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The BME male sex offender in prison: overrepresentation and underparticipation

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participation

Malcolm Cowburn

Introduction

This paper is derived and developed from two recent papers that I prepared

jointly with two colleagues (Cowburn, Lavis, & Walker, 2008b; Cowburn, Lavis, &

Walker, 2008a). This paper uses and re-works some of this material. The paper

will first present a demographic profile of the male sex offender population in the

prisons of England and Wales. It will then present evidence in relation to the

non-participation of the Black minority ethnic (BME) group of offenders in the

Prison Service's Sex Offender Treatment Programme (SOTP). Following this

data relating to BME sex offenders who have participated in the SOTP will also

be discussed. The paper will then move onto develop a theory to understand

some aspects of this non-participation and to suggest ways in which the

participation of BME sex offenders in the SOTP may be encouraged and

developed.

A note on terminology

Terminologies in relation to ethnicities and race are fraught with conceptual

difficulties. Aspinall (2002) considers the limitations of 'pan-ethnic' terms, such

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as 'BME'. He describes such groupings are 'statistical collectivities' (Aspinall 2002: p. 803) and 'the groups thus defined will be nothing more than meaningless statistical collectivities that do not represent any of the constituent groups within the term.' (Aspinall 2003; p. 811). This paper uses the collective term Black Minority Ethnic – or, more accurately, this paper uses the acronym 'BME' which is commonly used within the Prison Service (H. M. Prison Service, 2005). Aspinall has pointed out (2002; p. 804-805), this term is currently used by a number of Government Departments in the UK, for example, the British Government's Central Office of Information (Central Office of Information (COI). 2005) uses the term. At the outset, this paper will use the term BME. However, toward the end of the paper difficulties with the term will be highlighted when analysing issues related to the diverse cultures contained within the term BME. Where the terms "Black" and "White" are used to denote race (as defined only by skin colour) capital letters are used to denote the ideological constructs implicit in the terms, however where cited sources use the terms the original typographic case is reproduced. Where issues specific to particular ethnic groups occur, the specific group is identified.

Demographic profile of the male sex offender population in the prisons of England and Wales

Currently, there are 8,106 male sex offenders in the prisons of England and Wales (H. M. Prison Service, 2007a). In 1989, the number was 3,000 and this had increased in 1995 to 3,528 (Cowburn, 1996). In twelve years the population

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has more than doubled. Within this increase it is apparent that the proportion of BME men in the prison population has increased significantly. The proportion of BME men in the prison population of sex offenders has risen from 12.2% in March 1989 to 17.7% in May 2007 (Cowburn et al 2008a; p. 20). The governmental terminologies in relation to race and ethnicities changed during this period (see Cowburn et al 2008a for a fuller exposition). It is important to set this data in the context of the overall ethnic composition of these countries. In England and Wales the majority of the population classify themselves a White (87.5%), 4.4% of the population identify as Asian/Asian British, the Black/Black British grouping constitutes 2.2% of the population, 1.4% consider themselves to be of mixed race, 0.4 are Chinese and other ethnic groups also make up 0.4% of the population (National Statistics, 2003). These general categories include subgroupings as follows: 'White' incorporates British, Irish and Other White; 'Asian/Asian British' includes Indian, Pakistani, Bangladeshi, Other Asian; Black/Black British includes - Caribbean, African, Other Black; 'Mixed' includes White & Black Caribbean, White & Black African, White & Asian.

Age & ethnicity

Of the general population of male sex offenders 55.4% are aged over 40 years old. However, in the white group 61.3 per cent are aged over 40. The BME groupings present a very different picture: only 31.3% of the Black/Black British group, and 21.1 per cent of Asian/Asian British male sex offenders are over 40. Moreover, in the younger groupings: only 4.4 percent of the white group is aged

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under 21, whereas 10.8 per cent of the Black/Black British group and 6.1 of the Asian group are aged under 21. BME sex offenders are hugely over represented in the younger groups (for example, in the 21-29 year old group, Black offenders are 16.8 per cent of this group and Asian offenders are 13.2 per cent – together they represent 30 percent of the whole group) (H. M. Prison Service, 2007). *Ethnicity & type of offence*

