 'yes, we'd changed him onto new meds the week before'. A soft focus on attributing results is therefore advised! However, I told the story of the man above because it is not entirely unusual. The list I offered of why people engage in faith practices has a number of cynical observations (usually around food), and I'm always careful to try and say that there are a great many forensic patients and prisoners, including those with a sexual conviction, who have a genuine and simple belief that is just part of their life. It may conflict with their behaviour at times, and it may help it at times, but the sincerity of it is obvious once you have spent long enough walking with them.

Some Limitations

The charges of hypocrisy and of religion being part of the problem at times can of course be true, as can an unrealistic expectation of what having a faith or spirituality can achieve. A small study looking at religious affiliations among adult individuals with a sexual conviction (111 offenders, self-reporting) concludes that generally religiosity does not always have

the expected restraining effects one would hope. For example, those individuals with a sexual conviction who had a lifelong faith and connection to church were shown to have more victims and younger victims than average, which I wish was not the case, but it seems it is. Those that had converted whilst in a secure setting had no fewer victims than 'average', but the age of those victims was higher than the group that had always been in church[6] (2006, p. 284). One interesting and encouraging observation is that reason for conversion may be, '…an offence burnout effect. By means of conversion to religion, this group may be endeavouring to exit the offending pathway, perhaps by seeking to establish new attachments to social institutions' (ibid., p. 285).

As a Minister, I'm from the evangelical/charismatic end of the church, which loves a good testimony and dramatic conversion, and I think I would have once struggled with the above findings. I cannot speak for an entire wing of the church, but I know that I once believed that people were either 'in' or 'out' of the faith, and that issues once dealt with were overcome. I'm sure you are reading this thinking how ridiculous, and you are right! I've had to rethink my entire philosophy of ministry in my time in high secure mental health, and fully accept the continuum of growth that we all live on. To forgive is not a one-time action, and to begin again is a daily, sometimes hourly, endeavour. One of our Pagan Chaplains spoke of the value of the new identity of 'Pagan' being a way to change individuals with a sexual conviction's 'Master Status'[7] (a new way of defining yourself), offering someone a new start and place to work from, which can have a healing, helpful effect that contributes to their journey of recovery.

Religion and spirituality that is delivered with the expectation that one big dose of it 'cures' you is naive, but the small steps journey, offering as many new starts as days, hours, or minutes, is in my experience, more effective. I think 'big steps' religion risks causing feelings of guilt when we fail, whilst the 'small steps' approach, filled with grace and kindness, is far better. I spoke earlier of the 'gritty' nature of Chaplaincy, and by that I mean the seeking and use of simple anchors, symbols, and practices that enable these small steps towards recovery. I now realise that an apparently throwaway conversation with a patient about something unrelated to spirituality can be a turning point if it sparks a relational connection that sets them on a previously unseen path.

An Aid to Engagement

There was some exploration at Rampton Hospital several years ago to see if the educational, vocational and practical elements of what was available to patients enabled them to engage with the core therapies, such as sexual offending or violence reduction groups. As the study wanted to use an evidence-based quantitative approach, we felt it was not something we could achieve. The hard evidence just would not be there in sufficient quantity. It did however make me think about how the work of Chaplaincy enabled or encouraged patients in other parts of their journey. At that time, we were working regularly on a unit where almost all of the patients seen were individuals with a sexual conviction. What I noticed was that the ebb and flow of their spiritual journey sometimes matched the complexity of what point they were at in the sexual offending group. I did in fact have several conversations with both patients and therapists about this, and both began to draw on our service to offer support during the more challenging elements of the work. At times, some patients asked for prayer before or after particular sessions and even used our one-to-one meetings as a form of 'confessional'. One patient in particular felt led to organise a formal confessional with our Roman Catholic Priest, using it as a way to spiritually deal with what had emerged in therapy, after many years of being hidden. In another case, one of our Imam's worked with a psychologist to unpick a Muslim patient's complex spiritual-sexual beliefs. This kind of work demonstrates that as one of the disciplines within the MDT, Chaplaincy and Spiritual Care has a wider remit than simply providing religious care.

A Sense of Community

In his book Faith and Mental Health, Harold Koenig lists ten ways that religion can improve mental health, and at number five, he says that faith;

> Enhances social support – (creating) Emphasis (on) the importance of marital, relational and family bonds. (Offering the) Support of (a) faith community.[8] (2005, p. 135)

One of the common factors in the responses of Chaplains to my questions for this chapter was that the experience of being part of a community was key, even though that may have associated risks, both in the secure setting and out in the community. The friendship, accountability, common sense of purpose and belief of a faith community all serve to create a framework of support. At Rampton, our faith groups, whether for Muslim prayers, Buddhist Meditation, Pagan Ritual, Roman Catholic Mass, or the ecumenical Christian service all have a genuine sense of community and cohesion about them. I always impress upon the Chaplains that the fifteen minutes of conversation over drinks afterwards is key to what we do. It is often during these times that conversations begin or questions are asked that lead to meetings in the week and help in the wider perspective of a patient's journey. It is moving to see the patients serving each other drinks, offering around biscuits, discussing personal progress, debating issues, and talking of the future. This for me is largely what I believe Chaplaincy is about: creating community and a shared sense of travelling together.

Achieving Potential

One obstacle I met at Rampton many years ago was that of encountering somebody who absolutely could not see any future and did not want to allow the potential for a future. This was, in their own understanding, because of their advancing years and the severe nature of their previous sexual offending. I found this quite distressing because, whilst I admit I was still in my idealised phase, I had not yet met anyone who was entirely hopeless. I think this is when I first began to think about what kind of vision people need to pull them out of the 'hole' they might find themselves in. I think that whilst those small steps are required to achieve a goal, sometimes the possibility of some radical potential needs to be presented. I remember once sharing the following story and thought at a service and found the reaction one of shock and disbelief.

One of the most famous Biblical stories is that of the Good Samaritan, a term used still for people who go out of their way to help strangers, and one of the most famous charities, The Samaritans, takes its name from this story. Simply put, the context and story are that Jesus is speaking to a group

of what might be described as the religious elite, and they ask him what it means to 'love your neighbour' and indeed, who is to be considered our neighbour. Jesus tells the story of a man who his robbed and beaten and left for dead. Two people (Priests) from the audience's own social group pass by and do not help the man, but then a Samaritan passes and rescues the man, finding him medical help. We rightly move immediately to the meaning of the kindness shown, but there is another message which is less obvious to most of us. You see, the audience thought the Samaritans were, for various reasons, the very worst of society. It would not be too strong to say they considered them the scum of the earth. I have often thought that the dim view held of Samaritans is akin to what most people think of individuals with a sexual conviction today. The way that they are presented in tabloids: unclean, evil, unredeemable, and unworthy. The message of the story back in Jesus's day was that the people who seem to be the worst have the potential to become good and useful citizens. In fact, because the two who ignored the injured man were from the 'good' group, the full message was that the unredeemable Samaritan had the potential to be a better person than they.

This message might not be too well received by those who think themselves good, but it may offer hope to those at the other end of the perceived hierarchy.

Conclusion

I hope that in this chapter I have been able, in some small way, to offer a picture of what Chaplains are doing in the secure setting and particularly in relation to offering pastoral care to individuals with a sexual conviction. It is complex work, and I think we Chaplains work under the pressure of attitudes that exist towards religion, spirituality, and individuals with a sexual conviction 'outside the fence', as it were. We certainly find an opportunity to practice what we preach in regard to unconditional love (or positive regard), mercy, grace, forgiveness and the never-ending opportunity for new beginnings. We can be manipulated at times and may struggle to cope with information and pictures in our minds from discussions and confessions, but this is the work. We live with the conflicts,

dissonance, hypocrisy, violence, disappointments, and doubts, because sometimes somebody finds hope, sees a future, and walks towards it.

Notes

1. *Sexual offending and mental health: Multidisciplinary management in the community*, Houston, Julia and Galloway, Sarah (Eds.), London and Philadelphia: Jessica Kingsley Publishers, 2008.
2. https://www.dailymail.co.uk/news/article-2588106/We-werent-brainwashed-Waco-cult-survivor-claims-new-memoir-Branch-Davidian-leader-David-Koresh-19-wives-slept-girls-young-12.html.
3. *Predators, paedophiles, rapists, and other sex offenders*, Salter, Anna C., New York: Basic Books, 2003.
4. https://www.bbc.co.uk/news/uk-england-nottinghamshire-44229756.
5. https://www.bbc.co.uk/news/education-15256764.
6. Religious affiliations among adult sexual offenders, Eshuys, Donna and Smallbone, Stephen, in *Sex Abuse* (Journal), 2006.
7. https://www.thoughtco.com/master-status-3026399.
8. *Faith and mental health*, Koenig, Harold, Pennsylvania: Templeton Foundation Press, 2005.

3

The Voice of a Buddhist Chaplain

Kevin Commons

The Prison Service, and the Probation Service, is managed by the National Offender Management Service (NOMS), which is an Executive Agency sponsored by the Ministry of Justice. It has the following broad aims:

1. To have regard to safety of the public, staff and prisoners (the security aspect)
2. To enable prisoners to reintegrate into and contribute positively to society on release (the rehabilitation aspect).

These are achieved by addressing the following objectives:

1. To hold prisoners securely
2. To reduce the risk of prisoners re-offending
3. To provide safe and well-ordered establishments, which treat prisoners humanely, decently and lawfully.

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The 1952 Prisons Act enshrines the prisoner's right to practise his or her faith, so it is the job of the managing chaplain to ensure that arrangements are made to meet the needs of all prisoners whatever their religious affiliation. Consequently, all penal establishments should enable prisoners to participate in corporate worship and other religious activities that encourage their spiritual and personal development whilst in they are in custody, and as part of their preparation for release into the community. As part of this process, all prisoners are offered pastoral care. This should be available on a daily basis whether they are located on the main landings or in healthcare or segregation units.

As part of statutory duties, all new receptions are contacted by an authorised chaplain, during which they indicate their religious affiliation or declare that they are of no religion. In addition, prisoners who have made an application to see a chaplain should be seen within 24 hours. Where prisoners have made an application to see a particular chaplain who only works part-time that chaplain should be notified within 24 hours and the notification is recorded. There also needs to be an effective system for notifying the appropriate chaplain immediately in the event of the death of a prisoner; of a prisoner's family bereavement; of seriously ill and/or suicidal prisoners; or to offer help and counselling where necessary, especially in matters relating to marriage and other family issues. Prisoners are also entitled to visits from their local clergy or religious leaders and these may take place in the Chaplaincy area.

Chaplaincy teams are managed by a full-time chaplain, who usually reports to one of the assistant governors. This role used to be reserved to Church of England clergy but nowadays can be a minister from any of the world's religions. He or she will be supported by a number of other chaplains, some of whom will also be full-time. However, to ensure that appropriate provision is made for people of all faiths and none, chaplains can also be employed on a part-time basis, some of whom may work in several prisons. For a religion where prisoner registration is low, the prison may appoint a sessional chaplain to ensure that the prison can cover the specific faith requirements. Buddhists and Pagans, for example, tend to fall into this category.

Whatever their faith or employment status all chaplains must go through a rigorous clearance procedure. This includes Counter Terrorism Clearance (CTC) as well as DBS.

Buddhism

Buddhism is a non-theistic religion; more of a way of life rather than a set of specific beliefs. At its centre are the Four Noble Truths, which Shakyamuni, the historical Buddha explained after his enlightenment experience. These are:

1. Life as ordinarily lived is not satisfactory (Duhkha)
2. The origins of Duhkha
3. The cessation of Duhkha
4. The path leading to the cessation of Duhkha.

Duhka is often translated as 'suffering' but really has more the flavour of unsatisfactoriness, as indicated above. The path leading to the cessation of (Dukha) is the **Noble Eightfold Path**. This is often represented by a wheel with eight spokes, each representing one part of the path as follows:

Wisdom

1. Right Understanding
2. Right Attitude

Morality

3. Right Speech
4. Right Action
5. Right Livelihood

Meditation

6. Right Effort
7. Right Mindfulness
8. Right Concentration

These elements of the path can be grouped into the Buddhist Threefold Practice of Morality, Meditation and Wisdom as shown above. The point of this practice is to help guide people in how to live their lives. The morality element, or how *we* should behave, is expanded by the Buddhist Precepts. These aim at helping us to avoid doing harm to ourselves and others, but people are also encouraged to do good for the benefit of all beings, including themselves. All versions of the precepts include the following five:

1. To abstain from killing
2. To abstain from taking that which is not given
3. To abstain from sexual misconduct
4. To abstain from false speech
5. To abstain from intoxicants.

The precepts are *not* rules and should *not* be used to judge the behaviour of others, since all human beings can fall prey to the innate tendencies of:

Greed, Hatred and Delusion.

These lead to—unskilful actions. Equally all human beings have the opposite innate tendencies, namely:

Compassion, Love and Wisdom.

These can lead to skilful actions. So how does Buddhism answer the question of how human beings should respond to the behaviour of others? It offers no set blueprint to follow. In any situation that we are faced with we need to ask ourselves 'What is good to do?'. This is where meditation comes in. The stillness of meditation helps people to look within, so that from a still heart and mind they can respond appropriately to all situations that face them.

The Roles of Buddhist Chaplains and Angulimala

It is the role of the Buddhist Chaplain in prison to help prisoners explore the implications of these teachings in their own lives. As well as being DBS and CTC cleared people wishing to become Buddhist chaplains must also be a member of Angulimala,[1] which not only fulfils the role of the professional body for Buddhist prison chaplains, but may soon become their employer. At the moment Buddhist prison chaplains are effectively employed and paid through the shared services that support the prison system on behalf of the Ministry of Justice. However, given the tendency for 'outsourcing' services Angulimala may have to apply for the contract to supply Buddhist chaplains to the prisons in England. In this case, the organisation will become the employer and paymaster of Buddhist chaplains. Whether the role is professional body or employer Angulimala has a range of responsibilities which include the recruitment, initial training and the continuous professional development of Buddhist chaplains.

My Experience of Buddhist Prison Chaplaincy

I joined Angulimala in the late 1990s having taken early retirement from my job as a local authority adviser and inspector and embarked on a career as a self-employed consultant focusing on the Further Education sector. This gave me the opportunity of doing other things and I was appointed, on a sessional basis, as Buddhist chaplain to a category 'B' Local Prison[2] and also a Young Offenders Centre (YOI) near to where I lived. I also took on responsibility for Buddhist chaplaincy at a category 'C' prison a few years later. Twenty years later on only the category 'B' prison remains in operation and I have handed over the main role to a Buddhist monk, who had moved into the area. I have retained the role of assistant Buddhist chaplain so that I can carry out cover duties if required.

In my time as a Buddhist chaplain, I worked on a sessional basis only, which meant that I was responsible for providing faith specific support but was not required to undertake any statutory duties. On each occasion,

I would visit the prisoners on my list of names and then plan my activities accordingly. This might require paying a visit to the Vulnerable Prisoner Unit[3] for a one to one session as well as setting up the multifaith room to accommodate the prisoners who were allowed to mix with each other for the main meeting. My aim in this was to make the space look and feel like a Buddhist temple by setting up a shrine on which the statue of the Buddha could sit. The aim was to establish an area of calm, in contrast to the ongoing noises heard in any prison, such as the banging of doors and gates and the shouting out by prisoners calling to others across the wings.

Overall, in my experience, Buddhist prisoners coming to the formal Buddhist meetings fall into two categories. There are what I call cradle Buddhists, mostly of Chinese or Vietnamese origin, who are Buddhists by birth. They often have little English but feel at home in the 'temple' environment and enjoy the more ritualistic side of the session. The other category is the Westerners who have taken an interest in Buddhism whilst in prison, indeed I remember a young man from Mansfield, whom I met at the YOI, whose father had become a Buddhist whilst he had been in prison!

This second group is usually interested in meditation practice,[4] for various reasons, which was always the main focus of the sessions I ran. The regular format would be formal bowing to take refuge in the Buddha, Dharma and Sangha,[5] and some kind of chanting/scripture recitation, followed by meditation, followed by discussion about aspects of the Buddha's teaching, especially concentrating on issues and questions raised by the prisoners.

Notes

1. Angulimala is a charity based at the Forest Hermitage in Warwickshire, where its head, who is a Theravadin Buddhist monk currently resides.
2. Prisoners are classified according to their risk to the public, including their likelihood of escaping. So a Category A prisoner would usually be held in a maximum-security prison (Category A). Prisoners serving long sentences aim to have their risk category reduced so that they can be transferred to a lower category prison. The regime in a C category prison, for example,

is less strict than the regime in a Category A or B establishment. Those prisoners posing least risk are held in Category D, or open prisons, if places are available. This is especially helpful if they are nearing release.

3. The Category 'B' prison where I did most of my work did provide accommodation for individuals with a sexual conviction, which meant that they would be housed in the Vulnerable Prisoner Unit (VPU) for their own protection. However, not all vulnerable prisoners have a sexual conviction and I never sought to find out the nature of their offence. From a Buddhist point of view, it was important to treat them the same as any other offender, however, if they are classed as vulnerable prisoners they are not able to take part in activities with other prisoners for safety reasons, so I would see them on their own landing.
4. I provided meditation instruction for prisoners new to the practice. However, I am aware that meditation might not be an appropriate practice for people suffering from mental health problems, but usually such people were seen separately so the meeting could easily be shaped to meet their needs.
5. Buddhist practice usually involves taking refuge in the Buddha (i.e. Shakya Muni the historical Buddha); the Dharma (i.e. the teaching of the Buddha) and the Sangha (the community of those who follow the Buddha's teaching).

4

How Might Faith Communities Promote Desistance from Sexual Crime? An Exploration of Theory

Stephanie Kewley

It is without doubt that the prevention of sexual abuse must be a priority for all in society. While it is unacceptable that abuse occurs in the first place, it is perhaps an even greater travesty when sexual abuse takes place by those already known and managed by the authorities. Sexual reconviction rates range approximately between 4 and 12% following a period of five years (Helmus, Hanson, Thornton, Babchishin, & Harris, 2012), and when compared to other types of crime are relatively low. However, such facts will be of little comfort to those who are re-victimised. Thus, for criminal justice agencies, the prevention of sexual recidivism is a primary aim.

The means by which this aim is achieved has traditionally involved the application of formal court-mandated controls. Methods of external control remove the individual from society through incarceration (prison or secure hospital). Across England and Wales, prison sentences for adults

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convicted of sexual offending range from anything up to one year and life imprisonment (*Sexual Offences Definitive Guideline*, 2014). While prison serves as one method of control, community controls require people to engage with requirements that aim to rehabilitate and prevent further harm ('Criminal Justice Act (c.44)', 2003); these include, for example; supervision with a probation officer, drug rehabilitation order, or attending an offending behaviour treatment programme. Other requirements serve mainly to control and include (this list is not exhaustive) the requirement to: live in a specific place of residence; disclose intimate relationships; adhere to curfew; register personal details (bank and passport); unannounced home visits; polygraph testing; electronic monitoring; and other restrictions such as access to the Internet (Thomas, 2010). The effectiveness of such requirements is arguably poor (Socia & Rydberg, 2016) and results in many unintended consequences such as: homelessness (Levenson, Ackerman, Socia, & Harris, 2015); family breakdown (Levenson, D'Amora, & Hern, 2007); unemployment, inadequate support (Levenson & Hern, 2007); and stress and psychological trauma (Tewksbury & Zgoba, 2009). These consequences should be of concern, because our criminal justice systems ought to deliver justice and not additional harm (Ward, Gannon, & Birgden, 2007) yet, factors such as, unemployment, poor social support, low self-control, and antisocial attitudes are causally related to sexual recidivism (Andrews & James, 2016).

It is worth noting at this juncture, there are some individuals in society who are either mentally incapacitated, wholly resistant to change, or are committed to pursue the sexual abuse and harm of others. It is without doubt, these people must be prevented from committing crime and as such, control strategies are likely the only option available in these cases. However, most people convicted of sexual offending are capable and willing to change, indeed most do not go on to commit further crime (Hanson & Morton-Bourgon, 2005); instead, over time risk decreases (Hanson, Harris, Helmus, & Thornton, 2014). Thus, criminal justice agents must engage in effective and ethical strategies to help prevent recidivism and ensure those committed to change are reintegrated back into society, safely.

Across England and Wales, Police, Probation, and Prisons have lead responsibility for the management of people convicted of sexual crime

('Criminal Justice Act (Sections 325 to 327)', 2003). However, those serving a sentence in the community for committing a sexual crime spend very little, relative time, interacting with professionals in the criminal justice system; when compared with time spent outside of these activities. This may be surprising, but under ever-increasing pressures placed on public sector services, it is a reality, rather than choice, that correctional practitioners have less opportunity to engage on a one-to-one basis with their clients (DeMichele & Payne, 2018). This is not to say public bodies do not manage clients effectively; rather alternative resources ought to be sought within the community to help support and promote desistance. Indeed, it is argued that 'desistance occurs independently of the actions of correctional personnel' (Laws & Ward, 2011, p. 204), practitioners have little impact on the process (Farrall, Hunter, Sharpe, & Calverley, 2014), and at best can really only assist people to desist (King, 2013). Thus, to support criminal justice professionals eliminate sexual recidivism and effectively restore people safely back into the community, existing alternative community strategies such as religious communities, must be explored. We, therefore, turn to a range of theories that provide the scaffolding needed to explain how an effective and permanent desistance process can be achieved by those convicted of sexual offending, beyond formal criminal justice arrangements.

The Good Lives Model (GLM)

The GLM is a strengths-based model of rehabilitation. It is capacity building in that it supports the development of a person's knowledge, skills, and experiences, so they may live a meaningful, crime-free life (Ward & Stewart, 2003). The GLM provides a rehabilitation framework that serves to guide clinicians and their clients through a therapeutic process of rehabilitation, promoting personal goods and reducing risk (Ward & Maruna, 2007). At the core of the GLM, are values of human dignity, universal human rights, and the principle of agency (Ward & Gannon, 2006). Although much of the research in relation to the GLM has been undertaken with people convicted of sexual offending, the model is a general rehabilitation theory.

The model states that 'as humans beings, sexual offenders are goal directed organisms who are predisposed to seek a number of primary goods' (Ward, Polaschek, & Beech, 2006, p. 303). Primary goods (developed after extensive exploration of philosophical, psychological, social, biological, anthropological research) are best described as states of mind, characteristics, or experiences and include at least eleven human goods including:

> 1) life (including healthy living and functioning); 2) knowledge (how well informed one feels about things that are important to them); 3) excellence in play (hobbies and recreational pursuits); 4) excellence in work (including mastery experiences); 5) excellence in agency (autonomy and self-directed this); 6) inner peace (freedom from emotional turmoil and stress); 7) relatedness (including intimate romantic and familial relationships); 8) community (connection to a wider social group); 9) spirituality (in the broad sense of finding meaning and purpose in life); 10) pleasure (the state of happiness or feeling good in the here and now); and 11) creativity (expressing oneself to alternative forms). (Purvis, Ward, & Willis, 2011, p. 7)

The model articulates that in our efforts to secure primary goods, we draw on secondary goods as a means of achieving these. It is the application of secondary goods that are of particular interest for offending behaviour as those who engage in crime do so through the adoption of maladaptive or inappropriate secondary goods in pursuit of primary goods (Ward & Maruna, 2007). Thus, through one-to-one assessment and case formulation, clinicians support clients to consider and engage in viable prosocial non-offending lifestyles, developing an adaptive identity (Ward & Maruna, 2007). It is likely that many clients will face internal and external obstacles. Some may lack balance, or have a conflict in the priorities of the primary goods they seek, others may use inappropriate strategies that have led to offending, or lack the capacity or capability to put their life plan in place (Ward, Mann, & Gannon, 2007). It is for clinicians and practitioners to help them address some of these problems (Ward & Gannon, 2006).

When developing a good life plan, a religious community might be an appropriate means by which the primary goods of 'knowledge', 'inner

peace', 'relatedness', 'community', 'spirituality', 'pleasure', and 'creativity' are achieved. Yet, very few studies have examined the role of a faith community for those convicted of sexual offending and so empirical evidence is weak. In one study examining the experiences of four men living in the community while convicted for sexual offending, Kewley, Larkin, Harkins, and Beech (2016) found through the engagement of a religious group, participants gained a sense of inner peace and pleasure. It was not the authors' aim to explore the GLM or any of its particular primary goods, but emergent themes were linked. Likewise, Kewley, Larkin, Harkins, and Beech (2018) reported that through the engagement of religious groups while in prison, participants gained a sense of community, belonging, and purpose. Arguably, in their examination of seven people identifying as Buddhists while incarcerated for a sexual offence, Bell, Winder, and Blagden (2018) found participants experienced the primary good of inner peace and knowledge. Again it was not the author's intention to examine primary goods, specifically however, participants reported through the practice of Buddhism their sense of self and place in the world improved.

One of the GLMs strengths is its empirical strength from a psychological perspective; however, it is empirically limited from a social and structural position. We, therefore, turn to the desistance literature to help address this gap.

Desistance Theories

Essentially, like the GLM, desistance is a strengths-based approach, conceptualised as a process bound by both agentic and structural factors. The process is best defined as one in which the individual ceases to commit crime following three phases: a primary phase in which crime ceases; followed by a secondary phase in which long-term desistance occurs as the individual adopts a non-offending identity and prosocial behaviours (Maruna & Immarigeon, 2004); and finally a tertiary phase, the desister becomes integrated into a community experiencing genuine belonging (McNeill, 2014). This process is not necessarily linear; people move in and out of the process, desisting and persisting in crime, often, during the first phase of the process, for long periods.

Desistance itself is not a theory but rather an approach incorporating several criminological and psychological theories. Weaver (2015) classifies these into four broad areas, for brevity, only a handful is listed in Table 4.1. For a detailed discussion, see an excellent discussion by Weaver (2015).

These classifications are used through the remainder of this chapter to frame selected theories and their application to the notion that a religious community might support the desistance process. The organisation of this section is not indicative of any order or priority of factors or theory; indeed, the process of desistance likely involves all four classifications and multiple theories occurring both independent of each other and at times dependent and simultaneous.

Table 4.1 Broad classification of desistance theories and key theorists

Broad classification	Individual theories	Theorists
Individual and agentic	The age crime curve	Gottfredson and Hirschi (1990) Blumstein, Cohen, and Farrington (1988)
	RCT	Clarke and Cornish (1985) Cornish and Clarke (1987) Paternoster and Bushway (2009)
Social and structural	Social learning theories/differential association	Bandura (1978) Sutherland, Cressey, and Luckenbill (1995)
	Informal social control (marriage, parenthood, employment, religion)	Laub and Sampson (2001) Hirschi (1969)
Interactionist	Narrative identity and cognitive identity transformation	Maruna (2001) Farrall, Bottoms, and Shapland (2010) Giordano, Longmore, Schroeder, and Seffrin (2008) Giordano, Cernkovich, and Rudolph (2002)
Situational	Temporal and spatial dimensions	Farrall et al. (2014) Flynn (2011)

Individual and Agentic

Maturation or age-graded theorists argue that people simply grow up and grow out of crime, a combination of biological and mental changes mean that people just stop offending (Glueck & Glueck, 1950). Understanding the role of ageing for those convicted of sexual offending is limited (Lussier & Healey, 2009); however, the risk of sexual recidivism appears to reduce as people age (Nicholaichuk, Olver, Gu, & Wong, 2014). This theory is useful for assessing likely recidivism but due to the static nature of age, clinicians have little control of this factor; likewise, in relation to the engagement of a religious community, age has little bearing. To this end, while maturation theories are the most empirically tested desistance theories, for the purpose of this discussion they have little worth.

A more helpful agentic theory is rational choice theory (RCT). RCT recognises people as reasoning agents, who, when deciding whether to commit a crime, do so through a process of considering associated costs and benefits; if the benefits outweigh the costs, crime is seen as the rational choice (Clarke & Cornish, 1985). Identity theory of desistance (ITD) (Paternoster & Bushway, 2009) offers a similar perspective, explaining how agents weigh up current life circumstances, with a perceived likely future life, should they continue to offend. It is the fear of a negative future self that triggers the desistance process and stimulates alternative life choices (Paternoster, Bachman, Bushway, Kerrison, & O'Connell, 2015). During the process of assessing the costs and benefits to crime, an agent's religious proclivities may inform their choices, particularly given religious belief to provide answers to questions related to behaviours and 'afterlife' consequences.

The link to religion is perhaps clearer when exploring terror management theory (TMT). According to this theory, humans are primed with a basic instinct to self-preserve (Solomon, Greenberg, & Pyszczynski, 1991), but, when faced with inevitable mortality, turn to cultural or religious explanations to bolster fears (Greenberg, Solomon, & Pyszczynski, 1997). Religion provides a source of comfort, explanation, and a boost to self-esteem when faced with the inevitability of death. Indeed, religious instruction provides followers a set of beliefs, behaviours, and practices that, if adhered to, assures a particular type of afterlife, usually one of

everlasting happiness and immortality. The fear of death or at least the fear of an unwanted afterlife stimulates religious affiliation and belief (De Cruz & De Smedt, 2017) thus, when applying TMT and ITD to a religious context, for those who fear that a continued life of sexual crime might compromise their desired afterlife, desistance of such behaviours and the subsequent adoption of said religious instruction are rational.

RCT helps explain sexual crime, in that, those seeking to sexually offend do so by engaging in a cost-benefit analysis considering location, time, and victim (Beauregard, Rossmo, & Proulx, 2007). However, for the process of desistance, theories are yet to be sufficiently tested. Understanding this decision-making process is essential for rehabilitation clinicians and practitioners, as by exploring the primary goods sought through the execution of a sexual crime, along with TMT and ITD theory, it is possible to help clients navigate alternative and rational means to achieve primary goals, through a religious community.

Social and Structural

Social control theories (SCT) help explain crime and deviance. Postulated by Durkheim (1951 [1897]), anomie theory asserts that as a result of significant social change and thus disorganisation, actors become unable to achieve social aspirations and, therefore, turn to crime as a viable means. Later SCT theorists such as Hirschi (1969) argued that deviant behaviour and crime occurs as a result of broken bonds and weak ties between the individual and society, arguing the role of attachment is key. Hirschi's theory states that where strong attachments and bonds are developed during adolescence to social institutions and structures (such as family, education, or church) young people behave in accordance with the social norms of the institution. In addition, the degree of commitment and involvement with said institution further determines the degree to which a person conforms and abides by its rules and values.

In the field of desistance, the strength of ties and bonds to social institutions, such as family, education, or employment, can also initiate and maintain desistance in the same way it supports crime (Laub & Sampson, 2001). However, simple affiliation to a social institution does not,

in and of itself, lead to effective desistance; instead, it is the strength and meaning of the attachment that is important. While the bond of a good marriage, for example, can help support the process of desistance (Giordano et al., 2002), a poor marriage is unlikely to help (Sampson, Laub, & Wimer, 2006). Thus, sending a person to church will not cause him to stop offending, instead his attachment to the religious community must be meaningful and strong.

While SCT has provided a plethora of research that supports the notion that social structures and institutions are in some way related to the process of desistance (Weaver, 2015), few studies exist to explore this process from the perspective of people convicted sexual offending (Farmer, McAlinden, & Maruna, 2016; Kewley, Beech, & Harkins, 2015; Perrin, Blagden, Winder, & Norman, 2018). Kruttschnitt, Uggen, and Shelton (2000) found support for formal social control mechanisms in their sample of participants convicted of sexual offending; they found those who had stable work and engaged in a behaviour treatment programme, reoffended less than those who did not. Authors were unable to examine the nature of social capital gained; but, in a smaller study of those convicted of sexual offending, faith communities were found to provide social capital that enhanced participants sense of belonging, affiliation, and social support (Kewley et al., 2016, 2018).

The notion of SCT from both its original and more current interpretations map nicely onto the GLM. The GLM states that humans strive for primary goods, a premise of SCT (although in its original inception aspirations were economic). As with Durkheim's (1951 [1897]) anomie theory, it is the choice of means that are of concern; where adaptive means of achieving goals are no longer viable, maladaptive strategies are adopted. A GLM plan can help clients achieve adaptive strategies and means to achieve desired primary goods.

Interactionist

Desistance occurs between the interplay of structure and agency; interactionist theorists argue that not one factor alone causes desistance; instead, a blend of temporal, social, and psychological contexts exist. As a result of

this interchange, people engaging in a process of desistance develop and form new non-offending identities that are more akin to their new social and psychological contexts. Giordano and colleagues outline the theory of cognitive transformation (2002, 2008), they found that in order for successful desistance, four types of cognitive transformation are required, including an openness to change; openness to particular catalysts or 'hooks for change'; be able to leave the old self behind and replace with the new; and change the desirability of the behaviour itself. Although originally interpreted as sequential steps, these elements operate simultaneously (Giordano, 2016). This theory allows the interplay of both structure and agency, in that the actor is required to make several cognitive leaps as a result of exposure to a particular social context. Indeed, Giordano and colleagues found that for a number of participants, a faith community helped developed friendships that in turn helped support their desistance.

A further theory that requires the interplay of structure and agency is that of narrative identity. This is 'a person's internalized and evolving life story, integrating the reconstructed past and imagined future to provide life with some degree of unity and purpose' (McAdams & McLean, 2013, p. 233). Narrative identity allows people to convey to themselves and to others, who they are and where they see themselves in the future. In relation to the desistance of crime, stories are crucial as they provide an explanation for crime, as well as a representation of how people will live free from crime.

In his exploration of persisting and desistance participants, Maruna (2001) found those desisting from crime spoke in a fundamentally positive way about themselves and their future lives. Labelled as 'redemption scripts', participants were able to establish the good within themselves, take responsibility for previous behaviours, acknowledge a return to a previously non-offending self, and present a desire to give back to others. Whereas, those persisting in crime spoke using 'condemnation scripts', perceiving themselves to be 'doomed to deviance'. They spoke of an inevitable cycle of crime, one they were born into with limited control, and no freedom to change.

According to an interactionist position, both adaptive narrative identity and structural support are equally as important in pursuit of a good life (Ward & Marshall, 2007). A religious community thus may provide this

blend. In a study of 25 adult men convicted of sexual offending, Hallett and McCoy (2015) found elements of Maruna (2001), Giordano et al. (2002) and Paternoster and Bushway (2009) desistance theories in life story interviews. Participants reported that Christianity had helped them to desist from crime by helping them re-characterise a new self, distinguishing between the old offending self and new non-offending self, through spiritual enlightenment. Likewise, they became afraid of the future self had they continued to commit crime and drew upon the social support gained through church attendance. Findings were similar to the experiences of people convicted of sexual offending in the Kewley et al. (2018) study; it was reported that religious affiliation assisted the development of new narratives allowing participants to re-label themselves as reformed 'non-offenders'. Furthermore, the stigma associated with sexual offending while incarcerated was felt to be reduced as Kewley et al. participants expressed prejudiced attitudes towards nonreligious prisoners, perceiving themselves as the superior 'in-group' (Tajfel, 1974). Although an undesirable characteristic, this demonstrates how affiliation to a faith community provides a platform in which a new narrative identity can be developed and presented.

