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The utility of peer-support in enhancing the treatment of incarcerated sexual offenders

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Abstract

Purpose – In the quest to maximize treatment gains, recent research has shifted focus from treatment itself to the context in which treatment takes place. Such investigations have alluded to rehabilitative climate, therapeutic alliance, prison social climate, and the efficacy of group process. This paper reviews peer-support as a mechanism via which these goals might be reached. Design/methodology/approach – A review of the literature on peer-support in carceral settings was undertaken in February 2017. Findings – While there is very little research exploring peer-support in the context of offender rehabilitation, there are some promising signs from many qualitative investigations that peer-led roles can bridge many gaps in support within the therapeutic context. Research limitations/implications – More research on the potential negative impact of peer-support in carceral setting is needed. Practical and implications – This paper proposes that the implementation of peer-support programs that operate alongside treatment interventions represent an encouraging direction for the future. It is argued that prisoner-led peer-support initiatives that are characterized by shared problem solving and reciprocal emotional support can greatly reduce the anxiety prisoners face surrounding treatment. It is suggested that, through peer-support, treatment gains may be enhanced and better assimilated into program-completers' lives. Social implications – Peer-support may assist current treatment approaches with sexual offenders and could therefore potentially contribute to reductions in recidivism. Originality/value – This paper is the first to review peer-support in the context of imprisonment and offender therapy. It therefore provides an important status update for future researchers wishing to investigate this topic, and outlines several priorities that such research might interrogate further.

Key words: sexual offending, therapeutic community, group therapy, peer-support

Introduction

There is now cautious optimism for the effectiveness of sexual offender treatment programs (SOTPs), with a seminal meta-analysis from Lösel and Schmucker (2005) revealing a mean recidivism rate of 11.1% in treated groups and 17.5% in control groups. However, evidence still suggests that at least one in ten sexual offenders will re-offend after completing a SOTP. This has prompted investigators such as Langstrom et al. (2013) to remind us that there is still significant room for improvement. One important finding from Lösel and Schmucker's (2005) work was that prison-based treatment was found to be less effective than outpatient treatment. While this outcome was likely confounded by the fact that high risk sexual offenders were more likely to receive treatment in prison, it still raises the issue of what can be done to improve prison-based treatment.

Responses to this issue have thus far focused on the content of SOTPs, but also on the manner and context in which they are delivered. The result is a large cumulative body of theoretical and empirical literature which has fostered the development of etiological theories (i.e. *why* individuals offend), better risk prediction procedures (*who* is likely to reoffend), clarification of treatment targets and techniques (*what* is targeted within treatment), and, the subject of more recent focus, effective methods and procedures (*how* we should deliver treatment content). Regarding the latter, McGrath et al. (2010) surveyed North American and Canadian sex offender programs and reported that the majority of residential or prison-based programs use group-based cognitive-behavioral programs of significant treatment dosage within which criminogenic needs (see Andrews & Bonta, 2010) are targeted. While there is some consistency in this regard (in terms of SOTP content), there remains much variability in the treatment methods and procedures employed. This is of considerable significance, given that methods of SOTP delivery appreciably impact on treatment outcomes (see Marshall et al., 2003). For example, there is now evidence highlighting that SOTP effectiveness significantly hinges on therapist characteristics, quality of therapeutic relationship, and the degree to which group treatment environments are cohesive and emotionally expressive (Beech & Fordham, 1997; Beech & Hamilton-Giachritsis, 2005; Marshall et al., 2003). Ware (2011) argued, however, that there remains a need to focus attention on the impact of the broader context and environment in which treatment takes place. Arguably, increased treatment efficiencies and enhanced effectiveness may be found within these contexts.

Context and environment are especially important factors when considering programs delivered in secure settings such as prisons or psychiatric hospitals, for these are often regarded as the least optimal environments within which to treat sexual offenders (Beech &

Fordham, 1997; Beech & Hamilton-Giachritsis, 2005; Blagden & Perrin, 2016). From the perspective of someone who has sexually offended, there are naturally limited opportunities for learning, practice, rehearsal, and modeling of new knowledge and skills that will assist them in leading future pro-social and offence free lives. Rather, the knowledge and skills of most immediate concern to imprisoned individuals, and therefore most commonly practiced by them, relate to surviving the prison experience. In general, contemporary prisons are characterised by highly institutionalised power relations and on-going concerns about personal safety. Anxieties emerging from these concerns tend to generate two dominant responses: silence and resistance. Through their experiences of working in prisons, Denborough and others (Denborough, 1996; 2002) have described the pervasive silence, monolithic lifestyle, and totalised identities that are closely associated with the twin dimensions of control and fear. Ben Crewe, in his analysis of "*Power, adaptation and resistance in a late-modern men's prison"* (Crewe, 2007), details the often nuanced practices of prison inmates to maintain personal safety and to avoid cost to self while simultaneously engaging in increasingly individualised, and often strategic, acts of resistance. In a semi-ethnographic study of a medium-security men's prison in the UK and based on inmate testimony, Crewe's article seeks to both "document the nature and experience of power in the late-modern prison, and to detail the various ways that prisoners adapt to these mechanisms of control and compliance" (p.256). Using these data he illustrates how various aspects of social order in prison are expressed through a range of adaptations, but also how "prisoners experience, manage and counteract power in various ways" (p.273). In the face of prison hegemony, one class of response noted by Crewe is what he refers to as "'dull compulsion' … in which the rules and rituals of prison life generate a pragmatic or fatalistic acceptance of its inalterability" (Crewe, 2007, p.258). Others, however, perceived themselves as active and resistant: playing the 'game' on paper, but without normative engagement, and in a way that provided a smokescreen for oppositional values and activities