As in 1989 (Cowburn 1996) the majority of BME offenders are serving sentences for sexual offending against adults, in particular for rape. Just over 59 per cent of the male sex offenders in prison are serving sentences for offences against adults. In this offence-type group, the proportion of BME offenders is significantly higher than in the group that have offended against children (Black and Asian offenders constituting over 20 per cent of the group, compared to just over 7 percent for the group with child victims) (H.M. Prison Service 2007a)

Emerging from these data are two key issues which will be considered later in this paper: age and ethnicity (BME sex offenders are younger than their white counterparts) and offence type and ethnicity (BME offenders are more likely to be convicted of sexual offences against adults).

Non-participation in Sex Offender Treatment Programme (SOTP) of BME sex offenders

The under representation of BME sex offenders in prison treatment programmes is not a recent phenomenon (Cowburn 1996). In the late 1990s, Beech et al

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(Beech, Fisher, & Beckett, 1999; p. 89) noted that the Prison Service of England and Wales:

... set up a 'SOTP Multi-Racial Advisory Group'. The purpose of which is to 'improve the accessibility and relevance of the SOTP to all prisoners and eliminate discrimination within treatment' by coordinating/arranging training to raise awareness in working with diversity; coordinating/arranging research and turning research recommendations into action; receiving and responding to specific or general enquiries or concerns from anyone involved in the programme or its Throughcare, about multi-racial relevance or discrimination.

However, despite these efforts the situation of under representation has not changed. In the 2007 Impact Assessment of the SOTP (H.M. Prison Service, 2007b; p. 2) it is noted:

It has been established from the last year of monitoring that Black and Asian groups are under-represented on SOTP. Black and Asian prisoners appear less likely to start SOTP than should be expected given the national population. They have higher drop out rates than White prisoners.

The under-representation of BME sex offenders is explored further later in this paper, but before doing it is important to explore what information is available in relation to the experience of those BME sex offenders who have participated in the SOTP.

BME sex offenders who participate in SOTP

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Patel (1997) carried out research with 24 ethnic minority men who had just completed the SOTP programme. She found that most BME group members felt that the group facilitators treated them differently to White group members, with some reporting feeling victimised, stereotyped or patronised. Moreover, BME group members reported that they felt that cultural differences relating to their offence were minimised or ignored. Following this research, the Prison Service instituted a Race Awareness training programme for all SOTP facilitators and adapted their programme allocation criteria to recommend that single BME prisoners should not be placed in a group where the other group members were White. A follow up study in 2001, in 14 different prisons found that where Black and ethnic minority ethnic prisoners had been the sole BME members of a group they felt that issues relating to race and culture adversely affected treatment (Akhtar, 2001). The men indicated that more BME facilitators would be helpful and that facilitators required more awareness of racial and cultural differences.

In 2001, Patel and Lord found similar concerns from BME sex offenders, particularly in relation to a lack of cultural awareness on the part of White programme facilitators. This was identified as a specific deterrent to participation in groupwork.

More recently, Wakama (2005) explored the experience of treatment with Black and Asian sex offenders and White facilitators. Both groups agreed that there

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was difficulty in understanding the diverse cultural values and lifestyles and their impact on offending.

A common complaint of BME sex offenders in the research cited above is that the people delivering the programme lack an awareness of BME cultures, and are thus unable to communicate effectively with them. This raises issues in relation to both the ethnic make-up of staff teams delivering the SOTP and the training needed to support this group of staff.

Whilst some of the research indicates that some BME offenders prefer to work with BME staff, this should not be taken as common experience that is unproblematic. Gilligan and Akhtar (2006; p. 1373) have noted that one of the most important things for workers to be aware of, when working with Asian families, is the consequences of disclosing abuse and to be able to discuss these issues openly. The issue of the ethnicity of the worker was shown to be less important than their professional competence, and in fact, matched ethnicities clearly had some problems:

Participants urged agencies to give families choice about the identity of their worker. The woman speaking on behalf of group Z commented, Some people think 'yeah they prefer an Asian worker, an Asian female or Asian male', but maybe some families might think 'hang on a minute, an Asian worker, they may know all my community and they won't keep the

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confidentiality', so they might feel a lot happier having a white worker. So we need to think about that and give them that choice.