Situational

The spaces and places in which people inhabit ought to be of interest when examining the process of desistance (Flynn, 2011) as environments influence behaviours, including crime and desistance (Farrall et al., 2014). Routine activities theory proposes that in order for a crime to occur three factors must be in place: (a) likely offender, (b) suitable target, and (c) the absence of a capable guardian (Cohen & Felson, 1979). The suitability of the target includes the attractiveness of the location such as being well concealed, easily removable, and valuable (Flynn, 2011). This is perhaps best understood when examining acquisitive crimes. Bernasco, Johnson, and Ruiter (2015) found burglars choice of location was strongly determined by the success and experiences of their prior burglary locality.

There are countless reports of people attempting to avoid crime or harmful behaviours being advised to avoid certain places to assist recovery;

places such as old drug-taking hangouts, pubs, or clubs (Melemis, 2015; Smith, Padgett, Choy-Brown, & Henwood, 2015). Avoidance strategies are, underpinned by relapse prevention models that teach people to: first identify high-risk situations; help them learn differences between lapse and relapse in behaviours, identify these; and teach people strategies to cope with high-risk situations (Laws, 2003). Most of the current legislation that governs sexual offenders is built upon this premise, thus, any restriction (situational or otherwise) can be imposed through a Sexual Offender Prevention Order (SOPO) (Kingston & Thomas, 2018).

Situation and place are integral to both sexual crime and desistance. Indeed, it played a primary role in the offending experiences of participants in the Farmer et al. (2016) study. Participants reported that sexual offending occurred as a result of situations outside of their control (e.g. relationship breakdown, job loss) and sexual interests were stimulated by situation. Participants also developed an identity narrative around their new future self, indicating not only the importance of situation in the commissioning of an offence, but also, in the desistance process too. In a further examination of men desisting from sexual offending, McAlinden, Farmer, and Maruna (2017) found the situation of an active and busy work life to be a stabilising factor; not only did it provide opportunities to enhance social capital, but, it helped develop new narrative identities and a sense of purpose. This was also found in a (non-sexual offending) population studied by Farrall et al. (2014) where desisters reported that being busy at home with family, attending work, appointments, and avoiding old haunts, contributed to their crime free existence.

Thus, civic places such as churches, safe homes, workplaces, and libraries can provide a new order for people desisting from crime, as well as the opportunity to develop a new identity. Place and space are more than bricks and mortar, it has its own culture, activities, routine, rules, community, and identity. A religious place, for example, says that people who come here are good, kind, reputable citizens, thus attending such a place, according to situational theories provides the opportunity for those convicted of sexual offending to gain new social capital but also develop a non-offending narrative identity.

Conclusion

This chapter sought to explore theories that help explain how a religious community might support the reintegration and desistance process of those convicted of sexual offending. While a range of theories support the case that a religious community might support and foster the desistance process for those convicted of sexual offending, such a community is not appropriate for all and caution is required. For those determined and motivated to cause harm to others, control strategies are likely the most viable option. However, for those committed to living a life free from crime and are attempting to desist from crime, the state and society have a moral and ethical duty to enable and support them in this process.

Desistance theories provide an excellent platform to help us understand how people might stop offending. When mapped across and integrated into the GLM, theory is greatly enhanced (Ward & Maruna, 2007). Arguably each theory's limitations are each other's strength; the desistance literature lacks 'adequate psychological conception of agency and the conditions that make agency possible' (Laws & Ward, 2011, p. 207), whereas, the GLM's needs further development of its desistance concepts. Combined they provide a valuable theoretical framework that can guide and support practitioners, clinicians, as well as those aiming to desist from crime, in a way that is effective, meaningful, and safe.

References

Andrews, D. A., & James, B. (2016). *The psychology of criminal conduct* (5th ed.). New York: Routledge.

Bandura, A. (1978). Social learning theory of aggression. *Journal of Communication, 28*(3), 12–29.

Beauregard, E., Rossmo, D. K., & Proulx, J. (2007). A descriptive model of the hunting process of serial sex offenders: A rational choice perspective. *Journal of Family Violence, 22*(6), 449–463.

Bell, K., Winder, B., & Blagden, N. (2018). 'Better as a Buddhist': An interpretative phenomenological analysis of the reflections on the religious beliefs of

Buddhist men serving a prison sentence for a sexual offence. *Religions, 9*(4), 101.

Bernasco, W., Johnson, S. D., & Ruiter, S. (2015). Learning where to offend: Effects of past on future burglary locations. *Applied Geography, 60,* 120–129.

Blumstein, A., Cohen, J., & Farrington, D. (1988). Criminal career research: Its value for criminology. *Criminology, 26* (1), 1–35.

Clarke, R. V., & Cornish, D. B. (1985). Modeling offenders' decisions: A framework for research and policy. *Crime and Justice, 6,* 147–185.

Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review, 44* (4), 588–608.

Cornish, D. B., & Clarke, R. V. (1987). Understanding crime displacement: An application of rational choice theory. *Criminology, 25*(4), 933–948.

Criminal Justice Act (c.44). (2003).

Criminal Justice Act (Sections 325 to 327). (2003).

De Cruz, H., & De Smedt, J. (2017). How psychological dispositions influence the theology of the afterlife. In Y. Nagasawa & B. Matheson (Eds.), *The Palgrave handbook of the afterlife* (pp. 435–453). Basingstoke, UK: Palgrave Macmillan.

DeMichele, M., & Payne, B. (2018). Taking officer time seriously: A study of the daily activities of probation officers. *Probation Journal, 65*(1), 39–60. https://doi.org/10.1177/0264550517748358.

Durkheim, E. (1951 [1897]). *Suicide*. New York: Free Press.

Farmer, M., McAlinden, A.-M., & Maruna, S. (2016). Sex offending and situational motivation: Findings from a qualitative analysis of desistance from sexual offending. *International Journal of Offender Therapy and Comparative Criminology, 60*(15), 1756–1775.

Farrall, S., Bottoms, A., & Shapland, J. (2010). Social structures and desistance from crime. *European Journal of Criminology, 7* (6), 546–570. https://doi.org/10.1177/1477370810376574.

Farrall, S., Hunter, B., Sharpe, G., & Calverley, A. (2014). *Criminal careers in transition: The social context of desistance from crime*. Oxford: Oxford University Press.

Flynn, N. (2011). *Criminal behaviour in context: Space, place and desistance from crime*. Oxon: Routledge.

Giordano, P. C. (2016). Mechanisms underlying the desistance process: Reflections on 'a theory of cognitive transformation'. In J. Shapland, D. Farrington, & A. Bottoms (Eds.), *Global perspectives on desistance* (pp. 27–43). London: Routledge.

Giordano, P. C., Cernkovich, S. A., & Rudolph, J. L. (2002). Gender, crime, and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology, 107*(4), 990–1064. https://doi.org/10.1086/343191.

Giordano, P. C., Longmore, M. A., Schroeder, R. D., & Seffrin, P. M. (2008). A life-course perspective on spirituality and desistance from crime. *Criminology, 46*(1), 99–132. https://doi.org/10.1111/j.1745-9125.2008.00104.x.

Glueck, S., & Glueck, E. (1950). *Unraveling juvenile delinquency*. Cambridge, MA: Harvard University Press.

Gottfredson, M., & Hirschi, T. (1990). *A general theory of crime*. Stanford: Stanford University Press.

Greenberg, J., Solomon, S., & Pyszczynski, T. (1997). Terror management theory of self-esteem and cultural worldviews: Empirical assessments and conceptual refinements. In *Advances in experimental social psychology* (Vol. 29, pp. 61–139). New York: Elsevier.

Hallett, M., & McCoy, J. S. (2015). Religiously motivated desistance: An exploratory study. *International Journal of Offender Therapy and Comparative Criminology, 59*(8), 855–872.

Hanson, R. K., Harris, A. J. R., Helmus, L., & Thornton, D. (2014). High-risk sex offenders may not be high risk forever. *Journal of Interpersonal Violence*. Retrieved from http://jiv.sagepub.com/content/early/2014/03/20/0886260514526062.abstract; https://doi.org/10.1177/0886260514526062.

Hanson, R., & Morton-Bourgon, K. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73*(6), 1154–1163.

Helmus, L., Hanson, R. K., Thornton, D., Babchishin, K. M., & Harris, A. J. (2012). Absolute recidivism rates predicted by Static-99R and Static-2002R sex offender risk assessment tools vary across samples: A meta-analysis. *Criminal Justice and Behavior, 39*(9), 1148–1171.

Hirschi, T. (1969). *Causes of delinquency*. Berkeley: University of California Press.

Kewley, S., Beech, A. R., & Harkins, L. (2015). Examining the role of faith community groups with sexual offenders: A systematic review. *Aggression and Violent Behavior, 25,* 142–149. https://doi.org/10.1016/j.avb.2015.07.016.

Kewley, S., Larkin, M., Harkins, L., & Beech, A. R. (2016). Restoring identity: The use of religion as a mechanism to transition between an identity of sexual offending to a non-offending identity. *Criminology and Criminal Justice, 17*(1), 79–96. https://doi.org/10.1177/1748895816654530.

Kewley, S., Larkin, M., Harkins, L., & Beech, A. R. (2018). Incarcerated child sexual offenders and the reinvention of self through religious and spiritual

affiliation. In K. R. Kerley (Ed.), *Finding freedom in confinement: The role of religion in prison life* (pp. 366–394). Santa Barbara, CA: Praeger.

King, S. (2013). Assisted desistance and experiences of probation supervision. *Probation Journal, 60*(2), 136–151. https://doi.org/10.1177/0264550513478320.

Kingston, S., & Thomas, T. (2018). The sexual risk order and the sexual harm prevention order: The first two years. *Probation Journal, 65*(1), 77–88. https://doi.org/10.1177/0264550517748359.

Kruttschnitt, C., Uggen, C., & Shelton, K. (2000). Predictors of desistance among sex offenders: The interaction of formal and informal social controls. *Justice Quarterly, 17*(1), 61–87. https://doi.org/10.1080/07418820000094481.

Laub, J. H., & Sampson, R. J. (2001). Understanding desistance from crime. *Crime and Justice, 28,* 1–69.

Laws, D. R. (2003). The rise and fall of relapse prevention. *Australian Psychologist, 38*(1), 22–30.

Laws, D. R., & Ward, T. (2011). *Desistance from sex offending: Alternatives to throwing away the keys.* New York: Guilford Press.

Levenson, J., Ackerman, A. R., Socia, K. M., & Harris, A. J. (2015). Where for art thou? Transient sex offenders and residence restrictions. *Criminal Justice Policy Review, 26*(4), 319–344. https://doi.org/10.1177/0887403413512326.

Levenson, J., D'Amora, D., & Hern, A. (2007). Megan's Law and its impact on community re-entry for sex offenders. *Behavioral Sciences & the Law, 25*(4), 587–602.

Levenson, J. S., & Hern, A. L. (2007). Sex offender residence restrictions: Unintended consequences and community reentry. *Justice Research and Policy, 9*(1), 59–74.

Lussier, P., & Healey, J. (2009). Rediscovering Quetelet, again: The "aging" offender and the prediction of reoffending in a sample of adult sex offenders. *Justice Quarterly, 26*(4), 827–856.

Maruna, S. (2001). *Making good: How ex-offenders reform and reclaim their lives.* Washington, DC: American Psychological Association.

Maruna, S., & Immarigeon, R. (2004). *After crime and punishment: Pathways to offender reintegration.* Devon, UK: Willan Publishing.

McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current Directions in Psychological Science, 22*(3), 233–238.

McAlinden, A.-M., Farmer, M., & Maruna, S. (2017). Desistance from sexual offending: Do the mainstream theories apply? *Criminology & Criminal Justice, 17*(3), 266–283.

McNeill, F. (2014, May 15). *University of Sheffield Centre for Criminological Research seminar series on 'Coping with Crime: Citizens and Government'. Seminar 4: How best to stop offenders reoffending and reintegrate them into civil society.* Paper presented at the British Academy in London.

Melemis, S. M. (2015). Relapse prevention and the five rules of recovery. *The Yale Journal of Biology and Medicine, 88*(3), 325–332.

Nicholaichuk, T. P., Olver, M. E., Gu, D., & Wong, S. C. (2014). Age, actuarial risk, and long-term recidivism in a national sample of sex offenders. *Sexual Abuse, 26*(5), 406–428.

Paternoster, R., Bachman, R., Bushway, S., Kerrison, E., & O'Connell, D. (2015). Human agency and explanations of criminal desistance: Arguments for a rational choice theory. *Journal of Developmental and Life-Course Criminology, 1*(3), 209–235. https://doi.org/10.1007/s40865-015-0013-2.

Paternoster, R., & Bushway, S. (2009). Desistance and the "feared self": Toward an identity theory of criminal desistance. *The Journal of Criminal Law and Criminology, 99*(4), 1103–1156. ISSN: 0091-4169/09/9904-1103.

Perrin, C., Blagden, N., Winder, B., & Norman, C. (2018). Religion and desistance: Working with sexual and violent offenders. *Finding freedom in confinement: The role of religion in prison life* (p. 24). Santa Barbara: Praeger.

Purvis, M., Ward, T., & Willis, G. (2011). The good lives model in practice: Offence pathways and case management. *European Journal of Probation, 3*(2), 4–28.

Sampson, R. J., Laub, J. H., & Wimer, C. (2006). Does marriage reduce crime? A counterfactual approach to within-individual causal effects. *Criminology, 44*(3), 465–508.

Sexual Offences Definitive Guideline. (2014). Retrieved from https://www.sentencingcouncil.org.uk/wp-content/uploads/Final_Sexual_Offences_Definitive_Guideline_content_web1.pdf.

Smith, B. T., Padgett, D. K., Choy-Brown, M., & Henwood, B. F. (2015). Rebuilding lives and identities: The role of place in recovery among persons with complex needs. *Health & Place, 33,* 109–117.

Socia, K. M., & Rydberg, J. (2016). Sex offender legislation and policy. In T. G. Blomberg, J. Brancale, K. M. Beaver, & W. D. Bales (Eds.), *Advancing criminology and criminal justice policy* (pp. 187–202). London, UK: Routledge.

Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). A terror management theory of social behavior: The psychological functions of self-esteem and cultural worldviews. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 24, pp. 93–159). New York: Academic Press.

Sutherland, E. H., Cressey, D. R., & Luckenbill, D. (1995). The theory of differential association. In N. J. Herman (Ed.), *Deviance: A symbolic interactionist approach* (pp. 64–68). Oxford: General Hall.

Tajfel, H. (1974). Social identity and intergroup behaviour. *Information (International Social Science Council), 13*(2), 65–93. https://doi.org/10.1177/053901847401300204.

Tewksbury, R., & Zgoba, K. (2009). Perceptions and coping with punishment: How registered sex offenders respond to stress, internet restrictions, and the collateral consequences of registration. *International Journal of Offender Therapy and Comparative Criminology, 54*(4), 537–551.

Thomas, T. (2010). The sex offender register, community notification and some reflections on privacy. In K. Harrison (Ed.), *Managing high-risk sex offenders in the community: Risk management, treatment and social responsibility* (pp. 61–78). Portland: Wilan Publishing.

Ward, T., & Gannon, T. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior, 11*(1), 77–94.

Ward, T., Gannon, T. A., & Birgden, A. (2007). Human rights and the treatment of sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 19*(3), 195–216.

Ward, T., Mann, R. E., & Gannon, T. A. (2007). The good lives model of offender rehabilitation: Clinical implications. *Aggression and Violent Behavior, 12*(1), 87–107.

Ward, T., & Marshall, B. (2007). Narrative identity and offender rehabilitation. *International Journal of Offender Therapy and Comparative Criminology, 51*(3), 279–297. https://doi.org/10.1177/0306624x06291461.

Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk paradigm*. Oxon: Routledge.

Ward, T., Polaschek, D. L., & Beech, A. R. (2006). *Theories of sexual offending*. Chichester, UK: Wiley.

Ward, T., & Stewart, C. A. (2003). The treatment of sex offenders: Risk management and good lives. *Professional Psychology: Research and Practice, 34*(4), 353–360.

Weaver, B. (2015). *Offending and desistance: The importance of social relations*. Abingdon: Routledge.

5

Understanding the Experiences of Religious Perpetrators of Sexual Abuse

Daniel Micklethwaite, Nicholas Blagden and Belinda Winder

Setting the Religious Scene

Religion plays a role in every known society. It is a part of the social fabric that makes up the everyday lives of diverse cultures and practices. One cannot meaningfully separate social values, social modes and social context from the religious beliefs and practices that are interwoven. Religion is a pervasive influence throughout the society. It can be posited that religion is ontological, even from the perspective of one expressing atheist or agnostic views; to take such a position requires the awareness of religion in the first place.

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Inherent with all religions is the adoption of moral codes (Winder, 2009). Living by moral codes has been associated with having a moderator effect on stress (Gall, Malette, & Guirguis-Younger, 2011). Healthy religious practices are associated also with altruistic behaviour and positive emotional management (Hicks & King, 2008). Unsurprisingly then, healthy religiosity has also been associated with longevity (George, Ellison, & Larson, 2002).

Conversely, religion can also be attributed to criminogenic factors. The cognitions and beliefs that are fundamental to most religions can be misconstrued and misused in the justification and production of criminogenic behaviour (Knabb, Welsh, & Graham-Howard, 2012). The result of this criminogenic religious influence can be extreme and damaging (Topalli, Brezina, & Bernhardt, 2013). Examples include, but are not limited to, extremist terrorist behaviour (Hood 2005; Kruglanski et al., 2014). The first crusade in the eleventh century provides a historical narrative of how religion can be associated with extreme harm. This demonstrates the historical depth and endurance of religious narratives within society. Narratives inherent within these religious harms are biased and correlated with offending persistence (Tyler & Divinitz, 1981).

Religious authority figures, such as priests, currently represent the locus of research into sexual offending and religious practices (Eshuys & Smallbone, 2006). Such research may have impact on the exposure of damaging practices and, consequently, in the closing down of avenues for abuse within institutions. It does, however, do little to adequately explore the relationship between religious beliefs and sexual offending. It does not explore the value systems and beliefs within religion that work to reinforce or reduce sexual offending. The process of desistance for people convicted of sexual offences (PCSOs) who hold religious beliefs is characterised by specific sets of cognitive, emotional and affective process (Blagden, Lievesley, & Ware, 2017). Given the prevalence of religion in prisons and amongst those convicted of sexual offences, this is an important area of research. Of the growing prison population, approximately 48% are registered as Christian (Field, 2011). There is further justification to be found in that there was a 9% increase, during period 2015–2016, in

sexual offending and sexual convictions within the UK (Offender Management Service, 2018). This makes a case for research into these affective religious experiences for PCSOs.

A Shifting Research Focus

Previous research shows both positive and negative correlations between religion and criminogenic outputs. It is necessary, therefore, to explore the religious narratives and mechanisms operationalised within the desistance process by people convicted of sexual offences. This paper makes a shift away from investigation into abuse by religious authority figures and explores the impact of religion on the desistance process by looking at the meaning and phenomenology of religion through the experiences of ordinary religious people. This research unpacks the cognitions, emotions and the psychological constructs employed as a means of reinforcing, or not, specific protective factors around offending.

Prison

The most severe form of legal sanction in the UK has taken the form of imprisonment for around the last two centuries. Prisons represent the retributive ideals of the United Kingdom Criminal Justice System. Religion has always had a place in prisons and this can be seen in the prisons' fundamental aim of punishment and retribution, translated in the Bible as an eye for an eye. Religion also occupies a space within the rehabilitative ideal within prison interventions, including notions of atonement and the acceptance of responsibility (O'Connor, 2004). However, throughout the twentieth century prison-based rehabilitation was subjected to influence influenced by other factors. During the mid-twentieth century, the medical model informing delivery of prison policy and prisoner rehabilitation was displaced as a result of social radicalism. This was a period of extroverted liberal social attitudes—the 1960s, and the failing of interventions towards prisoner rehabilitation was the attempt to rehabilitate prisoners into ideals that no longer dominated social trends. The UK then followed

American examples with a punitive turn in sentencing in the 1970s, and then again in the 1990s. Within this latter punitive turn was the advent of a management model over prison populations (Crewe, 2012). This brought with it the cognitive-behavioural movement that facilitated the pervasive spread of psychology throughout the United Kingdom Criminal Justice System.

Prison Intervention

The primary aim of interventions in a prison is the protection of the public and the reduction of reoffending. The cognitive-behavioural trend within prisons tends to employ modular form interventions that aim to deliver cognitive, social and emotional management skills (McGuire, 1995). Religion has always played a significant role within prisons, and religious practices can now be seen within these interventions. Many of the relaxation techniques delivered in these programmes can be traced back to Buddhist philosophy and Buddhist practice (Bowen et al., 2006), as but one example. The centuries-old practice of mindfulness has now been integrated into sexual offending treatment programmes. This integration of mindfulness skills within interventions has had positive return across criminogenic variables showing increased personal growth amongst participants. For example, reductions in substance abuse (Simpson et al., 2007), benefits within impulsivity and relaxation (Derezotes, 2000), and increases in optimistic outlook and self-worth (Bowen et al., 2006).

Prisoners are assessed via risk tools and these consider static and criminogenic factors, such as with the Offender Assessment System (OASys). In continuation from these assessments towards process around prisoner reintegration, nine resettlement pathways form part of the probation assessment and management criteria. Some of these pathways include protection against exploitation as a sex worker, accommodation, employment, financial management and cognitive skills developed. Religion does currently not play any specific integrated mainstream role in these processes. Given the pervasive influence religion has within prisons and the positive affect that has been evidenced through research, religion could, arguably, fill beneficial prosocial roles within these processes. Inclusion of religion in

these processes could act for some as a protective factor and in strategies of desistance.

The affective religion has in prisons for PCSOs can be associated with positive outputs and experiences. The adaptive process for people entering prison is a difficult one (Sykes, 1958) and those prisoners that hold religious beliefs show a trend of improved adaptive capacity (Clear & Sumter, 2002). The sociology of prison landscapes is characterised by overt masculine practices (de Viggiani, 2012) that are often depicted in a 'dog eat dog environment' (Jewkes, 2005, p. 49). Given that prisoners with religious beliefs and practices are associated with improved adaptive capacity it is perhaps unsurprising, but they also appear better able to deal with stress and tend to secure appropriate relations within this environment (Clear, Hardyman, Stout, Lucken, & Dammer, 2000). Given, also, the high proportion of prisoners that suffer mental health issues (Fazel & Danesh, 2002) religious practices perhaps could be seen as protective in that religious prisoners tend to have lower levels of depressive symptoms (Eytan et al., 2011) and are better able to deal with guilt and social rejection (Aydin, Fischer, & Frey, 2010). If religious prisoners are better able to adapt and cope with the pressures of prison environments, it is, again, unsurprising that they are associated with lower levels of adjudication and retributive sanction generally within the prison (O'Connor and Perreyclear, 2002). Reinforcing the notion of religion as a potentially protective construct for prisoners, Johnson and Jang (2011) undertook a literature review of 270 studies around the interplay of religion and crime. They found that in approximately 90% of cases religion reported a beneficial relationship with desistance from crime.

Religion, Sexual Offending and Mechanisms of Narrative Construction

People convicted of sexual offences face the difficult task or trying to reintegrate or rehabilitate in the face of extreme stigma and prejudice. The experience of life is, for all people, one of change and people construct narratives to both explain their actions and to instigate future actions (Maruna & Copes, 2005). These narratives are action orientated and construct the

identities that people use to engage socially. Narratives are meaningful on personal internal landscapes and produce affect in emotional functioning. For the person convicted of a sexual offence to achieve lasting change, they must construct new narratives that enable them to move away from the shame and stigma attached to their offending and towards a new prosocial identity (Perrin, Blagden, Winder, & Dillion, 2018). Given that sexual offending always manifests from a process of emotional affect (Blagden et al., 2017), the importance of processing and moving away from stigma and shame cannot be overstated. Conversion to, or re-engagement with, a religious faith provides a socially constructed pre-existing accessible and stable narrative structure. One such a narrative that offenders employ is coined the *Redemption script* (Maruna, 2001). Christianity, for example, provides the narrative of Resurrection, which involves the death of an old self and the rebirth of a new self (Geary, 2010). The moral codes and values inherent within these religions enables the construction of a new identity, whereby forgiveness and redemption enables a move away from feelings of shame and towards feelings of guilt, which enables progression to feelings of self-worth. Movement away from feelings of shame is fundamental in the desistance process for PCSOs and so religious narratives can provide a vehicle for the journey through the process of achieving lasting change.

However, there are those that pose a cynical view. This is the idea that religion can be hijacked and used in a *deceptive script* to try and convince others that one has changed, when they have not (Perrin, Winder, Blagden, & Dillion, 2018). Clear and Sumter (2002) found that some prisoners believe converting to religion will be beneficial when trying to impress parole boards, or in convincing those responsible for sentence management that they have achieved change. It is perhaps unsurprising that some would choose to operationalise religion as a vehicle for reaping rewards, especially given the disempowering and infantilising impact of prisons upon prisoners (Crewe, 2012). Within the prison setting, such rewards can amount to being part of a group, of extra time out of cell, of eating special meals and of reclaiming a degree of power from one's captors (Micklethwaite & Winder, 2019). Of course, any narrative or script can be used deceptively. This is no less relevant for existing offending behaviour interventions for PCSOs; the cognitive skills taught in mainstream prison intervention are just as susceptible for use in manipulative endeavours. The

coercive nature (Crewe, 2012) of these interventions makes it difficult to judge the sincerity of participants. Religious conversion is voluntary and, importantly, accrues no coercion by the prison system for prisoners to engage. What is important is the intent of the individual. Those that wish to desist and pursue change can construct and operationalise religious narratives in a positive way. If religious narratives were to be operationalised within mainstream prison intervention, it would be important to safeguard against coercive pressures so as to safeguard the personal benefits of such narratives.

This Research

A promising stream of research has been published by Kewley and colleagues (Kewley, Beech, & Harkins, 2015; Kewley, Larkin, Harkins, & Beech, 2017) which has contributed to our understanding of the experiences of religious individuals who have committed sexual offences as they seek to re-engage with faith communities following release from prison.

This research sets out to explore the role of religiosity in the lives of lay Christian individuals who are currently serving a prison sentence for sexual crime. The study considers how their individual experiences and understanding of their religious beliefs may be posited as contributing to, or reducing, their dynamic risk, together with how their interpretations of their personal religious beliefs impact upon attitudes to treatment.

If researchers are to truly understand the process of desistance for religious individuals convicted of a sexual offence, then the analysis of these narratives is, arguably, the most direct method of investigation. Such narratives provide situated and real phenomenological resources for furthering understanding and producing knowledge.

From the researchers' personal experience, taken together with reports from treatment facilitators working with prisoners (Wakame, 2014), therapists report that they can find religious beliefs difficult to manage or work with. Therapists may be wary of triggering a complaint of religious prejudice, unsure as to whether they are dealing with a sincerely held belief and/or an offence-supportive attitude (or both), and difficulties challenging such attitudes or beliefs due to lack of awareness and knowledge about

the religion in question. Consequently, it is important that therapists are educated about religious beliefs and become religiously literate so that they can understand, encourage or challenge as appropriate. It is equally important that chaplains are brought into the treatment picture as they are best placed to educate therapists but also best placed to manage and address the expectations of religious offenders and deal with offence-supportive beliefs that are hooked onto an individual's religious beliefs.

Method

Participants

The participants comprised 12 adult male individuals convicted for sexual offending who were currently serving sentences at a UK treatment prison. Participants were aged between 40 and 72, predominantly White British (one White Other); they comprised a mixture of Christian denominations and had committed a range of sexual offences (predominantly child sexual offences).

The sample size ($n = 12$) is appropriate for qualitative research where intensive rather than extensive analysis is prioritised across a range of methodologies (e.g. Smith, 2015). In terms of interpretative phenomenological analysis and the data analytical approach used in this research, the sample size is large though in accordance with precedents (see Blagden, Winder, Thorne, & Gregson, 2011).

Data Collection

Access to participants was granted by a UK prison following ethical approval by HMPPS and a UK University. Information about the research was advertised in the prison chaplaincy department (through posters and leaflets), and the chaplaincy staff highlighted the research to individuals attending Christian services. Information sheets were sent out to any prisoner who expressed an interest in participating explaining the nature of the research and detailing the ethical protocols.

All participants were interviewed on a one-to-one basis in a dedicated room within the prison, offering a private and respectful environment for participants to 'tell their stories' (Waldram, 2007, p. 963). Each interview was recorded on a passcode-protected Dictaphone and transcribed verbatim.

Interviews

Data were collected through semi-structured interviews of between 1.5 and 3 hours. The interview schedule was developed through consultation with colleagues and structured into five broad sections:

1. Questions about faith, their beliefs and the values they associated with their religion;
2. Self, home and family environment, personal information (such as occupation and age);
3. Religious beliefs in relation to their offending;
4. Treatment;
5. Future plans, goals, and coping outside prison.

Analysis

The research utilised the analytic method of interpretative phenomenological analysis (IPA) since, as Reid, Flowers, and Larkin (2005) promulgate: 'participants are recruited because of their expertise in the phenomenon being explored' (p. 20). IPA examines how participants make sense of their personal and social worlds (Osborn & Smith, 2008), and its central concern is with the subjective experiences of individuals (Eatough & Smith, 2006a). IPA is a double hermeneutic method where participants seek to explain and interpret their own experiences, and researchers subsequently re-interpret participants' interpretations of their accounts of these experiences. In addition, the commentary of the chaplains in this paper (who themselves comment on the participants' thoughts) is analysed by the researchers, creating, in places, a triple hermeneutic in which

the experience of the individual (religious person who has committed a sexual offence) is interpreted by someone with experience and expertise in the Christian faith (lead chaplain of prison with overarching responsibility for individuals self-identifying as Christian); this, in turn, is further interpreted by the researchers within the context of understanding the implications for religious beliefs in the arena of treatment and risk assessment.

Analysis was guided by previous precedents (see Smith, 2015) and entailed: Stage one—listening to the audio recordings of each interview several times in order to recall the atmosphere of each interview (particularly where different members of the research team conducted interviews). At this point notes, reflections and thoughts were noted. Stage two involved the detailed reading, re-reading and analysis of each transcript individually, with comments and observations recorded on content, language used, metaphors and emotional reactions of the participant. Stage three involved the re-reading of each transcript, with further notes added linking concepts and emerging themes intra- and inter-transcripts. In stage four, those themes that emerged in at least half of the transcripts were selected (see Dickson, Knussen, & Flowers, 2008). Emergent themes were subsequently clustered under superordinate headings. With such a comparatively large sample for IPA, the researchers endeavoured to counterbalance the capture and presentation of rich idiographic data against the extraction and reporting of recurring themes across the dataset. During this data organisation process, the researchers engaged in a continual iterative process, moving between themes and transcripts to ensure that the themes selected were representative of participants' accounts and that extracts highlighted the essence of the theme and the lived experience of an individual.

The Researcher's Perspective and Role in Research

Robust qualitative research necessitates reflexivity. Within this research, it is necessary to reflect upon the potential influence of religion as a pervasive part of sociological fabric. All people are to some extent exposed to religions, as religions are a part of the society in which people live. For

Table 5.1 Superordinate and subordinate themes from dataset

1.0: The God effect	2.0: The shadow side
1.1: Religion as a coping mechanism	2.1: Risky scripts
1.2: Leading a good life	2.2: Holier than thou
1.3: Therapeutic effect of chapel, chaplaincy and faith	2.3: Losing my religion

this reason, the religious orientation of the researchers may be of reflexive value at some stage, whether in the current research or in future reviews.

The authors intend to make no judgment about religion, agreeing that 'religious practices themselves may be judged either progressive or regressive by how they play out in a person's life. If they enlarge one's vision, support one's psychosocial development, and provide meaningful linkages to the cosmos and one's community, then surely religion is psychologically healthy. If, on the other hand, religious attitudes foster guilt, dependency, polarised thinking, shadow projections and so on, thwarting the acceptance of personal responsibility, then surely, they are unhealthy' (Hollis, 1998, p. 116).

Results

Table 5.1 presents two of the four superordinate themes derived from the data, focusing on those themes which resonate most strongly with either risk or protective factors in desisting from reoffending (the remaining themes consider redemption,[1] see Blagden et al., 2011, in press). Table 5.2 presents the third superordinate and subordinate themes discussed in this chapter.

Table 5.2 Superordinate and subordinate themes from dataset

3.0: Religion as (re) orientation
3.1: Transition, disconnection and strength
3.2: Early orientation, shift away, offending religious disconnect, return to religion and strength from religion

[1]This theme (redemption) and the themes in this paper have been adapted and published elsewhere.

Superordinate Theme 1: The God Effect

This superordinate theme highlighted how feeling close to God had helped participants, both as individuals, but also in their behaviours and interactions with others. In subordinate theme 1.1 (Religion as Coping Mechanism), this was through providing support and helped them to cope, providing a sense of peace and someone who would listen to them at any time of the day or night. In subordinate theme 1.2 (Leading a Good Life), this was by encouraging them to be more altruistic and by giving them 'better' values to live up to; participants also spoke about what they now gave back as they tried to live as Christian citizens. In the third subordinate theme (1.3 Therapeutic Effects of Chapel, Chaplaincy and Faith), participants also identified a range of benefits that they experienced as a direct result of the chapel, chaplains and their individual faith. Participants spoke about how finding a place in which they did not feel judged was helpful to them as they struggled with their new 'broken' identity of 'sex offender'.

> *Chaplaincy comment*: It is encouraging to find the idea of 'broken' lives which, nevertheless can 'give something back'. The idea of God mending brokenness or recreating something new from something broken is a strong Biblical theme and provides Christian Chaplains with a starting place as we speak and journey with men who share our faith.

The chaplain's comments here indicate that Christianity can help prisoners by offering a 'professional presentation' of their thoughts that help the prisoners make 'consistent sense of his situation' (Goffman, 1963, 1968a, p. 133). The notion of mending something that is broken allows the stigmatised individual (prisoner who has been convicted of a sexual offence) to attach their personal story to an archetypal script, where the focus is not on the nature of their stigmatisation but of mending that which has been broken. This broken/fixed script is also present in treatment programme narratives, such as the 'Becoming New Me' treatment programme for individuals with an intellectual disability who have been convicted of a sexual offence.

1.1: God as Coping Mechanism

Participants spoke about God as a person in their mind that they could talk to at any time of the day or night, who would give them emotional support and, sometimes, serendipitously through others, provide practical support. Having God was better than other types of support:

Extract 1

> I think those people who have got religion, have got a hook that they can hook on to, er, which is a hook that's not going to let them down… because it's there, it's not something that, you know, the pubs shuts, the church is shut, but God doesn't shut. (P1)

God is envisaged as someone who is always there to listen to them, who would not reject them regardless of what they had done, someone they could trust and who personally cared about them and their lives. This participant's extract highlights a theme from all participants that the support from God was not restrictive or limited, but was there when they needed it.