These strategies might also be considered to be mediated by what has been referred to in the literature as an 'inmate code' (see, for example, Cordilia, 1983; Ricciardelli, 2014); a dominating discourse among inmates to which they often feel compelled to subscribe in the belief it will assist them to survive in the brutal prison environment. As David Denborough has observed, traditional prison authorities, prioritising efficient containment, tend to equate a *good* prison unit with a *quiet* prison unit. In the course of his study, Crewe (2007) makes a similar observation. Commenting on "the tension between the prison's concerns with systemic efficiency and order, and its rehabilitative ambitions", he makes the point that "the

prison's moral mission may be easily neglected when the imperative for smooth governance and an official public transcript of calm efficiency is so powerful" (p.273). This might help us understand why there seems to exist among mainstream prison authorities a measure of acceptance of, and accommodation to, this code of silence, and an apparent general inertness of the prison community. It may also help understand how prison can be a context for the maintenance and reinforcement of antisocial attitudes and behavior, rather than a place of constructive and rehabilitative change (see for example, Dhami, Ayton & Loewenstein, 2007). This can especially be the case for sexual offenders, who represent an extremely denigrated and vulnerable population and thus need to protect themselves by "learning to pass" (creating and maintaining viable identities) (Schwaebe, 2005). This need not be an entirely subversive trend, however. Indeed, mechanisms used in the search for a viable identity hint at a wellspring also of active, strategic investment and entrepreneurship, intended for self-preservation. This can potentially be mined for more pro-social and community-related contribution; particularly if the inmate perceives advantage in having a stake in that community. Research by Perrin, Blagden, Winder, & Dillon (2017), the only study to have explored peer-support roles amongst a sample of sexual offenders, demonstrates how this prosocial mining can be effected. The peer-supporter participants in their study articulated how their roles enabled them to move away from harmful labels and to cope with prison more effectively. They also reported becoming more self-reflective as a product of helping and being helped by other prisoners, which assisted in the generation of constructive change narratives. Crucially, though, the authors reported how via their peer-support roles, participants seemed to be developing a stake in the prison community and therefore its overarching objective to support the rehabilitation of its inhabitants. Peer-support programs could thus represent one initiative for use in breaking down the many obstacles dividing the prisoners and the establishment.

While the typical secure setting presents considerable drawbacks for undertaking constructive therapeutic work, it may also represent opportunities and potential benefits, particularly if it is characterized by therapeutic and rehabilitative goals. Ware et al. (2010), for example, reviewed the use of therapeutic communities (TCs) with sex offenders and concluded that such environments can significantly compliment important group therapy processes. It is argued that TCs, though closed and secure environments, can be places where constructive therapeutic "frameworks" can operate 24 hours a day, seven days a week. Ware (2011) noted that, in effect, this is a framework within which treatment learning within an intentional therapeutic space, such as a group room, may be generalized and rehearsed across

time and context prior to an offender being exposed to situations that represent risk of re-offending following release. Within this context, there is a call for more research that explores the use of preparatory programs and also what can be delivered in an ongoing manner after treatment to maintain or extend treatment gains (Ware, Frost, & Hoy, 2010; Wilson & Yates, 2009).

Extending and maximizing treatment gains is broadly the subject of this paper, and we will argue that the implementation of peer-support programs in the context of a broadly therapeutic setting for sexual offenders potentially offers great resource efficiencies and significant clinical advantages that have yet to be adequately tested. We begin by aligning the theoretical underpinnings of peer-support with the notion of the therapeutic community, and accordingly suggest several ways in which peer-support might complement and reinforce treatment. We summarize the evidence for the use of peer mentors within sexual offender treatment throughout, and in doing so illuminate how there may be untapped opportunities to increase treatment effectiveness, particularly within prison settings. We outline some of the core principles of group treatment and therapeutic communities with sex offenders and describe how we view peer-support as potentially an extension of these concepts. We then discuss the implications of peer-support in terms of carrying treatment beyond the group room and into the prison environment in a much more ecologically-aware format. Our principal goal, therefore, is to describe the benefits and rationale for employing peer-support alongside sexual offender treatment, and how doing so can enhance treatment processes and provide an optimal environment for therapeutic gain. Finally, we aim to highlight the gaps in our knowledge of the use of peer-support, with a view to inspiring empirical and conceptual consideration of these issues in the future.

