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Seen and Not Heard: The Service User's Experience Through the Justice System of Individuals Convicted of Sexual Offenses

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Abstract

User experience and client satisfaction is capturing more attention in the field of social services. The provision of treatment services to individuals convicted of sexual offenses, in particular, has expanded exponentially over the last 20 years. This growing population is now interviewed, interrogated, investigated, assessed, managed, treated, supervised, and surveilled, while their perspective as "service users" is almost entirely absent from research. To that end, this article introduces the *service user voice* within the context of society's responses to sexual offending. We conducted thematic analysis on secondary data from interviews with 93 individuals. These include 74 men from the United States and 19 men from the United Kingdom, all of whom had been convicted for sexual offenses. The original qualitative data from the two original studies were freshly analysed, inductively and deductively, using Thematic Analysis so that the themes, as well as resulting codes, were appropriate and fit for purpose. Specific themes emerged from each of three clear stages in their service user journey: (a) Interactions with the formal criminal justice system (police, courts, and custodial corrections), (b) Interactions with community corrections (probation and parole), and (c) Interactions with treatment providers (rehabilitation, therapists, and evaluators). We describe the service user experience at each stage and discuss how policy and practice can resolve areas of

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disconnection. We suggest several ways to promote and privilege the service user voice for those convicted of sexual crimes.

Keywords
prevention, service user voice, desistence, treatment, individuals that commit sexual abuse

Individuals convicted of sexual offenses are often thought of by the public—and sometimes professionals—as being irredeemable, challenging to work with, and difficult to treat and reintegrate into the community. Therefore, as they progress through the system (from arrest through custody, then probation, and onto treatment and community reintegration) the professionals engaging with them rarely do so in a truly individualized way. The authors argue that individuals convicted of sexual offenses who are subject to treatment are service users in the same way that other individuals who have committed offenses are. They interact with several services (i.e., police, courts, custody, parole, treatment) and a range of related service providers (i.e., police officers, lawyers, judges, prison officers, parole staff, therapists, etc.), with each providing a different function across their journey through the criminal justice system. Each of these services responds to a different set of policies, needs, and/or requirements that affect the individual service user, all hopefully contributing to their successful community management and reintegration. In this article, we consider the service user to be the person that has committed a sexual offense and has come to the attention of authorities. The "services" to which they are subject include the disparate professionals and organisations that they come into contact with throughout their journey through the criminal justice system.

There is a long history of service user engagement in the realms of health care (McLaughlin, 2009; NHS England, 2015; Ocloo & Matthews, 2016; Tierney et al., 2016), mental health services (Grundy et al., 2016; Mockford et al., 2016), social work (Beresford, Croft, & Adshead, 2008; Glasby & Beresford, 2006; Social Care Institute for Excellence, 2017; Warren, 2007), education (Senior, Moores, & Burgress, 2017), and psychotherapy (Wooldridge, 2010). However, the concept of the service user rarely manifests in the same way within the criminal justice system. In fact, it is virtually absent from the field that tasks itself with punishing, managing, treating, monitoring, and reintegrating individuals convicted of sexual offenses.

In the correctional environment, the clearest example of the service user voice is that of the prisoner (Bernasco, 2010; Clinks, 2011; User Voice, 2017). Most prisoners—especially in the United Kingdom (Clinks, 2011)—can consult with and offer feedback on services that affect them directly. However, even this engagement is often restricted to large, conventional prison programs and relatively normative inmates, and excludes those considered to be challenging (i.e., with learning disabilities or mental health concerns) or difficult (i.e., perpetrators of sexual abuse or prisoners in protective custody). Although some correctional facilities have provided a voice to

some prisoners under certain circumstances, that opportunity is not typically replicated elsewhere in the criminal justice system (i.e., from law enforcement to probation, parole, and reentry services). Furthermore, it is rarely available to those impacted by the wider system of assessment, evaluation, management, and therapy or to individuals in other jurisdictions.

The fact that the criminal justice system rarely seeks out the perspective of those subject to it is important to explore. The perpetration of sexual harm is a complex and multifaceted issue that involves different behaviors, yields varying rates of recidivism, and is influenced by a broad range of factors including age, gender, capacity, mental health, well-being, cultural background, and interpersonal factors (see also: Laws & O'Donohue, 2016; McCartan, 2014; Phenix & Hoberman, 2016). Thus, it is impossible to apply a "one size fits all" approach to understanding who commits sexual offenses, why they do it, what services they need, or how those services can help. The voices of individuals who need help in this context generally go unheard. This is largely a product of the research that has, thus far, focused on the service itself—the intervention, the assessment tool, or the treatment protocol at hand—*not* the lived experience of the actual users or the impact that the process has on the individual.