Extract 2

> And there's a, that there's a, often people talk about looking back and you see one set of footprints in the sand, and when you look back there should be two. But if there's one, when there's been occasions like when I dipped, there's been one step and that means the lord's been carrying you. That's how we think about it. (P8)

God was perceived as a resource they could draw upon in a myriad of ways, who was there as a source of comfort and strength in difficult times, at times where other coping resources may have been depleted, who would help them cope with the struggles they had, be they daily irritations or significant problems in their lives.

Extract 3

> And the, the bottom line is, as far as the coping is concerned, that comfort blanket as I mentioned earlier, is there, because I know, that God's there. (P1)

Extract 4

> I didn't get much love or anything from me (inaudible) father and er, but then I felt I was getting the love and the wanted feeling from my heavenly father and this is why I think I've clinged to my faith. Because I get this love and the warmth I've been seeking from from the heavenly father. (P9)

In Extract 4, the love and warmth missing from his father was achieved through his faith; here, the participant explicitly talks about the concept of God as an attachment figure, an idea that has been proposed by Kirkpatrick (1992, 1999) and Kirkpatrick and Shaver (1990) who set out to integrate the psychology of religion with attachment theory. Cicirelli (2004) examined religion and attachment but focused on elderly people (participants were aged 70–97); Cicirelli writes 'there are reasons for believing that attachment to God may have special applicability to older adults' (p. 371). Indeed, his findings demonstrated that God took on the role of as a substitute attachment for some elderly participants—in particular, those who had lost other attachment figures. Whilst Cicirelli writes about elderly non-offending individuals, there is a clear connection between PCSOs (who are likely to be older than typical offenders) but also because they mirror Cicirelli's participants who had had to face 'accumulating losses in their lives' (Cicirelli, 2004, p. 383). It is arguable that building a strong relationship with God may contribute to addressing some deficits in having emotionally intimate relationships which are an established risk factor (Hanson & Morton-Bourgon, 2004). Religion/faith was seen by some as a source of strength, a resource which provided comfort and support throughout every aspect of their daily lives, including treatment.

Extract 5

I: So what role would you say that faith played in how you were in your programmes
P: Settles me down
I: Okay
P: I've had um steps gone through where I've had to have a meeting with somebody and I've dreaded it I've absolutely dreaded them coming up and I've said a prayer before I go to the meeting in my cell my bible for some unknown reason there's nothing to worry about so somebody's helping me somewhere. (P11)

That religion could have a positive role in helping someone engage with treatment has been cited as something that may not occur to therapists. Wakame (2014) described how therapists working with people who have committed sexual offences reported ambivalence and difficulties when working with prisoners of faith. The therapists were concerned they may contravene principles of diversity and equality, and so allowed offence-supportive beliefs to continue, underpinned by a context of religious illiteracy (see Wakame, 2014). The importance of good communications between the chaplaincy team and the psychologists offering treatment is imperative to improve religious literacy (Moore, 2007) and to ensure prisoners, therapists and chaplains all work together to dispel offence-supportive beliefs that are misattributed to faith teachings.

Chaplaincy comment: That Christianity (or religion more generally) could have a negative role in helping someone engage with treatment is something that does occur to Chaplains from time to time! We notice with sadness entrenched ideas that arise from misunderstandings of Christian teaching. This is not just confined to prison but, obviously, the possible consequences in our context are likely to be more serious. Commitment to providing clear and well-communicated faith teaching is high on our agenda. It may not always be easy for a Chaplain to read the details of a prisoner's offence or discuss his sexual behaviour with him but it is imperative that we do so if religious practice is to have any relevance to lifestyle choices and patterns of behaviour. Religious observance for its own sake has very little value except, perhaps, to provide a sense of belonging to a community, something which may prove positive in a limited ways.

1.2: Leading a Good Life

Participants spoke about what they now did in their lives to try to live up to the ideal they envisaged God wanted them to, and this led to them volunteering and helping others in numerous ways. This took the form of as part of a formal group, such as the Insider scheme (where experienced prisoners help new arrivals into the prison to settle; see Boothby, 2011), the Samaritans' Listener scheme (Samaritans, 2014), a local bereavement group or the Toe-to-Toe scheme (where prisoners help other prisoners learn to read; see Shannon Trust, 2005), or as individuals helping others.

Extract 6

> y'know that same wanting to make sure people are okay fits in with when I was in chapel y'know people that came to me with problems you would talk it through with them you would help them and y'know I suppose the caring side does come through love your neighbour as yourself. (P4)

Extract 7

> I think because you've got faith it doesn't mean that you've got wings on your back y'know I think a lot of people they seem to accuse Christians of being the ultimate perfect human being and sadly we're not y'know we're still we're still very much the same people we were before we come into faith but uh but with the faith you have a bit more of the correct guidance in life and uh life in general how how one should be. (P10)

Participants asserted that they were now 'better' people as a consequence of their relationship with God, and because they were committed to following God's teaching with its Christian values of agape (love), koinonia (community), compassion, service and self-sacrifice (see Diocese of Ely, n.d.).

Participants declared how committed they were to being honest with themselves and, of course, with God. They understood that God to be omniscient so there was nothing they could hide from him; participants affirmed how important it was to them not to let God down. The participants' narratives all related how the good values of Christianity, as

espoused by God, meant that the closer they were to God, the better they were as people in the sense that they felt a deep sense of satisfaction at being close to God and wanted to do things that pleased and kept them close to God.

Extract 8

> which I'm quite happy and satisfied that I'm not gonna go down that road again what I went down because it doesn't fit with my Christian values and I know that is isn't right on many levels but Christianity reinforces that for me because I don't want that or anything to come in between me and God. (P4)

Religion as a fulfilment of human needs can be seen in the light of Maslow's (1943) hierarchy of needs at the level of self-actualisation (O'Connor & Yballe, 2007), but it can also be explained in terms of one of the prominent and significant theories of desistance from crime, Ward's (2002) Good Lives Model. Ward, Mann, and Gannon (2007) write about how the dominant theories of risk management and relapse prevention ignore 'disregard the crucial importance of human needs' (p. 88) and if we take the position that, for some people, religion is a primary human need, then exploring how this helps an individual in terms of developing protective factors is an important facet of their desistance journey. Individuals aspiring to a lifestyle with Christian values might be more likely to elude the negative social influences which have been linked to increased recidivism (Hanson & Morton-Bourgon, 2007).

Extract 9

> I've kind of, strengthened my faith since I've been in here erm, it's always been there but I've I've reaffirmed it if you like, and strengthened it while I'm in here and erm, my faith has given me the determination that erm, to lead a good life when I leave and again, I, I hope I'll be able to help other people. (P8)

Extract 10

> y'know believing in Jesus to me is all about caring for other people and y'know and not wanting to hurt them or anything like that and I take that on now it it's I'm afraid to commit offences. (P5)

The Christian values participants now espoused, and the relationship they now had with God, allowed some of them to talk about how their religion would be a factor in preventing them reoffending. It would be foolish and naive to suggest that just because people had found (or rediscovered) God, none of them would reoffend; however, the importance of the relationship between participants and God, the positive role model values that the religion gives as outlined in the following 'For Christians, agape is the key Christian value—it lies at the root of all other values. It means respect, affection, benevolence, goodwill and concern for the welfare of the one loved. It is selfless, and means putting others first before oneself' (Diocese of Ely, n.d., p. 6) and the support that faith gives participants would suggest that it may function as a protective factor for committed individuals. Indeed, the narratives that participants espoused about leading good lives through God also have key links to desistance-based narratives. Thus, allowing offenders to portray 'good selves' can lead to enacting or 'living' those roles as people tend to act in line with the stories they present about themselves (Blagden, Winder, & Hames, 2016; Friestad, 2012; McAdams & McClean, 2013). The Christian principle of benevolence and helping others meant that many participants were in peer-support roles, which in and of itself may assist with the desistance process. Peer-support roles have been found to assist with desistance-based narratives and contribute to self-determination and 'active citizenship' (Perrin & Blagden, 2014; Perrin et al., 2018).

1.3: Therapeutic Effects of Chapel, Chaplaincy and Faith

Participants described a therapeutic effect of being in the chapel, talking to chaplains and in their faith. The chapel was seen somewhere where they could feel 'normal' and rid themselves of the master trait of sex offender

(Goffman, 1963, 2009). It was not all about their offending, but they could lose themselves in the services and be a part of a community which felt separate to the prison system.

Extract 11

> You're there for a different reason, not because you're in prison, but you're there for your faith and for God. (P6)

Extract 12

> When I get in that chapel, I'm not longer in prison. It feels, I'm out of the prison system in a way and erm I'm with me lord and feel so peaceful and calm. And it helps me to get through, through the rest of the week, when I go at weekends. (P9)

Extracts 11 and 12 highlight how being in chapel allows them to escape or be a part of something which is separate from the prison system, because they are there due to their faith rather than their offending behaviour. These extracts link to personal agency and self-determination as it is an activity they want to do and is meaningful to them, which is important as 'purposeful activity' in prisons can enable offenders to make positive contributions towards their own rehabilitation (Blagden, Perrin, Smith, Gleeson, & Gillies, 2017). Participants spoke of being in the chapel as like being 'outside' the prison, with the chapel painted as a place of calm and where they could find peace. A broad body of literature highlights the importance of prisoners being able to distance themselves from simply being a 'prisoner', as it enables them to build hope and strengthens their ability to change (Maruna & King, 2009; Perrin & Blagden, 2014; Vaughan, 2007).

Extract 13

> Oh wow. It gives me a sense of peace, erm I I I just so look forward to once a week going to chapel. It's it's my highlight of the week It really is. You know and it it just, its peace, erm, sense of, harmony, you know, happiness, stress free, er and it gets you through the week you know. (P7)

Extract 14

> Even though I was on a VP [Vulnerable Prisoner] wing, you know so your still sort of trying to hide things out the way and everything so, especially going to the chapel there, it was an element of relief, you being away from everybody that wanted to know it was a bit of a break from the wings, the judgmentalness and things like that. (P6)

One of the dominant discourses was that the chapel was a place of refuge from the rest of the prison and, in particular, somewhere where they did not feel judged. It was seen as a place where they could be themselves without feeling judged by others.

Extracts 15

> The chaplaincy they don't judge you for what you've done. (P6)
> And even if you want to talk to someone, you've always got that someone to talk to and they always make you feel better about yourself and they don't put you down, they don't judge ya, you know things like that. (P7)

Thus, a place where they could start to be the 'new me', and this was seen as more fair.

Extracts 16

> Only judging me for who I am. (P1)
> Only judging me for who I am as a person and not what I've done in the past. (P6)

Therapeutic effects of their faith were also identified in helping participants regulate their emotions (such as anger, frustration and irritation) and manage these negative emotions, as well as helping them to cope better with anxieties and stress.

Extract 17

> Strangely better than I thought, I've come off programmes tearful gone back to the wing not liking fac-facilitators probably not um liking some group

> members said a prayer and asked for forgiveness for disrupting them…reflected on during the night on what upset me on the programme and prayer the next morning then I was completely fine again… So that sort of thing. (P11)

Ward and Gannon (2006), writing about the Good Lives Model, articulate two neurobiological processes that may be affected, contributing to an individual's vulnerability to (for some people) sexual offending: one of these is problems with a functional system working (and the example they give is an excess of stress hormones such as cortisol giving rise to impulsive and uncontrolled behaviour) and where practices (such as prayer, mindfulness or other similar anxiety-reducing behaviours) work to address such problems and thereby contribute a genuine therapeutic effect to the individual.

The community aspect of the chapel and their faith was also evident in participants' discourse, and feelings of belonging and friendship were fostered by shared acts of worship.

Extract 18

> Erm and one of the most ones is er, is the value of, of friendship erm, people that go to the chapel and that and talk to them and, and one thing another. I feel that's very beneficial it's, it's a value that I treasure, this friendship. (P9)

This last aspect of the therapeutic effects of religion could be a strong protective factor in someone's treatment; however, the alternate side of this is discussed in subordinate theme 2.3 (Losing my religion). Belonging to the church community, not feeling judged and being able to monetarily distance themselves from 'prisoner' has clear links with protective factors. Research by Farmer, Beech, and Ward (2012) found that persons with sexual crime convictions who had desisted felt a sense of belonging and a place in a social group/network, whereas the active offenders described themselves as socially alienated or isolated. Given that many individuals who have committed sexual offences experience isolation in prison (see van Den Berg, Beijersbergen, Nieuwbeerta, & Dirkzwager, 2018) the

chaplaincy and being part of the community can help bolster protective factors.

> *Chaplaincy comment*: It is affirming to read that the Chaplaincy area provides a place of safety and acceptance for the men who attend regularly or pass through it on occasion. Chaplains stand in a unique place of common ground with prisoners of their faith groups. By the very nature of what we do we promote our shared values and practices and, in this way, are very different from any other department within the prison. Nevertheless, we cannot allow our shared practices and beliefs to prevent important conversations and communications about behaviour which arise from the accountability that truly shared beliefs result in.

The role of chaplains is unusual in that, whilst they are part of the prison staff, they hold this personal connection to prisoners, as identified by the chaplain in their comments above. Sutherland (2010) writes about the role and function of chaplains, identifying their 'use of self' (p. 3), in which 'the chaplain allows another's experience to generate a deep personal impact that evokes their own. It encourages them to follow the other's articulation of need' (p. 3). However, this connection to prisoners of their faith may also leave them seen (by other prison staff) as vulnerable links when it comes to maintaining professional boundaries.

Superordinate Theme 2: The Shadow Side

This theme recounts challenges that arose in connection with participants' religious beliefs/faith. It includes subordinate themes on offence-supportive narratives (2.1: Risky Scripts), a theme on the less helpful or useful side of religion where individuals are competitive or judgemental towards each other (2.2: Holier than Thou) and the potential escalation to risk when a participant's rosy view of religion did not turn out the way it was expected to (2.3: Losing my Religion).

2.1: Risky Scripts

This theme draws upon scripts articulated by participants in which their faith served to underplay their personal accountability, or future risk. There seemed a 'darker' side to religion in that 'God' was used in some participants' narratives to rationalise and justify their offending behaviour. Whilst this concept has typically been referred to as the use of 'cognitive distortions', and has been used variously to describe individuals justifying their behaviours or attitudes (Abel et al., 1989), facilitating the creation of an 'excuse syntax' (Pollock & Hashmall, 1991), as a mode of defensiveness (Rogers & Dickey, 1991), rationalising their behaviours (Neidigh & Krop, 1992) or denying it entirely (Blagden et al., 2011), there is argument as to whether this is done prospectively or retrospectively (see Maruna & Mann, 2006) and indeed how useful as a concept. Ward and Casey (2010) suggest use of the term incorrect or deviant cognitive practices as this sets out the utility of these attitudes to the individuals. However, Ó Ciardha and Gannon (2011) prefer the use of the phrase etiological cognitions to denote facets of cognition that have a contributory role in offending and this seems most suitable here, as highlighted by the extract below.

Extract 19

> you know I'm doing this work for the church, for God, then, he is allowing me into this situation erm you know it must be ok…it seemed as though it was alright because God was letting it happen erm I would pray afterwards that I I hadn't done anythi…any harm and that it, pray that it was alright and you know not really, fully understanding, the situation whether erm you know, if it wasn't alright, why was God letting me be in these situations, erm but if it was wrong then please forgive me. (P2)

The extract highlights an almost paradoxical relationship between beliefs about religion and offending behaviour. This participant was able to justify their offending behaviour because 'God' was letting it happen and putting the participant in situations where it would happen. It also highlights a clear ambivalent state whilst offending in that he wanted to repent and pray to 'God' if he had caused harm. This highlights a recognition that he knew the behaviour was wrong, but he was able to distance

himself from the 'wrongness' by justifying his behaviour through 'God'. Such distancing is likely to allow for dissonance reduction in the individual (see Festinger, 1962), as it is something 'God' has permitted. This links to findings by Topalli, Brezina, and Bernhardt (2012) who found that religion can be used in self-serving ways by offenders and can have criminogenic elements. They asserted that, through religion, some offenders were able to justify their past offences and excuse the continuation of serious criminal conduct. At times, in participants' narratives, God was implicated in their offending behaviour as even being willing to let the offence happen.

Extract 20

> y'know it it's I honestly believe that God don't do anything to me that he doesn't think that's good for in in a sense maybe this whole idea of me coming into prison in the first place was for me to reach this stage where I am now before I did something really bad - I'm not saying my offence wasn't bad. (P5)
> *Chaplaincy comment*: This quote provides a clear example of the type of attitude we try to challenge and change in the work that we do. The idea that somehow the offence was 'meant to happen' in order to bring a person to God or to prevent him from doing something worse is a misunderstanding of Christian teaching. Every Church Service provides men with the opportunity to repent through saying prayers together. We hope that this weekly rhythm and practice will have its effect. Where we see that it does not, we aim to speak directly to those we encounter who hold such views as voiced here.

Here the chaplain directly addresses the help that chaplains can give in undermining offence-supportive beliefs that are built around misunderstandings of faith by the prisoners—more examples of which are outlined below.

Participant 5 minimises his previous offending by asserting that God allowed his offending to take place and for him to be subsequently punished so that he did not commit an offence that was 'really bad'. Within the theme 'religion as a risky script' there was a sense that offenders were passive agents in their offending. In terms of current and future risk, God

was a mediator of future risk, many participants felt that now that they had God in their lives, they were not going to reoffend.

Extract 21

> But I know now that you know my religion, my faith is now stronger and when I go out I'm going to keep my faith and I'm not going to give into temptation again. (P8)

This is worrying for a number of reasons—the potential impact on their stance around desistance—if they feel that God is in control rather than they themselves, individuals may not make 'best efforts' to comply with their risk management and supervision; indeed, a form of learned helplessness (Seligman, 1975) may contribute to an unhelpful and less proactive approach to taking personal responsibility for their desistance from reoffending.

> *Chaplaincy comment*: Christian chaplains share in the concern about the risky nature of this script. The 'born again' narrative can provide a very comfortable place to hide for the man who wishes to avoid thinking about either the events of his offence or their consequences. To be truly 'born again' there has to be true repentance and the 'new' nature that our faith speaks of when God's Holy Spirit enters a person means that light comes to every dark corner of the inner soul. Confronting the uncomfortable truth of the way behaviours or attitudes are out of line with Christian teaching is not an easy journey for many offenders. Christian Chaplains in the [xxxx prison] have different ways of helping men accept that their faith does not provide an easy way to avoid their true selves. On many occasions, we find that men who have said something along the lines of 'I'm a Christian now so God won't let me offend again,' begin to think very differently once they engage on the treatment programmes provided in the prison. When programmes work and faith teaching dovetail in their messages this provides a very encouraging way to see faith as part of a bigger picture within the prison context.

In the first part of this extract, the chaplain again highlights the powerful broken/fixed or old me/new me narrative that has previously been highlighted with respect to stigmatised individuals in the work of Goffman.

The chaplain proceeds to discuss the connection between psychological treatment programmes and their own role in the prison. This melding of therapy and chaplaincy was studied by Sundt, Dammer, and Cullen (2002), who conducted research in the USA examining chaplains' historical and contemporary roles in prisons. Their findings demonstrated that prison chaplains not only supported treatment programmes but also perceived their own religious work as part of the broader rehabilitation process. Chaplains asked what the best method of treatment and 60% of chaplains surveyed felt that changing a prisoner's values through religion was the best form of rehabilitation.

2.2: Holier Than Thou

This theme draws upon narratives which described elements of competition either between members of the in-group (I am the most faithful; I go every week, some don't) as participants either spoke about themselves or others who tried to prove they were the 'best' Christian. Sometimes the comparison was made between themselves and others (non-believers), but most of all between themselves and others who said they were religious and perhaps went to chapel occasionally, or even said they were religious but did not go to chapel at all. Some participants noted the differences but did not really make any judgements on them, whilst others used them to bolster a sense of superiority over others. This inflated sense of self-consequence and veering towards narcissism might leave them in a weakened position in terms of managing their own risk.

Extract 23

> But as I said before, there's wolves in the chapel, there's wolves in this chapel here, people that just go to church for cup of teas or have a chat. (P3)

Extract 24

> But he's been somewhere where he shouldn't have been and he's come back to prison, I ask myself times myself time and time again when I see, I ask myself why, he's Christian? In my eyes, a true Christian shouldn't commit

> these sort of offences at all - these places - if you're a true Christian - these sorts of places, shouldn't be here. (P11)

Participants talked about an in-group and out-group (Tajfel, 1982), although at times the 'out-group' were non-Christians, at times they were atheists and sometimes they were other Christians who did not 'believe' or 'live' their Christianity as honestly as they should be doing. The out-groups were perceived as not understanding, sometimes mocking, frightened or avoidant of their offence, or even perhaps to be pitied, as highlighted in the extract below.

Extract 22

> I've never been in a situation where I don't believe but I can feel hollow inside when I've not got enough God in me when I'm not feeding the God I can only imagine that same sort of hunger for somebody who doesn't have a religion who doesn't know how to feed that gap they've got in their life. (P12)

P12 uses the analogy of having, without God, an unmet 'hunger'. God is seen as sustenance, and, without God, people are left 'hollow' and with a 'gap' in their lives, with something missing.

2.3: Losing My Religion

Participants were unequivocal in that having their faith was going to protect them against further offending. Their religious beliefs were construed like a lucky charm to protect them from reoffending. However, this belief is potentially problematic given that most of the samples were religious before offending. In terms of their future and how they would manage with licence conditions that constrain their opportunities to attend services, the majority of the participants were concerned about how it would inhibit their own practice, and report difficulties others have had, which have been attributed to not being able to attend services.

Extract 25

> Erm or they've literally not been accepted and they've ended up sort of losing part of their faith which, ultimately at the end of the day you know, sort of heading down the road of maybe reoffending. (P6)

In the above extract, the participant suggests that reoffending occurs when someone follows the wrong pathway, moving the focus of blame for reoffending on taking a particular direction rather than on the individual themselves. A few participants explicitly acknowledged the difficulties those with sexual convictions may face apropos licence conditions, but seemed (when interviewed in the prison, pre-release) comfortable with them.

Extract 26

> Er, consequently, when I get outside, er one of the conditions I've got is that I cannot attend a religious place of worship without prior approval. Er, that means I can't attend a place of worship er without letting my probation officer know, but I know that God can attend me, so consequently, in my own house, in my own, in my own thoughts, I can get in contact with God whenever I feel like it. (P1)

It should be recognised that if the community spirit and religious sharing is not available to the offender on release, risk of reoffending may increase, either through difficulties coping with increased feelings of social isolation or through the individual breaking licence conditions to satiate their need for a religious community experience. They may also become disappointed with the lack of forgiveness of other Christians in the community, encouraging grievance-type thinking against society, and potentially increasing their risk of reoffending.

Another means, for some individuals, of 'losing their religion' was typified by feeling they did not fit in with their religious doctrines as they (or others) understood them. Thus, a couple of the participants recounted that they had turned away from religion because they believed that homosexuality was not acceptable within the Church.

Extract 27

> And, knowing that I couldn't go to church thinking well, you know they're not gonna accept me because I'm gay, you know and, I couldn't go living a lie, coz I lived a lie all my life, you know, it was just, one lie after another, me being not honest and truthful to myself you know until I I came in here and then everything changed and, luckily everyone's accepted me for who I am now…That's why I wanted to tell my story to you because my c…my my partners exactly the same. He he felt that he couldn't be himself you know, he had an uncle that committed suicide coz he was gay, his uncle. Err so he was struggling. (P7)

Struggling with the attitudes of the Church to their sexuality left some individuals rejected (and in cases they stated that they went on to marry women so they seemed 'normal'). Fortunately, in this prison, the chaplaincy adheres to the following:

> Many religions have denominations of followers who believe that homosexual practice is wrong. It is the right of an individual follower to adhere to these teachings. However, such a follower has no right to impose these teachings on any other member of his faith community.
>
> All world faiths hold much in common. These include the dignity of an individual, the call to refrain from judging and the call to extend forgiveness. Individuals from all faiths are encouraged by their Chaplains at HMP [prison] to pursue these ideals at all times. (HMPP Chaplaincy Diversity Statement, 2013)

Consequently, individuals who previously felt rejected by the Church have found a way to be themselves apropos their own sexuality and their religion.

> *Chaplaincy comment:* Seeking to provide successful referrals to worshipping communities on release has to be a key piece of work for Christian Chaplains. Any spiritual growth dies quickly if not nurtured and fed. This area is challenging and resource-costly for the [prison] Chaplaincy Team. Most church denominations have national safeguarding procedures which are robust and effective in their protection of children and vulnerable adults.

> However, the procedures can be inflexible and lack compassion when it comes to the impact on sex-offenders who seek a welcome into their community of faith.

Here the prison chaplain highlights challenges faced by religious organisations in balancing the absolute need to protect their members, with welcoming those who have a faith and wish to practice it with others. In this extract, the chaplain tactfully cites the 'procedures' as being 'inflexible' and 'lacking compassion' rather than focusing on the faith community itself. For the prisoner who is expecting this 'welcome' from their community, the rejection by others of their faith in the community is likely to exacerbate their feelings of rejection and stigmatisation, highlighting the importance of this part of the prison chaplain's role.

Superordinate Theme 3: Religion as (Re) orientation

This theme emerged as a process of change in relation to participants' experience of their religion throughout their pre- and post-offending periods and also throughout their experience of being a prisoner.

There is an established literature that unpacks the transitional journey and associated changes that characterise the prison sentence (see Goffman, 1968b; Irwin & Cressey, 1962; Sykes, 1958). This is a transitional journey imposed by force upon the prisoner. It represents another dimension to the pre-existing journey the PCSO was experiencing in their criminogenic attitudes and behaviours. Add to this complex mix the influence of religious belief and faith and there emerges an amalgam of transitional experiences. It is, undoubtedly, a simplification to define this phenomenology into three dimensions (pre-offending, post- or during offending and post-sentence religious experience). It does, however, provide a point of departure for interpretation.

> To note: in the previous two superordinate themes the analysis of inherent subordinate themes was separated and presented in isolation. For the third superordinate theme, subordinate themes are analysed and presented

together. This is because to separate out the fabric of temporal themes can work to render them less meaningful. Therefore, the feel of this third superordinate theme is different.

3.1: Subordinate Themes: Transition: Disconnect and Strength

Early in the interview, Harry expresses, at different but close time points, transitional complexity.

Extract 29

my religion has been in my family um um um my life forever. (P2)

Extract 30

but when I was about 12 or 13 I decided that riding my bike was better than going to church. (P2)

Extract 31

when I came back into prison within my first week I was on my first 24-hour suicide watch at which point I wanted to read the bible. (P2)

Harry's extracts here demonstrate his transitional relationship with religion. Religion begins as an omnipresent feature of his childhood. Despite his moving away from this religion as he grew, it is the one thing he desires whilst experiencing perhaps the lowest point in his life. This suggests his deep emotional connection to his religion. There is a clear transitional journey evident. The bible acts as his conduit here—a tangible connection. The strength he derives from this connection is perhaps evident in that he did not take his life.

Michael also demonstrates an ontological religious childhood experience.

Extract 32

> er, I'm a fourth-generation salvationist, er my grandparents on both sides were both members of the salvation army. Er my father met my mother through the salvation army, so I was literally bought, brought up as a child following the salvation army principles. (P2)

Michael, like Harry, expresses a transition away from religion.

Extract 33

> right, my offence took place over twenty years ago. Er, I was a school teacher, and er it was a question of, god never left me, I just left god for a while. (P8)

However, when describing his religious connection in relation to his prison experience Michael expresses his return to religion.

Extract 34

> I believe that god is always there, it's not a question of me deserting him, he would never desert me, er I don't make a big thing about the fact that er, I have to go to the chapel or the church or anything. I believe many ways my actions on a daily basis are governed by, my belief in god, my faith in god, and the way I, I manage my day to day routine. (P3)

Like Harry, Michael demonstrates his deep-seated religious connection. The way in which he organises his daily behaviour, within the prison environment, is governed by the strength of his faith above that of the control enforced by the monopolising dogmatic prison processes. This can be viewed as a transcendental quality of religious strength.

Michael's experience of this transcendental religious strength is further evidenced here:

Extract 35

> in my own house, in my own thoughts, I can get in contact with god whenever I feel like it. (P3)

Both Harry and Michael demonstrate a transcendental journey in which they shifted away from strong religious influence. Both also demonstrate a return to these faiths post-offence and during the experience of being a prisoner. Within this prisoner phenomenology emerges an affect of psychological strength, founded upon the very same religious beliefs.

To examine the continuous transitional themes throughout these narratives further, a third interconnected subordinate theme emerged. The transitional shift away from religion expressed in the above extracts is also representative of a disconnect between participants' religious faiths and their offending behaviour. Although this disconnect manifests in different states of proxy for different participants.

Extract 36

> yeah yeah, it was very much a question of god would knock on afterwards. And say, do you know what you've done? And when I was, back in the room the following week or back on the playground the following week, he would knock on the door and say you shouldn't be doing this, and I would shut the door and say, no it's all right, I can handle this, because it was almost like a, a drug if you like, it was almost like I wanted this, I was getting excitement from it, I felt as though I wasn't harming anybody, er, but at the same time, the voyeurism led on to something else. Er, and I know now in hindsight, that god must have knocked on that door loads of times, and er, I shut it, and didn't answer the door. (P11)

Above Michael expresses his disconnect from his religion during his offending, even to the point of closing the door on his god. This micro-transitional shift away from and back to religion happens within the process of his larger transitional journey, almost immediately before and after offending.

3.2: Microthemes: Early Orientation, Shift Away, Offending Religious Disconnect, Return to Religion, Strength from Religion

To note: The micro themes here are dimensions of the above experiences, and are visible in the above extracts. The point of separating here is for purpose of deeper analysis.

The layered quality of themes, highlighted by Michael's experience above, only serves to reinforce the earlier point that attempts to separate and define human meaning into distinct categories is always problematic. All experiences and in some way connected to one's past and influence one's future, as Michael demonstrates.

In the following extracts, Frank demonstrates all of these subordinate themes and experiences, whilst also evidencing the microthemes implicit in the transitional experiences of these subordinate constructs.

Extract 37

[**1, early orientation**] Urm. My mum was always quite religious when she was growing up. Urm, myself and my brothers it was sort of left to our own device regarding religion, it was never forced upon us but, growing up around someone who is religious has its effects any way doesn't it. So I think my faith sort of started at a very early age. (P1)

Extract 38

[**2, shift away**] So. But er, sort of throughout my life prior to prison, although I've had faith, I wasn't really much of a church goer, urm, weddings and funerals was about as close as I ever really got to the church. There were times that I'd wanted to go to the services but the modern worlds very busy, its easy to find excuses not to make the time and things like that. (P2)

Extract 39

[**3, offending religious disconnect**] I mean I wouldn't say it was a case of, god left me, like I've heard some people say. It was more a case of I'd left god.

If that makes sense you know. I'd sort of turned my back on elements of my upbringings, I mean I've always known what was right and wrong urm, but er it wasn't in the forefront of my mind, around the time of offending. (P7)

Extract 40

[**4, return to religion**] but I don't feel it was like some of your stereotypical people who, come to prison and then find religion. I felt I had it beforehand, and it was almost as soon as I walked in the door of the prison the very first priest that came to see me, I then started going to services. (P2)

Extract 41

[**5, strength from religion**] not completely aware of how the system works, you're in way over your head and you're just trying to do your best to keep your head down sort of from the beginning, stay out of the way, urm, like I say that's sort of, I started er going to the chapel and the chapel staff were, a great help very early on. (P4)

Within this narrative, there is the meaning-making of a journey from one psychic position to another. This begins and ends with fundamental religious belief. Prison here can be seen as a mechanism or catalyst for religious re-engagement. Prior to sentence religion is spliced away from the experience of offending—sexual offending is not congruent with Franks religious faith. Post-sentence he appears to garner strength from his revigourated faith and operationalises this as a means of support.

The subordinate themes manifest from the narratives as fluid and interconnected. The process of transition emerged, unsurprisingly, as an enduring theme throughout participants' religious lives. The transitional period begins, in all cases, with development of an early relationship [**early orientation**] with religion. This suggests that these individuals have a deep-seated religious foundation that forms part of who they are. Their religious beliefs therefore influenced later personality development and behaviour (Brown & Lowe, 1951). This is an important factor when considering the experience of the next theme, their [**shift away**] migration from religion and their religious [**offending religious disconnect**] severance during

their offending. The shift away from faith can be understood as a moderator; these individuals were not living by the religious moral codes that they had been taught. This provided a mechanism for permissive psychic affect or perhaps an experience of denial (Blagden et al., 2011). However, the religious disconnect is suggestive of their awareness, at some level, of those very same religious moral codes; if these codes had been meaningless then there would be no psychic need for disconnect during offending. It is therefore fair to suggest that offending here included experiences of justification and excuse (Pollock & Hashmall, 1991). This disconnect can be viewed as a risky moderator for continued offending. If this disconnect had a quality of shame, resultant of transgressing their core religious values (Monk-Shepherd, 2003), then, continued offending behaviour becomes a significant risk. This is because people that experience shame tend not to ask for help, rather they tend to hide their shame (Blagden et al., 2017) and as a result do not explore avenues of change. However, the positive of these narratives is the theme of [**return to religion**] re-engagement that all participants express. They are therefore transitioning away from shame and towards redemption (Maruna, 2001); a process of guilt and (self) forgiveness. The key point to make about guilt is the progression from shame and the quality of acknowledging one's wrongs and wanting to make amends. The fact that this process is founded within religious context renders this return to religion as a potentially protective moderator for desistance (Kewley et al., 2015). The notion of this return to religion as a protective mechanism is further supported by findings by Stansfield, O'Connor, Duncan, and Hall (2019) that show religious involvement for those with a prior sexual conviction to be strongly correlated with reductions in recidivism. Conversely, these findings correlated an increased trend between religious involvement and recidivism for other groups (those without a prior sexual conviction). The final themes [**strength from religion**] around the power derived from religion can be understood as the protective transitional process coming full circle—a re-orientation of one's world within those very same religious beliefs that were present in early childhood. For these individuals, then, religion provides a mechanism for desistance (see Hallett & McCoy, 2015). These experiences hang well on Maruna's (2001) theory of narrative reconstruction as a desistance process. Here, the individual

reconstructs past narrative in a meaningful way. This is a process of coming to terms with and understanding life experiences, ascribing meaning and constructing a narrative that provides purpose and fulfilment. All participants express reconstruction of life narrative in that they all return to their faith. They have transitioned away from their offending behaviour and re-orientated themselves in respect of their faith.

Discussion

O'Connor and Perreyclear (2002) postulated that almost 50% of prisoners in the USA engaged in religious practice. Whilst the extent and nature of engagement in such practice are likely to vary considerably, high religiosity predicted fewer prison infractions and better adjustment to prison life (Clear & Myhre, 1995). The current study demonstrated that religion was a source of strength for many participants, echoing some of the findings from Dammer's (2002) research that 'sincere' religious prisoners gained motivation, direction and meaning for life, peace of mind, positive self-esteem and a change in lifestyle. Religion may also become a protective factor in terms of reducing social isolation, when the ex-prisoner can integrate within a church or faith-based community (see Kewley et al., 2015). Certainly, much of the evidence to date supports the argument that religiosity can be a protective factor (see Johnson & Jang, 2011; Kewley et al., 2015). Moreover, the current study demonstrates there are a number of ancillary benefits to religion: participants were involved in peer support as a result of wanting to give back and portraying 'good selves'. Through faith, prisoners asserted they gained 'peace of mind' which helped them cope with prison life; they spoke about the mental and emotional strength they gained from feeling close to God, and of the desire to 'lead a good life'. All such factors can be related to reducing evidence-based risk factors that include difficulty managing emotions, an antisocial lifestyle and poor problem solving (Mann, Hanson, & Thornton, 2010).