Literature review

A search in the PsycARTICLES and PsycINFO databases was performed in February 2017. All papers containing the terms “peer support prison”, “peer support therapeutic community”, “peer mentoring prison”, or “peer mentoring therapeutic community” in the title or abstract were identified. The abstracts of these papers were then inspected to ascertain whether they contained information relating to the experiences of peer-supporters in carceral settings, experiences of recipients of peer-support, or reviews of peer-support in the contexts generally. Of this initial sample of papers, only 28 were considered relevant and valuable to the investigation into the utility of peer-support in treatment contexts. It was found that all papers comprised of either low N qualitative investigations of prisoners’ experiences of peer-

support, impact evaluations of health-related peer-support programs, or literature reviews regarding the rise of peer-support in prison contexts along with its theoretical underpinnings. Very few papers detailed the challenges of implementing peer-led programs in prisons and those that did only made predictions about such issues. Similarly, few papers alluded to any potential negative aspects of peer-support (i.e. criminogenic influences / negative peer-associations). The remainder of this paper is a review of what we read and understood from the available literature.

The emergence of peer-support in offending contexts

While there is no clear definition of what constitutes peer-support, it is understood in the broadest of terms as a system of giving and receiving help (Mead, Hilton, & Curtis, 2001). In general, peer-support envelopes a range of different structures and approaches, including peer training, peer facilitation, peer counselling, peer modeling, or peer helping (Parkin & McKeganey, 2000). Theoretical models of peer-support, as described by DeVilly et al. (2005), are founded upon values such as mutual reciprocity, shared problem solving, and empathy. Research has revealed that mechanisms of support based on such principles have unique value for recipients, who consistently report benefitting significantly from its provision (Bean, Shafer & Glennon, 2013; Mead, Hilton, & Curtis, 2001; Walker & Bryant, 2013). Historically, peer-support programs have been implemented in high-risk environments such as those communities characterized by poor education, high rates of unemployment, inflated crime rates, ethnic minorities, and low income (Devilly et al., 2005). Research has consistently revealed positive effects resulting from peer-support provision in such communities (Walker & Bryant, 2013; Bean, Shafer & Glennon, 2013). This, and decades of concern surrounding the challenges of imprisonment, is likely why peer-support is being increasingly considered as a treatment concept to be implemented in prisons.

An ever-expanding variety of peer-led programs in prisons are being introduced (see Devilly, Sorbello, Eccleston & Ward, 2005, for a review). Meanwhile, the U. K. government is acknowledging that prison needs to be less about punishment and that there is a need for meaningful and purposeful opportunities to be presented to prisoners, thus contributing to a more rehabilitative project overall. A Prison Reform Trust report (Edgar, Jacobson & Biggar, 2011) highlighted the value in prisoners adopting 'citizenship' roles. The report endorses peer-support programs on the basis that they encourage prosocial modeling and legitimate routine activities, as well as meaning and purpose in an environment characterized by the contrary. Edgar et al suggest that 'wider society gains from active citizenship schemes which

help prisoners to engage more with the people and the world around them, to reintegrate in the community once they leave custody, and to desist from offending' (p.7). Peer-led programs focus on a variety of issues in prisons, such as health education, drug and alcohol abuse, sexual offending, prison orientation, anti-bullying and anti-racism, and suicide prevention (Perrin, Blagden, Winder, & Dillon, 2017). While such schemes have existed in prisons for decades, research to date has only scratched the surface on what could be a mostly untapped resource of significance to treatment engagement, treatment completion, and ultimately reduced reoffending (Ware & Blagden, 2016).

Evidence for the impact of peer-support

We argue that peer-support can positively impact sex offender treatment through participants either giving or receiving of some form of interpersonal support. Research in this area has primarily focused on the *recipients* of the support, and whether such support alleviates the emotional impact of imprisonment through the provision of a supported coping strategy. Findings are encouraging and many studies have concluded that peer-support schemes are indeed effective in reducing stress and anxiety in prisoners. In an investigation into the Listener scheme (a peer-led program run by the U. K. suicide reduction charity Samaritans), Jaffe (2012) concluded that prisoners who talked to Listeners were able to counter a build-up of negative thoughts and feelings brought about by the pains of imprisonment. Jaffe provided evidence of a cathartic effect resulting from the offender talking to Listeners. This is an important finding as research finds that prisoners who are able to buffer internal and external stressors are more able to focus on their prison experience in terms of personal growth (Perrin & Blagden, 2014; Blagden & Perrin, 2016).

