**SEX OFFENDER INTERVENTION: EFFECTS ON THE WORKER**

by

**Elizabeth Clark**

B.S.W., University of Northern British Columbia, 2012

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SOCIAL WORK

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

June 2021

# Abstract

This paper describes a qualitative study involving six participants who work in the field of sex offender intervention. Participants' struggles and professional rewards are examined. Recommendations on workplace policy and procedure adjustments are made based on the findings. Although participants identified rewards of their work, they described many physical, emotional, and mental health struggles they encountered, because of their employment. They also identified supports that promoted their wellbeing in the work.

*Keywords:* sex offender intervention, workplace wellbeing, emotional survival

## Acknowledgements

My eternal gratitude to the friends who supported me through this journey. Christopher Tyler has been a constant source of encouragement and friendship since the first day of our undergraduate degree. He and Troy Hale were ever present for professional, technical, grammatical, and emotional support throughout my Master of Social Work odyssey as well as in my work in sex offender intervention. To the workers who participated in my research, thank-you for your openness, and for trusting me with your stories.

Acknowledgement also to my loyal supporter and feline friend, Mia Mai Mercury who was physically at my side providing warmth and comfort throughout the writing process.

# TABLE OF CONTENTS

**Chapter 1: Introduction**

Upon completion of a Bachelor of Social Work degree, the employment opportunities for the social worker are diverse. When I graduated with a Bachelor of Social Work degree from the University of Northern British Columbia, I chose to pursue a career as a probation officer. This role soon proved to be an intense, eye-opening, and profoundly socially important job. One of the complexities I found in this position lies in the expectations of the provincial employers. The social worker is expected to supervise offenders in the community, to accurately assess their risk to society, take measures accordingly, and to provide certain therapeutic interventions. The career of the probation officer offers many opportunities to learn from a diverse clientele and to pursue the cause of protecting the community. It also, however, poses unique challenges and could, conceivably, affect practitioners in myriad ways.

While employed as a probation officer, specifically in the capacity of supervisor of sex offenders, my interest was piqued as to the effects of this work on the wellbeing of probation officers. I experienced effects of this work first-hand: dread of discussing deviant sexual fantasies with high-risk offenders; and disbelief when reading police reports depicting horrendous crimes. Yet, sometimes, I would feel a sense of accomplishment after facilitating the Sex Offender Maintenance Group, wherein the risk of a group member to reoffend may have been reduced by my intervention.

Because of the dichotomy of these experiences and my perceived lack of balance between the positive and the negative workplace rewards, I wished to gain a more comprehensive insight into the struggles of professionals working with sex offenders in a rehabilitation capacity. I hoped to gain an understanding of the supportive strategies available to professionals, formally

and informally, to cope with the associated work stressors. Is there a way to keep this stress in the workplace?

The dichotomy that exists between the struggles of working with sex offenders and the great potential to illicit positive change is evident in the existing, albeit limited, literature in the field. However, this literature is mostly focused on clinicians with a higher level of education, a master's degree, or PhD, than front-line workers in the field. For this reason, the decision was made to study the effects of the work on people who work with sex offenders who have bachelor's degrees. The hope was, to gain further insight into these struggles, but also learn of measures taken by organizations or individuals to improve the circumstances for workers. Given this, my study was to include professionals such as probation officers, parole officers, Indigenous justice workers, forensic psychiatric caseworkers, and counsellors. My research question was as follows: "What are the effects of working with sex offenders on front line workers with an undergraduate degree and what factors contribute to worker resiliency?" A qualitative research study was conducted, involving semi-structured interviews with six people who worked in the field of sex offender intervention. These participants described the effects of the work, their supports, and their struggles in this employment. Based on a thematic analysis of these interviews, recommendations were formulated, to offer employers a framework on which to base workplace policies to better support their staff who work in this field.

The goal of this research was to establish recommendations for agencies that employ staff working in a position requiring them to rehabilitate sex offenders; to improve the workplace for these professionals, strengthen the positive effects of the work, and offer organizational means to reduce the myriad negative effects workers may experience.