However, the current study also highlights how faith may exacerbate or activate dynamic risk factors, for example, where faith feeds into offence-supportive beliefs or creates undue expectations of the religious community individuals feel aligned to and by whom they expect to be welcomed

on release. When undertaking the assessment of dynamic risk, the authors suggest it would be useful to highlight the extent to which dynamic factors (such as emotional isolation) and protective factors (such as purposeful activity) are integrated with religious behaviour and beliefs. Thus, changes in circumstances that may be associated with heightened or reduced risk can be identified and worked with.

References

Abel, G. G., Gore, D. K., Holland, C. L., Camps, N., Becker, J. V., & Rathner, J. (1989). The measurement of the cognitive distortions of child molesters. *Annals of Sex Research, 2*(2), 135–152.

Aydin, N., Fischer, P., & Frey, D. (2010). Turning to God in the face of ostracism: Effects of social exclusion on religiousness. *Personality and Social Psychology Bulletin, 36*(6), 742–753.

Blagden, N., Lievesley, R., & Ware, J. (2017). Emotions and sexual offending. In *Sexual offending: Cognition, emotion and motivation* (pp. 71–88). Chichester: Wiley.

Blagden, N. J., Winder, B., Thorne, K., & Gregson, M. (2011). "No-one in the world would ever wanna speak to me again": An interpretative phenomenological analysis into convicted sexual offenders' accounts and experiences of maintaining and leaving denial. *Psychology, Crime & Law, 17*(7), 563–585.

Blagden, N., Perrin, C., Smith, S., Gleeson, F., & Gillies, L. (2017). "A different world" exploring and understanding the climate of a recently re-rolled sexual offender prison. *Journal of Sexual Aggression, 23*(2), 151–166.

Boothby, M. (2011). Insiders' views of their role: Toward their training. *Canadian Journal of Criminology and Criminal Justice, 53*(4), 424–448.

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., & Marlatt, G. A. (2006). Mindfulness meditation and substance use in an incarcerated population. *Psychology of addictive behaviors, 20*(3), 343.

Brown, D. G., & Lowe, W. L. (1951). Religious beliefs and personality characteristics of college students. *The Journal of Social Psychology, 33*(1), 103–129.

Cicirelli, V. (2004). God as the ultimate attachment figure for older adults. *Attachment & Human Development, 6*(4), 371–388.

Clear, T. R., Hardyman, P. L., Stout, B., Lucken, K., & Dammer, H. R. (2000). The value of religion in prison: An inmate perspective. *Journal of Contemporary Criminal Justice, 16* (1), 53–74.

Clear, T. R., & Myhre, M. (1995). A study of religion in prison: The international association of residential and community alternatives. *Journal on Community Corrections, 6* (6), 20–25.

Clear, T. R., & Sumter, M. T. (2002). Prisoners, prison, and religion: Religion and adjustment to prison. *Journal of Offender Rehabilitation, 35*(3–4), 125–156.

Crewe, B. (2012). *The prisoner society: Power, adaptation and social life in an English prison.* Oxford: Oxford University Press.

Dammer, H. R. (2002). The reasons for religious involvement in the correctional environment. *Journal of Offender Rehabilitation, 35*(3–4), 35–58.

Derezotes, D. (2000). Evaluation of yoga and meditation trainings with adolescent sex offenders. *Child and Adolescent Social Work Journal, 17* (2), 97–113.

De Viggiani, N. (2012). Trying to be something you are not: Masculine performances within a prison setting. *Men and Masculinities, 15*(3), 271–291.

Dickson, A., Knussen, C., & Flowers, P. (2008). "That was my old life; it's almost like a past-life now": Identity crisis, loss and adjustment amongst people living with Chronic Fatigue Syndrome. *Psychology and Health, 23*(4), 459–476.

Eatough, V., & Smith, J. A. (2006a). 'I was like a wild wild person': Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology, 97,* 483–498.

Eatough, V., & Smith, J. A. (2006b). I feel like a scrambled egg in my head: An idiographic case study of meaning making and anger using interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice, 79*(1), 115–135.

Eshuys, D., & Smallbone, S. (2006). Religious affiliations among adult sexual offenders. *Sexual Abuse, 18*(3), 279–288.

Eytan, A., Haller, D. M., Wolff, H., Cerutti, B., Sebo, P., Bertrand, D., & Niveau, G. (2011). Psychiatric symptoms, psychological distress and somatic comorbidity among remand prisoners in Switzerland. *International Journal of Law and Psychiatry, 34* (1), 13–19.

Farmer, M., Beech, A. R., & Ward, T. (2012). Assessing desistance in child molesters: A qualitative analysis. *Journal of Interpersonal Violence, 27* (5), 930–950.

Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys. *The Lancet, 359*(9306), 545–550.

Festinger, L. (1962). *A theory of cognitive dissonance* (Vol. 2). Palo Alto, CA: Stanford University Press.

Field, C. D. (2011). *Religion of prisoners England and Wales, 2010*. Retrieved from http://www.brin.ac.uk/2011/religion-of-prisoners-england-and-wales-2010/.

Friestad, C. (2012). Making sense, making good, or making meaning? Cognitive distortions as targets of change in offender treatment. *International Journal of Offender Therapy and Comparative Criminology, 56*(3), 465–482.

Gall, T. L., Malette, J., & Guirguis-Younger, M. (2011). Spirituality and religiousness: A diversity of definitions. *Journal of Spirituality in Mental Health, 13*(3), 158–181.

Geary, B. (2010). Resurrection themes in the care of sex offenders. *Practical Theology, 3*(1), 9–22.

George, L. K., Ellison, C. G., & Larson, D. B. (2002). Explaining the relationships between religious involvement and health. *Psychological Inquiry, 13*(3), 190–200.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.

Goffman, E. (1968a). *Stigma: Notes on the management of spoiled identity*. London: Penguin Books.

Goffman, E. (1968b). *Asylums: Essays on the social situation of mental patients and other inmates*. Piscataway: AldineTransaction.

Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. London: Simon and Schuster.

Hallett, M., & McCoy, J. S. (2015). Religiously motivated desistance: An exploratory study. *International Journal of Offender Therapy and Comparative Criminology, 59*(8), 855–872.

Hanson, R. K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis 2004–02*. Ottawa: Public Safety and Emergency Preparedness Canada.

Hanson, R. K., & Morton-Bourgon, K. (2007). *The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis*. Ottawa, ON: Public Safety and Emergency Preparedness Canada.

Hicks, J. A., & King, L. A. (2008). Religious commitment and positive mood as information about meaning in life. *Journal of Research in Personality, 42,* 43–57.

Hollis, J. (1998). *The Eden project: In search of the magical other*. Toronto: Inner City Books.

Hood, R. W., Jr. (2005). Mystical, spiritual, and religious experiences. In R. F. Palouzitan & C. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 348–377). New York: Guilford Press.

Irwin, J., & Cressey, D. R. (1962). Thieves, convicts and the inmate culture. *Social Problems, 10,* 142.

Jewkes, Y. (2005). Men behind bars: "Doing" masculinity as an adaptation to imprisonment. *Men and Masculinities, 8*(1), 44–63.

Johnson, B. R., & Jang, S. J. (2011). Crime and religion: Assessing the role of the faith factor. In *Contemporary Issues in Criminological Theory and Research: The Role of Social Institution: Papers from the American Society of Criminology 2010 Conference* (pp. 117–150)

Kewley, S., Beech, A. R., & Harkins, L. (2015). Examining the role of faith community groups with sexual offenders: A systematic review. *Aggression and Violent Behavior, 25,* 142–149.

Kirkpatrick, L. A. (1992). An attachment-theory approach to the psychology of religion. *International Journal for the Psychology of Religion, 2*, 3–28.

Kirkpatrick, L. A. (1999). Attachment and religious representations and behavior. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment Theory and Research* (pp. 803–822). New York: Guilf.

Kirkpatrick, L. A., & Shaver, P. R. (1990). Attachment theory and religion: Childhood attachments, religious beliefs, and conversion. *Journal for the Scientific Study of Religion, 29*, 315.

Knabb, J. J., Welsh, R. K., & Graham-Howard, M. L. (2012). Religious delusions and filicide: A psychodynamic model. *Mental Health, Religion & Culture, 15*(5), 529–549.

Kruglanski, A. W., Gelfand, M. J., Bélanger, J. J., Sheveland, A., Hetiarachchi, M., & Gunaratna, R. (2014). The psychology of radicalization and deradicalization: How significance quest impacts violent extremism. *Political Psychology, 35,* 69–93.

Kewley, S., Larkin, M., Harkins, L., & Beech, A. R. (2017). Restoring identity: The use of religion as a mechanism to transition between an identity of sexual offending to a non-offending identity. *Criminology & Criminal Justice, 17*(1), 79–96.

Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse, 22*(2), 191–217.

Maruna, S. (2001). *Making good* (p. 86). Washington, DC: American Psychological Association.

Maruna, S., & Copes, H. (2005). What have we learned from five decades of neutralization research? *Crime and Justice, 32,* 221–320.

Maruna, S., & King, A. (2009). Once a criminal, always a criminal? "Redeemability" and the psychology of punitive public attitudes. *European Journal on Criminal Policy and Research, 15*(1–2), 7–24.

Maruna, S., & Mann, R. E. (2006). A fundamental attribution error? Rethinking cognitive distortions. *Legal and Criminological Psychology, 11*(2), 155–177.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396.

McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current Directions in Psychological Science, 22*(3), 233–238.

McGuire, J. E. (1995). *What works: Reducing reoffending: Guidelines from research and practice*. Hoboken: Wiley.

Micklethwaite, D., & Winder, B. (2019). Religion and prison. In Leeming, D. (Ed.), *Encyclopedia of psychology of religion*. Springer.

Monk-Shepherd, R. (2003). Male sex offenders: A distorted masculinity? A theological exploration of possible links. *Feminist Theology, 11*(2), 236–243.

Moore, D. (2007). *Overcoming religious illiteracy: A cultural studies approach to the study of religion in secondary education*. London: Palgrave Macmillan.

National Offender Management Service. (2018). *Annual report and accounts 2014–2015*. Accessed from https://www.gov.uk/government/publications/noms-annual-report-and-accounts-2014-2015, 20 September 2019.

Neidigh, L., & Krop, H. (1992). Cognitive distortions among child sexual offenders. *Journal of Sex Education and Therapy, 18*(3), 208–215.

Ó Ciardha, C., & Gannon, T. A. (2011). The cognitive distortions of child molesters are in need of treatment. *Journal of Sexual Aggression, 17*(2), 130–141.

O'Connor, T. P. (2004). What works, religion in a correctional intervention: Part I. *Journal of Community Corrections, 14*(11–22), 27.

O'Connor, T. P., & Perreyclear, M. (2002). Prison religion in action and its influence on offender rehabilitation. *Journal of Offender Rehabilitation, 35*(3–4), 11–33.

O'Connor, D., & Yballe, L. (2007). Maslow revisited: Constructing a road map of human nature. *Journal of Management Education, 31*(6), 738–756.

Osborn, M., & Smith, J. A. (2008). The fearfulness of chronic pain and the centrality of the therapeutic relationship in containing it: An interpretative phenomenological analysis. *Qualitative Research in Psychology, 5*(4), 276–288.

Perrin, C., & Blagden, N. (2014). Accumulating meaning, purpose and opportunities to change "drip by drip": The impact of being a listener in prison. *Psychology, Crime & Law, 20*(9), 902–920.

Perrin, C., Blagden, N., Winder, B., & Dillon, G. (2018). "It's sort of reaffirmed to me that I'm not a monster, I'm not a terrible person": Sex offenders' movements toward desistance via peer-support roles in prison. *Sexual Abuse, 30*(7), 759–780.

Perrin, C., Winder, B., Blagden, N., & Dillion, G. (2018). Religion and desistance: Working with violent and sexual offenders. In K. R. Kerley (Ed.), *Finding freedom in confinement the role of religion in prison*. Santa Barbara: ABC-CLIO LLC.

Pollock, N. L., & Hashmall, J. M. (1991). The excuses of child molesters. *Behavioral Sciences & the Law, 9*(1), 53–59.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist, 18*(1), 20–23.

Rogers, R., & Dickey, R. (1991). Denial and minimization among sex offenders. *Annals of Sex Research, 4*(1), 49–63.

Samaritans. (2014). *The listener scheme: In partnership with HM prison service*. Samaritans. Retrieved https://www.samaritans.org/how-we-can-help/prisons/listener-scheme/.

Seligman, M. (1975). *Helplessness: On depression, development, and death*. A series of books in psychology. New York, NY: W. H. Freeman, Times Books and Henry Holt.

Shannon Trust. (2005). *Toe-by-toe: Prison project*. Shannon Trust. Retrieved August 24, 2014, from https://www.toe-by-toe.co.uk/toe-by-toe-in-prisons/.

Simpson, T. L., Kaysen, D., Bowen, S., MacPherson, L. M., Chawla, N., Blume, A., & Larimer, M. (2007). PTSD symptoms, substance use, and vipassana meditation among incarcerated individuals. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 20*(3), 239–249.

Smith, J. A. (Ed.). (2015). *Qualitative psychology: A practical guide to research methods*. London: Sage.

Stansfield, R., O'Connor, T., Duncan, J., & Hall, S. (2019). Comparing recidivism of sexual and nonsexual offenders: The role of humanist, spiritual, and religious involvement. *Sexual Abuse*, 1079063219843903.

Sundt., J. L, Dammer, H. R, Cullen, F. T. (2002). The role of the prison chaplain in rehabilitation. *Journal of offender Rehabilitation, 35*, 59–86.

Sutherland, M. (2010). *A theory and model for pastoral supervision of chaplains within the healthcare setting*. Cambridge: UKNHC.

Sykes, G. M. (1958). *The society of captives*. Princeton, NJ: Princeton University Press.

Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology, 33*(1), 1–39.

Topalli, V., Brezina, T., & Bernhardt, M. (2012). With God on my side: The paradoxical relationship between religious belief and criminality among hardcore street offenders. *Theoretical Criminology, 17,* 49–69.

Topalli, V., Brezina, T., & Bernhardt, M. (2013). With God on my side: The paradoxical relationship between religious belief and criminality among hardcore street offenders. *Theoretical Criminology, 17*(1), 49–69.

Tyler, T. R., & Divinitz, V. (1981). Self-serving bias in the attribution of responsibility: Cognitive versus motivational explanations. *Journal of Experimental Social Psychology, 17,* 408–416.

van Den Berg, C., Beijersbergen, K., Nieuwbeerta, P., & Dirkzwager, A. (2018). Sex offenders in prison: Are they socially isolated? *Sexual Abuse, 30*(7), 828–845.

Vaughan, B. (2007). The internal narrative of desistance. *British Journal of Criminology, 47,* 390–404.

Waldram, J. B. (2007). Everybody has a story: Listening to imprisoned sexual offenders. *Qualitative Health Research, 17*(7), 963–970.

Wakame, S. (2014). Working with the religious and cultural beliefs of offenders. In *Presentation at Whatton Conference.*

Ward, T. (2002). Good lives and the rehabilitation of sexual offenders: Promises and problems. *Aggression and Violent Behavior, 7,* 513–528.

Ward, T., & Casey, A. (2010). Extending the mind into the world: A new theory of cognitive distortions in sex offenders. *Aggression and Violent Behavior, 15*(1), 49–58.

Ward, T., & Gannon, T. A. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior, 11*(1), 77–94.

Ward, T., Mann, R. E., & Gannon, T. A. (2007). The good lives model of offender rehabilitation: Clinical implications. *Aggression and Violent Behavior, 12*(1), 87–107.

Winder, B. (2009). Positive aspects of fire: Fire in ritual and religion. *The Irish Journal of Psychology, 30*(1–2), 5–19.

6

Religiously Responsive Treatment for People Convicted of Sexual Offences

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The treatment of people convicted of sexual offences has been the topic of much controversy in recent years, with debates taking place regarding the effectiveness of prison-based *sex offender treatment programmes* (SOTPs). While some individual studies question the effectiveness of SOTPs (e.g.

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Mews, Di Bella, & Purver, 2017), meta-analyses of the full evidence base typically find that treatment for people with convictions for sexual offences is effective (Gannon, Olver, Mallion, & James, 2019; Schmucker & Lösel, 2015). That is, on average, 9.7% of people undergoing treatment are either re-arrested or reconvicted for a further sexual offence, compared to 14.6% of those who had not participated in a treatment programme (Gannon et al., 2019).

The central aim of this chapter is to explore several religiously informed interventions that are designed to reduce recidivism among people convicted of sexual offences. Specifically, Quaker-informed principles that are embedded within community-based Circles of Support and Accountability are explored, while the use of Buddhism-informed mindfulness is also examined. Further, the importance of embedding religious philosophies pertaining to Islam in treatment programmes is investigated as a way of improving treatment responsivity and effectiveness for these groups.

In their meta-analysis exploring the effectiveness of SOTPs, Gannon et al. (2019) identified the key factors that moderated the effectiveness of treatment. Consistent professional psychological input, regular staff supervision, group-based treatment provision, and arousal reconditioning were all associated with greater reductions in recidivism. However, an overarching predictor of treatment effectiveness was adherence to the 'risk-need-responsivity' model of rehabilitation (Andrews, Bonta, & Hoge, 1990; Andrews, Bonta, & Wormith, 2011). This model of prison-based offending behaviour programmes asserts that:

1. Treatment 'dosage' should be greatest for those who are most likely to reoffend (the 'risk' principle);
2. Treatment should target specific dynamic risk factors that are functionally related to offending behaviour (the 'need' principle; such risk factors to be addressed are *criminogenic needs*); and
3. Treatment should be tailored to the learning style and intellectual abilities of the individuals undertaking them (the 'responsivity' principle).

The latter assertion, the 'responsivity' principle, is of particular interest here. As highlighted above, Gannon et al. (2019) stressed the importance of consistent qualified psychological input to treatment programmes,

which builds on previous theorising about the importance of such professional skills in correctional settings. Professional skills and experience increase the likelihood of treatments being responsive to individual needs; being able to shift professional practice in terms of (1) identifying new risk factors (or criminogenic needs) that require intervention or (2) working on new ways in which to engage clients in the treatment process is a key professional skill within the correctional context (Gannon & Ward, 2014). In turn, more active engagement is associated with better ratings of therapeutic alliance, which subsequently predicts greater openness to the treatment process (e.g. personal disclosures and collaboration within treatment groups) and better long-term outcomes in relation to dynamic risk scores and reduced likelihoods of recidivism upon release (Beech & Hamilton-Giachritsis, 2005).

When thinking about responsivity within the correctional treatment context, it is important to consider how more active engagement can be fostered, and how a stronger therapeutic alliance can be developed between the clinician and their clients. One way to achieve such an alliance is to engage with clients in a way that speaks to a central aspect of their personal identity or to work with them in a manner that conforms to their deeply held convictions about human nature and the achievement of long-term happiness. Here, we consider the role of religion in relation to sexual offending trajectories, before examining how embedding religious narratives and philosophies into treatment interventions could inform more responsive treatment for people with religious beliefs.

According to Barrett (2001), religious faith represents a way for people to make sense of the world around them, with Micklethwaite and Winder (2019) arguing that religiosity offers a source of ontological safety; a means of 'managing fear, uncertainty, and a lack of control over events in our lives … if we worship, or pay reverence, to particular deities, they may keep us safe' (p. 1). This sense of safety and security links to the notion of *terror management* in response to mortality salience (see Greenberg et al., 1990). Terror management theory asserts that people become more likely to engage in politically conservative (and, specifically, religious) thinking when confronted by information about their own mortality. With mainstream religion's emphasis on resurrection and repentance in the afterlife, it is perhaps to be expected that thoughts about death seem to prime

styles of thinking that are consistent with religiosity. In this sense, religion and spirituality provide guidance when mortality is viewed as being under threat, and ontological meaning becomes increasingly important (i.e. creating purpose in life through maintaining order or serving some greater being).

It is here where religion becomes a central aspect of one's identity. According to Haidt (2013), beliefs and attitudes stemming from religious faith often form the basis of an individual's moral compass. Faith, and the all-consuming nature of the afterlife, come to guide what people believe is moral, how people make moral decisions, and how people justify these decisions after they are made. Making moral decisions on the basis of religious faith (or commandments made by a higher power, as these judgements may be conceptualised) can further be viewed as an individual reaching (or at least perceiving themselves to reach) a higher level of being in relation to Maslow's (1954, 1964) hierarchy of needs. In doing so, people making decisions in this way also protect themselves from self-doubt, as they are not the ones making the decision, but God is. This again offers some support for the ontological safety argument made by Micklethwaite and Winder (2019).

What these processes do, however, is make religious faith—or, perhaps more accurately, religious conviction—a central aspect of an individual's identity. When a particular concept (i.e. religious faith) guides moral decision-making, behaviour and gives meaning to life to protect against fears of mortality, it is natural that people will be motivated to protect this worldview. In the sexual offending context, religious identity has been cited as a predictor of assessments of the credibility of ingroup-perpetrated child abuse. That is, in both the Catholic Church (Minto, Hornsey, Gillespie, Healy, & Jetten, 2016) and the Church of England (Harper, Perkins, & Johnson, 2019), the more that religion was seen as a central aspect of an individual's identity, the more sceptical they were about the credibility of an allegation of sexual abuse if the alleged perpetrated was a central religious figure (i.e. a priest). Credibility in both of these studies was assessed by examining attributions about the trustworthiness of accounts offered by the alleged victim and perpetrator. While this allegation credibility judgement effect appears to replicate across different religious denominations, what is less clear is how, and to what

extent, religion plays a role in the perpetration of sexual offending, and how we might use our understanding of these same processes to facilitate long-term desistance from sexual offending.

It is also important to consider that spirituality is a key aspect of the Good Lives Model (GLM) of offender rehabilitation—a strengths-based alternative to the RNR approach. Being one of the primary human goods that all people are seeking to achieve (Ward & Brown, 2004; Ward, Mann, & Gannon, 2007), spirituality—whether that be defined as a felt connection to some 'higher power' or a general sense of connectedness with the rest of mankind—is a cornerstone of our experience as human beings. Kewley, Beech, and Harkins (2015) reported that religious involvement had a significantly positive effect (operationalised as lower engagement in criminal activity) in 76% of the studies that they meta-analysed. With this in mind, if somebody comes into a treatment context with a pre-existing sense of spirituality (or, as a minimum, places some degree of personal importance on this aspect of their existence), it is incumbent upon a clinician to be adaptive and responsive to this in order to work effectively and engagingly with that individual in a bid to reduce levels of recidivism.

The Role of Religion in Desistance from Sexual Offending

As discussed throughout this volume, there is a growing body of literature that examines the role of religiosity in the development and maintenance of sexual offending. A number of small-scale qualitative investigations into the role of religiosity in the development and maintenance of sexual offending, as well as desistance from this type of offending behaviour, have started to take place.

According to qualitative analyses conducted by Winder, Blagden, and Lievesley (2018), increased [Christian] religiosity among people with sexual convictions could act as one way of developing or maintaining some form of an attachment figure. This notion draws upon Cicirelli's (2004) work, wherein elderly people are reported to be more likely to maintain a relationship with God as a surrogate for the loss of other real-life attachments. This idea of God as an attachment figure is particularly pertinent

among people with sexual convictions, who face a high level of stigma within the general population (Göbbels, Ward, & Willis, 2012; Harper, Hogue, & Bartels, 2017; Willis, Levenson, & Ward, 2010). In this sense, maintaining one's spirituality (and an attachment figure who acts as a guide for moral behaviour) allows these individuals to strive to achieve primary human goods of spirituality and relatedness (Ward, 2002; Ward et al., 2007).

It is perhaps interesting here to note some differences in terms of how similar themes are discussed by people of different faith groups. That is, it is not as simple as merely embedding spiritual narratives into treatment programmes. Instead, treatments might be targeted at specific tenets of specific religious faiths and speak to the meaning that these tenets have to believers. For example, while Winder et al. (2018) spoke about the importance of God as a security or attachment figure for Christians, other work published by Bell, Winder, and Blagden (2018) reported how Buddhist notions of having 'good karma' have a substantial impact on everyday functioning and was a major incentive for positive behaviour change among Buddhists convicted of sexual offences. Moreover, this 'good karma' translates into enhanced subjective experiences of inner peace, which is another important primary human good within the GLM of offender rehabilitation (Ward et al., 2007). This notion of inner peace and emotional balance appears to be particularly important for Buddhists—a point that we return to later in the chapter.

The Quaker Perspective (Circles of Support and Accountability)

Circles of Support and Accountability (CoSA) facilitate community involvement in the reduction of sexual offending by people who have previously been convicted of crimes of this nature. It does this by providing a network of support, referred to as a 'Circle', consisting (usually) of four trained volunteers who, as a collective, hold the person with previous convictions (known as the 'core member') accountable for their behaviour and assist in their acquisition of both social and cultural capital. It is thought that such an intervention will help the core member desist from

any future perpetration of sexual violence, giving meaning to the intervention's mantra of 'No More Victims' (Ashthorpe, 2008; McNeill, 2012). The transformational nature of using volunteer members of the public in a role that was historically considered the domain of specialist practitioners gives CoSA its restorative credentials.

These credentials are further reinforced through CoSA's genesis as a Mennonite initiative, when the Reverend Harry Nigh (a Mennonite Pastor) responded to an immediate crisis related to the reintegration of somebody who had convictions for child sexual offences back into his own community. The community was both fearful that this individual would reoffend and angry that he was to be released from prison into their locality. The foundations to implement a concept such as CoSA were already in place, as historically the Canadian Mennonites, like the UK's Religious Society of Friends (Quakers), had a tradition of community engagement in matters of criminal justice and the development of restorative projects. What was unique about the Mennonite's restorative work was that they had a truly transformational agenda. They were inspired by the work of Nils Christie (1977), who asserted that the State had created a criminal justice system whereby crime was seen not as an offence against the individual but rather against the State itself and consequently left victims without a voice. With this in mind, the Mennonites were supported by the Canadian justice system to bring together the individual with sexual convictions (without obligation) and the local community (without responsibility). This created the Victim Offender Reconciliation Project (VORP). The importance of Christie's influence on the development of the Mennonites could be seen in the way in which the VORP attempted to de-professionalise the system by using community volunteers to undertake both the casework and facilitation of victim-perpetrator mediation.

Given the continued controversy that surrounds the debates as to whether restorative justice is an appropriate model for use in cases of sexual violence, it is remarkable that by the early 1980s, the VORP began to design and provide restorative services that supported victims of rape and incest offences. The support of the Mennonite Central Committee for this work resulted in the funding for a Victim Services Programme, which developed several communitarian-based, restorative interventions related to addressing the issue of sexual violence, including direct work with

those persons who perpetrate such offences. These interventions included SOTPs, work with families of people with sexual convictions, and also the use of community volunteers to create networks of support for those men being released from custodial settings and re-entering the community. Therefore, a decade later when the Reverend Harry Nigh and his congregation sought the support of the Mennonite Central Committee for the development of CoSA, the groundwork had been laid for the Committee to give their unequivocal support. This support continues to this day.

It was to be less than five years after the Reverend Harry Nigh's intervention that the story of this first Circle appeared in a Quaker Journal. It was read by the then Assistant Director of Quaker Peace and Social Witness, Helen Drewery. She believed that CoSA represented a peace project, where peace had a truly restorative meaning. As was the case in North America at that time, the UK was experiencing what has been described as a *moral panic* (Hanvey, Philpot, & Wilson 2011) in relation to the issue of sexual offending. This was fuelled by the abduction and murder of Sarah Payne by Roy Whiting, a known individual with previous convictions for sexual offences against children. In response, the *News of the World* supported Sarah's mother in calling for the implementation of a community notification scheme. The newspaper took this opportunity to engage in an intense and repeated media campaign of so-called name and shame, which increased public fear and anger about the topic of sexual offending against children and led to many incidents of civil disobedience. Vigilante groups took to the streets, violently attacking people and property if accusations or suspicions of prior offending were raised. The strength of public anger towards people with sexual convictions continued and is exampled by the murder of Arnold Hartley, whose 'death resulted in media headlines of "That's One Less on The Streets", and the community in which he lived, bonded together in silence, initially unwilling to help the authorities bring the perpetrator to justice' (Quaker Peace and Social Witness, 2005, p. 5).

There was no one organisation more appropriate to promote and implement CoSA in the UK than the Religious Society of Friends. The Quakers originated in Britain in the mid-1600 and were a non-conformist, non-religious faith group who believe that there is *That of God in Everyone*. Historically, the Quakers have concerned themselves primarily with the promotion of peace and the resolution of conflict through non-violent

means. However, a combination of suffering, persecution, and incarceration by the State in their early history, mixed with their fundamental belief in justice and equality, resulted in an active involvement in all matters related to criminal justice. In this way, they were akin to the Canadian Mennonites. For the Quakers, CoSA brought these two particular concerns of peace work and criminal justice work together.

Drewery, having liaised with the Mennonite Central Committee and being armed with further information, then made direct representation to the Home Office. The Home Office at this time were dealing with three specific issues related to sexual crime: the nationally accredited prison- and community-based SOTPs, the introduction of the Multi-Agency Public Protection Arrangements (MAPPA), and the problematic resettlement of two high-profile people with sexual convictions. Media interest and public anger over the release of Cooke and Oliver had made the Home Office sensitive to the complexity involved in the resettlement of such high-profile individuals, and they therefore welcomed the opportunity to examine the viability of CoSA. In June 2000, the Home Office invited key Canadian representatives over to London to meet with the UK's own practitioners and academics concerned with the subject of sexual violence. There was a consensus that the value of community involvement, as had been demonstrated by CoSA's practice in Canada, would be of benefit to the UK and that the philosophy and values of CoSA sat firmly within the government's criminal justice agenda at that time.

Initially, three years' worth of funding was provided to the pilot projects in Hampshire and the Thames Valley, which would be managed by the Quakers. The third pilot site was to be the Lucy Faithfull Foundation, who managed the only non-custodial residential SOTP in the country at that time. It had not been the intention of the Quakers to manage any of the pilot projects. They saw themselves as facilitators who would help implement the concept and then leave the management to those more professional or specialised organisations. However, a combination of factors resulted in their continued involvement. At this time, the Thames Valley was one of the sites for the government's national restorative justice pilot. Located in the Thames Valley was the therapeutic prison HMP Grendon. The prison's governor at the time was Tim Newell, himself a Quaker and a high-profile professional in the wider field of criminal

justice. Newell was a powerful advocate for restorative justice and the use of CoSA in the resettlement of prisoners. His influence and his presence in the Thames Valley made Quaker involvement in the CoSA pilot an attractive proposition to the government. These factors combined with the 5 Mennonite Guiding Principles for CoSA, confirmed a desire and belief that they, the Quakers, should remain involved in CoSA and its management for at least the period of the pilot. These principles are as follows:

- We affirm that the community bears a responsibility for the reintegration of offenders;
- We believe in a loving and reconciling God who calls us to be agents of healing work in the world;
- We acknowledge the ongoing pain and need for healing of victims;
- We welcome the offender into the community. When this does not exist for them, we seek to 'recreate community' with them in responsible, safe, and life-giving ways;
- We accept the challenge of sharing our lives with one another in the community taking calculated risks in the service of others Quaker Peace and Social Witness.

The Quakers' involvement in CoSA lasted for a total of seven years, during which time they were also asked by the government to scope and set up a national umbrella organisation to ensure the consistency and continuance of best practice as developed by the pilot projects. They did this, and in 2008, Circles UK was launched as an independent charitable organisation. With or without the concept of 'a loving and reconciling God', the original guiding principles remained relevant to the development of additional secular projects.

Despite the Mennonites' and the Quakers' close affinity in their values and beliefs, the development of CoSA in the UK fundamentally differed from its Canadian counterpart. While CoSA in Canada remained managed by Mennonite Central Committee, the Quakers facilitated a project that was to adapt CoSA into a secular, rather than faith-based model. Described as 'systemic' rather than the original 'organic' model (QPSW, 2005) found in Canada, the UK's primary objective was to support the

statutory agencies in their risk management of individuals with sexual convictions who were deemed to be at a high risk of reoffending. However, an increasing number of countries and jurisdictions have established models of CoSA that have successfully translated Braithwaite's (1989) theory of 'reintegrative shaming' (a form of shaming that targets judgements of behaviour, rather than 'stigmatic shaming', which tends to target the stigmatisation of an individual's moral character) into the effective practice of managing such individuals within community settings.

Despite some initial concerns about the quality of evaluations of the effectiveness of CoSA as a method of reducing sexual reoffending (Elliott & Zajac, 2015), a recent randomised controlled trial of CoSA based in Minnesota suggested that if an individual with convictions for sexual offences became involved in CoSA, their risk of re-arrest reduced by 88% (Duwe, 2018). In addition to this, every $1 spent on CoSA programmes was associated with a wider budget saving of $3.88, indicating a positive cost-to-benefit ratio in relation to government expenditure and criminal justice outcomes.

The Buddhist Perspective: Mindfulness, Compassion, and Acceptance

Several tenets of Buddhist psychology have become embedded into mainstream psychotherapeutic approaches (Tirch, Silberstein, & Kolts, 2016)—particularly those centred on acceptance and compassion. Perhaps the foremost of these are mindfulness-based practices. Mindfulness is a method of mental training from Buddhism, which involves present moment attention and accepting awareness in the service of liberation from suffering, described most notably as 'paying attention in a particular way: on purpose, in the present moment and non-judgmentally' (Kabat-Zinn, 1994, p. 4). It has gained significant prominence, becoming well known as a self-help approach to mental well-being, with specific therapeutic approaches now existing such as mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1982) and mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002). It is also recommended as an evidence-based treatment for depression (National Institute

for Clinical Excellence, NICE, 2011). Mindfulness features in many other evidence-based therapeutic approaches including cognitive behavioural therapy (CBT; Tirch et al., 2016), acceptance and commitment therapy (ACT; Hayes, Strosahl & Wilson, 2012), dialectical behaviour therapy (DBT; Linehan, 1993), and compassion-focused therapy (CFT; Gilbert & Choden, 2015), but has gained such a foothold due to its focus on developing attentional skills and teaching cognitive competency necessary for alleviating psychological suffering (Fjorback, Arendt, Fink, & Walach, 2011).