Despite decades of research on the importance of the working alliance in psychotherapy, few studies have examined the service user's perceptions of treatment for sexual offending (Schuckard, Miller, & Hubble, 2017). Beech and Fordham (1997) studied the climate of group treatment and found that therapists believed themselves to be more helpful, friendly, and concerned than their clients did. Later, Marshall (2005) published a summary of studies finding that the most effective therapists were those who were warm, empathic, rewarding, and directive. However, given that therapists are likely to overestimate their effectiveness (Walfish, McAlister, O'Donnell, & Lambert, 2012), a real question remains as to whether their warmth and empathy are best judged by therapists, outside observers, or the clients themselves (Prescott, Maeschalck, & Miller, 2017).

Psychological practice in treating people who have been convicted of sexual crime varies widely. A 2008 meta-analysis found that the more coercive the treatment experience, the less likely it was to be effective (Parhar, Wormith, Derkzen, & Beauregard, 2008). For example, at present, the website of the Texas Department of State Health Services states, "Sex offender treatment is different than traditional psychotherapy in that treatment is mandated, structured, victim-centered, and the treatment provider imposes values and limits. Providers cannot remain neutral because of the risk of colluding with, adding to, and/or contributing to the offender's denial" (Texas Department of State Health Services, 2010). In contrast, Blasko and Jeglic (2016) recently found a negative relationship between bond formation and risk of recidivism, although higher risk treatment participants perceived weaker bonds with female therapists.

Levenson and her colleagues (Levenson & Prescott, 2009; Levenson, Prescott, & D'Amora, 2010; Levenson, Prescott, & Jumper, 2014) conducted a series of consumer satisfaction surveys in two U.S. civil commitment programs and an outpatient agency. Taken together, the results indicated that participants generally viewed their therapist(s)

positively overall. They did express, however, concerns about confidentiality and fear of being judged by other group members.

Using measures like the ones in the studies above are complicated and time-consuming, which leads to questions about the best way forward for those who are working on the frontlines. On one hand, research from across professional disciplines has found that incorporating the service user voice in treatment can improve treatment outcomes (Bertolino & Miller, 2013; Prescott et al., 2017). On the other hand, methods for incorporating service user feedback can be problematic and time-intensive. Although existing methods can help both practice and research, tools and measures that require considerable training or time to score, code, and analyse will not appeal to time-poor therapists burdened with heavy caseloads (Brown, Dreis, & Nace, 1999).

Given the importance of considering the service user's voice, feedback, and perspective in designing and implementing programs, a natural question to ask is what are the barriers that exist to collecting the service user's feedback? Therapists commonly experience pressure to produce results under circumstances that are challenging at best (e.g., Oaks, 2008). These challenges include shrinking budgets, maintaining contact with other over-burdened practitioners, and managing the demands of outside professionals such as community supervision agents and victims' advocates. Another barrier to privileging the service user's voice is that many therapists and service providers believe they already do it. Many express the belief that, although explicit methods for gathering feedback are important, they can tell when they are experiencing a good working alliance with their client. Unfortunately, the available research does not support this claim (Schuckard et al., 2017).

Finally, we propose that a more pernicious barrier to privileging the service user's voice can be the attitudes and beliefs of the individual therapists and agencies that provide treatment and supervision. Although difficult to either observe directly or quantify, there is an assumption that the service user's voice is not worthy of consideration, perhaps due to societal judgements about the client's past. Unlike an intervention that they might have volunteered for (e.g., Alcoholics Anonymous) a "sexual offender treatment program" is prescribed by an expert and delivered in highly specified "doses," often according to a heavily structured curriculum.

Ultimately, privileging the service user's voice can serve as an early-warning system that treatment is not working. It can help to prevent client-driven complaints and grievances and identify the most efficient means for improving services. It is in line with those principles of effective psychotherapy, articulated by Miller and Rollnick (2013) in their description of motivational interviewing as "something done with and for someone, not to or on them" (p. 15). Privileging the service user's voice is also consistent with the responsivity principle of effective correctional interventions, which holds that services should be provided in accordance with the individual characteristics of the client (Andrews & Bonta, 2010). After all, how do professionals know if their interventions are working with a given service user if they are not routinely investigating and verifying the results?