## Chapter 2: Literature Review

When reviewing literature associated with the effects and the challenges a job may have on a social services worker, one quickly recognizes that several key terms are used to describe negative symptoms experienced by probation officers, social workers, and clinicians. The following sections will review several terms commonly used to describe the effects of witnessing trauma in a professional capacity and measures commonly used to assess for these conditions.

**Burnout**

Burnout is a term first defined by Freudenberger (1974) as a phenomenon he witnessed in drug addicts, who stared blankly at their cigarettes until they burned out. Clinically, there is currently no consensus on the definition, concept, terms, or diagnosis of burnout. It is not a psychiatric diagnosis, but a concept of occupational psychology identifying the impact of working conditions on the mental health of affected people (Van der Klink & Van Dijk, 2003). Maslach et al. (1997) define burnout as: "a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with other people in some capacity" (Maslach et al., 1997, p. 192).

Burnout is assumed to be a product of a professional viewing his or her work as excessively demanding with a perception of being unable to cope with the stress of these demands. This often will result in the belief that the resolution of a client's problems lies beyond their professional capabilities (Maslach et al., 1997). Given the scope of responsibilities assigned to professionals working with sex offenders and the potential risk to the public by clients, burnout may indeed be an issue that professionals working with sex offenders struggle with.

In order to measure the extent of burnout, the Maslach Burnout Inventory (MBI) is commonly utilized. The MBI includes three sub-scales: Emotional Exhaustion (EE), (five items, e.g., 'I feel used up at the end of a work day'); Depersonalization (DE), (five items: e.g., 'I doubt the significance of my work'); Personal Accomplishment (PA), (six items; e.g., 'I can effectively solve the problems that arise in my work'). All items are scored on a seven-point frequency rating scale ranging from 0 ('never') to 6 ('always'). High scores on EE and DE and low scores on PA are indicative of burnout.

**Vicarious Traumatization**

The term vicarious traumatization was coined by McCann and Pearlman (1990) as a phenomenon describing the experience of therapists or individuals working with traumatized clients. It is described as "the transformation of the therapist or helper's inner experience as a result of empathic engagement with survivor clients and their trauma material" (Saakvitne & Pearlman, 1996, p. 25). Saakvitne and Pearlman (1996) further note they believe vicarious traumatization is the result of an accumulation of experiences and encounters, not merely one single traumatic event. They believe vicarious trauma, essentially, involves strong feelings such as rage, or sadness, resulting from hearing about people's pain. Saakvitne and Pearlman (1996) state vicarious traumatization includes attempts to become numb to protect oneself from these reactions. This is very similar to Post Traumatic Stress Disorder in that people struggling with the effects of vicarious trauma may alternate between being overwhelmed by feelings and being numb to them.

In their theory, McCann and Pearlman (1990) use the Constructivist Self Development Theory (CSDT) to explain the effects of vicarious traumatization on helpers. Herein,

psychological needs and cognitive schemas inform how a person responds to trauma. Psychological needs include the need for safety, esteem, trust, control, and intimacy. Further, these needs include beliefs about oneself (e.g., self-esteem) and others (e.g., trust in others) (McCann & Pearlman, 1990, p. 137). These needs are said to be sensitive to trauma and can easily be disrupted. Cognitive schemas are ever evolving, constructed cognitive structures that each person develops throughout their life span. Cognitive schemas are based on experience and interaction with the environment and can be seen as frameworks based on how each person interprets events throughout their life. These frameworks can be greatly influenced by trauma, both personally experienced and experienced vicariously. This explains the occurrence of vicarious traumatization (McCann & Pearlman, 1990, p. 137).

Saakvitne and Pearlman (1996) list signs and symptoms of vicarious traumatization. They categorize these into "general changes" and "specific changes". "General changes" include disconnection from loved ones, social withdrawal, no time or energy for oneself, increased sensitivity to violence, cynicism, generalized despair and hopelessness, and nightmares. "Specific changes" include diminished self-capacities; disrupted frame of reference; changes in identity, worldview, or spirituality; impaired ego resources; disrupted psychological needs and cognitive schemas; and alterations in sensory experiences (e.g., dissociation or depersonalization) (Saakvitne & Pearlman, 1996).