A less well-known Buddhist tenant featuring in psychotherapy is compassion. The Dalia lama defines compassion as 'a sensitivity to the suffering of self and others, with a deep commitment to try to relieve it' (Gilbert, 2010, p. 3). A central focus of Buddhism is the practice of compassion and kindness, as necessary to contend with human suffering. Different traditions of Buddhism seem to converge on the ideals of mindfulness, altruism, and acceptance as aims to facilitate this. Compassion-focused therapy (CFT) is a form of CBT that draws on evolutionary, social, developmental, and Buddhist psychology. CFT was borne out of the work of Paul Gilbert (1992, 2010) who observed that some clients were not responsive to CBT for depression. What set them apart was the presence of strong self-critical inner voices imbued with shame. He recognised that such shame-based self-criticism was harmful to recovery attempts and set about developing a therapeutic approach that would address this, built around cultivating compassion. Compassion is not an emotion but a motivation to act to relieve suffering. As such, one must turn towards suffering so that one may alleviate it. This requires strength and courage rather than a passive acceptance.

Such therapeutic approaches which draw on Buddhist psychology are witnessing a gradual move towards forensic populations (Amrod & Hayes, 2014; Gilbert, 2017; Kolts & Gilbert, 2018). Shonin, Van Gordon, Slade, and Griffiths (2013) undertook a systematic review of Buddhist-derived interventions in correctional settings. Although they included only eight studies in this review, they suggested that mindfulness showed improvement in five criminogenic factors: 'negative affective', 'substance use and related attitudes', 'anger and hostility', 'relaxation capacity', and 'self-esteem and optimism'. Walton and Hocken (2019) make a convincing

case for the application of acceptance and compassion-based methods as promising therapeutic approaches for paraphilia, and they are not alone. Early advocates of acceptance-based methods for sexual offending interventions suggest acceptance of negative emotions may help to reduce rates of Internet-facilitated sexual offending (Quayle, Vaughan, & Taylor, 2006). Later, Gillespie, Mitchell, Fisher, and Beech (2012) hypothesised that mindfulness might be helpful for individuals with sexual convictions because it involves slow deep breathing which deactivates the sympathetic nervous system, effective for emotional regulation, a recognised risk factor for sexual offending (Mann, Hanson, & Thornton, 2010). Indeed, mindfulness now features as a core therapeutic technique within Her Majesty's Prison and Probation Service (HMPPS) interventions for this population (Walton, Ramsay, Cunningham, & Henfrey, 2017).

There is very limited support for the use of mindfulness as a method to help individuals with sexual convictions control offence-related sexual thoughts (Singh et al., 2011). However, mindfulness has been tested more extensively with young people who have demonstrated sexual abusive behaviour. Apsche et al. (2005) conducted a randomised control trial to compare a therapeutic approach which uses mindfulness to teach acceptance skills (Mode Deactivation Therapy, MDT) against other therapeutic methods. They report that the MDT group were the only ones to show a significant reduction in sexual aggression, which persisted at two year follow up (Apsche, Bass, & Ziv, 2006). Later meta-analyses show MDT for youth with sexually harmful behaviour had large effect sizes for reducing problematic sexual behaviour (e.g. Apsche, Bass, & DiMeo, 2011). Jennings, Apsche, Blossom, and Bayles (2013) tentatively suggest that mindfulness should be a primary therapeutic modality in effective interventions for youth who sexually harm, because it allows individuals to notice and accept and therefore overcome problematic thinking.

Other therapeutic methods are emerging as potentially helpful for managing sexual behaviour. For example, acceptance and commitment therapy (ACT) has been shown to be helpful in reducing problematic pornography use (Crosby & Twohig, 2016), and CFT and ACT are being utilised as therapeutic methods for interventions to prevent first time sexual offending (Hocken, 2018). The role of acceptance is an under-explored process for responding to offence-related sexual thoughts and urges. Thought

stopping and suppression have been tried as a means of treating offence-related sexual interests (Shingler, 2009). However, thought suppression is paradoxically more likely to increase the targeted thought and to contribute to obsessive intrusive thought patterns (Wegner, Schneider, Carter, & White, 1987). Suppression has also been associated with greater levels of shame and guilt about unwanted sexual interests among those attracted to children (Harper, Lievesley, & Elliott, 2018). Acceptance may allow individuals to accept and live with long-standing sexual interests and behave functionally despite them, providing hope for those who feel their interests are unchangeable. This represents a paradigm shift in conventional thinking about successful intervention for sexual offending, which currently has the imperative of reducing or extinguishing the psychological characteristics associated with risk.

All of the above Buddhist-derived interventions must be considered at best experimental in their application to interventions for people with convictions for sexual offences, since acceptance and compassion approaches have, as yet, no evidence base as therapeutic methods for reducing sexual offending. However, they represent hopeful possibilities that should be further explored.

The Islamic Perspective: Interpreting Religious Texts

In order to actualise the therapeutic aspects of Islam, a multi-disciplinary approach is utilised in a specially designed intervention called the Islamic Guidance Programme (IGP; Awan, 2014). IGP utilises specific tools to measure the impact of Islamic teachings on the behaviour and thoughts of the participants who are involved in the intervention. This requires, first of all, a conviction in faith on the parts of participants, in addition to an ability to review theological spiritual grounds in order to explore how faith can help in controlling offending behaviour. It involves having the confidence to challenge some of the prevailing outdated irrelevant traditional customs by utilising a critical-theological approach. This may be specifically relevant within the context of sexual offending, with Islamic (as well as other traditional religious teachings) being (mis)interpretable

as advocating patriarchal attitudes towards women (Carter, 2014). For example, while there are passages in Islamic doctrine that preach gender equality (e.g. 'If any do deeds of righteousness be they male or female and have faith, they will enter Heaven, and not the least injustice will be done to them'; Quran 4: 124), there are others that express views that relate to ambivalent sexism theory (Glick & Fiske, 1996; e.g. 'men are the protectors and maintainers of women'; Quran 4: 34). These types of attitudes and values have, in turn, been associated with forms of sexual and intimate partner violence (e.g. Zapata-Calvente, Moya, Bohner, & Megías, 2019).

Although initially developed for the treatment of ideological and religious extremism in Muslims, its central tenets can also be adapted to address other forms of offending behaviour, including sexual offending, by members of other faith groups. As there is a current lack of available research about the programme's applicability for use with people with sexual convictions, the IGP's initial usage as a method for deradicalizing those convicted of extremism offences is discussed in this section.

There are three fundamental aspects to the IGP: an empirical phase, a theological phase, and an educational phase.

The Empirical Phase of IGP

The empirical approach adopted during the development of the IGP involves the collection of data using Muslim Subjectivity Identifying Procedures (MSIP). MSIP involves the completion of an open-ended interview, along with a 'self-insight sketch' (see Kelly, 1955) and a 70-item Attitudes to Islam scale (modelled on a measure of attitudes to Christianity; Francis, 1978).

Five fundamental aspects of Islam are probed: creed, social life, morality, rituals, and insight regarding the objectives or purpose of a ritual. MSIP helps in understanding Muslim prisoners' commitment with their faith in order to guide them on how this aspect of their personality can be used positively during the process of rehabilitation. The potential commitment and positive attitude can then be channelled to improve positive lifestyle.

It can also help in comprehending the overlap of cultural and religious issues associated with criminality among Muslim prisoners.

The Theological Phase of IGP

The theological aspect of the IGP selects appropriate texts and Islamic spiritual texts to address the characteristics of religiously motivated offending behaviour that is highlighted at the empirical phase. This aspect offers a theological analysis and a critique of some of the doctrines transmitted by peers and adopted uncritically by prisoners. A *spiritually embedded critical-theoretical approach* (SCTA) is adopted as a critical tool to compare cultural and religious issues and encourage a mature understanding of faith. SCTA can also be used to analyse the tenet of extreme ideology within a select group of Muslims by reviewing the religious texts, topics, and strategies that are (mis)used to fortify a self-justified and objective-based radical mode of religiosity.

The critical-theological aspect of SCTA consists of four essential steps:

1. Distinction (*tamayyuz*) involves conducting a comparative review of similar norms, concepts, or beliefs in order to help prisoners to understand and highlight the non-conformity of some of the static views of widely accepted interpretations of Islam;
2. Determination (*ta'ayyun*) involves understanding the situations and circumstances in which a specific idea, approach, or theory may be valid. This helps prisoners to contextualise their beliefs and allows them to share and discuss some specific and generic situational information that needs to be considered before making a moral commitment to following a specific mode of action;
3. Implications (*tazammun*) is the stage of SCTA wherein the key factors involved in the construction of an idea, theory, or ideology are reviewed;
4. Limits of validity (*tahaddud*) are the critical-analytical phase of SCTA, where the limits of religious ideas, concepts, or theories are highlighted.

SCTA can be used to highlight the ways in which religiously inspired radical ideology contradicts the essential teachings of Islam, as well as its

incompatibility with its widely accepted classical/traditional interpretations. It can also be used as an educational tool in improving the extent to which prisoners explore their religiosity, by encouraging deeper levels of interaction with a religious text or its contextualisation during the learning process.

Engagement and responsivity are achieved using a mutual-respect-based trust-building technique during SCTA. It is vital that while reviewing any given tenet, only the most fundamental resources of Islam (i.e. the Quran and the Sunnah) are referred to. This means the topic of reflection should be the original religious text and not its interpretations. Similarly, it is important that a mutual understanding between tutor and participants in the IGP is achieved. In order to maintain responsivity in relation to religious identity, prisoners in the programme are always made aware that learning in a general sense was a means to achieve a specific end (i.e. rehabilitation and personal growth), and that Islamic education in particular is considered a means to attain God's good pleasure—the core objective of a Muslim's life (Quran 9: 72).

The Educational Phase of IGP

The SCTA is used during the process of rehabilitation to improve mature understanding of Islam. This process can help participants to interact with a religious text or norm in order to comprehend rehabilitative therapeutic aspects of Islam. The same can be used to rebut faith-based radical extreme ideology and other forms of offending behaviour.

Having gone through the gradual steps highlighted above, the participants were able to understand that following the (divine, spiritual) Islamic moral framework strengthened their potential nature and brought it to greater realisation, in order to discipline their active nature (i.e. their behaviour). The IGP reaffirms four Islamic values (repentance, consciousness of God, patience, and moral excellence). The programme has helped prisoners to understand that these norms are considered as Islamic moral standards to be considered whilst thinking, acting, and reacting to specific situations at both individual, interpersonal, and spiritual levels—both in

Muslim and non-Muslim societies (Awan, 2014). These religious responsibilities can be used as a self-assessment tool to review self-moral development level. The reflective and interactive techniques used within the IGP help in building a mutually respectful, trust-based relationship between the tutor and the participants and should be considered as a gradual process of rehabilitation before and during the implementation of SCTA.

Conclusions

This chapter has sought to treat religion as a responsivity factor within the treatment process for individuals convicted of sexual offences. That is, by incorporating this aspect of identity into the treatment process, it is possible to better engage individuals of faith who have committed sexual offences in the formal rehabilitation process.

As indicated in the respective sections above, these philosophies can be embedded at various stages and in various forms throughout treatment. For example, if it is thought that offending behaviour may be the result of a misinterpretation of scripture, then such critical readings as those involved in the IGP could be considered at the *content* level. Similarly, if engagement with sex offender treatment programmes is problematic for some prisoners, then engaging in mindfulness or acceptance-based approaches might be useful as a novel treatment *modality*. Finally, as seen in the CoSA approach, it is possible to incorporate religiously informed practices into treatment in *contexts* other than prison settings.

In conclusion, including religious underpinnings in the treatment of those convicted of sexual crime has the potential to better engage individuals with sexual convictions in the rehabilitation process and makes these programmes more responsive to their needs and identities. This has been shown to improve the effectiveness of treatment programmes with this population and as such has the potential to reduce rates of sexual reoffending upon this group's release from custody.

References

Amrod, J., & Hayes, S. C. (2014). ACT for the incarcerated. In R. Tafrate & D. Mitchell (Eds.), *Forensic CBT: A handbook for clinical practice* (pp. 43–65). New York, NY: Wiley-Blackwell.

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17,* 19–52.

Andrews, D. A., Bonta, J., & Wormith, J. S. (2011). The risk-need-responsivity (RNR) model: Does adding the good lives model contribute to effective crime prevention? *Criminal Justice and Behavior, 38,* 735–755.

Apsche, J., Bass, C., & DiMeo, L. (2011). Mode Deactivation Therapy (MDT): Comprehensive meta-analysis. *International Journal of Behavioral Consultation and Therapy, 7,* 47–54.

Apsche, J., Bass, C., Jennings, J., Murphy, C., Hunter, J., & Siv, A. (2005). Empirical comparison of three treatments for adolescent males with physical and sexual aggression: Mode Deactivation Therapy, cognitive behavioral therapy, and social skills training. *International Journal of Behavioral Consultation and Therapy, 1,* 328–349.

Apsche, J., Bass, C., & Ziv, A. (2006). Summary of Mode Deactivation Therapy, cognitive behavioral therapy, and social skills training with two year post treatment results. *International Journal of Behavioral Consultation and Therapy, 2,* 29–44.

Ashthorpe, M. (2008). *HTV circles six years of safer communities six year report April 2002 to March 2008.* London: Quaker Communications London.

Awan, T. M. (2014). *An Islamic approach to rehabilitation of Muslim prisoners: An empirical case study.* Lahore, Pakistan: Sang-e-Meel Publications.

Barrett, D. V. (2001). *The new believers: Sects, "cults" and alternative religions: A world survey and sourcebook.* London: Cassell.

Beech, A. R., & Hamilton-Giachritsis, C. E. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual Abuse, 17,* 127–140.

Bell, K., Winder, B., & Blagden, N. (2018). 'Better as a Buddhist': An interpretative phenomenological analysis of the reflections on the religious beliefs of Buddhist men serving a prison sentence for a sexual offence. *Religions, 9,* 101.

Braithwaite, J. (1989). *Crime, shame and reintegration.* Cambridge: Cambridge University Press.

Carter, J. (2014). *A call to action: religion, women, violence and power*. New York, NY: Simon & Schuster.

Christie, N. (1977). Conflicts as property. *British Journal of Criminology, 17,* 1–15.

Cicirelli, V. (2004). God as the ultimate attachment figure for older adults. *Attachment & Human Development, 6,* 371–388.

Crosby, J., & Twohig, M. P. (2016). Acceptance and commitment therapy for problematic internet pornography use: A randomized trial. *Behavior Therapy, 47,* 355–366.

Duwe, G. (2018). Can circles of support and accountability (CoSA) significantly reduce sexual recidivism? Results from a randomized controlled trial in Minnesota. *Journal of Experimental Criminology, 14,* 463–484.

Elliott, I. A., & Zajac, G. (2015). The implementation of circles of support and accountability in the United States. *Aggression and Violent Behavior, 25,* 113–123.

Fjorback, L. O., Arendt, E. O., Fink, P., & Walach, H. (2011). Mindfulness-based stress reduction and mindfulness-based cognitive therapy systematic review of randomised controlled trials. *Acta Psychiatrica Scandinivica, 124,* 102–119.

Francis, L. J. (1978). Attitude and longitude: A study in measurement. *Character Potential, 8,* 119–130.

Gannon, T. A., Olver, M. E., Mallion, J. S., & James, M. (2019). *Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness.* Manuscript submitted for publication.

Gannon, T. A., & Ward, T. (2014). Where has all the psychology gone? A critical review of evidence-based psychological practice in correctional settings. *Aggression and Violent Behavior, 19,* 435–446.

Gilbert, P. (1992). *Depression: The evolution of powerlessness*. Hove: Lawrence Erlbaum Associates.

Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. London: Routledge.

Gilbert, P. (2017). Exploring compassion focused therapy in forensic settings: An evolutionary and social-contextual approach. In J. Davies & C. Nagi (Eds.), *Individual psychological therapies in forensic settings* (pp. 59–84). London: Routledge.

Gilbert, P., & Choden. (2015). *Mindful compassion*. London: Robinson.

Gillespie, S. M., Mitchell, I. J., Fisher, D., & Beech, A. R. (2012). Treating disturbed emotional regulation in sexual offenders: The potential applications

of mindful self-regulation and controlled breathing techniques. *Aggression and Violent Behavior, 17,* 333–343.

Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology, 70,* 491–512.

Göbbels, S., Ward, T., & Willis, G. (2012). An integrative theory of desistance from sex offending. *Aggression and Violent Behavior, 17,* 453–462.

Greenberg, J., Pyszczynski,T., Solomon, S., Rosenblatt, A.,Veeder, M., Kirkland, S., & Lyon, D. (1990). Evidence for terror management theory II: The effects of mortality salience on reactions to those who threaten or bolster the cultural worldview. *Journal of Personality and Social Psychology, 58,* 308–318.

Haidt, J. (2013). *The righteous mind: Why good people are divided by politics and religion.* London: Penguin.

Hanvey, S., Philpot, T., & Wilson, C. (2011). *A community-based approach to the reduction of sexual reoffending: Circles of support and accountability.* London: Kingsley.

Harper, C. A., Hogue, T. E., & Bartels, R. M. (2017). Attitudes towards sexual offenders: What do we know, and why are they important? *Aggression and Violent Behavior, 34,* 201–213.

Harper, C. A., Lievesley, R., & Elliott, H. (2018). *The internalisation of social stigma among people with a sexual interest in minors.* Manuscript submitted for publication.

Harper, C. A., Perkins, C., & Johnson, D. (2019). Psychological factors influencing religious congregation members' reporting of alleged sexual abuse. *Journal of Sexual Aggression.* Manuscript in press.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York, NY: Guilford Press.

Hocken, K. (2018). Safer Living Foundation: The Aurora Project. In R. Lievesley, K. Hocken, H. Elliott, B. Winder, N. Blagden, & P. Banyard (Eds.), *Sexual crime and prevention* (pp. 83–110). London: Palgrave Macmillan.

Jennings, J. L., Apsche, J. A., Blossom, P., & Bayles, C. (2013). Using mindfulness in the treatment of adolescent sexual abusers: Contributing common factor or a primary modality? *International Journal of Behavioral Consultation and Therapy, 8,* 3–4.

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry, 4,* 33–47.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.

Kelly, G. (1955). *Personal construct theory*. New York, NY: Norton.

Kewley, S., Beech, A. R., & Harkins, L. (2015). Examining the role of faith community groups with sexual offenders: A systematic review. *Aggression and Violent Behavior, 25,* 142–149.

Kolts, R., & Gilbert, P. (2018). Understanding and using compassion focused therapy in forensic settings. In A. R. Beech, A. J. Carter, R. E. Mann, & P. Rotshtein (Eds.), *Handbook of forensic neuroscience* (pp. 725–754). Hove: Wiley-Blackwell.

Linehan, M. (1993). *Skills training manual for treating borderline personality disorder*. New York, NY: Guilford Press.

Mann, R. E., Hanson, K. R., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse, 22,* 191–217.

Maslow, A. H. (1954). *Motivation and personality*. New York, NY: Harper & Row.

Maslow, A. H. (1964). Further notes on the psychology of being. *Journal of Humanistic Psychology, 4,* 45–58.

McNeill, F. (2012). *Circles South East ten years one hundred circles community safety—What can be done. Ten year report April 2002 to March 2012.* London: Quaker Communications London.

Mews, A., Di Bella, L., & Purver, M. (2017). *Impact evaluation of the prison-based Core Sex offender treatment programme*. London: Ministry of Justice.

Micklethwaite, D., & Winder, B. (2019). Religion and prison. In D. Leeming (Ed.), *Encyclopedia of psychology and religion* (pp. 1–5). Heidelberg, Germany: Springer.

Minto, K., Hornsey, M. J., Gillespie, N., Healy, K., & Jetten, J. (2016). A social identity approach to understanding responses to child sexual abuse allegations. *PLoS One, 11,* e0153205.

National Institute for Health and Clinical Excellence. (2011). *Common mental health problems: Common mental health problems: Identification and path identification and pathways to care.* Retrieved from https://www.nice.org.uk/guidance/cg123.

Quaker Peace and Social Witness. (2005). *Circles of support and accountability in the Thames Valley: The first three years—April 2002 to March 2005*. London: Quaker Communications London.

Quayle, E., Vaughan, M., & Taylor, M. (2006). Sex offenders, Internet child abuse images and emotional avoidance: The importance of values. *Aggression and Violent Behavior, 11,* 1–11.

Schmucker, M., & Lösel, F. (2015). The effects of sexual offender treatment on recidivism: An international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology, 11,* 597–630.

Segal, Z. V., Williams, J. M., & Teasdale, J. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. London: Guildford Press.

Shingler, J. (2009). Managing intrusive risky thoughts: What works? *Journal of Sexual Aggression, 15,* 39–53.

Shonin, E. S., Van Gordon, W., Slade, K., & Griffiths, M. D. (2013). Mindfulness and other Buddhist-derived interventions in correctional settings: A systematic review. *Aggression and Violent Behavior, 18,* 365–372.

Singh, N. N., Lancioni, G. E., Winton, A. S. W., Singh, A. N., Adkins, A. D., & Singh, J. (2011). Can adult offenders with intellectual disabilities use mindfulness-based procedures to control their deviant sexual arousal? *Psychology, Crime and Law, 17,* 165–179.

Tirch, D., Silberstein, L. R., & Kolts, R. (2016). *Buddhist psychology and cognitive behavioral therapy: A clinicians guide*. New York, NY: Guilford Press.

Walton, J. S., & Hocken, K. (2019). *Compassion and acceptance as interventions for paraphilic disorders and sexual offending behaviour*. Retrieved from https://www.researchgate.net/publication/325746252_Compassion_and_Acceptance_as_Interventions_for_Paraphilic_Disorders_and_Sexual_Offending_Behaviour.

Walton, J. S., Ramsay, L., Cunningham, C., & Henfrey, S. (2017). New directions: Integrating a biopsychosocial approach in the design and delivery of programs for high risk services users in Her Majesty's Prison and Probation Service. *Advancing Corrections, 3,* 21–47.

Ward, T. (2002). Good lives and the rehabilitation of sexual offenders: Promises and problems. *Aggression and Violent Behavior, 7,* 513–528.

Ward, T., & Brown, M. (2004). The good lives model and conceptual issues in offender rehabilitation. *Psychology, Crime, & Law, 10,* 243–257.

Ward, T., Mann, R. E., & Gannon, T. A. (2007). The good lives model of offender rehabilitation: Clinical implications. *Aggression and Violent Behavior, 12,* 87–107.

Wegner, D. M., Schneider, D. J., Carter, S. R., & White, T. L. (1987). Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology, 53,* 5–13.

Willis, G. M., Levenson, J. S., & Ward, T. (2010). Desistance and attitudes towards sex offenders: Facilitation or hindrance? *Journal of Family Violence, 25,* 545–556.

Winder, B., Blagden, N., & Lievesley, R. (2018). "Because you've got faith it doesn't mean that you've got wings on your back": A qualitative analysis of the accounts of Christian prisoners serving time for a sexual offence. *Journal of Sexual Aggression, 24* (2), 240–256.

Zapata-Calvente, A. L., Moya, M., Bohner, G., & Megías, J. L. (2019). Automatic associations and conscious attitudes predict different aspects of men's intimate partner violence and sexual harassment proclivities. *Sex Roles.* Advance online publication.

7

The Voice of the Service User: Experiences of Religion and Desistance

Authored by the Service Users

Introduction

Religion has been proposed as an informal facilitator of desistance, for example, see this chapter of this volume. The exact mechanisms for this are yet to be fully established, but some of the theories explored within this book point to the human needs faith meets for some, such as attachment, relatedness and belonging (Winder, Blagden, & Lievesley, 2018), needs thought relevant to desistance according to the Good Lives Model (Ward, 2002). Religion then may be a provider of these needs, as well as a facilitator of contextual change (having someone to care, being held in the mind of the 'other') which in turn improves capacities for individuals to meet their own needs. In understanding these mechanisms, the experiences of people convicted of sexual offences are critical information sources. In this chapter, four men convicted of sexual offences talk in their own words about their experiences of faith and its influence in relation to their

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rehabilitation. Their perspectives cover Catholicism, Judaism, Baha I Faith and Quaker. These powerful rich accounts reflect varied experiences and different journeys, highlighting the individual experience that religion has for those who have committed sexual offences. The accounts reflect courage, self-scrutiny and honesty.

Catholicism—Alistair

Before I start, just a brief history regarding how I was brought up as a Roman Catholic. In 1934, my paternal grandmother, who was a German Jew, escaped from Berlin because of her religion, and the difficulties the Jewish people in Germany and other parts of Europe at this time (Pogroms). She alone (the rest of her family totalling about 120 individuals of all ages perished in the gas chambers in Poland's concentration camp) made her way to Ireland where she met my grandfather who was Catholic, and they married in the 1930s and had twelve children including my father. My grandmother never returned to Germany and she took up the Catholic faith.

I was born in the 1960s, and within days, myself and my twin brother were baptised into the Roman Catholic faith. Both my parents were alcoholics, and because of this problem, and having to cope with and look after eight children at the time, myself and my twin brother, at the age of just nine months old, were placed into the care system and sent to live at an orphanage run by nuns and priests. At aged 13, we met our mother for the first time, and at aged 43, we met our father for the first time.

When I was born, about 95% of Catholics in Ireland attended church every Sunday and this was the norm at the orphanage. The earliest I can recall regarding my religion was at about five and soon after I started school. Our religion was rammed down our throats 24/7, all 250 children marching to church several times a week and behold any one of us who didn't attend church, they (and me on many occasions) were given the trashing of their lives by the nuns and priests. When I was aged seven, I made my first Holy Communion and soon after I was made by the nuns to become an altar-boy and because I was good at singing I was made to join the church and school choir and remained so in both for the next seven

years. Because I was an altar-boy and in the choir I had to attend church services three times a day, 6 a.m., 07:30 a.m. and 7 p.m. On weekends, I had to attend four times a day also, weddings, funerals and baptisms. I liked doing these last three services because we got paid for doing them, about 50p a service which was a lot of money for a seven-year-old boy in the 60s.

To be honest, I wasn't a religious boy, I only went along with it because if I hadn't I would have been severely punished by the nuns and priests, and on many occasions, I was punished because I bunked off church services or choir. Another reason why as a young boy/teenager I didn't get any comfort from my religion, and I am not going to go through it in detail, was because I was severely sexually, physically and emotionally abused by these nuns, priests and lay people, and this abuse started at age six through to aged sixteen. It only stopped after we left care in both Ireland and England. From age 16, I didn't attend church for the next 20 years (except for weddings, funerals and baptisms). I saw the Catholic Church as a danger for me, nothing but hurt, anger and sadness, my childhood taken from me, opportunities lost and major difficulties and problems in my adult life and in part because of what the Catholic Church did to me as a young boy. Sexual abuse was imbedded in me as a young boy by these priests and nuns, and unfortunately, this was committed by myself in adulthood on boys. So the Catholic Church did me no favours or gave me no constructive guidance for the first 34 years of my life but I am pleased to say this changed between 1994 and 2018, and my religion/faith is a positive part of my life now and (hopefully) when I leave prison.

In 1994, I was engaged to be married, I wanted to start a family at some point, so when my future wife and I were informed that we were expecting twins, my past faith/religion kicked in. Before our daughters were born I wanted to be married as dictated by the Catholic faith, so we got married and our daughters were born. Within two weeks, and with the support of my wife who was Church of England, our daughters were baptised as Catholics which made us very proud (regardless of my childhood). Over the next seven years, we would attend church, but it wasn't an important part of our lives due to the fact that both our children were disabled as was my wife, so practising my faith was not a priority for me, also I still had issues trusting the Catholic Church, nuns and priests, coming to terms

with what happened to me as a child in both Ireland and England. I was still an angry person due to my past but even more so when my children were born disabled, and seven years later my wife died from cancer. I was blaming God for all my woes, worries and issues, I had to blame somebody, but this did not help me in any way.

After my wife died, I and my children continued to attend the Catholic Church, and I enrolled them both in Catholic schools, but I would never force them to attend church services or religious education. In 2003 and aged 8 years old, both daughters made their first Holy Communion, and I was so very proud (I just wished my wife was alive to see them at this point in their lives). For the next four years, we continued to attend church now and then but still not a big or important part of our daily lives. My world then came crashing down on me when in 2007 I was sent to prison for very serious sexual offences against boys. When I arrived in the prison reception, one of the questions that were asked of me was; what was my religion? And I confirmed Catholic. I wasn't interested in my faith at that moment in time, I was so angry, so depressed, away from my children for the first time ever, I just felt like ending it all, and to be honest, if it wasn't for social services agreeing that I should have full contact with my children, there was a very good chance of me ending my life at that point. My children were aged 11 when I came into prison and with support of social services, and within two weeks of my arriving in prison I was receiving visits from them and every two weeks until they reached aged 18 and still aged 23 I have visits and contact with them.

When I first arrived in prison, the prison Catholic priest tried to come and visit me in my room on many occasions but I refused to see him. At that time, I was so angry with the Church, priests and nuns and I was blaming them for me being in prison, for what happened to me as a child and for what I did to my victims. How could I seriously practise my faith after what I did? I was punishing myself and I had no faith in anything at that time in my life, this was all to change for the better in a short space of time and I am so glad it did change for me.

For the first four months in prison, the Catholic priest continued to visit me, but I continued to reject their contact with me. It wasn't until I started my offending behaviour programmes and my counselling that for the first time in my life I was able to talk about my abusive childhood.

With the priest's persistence in trying to talk to me, I threw in the towel and realised that not every priest is a threat and this priest did no harm to me, and there was no point in blaming him or others for my past and my present situation.

I still had my faith but kept it private to me only, and for the first few months, the priest visited me in my room as I wasn't ready to attend church services. Over time, I trusted the priest more and had respect for what he was trying to do for me regarding my childhood, and my faith, which grew stronger and stronger under the guidance of this priest (and visiting nuns) and after a few months I attended my first full Catholic service in over 20 years. For the next 18 months, I continued to attend church, my one-to-one spiritual guidance with the priest and this continued until I moved to prison.

Again, when I arrived in reception the same question was asked of me, what was my religion, again I confirmed I was Roman Catholic and the following morning the prison Catholic Deacon came to see me, I wasn't going to reject him even though I was apprehensive. He made me feel at ease and I remember we talked for a good half hour and we would continue to meet up for spiritual guidance and other matters right up to today. At that time, I had no idea how much I was going to depend on the Deacon's spirit and emotional support because over the next few years I lost some very close members of family. With the support of the Deacon and the Chaplaincy department, I was able to be involved in the arrangements for both my father's and older very close brother's funerals, including being able to listen to the funeral services by prison phone on my twin brothers mobile and which was such a comfort to me.

I am now fully involved in the Chaplaincy department in prison and am a member of the choir for all religious services. I do this for my own peace of mind, because I enjoy doing so, singing is a massive coping strategy for me and I refuse to let my past childhood experiences get in the way of my progress. Do I believe in God? The answer is yes, but I am not going to pretend that life on the outside is going to be easy and it is not God who is going to prevent me from reoffending again, that is down to me. I would like to think that I can use the Catholic Church out in the community as part of my supervised support network because the support I have received from the prison Chaplaincy has been a massive turning point for me. I

was so pleased when the Deacon arranged a private audience for me with the new Bishop of the local city which I found very uplifting spiritually and emotionally.

The biggest breaking point for me over the past few years, and which has been a burden in my life and progression, is for the first time I can say 'I FORGIVE ALL MY ABUSERS'. Since then I haven't had to think or dream about what they did to me, they can take ownership for their behaviours towards me knowing that I forgive them and I can get on with my life.

So, there you have it, YES my faith means a lot to me, brings me comfort in all sorts of situations, a place I can turn to for guidance and support, pray when I need to, my faith is and will be a big part of my future and I will not be afraid to turn to the church (and other professionals) for support whenever I may need it, and I am sure I will.

Judaism—Simon

The theme of teshuva, or repentance, is central to the annual festival of the religious New Year, or Rosh Hashanah. This ten-day celebration ends with a full-day fast, something that I have observed almost every year since my religious coming of age or bar mitzvah when aged 13. On Yom Kippur or the Day of Atonement, one of the central themes, repeated through a day of prayer and reflection, is teshuva.

Armed with that modest piece of Jewish ritual, the reader can better understand this tale of rabbi, community and someone with a sexual conviction in South Africa. There the individual convicted is held to account, having offended against children in his teaching position. The Jewish community asks 'Can't the offender be allowed to do teshuva?'. The congregation assumes that he will have done this and be welcomed back into the community, fully reintegrated. From a personal perspective, this is a little idealistic, however teshuva as mandated by Jewish law follows a clear process. It requires the individual to:

- Acknowledge their wrong and its specific details,
- Feel remorse,

- Confess publicly,
- Ask for forgiveness from the victim,
- Make restitution to the extent that it is possible,
- Refrain from committing the wrongful act the next time the opportunity arises.

This is not easy, especially when it involves deeply-rooted, recurring behaviour. I recognise the difficulty of making such a change after conviction, as two of my fellow inmates were recently recalled to prison. It highlights the need for genuine rigour through safeguarding. Those convicted must genuinely change to retrieve their status of being in good standing in the community. Being punished by civil authorities is not sufficient and the essential requirements of teshuva remain. The point is not just about punishment but also about justice and deterrence.

This detailed process is logical and makes sense to me, it could occasionally happen in practice. However, I observe here that emotion often drives collective thinking and action, leaving logic trailing. The very principal of an offence, regardless of what actually happened, may be too abhorrent for a congregation. For me, this was compounded by estrangement from my family, leaving me with no obvious local home. A mix of probation and police pressures then restricted my accommodation search so severely that I was eventually forced to move far from my home area, becoming detached from my religious community in the process.

Such limited support from my synagogue as I enjoyed was then diluted by distance and faded. My previously integral role within synagogue community life was entirely blotted out by my offence. I recall one Yom Kippur prayer that specifically asks for this not to be inflicted on a sinner, with almost those words. With a couple of exceptions, no one wished to stay in touch, still less propose reintegration. Infrequent LinkedIn account interactions with community members were short and cursory, whilst the police informed me that my other remote access option, a drifting, rudderless Facebook account, was permanently off-limits. It did not help that my rabbi had been seriously ill for he would have organised my supervised return, had I been local. Instead, I feel airbrushed from collective synagogue memory.

My rabbi instead recommended that I joined the community nearest to my new home. After much hesitation, I approached the synagogue and enjoyed a kindly enough introductory meeting with the rabbi, probation and safeguarding officers. However, almost a year later, the small community still seemed overwhelmed by the need for a safeguarding environment. After the initial meeting and a warning from the safeguarding officer to wait, I have to be patient.

I feel that such a safeguarding edict, however, vital and well-intended places me as the convicted individual in a spotlight. Despite claims of confidentiality, I am nervous that the friendly and inclusive culture typical of synagogue communities could transform in an instant into one of suspicion and hostility. It happened with my family and in prison, so why would the Jewish community be different? I lacked confidence in my rabbi's view that safeguarding merely 'required a bit of supervision'. This is more complex than the steps to teshuva outlined above. Of course, the entire problem might be only in my mind. However, my professional skills rely on soft skills, change work, the sensory and intuition, all designed to place me on my guard in such unfamiliar territory. I can feel animosity, deeply and from a distance.