Boothby (2011) reported that prisoners who were involved in the Insiders scheme (another peer-led program which focuses on supporting victims of bullying in prison) were better prepared to cope with prison and to have had a more constructive prison experience. Consistently, Sirdifield's (2006) research into prison Health Trainers suggested that prisoners who received health-related education from fellow prisoners were more likely to address some of the barriers associated with treatment, such as health problems, low self-esteem and self-confidence, low self-worth, and a lack of prosocial interests. In their analysis of sex offender treatment refusal and non-completion, Ware and Blagden (2016) found that these issues, amongst others, predicted treatment non-engagement and non-completion. Ware and Bright (2008) also reported emotional coping styles and greater locus of control to be related to drop out. Ware and Mann (2012) pointed out that sex offenders often voluntarily drop out

when they are completing offense disclosures or victim empathy exercises early in treatment. We argue that formalised peer-support may moderate some of these issues before, during, and after sex offender treatment and thereby has an important role in treatment engagement and completion as well as overall effectiveness.

While there is only a limited collection of research studies concerning peer-support in prison, two common themes have emerged. Firstly, prisoners will actively seek and benefit from the help and support of their peers, and secondly, prisoners, who are able to better empathize with fellow prisoners' situations, can provide a unique and important level of support that prison staff themselves cannot. In one of the earliest studies to explore the impact of 'being' a peer-supporter in prison, Davies (1994) suggested that the implications of peer-led schemes go well beyond their initial inceptions and impact on the quality of relationships with other prisoners and prison staff. Peer-led programs have also been reported to increase peer-supporters' insight into their own lives and empower them to change their offending behavior and lifestyles (Keller 1993; Maruna 2001; Parkin & McKeganey, 2000; Sirdifield, 2006; Snow, 2002). Regarding this, Keller (1993) described a process in which peer counselors naturally associate their own attitudes, behaviors, and experiences with those of their clients. Within this process, peer counselors are able to reflect on their own situations, behaviors, and motivations and consequently progress through a form of self-rehabilitation. Prisoners are also able to source meaning, purpose, and constructive inputs in their lives via peer-support work. Perrin & Blagden (2014), for example, explored Listeners' views of their roles. In this qualitative study, all participants described ways in which they changed as a result of becoming a Listener. Participants emphasized the importance of being able to 'give something back', and to feel trusted and useful. It is suggested that these outcomes are representative of a very constructive resource that may assist offenders' distance processes by opening up 'headspace' and contributing to 'redemption scripts' (Maruna, 2001; Vaughan, 2007). Indeed, feeling trusted, personal development, and having meaning and purpose are key indicators for measuring a prisoner's quality of life (Liebling & Arnold, 2004). Only one study to date has explored the impact of 'being' a peer-support volunteer on a sample of sexual offenders. Through qualitative interviews and IPA analysis, Perrin et al., (2017) found that sexual offenders who adopted peer-helping roles while serving time were able to distance themselves from harmful labels which ultimately pertained to being a 'monster'. This is an important finding, as widespread research has highlighted how sex offenders can internalize the public denigration they experience and consequently find it more difficult than other

types of offenders to reintegrate (Braden, Göbbels, Willis, Ward, Costeletos, & Mollica, 2012; Levenson & Cotter, 2005).

Research has also found that public shaming and the subsequent social isolation experienced by sex offenders can possibly contribute to further offending prompting an increased focus on reintegration initiatives (Braden et al., 2012; Levenson, Brannon, Fortney, & Baker, 2007). Being a peer-supporter in prison might constitute one such initiative. Through such roles, sexual offenders may be able to focus on constructive self-change, rather than the fear of being 'doomed to deviance' (Perrin et al., 2017). Labeling is not only an issue affecting reintegration but also prison life. Schwaebe's (2005) research highlights how sexual offenders constitute a highly stigmatized and vulnerable group in prison and, as a consequence, need to employ strategies to develop viable identities. Schwaebe tags this dynamic as "learning to pass" (as a non-sexual offender) and describes how doing so is important even in exclusively sex offending populations. In the study by Perrin et al. (2017), participants articulated how their peer support roles enabled them to feel like, and be viewed as, "human beings". Again, we argue here for the positive influence of peer-support in sexual offender treatment contexts.

Traditionally, within the offender rehabilitation framework, the offenders themselves are seen as passive recipients of 'treatment' (Devilly et al., 2005). As such, there is a form of doctor-patient role assumption in treatment, which involves the offender being externally advised and coached through the professional's proposed course of action. This approach has been found to elicit frustration and resentment in offenders (Perrin & Blagden, 2014), who feel they deserve to contribute towards their own process of change. This aligns with McHugh's (2002, in Snow, 2002) assertion that offenders themselves represent an expert yet underused resource, capable of positively influencing their own desistance journeys. Mann, Webster, Wakeling, and Keylock (2013) noted that sex offenders who refused treatment often voiced concerns that treatment was not individualized to their own unique circumstances and needs and that the goal of treatment did not match their own pressing life issues. They found that many treatment refusers did not trust prison officers or even non-uniformed staff such as psychologists. Mann, Ware, and Fernandez (2011) noted that one needs to sympathetically understand the context within which a sex offender makes decisions about treatment and respond with positive and non-adversarial strategies to make their decision easier. This cannot be the responsibility of therapists alone, make take a significant amount of time and effort, and requires the involvement of all within which the treatment context, such as, but not limited to, prison officers, probation officers, and health workers. We argue here that

engaging sex offenders, as peer-supporters, who have already satisfactorily completed treatment is, in effect, a form of readiness training (see Ware, 2011).