The issue of confidentiality and the community may also apply to whether or not it is suitable to run groups solely for BME participants. Such issues require detailed consideration that could involve consulting with the BME group of offenders themselves.

The recent Impact assessment of the SOTP highlights the need for staff delivering the programme to be provided with training 'in diversity awareness, sensitivity and communication' (H.M. Prison Service, 2007b; p. 5). This is clearly an important area, however the issue of diversity is complex and multi-faceted.

Towards a model for understanding BME sex offender reluctance to participate in the SOTP

Most prisoners have links with a range of communities outside the prison. It is from these links that their sense of identity originates and is often sustained during their prison sentence. It is therefore appropriate to consider a number of issues relating to the outside communities when trying to understand how BME prisoners respond to the SOTP. We suggest that four areas require attention: (i) the response of parts of the BME community to the Criminal Justice System; (ii) cultural constraints in talking about sex; (iii) the impact of religious beliefs and (iv) non-western models of identities in communities;

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(i) the response of parts of the BME community to the Criminal Justice System The BME community is more heavily policed and proportionately more frequently and repeatedly convicted than the various white communities (Blink, 2005). The response of the wider BME community to the Criminal Justice System undoubtedly influences how BME prisoners understand and respond to prison. Although it is largely an unexplored area, it is likely that the BME experience of and response to community policing will inform BME responses to the experience of prison. Wilson (2003), in his recent research on imprisoned Black men aged 16-17 noted that they described their relationship with the Criminal Justice System as 'the game'. They acknowledged that the 'Game' is played slightly differently in prison than in the community – largely because of the greatly increased power prison officers have over inmates. The 'Game' has two modes of 'play'; that is, two ways of responding to and coping with prison authorities -'Keeping Quiet' and 'Going Nuts'. As a strategy, 'going nuts' was used as a last resort and generally indicated that the inmate had (almost) lost control of his situation. However, the other strategy was more commonly used; Wilson (2003; p. 419) describes 'keeping quiet' thus:

'Keeping Quiet' is the first part of 'the Game', although it should be noted that, as one interviewee put 'we're not actually quiet'. Rather it meant 'biting your tongue', 'holding fire' or 'sucking it in' rather than being silent.

Thus 'keeping quiet' did not imply a passive response to authority, but was

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rather a prelude to seeking solace of other black friends on the wing as a way of sharing information and confirming, 'the Govs had taken liberties'. 'Keeping Quiet' was in short a form of intelligence gathering and a prelude to inter-group communication about individual members of staff. In this way the interviewees could establish which of 'the Govs' were 'safe' and which were not, thus allowing them to adapt 'the Game' to a micro level. Of course, sharing this information had the added advantage of further cementing group loyalty.

The implications of this strategy are two-fold; firstly it suggests that, as part of their survival strategy in prison, some black prisoners do not engage with prison programmes and secondly, this strategy of non-involvement is nurtured and supported by the black community in prison. Whilst the issue of how the BME sex offender relates to his ethnic group in prison is not known, this research is pertinent, given what has already been noted about the age profile of the BME sex offender in prison.

(ii) Cultural constraints in talking about sex

In identifying and addressing this area, we draw upon research relating to the under-reporting of the sexual abuse of children in BME families. Whilst there is no automatic link with the underreporting of sexual abuse and BME sex offenders' apparent reluctance to discuss their sexual offending, some of the cultural inhibitors may be similar.

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In 1989, Audrey Droisen (1989) suggested that the under reporting of sexual abuse in BME families could be accounted for by considering the interplay of the shame felt by victims and families and fear of racist treatment by social work and criminal justice authorities. The inhibitors to talking about abuse would equally, if not more so, apply to men who have committed offences.

The issue of shame and the response of the community has, more recently been explored by Gilligan and Akhtar (2006) in relation to South Asian communities.