The voices of people convicted of sexual offenses do not typically inform or affect the treatment processes to which they are exposed. This is starting to change through

the returning influence of therapeutic communities and calls for professionals to reflect upon their knowledge and expertise of the service user journey (McCartan, Kemshall, & Hoggett, 2017). By understanding what our clients have to say about their individual perspectives and lived experiences, we can better tailor our responses to their needs. This would no doubt improve community supervision and management, ensure the success of more treatment programs, and better facilitate the natural process of desistance (Harris, 2017). We propose that all those who participate in this space where we respond to sexual offending will benefit from collecting the knowledge, expertise, opinions, and experience of service users themselves.

The Present Study. The present study examines the perceptions and experiences of men convicted of sexual offenses and the extent to which they believe their voice is heard and incorporated in the services that they experience. Through a thematic analysis of secondary data (initially collected during in depth individual interviews), we identified three emergent themes of the sex offending treatment service user voice.

Method

The aim of this study was to understand the service user perspective of the different "services," and "service providers," that they encounter throughout their offender management pathway and how that impacts their rehabilitation and community reentry. The authors reexamined qualitative interviews with 93 service users to identify the different types of service (i.e., police, courts, custody, community corrections, treatment, etc.) and service provider (i.e., police officer, lawyer, judge, correctional officer, therapist, probation officer, counsellor, etc.) that they engaged with and then examined their attitudes toward these services and professionals. Although, the interviews were conducted in two different countries the criminal justice systems, processes, and mechanisms of rehabilitation are broadly similar. It is not controversial to observe that the United States is more punitive, more risk-averse, and has policies with more collateral consequences than the United Kingdom (i.e., the polygraph is a compulsory component of treatment in many areas of the United States, but not in the United Kingdom; while both countries have registers, only the United States is accessible to the public, etc). We focused on the participants' perceptions of their experiences as service users of the criminal justice system, treatment, community management, and reentry processes. This investigation identified consistent themes embedded in the men's narratives and linked them back to the literature around the nature, structure, function, and utility of service provision.

The first study included 74 North American men incarcerated for at least one serious sexual offense and released to the community. Their average age was 53 years (range = 24-78 years) and 88% of the sample identified as White. Almost all the participants (86%) had child victims. The second author's university institutional review board (IRB) and the relevant state's department of corrections approved the study (blinded for peer review). The men were interviewed once each between 2011 and 2013. Each semi-structured interview was individual, face-to-face, and digitally

recorded and lasted approximately 90 min. The Life History Interview Protocol guided each conversation and additional follow-up questions focused on their lived experience of treatment and supervision in the community. For more detailed information regarding the specific interview, individual questions, and the thematic coding process, interested readers are referred to Harris (2017).

The second study included 19 English men convicted of and incarcerated for at least one serious sexual offense and released to the community. These men were interviewed once each between 2014 and 2015. All participants were White, British males with their average age being 48 years (range = 24-78 years). Most of the participants (65%) had child victims, with the rest having adult victims (25%) or online (noncontact) sexual abuse offenses (10%). Ethics approval was sought and provided by the first author's university and the Ministry of Justice, via the National Offender Management Services (NOMS). The interviews were semi-structured in nature and lasted a minimum of 1 hr in length. The interviews covered the men's progress through the system, their integration into the community post release, their risk management plans, treatment, and any additional support they received as part of their release (i.e., Circles of Support and Accountability; Multi-Agency Public Protection Arrangements). For more detailed information, including the specific interview protocol and questions, data collection, and management, interested readers are referred to *anonymized reference*.

A process of deductive and inductive coding was undertaken upon the interview transcripts from the two aforementioned studies, by the first and second authors, respectively. The data were coded deductively (i.e., categorized according to predetermined themes—in this case the individual's journey through the system and its impact upon them) and inductively (i.e., with respect to their service user experience and voice) (Hsieh & Shannon, 2005). Both sets of interview data were examined separately at first by the respective authors, whereby they read through and examined the participants' transcripts to note anything that was said specifically about their experiences of the criminal justice system as well as the impact that it had on them. These data were then arranged into categories and the researchers looked for common themes that emerged across categories. After the themes were established, the narratives were combined for review by each author. Subsequent discussion and reiterative coding continued until consensus was reached.