The statistical scale used to measure vicarious trauma is the Traumatic Stress Institute Belief Scale (TSI Belief Scale). The TSI Belief Scale is based on the constructivist self-development theory, and measures disruptions in participants' beliefs. It assesses cognitive schema and emphasizes inner experiences rather than somatic experiences such as those apparent in PTSD (Pearlman & MacIan, 1995). The TSI Belief Scale encompasses 80 items with ten

subscales measuring "self-safety" (the belief that one is secure and safe from harm), "other safety"; "self-esteem"; "other-esteem" (the belief that others are valuable); "self-trust" (belief in one's own judgments); "other-trust"; "self-intimacy" (connection to self); "other-intimacy" (connection to others); "self-control"; and "other-control". Each scale requires participants to rate their level of agreement with statements on a 6-point Likert scale ranging from 1: "strongly disagree" to 6: "strongly agree". Higher scores on the TSI Belief Scale indicate a higher level of vicarious trauma (Traumatic Stress Institute, 1994).

**Secondary Traumatic Stress and Compassion Fatigue**

When reviewing literature related to Secondary Traumatic Stress and Compassion Fatigue, it appears these terms are applied interchangeably. Figley (1999) states these terms are used by professionals according to their perception of the connotations of either term. Figley (1999) states he has found compassion fatigue is more commonly used by nurses, emergency workers, and other professionals who experience symptoms as a result of being in the line of duty.

Figley (1995) offers one of the first definitions of compassion fatigue, examining the consequences of caring for others on the therapist. Figley (1999) defines compassion fatigue as: "the natural, consequent behaviors, and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 10). Craig and Sprang (2010) clarify compassion fatigue results from an accumulation of primary, secondary, and vicarious traumatic stress caused by exposure to work-related stressful interactions. If stress becomes excessive, the therapist may develop compassion fatigue, which, in turn, may jeopardize his or her professional sense of self

while negatively impacting on psychological well-being. Figley (1999) believes symptoms of individuals exposed to secondary trauma are "nearly identical" (p. 11) to those experienced by the victims of trauma.

In order to assess for compassion fatigue or secondary traumatic stress, Figley (1999) suggests the use of the Compassion Satisfaction/Fatigue Self-Test for Helpers (ProQOL). This measure has been in use since 1995. There have been several revisions with the fifth version, the ProQOL 5 being the current version. The ProQOL 5 is a 30-item questionnaire allowing participants to rate statements on a scale of 1 (never) to 5 (very often). The results can be broken down into three categories: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. Herein, low Compassion Satisfaction scores and high Burnout and Secondary Traumatic Stress scores are cause for concern.

Research has been conducted to determine what organizational factors may influence compassion fatigue. Meadors and Lamson (2008) found a "culture of silence", wherein stressful events are not addressed is a leading contributor. Furthermore, a lack of awareness of symptoms and poor training regarding the risk of high stress jobs can be associated with high rates of compassion fatigue.

**A Scale to Assess Well-Being in Sex Offender Treatment Providers**

In an attempt to create a measure that would accurately reflect the impact of working therapeutically with sex offenders, Clarke and Roger (2007) created a 61-item scale, the Assessment of Dynamic Adaptation (ADA) scale. This scale includes three sub-scales: 1) negative reactivity to offenders (NRO); 2) ruminative vulnerability (RV); and 3) organizational dissatisfaction (OD). After extensive testing, the authors found the scale to have satisfactory

internal consistency and retest reliability. The authors believe the ADA encompasses the full range of effects identified in the existing literature and will provide a reliable and valid measure to assess the impact of working with sex offenders (Clarke & Roger, 2007, p. 95).