In reviewing the evidence for peer-support programs, we now illuminate two key treatment opportunities. Firstly, peer-support programs may facilitate increased 'buy-in' from prisoners in terms of the treatment they are expected to undergo. Secondly, treatment, to a degree, can become offender-led, and this can have beneficial outcomes in terms of resource efficiency, program efficacy, and treatment extension.

Peer-support as an extension of group therapy

The usefulness of group therapy for sex offenders in prisons is apparent when examining the factors more highly correlated with re-offending or, in other words, the reasons why a sex offender has committed a sexual crime. These are the targets of treatment. They are most often labelled as criminogenic needs (Andrews & Bonta, 2010), or dynamic (or psychologically meaningful) risk factors (Mann, Hanson, & Thornton, 2010). Within the sex offender literature, there are consistently five broad areas of dynamic risk identified: intimacy/relationship deficits; social influences; pro-offending attitudes; sexual self-regulation, and general self-regulation. Sex offenders frequently have relationship difficulties; may be influenced by anti-social peers (particularly in the case of juvenile sex offenders); hold beliefs that are collusive with exploitive or abusive sexual practices, and experience sexual preoccupation or difficulties in controlling deviant sexual fantasies. They may also have poor coping strategies in managing general life difficulties.

Frost, Ware, and Boer, (2009) and Ware, Mann, and Wakeling (2009) argued that group therapy provides an excellent platform for addressing these issues. In terms of the process used to target them, group treatment provides ample opportunity for multiple sources of challenge, constructive feedback and support, and vicarious learning. Within a prison setting, the group format serves as a model for mutual reflection on conduct outside of the group room and how this relates to their treatment (Frost & Connolly, 2004). Furthermore, given that sexual offenders are a universally stigmatised group, the distress associated with this stigma can be alleviated by finding others who share the same problems. Garrett, Oliver, Wilcox, and Middleton (2003) asked a sample of sexual offenders who had participated in group treatment about their experiences. Of these offenders, 46% indicated that they preferred group treatment over individual treatment while 34% said they were happy with either modality. Only 20% preferred individual treatment. This tells us that sex offenders, once engaged into group treatment, even despite their initial reservations, may actually prefer

it. These offenders stated that the shared experiences, opportunity to learn from others with different viewpoints and perspectives, and the experience of being challenged by other group members were the positive aspects of group treatment.

Group can create a sense of cohesion and belonging that sex offenders have not experienced previously and can provide a series of pro-change norms to which to aspire, as well as a sense of optimism about change and hope for the future (the future does not usually look bright for an individual convicted of sex offences). It can also provide a forum for these men to motivate each other to change and to participate in rehearsals or role-plays that can provide rich and powerful experiences of alternative functioning (Ward, Vess, Collie, & Gannon, 2006). Here, the underlying mechanisms of the group are synonymous with the core principles of peer-support. In the prison context, peer-support has been defined as a model of prisoner-to-prisoner helping epitomised by shared problem solving, mutual reciprocity, prosocial role-modelling, and empathy (Perrin et al., 2017). These dynamics, which have been so positively described by participants in recent research, would not be so readily available in individual therapy sessions. Marshall and Barbaree (1990) noted that "other group members will often provide insight into fellow sex offender's problems on the basis of personal experiences which the therapists simply do not have" (p. 370). Ware, Frost, and Boer (2015) maintain that, as well as the vehicle by which cognitive behavioural messages are conveyed, the group also serves as a social microcosm of the external community. In this way, group members are extended the opportunity to practice new ways of being in the exercising and testing of behavioural strategies associated with their future plans. In group, this is carried out through dynamics that are clearly characteristic of peer-support, though this appears not to be formally recognised. In recognising the convergence of group dynamics and those underpinning models of peer-support, there are opportunities to strengthen the theoretical construction of group therapy and maximise its usages.

Of particular interest, however, is the challenge of taking learning from the group environment and applying it to life within the prison yards and potentially beyond. As Ware, Frost, and Hoy (2009) consider, the "offender who benefits significantly from a group therapy session where assertiveness and adaptive communication has been the topic. If he was to return after the session to a non-therapeutic community prison wing, his practice and rehearsal of these newly acquired knowledge and skills is likely to be severely limited. Indeed, he is likely to experience a punishing response. In short, he is unlikely to use them again". This observation is echoed in participants' own accounts of experiencing treatment. Wakeling, Webster, & Mann (2005) found that participants felt the most helpful aspects of

treatment were positive group dynamics and having support from other group members. Conversely, participants felt that closer support during and after group was lacking and hindered otherwise very constructive work. Peer-support has the potential to bridge this gap in perceived and actual support both during and post-group and in doing so, might enable treatment completers to better embed and assimilate learned skills.