Here is another case study where a London a man was jailed for three years in 2013 for sexual assault on a teenager. He later donated a sacred Torah to his community to atone. According to Dr. Shira Berkovits (2018), director of Sacred Spaces, a cross-denominational initiative to create systemic solutions to abuse in Jewish institutions: 'Humans cannot know what is in another's heart, but we can look for signs that the teshuva is insincere, incomplete or being used as a manipulative tool to gain sympathy or access'. I note the following about this self-confident but convicted individual who:

- Never acknowledged repeated sexual assault of a young girl from the age of 14 to 20;
- Denied all responsibility for his misdeeds, claiming it was consensual;
- Did not confess publicly;
- Did not ask the victim for forgiveness;

- Was extremely reluctant to make restitution, only offering small amounts after intense pressure;
- Did not show any signs of remorse, denying any wrongdoing.

Unlike me, this individual was bold and brash, most likely with some wealth. He expected to return to his community and resume life there, able to brush aside the hostility that awaited him. From my web investigation it seems his donation of a Torah (containing the five books of Moses in Hebrew) was so controversial, it was widely reported throughout the Jewish UK media. Perhaps this is an extreme case, but it shows the difficulty of getting the teshuva process correct. Maybe the rabbi involved misjudged the situation, perhaps he was flattered and impressed by this special donation. Such sacred scrolls or Torah are often heritage pieces. Many were rescued from the Holocaust, so now are irreplaceable and difficult to value. The community should know that this could be the technique of someone convicted and in denial or maybe a recidivist.

By failing to follow the clearly stipulated steps to teshuva, this man was undeserving of re-acceptance. The donation of a valuable Torah was manipulative and should not have been welcomed. The donor was similar to others I encountered in prison. Whilst appearing to comply with treatment, the real views and behaviours of such individuals were hard to know. For me, the most important part of the voluntary treatment programmes offered to prisoners was an opportunity to acknowledge my crime, whilst building the intent to modify behaviour as the root cause. This man seemed hardly touched by that process, whilst acceptance for me has formed into a rock, offering solidity from which I can rebuild.

Berkovits says 'The principles of admission and accountability articulated by the Rambam are at the core of sex offender treatment. True repentance and relapse prevention mean taking full responsibility for one's actions, which may include turning oneself into the authorities, apologising to victims and seeking qualified assistance to prevent relapse. A private apology to a clergyman or a perfunctory declaration of teshuva is insufficient. Where individuals minimise, blame the victim or justify abuse, they have not accepted responsibility. They are not on the road to recovery, for if they were, they would be the ones advocating for safeguards and support

to help ensure that they never harm again'. I feel this man had much work to do.

Whilst it is a noble quality to forgive and give second chances, especially in the light of the fundamental Jewish principle of teshuva, sexual offending is a completely different animal. In an essay, *Sexual misconduct and the question of rehabilitation and teshuva* by Nachum Klafter (2012), he noted the following characteristics of those who might be viewed as difficult to help:

- Severe arrogance and lack of regard for others;
- No remorse—often feigned, but their behaviour—for example, continuing to lie, and threatening and intimidating their victims reveals this;
- No attempt to stop their behaviour;
- Fabrication of allegations against victims;
- Threatening victims with retribution, humiliation and lawsuits to intimidate and prevent them from reporting the situation;
- Extreme self-righteousness and indignation;
- Superficially impressive;
- Pretence that they are in love with the victim and that these feelings are unique and unprecedented, whilst in reality they are abusing that person;
- Skilful avoidance of allegations and complaints of sexual misconduct through lies and aggressive tactics;
- Often there have been failed attempts at rehabilitation.

Some of those I met in prison had offended previously. Any of the above cautionary observations might have been relevant and justified, as with the donor of the Torah. Yet the number of Jews in prison is small and the proportion returned to prison is tiny, so formal analysis is difficult. And for a recidivist, I feel this makes any sort of re-integration difficult.

Yet, whilst teshuva should be available for every Jew, the community's obligation is, first and foremost, to protect its members, with the safety of loved ones being paramount. This demands strict conditions. An individual who offends against children can never be given access to children or an offending doctor to patients, an offending rabbi should not be leading

communities, and a bar mitzvah teacher or sports coach can no longer work with children.

Community measures to safeguard members are not punitive, but the necessary consequences of offending behaviour. Plans are formulated by experts and concerned parties such as psychologists, social workers, community leaders and others. It is crucial to have robust policies and procedures, but reintegrating an individual has two vital components:

- Overt compliance with the mandated identifiable steps of teshuva.
- Cooperation with the task team, within strict parameters whilst under supervision.

For me, this is fair and sums up the whole process well, as overseen by safeguarding and the rabbi. Yet in complying, which I would happily do, I feel that the essence of the informality of my own Judaism is lost. The rigid and controlled compliance framework might come to obscure the underlying Judaism, but I cannot say until I am participating within the scope of supervision. I agree that whilst it is a default mode to want to be forgiving, kind and compassionate, the primary principle guiding the Jewish community is to protect the vulnerable. The directive in the Torah to look after the victim says in *Kohelet* (Ecclesiastes): 'God seeks out the pursued'.

Personal Reflections

Focusing now on personal experience, I have suggested above that it varied from the theory as stated. Having served a prison sentence, I thought wrongly that rehabilitation is about returning to the past, taking up my old but reformed life. Instead, I am coming to terms with a new set of limits and boundaries—what is allowed for me in future. Interactions with my former world often produce a sensation rather similar to rubbing at a sore spot, producing a wound and of course, regular, harsh, outright rejection. It is best to learn the lesson and navigate around or away from the problem.

All of this suggests that my religious life may drift into the memory of a now-vanished world, mere nostalgia. With a clearer acceptance of my personal situation, this is gradually leading me to another fork and a parting of the ways on this winding road towards rehabilitation. On this journey, I am grateful for the return of my natural resilience and confidence. This enables me to embrace each change in direction, each new path and the opportunities. Any glance back over my shoulder is brief, with regret suppressed.

Safeguarding protection is vital, which as a sensitive and caring individual I understand for the community is obliged to protect. Yet I am an unknown and discredited arrival, many miles from my former home and community. How else can a synagogue respond, other than with caution about this unexpected, convicted stranger. The rabbi from my former community might encourage me, but the natural lack of preparedness and resource in a small, mostly volunteer-based organisation that is the local synagogue suggests a long wait.

The stages of teshuva, so clearly outlined above, in practice seem ill defined and potentially unavailable for me. It is unclear to me whether safeguarding as it stands today complements or contradicts. The small clear voice calling for forgiveness and reconciliation is drowned out, fading instead into mists of suspicion. I have behind me a lifetime of volunteering for the musical life of each Jewish community I joined. For the first time in my life, these skills are now unwelcome. Instead, the printed music of the Jewish liturgy gathers dust on my shelves, bringing life to no more services and celebrations.

My resilience demands that I now plan a different course, ever further away from my roots, gradually becoming less disrupted by false dawns and accidents when I impact on invisible barriers. In so doing, I learn to more fully appreciate my renewed freedoms, whilst becoming more adept in anticipating all those barriers and limitations, bloodying myself less by navigating warily around each one in turn.

The paradox might eventually be that Judaism and my Jewish roots, traditions that helped to hold me together whilst I was in prison could yet turn out to be barred and no longer available to me now that I am free again. Or perhaps I will find that there is, after all, a second chance allowed and not all of my previous good deeds have been blotted out.

Baha I Faith—Alex

I declared my faith in Baha u'llah on 4 May 1992 and so became a member of the Baha I Faith. I had been a 'seeker' for many years and had mostly been looking in quite the wrong places! I was looking for a spiritual path which I could believe in and crucially for help with a lifelong problem which I later allowed to overcome me.

The faith filled me with energy and love. The prayers and meditations proved successful in starting the transformation process and I began to notice wonderful changes inside me. One of the teachings of the Baha I Faith is to seek and follow the advice of a competent physician in addition to offering prayers and seeking God's healing. My proper course of action would have been to find a psychiatrist who could have helped me with the problems which had developed very early in life. I tried to rely on willpower and prayer alone and after four years I knew I was losing the battle with my 'dark side'. I rather burned out, stopped trying and gave up on myself. Giving up was such a terrible error and had grave consequences.

It felt as if a stun grenade had gone off in my head when I was arrested and straight away moved to prison. The experience was traumatic. I repeated one of the Baha I prayers which I could just about remember….

> Is There Any Remover of Difficulties Save God?
> Say: Praised be God! He is God! All are His servants
> And all abide by His bidding! —The Bab

I also found that repeating and reciting the 'Greatest Name', 'Allah-u-Abha' (God, The All-Glorious), helped me to get through the darkest days and this is now regular practice along with this short obligatory daily prayer…

> I bear witness, O my God, that Thou hast created me to know Thee and to worship Thee.
>
> I testify, at this moment, to my powerlessness and to Thy might, to my poverty and to Thy wealth.
>
> There is none other God but Thee, the Help in Peril and the Self-Subsisting. —Baha u'llah

I remember back to the 1990s and reflect how I used to do everything as perfectly as possible and how I felt increasingly anxious and distressed when I failed to meet the unrealistic standards that I had set for myself. Reconnecting with my faith now, after a serious fall, I am attempting to be far more compassionate towards myself and to others. I find that many Buddhist and Christian teachings help me with this, as do the mindfulness courses and books from the offending behaviour programmes department in the prison. It makes me smile how interconnected everything seems to be. There are many Baha I texts and sacred writings on the same theme but obtaining copies is a slow process in prison.

The faith has loosened the grip that fear and unworthiness had over me and the Chaplaincy has been a constant source of support. I find, at last, that hope and optimism are reappearing in my life and that the intermittent despair of the first three years in prison is well behind me. Regular times set aside for prayer and meditation keep me steadfast and obedient to God's commandments and each day old problems and troublesome thoughts are receding into the past. Being faithful brings its own gifts and for the first time I think I am beginning to know myself more honestly whilst even getting to like the real me! What I am looking for is a sign that a more profound transformation is taking place. I believe it has started.

The Baha I Faith emphasises worship through service so being of service to others through my job and in my spare time brings me contentment. Prayers for forgiveness, steadfastness, self-discipline and healing is my focus right now and motivates me to take action and ask for help where needed. My faith is my hope of rebuilding a life fit for now and forever.

> Thy Name is my healing, O my God, and remembrance of Thee is my remedy.
>
> Nearness to Thee is my hope, and love for Thee is my companion. Thy mercy to me is my healing
>
> And my succour in both this world and the world to come. Thou, verily, art the All-Bountiful,
>
> The All-Knowing, the All-wise. —Baha u'llah

I Call Myself a Quaker—John

I used to call myself an atheist—in fact, it was something I was perhaps strangely proud of. My father was a scientist, and I was brought up not exactly to disdain religion, but with an understanding that it was something outdated, illogical—that there was no longer a need for it in our modern, enlightened society. I looked on the religious with the slightly patronising opinion that they were clearly 'wrong', and that my logic- and evidence-based understanding of the world was self-evidently superior. In my mind, they were clinging to fairy tales through some misapprehension, or an inherent incapacity to see how the world really works. In truth, I think I had sort of missed the point.

This is not to say that I've had some sort of epiphany and now simply believe all those things that I once held to be anachronistic mythology. For a start, it's problematic to speak of 'religion' as a single thing, and 'the religious' as some kind of homogeneous group; even within a single denomination, there will always be a broad diversity of opinions and personal approaches, whatever the official doctrine or creed may suggest. What has changed in me—and gradually over several years, I might add—is my understandings of what religion, belief, faith, and what some people choose to call 'God', fundamentally *are*. But I'm getting ahead of myself.

I got married in a Catholic Church, because I was marrying a Catholic. On the various forms I had to fill in for the somewhat legalistic Church of Rome, I called myself 'agnostic' with my fingers crossed behind my back and my superior opinion still firmly in place. I was duly granted an exemption for this 'disparity of cult', and the marriage went ahead. My wife-to-be had long lamented my lack of 'the gift of faith', and I suspect she prayed that one day I may develop something akin to her own beliefs. But I was resolute: I just wasn't built that way. I also wasn't very good at understanding or handling my emotions—or indeed those of others—and I now dare to cast a link between the two. I have come to believe that there was a whole aspect of my consciousness that I had tended to ignore or dismiss. By this time, I had already begun to engage in compulsive sexual behaviours as a way to avoid uncomfortable feelings. This, as you might imagine, was not a helpful long-term strategy.

Skipping ahead a few years, I found I had built a secret landscape in my brain where all the dark things lived. So long as nobody knew about them, they weren't real: they were trees falling in what I thought was a deserted forest. But I neglected to consider that the forest was mine, and whilst nobody else could visit, I myself could hear the rustle of every leaf. One day, my wife caught just a glimpse of that forest, and my ill-conceived notion of unreality was shattered—as, for a time, was my mind. I broke down and confessed to a number of things, was arrested and subsequently convicted, and spent five years in prison. But that breakdown marked the beginning of the changes that have led to me letting go of many of my old notions of religion and spirituality.

Before I finally went to prison, I spent seven months in the community on bail. Now jobless and living alone, I had lost almost every aspect of what I had considered to be my identity and was in an extended form of what might be termed a personal crisis. It was early in this period that—out of desperation as much as anything—I attended my first meeting of Sex Addicts Anonymous (SAA). I suppose I was looking for help, for understanding, or maybe just some kind of way out—whatever that might mean. I had little idea of what the group was about, but at this point, I was willing to try anything.

SAA was founded in 1977 and is based on the twelve steps and twelve traditions of Alcoholics Anonymous, which has been around since 1935. Now, there is controversy over how exactly to describe these 'Anonymous' fellowships—of which there are dozens in existence catering for a wide variety of different forms of addiction and compulsion. A significant question that tends to be asked is whether or not these groups are fundamentally religious in nature. Well, I have to say that as a then self-professed atheist, the repeated mention of God in the twelve steps themselves was a bit of a red flag. But I was willing to overlook it and hope that I could just sort of ignore that bit. After all, what possible help could an imaginary being provide in my situation? However, I soon came to realise—with a little despondency—that the God thing was pretty integral to the whole programme. As to whether this makes it a religious programme, well, I choose to remain agnostic on that point—if you'll pardon the pun—as it probably depends entirely on your own definition of religion.

The problem of definition is one that also arises in relation to the word 'God' itself. Definitions are of course important to perception, and one of the problems I had with the notion of God was the definition that various aspects of society had handed me—either explicitly or implicitly. I had an image of God that persisted both from childhood and the influence of popular (i.e. non-religious) culture, and whilst this had been moderated by extensive interaction with a large number of Catholics, the notion of God to me still manifested essentially as the Bearded One. He—and my notion was definitively male—was the one who mainly told people what they shouldn't be doing, and in terms that seemed to make no sense in the twenty-first century. As a newcomer to SAA, the idea of being told what not to do by someone who didn't exist seemed like a fairly futile way to try to move away from the behaviours that had brought me to the basement room of a Quaker meeting house that day.

The language of AA (and hence that of the majority of the fellowships that followed in its footsteps) was tweaked fairly early in its history to include the less God-explicit idea of 'a power greater than ourselves'. The AA 'Big Book' puts forward the suggestion that each person can 'choose [their] own conception of God', with the implication that they need not subscribe to the pre-defined conceptions of any particular branch of any particular religion. It's often put to atheistic or agnostic newcomers that they might choose the twelve-step group itself as a 'power greater than themselves'. In theory though, this 'higher power' can be anything a person decides it is. Having this explained to me was a bit of a curve ball, but a slightly reassuring one: I was free to figure out exactly what God was all by myself. How hard could it be? After all—I had my own fine intellect to help me and hadn't I done well managing with that so far?

So, I set about solving this intellectual puzzle, in the same manner I might try to solve a cryptic crossword or programme a numerical algorithm. I came up with all sorts of half-formed ideas—many of which had some basis in humanistic or vaguely Buddhist ideas of the whole of humanity as a complex interacting system based on chaos theory. Then I considered the idea of God as the divine kick-starter, who set the Big Bang in motion having carefully tuned the laws of physics to obtain a specific set of outcomes and having no further direct influence. But then, even if this were the case, where was God now, and in what form was God

ever manifest? I toyed with God as manifesting in the unpredictability of quantum mechanics, but ran up against the confusion of why an infinitely loving and all-powerful creator would wilfully kill Schrödinger's cat. This was of course a re-statement in microcosm of the age-old question, 'if there's a God then why does suffering exist?'. In short, I somehow failed in the space of a few weeks to solve a conundrum that has troubled many minds much greater than mine for several millennia.

So where could I go from there? Well, I gave up trying; I admitted the defeat of my intellect. That's not to say I quit altogether—I just decided to change my approach. I could see these people around me in SAA who had clearly gone through some very difficult times and struggled with sexual compulsivity—in some cases with very severe consequences—and yet many of them were now apparently experiencing some sort of peace and contentment, and no longer engaging in their former 'acting out' behaviours. Perhaps, I thought, there was something in this programme that might somehow be helping them.

I decided to see if I could hold my prejudices lightly and try an empirical approach. I thought, 'well, if praying seems to work for them, I'll give it a go and see what happens'. I now know that in twelve-step language, this is sometimes called 'acting your way into feeling'—that is to say, taking suggested actions regardless of your perspective on whether they are likely to work, and seeing if this translates into a changed perspective. So it was that one afternoon I literally got down on my knees and prayed to a God of which I had no conception and in whom I had no belief. Now, in the model of conversion stories, you might be expecting this to have resulted in some kind of 'road to Damascus' moment where the scales fell from my eyes. I'm afraid it was less dramatic than that. In fact, I felt quite silly.

However, aside from feeling silly, I found that afterwards I also felt a little less anxious. It wasn't a big thing—just a slight change in my outlook. But it felt like a good thing. On this basis, I continued my empirical experiments—when overwhelmed by feelings I couldn't necessarily even name, I did what I could to 'hand them over' to something I was reluctantly calling 'God'. In time, I chose a sponsor—another member of SAA who has been through their own problems with sexual behaviour and found a way through them using the programme—and began to follow his suggestions and work through the twelve steps.

Many of the steps are fairly practical in nature—for example going through a personal inventory of fears and resentments or writing down a list of those people I'd harmed and ways in which I may be able to make amends to them. But all of the steps are suffused with and founded on the idea that there is a power greater than me to which (or whom) I can entrust my difficulties. This niggled at me for some time, but after a whilst, I stopped wondering what or who that might be and just got on with the doing of things that improved my experience of life and led me to a position of greater acceptance.

But how can this possibly help with problems of addiction and compulsion? Well, AA people have been known to say that alcohol isn't their problem—*life* is: alcohol is merely an unfortunate way of trying to cope with life itself. For me, I was using sexual behaviours as a way to avoid coping with anything I found uncomfortable. Anxiety, low mood—even simple things like the memory of a social faux pas—I found them all sitting too uncomfortably in my brain and wanted to feel something different and preferably intense in order that I didn't have to pay them any attention. Going to SAA allowed me to begin exploring the feelings I'd been avoiding for so long. When I'm able to 'face life on life's terms', I don't need to act out to avoid my feelings. I can see now that starting to work through the twelve steps marked the beginning of a change in the direction of my outlook.

When I went to prison, I no longer had access to SAA meetings, though I kept in touch with my sponsor and a number of other members of the fellowship by telephone, letter and periodic visits. In the absence of any practical structure that I could use to build on my new-found awareness that there may be more to this God thing than I had previously considered, I began to explore religion in its many and varied forms. I started to attend religious services, meetings and discussion groups—aside from anything else, it got me out of my cell and gave me a bit of respite from the daily boredom of prison life. I also read a large number of books with a wide range of perspectives on spirituality and religion.

In the course of my time inside, I estimate that I attended something in the region of 800 religious gatherings of one kind or another. These were largely in a variety of Christian denominations (including Catholicism), but I also had contact with Buddhists, Hindus, Sikhs, Muslims,

Jews, Bahá'ís, Rastafarians, Pagans, Mormons, and Jehovah's Witnesses, among others. I had many interesting discussions with other prisoners—and indeed many frustrating ones. I was also lucky enough to encounter a few open-minded (and often very patient!) chaplains, with whom I had many, many hours of conversation. Through all this, I found I was gradually beginning to get some idea of the shape of my understanding.

I have an uncle who went through a period of skilfully carving ducks from wood. When asked about how he managed to create such aesthetically pleasing pieces, he was apt to say, 'I just take away all the bits that aren't duck'. I've since heard similar things from a number of other directions, so I suspect the sentiment wasn't entirely his own, but it's an image I'm rather fond of. In a comparable way, it was probably my interactions with those whose ideas I did not find resonant with my own understanding that influenced me the most; by being aware of and carving away the things that didn't make sense to me, I found that there was a core of ideas, concepts, or perhaps simply perceptions, that remained steady and I couldn't argue myself away from. I have gradually been carving out the 'duck' of my own understanding, and this is very much an ongoing process that I suspect will never be complete.

In a lot of the religious groups I attended, I felt I had to keep something of the shape of my prototype duck to myself, for fear of being called out as a heretic. But when I met with some Quakers for the first time, I was pleasantly surprised to find I was able to share my perspective exactly as it came to me. Not only that, my views were welcomed as something worth exploring. I very gradually came to the conclusion that Quakerism was something I could get on board with. I don't look at this as a conversion as such—it's more that I realised that the place I had arrived at was actually already a Quaker-like one; I found that I didn't have to change anything of my belief or understanding to start calling myself a Quaker.

The core practice of Quakerism is sitting communally in silence and stillness, waiting for new insights and guidance. One of the things sought in the silence is a sense of connection. This idea of connection may include connection to others present, to something some choose to call God, or simply to something deeper in ourselves. When I manage to find this sense of connection, I don't know exactly to what I am connected, but this is not a problem for me. The word 'God' has so much baggage attached to it—I

still find it uncomfortable because when I use it, I can be fairly sure that a person hearing it will not be holding the same concept in their mind as the one I'm attempting to express. When someone asks me whether Quakers believe in God, I can't answer, as each individual Quaker will probably give you a different response. If you ask *me* if I believe in God, I will probably first ask for a definition of God in your eyes, and then I'll tell you if I believe in that. I'm not being obtuse—I just want to make sure we have a chance of properly understanding each other.

What I do know is that Quakerism is a way I can practise the carving of my duck, sitting in silence, connecting with something beyond my thinking mind, accepting what comes—from whatever place it arrives. A psychologist might suggest this sounds a lot like meditation or mindfulness. There are some Quakers who would strongly object to that and say it was an entirely different thing. In my personal opinion, I can see similarities but also differences. I sometimes practise meditation and mindfulness, and I can feel an overlap, but I also feel that the communal aspect of Quaker worship sets apart the way it manifests in practice. Perhaps you'd like me to explain that better, but sometimes words are just a bit inadequate to describe experiences. This, as I see it, is the point of the silence.

Whilst there are many things I can't explain, I can happily say that my involvement with SAA and my opening up to something beyond my thinking mind has allowed me to start facing my discomfiture with life and to live in a subtly different way. It's often said in twelve-step meetings that the opposite of addiction is connection. I've found that there is immense truth in this for me: when I'm connected, I don't feel any desire to act out. Connection in this context is a multidimensional word for me: to myself, to other people, and perhaps to something greater than myself. It can be the most wonderful feeling.

Maybe prayer is something internal, and a way of accessing my own intuition; maybe God is just another state of my brain. I certainly don't believe that I can directly change the external world just by asking God nicely. But I *can* say without question that prayer has the capacity to change me, and that's enough. It's probable that there are many ways to explain away so-called religious experiences with sensory perception, brain states, or just wishful thinking. Frankly, what does it matter if it results in

positive change? I guess that might just make me an agnostic after all. But these days, I call myself a Quaker.

Conclusions

The experience of each man is unique. Their journeys are neither linear nor simple. Critical factors appear to be timing and the individual qualities of religious leaders who have the capacity to embody the best qualities of their religions for the benefit of others. The accounts illustrate the role that religion can have in the rehabilitation and desistance process. Indeed, Alistair talks of 'turning points' a concept noted as being something experienced by those who go on to desist (Laub & Sampson, 2001). Evident within the accounts of John, Alex and Alistair is the theme of hope that their faith offers. This is an important concept in the desistance literature, characteristic of those who successfully desist (Burnett & Maruna, 2006). Another theme is that of acceptance: both acceptance of them by others (be it human or deity) and the individual's acceptance of their previous offending and desire to lead a life free of harm to others. The significance of acceptance by others is reminiscent of the secure base/safe haven function of a secure attachment figure. Attachment is one function hypothesised by Winder et al. (2018), to be met through religious faith, resonating with the human need of relatedness emphasised in the Good Lives Model (Ward, 2002). The sense of belonging that the faith engenders for these men reflects McNeil's (2016) concept of tertiary desistance which emphasises the importance of a sense of belonging to a moral community. Although the accounts reflect hopeful narratives, not every contact with religion is positive. Alistair's experiences show the damage that can be done by those who abuse within religions. Simon's experience highlights the inaccessibility of faith for people with sexual convictions. His account reflects a desire to belong and connect but a difficulty in accessing a new faith community as someone with a sexual conviction. Barriers are the inevitable stigma that accompany a sexual conviction, but also a seeming lack of understanding and professional support to the faith community to support the safeguarding process. This speaks to a need

to actively involve religious communities in the imperative for rehabilitation, developing close working relationships between professionals and faith communities to educate them of the valuable role they can play, supporting them in implementing safeguarding processes and balancing these with ways to include individuals within the faith.

References

Berkovits, S. (2018). *Sexual abuse and the concept of teshuva* (By W. Hendler & R. Sack, South African Jewish Report). Available from https://www.sajr.co.za/news-and-articles/2018/02/22/sexual-abuse-and-the-concept-of-teshuva.

Burnett, R., & Maruna, S. (2006). The kindness of prisoners: Strength-based resettlement in theory and in action. *Criminology and Criminal Justice, 6*, 83–106.

Klafter, N. (2012). *Sexual misconduct and the question of rehabilitation and teshuva.* Unpublished essay. Available from https://www.academia.edu/11345121/Sexual_Misconduct_and_the_Question_of_Rehabilitation.

Laub, J., & Sampson, R. (2001). Understanding desistance from crime. *Crime and Justice: A Review of Research, 28*, 1–70.

McNeill, F. (2016). Desistance and criminal justice in Scotland. In H. Croall, G. Mooney, & M. Munro (Eds.), *Crime, justice and society in Scotland.* London: Routledge.

Ward, T. (2002). Good lives and the rehabilitation of sexual offenders: Promises and problems. *Aggression and Violent Behavior, 7,* 513–528.

Winder, B., Blagden, N., & Lievesley, R. (2018). "Because you've got faith it doesn't mean that you've got wings on your back": A qualitative analysis of the accounts of Christian prisoners serving time for a sexual offence. *Journal of Sexual Aggression, 24* (2), 240–256.

8

Religious Victims of Sexual Abuse

Lisa Rudolfsson

Victims of Sexual Abuse: Psychological Consequences

Before turning the focus to religious victims of sexual abuse, prevalence of sexual abuse, and psychological consequences for the victim will be outlined.

Prevalence

Worldwide, a review of 55 studies from 24 different countries showed the prevalence of child sexual abuse to range from 8 to 31% for girls and 3 to 17% for boys (Barth, Bermetz, Hein, Trelle, & Toina, 2013). In clinical populations, the number of people who have been sexually abused increases considerably. For example, in a study on patients with anorexia

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nervosa, 48% reported a history of child sexual abuse (Carter, Bewell, Blackmore, & Woodside, 2006), and in a study on patients with psychosis, 36.2% had experiences of sexual molestation or rape (Thompson et al., 2010).

Taking into account sexual abuse that occurs when the victim is an adult, United Nations estimates that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner (not including sexual harassment) at some point in their lives. Some national studies conclude that up to 70% of women have experienced physical and/or sexual violence from an intimate partner during their lifetime. In addition, adult women account for 51% of all human trafficking victims detected globally. Women and girls together account for 71%, with girls representing nearly three out of every four child trafficking victim. Nearly, three out of every four trafficked woman and girl are trafficked for the purpose of sexual exploitation (http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures).

Although sexual abuse of boys is believed to be underreported, in comparison with girls being abused (e.g., Andersen, 2009), most studies found females to be abused at 1.5–3 times the rate for males (Finkelhor, 1994). Accordingly, the disproportion found in research reflects a true gender difference, that is, it is more common for girls and women to be sexually abused than it is for boys and men. However, the disproportion could also be understood in light of gender stereotyping and Western view of masculinity and femininity. Men may be more encouraged than women to deny their vulnerability, which might make it even more difficult for boys and men to disclose being victimized (Andersen, 2009; Tidefors Andersson, 2002).

Some differences have been noted between women and men who have been sexually abused, in the consequences for their health and well-being. For example, some studies have found that women tend to internalize their emotional pain while men tend to externalize it (Sigurdardottir, Halldorsdottir, & Bender, 2014). Sexual abuse, however, leads to increased rates of psychiatric disorders and emotional suffering in both women and men (e.g., Fergusson, McCloud, & Horwood, 2013).

Psychological Consequences of Victimization

People who have been sexually abused as children often retain experiences of betrayal by caregivers, broken trust, misuse of power, and boundary violations (e.g., Herman, 1992). Abused individuals tend to develop negative models about self and others that may lead to relational difficulties and difficulties regulating emotions (e.g., Romans, Martin, Anderson, O'Shea, & Mullen, 1995).

Trauma reactions such as depression, anxiety, and post-traumatic stress disorder (PTSD) have been noted to be prevalent among those who have been sexually abused (e.g., Wilson & Miller, 2016). Self-blame, feelings of loneliness, suicidal thoughts, and guilt are other negative consequences (Glenn & Byers, 2009; Wilson & Miller, 2016). Furthermore, victims of sexual abuse frequently report sexual problems, such as difficulties trusting sexual partners, experiencing dissociative episodes or flashbacks of abuse during sexual activity, and feelings of shame concerning sexuality (Browne & Winkelman, 2007; Hall, 2008; Herman, 1992). Assaults involving penetration, longer duration, and higher frequency of abuse, greater force, incest, and a close relation between the victim and the perpetrator have been associated with more severe trauma reactions (Lemieux & Byers, 2008; Ullman, 2007). Socio-cognitive factors, such as social support and attribution of blame, have also been found to influence the victim's psychological adjustment after the abuse (Esnard & Dumas, 2013; Rakow, Smith, Begle, & Ayer, 2011).

In clinical, empirical, and theoretical literature shame on a more general level has been emphasized as a central emotional consequence for individuals who have been sexually abused (Fiering & Taska, 2005; Fiering, Taska, & Lewis, 2002). Especially in cases of child sexual abuse, the abuse often takes place in secretive contexts. Many victims report that the perpetrator of the abuse has blamed them for the abuse, and that they sometimes have been explicitly threatened to keep silent. Such situations may endorse the victim's feelings of shame and guilt (e.g., Fiering et al., 2002). Shame is also often a consequence if the victim has been physically stimulated to feel pleasure during the abuse, as is often the case in child sexual abuse (Tidefors Andersson, 2002). Shame, concerns about the stigmatizing nature of sexual abuse, and fears about how others may respond have been found to

hinder many victims from talking about their traumatic experiences and from seeking help (e.g., Fiering & Taska, 2005).

Research into the long-term consequences of sexual abuse has rapidly expanded since the 1980s. In some ways, the literature has created an image of the victim as an individual who is consistently psychologically damaged (Runtz & Schallow, 1997). Although it is true that having been sexually abused is strongly associated with psychological suffering and psychiatric disorders, it is important to note that reactions vary and that not all victims are traumatized (Maniglio, 2009). Studies show that two out of three victims of sexual abuse will need therapeutic intervention (Hennum, 2004; referred to in Andersen, 2009; Kendall-Tackett, Williams, & Finkelhor, 1993).

To understand how some individuals are able to recover from severe suffering, the term resilience is often used. One aspect that has been associated to individuals showing more resilience is if the victim of sexual abuse is able to make some kind of meaning of the abuse, as a part of their history (e.g., Grossman, Cook, Kepkep, & Koenen, 1999).

Religion is one way in which individuals can make meaning to what has happened to them. Different ways of making meaning through turning to faith, however, can affect the individual in either positive or negative ways (e.g., Pargament, Koenig, & Perez, 2000).

Victims of Sexual Abuse: Consequences on Faith

As the effects of sexual abuse are becoming better known, so is awareness of the potential consequences of sexual abuse on the victim's faith. This section will begin with the human search for meaning in relation to traumatic experiences, thereafter, sexual abuse and the potential consequences on the victim's faith will be discussed. As many studies have shown that the victim's relation to God is influenced by having been sexually abused, sexual abuse and the potential consequences on the victim's image of God will be discussed.

The Search for Meaning and Struggles for a Religious Understanding

When faced with trauma and suffering, such as being sexually abused, an individual's sense of meaning and control are challenged (e.g., Spilka, Hood, Hunsberger, & Gorsuch, 2003). One dimension of working through an overwhelming trauma is to find a way in which the individual can make sense of what has happened, and possibly find some kind of meaning in it (Harvey, Orbuch, & Weber, 1990; Park, 2013).

The individual's search for meaning can be conceptualized as efforts to understand life experiences by constructing a coherent and consistent interpretation, which is perceived as meaningful and adequate to the specific event or situation (Ganzevoort, 1998). The need to find meaning can also be understood as the need for a functional system of meaning making; to comprehend the world, people require a system of meaning that can help them to navigate and organize their perception of events and offer them a sense of purpose and direction in life (Park, Edmondson, & Hale-Smith, 2013). For many people, religion performs the role as a system of meaning quite well, especially in times of crises (e.g., Park, 2005).

Because trauma can disrupt the individual's sense of purpose and meaning in life, the victim can come to struggle to understand the trauma from a spiritual point of view (e.g., Jordan, 1995). Traumatic experiences that demand more resources for coping, than the individual perceives that they have ability for, may disrupt their system of meaning and, thus, affecting their capacity to handle their psychological needs. In that way, victimization can fracture victim's fundamental assumptions and lead the victim to question both the balance between good and evil in the world and their religious beliefs (e.g., Jordan, 1995). The struggles for a religious understanding of the trauma suffered can include anger, despair, confusion, guilt, and sometimes complete withdrawal. If the victim is unable to maintain their faith, they may be further burdened with guilt (Rudolfsson & Tidefors, 2014; Smith, 2004). Besides the psychological consequences that victims may suffer, the abuse may therefore also result in a religious trauma (Rosetti, 1995).

However, trauma may also function as a catalyst for personal and spiritual growth (what is often referred to as post-traumatic growth/PTG),

since it may result in a search for a new meaning and purpose (e.g., Decker, 1993). The effect that victimization can have is therefore manifold, including feelings of abandonment, betrayal, doubt, and shame, but it can also bring the possibility for personal growth through the struggle to understand and find meaning in what has happened (Smith, 2004).

Victimization and Faith

There are consistent indications that religion can play a vital role in coping with negative life events (e.g., Young, Cashwell, & Shcherbakova, 2000), including dealing with the aftermath of having been sexually abused (Rudolfsson & Tidefors, 2014, 2015). However, depending on the individual's specific beliefs the same event can be interpreted in various ways. Within the field of religious coping, religion is sometimes discussed as both a resource and as a burden. This means that positive forms of religious coping have been associated with greater psychological well-being, whereas negative forms of religious coping have been associated with the individual reporting more psychological stress (e.g., Pargament et al., 2000).