Results

The results below are arranged into three themes that correspond to the different types of services and providers that the participants encountered through their criminal justice and community (re)integration journey: (a) Interactions with the formal criminal justice system (police, courts, and corrections), (b) Interactions with community corrections (probation and parole), and (c) Interactions with treatment (therapists and support professionals). Please note that all the names used are pseudo names, not the real names of the participants, so to protect their identities.

Interactions With the Formal Criminal Justice System (Police, Courts, and Corrections)

The participants generally felt that the criminal justice system was bureaucratic and administrative, with the service providers within it being functional rather than proactive or innovative. Participants in both the United Kingdom and the United States expressed that the systems were quite restrictive, isolationist, difficult to navigate, and overly punitive in nature. Whether the focus was ostensibly on prosecution, management, compliance, or regulation, the participants' experience always emphasized the perfunctory nature of their conversations and routines, with a constant emphasis on accountability rather than what they imagined true reform might be:

> I don't disrespect the [correctional] officers, I listen when they say something. I don't answer back, I just do it. They run this place, you know? Just do it. If they say something, why argue with them? Just do it. Don't argue with them. (Pierce, USA participant)

> In prison I did not really talk to anyone that I didn't have to, I wasn't bothered, they were not bothered, and no-one encouraged me to do so. It was all routine, routine and waiting . . . (Peter, U.K. participant)

Many of the participants expressed feelings of powerlessness within the system and articulated that their experiences throughout the criminal justice system were about things being done *to* them and not *with* or *for* them. In many cases, they described feeling a sense of resignation rather than acceptance (Harris, 2017):

> That's [the DA's, the prosecutors] the negative part, it's not that, please, I do, I'm, you know, law abiding citizen and everything it's just that, the prosecutors just, y'know? And it's just, it doesn't, I've learned it doesn't matter whether you're guilty or not, it's who can play the game the best at this. (Daniel, USA participant)

> I initially applied for a circle [of support and accountability] because my offender manager thought it would be a good idea, I went with the flow. I was not really bothered; I suppose I thought that it would help me with my release, that I might make me look good. (Paul, U.K. participant)

Given that the men felt that they had little autonomy within the criminal justice system, it should not be surprising that they felt ignored and disenfranchised by the "service" and the "service providers." They felt alienated by the process that was meant to (re)humanize them and support them during their journey through the court and corrections. They did not feel a as though they were part *of* something, rather they felt subject *to* something. This raises an interesting paradox about the role of prison and corrections: where does punishment (or isolation) end and rehabilitation (or inclusivity) begin within each of these services? The objective of a custodial sanction is (among others) to punish, rehabilitate, and reform, but if the service user believes that

none of this is happening, what is the likelihood that they are going to be motivated to engage in the process of change and strive for release?

Interactions With Community Corrections (Probation and Parole)

When discussing their reentry process post-incarceration, the strongest theme to emerge was that their involvement was compulsory and felt forced. It was something they were *exposed to* rather than something they were *participating in*. The men felt that probation officers, as with the police, were there to monitor them rather than help them; that their reoffending was a foregone conclusion; that their return to custody was a certainty, and; that the state was there to simply respond to their risk in a timely manner:

> Probation doesn't help. Their job is to re-arrest you because they are told you are a threat to society and you're going to reoffend. You're a time bomb. It's just a matter of time. (Dean, USA participant)

> I don't trust the parole officer because that's his job too, is to put me back in prison. (Arnold, USA participant)

This led the men to feel that there was no way out. They could never escape their past or reform in any way. They were labelled as "sex offenders" forever and knew they could never be anything other than the community's worst perceptions of them (Harris & Socia, 2016; Harris, 2017; Hudson, 2005):

> I turn up and talk to my probation officer because I am supposed to, it's what I am meant to do . . . they don't really listen or notice, they just nod their head and say "yes that's ok . . . or "no you can't do that" . . . They don't listen to what I say, why I do what I do. (Simon, U.K. participant)

One service user from the United Kingdom provided an alternative perspective, pointing out that when things are done differently—in a more inclusive and engaging fashion—being in a community engagement/reentry program like Circles of Support and Accountability (CoSA) offered an opportunity to voice their concerns and issues to a new, alternative, and challenging audience (McCartan, 2016).