Another area of potential utility for peer-support lies within treatment participation levels. It is possible, as clinicians will attest, for offenders to participate only minimally within therapy group sessions, and it must be considered that inevitably much of the offender's time is spent outside the therapeutic session or group room. Harnessing the usefulness of out-of-group time increases the potential benefits of treatment (Frost & Connolly, 2004). Treatment providers are invariably not available to support sex offenders in their coping and decision making when they might need this the most. In other words, what is lacking is a medium through which offenders are able to rehearse and practice their newly acquired knowledge and nascent skills in circumstances that are, in an unmodified prison environment, unlikely to be conducive to that end (see Frost & Connolly, 2004). While, in their study, Frost and Connolly (2004) found that under certain circumstances therapeutic gain was possible, there were considerable barriers to such opportunities. These included differential staff buy in to the aims of the TC, resource deficiencies, and poor retention of learning and skill acquisition post-group. Blagden et al. (2017) found that these issues threatened the rehabilitative climate of a sexual offender treatment prison, and emphasised that without a strong resource base and a collegiate commitment from staff to the aims of the prison, inmates are unlikely to achieve what is hoped and expected of them. We argue that the use of structured peer-support could provide a vital bridge here, in the availability of trained and motivated fellow-prisoners who are also fellow program-clients. Ultimately, peer-support may go some way to alleviating the resource burden that characterises prisons, and may also contribute to increased alliance between prisoners and staff to therapeutic goals.

Moreover, there may be compounding benefits to such interaction in that the 'therapeutic ingredients' (Yalom, 1985) found to be inherent in well-led groups are likely to extend to the wider environment in a process Frost (2011) has previously referred to as 'social therapy'. For example, the empirically-supported therapeutic factor 'altruism' refers to the therapeutic benefit inherent in the *experience* of giving and receiving help. This is regardless of the *content* of such help; meaning the *process* appears to be therapeutic in itself. Where such interaction is occurring and its benefits are accruing this is likely to feed back into that environment, thus strengthening its therapeutic qualities. In a study of a novel

process of recording the contributions of programme clients and accumulating a library of such resources, Frost (in press) discovered that, in an active and purposeful act of 'leaving something behind', the giver of help appeared to benefit from the process of taking on the 'mantle of the expert' as well as the more tangible contributions to the programme and its clients. The stake of all participants seems to be increased when they are actively engaged in a community. These factors are explored further in the next section.

Peer-support as an extension of the therapeutic community

Whilst group work is the referred modality for sex offender treatment within prison the use of structured therapeutic communities is less common (McGrath et al., 2010). In their meta-analysis, Lees, Manning and Rawlings (1999, p. 38) defined a therapeutic community (TC) as "a consciously designed social environment and program within a residential or day unit in which the social and group process is harnessed with therapeutic intent".

The concept of the TC has a considerable history and literature and its application to corrections contexts is well documented (Inciardi, 1996; Lipton, 1998). It requires the establishment of a social order that applies its entire organisation to therapeutic outcomes. All relationships in the TC are considered potentially therapeutic, and the attention of residents is continually directed toward therapeutic goals. This involves the participation of all community components and groups (prison staff, therapy team, medical staff, educators, etc.). However, for therapeutic reasons, considerable responsibility is devolved to the program clients – the residents of the institution. Because secure institutions function 24 hours a day, seven days a week, they allow total immersion and a high level of therapeutic intensity. In practical terms there are a range of forums and events that are used in the service of therapeutic goals in a TC. A typical convention is the community meeting. Held regularly and frequently, these meetings involve all groups mentioned above and provide a forum where therapeutic goals and progress toward meeting them are raised and addressed. Such meetings are organised and chaired by residents, thus maximising the devolution of responsibility and opportunity.

Therapeutic communities typically revolve around individual and group psychotherapy. They also include community meetings (involving staff and residents), committees and subcommittees, structured activity days, therapy-related employment opportunities, and a range of other activities where conduct and practices can be openly raised and processed (Lipton, 1998). A key activity within many therapeutic communities,

one that we contend to be under-utilized with sex offenders, is the use of peer-support (Perrin & Blagden, 2014).

Ware, Frost and Hoy (2009) reviewed the use of this treatment modality with sex offenders. They concluded that, whilst acknowledging the absence of high quality research, there are a number of specific advantages of therapeutic communities that may add to the effectiveness of cognitive behavioral treatment programs for sex offenders in prisons. They suggested that, contrary to popular belief, prisons actually may characterize features and opportunities consistent with personal transformation, such as a prescribed daily routine, a customized physical environment, and a bounded social environment. Specifically, they noted that these environments, if controlled and structured appropriately, allow opportunities to identify and explore interpersonal deficiencies associated with their offending and develop new skills such as resolving conflict, communicating emotions, and learning about the impact of one's social behavior. At this point, we once again argue for the importance of formalized peer-support both in terms of the giving or receiving interpersonal support. Sex offenders living within a therapeutic community may experience challenges at all levels and may seek peer-support.