## The Impacts of Supervising Sex Offenders

The provision of treatment to sex offenders is a relatively recent phenomenon. Behavior therapy for deviant sexuality was first applied in the 1950s; modern approaches implementing behavioral and cognitive behavioral therapies began to emerge in the late 1960s (Laws & Marshall, 2003). Literature examining the effects of this endeavor on service providers began to emerge roughly twenty years ago. Clarke (2011) outlines many of the negative effects noted by the first wave of sex offender treatment providers. Clarke (2011) cites impact literature, and finds evidence of vicarious trauma, compassion fatigue, and burnout in documented accounts of therapists, facilitators, and treatment providers who worked with sex offenders. Effects include: "sleep disturbances, general irritability, difficulty making decisions, depression and/or depressive episodes" (Clarke, 2011, p. 336). Clarke (2011), a former employee of Her Majesty's Prison Service in England and Wales who provided such services, noted more than a third of the staff in this employment that had children experienced hypervigilance while raising their own children; that they struggled with their own behaviors and boundaries; and that they questioned the appropriateness of engaging in certain play with them. Clarke (2011) cites other studies that similarly document negative impacts of working with sex offenders, but also raises the interesting questions of why only some treatment providers experience these negative impacts. Clarke's thoughts surrounding this will be discussed at a later point.

**Burnout when Working with Sex Offenders**

One of the first publications to explore the impact of working with sex offenders was written by Farrenkopf (1992). In this article, Farrenkopf (1992) describes a qualitative study involving 24 therapists who worked with sex offenders. This research highlighted the many negative effects of this work. In Farrenkopf's (1992) material, three phases of professional development were described. In the first phase, the therapist experiences shock, bewilderment, and vulnerability. Secondly, the therapist experiences hope, wherein the therapist seems to believe in the importance of the position and strive to achieve the "mission" set out in their employment. Thirdly, therapists experience anger, cynicism, and disenchantment, which repressed in the first phases, now resurface. Following this, many of the research subjects, roughly 25% of the participants, were described as experiencing symptoms of burnout. Farrenkopf suggests participants who do not experience burnout, coped in a more adaptive manner: by lowering their expectations of success, detaching from their work, and becoming accepting of the "nature" of their clientele. Farrenkopf (1992) also discussed a gendered outlook on the effects of work with sex offenders on therapists and found female therapists were particularly prone to feeling increased vulnerability, paranoia, and vigilance. Male participants, however, were more likely to experience feelings of "collective guilt" over male abusive behavior (p. 220).

Baum and Moyal (2018) conducted a meta-analysis of observable studies to determine whether one gender has generally been found more likely to experience negative effects when providing treatment to sex offenders. The authors also determined how these effects had been found to differ, according to gender. Based on the findings of ten previous studies, Baum and Moyal (2018) determined male therapists exhibit similar levels of burnout and disruption of their

own sexual lives as do their female counterparts. It was also found that male therapists experience a significantly higher level of vicarious traumatization than female therapists (d = 0.365, p < .001).

Shelby et al. (2001) conducted a quantitative study involving 86 mental health providers who worked with sex offenders. They provided participants with a questionnaire to determine their level of burnout, as per the Maslach Burnout Inventory (MBI). These results were compared to the norms for social service workers. This comparison, interestingly, showed the mental health providers who worked with sex offenders had higher levels of perceived personal accomplishment than generic social service workers. Their levels of emotional exhaustion and depersonalization were comparable, indicating the level of burnout amongst sex offender supervisors is not, in fact, higher than that of the average social service worker. Comparatively, however, this study found workers who operated in an in-patient or custodial setting experienced higher levels of burnout than outpatient service providers.

Kadambi and Truscott (2003) conducted a quantitative survey with 91 Canadian therapists who work with sex offenders. The participants completed questionnaires determining their levels of burnout (as per MBI) and vicarious traumatization (as per TSI Belief Scale). Interestingly, participants again did not show a significantly higher rate of vicarious traumatization than mental health professionals in general. Personal coping strategies were shown to be a mitigating factor in relation to vicarious traumatization. When examining the levels of burnout, however, 23% of participants scored in the "high" range on the Emotional Exhaustion and Depersonalization subscales, which are indicative of professional burnout.