They have drawn attention to the potency of the following concepts - *izzat* (honour/respect), *haya* (modesty) and *sharam* (shame/embarrassment) – as inhibitors of talking about sexual matters. Within this context speaking with anyone about sexually coercive behaviours that have been publicly recognised by a criminal conviction will be very difficult.

Although, there may be less prominence given to one particular religious framework in other BME communities, the importance of the community context in understanding and interpreting individual behaviours has been highlighted by Owusu-Bempah and Howitt (2000). Using the work of other authors, they have highlighted the importance of community to both Black African and Chinese people. It may be that these communities also inhibit individuals and how they talk about sexual coercion.

(iii) The impact of religious beliefs

Apart from the cultural constraints related to talking about sex, there may also be other inhibitors to talking about offending behaviour. Certainly, the first-named

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author has in his experience of working with sex offenders encountered evangelical Christians who have refused to talk about their offences saying that this is an issue for them and their God only. More recently Muslim sex offenders have come to the notice of the press. The Daily Telegraph on-line (Farmer, 2008) has recently suggested there may be a conflict between Islamic guidance not to talk about criminal offences and the Prison Service's need/duty to assess the risk that offenders may pose on release from prison. Inevitably part of this assessment is based on what offenders say about their offences. Clearly, there is a need for all concerned to engage in full discussion of the key issues. At present (April 2008) a search of the ISI (http://wok.mimas.ac.uk/) research databases reveals no literature that explores these very important issues.

(iv) Non-western models of identities in communities

The importance of the community in how the BME individual understands him/herself stands in stark contrast to the individual in Western societies. Within Western societies since the eighteenth century there has developed a notion of the individual as a unitary, autonomous agent, largely independent of his/her environment. Owusu-Bempah and Howitt (2000; p. 114) suggest that western perspectives on the individual construe many dimensions of development – for example, emotion, personality, and health – in a very different way from other world cultures. They note (Owusu-Bempah and Howitt 2000; p. 114) that:

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While Western psychology is concerned with the personality growth of the individual, Asian and African psychologies are concerned with one's harmony with other human beings, society, nature and the cosmos ...

They suggest that the individualistic assumptions behind western psychology have the potential to harm people from non-western cultures (Owusu-Bempah and Howitt 2000; p. 115). The issue of how cognitive-behavioural programmes, which are predicated on the notion of the rational unitary individual, affect BME people is one that has largely been overlooked.

In this section we have suggested that four cultural factors (the response of parts of the BME community to the Criminal Justice System; cultural constraints in talking about sex; the impact of religious beliefs and non-western models of identities in communities) may all impact on the willingness and ability of BME sex offenders to participate in the SOTP. Previous experience of the Criminal Justice System may predetermine how BME sex offenders respond to the custodial environment; cultural constraints may inhibit their ability to discuss their offending behaviour and an understanding of (themselves as an) individual with autonomy, agency and responsibility may be at odds with how they conceive themselves and their actions in the community.

Ways forward

This paper has highlighted that attention needs to be given in the following key areas – cultural relevance of cognitive behavioural treatment; engagement (by treatment providers) with a wide range of communities in developing appropriate

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programmes; pragmatics of programme delivery (programme materials, ethnic make-up of staff delivering the SOTP, ethnic make-up of treatment groups, age and offence-type in treatment groups), staff training, and research.

Cultural relevance of cognitive behavioural treatment

This paper has suggested that the notion of the individual that underpins cognitive behavioural programmes is essentially Western. The individual is constructed as rational and unitary – capable of independent thought and action and, inevitably, totally responsible for her/his actions. This focus may be inadequate for working with people whose sense of self is inextricably bound up to the families and the various communities (including faith communities) within which they live. Whilst the BME sex offender may successfully learn the language of western cognitive-behavioural therapy, the question of how relevant this will be to his survival in a non-western community is yet to be asked. However, without asking this question the goal of greater BME participation in the SOTP may be inappropriate. More work with specific ethnic and religious communities inside and outside the prison may be an essential part of developing programmes that are culturally relevant and assist offenders to reintegrate into their communities in ways that help them to avoid re-offending. This will require greater community involvement in developing ethnically sensitive materials that engage rather than alienate all BME offenders.