Similarly, therapeutic communities allow for an ever-present focus on impulsivity, poor problem solving, coping with troublesome emotions, and coping with or being challenged on inappropriate sexual behaviors. As well as assisting with knowledge and skills development, therapeutic communities provide for continuous modeling opportunities, behavioral rehearsal, positive and negative reinforcement. The secure setting can provide a forum for reflection, reflexivity, "immersion learning" and a sufficient "workspace", factors that are often implicated as important ingredients in theories of change (Hubble, Duncan & Miller, 1999; Mahoney, 1991). Arguably, the processes of treatment generalization (behavior change outside of group room), response generalization (i.e., when an individual starts to use the content of treatment for issues not targeted within treatment), and response maintenance (i.e., using treatment content outside of group over time) are all optimized by the use of therapeutic communities (Cooper, Heron, & Heward, 1987). In summary, the content of sex offender programs are consistently and repeatedly targeted outside of formal therapy settings and that this is likely to enhance treatment effectiveness (Frost & Connolly, 2004).

Peer mentors may, in our view, embody the objectives of the therapeutic community. They can challenge, confront or celebrate significant behaviour and events (Main, 1977; Norton, 1992), can be immediately responsive, confronting actions that are inconsistent with therapeutic goals and in doing so support others to learn from "mistakes". In these ways

responsibility is devolved to residents by various means. This ensures a context of intensive social interaction in which they can experiment with and practice newly-acquired personal and interpersonal skills.

Caveats and cautions

While there now appears to be an established body of qualitative research advocating peer-support in carceral settings, it is inevitable that there will be some setbacks, challenges, and risks. Unfortunately, researchers have primarily only offered postulations with regard to these areas. Nevertheless, some studies have illuminated potential barriers and dilemmas associated with peer-support schemes in prison. One of these studies, from Boothby (2012), reveals issues associated with staffing and resource shortages, problems emerging from an apparent conflict of interest between Insiders' links with the 'system' and their duty to fellow prisoners, and 'burden of care' dilemmas and related issues such as burnout and the potential for secondary trauma. The Insiders interviewed in Boothby's study described how staffing problems and a shortage of basic resources represented a significant barrier in terms of the success and efficiency of the scheme. Participants also suggested that this led to further issues, such as tension between staff and Insiders, a general lack of staff awareness regarding the roles of Insiders, and a lack of staff 'buy in' in terms of the purpose of the scheme. Also, emerging from issues relating to staff/prisoner dynamics was the idea that a conflict of interest can exist within peer-support schemes. Whilst Insiders are largely free to coordinate their own scheme and their own rotas, they are providing a service that is approved and overlooked by the prison in which they reside. As such, their activities are monitored and in some cases determined by prison staff. On this, Boothby's participants described a frustrating catch22 scenario that involves meeting the needs of 'callers' or clients whilst also following prison guidelines and staff requests, which can often be divergent.

Jaffe (2011) has also alluded to similar issues in a study that focuses on Listeners. Jaffe argues that the conduct of volunteers inside the prison walls is more crucial than on the outside, because they are permanently visible by their service users, whether on duty or not. As such, 'impression management' represents a very fragile scenario for peer-support staff, who are tasked with finding a precise balance between being viewed as a staff member and being viewed as a fellow prisoner. This scenario presents a set of difficulties for peer-support staff in terms of establishing professional and personal boundaries, establishing trust with callers, and protecting the image of the peer-support schemes in general. The complexities associated with this scenario seem never-ending, and certainly require deeper exploration.

Perhaps the most worrying of the problems described in Boothby's research relates to 'burden of care', burnout, and secondary trauma. Participants described some of the situations they can find themselves in when supporting highly distressed prisoners. Extracts in Boothby's study cite self-harm, suicide, and mental health related issues, all of which are discussed in terms of their impact on the well-being of the Insiders themselves. In the general literature on those who support others, a consistent finding is that while those who give help are likely to feel more positive, the association between those who become overwhelmed by others' demands is more drastic; the less common negative experiences people can have are more extreme than the positive ones (Post, 2007). Indeed, an extensive study carried out by Warner (2011) exploring the impact of being a Samaritan Listener 'on the outside' highlights important secondary trauma implications for Listeners who are repeatedly subjected to the traumatic life stories of their callers. The repercussions of prisoners, already associated with complex levels of emotional difficulties and heightened vulnerability (Roberts, 2014), carrying out such roles are likely to be exaggerated and far more complex. On this, Jaffe (2011) has commented that whilst some research describes peer-support in prisons in a very positive light in terms of it being personally beneficial for volunteers, it is important not to ignore the possibility that the role may be burdensome. Jaffe went on to argue that some of the positives associated with upholding a peer-support role (i.e. enhanced self-confidence, improved emotional regulation) may actually invert, particularly in situations where callers do not improve or appear 'helped' after receiving support. At present, therefore, the scarce literature available on peer-support in prisons is not wholly positive in terms of its impact on prisoners. The hope that lies in the potentially un-tapped utility of peer-support in prison, as well as the possible risks it poses, are two primary justifications for further research.