Several researchers have pointed to the role that spirituality may play for some victims of sexual abuse, when learning to live with their experiences (Farrell, 2009; Gall, 2006; Lemoncelli & Carey, 1996; Rudolfsson, 2015). For the religious victim, who feel that religion is relevant to their lives, negative forms of religious coping such as disappointment or anger with God may serve as signs of distress in their coping with current stress. In addition, positive forms of religious coping, such as seeking spiritual support from others or a loving God may serve as supplementary resources for victims' coping with stress (e.g., Gall, 2006).

Some researchers have suggested that multiple victimization may have a greater impact on religious beliefs than single victimization. For example, Falsetti, Resnick, and Davis (2003) suggest that those who experience multiple traumas have a greater struggle with grasping the meaning of what happened to them and the meaning of their lives. Furthermore, studies have shown that victims of religion-related abuse (i.e., perpetrated by a representative for the religious community) display more depressive symptoms, more anxiety, hostility, psychoticism, paranoid ideation, and

somatization than individuals who suffered either no abuse or an abuse that was not religion-related (Bottoms, Nielsen, Murray, & Filipas, 2003). It seems that, in some cases, religiousness may be a moderator of the development of post-traumatic stress and other mood disorder symptoms and their associated disorders; found on the Axis I in diagnostic manual DSM (Walker, Reid, O'Neill, & Brown, 2009).

As a person attempts to recover from a traumatic event, the domains of psychological trauma and spirituality seem to interact with each other (e.g., Smith, 2004). Sexually abused individuals often display a great complex of trust problems (e.g., Herman, 1992). If the victim is a member of a religious congregation, there is a risk that the lack of trust may be generalized to the ministry, to the congregation, and to God (e.g., Moran, 1994). Previous studies suggest that childhood sexual abuse tends to damage the victim's faith, both individual and corporate forms of religion (Walker et al., 2009), and several studies indicate that having been sexually abused is negatively associated with religious involvement, such as participation in church activities (Ben-Ezra et al., 2010; Hall, 2008).

Some studies have found that victims of sexual abuse, who were able to use their faith to make meaning out of their experiences typically do so outside the context of organized religion, turning to individual spirituality for make meaning (e.g., Ryan, 1998). In two Swedish studies on Christian victims of sexual abuse (Rudolfsson & Tidefors, 2014, 2015), the respondents partly attributed their reluctance to attend Church to descriptions of how the Church had become a place where their memories of the abuse were triggered. The hymns used and the symbolical language (e.g., sacrificial lambs, the minister's authoritative position, and an insensitive use of the concept of forgiveness) was described as provoking, evoking feelings of shame and guilt, and as making the respondents feel set apart and excluded from the other congregants. These results are in line with previous studies on Christian victims of sexual abuse (Imbens & Jonker, 1992; Kane, Cheston, & Greer, 1993; Moran, 1994). The conflict of feeling angry at, and betrayed by, God while at the same time longing for Him might also make it hard for victims to participate in Church activities; this is sometimes described as the victim being caught in a theological conflict (Farrell, 2009).

Lemoncelli and Carey (1996) argue that, for the religious victim, if spiritual dimensions of the abuse are not addressed the psychological wounds may not be healed. In a study by Farrell (2009), existential and spiritual traumas were identified in Christian victims of sexual abuse perpetrated by priests or other religious figures. These trauma characteristics had profoundly challenged the abused individual's faith, beliefs, and image of God. It was described as if the abuse had challenged the victim's view of life itself. Moreover, because of the sexual abuse the victims described feelings of a spiritual emptiness, as well as a profound search for answers at the very core of their trauma. These uniquely religious and existential trauma characteristics are currently not covered in diagnostic manuals, and although the participants in Farrell's study had undergone psychological treatment, their trauma symptoms seemed unchanged (Farrell, 2009). These results are in line with another study by Rudolfsson and Tidefors (2014) where Christian victims of sexual abuse described searching for a meaning in what had happened to them, as well as described the psychological and religious consequences of the abuse as intertwined and not possible to separate.

People who have been sexually abused report more anger toward God than people who have not been abused, and further, they tend to feel that God is more distant from them (e.g., Kane et al., 1993). Consequently, many studies have found that the victim's relation to God is influenced by having been sexually abused (Farrell, 2009; Ganje-Fling & McCarthy, 1996; Imbens & Jonker, 1992; Kane et al., 1993; Rudolfsson & Tidefors, 2014). However, although sexual abuse might lead to a distrust in God, many victims still voice a need for a religious dimension in their lives as well as a longing for a more comforting relation to God (Farrell, 2009; Kane et al., 1993; Rudolfsson & Tidefors, 2014). This could be understood in light of attachment theory and god image.

Victimization and Images of God

First, it should be stated that the studies focusing on victim's god image have been conducted among adult victims, where the abuse that the participants suffered occurred many years ago. Consequently, there is a lack

of research focusing on children or on abuse that occurred recently. Furthermore, a vast majority of the research has focused on Christian victims.

Viewing sexual abuse and faith through attachment theory can illustrate how a person's image of God can be affected by victimization. According to attachment theory, the child needs proximity to a protective adult for its survival, hence, a biological bond between the infant and its caregiver evolves to maintain this proximity and prevent separation. The main goal of the infant is to seek protection and closeness and to build a secure base from which the world can be explored and a safe harbor to which the child can return if frightened. Love, security, and predictability from the caregiver promote development and offer the child prerequisite to handle exploration and separation without fright. However, regardless of whether the caregiver responds adequately to the child's needs, the infant will attach to whatever support is available (Ainsworth, 1985; Bowlby, 1977, 1980, 1988). The child's tendency not to see that a parent can be cruel or neglectful is explained by Freyd (2003, 2008) as the child becoming blind to betrayals in order to maintain the attachment bond.

As the child grows older the attachment to its caregiver is no longer in need of proximity in the same way as when the child was an infant. Instead, the attachment becomes represented intrinsic as symbolic representations of the child's experiences of its primary caregiver. This is referred to as symbolic attachment representations (e.g., Ross, 2004). The interaction between the child and its caregiver creates what is called internal working models of self and others. These internal working models then function as a compass according to which the world is understood and interpreted and according to which self-esteem and expectations in other relationships are built (Bernier & Meins, 2008). In that sense, attachment is transactional as the quality of the infant's attachment to its primary caregiver informs all coming relationships in the child's, and later adult's, life.

Some researchers have conceptualized the individual's relation to God as an attachment relationship (Birgegard & Granquist, 2004; Kirkpatrick, 1992, 1998; Kirkpatrick & Shaver, 1990). The love that is experienced in the relationship with God seems to be similar to the prototypical attachment of a child to an adult attachment figure (Granqvist, Mikulincer, & Shaver, 2010). Additionally, an individual's relation to God seems to serve

many of the same functions as close relationships to a caregiver: providing a secure base and a safe harbor. The individual may also demonstrate attachment-characteristic behavior toward God, such as proximity seeking and separation anxiety at times where God is perceived as distant (Miner, 2009). The proximity to God is not a physical proximity as with caregivers, rather, the individual's relation to God is conceptualized as a symbolic attachment representation based on internal working models.

Rizutto (1979) distinguishes between god concept and god image. The individual's god concept is based on a cognitive understanding of God; closely tied to theology and what is being taught about God in the religious community. God image, on the other hand, is based on the individual's experience of God, built on the quality of attachment and the individual's internal working models. For most people, god concept and god image are compatible, that is, what is being taught about God is also how God is experienced. However, for victims of child sexual abuse the concept of God as almighty and loving may not be compatible with the experience of a God who did not intervene to stop the abuse. In a previous study (Rudolfsson & Tidefors, 2014), one victim of child sexual abuse described how she, as a child, had prayed at nights for God to stop the abuse. The experience of God not hearing her and helping her led to feelings of abandonment, and further, to struggles to understand who God was; the God that was spoken about in Church was not the same God that she had experienced.

Focusing on God as a symbolic attachment representation and victims of sexual abuse, the relationship to God often seems to be based on the expectation that, just as parents are supposed to, God will be protective in times of difficulty or fear. When victimized, this basic agreement of trust is often felt to be breached. Victims of sexual abuse may come to feel utterly abandoned and betrayed, not only by humans, but also by the supposedly good God that allowed the abuse to take place (Ganje-Fling & McCarthy, 1996; Imbens & Jonker, 1992; Kane et al., 1993; Rudolfsson & Tidefors, 2014; Russell, 1999; Wilson & Moran, 1998). Furthermore, religious beliefs that perceive God as almighty can lead the individual to feel dependent and powerless, and sexually abused individuals sometimes seem to transfer their feelings toward the perpetrator to God (Doehring,

1993). This could lead to a struggle with an image of God as cold and indifferent, unforgiving, or harsh, and punitive (Walker et al., 2009).

The sometimes contradictory feelings of being angry at, and betrayed by, God while at the same time seeking closeness to, and comfort from, God can be understood through attachment theory. In the same way, As a dependent child needs to protect its view of its parents in order to maintain the attachment bond (Freyd, 2003, 2008), the same might occur in the religious victim in relation to God. In the previously referred interview study with Christian victims of sexual abuse (Rudolfsson & Tidefors, 2014), although the respondents expressed anger towards God this anger was also described as difficult to define and as threatening the respondent's bond to God. Doubting God and expressing anger toward Him can therefore be seen as both frightening and threatening; the inner bond to God might not be able to withstand it, while the victim of abuse may not know how to live without that bond. To struggle with doubt and anger as a result of feeling abandoned by God, while at the same time being afraid to express such feelings, is a heavy burden to carry (Rudolfsson & Tidefors, 2014).

Some studies suggest that the child's age when the abuse begins influences how the victim's relation to God is affected (e.g., Gall, 2006). In other words, if the victim is abused at an older age they may already have had time to form a symbolic attachment representation of God prior to the abuse, which enables them to use their relationship with God as a source of comfort in a way that children who are abused at an earlier age may not have the ability for. Other studies have shown that if the victim is uninvolved in religion as children they were better able to turn to organized religion for comfort as adults (e.g., Grossman, Sorsoli, & Kia-Keating, 2006).

However, a majority of the studies on sexual abuse, consequences on faith, and god image is conducted in Christian contexts and being a victim in another religious context may differ. Not the least, not all religions are as attachment-based as Christianity where, among other things, the symbolic language emphasizes God's parental role by naming Him Father. Therefore, the commonalities and differences of victimization across contexts will be addressed.

Religious Victims of Sexual Abuse: Commonalities and Diversities Across Contexts

The vast majority of research concerning religious victims of sexual abuse and consequences on faith have been conducted in Christian contexts. Consequently, there is a lack of studies focusing on differences and commonalities between religions. However, some studies have focused on similarities and diversities of religious coping across religions. In this section, these studies will be outlined. Specific challenges will be discussed, where reactions from faith communities, the role of sexual moral, family structure, shame, and lack of knowledge will be highlighted.

Religious Coping and Diverse Religions

In a review of more than 1600 studies, Koenig, McCullough, and Larson (2001) found that religious beliefs and practices were consistently positively associated with health outcomes. However, some studies have found that religion can also be the source of negative experiences and even trauma (e.g., Exline, Yali, & Sanderson, 2000), not the least this has been found in studies focusing on sexual abuse perpetrated by religious authorities. Each religion has specific beliefs and rituals, which respond to the different stressors of individual believers, in varying contexts. Consequently, religions differ in the manner in which they correlate with mental health and, furthermore, within religions variance occur between individuals as well as between different situations and stressors.

Religious coping can be defined as a form of coping that is inherently derived from religious beliefs, practices, experiences, emotions, or relationships (Abu-Raiya & Pargament, 2015). Positive forms of religious coping reflect a secure relationship with God, a belief that there is a greater meaning to be found, and a sense of spiritual connectedness with others. Negative forms of religious coping instead reflect a view of the world as threatening, religious struggles to find and conserve meaning in life, and a spiritual struggle with the relation to God (e.g., Pargament, 1997). However, as with religious victims of sexual abuse, the vast majority of research

on religious coping and its correlates to mental health have been focused on Christian populations (e.g., Gall & Guirguis-Younger, 2013). As such, these findings might not be generalizable to individuals of other faiths.

As previously discussed, meaning making can play a profound role in an individual's coping process. However, tentatively, personal meaning may play a larger role in secular societies whereas in a religious society where meaning is consistently, not restricted to situations, and referred back to religious principles, meaning making may differ. In such societies, the strength of an individual's faith may be more important (Aflakseir & Coleman, 2009). Another difference that can be seen between societies possibly affecting meaning making is that, for example, Muslim and Asian cultures, tend to emphasize the collective over the individual, whereas European countries and the US emphasize the individual over the collective (e.g., Al-Krenawi & Graham, 2000). It is reasonable to assume that such differences between religions and societies affect both how the individual search for and possibly attribute meaning. As such, depending on the society and religious community that the sexual abuse occurs, it is likely to have effect on how the victim is able to understand and cope with what has happened.

Although a meta-study by Abu-Raiya and Pargament (2015) only found twelve empirical studies focusing on the relation between religious coping and well-being among Muslims, similar patterns as in Christian samples were found; some forms of religious coping are beneficial to Muslim's health, whereas others seem to be harmful. For example, in a study by Ai, Peterson, and Huang (2003) positive religious coping (e.g., benevolent religious reappraisals) was associated with higher levels of optimism, while negative religious coping (e.g., punishing God) was associated with lower levels of hope and greater experience of trauma.

The previously mentioned meta-study (Abu-Raiya & Pargament, 2015) found only seven empirical studies focusing the link between religious coping and well-being among Jews, three focusing on Buddhists, and only one study focusing on Hindus. Lazar and Bjork (2008) found that, among Jews, religious leader and God support were negatively related to emotional distress and positively related to life satisfaction. Phillips et al. (2012) found that, among Buddhists, meditation, mindfulness, and intentional morality, among other things, is to be considered positive Buddhist coping

strategies, whereas fatalistic karma, appraisals of being a bad Buddhist, and the experience of it not being easy to be a Buddhist is to be considered as negative Buddhist religious coping strategies. Tarakeshwar, Pargament, and Mahoney (2003) found that, among American Hindus, God-focused coping (e.g., trying to put ones actions together with God) were associated to higher life satisfaction, whereas religious guilt, anger, and passivity (e.g., realizing that God cannot answer all prayers) were associated to lower scores on life satisfaction as well as higher scores on depressive symptoms.

More research on religious coping across religions is needed, however, the studies available all provide some evidence that some forms of religious coping (i.e., reflecting benevolent reappraisals) might be beneficial for the believer's mental well-being, whereas others (i.e., reflecting religious struggles) might be harmful (Abu-Raiya & Pargament, 2015). In that sense, the results are similar to ones found in studies among Christians.

However, as previously mentioned, several studies indicate that having been sexually abused is negatively associated with religious involvement, such as participation in church activities, and studies also suggest that childhood sexual abuse tend to damage both individual and corporate forms of religiousness among victims. The results found on religious coping, among people who have not been sexually abused, may therefore not be applicable.

It should be stated that some studies on victims of sexual abuse and faith include respondents from different religions. Although they seldom focus specifically on differences and similarities across religions and although they are most often conducted among victims in Western societies, they do show similar consequences on the victim's faith across religions (e.g., Elliott, 1994). However, there is a need for more empirical research focusing on religious coping among victims of sexual abuse across religions.

In the next sections, the specific challenges across cultures and contexts will be discussed, highlighting reactions from faith communities, the role of family structure, sexual moral, shame, and lack of knowledge.

Specific Challenges: Secondary Victimization

Since the 1970s and early 1980s, focus on sexual abuse has increased in Western societies (e.g., Fortney, Levenson, Brannon, & Baker, 2007), however, the literature examining cultural variables in relation to sexual abuse is more recent, gaining greater attention within the past 15–20 years. When an individual face trauma and search for religious meaning and comfort, this is not solely a personal, or intra-psychic, process. It is also part of a reciprocal process between individuals (e.g., Park, 2005). In addition to prayer, religious individuals often seek religious support (from religious leaders and other parishioners) when trying to understand and overcome traumatic events (e.g., Pargament et al., 2000). In a previous Swedish study (Rudolfsson, Tidefors, & Strömwall, 2012), a majority of the 421 responding clerics (72.9%) reported that they had met victims of sexual abuse in their clerical work. This result is consistent with another study (Rudolfsson & Tidefors, 2009) in which 77% of the responding clerics had met victims of sexual abuse. These findings indicate that many victims of sexual abuse seek guidance and support from their congregations, when trying to learn to live with what has happened.

In two previous studies, built on interviews with Christian victims of sexual abuse (Rudolfsson & Portin, 2018; Rudolfsson & Tidefors, 2015), the respondents described that being a victim of sexual abuse made them feel different and sometimes excluded from their Christian congregation. They wished for a Church that would validate their experiences and a need for rituals that could acknowledge their hurt. Flynn (2008) found in a study, of Christian women who had been sexually abused, that the impact of the abuse was less stigmatizing when the faith communities validated the abuse and created psychological confirmation by showing belief and support for the women. The respondents in Flynn's study stressed their need to feel loved by the other parishioners, which in turn offered them a way to regain their trust in the congregation.

Compared with other forms of religion-related maltreatment (e.g., intra-familial abuse in a religious family) cases of child sexual abuse involving religious authorities as perpetrators, involve more sexual abuse, more

men than women perpetrators, and more and older victims, who, compared to younger children are presumably freer of adult supervision (Bottoms, Goodman, Tolou-Shams, Divak, & Shaver, 2015; Bottoms, Shaver, Goodman, & Qin, 1995). Much of the research on religion-related sexual abuse has focused on the Roman Catholic Church. The scandals of child sexual abuse perpetrated by clergy within the Catholic Church has also prompted an increased awareness about the importance of the reactions of others at disclosure.

Several studies show that victims of sexual abuse are often afraid to disclose their experiences out of fear of negative reactions from others. Previous research has also shown that victims often blame themselves for the abuse and that many feel ashamed of what they have been through (e.g., Fiering & Taska, 2005). The therapeutic effect of disclosing having been a victim of sexual abuse seems to depend on whether the victim feels that the one listening is empathetic and supportive. Some studies have even shown that if the one listening does not show empathy and support, the victims' psychological suffering might increase (e.g., Patterson, 2010). In the literature, this is referred to as secondary victimization and describes the risk that disclosure can increase and exacerbate the traumatic experience of being sexually abused (Campbell & Raja, 1999; Patterson, 2010).

Examples of secondary victimization are if the victim feels that her/his story is met with disbelief or if the one listening is cold and distant (Campbell, 2005; Patterson, 2010). Being met with these attitudes can increase the victims' feelings of shame and anger, and further, increase the risk of the victim blaming her/himself for what has happened (e.g., Maddox, Lee, & Barker, 2011). In an interview study with Christian victims of sexual abuse, the respondents described that when their experiences were not validated it was like being abused once again (Rudolfsson & Portin, 2018).

Within the Catholic Church, many victims of clergy-perpetrated abuse have reported secondary victimization. Few priests, within the Catholic Church, were arrested or processed through the criminal system, as bishops were more likely to try to help the abusers, rather than punish them. In line with this, the diocesan leaders focused primarily on the well-being of the priests who had perpetrated the abuse, with little or no discussion about the harm caused to victims. The Church's failure to address the problems

in a timely and appropriate manner, undoubtedly caused further harm and suffering to the victims (e.g., Terry, 2015).

Professional literature places great importance on disclosure for its effect on the victims' ability to cope with the abuse (e.g., Nofziger & Stein, 2006). One variable likely to influence disclosure is the religious and cultural background of the victim as specific culturally dominant values and characteristics may affect the disclosure patterns (e.g., Fontes & Plummer, 2010).

Specific Challenges: Family Structure, Sexual Moral, Shame, and Lack of Knowledge

Because a majority of sexual abuse is perpetrated within the family, the importance of family structure needs to be addressed. As previously mentioned, some cultures are characterized by a collective emphasis in which the welfare of the group (i.e., family) take precedence over the welfare of the individual, whereas Western cultures are often characterized by individualism (e.g., Nassar-McMillan & Hakim-Larson, 2003). For example, collectivism profoundly shapes the structure of many Arab families, including parent–child roles (e.g., Haboush & Alyan, 2013), however, not restricted to Arab families.

Despite its differences, many religions share an emphasis on the importance of family, honor, and daughters' virtue (Ajrouch, 2004; Moran, 1994). Although collectivist cultures might offer an extended social support, if the well-being of the family is prioritized before personal good and if the parent–child relation is structured hierarchal, children may be expected to make sacrifices to benefit the family (e.g., Khalaila, 2010). Many religious families are characterized by a hierarchal and patriarchal structure as respect for parental authority, especially the father's, is highly valued (Erickson & Al-Timimi, 2001; Imbens & Jonker, 1992; Moran, 1994). Furthermore, in some cultures, the family's honor is upheld by the modesty of daughters, sisters, and wives (e.g., Ajrouch, 2004). One consequence of such family structures might therefore be that, especially girls, can find themselves lacking in resources in the event that sexual abuse occurs (Haboush & Alyan, 2013). This is particularly true in cases where

the perpetrator of the abuse is a male member of the family (e.g., Imbens & Jonker, 1992). The role of the man as the head of family, and as the protector, might also make it hard for boys, in such contexts, to disclose being a victim of sexual abuse (e.g., Andersen, 2009).

Attitudes toward disclosure of sexual abuse have been related to traditional gender stereotyping, as individuals with a more traditional view of gender roles are more accepting toward violence against women (Fitzpatrick, Salgado, Suvak, King, & King, 2004). Furthermore, less traditional views of gender have been related to a non-blaming attitude toward the victim (Simonson & Subich, 1999). The traditional family structure and the tendency to prioritize the well-being of the group over the individual, found in many religious groups, may hinder disclosure of sexual abuse out of concerns about shaming the family particularly if the perpetrator of the abuse is a family member (Abu Baker & Dwairy, 2003; Haboush & Alyan, 2013). Disclosing abuse may, in such cases, be viewed as a defiant act that can warrant repercussions. This, in turn, might exacerbate the risk that the victim relies on self-blame and justification to understand and cope with the abuse (e.g., Abu-Ras, 2007). While all children may fear blame and abandonment, if they should disclose being a victim of intra-familiar sexual abuse, the strong reliance on family found in many religious groups may exacerbate this fear (Haboush & Alyan, 2013).

Relating to the importance of family, honor, and shame are attitudes toward sexuality. Many religious groups hold restricted views on sexuality that endorse only heterosexual relations and advocate no sex before marriage (Songy, 2007; Weatherhead & Daiches, 2010). Previous research shows a tendency among some religious groups to silence any discourse related to sexuality in general and to sexual violence. This tendency might be particularly challenging when boys and men are victims of sexual abuse perpetrated by a man, since this particular abuse involves a religious taboo, a religious condemnation of homosexual relations (e.g., Zalcberg, 2012).

Furthermore, some religious groups tend to shy away from providing their children with sexual education partly because of religious influences, partly because of larger cultural sanctions against open discussions about something that is considered as a personal matter. This tendency, of some religious groups and families, to fall into silence on the topic of sexuality

offers a unique challenge as silence tends to breed silence (Haboush & Alyan, 2013). If a child is being taught that sex is associated with something dirty or shameful, a taboo, and something one should not talk about it decreases the likelihood of children disclosing sexual abuse (Erickson & Al-Timimi, 2001; Kulwicki, 2002). Because shame on a general level has been emphasized as a central emotional consequence for individuals who have been sexually abused, there is a risk that a religious view of sexuality as shameful could exacerbate the victim's tendency to blame themselves for the abuse, viewing themselves as disgraceful and morally ruined through the abuse (Farrell, 2009; Haboush & Alyan, 2013; Imbens & Jonker, 1992; Moran, 1994).

As several trauma reactions such as depression, anxiety, and PTSD have been noted to be prevalent among those who have been sexually abused, the stigma attached to mental health problems, in many religious groups, also need to be addressed. Internationally, stigma has been found to be a primary barrier to seeking mental health care (World Health Organization, 2001). Being part of a religious community has been found to sometimes hinder the individual from seeking clinical professional help. Furthermore, previous research shows that many religious individuals seek help from clergy, before seeking clinical help (Koenig, 2009).

However, clergy as helpers, and as a resource for victims, has received less attention in research than have clergy as perpetrators of abuse (e.g., Rudolfsson, 2015). Previous research indicates that caring for victims of sexual abuse is associated with discomfort and insecurity (e.g., Goldblatt, 2009) and, further, studies in Christian samples show that many representatives of the Church feel unprepared and report a lack of knowledge about how to care for victims of sexual abuse within their congregations (Bruns et al., 2005; Rudolfsson & Tidefors, 2009, 2013). Consequently, some studies have highlighted that it could be important for clergy to be able to recognize such reactions and the victims' need for psychiatric care (Milstein, Middel, & Espinosa, 2017; Noort, Braam, van Gool, & Beekman, 2012; Rudolfsson & Portin, 2018).

Some studies have shown that victims of sexual abuse benefits from meeting with other victims, and the need for a safe psychological safe, where the victim can find rest from the negative thought related to the abuse has been stressed (e.g., Kaplan, 2006). It has also been suggested that

the religious community could function as this safe space, by for example, offering restitution rituals (Rudolfsson & Portin, 2018). However, these suggestions are based on studies with individuals who had suffered abuse that occurred outside Church, that is, not by a representative for the religious community. The suffering and pain of victims of abuse perpetrated by a representative for the Church raises even more challenging questions in regard to the congregation as a safe space. How the congregation could possibly function as a safe space for such victims, needs further investigation. Representatives of the religious community should not treat psychiatric symptoms, and need to be aware when a victim's reactions exceed their competence and, in such cases, refer the victim to a clinical specialist. Furthermore, even when referrals do not need to be made, if a representative of a religious community wants to offer care to victims of sexual abuse, knowledge about sexual abuse, and its consequences need to be acquired, including the risk of secondary victimization (Rudolfsson & Portin, 2018).

Conclusion and Practical Implications

This chapter has outlined the psychological consequences of being sexually abused as well as the potential consequences on the victims' faith. Commonalities and diversities in religious coping across religions have been outlined, and specific challenges across contexts have been discussed. Below are the conclusions and practical implications of this work.

- Worldwide, the prevalence of child sexual abuse range from 8 to 31% for girls and 3 to 17% for boys. In addition to this, studies estimate that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner at some point in their lives. More girls and women are sexually abused than are boys and men.
- Trauma reactions, such as depression, anxiety, and PTSD are prevalent among those who have been sexually abused. Self-blame, feelings of loneliness, suicidal thoughts, and guilt are other negative consequences,

and shame has been emphasized as a central emotional consequence for individuals who have been sexually abused.

- Trauma can disrupt the individual's sense of purpose and meaning in life and the victim can come to struggle to understand the abuse from a spiritual point of view. The struggles for a religious understanding of the trauma suffered can include anger, despair, confusion, guilt, and sometimes complete withdrawal. If the victim is unable to maintain their faith, they may be further burdened with guilt. Besides the psychological consequences that victims may suffer, for the religious victim, the abuse can therefore also result in a religious trauma.
- Childhood sexual abuse tends to damage the victim's faith, both individual and corporate forms of religiousness, and having been sexually abused is negatively associated with religious involvement, such as participation in church activities. Victims of sexual abuse, who were able to use their faith to make meaning out of their experiences, typically do so outside the context of organized religion, turning to individual spirituality for make meaning.
- Many studies have found that the victim's relation to God is influenced by having been sexually abused. People who have been sexually abused report more anger toward God than people who have not been abused, and further, they tend to feel that God is more distant from them. However, although sexual abuse might lead to a distrust in God, many victims still voice a need for a religious dimension in their lives as well as a longing for a more comforting relation to God.
- The sometimes contradictory feelings of being angry at, and betrayed by, God while at the same time seeking closeness to, and comfort from, God can be understood through attachment theory. In the same way, as a dependent child needs to protect its view of its parents in order to maintain the attachment bond, doubting God and expressing anger toward Him can be seen as both frightening and threatening. The victim's inner bond to God might not be able to withstand it, while the victim of abuse may not know how to live without that bond.

- Each religion has specific beliefs and rituals, which respond to the different stressors of individual believers, in varying contexts. Different religions, therefore, differ in the manner in which they correlate with mental health and, furthermore, within religions variance occur between individuals as well as between different situations and stressors.
- Depending on the society and religious community that the sexual abuse occurs, it is likely to have different effect on how the victim is able to understand and cope with what has happened. Although more research on religious coping across religions is needed, the studies available suggest that some forms of religious coping, reflecting benevolent reappraisals, might be beneficial for the believer's mental well-being, whereas others, reflecting religious struggles, might be harmful.
- When an individual face trauma and search for religious meaning and comfort, this is not solely a personal, or intra-psychic, process. It is also part of a reciprocal process between individuals. In addition to prayer, religious individuals often seek religious support, from religious leaders and other parishioners, when trying to learn to live with what has happened. Professional literature places great importance on disclosure for its effect on the victims' ability to cope with the abuse.
- The therapeutic effect of disclosing having been a victim of sexual abuse seems to depend on whether the victim feels that the one listening is empathetic and supportive. Some studies have even shown that if the one listening does not show empathy and support, the victims' psychological suffering might increase. This is referred to as secondary victimization.
- Examples of secondary victimization are if the victim feels that her/his story is met with disbelief or if the one listening is cold and distant. Being met with these attitudes can increase the victims' feelings of shame and anger, and further, increase the risk of the victim blaming her/himself for what has happened. Within the Roman Catholic Church, many victims of clergy-perpetrated abuse have reported secondary victimization, and the Church's failure to address the problems in a timely and appropriate manner undoubtedly caused further harm and suffering to the victims.
- Family structure can influence the victim's ability to disclose sexual abuse. Many religious families are characterized by a hierarchal and patriarchal structure as respect for parental authority, especially the

father's, is highly valued. In cultures where the family's honor is upheld by the modesty of daughters, sisters, and wives, especially girls can find themselves lacking in resources in the event that sexual abuse occurs. The role of the man as the head of family, and as the protector, might also make it hard for boys, in such contexts, to disclose being a victim of sexual abuse.

- Many religious groups hold restricted views on sexuality that endorse only heterosexual relations and advocate no sex before marriage. There is a tendency among some religious groups to silence any discourse related to sexuality in general and to sexual violence, and some religious groups tend to shy away from providing their children with sexual education. If a child is being taught that sex is associated with something dirty or shameful, and something one should not talk about it decreases the likelihood of children disclosing sexual abuse. There is also a risk that a religious view of sexuality as shameful could exacerbate the victim's tendency to blame themselves for the abuse, viewing themselves as disgraceful and morally ruined through the abuse.
- Many religious individuals seek help from clergy, before seeking clinical help. However, many representatives of the Church feel unprepared and report a lack of knowledge about how to care for victims of sexual abuse within their congregations.
- Some studies have shown that victims of sexual abuse benefits from meeting with other victims, and the need for a safe psychological safe, where the victim can find rest from the negative thought related to the abuse has been stressed. It has also been suggested that the religious community could function as this safe space by, for example, offering restitution rituals. However, these suggestions are based on studies with individuals who had suffered abuse that occurred outside Church, that is, not by a representative for the religious community. The suffering and pain of victims of abuse perpetrated by a representative for the religious community raise even more challenging questions in regard to the congregation as a safe space. How the congregation could possibly function as a safe space for such victims, needs further investigation.
- Representatives of the religious community should not treat psychiatric symptoms, and need to be aware when a victim's reactions exceed their competence. In such cases, referrals to a clinical specialist need to be

made. Even when referrals do not need to be made, if a representative of a religious community wants to offer care to victims of sexual abuse, knowledge about sexual abuse and its consequences need to be acquired, including the risk of secondary victimization.

References

Abu Baker, K., & Dwairy, M. (2003). Cultural norms versus state laws in treating incest: A suggested model for Arab families. *Child Abuse and Neglect, 27,* 109–123.

Abu-Raiya, H., & Pargament, K. I. (2015). Religious coping among diverse religions: Commonalities and diversities. *Psychology of Religion and Spirituality, 7*(1), 24–33.

Abu-Ras, W. (2007). Cultural beliefs and service utilization by battered Arab immigrant women. *Violence Against Women, 13*(10), 1002–1028.

Aflakseir, A., & Coleman, P. G. (2009). The influence of religious coping on the mental health of disabled Iranian war veterans. *Mental Health, Religion & Culture, 12,* 175–190.

Ai, A., Peterson, C., & Huang, B. (2003). The effect of religious-spiritual coping on positive attitudes of adult Muslim refugees from Kosovo and Bosnia. *International Journal for the Psychology of Religion, 13,* 29–47.

Ainsworth, M. D. S. (1985). Attachments across the life span. *Bulletin of the New York Academy of Medicine, 61,* 792–812.

Ajrouch, K. J. (2004). Gender, race, and symbolic boundaries: Contested spaces of identity among Arab-American adolescents. *Sociological Perspectives, 47*(4), 371–391.

Al-Krenawi, A., & Graham, J. R. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. *Health and Social Work, 25,* 9–23.

Andersen, T. H. (2009). *Sårbar og sterk: Menn som har vært utsatt for seksuelle overgrep i oppveksten. En kvalitativ studie av sosiale og kulturelle faktorers innvirkning på virklighetsskapning og mestring* [Vulnerable and strong: Men exposed to sexual abuse growing up—A qualitative study of social and cultural factors influencing reality construction and coping] (Doctoral dissertation). Norges teknisk-naturvitenskaplige universitet.

Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health, 58,* 469–483.

Ben-Ezra, M., Yuval, P., Sternberg, D., Berkley, D., Eldar, H., Glidai, … Shrira, A. (2010). Losing my religion: A preliminary study of changes in belief pattern after sexual assault. *Traumatology, 16* (2), 7–13.

Bernier, A., & Meins, E. (2008). A threshold approach to understanding the origins of attachment disorganization. *Developmental Psychology, 44,* 969–982.

Birgegard, A., & Granquist, P. (2004). The correspondence between attachment to parents and to God: Three experiments using subliminal separation cues. *Personality and Social Psychology Bulletin, 30,* 1122–1135.

Bottoms, B. L., Goodman, G. S., Tolou-Shams, M., Divak, K. R., & Shaver, P. R. (2015). Religion-related child maltreatment: A profile of cases encountered by legal and social service agencies. *Behavioral Sciences & the Law, 33,* 561–579.

Bottoms, B. L., Nielsen, M., Murray, R., & Filipas, H. (2003). Religion-related child physical abuse: Characteristics and psychological outcomes. *Journal of Aggression, Maltreatment, and Trauma, 8,* 87–114.

Bottoms, B. L., Shaver, P. R., Goodman, G. S., & Qin, J. (1995). In the name of God: A profile of religion-related child abuse. *Journal of Social Issues, 51,* 85–111.

Bowlby, J. (1977). The making and breaking of affectional bonds: An aetiology and psychopathology in the light of attachment theory. *The British Journal of Psychiatry, 130,* 201–210.

Bowlby, J. (1980). *Attachment and loss: Vol 3. Loss, sadness, and depression*. New York: Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.