> Circle members don't have any of that (probation) training so they can come from a different angle, which is good for me as well. (Simon, U.K. participant)

In this case, the men felt welcome to voice their opinion about their experiences in a safe, appropriate environment that could provide feedback into the overarching criminal justice process.

> Generally, it's been police and probation, and my mother that I would talk to . . . but to get out there and talk to new people it's been brilliant, a breath of fresh air. (Frank, U.K. participant)

While CoSA exists in the United States, it is not as widespread or integrated into the system as it is in the United Kingdom. Regardless, even the U.K. participants, in the main, felt that the mainstream processes (i.e., probation) made them feel further separated from their communities. This is problematic because this social distancing and "othering," or the experience of being something other than a member of society (Becker, 1963), often contributed to why many of the participants abused others in the first place. If the process of what is ostensibly community reintegration provides neither community nor reintegration, then these individuals are more likely to continue offending rather than desist from it (Harris, 2017). After all, social isolation is a long-established risk factor for criminal behavior (Hirschi, 1969).

Participants felt that their voices were heard more clearly at the fringes of the criminal justice system through projects like CoSA, where representatives of the community could support them in ways that the state could not and were more able to hear, respond to, and challenge them more authentically and effectively (McCartan, 2016):

> [CoSA] helps me . . . they understand what I am going through. They can listen and help me in a way that others cannot. My probation officer is busy. I can't really ask them to help me understand things, but I can ask the guys [in the circle]. (Richard, U.K. participant)

Interactions With the Rehabilitative/Treatment System (Treatment, Therapists and Support Professionals)

The men most often viewed their treatment, and the therapists, as simply an extension of the supervision to which they were subject in custody. Rather than a transitional tool, or bridge to recovery and reintegration, their mandated weekly attendance (and substantial financial investment—at least in the United States) in therapy was simply another facet of the larger mass industrial complex of sex offender management. Despite their best efforts, a recurring perception of therapists was that they were no different from the more formal agents of law enforcement (police and probation). Their objective was frequently seen to be ensuring control and compliance, and the extent to which one succeeded was at best up to chance and at worst, of only secondary concern. Treatment was nothing more than an extension of the system and part of the larger unpredictable "game" (Harris, 2017; Hudson, 2005):

> This treater, he has the most ability, but he doesn't use it. But they know of better systems. They know better systems. They know that what they are doing is a lie, but their mantra is "there is no cure, just treatment" and "no more victims" and they firmly believe that what they are doing avoids victims and I mean, that's an honorable approach. I think it's totally wrong because they're not doing anything positive. (Dean, USA participant)

Participants felt that therapists did not want to be challenged and that any challenge by the service user toward the service or the service provider was problematic behavior and confrontational:

> I've been kicked out of groups because I've challenged them . . . I've run into just one treater that was qualified. The people [here] you know? If they were qualified, they would have regular jobs. (Dean, USA participant)

> I don't really talk in group, there is no point. Someone else will and the leader (therapist) will always challenge them, tell them they are wrong and need to change. It has become an opportunity to get out of the hostel for a bit. (Adam, U.K. participant)

Interestingly, however, while participants did not necessarily see all the benefits of group treatment immediately, they often praised the opportunity to talk about themselves, their reintegration, deviant behavior, and thoughts with someone.

> They [therapists] understand me. I can say what I want to say around them, you know? I just can't go to anybody on a bus or a train and say, "Hey, can I talk to you about sex offender stuff?" (Caleb, USA participant)

> I hated everybody, but she [parole officer] comforted me, and she understood where I was coming from and, you know, it was like, "when I hurt you would hurt, you would understand." I shit you not, that woman sometimes would cry because of the shit I told her, okay? This is no bullshit, when I told her what happened in jail and everything else, she says, "oh my god, so you have a lot of jail trauma." . . . When I first got out, she helped me to stay together, I was seeing her every single day . . . Just, somebody to listen, that's all I wanted, you know, that, whatever it was, half hour, whatever I needed. (Giovanni, USA participant)

Our results revealed several positive by-products of the treatment experience, but it is notable that these benefits were rarely described as being due to the treatment itself. Rather, the men were most successful when they had created their own social networks almost entirely independently of their formal treatment group. According to many men, the conversations that were most valuable to them were the ones they shared before and after their scheduled sessions. The "check-ins" that meant the most were the text messages they sent each other after hours. The supports and challenges that they could rely on most were those that they provided to each other, outside the therapy room:

> I called a member yesterday who just had a hip replacement and I spoke to him before he had it. He was nervous, he was jumpy and so I called him and talked to him for an hour and a half and he loved it. He said, "Jeez, nobody's ever done that to me, you know, nobody has ever concerned themselves with me." And I said, "I'm your friend. I'm a support. I'm a support person for you. Call me." And they do call me. (Freddy, USA participant)

The experience of CoSA, for example, allowed them, quite simply, to learn to talk to other people. As they learned fundamental communication skills, they learned to disclose to and share with others and reflect upon their experiences with people who were *not* part of the system. Having these resources helped them normalise their lives and integrate appropriately into society in a more organic and meaningful way:

> I have just relaxed since I come here (CoSA). I am more relaxed around people. It's better now . . . I feel more free. It's hard to explain, but I feel that I can talk about the things that interest me and make me feel like myself. not just (the topics) what other people want me to talk about all the time . . . (Simon, U.K. participant)

Despite the benefits of a program like CoSA, or similar community-based programs, the participants ultimately recognised that although they were getting additional support and a more sympathetic ear, there was always the knowledge that the volunteers remained part of the system and were not (and could never be) their friends:

> We can never be friends; it's a bit strange really . . . I spend more time with them than anyone else, apart from police and probation. It'll be sad to see some of them go. I want to call them my friend, but they are not really. I have to be careful when I call them and when I see them. (Arthur, U.K. participant)

Providing psychological treatment and reentry services to people convicted of sexual crimes is a difficult and contentious area of intervention. This is demonstrated by the current shifts in policy and practice in the United Kingdom (McCartan & Prescott, 2017), as well as the constant variance in public, professional, and therapeutic attitudes toward the definition and measurement of what constitutes treatment success or completion (Day, 2014; Harris & Socia, 2016; Kerr, Tully, & Vollum, 2017; McCartan, Kemshall, & Tabachnick, 2015; Shackley, Weiner, Day, & Willis, 2013). Treatment becomes even more challenging when one considers the client perspective that treatment is largely procedural, compliance-focused, and not rehabilitative or reforming. In addition, release from custody or conclusion of a community order is often determined by one's successful completion of treatment. Such indeterminate sentences are an obvious barrier for release. Civil commitment (United States) and public protection sentences (United Kingdom) are two such examples where there remains no compelling definition of treatment completion. It is hard not to appreciate the service user's frustration with the indeterminate nature of their involvement with the criminal justice system and to empathize with their perspective that outpatient/community treatment is simply more of the same.

Discussion

This article explored the service user voice from the perspectives of people convicted of sexual offenses. It has explored their experiences in the criminal justice system from arrest, prosecution, to custody, to treatment, to release, and reintegration focusing on the services that they experience and the people who provide those services. There is a growing literature on the voices of those who have been victimized, and the notion of restorative justice is gaining traction. There is also a body of knowledge dedicated largely to understanding offending from a profiling or behavioral perspective. Numerous treatment and clinical protocols exist that focus on assessing risk of recidivism and prevention of relapse. Although this production of

services has not occurred in a vacuum, it *has* evolved without any attention to consumer/user satisfaction.

It's perhaps unsurprising that our participants perceived themselves as disenfranchised by the services designed to help them, and often felt set up to fail by the system that was supposed to prepare them for release. Taken together, the authors conclude that professionals (and the systems in which they work) have an obligation to provide a voice to this often-silenced population. People convicted of sexual offenses suffer numerous negative collateral consequences of their criminal convictions and the social stigma attached to their offending histories (Hudson, 2005; Tewksbury, Jennings, & Zgoba, 2012). This complicates their return to the community, obstructs their integration, increases their risk of reoffending, and impedes their ability to live an offense-free life (Cubellis, Walfield, & Harris, 2016; Harris, 2017; Matravers, 2013). This article illustrates how these unintended negative consequences are more likely if the person believes that neither the services nor the service providers are interested in or committed to hearing their voice. We suggest it is timely for our profession to reorient ourselves to hear and respond to the service user voice more completely. At the very least, we can take a step in the right direction by providing an opportunity to speak and being prepared to listen to what they have to say.