Moore (2015) wrote a dissertation for her Doctor of Psychology degree examining the relationships between years of service, caseload size, client recidivism, and burnout of Association for the Treatment of Sexual Abusers (ATSA) members who provide sex offender treatment. This study utilized a quantitative correlational research design and used the Maslach Burnout Inventory to determine participants' levels of burnout. No correlation between burnout and caseload size or recidivism of a client were found, however this study, interestingly, found burnout levels to be lower, the longer a participant had been working in sex offender treatment. This emphasizes the importance of providing a supportive work environment to support a treatment provider to become seasoned and comfortable in their role.

**Secondary Trauma and Vicarious Trauma When Working with Sex Offenders**

Severson and Pettus-Davis (2013) believe secondary trauma to be the term that best describes the negative impacts of working with sex offenders. The authors define secondary trauma as "the emotional, cognitive, and physical consequences of providing professional services to victims or perpetrators of trauma" (Severson & Pettus-Davis, 2013, p. 7). They conducted a qualitative study involving 49 parole officers who supervised sex offenders, each participating in one of seven focus groups. Participants were found to have thoughts, attitudes, and behaviors consistent with secondary trauma which manifested in high levels of stress that influenced both their personal and professional lives. Effects are described to include somatic reactions, disrupted sex lives, pervasive thoughts, a loss of innocence, and hypervigilance in both their work and personal lives (Severson & Pettus-Davis, 2013, p. 16).

Edmunds (1997) conducted a study to examine the personal impact of working with sex offenders. The objective of that study was to develop profiles of therapists who work with sex

offenders including personal characteristics, employment conditions, and burnout symptoms. Participants completed the Personal Impact Survey. It was found that, although the majority (over 80%) felt that they had received some support from family and close friends regarding their work with sex offenders, only 48% felt they received support from their local communities. Twenty-nine percent of the respondents reported an increase in symptoms related to burnout in the previous year. Over half of the participants reported experiencing fatigue and frustration, and over one third of the participants reported increases in the burnout symptoms of irritability, sleep disturbance, and cynicism. Although most of the symptoms were similar for both male and female participants, women reported more difficulty in the areas of decision-making, sleep disturbance, and time spent thinking about work. Further, 31% of the participants reported some degree of decreased sexual interest (Edmunds, 1997).

Way et al. (2004) inquired as to the level of vicarious trauma experienced by therapists working with survivors of sexual violence compared to those working with sexual offenders. They also attempted to determine what demographic, personal history, or coping strategy was particularly associated with vicarious trauma. Two hundred and fifty-two members of the Association for the Treatment of Sexual Abusers (ATSA) and 95 members of the American Professional Society on the Abuse of Children (APSAC) participated by completing a survey including the Impact of Event Scale (IES), which measures vicarious traumatization with the use of the subscales of "Intrusion" and "Avoidance". Further, participants were administered the Childhood Trauma Questionnaire (CTQ) to measure their self-reported history of childhood maltreatment, including sexual abuse, physical abuse, physical neglect, emotional abuse, and emotional neglect. In the last portion of the survey, participants' strategies for coping with their

role as providers of sexual abuse treatment was examined. Twenty-four possible strategies were provided, and participants were asked to indicate if they had utilized each strategy.

The results of the inquiry conducted by Way et al. (2004) were concerning. The IES measuring the level of vicarious traumatization was in the "clinical" range for 52% of the participants. Although the level of vicarious traumatization did not seem to vary between the two groups of participants, the coping strategies engaged in by the treatment providers of survivors of sexual violence were far more positive than those engaged in by the treatment providers of sexual offenders. Interestingly, the researchers did not find correlations between increased vicarious traumatization and participants' maltreatment histories. The level of vicarious trauma was, however, connected to the duration of the provision of treatment, for both groups of participants. Treatment providers for abuse survivors seemingly experienced lower levels of trauma the longer they worked in the field. Treatment providers for offenders, however, experienced an increased level of trauma, the longer they had been active in their field.