Browne, C., & Winkelman, C. (2007). The effect of childhood trauma on later psychological adjustment. *Journal of Interpersonal Violence, 22,* 648–697.

Bruns, E. J., Lewis, C., Kinney, L. M., Rosner, L., Weist, M. D., & Dantzler, J. A. (2005). Clergy members as responders to victims of sexual abuse and assault. *Journal of Religion and Spirituality in Social Work: Social Thought, 24* (3), 3–19.

Campbell, R. (2005). What really happened? A validation study of rape survivors' help-seeking experiences with legal and medical systems. *Violence and Victims, 20* (1), 55–68.

Campbell, R., & Raja, S. (1999). The secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence and Victims, 14* (3), 261–275.

Carter, J. C., Bewell, C., Blackmore, E., & Woodside, D. B. (2006). The impact of childhood sexual abuse in anorexia nervosa. *Child Abuse and Neglect, 30,* 257–269.

Decker, L. R. (1993). The role of trauma in spiritual development. *Journal of Humanistic Psychology, 33,* 33–46.

Doehring, C. (1993). *Internal desecration: Traumatization and representations of God*. New York: University Press of America.

Elliott, D. M. (1994). The impact of Christian faith on the prevalence and sequelae of sexual abuse. *Journal of Interpersonal Violence, 9,* 95–108.

Erickson, C. D., & Al-Timimi, A. R. (2001). Providing mental health services to Arab Americans: Recommendations and considerations. *Cultural Diversities and Ethnic Minority Psychology, 7,* 308–327.

Esnard, C., & Dumas, R. (2013). Perceptions of male victim blame in a child sexual abuse case: Effects of gender, age and need for disclosure. *Psychology, Crime & Law, 19,* 817–844.

Exline, Y. J. J., Yali, A. M., & Sanderson, W. C. (2000). Guilt, discord, and alienation: The role of religious strain in depression and suicidality. *Journal of Clinical Psychology, 56* (12), 1481–1496.

Falsetti, S. A., Resnick, P. A., & Davis, J. L. (2003). Changes in religious beliefs following trauma. *Journal of Traumatic Stress, 16,* 391–398.

Farrell, D. P. (2009). Sexual abuse perpetrated by Roman Catholic priests and religious. *Mental Health, Religion & Culture, 12,* 39–53.

Fergusson, D. M., McLeod, G. F., & Horwood, L. J. (2013). Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child Abuse and Neglect, 37,* 664–674.

Fiering, C., & Taska, L. S. (2005). The persistence of shame following sexual abuse: A longitudinal look at risk and recovery. *Child Maltreatment, 10,* 337–349.

Fiering, C., Taska, L. S., & Lewis, M. (2002). Adjustment following sexual abuse discovery: The role of shame and attributional style. *Developmental Psychology, 38*(1), 79–92.

Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse and Neglect, 18,* 409–417.

Fitzpatrick, M. K., Salgado, D. M., Suvak, M. K., King, L. A., & King, D. W. (2004). Associations of gender and gender-role ideology with behavioral and attitudinal features of intimate partner aggression. *Psychology of Men & Masculinity, 5,* 91–102.

Flynn, K. A. (2008). In their own voices: Women who were sexually abused by members of the clergy. *Journal of Child Sexual Abuse, 17,* 216–237.

Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse, 19,* 491–518.

Fortney, T., Levenson, J., Brannon, Y., & Baker, J. N. (2007). Myths and facts about sexual offenders: Implications for treatment and public policy. *Sexual Offender Treatment, 2*(1), 1–15.

Freyd, J. J. (2003). *What is betrayal trauma? What is betrayal trauma theory?* Retrieved from http://pages.uoregon.edu/dynamic/jjf/defineBT.html.

Freyd, J. J. (2008). Betrayal trauma. In G. Reyes, J. D. Elhai, & J. D. Ford (Eds.), *Encyclopedia of psychological trauma.* New York: Wiley.

Gall, T. L. (2006). Spirituality and coping with life stress among adult survivors of childhood sexual abuse. *Child Abuse and Neglect, 30,* 829–844.

Gall, T. L., & Guirguis-Younger, M. (2013). Religious and spiritual coping: Current theory and research. In K. I. Pargament, J. J. Exline & J. W. Jones (eds.), *APA handbook of psychology, religion, and spirituality. Vol. 1: Context, theory, and research.* Washington, DC: American Psychological Association.

Ganje-Fling, M. A., & McCarthy, P. (1996). Impact of childhood sexual abuse on client spiritual development: Counseling implications. *Journal of Counseling & Development, 74*(3), 253–258.

Ganzevoort, R. R. (1998). Religious coping reconsidered. Part two: A narrative reformulation. *Journal of Psychology and Theology, 26,* 276–286.

Glenn, S. A., & Byers, S. E. (2009). The roles of situational factors, attributions, and guilt in the well-being of women who have experienced sexual coercion. *The Canadian Journal of Human Sexuality, 18*(4), 201–219.

Goldblatt, H. (2009). Caring for abused women: Impact on nurses' professional and personal life experiences. *Journal of Advanced Nursing, 65*(8), 1645–1654.

Granqvist, P., Mikulincer, M., & Shaver, P. R. (2010). Religion as attachment: Normative processes and individual differences. *Personality and Social Psychology Review, 14*(1), 49–59.

Grossman, F. K. E., Cook, A. B., Kepkep, S. S., & Koenen, K. C. (1999). *With the phoenix rising: Lessons from ten resilient women who overcame the trauma of childhood sexual abuse.* San Fransisco: Jossey-Bass.

Grossman, F. K., Sorsoli, L., & Kia-Keating, M. (2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse. *American Journal of Orthopsychiatry, 76,* 434–443.

Haboush, K. L., & Alyan, H. (2013). "Who can you tell?" Features of Arab culture that influence conceptualization and treatment of childhood sexual abuse. *Journal of Child Sexual Abuse, 22*(5), 499–518.

Hall, K. (2008). Childhood sexual abuse and adult sexual problems: A new view of assessment and treatment. *Feminism & Psychology, 18,* 546–556.

Harvey, J. H., Orbuch, T. L., & Weber, A. L. (1990). A social psychological model of account-making in response to severe stress. *Journal of Language and Social Psychology, 9,* 191–207.

Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.

Imbens, A., & Jonker, I. (1992). *Christianity and incest*. Minneapolis, MN: Fortress Press.

Jordan, M. R. (1995). A spiritual perspective on trauma and treatment. *NCP Clinical Quarterly, 5,* 9–10.

Kane, D., Cheston, S. E., & Greer, J. (1993). Perceptions of God by survivors of childhood sexual abuse: An exploratory study in an under researched area. *Journal of Psychology and Theology, 21,* 228–237.

Kaplan, S. (2006). Children in genocide: Extreme traumatization and the 'affect propeller'. *The International Journal of Psychoanalysis, 87*(3), 725–746.

Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*(1), 164–180.

Khalaila, R. (2010). Development and evaluation of the Arabic Filial Piety Scale. *Research on Social Work Practice, 20,* 356–367.

Kirkpatrick, L. A. (1992). An attachment theory approach to the psychology of religion. *The International Journal for the Psychology of Religion, 2,* 3–28.

Kirkpatrick, L. A. (1998). God as a substitute attachment figure: A longitudinal study of adult attachment style and religious change in college students. *Personality and Social Psychology Bulletin, 24,* 961–973.

Kirkpatrick, L. A., & Shaver, P. R. (1990). Attachment theory and religion: childhood attachments, religious beliefs and conversion. *Journal for the Scientific Study of Religion, 29,* 315–334.

Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry, 54*(5), 283–291.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (Eds.). (2001). *Handbook of religion and health.* New York: Oxford University Press.

Kulwicki, A. D. (2002). The practice of honor crimes: A glimpse of domestic violence in the Arab World. *Issues in Mental Health Nursing, 23,* 77–97.

Lazar, A., & Bjork, J. P. (2008). Religious support and psychosocial well-being among a religious Jewish population. *Mental Health, Religion & Culture, 11,* 403–421.

Lemieux, S. R., & Byers, E. S. (2008). The sexual well-being of women who have experienced child sexual abuse. *Psychology of Women Quarterly, 32,* 126–144.

Lemoncelli, J., & Carey, A. (1996). The psycho-spiritual dynamics of adult survivors of abuse. *Counselling and Values, 40,* 175–180.

Maddox, L., Lee, D., & Barker, C. (2011). Police empathy and victim PTSD as potential factors in rape case attrition. *Journal of Police and Criminal Psychology, 26* (2), 112–117.

Maniglio, R. (2009). The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review, 29,* 647–657.

Milstein, G., Manierre, A., & Yali, A. M. (2010). Psychological care for persons of diverse religions: A collaborative continuum. *Professional Psychology: Research and Practice, 41,* 371–381.

Milstein, G., Middel, D., & Espinosa, A. (2017). Consumers, clergy, and clinicians in collaboration: Ongoing implementation and evaluation of a mental wellness program. *American Journal of Psychiatric Rehabilitation, 20*(1), 34–61.

Miner, M. (2009). The impact of child-parent attachment, attachment to God and religious orientation on psychological adjustment. *Journal of Psychology and Theology, 37,* 114–124.

Moran, P. A. (1994). Children as victims of sexual abuse. In S. J. Rosetti (Ed.), *Slayer of the soul: Child sexual abuse and the Catholic Church*. Mystic, IA: Twenty-Third Publications.

Nassar-McMillan, S. C., & Hakim-Larson, J. (2003). Counseling considerations among Arab Americans. *Journal of Counseling and Development, 81,* 150–159.

Nofziger, S., & Stein, R. E. (2006). To tell or not to tell: Lifestyle impacts on whether adolescents tell about violent victimization. *Violence Victims, 21*(3), 371–382.

Noort, A., Braam, A., van Gool, A., & Beekman, A. (2012). Recognition of psychopathology with religious content by clergy members: A case vignette study. *Mental Health, Religion and Culture, 15*(2), 205–215.

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.

Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology, 56,* 519–543.

Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues, 61,* 707–729.

Park, C. L. (2013). Religion and meaning. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality*. New York: Guilford Press.

Park, C. L., Edmondson, D., & Hale-Smith, A. (2013). Why religion? Meaning as motivation. In K. I. Pargament, J. J. Exline, & J. Jones (Eds.), *APA handbook of psychology, religion, and spirituality. Vol. 1: Context, theory, and research*. Washington, DC: American Psychological Association.

Patterson, D. (2010). The linkage between secondary victimization by law enforcement and rape case outcomes. *Journal of Interpersonal Violence, 26* (2), 328–347.

Phillips, R. E., Michelle Cheng, C., Oemig, C., Hietbrink, L., & Vonnegut, E. (2012). Validation of a buddhist coping measure among primarily non-asian buddhists in the United States. *Journal for the Scientific Study of Religion, 51*(1), 156–172.

Rakow, A., Smith, D., Begle, A. M., & Ayer, L. (2011). The association of maternal depressive symptoms with child externalizing problems: The role of maternal support following child sexual abuse. *Journal of Child Sexual Abuse, 20,* 467–480.

Rizutto, A.-M. (1979). *The birth of the living God: A psychoanalytic study*. Chicago: Chicago University Press.

Romans, S. E., Martin, J. L., Anderson, J. C., O'Shea, M. L., & Mullen, P. E. (1995). Factors that mediate between child sexual abuse and adult psychological outcome. *Psychological Medicine, 25,* 127–142.

Rosetti, S. J. (1995). The impact of child sexual abuse on attitudes toward God and the Catholic Church. *Child Abuse and Neglect, 19,* 1469–1481.

Ross, T. (2004). Attachment representation, attachment style or attachment pattern? Usage of terminology in attachment theory. In F. Pfäfflin & G. Adshead (Eds.), *A matter of security: The application of attachment theory to forensic psychiatry and psychotherapy*. London: Jessica Kingsley Publisher.

Rudolfsson, L. (2015). *Walk with me: Pastoral care for victims of sexual abuse viewed through existential psychology* (Doctoral dissertation). University of Gothenburg.

Rudolfsson, L., & Portin, F. (2018). It's almost impossible to speak about it: Sexual abuse, forgiveness, and the need for restitution rituals. *Religions, 9*(12), 1–18.

Rudolfsson, L., & Tidefors, I. (2009). Shepherd my sheep: Clerical readiness to meet the psychological and existential needs of victims of sexual abuse. *Pastoral Psychology, 58,* 79–92.

Rudolfsson, L., & Tidefors, I. (2013). I stay and I follow: Clerical reflections on pastoral care for victims of sexual abuse. *Journal of Pastoral Care & Counseling, 67* (2), 1–14.

Rudolfsson, L., & Tidefors, I. (2014). I have cried to Him a thousand times, but it makes no difference: sexual abuse, faith, and images of God. *Mental Health, Religion & Culture, 17,* 910–922.

Rudolfsson, L., & Tidefors, I. (2015). The struggles of victims of sexual abuse who seek pastoral care. *Pastoral Psychology, 64,* 453–467.

Rudolfsson, L., Tidefors, I., & Strömwall, L. A. (2012). Sexual abuse and the Christian congregation: The role of gender in pastoral care for victims. *Pastoral Psychology, 61,* 375–388.

Runtz, M. G., & Schallow, J. R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. *Child Abuse and Neglect, 21,* 211–226.

Russell, D. E. H. (1999). *The secret trauma: Incest in the lives of girls and women.* New York: Basic Books.

Ryan, P. L. (1998). An exploration of the spirituality of fifty women who survived childhood violence. *The Journal of Transpersonal Psychology, 30,* 87–102.

Sigurdardottir, S., Halldorsdottir, S., & Bender, S. S. (2014). Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences. *Scandinavian Journal of Public Health, 42,* 278–286.

Simonson, K., & Subich, L. (1999). Rape perceptions as a function of gender-role traditionality and victim-perpetrator association. *Sex Roles, 40,* 617–634.

Smith, S. (2004). Exploring the interaction of trauma and spirituality. *Traumatology, 10*(4), 231–243.

Songy, D. G. (2007). Psychological assessment of homosexual tendencies in potential candidates for the Roman Catholic priesthood. *Pastoral Psychology, 56,* 237–247.

Spilka, B., Hood, R. W., Jr., Hunsberger, B., & Gorsuch, R. (2003). *The psychology of religion.* New York: The Guilford Press.

Tarakeshwar, N., Pargament, K. I., & Mahoney, A. (2003). Initial development of a measure of religious coping among Hindus. *Journal of Community Psychology, 31,* 607–628.

Terry, K. J. (2015). Child sexual abuse within the Catholic Church: A review of global perspectives. *International Journal of Comparative and Applied Criminal Justice, 39*(2), 139–154.

Thompson, A., Nelson, B., McNab, C., Simmons, M., Leicester, S., McGorry, P. D., … Yung, A. R. (2010). Psychotic symptoms with sexual content in the "ultra-high risk" for psychosis population: Frequency and association with sexual trauma. *Psychiatry Research, 177,* 84–91.

Tidefors Andersson, I. (2002). *Från barndom till brott: Om 20 män dömda för sexuella övergrepp mot 38 barn* [From childhood to crime: 20 men convicted of sexual abuse of 38 children] (Doctoral dissertation). University of Gothenburg.

Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse, 16,* 19–36.

Walker, D. F., Reid, H. W., O'Neill, T., & Brown, L. (2009). Changes in personal religion/spirituality during and after childhood sexual abuse: A review and synthesis. *Psychological Trauma: Theory, Research, and Policy, 1*(2), 130–145.

Weatherhead, S., & Daiches, A. (2010). Muslim views on mental health and psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice, 83,* 75–89.

Wilson, L. C., & Miller, K. E. (2016). Meta-analysis of the prevalence of unacknowledged rape. *Trauma, Violence and Abuse, 17* (2), 149–159.

Wilson, J. P., & Moran, T. A. (1998). Psychological trauma: Posttraumatic stress disorder and spirituality. *Journal of Psychology and Theology, 26,* 168–178.

World Health Organization. (2001). *The World Health Report 2001, Mental Health: New Understanding, New Hope*. Geneva: World Health Organization.

Young, J. S., Cashwell, C. S., & Shcherbakova, J. (2000). The moderating relationship of spirituality on negative life events and psychological adjustment. *Counselling and Values, 45,* 49–58.

Zalcberg, S. (2012). Gender differences in the involvement of young people in the matchmaking process in an extreme ultra-orthodox community. *Journal of Jewish Identities, 5*(2), 27–50. https://doi.org/10.1353/jji.2012.0023

9

Concluding Chapter

Jo Honour

Twenty-four years working as a Chaplain for HMPPS has given me a particular position from which to participate, observe and attempt to assess the way in which religion does or does not impact on the rehabilitation of offenders. The last ten years of this work have been spent exclusively with people convicted of a sexual offence (PCOSO) so the explorations of this book are highly significant for my work and the work of all those seeking desistance as the outcome of their interventions with their user-groups.

This publication, which seeks to identify the way in which religion impacts, both negatively and positively, the lives of many PCOSOs, will prove to be a valuable tool for all those trying to understand the best way forward in desistance interventions. My own experience of attempting to resettle a repentant and contrite PCOSO into a Christian worshipping community has been mixed. Rigorous safeguarding processes have been adopted by almost every Christian denomination, although these have

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yet to find their way into most minority faith settings. However, this seems to have been the result of what might be described as a knee-jerk reaction in the light of serious emotional and sexual abuses of power from within the Church. Understandably, the default position has been to make attendance at church dependent on adherence to tight restrictions which serve to prevent a PCOSO forming new friendships or playing a public part in the religious gathering. This publication offers alternative perspectives by highlighting the way in which social interactions and opportunities to take up a meaningful role in a community can contribute *significantly* to the reduction of reoffending. It is my hope that the pendulum of risk-averse responses has swung to its highest point. This volume offers current research and comment which can be used to keep safeguarding in a religious context professionally evaluated and assessed.

My personal statement of purpose is 'Belief must affect behaviour.' The last decade has done nothing to disabuse me of the importance of this strapline for PCOSOs. What is the point of being religious or spiritual if this does not positively affect the way we treat and relate to others? All the religions that Chaplaincy teams facilitate in prison aspire to this end; through external religious expressions, through scriptural teaching and through an individual follower's inner spiritual outworking of instructions and ideas. When working, worshipping, or making friends with a person whose lifestyle has been harmful to others, a person or community of faith should set the aspiration to 'live well' as the goal.

Chapter 1 of this book gives a helpful summary of the way in which multi-faith Chaplaincies work within prisons. Attention is drawn to the differences between *religion*, which concerns outward and physical routines and disciplines, and *faith* which 'concerns more internal matters, those of the heart and mind.' However, Beedon goes on to observe that a 'desire to see lives transformed is not a concern exclusive to people of faith,' and so the subsequent content of this publication is particularly relevant to Chaplains and others who believe intuitively that religion/faith 'make a difference' but are unable to offer any substantive proof. Nevertheless, although anecdotal comment about individual lives transformed by finding or rediscovering faith can capture the imagination of fellow-believers or faith communities, they should not be expected in themselves to change objective opinions or professional practice. It is to be hoped

that the work and comment outlined in this book offer a solid academic and practical starting point for those involved in any way (funding, facilitating or providing) in religious or faith-based work with offenders and ex-offenders.

Kevin Shaw, contributing to this volume as a Chaplain in a High Secure Mental Hospital writes of getting 'to know and walk with a patient,' and in doing so introduces the concept of relational responses to rehabilitation that emerge so clearly this publication. He also highlights the tensions that emerge when juxtaposing religion and faith with sex-offending. In doing this he gives weight to the need for the important research in this area. His honest explorations of some of the pitfalls that religion can exacerbate provide a helpful validation to work presented by other contributors.

In Chapter 4, analysing the way in which faith communities might contribute to a reduced risk of reoffending, Stephanie Kewley observes that, 'most people convicted of sexual offending are capable and willing to change, indeed most do not go on to commit further crime (Hanson & Morton-Bourgon, 2005)… Thus, when working both to prevent recidivism and ensure that people who are committed to change are reintegrated back into society safely, criminal justice agencies have a duty to do so in a way that is both effective and ethical…' Kewley includes comment about the Good Lives Model (GLM) and suggests that it provides good evidence to 'support the case that a religious context may help promote the desistance process for those convicted of sexual offending.' This seems to me to be very important. Admittedly many of those who leave UK prisons with their name on the sex-register have no desire to follow any religious pathway or teaching. But the religious registration of PCOSOs serving sentences demonstrates clearly that, for this cohort, religion carries some weight in their lives. Since I began working in this context, religious registration for PCOSOs serving sentences in prison has always been around 70%[1]—a sharp contrast to jails holding other types of offenders. Hewley comments that reconviction rates for PCOSOs are relatively (I would say, significantly) lower than for other groups but goes on to say, 'such facts will be of little comfort to those who are re-victimised. Thus, for criminal justice agencies, the prevention of sexual recidivism is a primary aim.' It seems to me imperative that religious communities begin to take seriously the role they might play in being vehicles for prevention of crime through

an *open* rather than closed door into their worshipping life together. Kewley is at pains to remind readers that some PCOSOs remain intent on causing harm to other. For these, she points out, 'control strategies are likely the most viable option. However,' she continues, 'for those committed to living a life free from crime and are attempting to desist from crime, the state and society have a moral and ethical duty to enable and support them in this process.' Faith communities, Kewley notes, enhance their members' sense of 'belonging, affiliation and social support'—these influences are the 'social capital' that contribute so strongly to reducing recidivism.

Chapter 6 expands on Kewley's comments and develops ideas about the interrelationships between religion and desistance from sexual offending. Qualitative research with PCOSOs serving sentences at HMP Whatton is used to draw out significant themes which show the power of the spiritual in the lives of residents. The research seeks to offer balanced comment here; because the power of the spiritual can be either negative or positive. Blagden, Winder and Micklethwaite identify the way in which religion has been regarded with some suspicion by therapists and psychologists working with PCOSOs and they present an unbiased approach towards spiritual interventions. That there are ways in which religion can be 'risky' is identified and used to develop discussion about the ideas under scrutiny. For practioners in the criminal justice field, these insights offer helpful starting points for devising appropriate interventions within HMPPS.

As already commented, the inclusion of personal stories in this volume is both appropriate and stimulating. All religious activity is connected to the individual's story and those included in the volume provide a helpful picture of the way in which religion can be both a negative and a positive influence in helping or hindering patterns of behaviour. All religions teach that life should be lived in a way which blesses and promotes the well-being of others. The personal testimonies in Chapter 7 offer encouraging examples of how faith can meet the human needs of 'attachment, relatedness and belonging'. Indeed, the fact that personal narratives about spirituality are used so effectively here is in itself a demonstration of the way that relational responses to life are so significant. Creeds aside, religious communities provide a shared way to live and a place to belong and in doing so, meet many of the needs that can, if unfulfilled, lead to offending. The

Quaker service user emphasises the importance of connection and writes that this 'may include connection to others present, to something some choose to call God, or simply to something deeper in ourselves.' He personalises this when he explains that connectedness 'in this context is… multi-dimensional… for me: to myself, to other people, and perhaps to something greater than myself. It can be the most wonderful feeling.'

The inner-change that religious faith can promote is reflected in the testimony about the Baha I faith when the author writes of the way in which his faith helps him know himself more honestly. However, he is aware that further change is needed; 'What I am looking for is a sign that a more profound transformation is taking place. I believe it has started.'[2] Genuine religious practice is always part of a journey.

All people are flawed and when this is demonstrated through sexual offending in a faith-based context, as in the narrative provided by the Roman Catholic service user, the ripples of consequence can be particularly keenly noted and felt. In the same way, the importance of true repentance or 'teshuvah' on the part of the perpetrator of sexual assault, is demonstrated in the analysis of the follower of Judaism. Here, the wisdom imparted by religious teaching, shores up an attitude to sexual offending that enables the community of faith to both include *and* exclude PCOSOs appropriately and so, as the primary objective, to protect the vulnerable.

There is no doubt that religion can be used to introduce a person to risky and life-threatening ideologies. The rise of Islamic Extremism is the most obvious example of such an outworking. So, although not directly linked to sex-offending, Chapter 6 gives helpful insight into the idea that both 'internal and external factors' can 'create a vacuum in the personality' of many, perhaps all, who offend against others. Certainly, for the person turning to a religious faith, the sense of something missing inside the self is a significant driver. In my own work I have lost count of the number of times I have heard something along the lines of 'I felt empty, as though something was missing…' as a prelude to a person being a journey of faith. It is to be hoped that this volume of papers might encourage greater exploration of the drivers that create a wide variety of offending behaviours.

It is, of course, important for practitioners working with PCOSOs not to forget the other participants in a story of sexual crime. For this reason, the work presented in Chapter 8 provides a helpful and alternative perspective to sexual offending that gives balance to this volume. Here too,

however, a 'search for a new meaning and purpose' is explored—this time on the part of victims of sexual abuse. In seeking to give attention to those at the receiving end of abuse there is a challenge to religious communities to do more to understand and learn about the consequences of sexual abuse when we read that 'many victims still voice a need for a religious dimension in their lives as well as a longing for a more comforting relation to God.'

In the same chapter, Rudolfsson notes that 'Professional literature places great importance on disclosure.'[3] In the scope of her research she is thinking about victims of abuse. But it also holds true for those working on the other side of the fence as is made clear by all the contributors to this volume. The work here adds weight as I seek to challenge my own faith community to invest in more research; to talk about the issues more openly and honestly and begin to venture away from the risk-averse responses that dominate the current societal stigma-enhancing attitudes.

There is presented here, in this unique volume of research and comment, material to challenge and encourage; to promote a more educated and informed approach to reducing risk of reoffending by people already convicted of a sexual crime. Hopefully the content will be considered and absorbed by the many agencies intervening in this field. The volume presents a timely challenge to the culture of responses which primarily stigmatise PCOSOs. If our aim, like that of the prison where I work, is to return 'citizens, not offenders, to our communities,'[4] then the personal, honest and insightful research presented here provides encouragement to think creatively and move the focus away from retributive punishment and towards creating a more rehabilitative culture.

Notes

1. HMP requires chaplaincies to produce evidence of the religious registration of residents on a weekly or monthly basis.
2. Ibid.
3. Ibid.
4. HMP Stafford vision statement, 2017.

Glossary

Abrahamic Those religions recognised as descended from the Jewish line of Abraham

Attachment A term developed by John Bowlby that describes the biological bond between the infant and its caregiver that evolves to maintain proximity and prevent separation. The infant seeks protection and closeness to build a secure base from which the world can be explored, and a safe harbour to which the child can return if frightened. Regardless of whether the caregiver responds adequately to the child's needs or not, the infant will attach to whatever support is available, and hence, a secure or insecure attachment is developed

Bail hostel Approved Premises, residential units for ex-offenders

Bar/bat mitzvah Initiation ceremony of Jewish boy/girl at age 13

Bid'ah Innovation

Circle The singular noun for Circles of Support and Accountability

Circles of Support and Accountability (CoSA) A structure of support whereby trained members of the pubic meet with a person known to have committed a sexual offence to assist in that person's successful reintegration back into the community in which they live

Clinks A charity that supports, promotes and represents the voluntary sector working with people in the criminal justice system and their families

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Communitarian Based A project or intervention that is delivered by the community, for the community, within the community

Community Notification Scheme A process whereby the local community is notified if and when a high-risk sex offender is moving into their neighbourhood

Community Reintegration The ability for a prisoner or someone previously excluded from wider society or community to be accepted back into society as an equal

Coping An individual's attempts to handle stressful situations. Coping comes in many forms and can be either constructive, passive or destructive for the individual

Core Member The person who has committed the sexual offence and who is the focus of the Circle

Criminal Justice and Civil Renewal Agenda The New Labour government (UK; 1997–2010) instigated a radical agenda for the criminal justice system that included, new legislation, the creation of the National Offender Management Service, the Multi-Agency Public Protection Arrangements and the development of rehabilitative practice such as the Sex Offender Treatment Programmes, and Circles of Support and Accountability. The government's agenda was also to enhance a sense of community by increasing public responsibility for crime prevention and public protection by introducing the Volunteering Strategy to Reduce Re-Offending (2007)

Extremism Any offence committed in alliance with an extreme ideology. Such ideology propagates extremist views and justifies the use of violence and other illegal conduct in pursuit of its objectives

Fundamentalism Elevating the role of a sacred text, norm or its interpretation to the position of a supreme authority

GLM—Good Lives Model The GLM is a strengths-based model of rehabilitation. The model provides a rehabilitation framework that serves to guide clinicians and their clients through a therapeutic process of rehabilitation, promoting personal goods and reducing risk

God concept An individual's cognitive understanding of God, closely tied to theology and what is being taught about God in the religious community

God image An individual's experience of God, built on the quality of attachment and the individual's internal working models

Horizon The programme for treatment of medium-risk sex offenders delivered in custodial and community sites in England and Wales

Identity How an individual perceives themselves, how society perceives them, and an internal belief about the self that impacts thoughts feelings emotions and behaviours

Ihsan Moral excellence

Internal working models (IWM) The interaction between the child and its caregiver gives rise to IWM of self and others. They then function as a compass according to which the world is understood and interpreted, and according to which self-esteem and expectations in other relationships are built

ITD—Identity Theory of Desistance Similar to RCT, ITD states that agents weigh up current life circumstances, with a perceived likely future life, should they continue to offend. It is the fear of a negative self that helps trigger desistance

Jihad To strive, to strive in attaining God's pleasure

Justification The process whereby individuals distort or construct reality in an attempt to make their behaviour acceptable to either themselves or others

Khilafa Succession/Islamic state based on Islamic system

Kohelet One who convenes/addresses an assembly

Kosher Food prepared according to Jewish law

Matzo Crisp, unleavened bread eaten by Jews

Mediation A structured and interactive process used to resolve conflict between various persons or parties using an unbiased third party to assist both in communication and negotiation

Mennonite Originally a Dutch non-conformist Christian community who belonged to the wider Anabaptist movement that developed as part of the Radical Reformation in the sixteenth century

Multi-Agency Public Protection Arrangements In 2000, a legal obligation was placed on all UK Police and Probation areas to collate, review and action management plans for all known violent and sexual offenders living within that area

Name and Shame A campaign that was conducted in the year 2000 by the national Sunday paper the News of the World. The campaign named, often accompanied with a photograph, an individual convicted of sexual crime, giving the personal details of the individual. The campaign was part of a wider movement to try to influence government policy to introduce community notification

National Accredited Prison and Community Sex Offender Programme Implemented in 2000 the UK government created 3 community-based Sex Offender Treatment Programmes, the West Midland, the Thames Valley and the Northumbria Treatment Programmes to complement the Prison Sex Offender Treatment Programme. Facilitators on these programmes had to be assessed and trained to deliver the programme

Organic Typified by a natural and steady development. In Canada, CoSA grew from a grass-roots initiative and remained separate from government

Post-traumatic growth (PTG) A positive change that can be experienced as a result of adversity or trauma. PTG refers to psychological shifts in an individual's

thinking and relating to the world that contribute to a personal process of change that is perceived as deeply meaningful

Post-traumatic stress disorder (PTSD) A long-lasting and reoccurring state of anxiety that is the result of the individual suffering trauma. The traumatic event manifests itself for the individual as memories, nightmares or emotional re-enactment in situations that can be perceived as similar to the traumatic event (e.g. sounds, smells, lights, etc.). Individuals suffering from PTSD often try to avoid thoughts, feelings, activities and situations that are connected to the traumatic event. Lack of interest, feeling alienated from others, lacking the ability to experience positive emotions, sleeping problems, irritability, concentration-difficulties, passivity and hypervigilance are among the symptoms of PTSD

Quaker Peace and Social Witness The operational organisation working within the Religious Society of Friends, to implement the Quaker vision of peace and conflict resolution. It employs paid and professional staff

Radicalisation A process through which an individual or a group can adopt an increasingly extreme political, social or religious ideology/understanding

Ramadhan The ninth month of the Muslim year, during which strict fasting is observed from dawn to sunset

Rambam Moses Maimonides, physician, rabbi and philosopher, Approx.—1135–1204

RCT—Rational Choice Theory RCT recognises people as reasoning agents, who, when deciding whether to commit a crime, do so through a process of considering associated costs and benefits

Redemption A multifaceted process centred around forgiveness and individuals' need to forgive themselves, for society to forgive them and for a Higher power to forgive them

Religion A sacred belief, ritual or norm mostly believed as divine

Religiosity Human interpretation of a sacred belief, ritual or norm

Religious coping (RC) A form of coping that is inherently derived from religious beliefs, practices, experiences, emotions or relationships. Positive forms of RC reflect a secure relationship with God, a belief that there is a greater meaning to be found, and a sense of spiritual connectedness with others. Negative forms of RC reflect a view of the world as threatening, religious struggles to find and conserve meaning in life, and a spiritual struggle with the relation to God

Resilience An attribute of an individual who is functioning better than expected, in spite of a number of risk factors in their lives

Restorative Intervention An intervention that operates on the basis of both restorative principles and restorative processes

Rosh Hashanah Jewish religious new year festival

Sabr Patience

SCT—Social Control Theories SCTs claim that deviant behaviour and crime occur as a result of broken bonds and weak ties between the individual and social institutions

Secondary victimisation The risk that disclosure can increase and exacerbate the traumatic experience of being sexually abused. If the one that the victim confides in does not show empathy and support, the victim's psychological suffering might increase

Shame Should be understood as a negative and harmful emotion that can prevent an individual from asking for help. This emotion is likely to influence social exclusion, self-isolation and should not be confused with the emotion of guilt

Skull caps A small close-fitting peakless cap for Jewish observance

Social and Cultural Capital The accumulation of knowledge and skills that enables a person to increase their status and contribution within society. The concept was conceived and developed by French sociologist Pierre Bourdieu

Shame Should be understood as a negative and harmful emotion that prevents the individual from asking for help. This emotion is likely to influence social exclusion, self-isolation and should not be confused with the emotion of guilt

SOPO—Sexual Offender Prevention Order A prevention order issued by the courts prohibiting certain actions of an individual that are deemed necessary to protect the public, for example, prohibiting the person from having unsupervised contact with anyone under the age of 18

Stigma An individual being marked due to other's prejudice. Stigma is a denigrating feature which complicates the individual's ability to adapt and recover

Systemic Relating to a whole system. Unlike its Canadian counterpart, CoSA in the UK was implemented and funded by government and was developed within the overall risk management system for those offenders known to have committed a sexual offence

Taqwa/Wara' Being conscious of God

Tauba Repentance

Teshuva Atoning, returning, repenting

The Lucy Faithfull Foundation A UK child protection charity that works specifically with adults who perpetrate sexual violence towards children. They were also the organisation that implemented the national Stop it Now! Campaign, a public awareness campaign that also offered a confidential helpline for any adult concerned for the safety of a child, including the perpetrators themselves

Torah Law of God, as revealed to Moses

Unlock A charity that campaigns for equality of treatment for reformed offenders

Victim Offender Reconciliation Project A restorative justice project developed by the Mennonites that facilitated reconciliation between victims, offenders and the wider community

Vulnerable Persons Wing Prison wing for those unsafe on the main wings

Yom Kippur Day of Atonement, the most solemn Jewish religious fast

Index

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