This article demonstrates the axiom that one cannot truly study a phenomenon (in this case, sexual abuse) without engaging those people most closely impacted by it. As such, there should be cause for concern. What prevents professionals and agencies from inquiring more actively about the utility or success of the services they provide? The field of research and treatment of sexual offending needs to engage perpetrators and their families to listen to their voice in the same way that hospitals seek feedback from patients and universities seek feedback from students. The field has long been concerned with understanding and explaining the causes and consequences of sexual violence. As we develop specific laws and responses, it is important to evaluate their impact using measures beyond "officially recorded recidivism" or "number of returns to custody." If we are turning disenfranchised and lonely individuals with poor intimacy skills and limited cognitive ability into isolated, scared, disenfranchised, bitter, angry loners who are cut off from everything, who are we helping? By examining the impact and experience of punishment and the reality of rehabilitation and reentry, we begin to understand how to engage and best serve all the stakeholders involved. Listening to the service user voice will provide valuable material that better enables us to understand and prevent future sexual abuse and victimisation.

This article has also highlighted the importance of service providers in the lives of people convicted of sexual crimes and just how vital they are to the success or failure of clients. A key message from these clients to therapists, corrections officers, and supervising agents might be

> We are aware that our interpersonal skills are lacking, but we really need your help if we are to prevent further harm to others. Sometimes the best way you can help us is by simply being polite to us and offering a kind word.

As one U.S. man explained, the simple experience of being treated with respect was profound for him:

> It's a big thing. It's great. I've talked to a lot of [therapists] and it's like: they can be understanding; they may be sympathetic. It's nice to be able to calmly discuss this with someone and them not thinking you're disgusting, you're not a scumbag. (Connor, USA participant)

Limitations

This study is not without limitations. Here we consider two specific weaknesses that stem from sample bias. First, although we see the advantages of combining the voices from people in multiple jurisdictions, it is necessary to acknowledge that their experiences are likely different in ways for which we cannot account or control. Where relevant, we have noted the clear jurisdictional distinctions between countries, but argue that the samples share more similarities than differences. A second weakness is that our approach included secondary analysis of extant interview transcripts. This means, of course, that our participants were not probed directly on the topic of interest. Although we note this limitation, we find it compelling that the comments included in this article are those that were made spontaneously rather than in response to a specific guide or prompt.

Conclusion

Rather than conclude this piece with the usual request for more research—although that is something we obviously recommend—we present below some ideas on how to better recognize, listen to, and respond to the service users in our care. At a broad level, we suggest the following:

- Ensuring that perpetrators of sexual harm recognize they have a voice and feel empowered to use it.
- Creating a routine system of gathering feedback and ideas in an atmosphere in which service users have a hope of making an impact and do not experience a threat of retribution.
- Showing those working at the front lines of prisons, treatment programs, and probation that despite day-to-day disagreements and suspicions, service users really do have expertise that others can learn from.
- Ensuring that administrators and leaders understand the why and how of privileging the service user's voice to make the mission, purpose, and style of their work clear to those at the front lines.
- Enabling all staff who work with perpetrators of sexual harm to understand their role in the process of rehabilitation and integration, no matter how small, and embrace it.

Taking the above into account, all people involved in listening to service providers should remember that getting feedback can be akin to a restaurant waiter asking how one's meal is. Most diners are content to express general happiness unless the waiter or manager expresses a genuine interest. This is why so many businesses employ secret shoppers whose job is to advise them on what their business looks like from the customer's perspective. For professionals working directly with people who have sexually offended, key principles in effectively incorporating the service user's voice during interviews include the following:

- Using interviews not just to interact, but also to listen with an explicit goal of understanding.
- Asking more questions and giving less advice.
- Adopting an attitude of exploring and offering ideas, rather than simply directing and educating.
- Cultivating an attitude of openness to feedback and being willing to reflect on it.
- Actively inquiring about the state of the client–therapist working alliance. Has the professional gained agreement on the goals and tasks of their work together? Do they share an agreed-upon understanding of the nature of their relationship?
- Be willing to consider that we may present barriers to change. In other words, we might ask directly or indirectly what the difference is between where service users are and where they want to be with respect to various aspects of their lives. We can then consider how helpful we are in helping the client to develop a lifestyle that is incompatible with offending.
- Encouraging the thoughts of service users to be incorporated into training, staff development, recruitment, and evaluation.

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