Community engagement

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This paper has suggested that differing communities have different inhibitors to participation in the SOTP. There appears to be a need for programme providers to engage with diverse ethnic communities and religions in discussing issues of sexual offending, sexual threats, public protection and community safety.

Community engagement may both challenge perceptions of risk in a range of communities and highlight the need for the SOTP to be culturally sensitive.

Pragmatics of programme delivery

There are three areas that require attention in this area: programme materials, staffing and the make-up of the treatment group.

(i) Programme materials, the two sections above have indicated cultural problems with the treatment model currently in use with sex offenders in prisons. Whilst the assumptions underpinning the programme need review and revision, these changes must be reflected in the nature of the treatment manuals that provide structure, content and guidance for staff delivering the programmes. At the invitation of H M Prison Service author of this paper has recently been involved in reviewing these materials for other prison courses – he and his co-reviewer noted – 'most of the manual is based around the western notion of the individual as being 'unitary' and autonomous. Non-western notions of the individual give equal and probably more importance to the individual as part of a family, a community and a religious faith. Such difference needs to be incorporated into the programme.' (Cowburn &

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Bains 2008). It is, however, very encouraging that the Prison Service is subjecting the materials that it uses in courses for prisoners to outside scrutiny.

(ii) Ethnic make-up of staff delivering the SOTP. Whilst some of the above research indicates that some BME offenders prefer to work with BME staff, this should not be taken as common experience that is unproblematic. Gilligan and Akhtar (2006; p. 1373) note that one of the most important things for workers to be aware of, when working with Asian families, is the consequence of disclosing abuse and to be able to discuss these issues openly. The issue of the ethnicity of the worker was less important, and in fact, matched ethnicities clearly had some problems; they quote one woman who said:

Some people think 'yeah they prefer an Asian worker, an Asian female or Asian male', but maybe some families might think 'hang on a minute, an Asian worker, they may know all my community and they won't keep the confidentiality', so they might feel a lot happier having a white worker. So we need to think about that and give them that choice.

(iii) Ethnic make-up of treatment groups, The issue of confidentiality and the community may also apply to whether or not it is suitable to run groups solely for BME participants. Whilst BME offenders (and staff) share the common experience of white racism, there are many other issues that will

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affect whether or not a BME only group is a way forward. These include issues related to privacy, cultural sensitivities, age and offence type.

(iv) Age and offence-type in treatment groups. BME sex offenders are younger and are more likely to be convicted of offences against adults. This may point to a need for developing groups specifically for younger offenders who have assaulted adults.

Staff Training

The recent Impact assessment of the SOTP has highlighted the need for staff delivering the programme to be provided with training 'in diversity awareness, sensitivity and communication' (H.M. Prison Service, 2007b). Clearly there is much work to be done but this is an extensive area of staff development and it will not be achieved in a few half-day training courses. Additionally, it may be that the assumption is that this training is primarily for white staff. However, this may not be the case, BME staff may be familiar with one or two cultures and will all share the experience of racism, but culturally sensitive training is likely to be a need for all staff.

Research

This paper has highlighted a number of issues that may be relevant to the non-participation of BME sex offenders in the SOTP; however, these ideas need further exploration through rigorous research. Exploring the inextricable impact/affect of communities, religions and cultures is an area for further urgent inquiry.

Conclusion

This paper has demonstrated that the issue of (non) participation of BME sex offenders in groupwork based treatment programmes is complex and multifaceted. However, the purposes of the SOTP (risk assessment, risk management and risk reduction (Beech et al., 1999; p. 9)) are relevant to all offenders, and, most significantly, *all* communities. This paper has highlighted the importance of knowing more about communities and including them in the business of the SOTP – as outlined above. The challenge for policy makers, researchers, programme managers and the people delivering the programme is how to explore the issues raised in this paper and incorporate them in programme development at all levels.

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