Conclusions

Ware et al. (2012) argued that sex offender treatment will always rely, to some extent, on the *positive support* of non-therapy staff irrespective of whether or not treatment takes place in a prison, residential facility, or in the community. Non-therapy staff can encourage, motivate, support, and provide opportunities for offenders to practice and rehearse the skills learnt within treatment (Blagden, Perrin, Smith, Gleeson, & Gillies, 2017). We argue that in the same way, offenders themselves, particularly when deployed as peer-supporters, can also provide such assistance and therefore contribute to overall treatment effectiveness. Through mutually supportive dialogue and reciprocal modelling of skillsets, peer-supporters can organically expand the impact of group therapy into the broader environments of prison. This

variation of treatment continuity has been found to be crucial in therapeutic climate contexts, and can maximise and engrain learning (Blagden & Perrin, 2016).

Another potentially important feature of peer-support relates to addressing treatment refusal and dropout. Indeed, a wide range of research findings indicate a propensity for sexual offenders to remain insular throughout their sentences and to struggle to engage in forms of introspection (especially when attempts from practitioners in this regard are experienced as intrusive or overbearing) (Blagden, Winder, Gregson, & Thorne, 2013; Marshall, Marshall, Serran, & O'Brien, 2011). Therefore, the mechanics of peer-support (naturally less formal and characterised by mutual empathy) may represent the key to gently easing people who have sexually offended into the formalized treatment context. That is, peer-support may serve as a preparatory mechanism for pre-treatment groups, who are often unfamiliar and uneasy with the prospect of exploring their innermost selves and their crimes with others (Marshall, Marshall, Fernandez, Malcolm, & Moulden, 2008). Such a mechanism may enhance treatment program retention and completion, and ultimately improve post-treatment gains, largely through providing program-completers with opportunities to embed, model, and rehearse learned knowledge and skills.

While caution must be exercised here not to overstate and thus over-prescribe peer-support, there are extant bodies of theory and literature that may support the implications suggested above. Regarding the notion of peer-support as a preparatory mechanism, there is no shortage of research that finds high refusal and drop-out rates amongst sexual offenders who are deemed to benefit from treatment. Mann et al. (2013), for example, revealed an 8% to 76% refusal rate across prisons in England and Wales. Qualitative interviews exploring the reasons for this revealed that some prisoners held a lack of trust for treatment practitioners, some refused due to the expected trauma of going through treatment, and others asserted that treatment would be ineffective. The most common reason for refusal, though, was the fear that treatment would be centered on offence details. However, although these concerns were routinely expressed, refusers still said they would undergo treatment if it was goal-oriented and enabled them to secure more fulfilment form life. Accordingly, Marshall et al. (2008) developed a pretreatment program for sexual offenders that aims to ease the anxieties of treatment refusers with the hope of boosting program uptake. In line with the research exploring the reasons for refusal, the goals of the program are to address common resistance factors such as hopelessness, low self-efficacy, and low expectation. In buffering some of these inhibitions, the preparatory program seeks to improve readiness to change. A main area of emphasis in the program is on the individual's comfort, safety, and cohesiveness with the

group and therapists. The success of the program is hinged therefore on the individual's ability to form trustful relationships with fellow participants and to grow comfortable with exploring personal details and emotions within the group setting (Marshall & Moulden, 2006). Further emphasis is placed on ensuring this process happens gradually, and as organically as possible, so as not to trigger a fear and subsequent resistance response. Encouragingly, results of the program's evaluation (Marshal et al., 2008) showed that completers were significantly more hopeful, both in their own ability to change and the program's chances of encouraging better life fulfilment in the future. This is an important finding, and preparatory programs are an important discovery which offer hope for boosting treatment uptake in the future. Further hope in this regard lies in the convergence between the underpinning tenets of the preparatory program described by Marshall & Moulden (2006) and those that prop up peer-support programs. Participants in research from Perrin et al. (2017) consistently described ascertaining outputs directly translatable to those boasted in the findings from Marshal et al. (2008). There is optimism therefore, in envisioning peer-support as both complimentary to programs that seek analogous outcomes, or as formal structures that are led by program completers who encourage their peers to model their achievements and resultantly secure the same gains.

While we risk overstating the potential utility of peer-support in therapeutic contexts, especially considering the scarcity of research extant on this topic, it is our contention that sexual offenders themselves represent an untapped resource, capable of impactfully shaping treatment. Peer-support represents a formalized structure through which this vacant opportunity can be harnessed and maximized. Accordingly, we encourage practitioners and researchers to explore ways in which peer-support might be best-molded into therapeutic contexts.

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