Way et al. (2004) suggested providing specialized training to clinicians working with sexual offenders. They believed this training should explain vicarious traumatization as a normal response to working with traumatized people and does not reflect a deficiency in the clinician. Further, they suggested providing ongoing training on self-care strategies and ongoing education and professional development through their agency including case consultation, professional education, and personal days (Way et al., 2004).

Thorpe et al. (2001) conducted a quantitative study involving 87 clinicians, jurists, and frontline caseworkers who work with sex offenders. They provided a 31-item Professional Impact Questionnaire to assess professional performance, coping strategies, and emotional

reactions. The primary purpose of this research was to establish the consistency of the Professional Impact Questionnaire, but the administration of said questionnaire, unsurprisingly indicated that the stronger a professional's efforts were to cope with work-related distress, the less damaged they were by the impacts of their work. Interestingly, of the professional groups participating in this study, case workers experienced the highest level of emotional impact, jurists experienced the lowest. In summary, the authors suggest promoting awareness of personal issues and attitudes that may influence one's work; obtaining appropriate training and pursuing continuous education; establishing supportive relationships with co-workers; limiting the number of cases involving sex offences; and maintaining a sense of humor (Thorpe et al., 2001, p. 202).

Almond (2014) conducted a qualitative study, for which she interviewed 16 professionals working in an un-named organization which provides intervention to children and youth showing deviant sexual behaviors in the United Kingdom. Almond (2014) wished to determine the impact of the work on the participants, determine existing sources of support (both internal and external to the organization) and provide recommendations for future program development to increase staff well-being.

Almond (2014), interestingly, received strong positive responses from each of the 16 respondents regarding their feelings about their work. Participants valued the position as a source of great professional and personal development. They believed the work caused them to become more tolerant and less judgmental. Most of the negative feelings expressed related to dissatisfaction with the organization; participants expressed that they felt a lack of respect from their senior managers and that they struggled with the bureaucracy of their workplace.

When questioned about supports utilized, participants consistently reported they primarily relied on team/colleague support. Fourteen participants stated they did not discuss their work with friends or family. External supports were thus indirect, consisting of distractions from work stressors. Participants also expressed great reluctance to utilize in-house supports provided through their employer, such as the Employment Assistance Program (EAP), due to skepticism towards support provided by the organization (Almond, 2014, p. 343). It was expressed that a more "reflective style practice supervisor" would be of assistance, focusing on the needs of the practitioner (Almond, 2014, p. 346). An acute need for clinical supervision was also mentioned by most participants.

In conclusion, Almond (2014) makes the following three recommendations: 1) constructive supervision and support of practitioners; 2) the provision of trusted organizational support, separate from formal management and evaluation; and 3) the provision of confidential clinical supervision. It was noted that the general views of the effects of working with the sexually deviant youth were described in positive terms, and that the suggestions are all organizational in nature.

A study conducted by Crown and Bourke (2015) examined correlations between the use of humor and secondary traumatic stress in United States Marshals enforcing laws on Internet crimes against children. The authors examined how humor at the expense of victims, humor at the expense of offenders, and humor containing sexual innuendo correlate with secondary traumatic stress scores using the STS scale. Three hundred and fifty seasoned Marshals with an average of 16.7 years of service participated in an anonymous survey. Three-quarters of survey participants reported never making jokes at the expense of a victim, 19.6% reported doing this "a little". Although making jokes at the expense of a victim was relatively rare, it was found to

strongly correlate with high STS scores. This indicates that an observation of this behavior could act as a reliable "red flag" indicating a Marshal may be experiencing high levels of secondary traumatic stress. Humor targeted towards offenders and sexual humor were found to have no significant correlation to a participant's experience of secondary traumatic stress (Craun & Bourke, 2015)

In his dissertation for a Ph.D in Psychology degree, Drinks (2015) described a qualitative, phenomenological study examining the experience of eight psychologists who worked with sex offenders. The author identified ten main themes from the interviews including adverse effects of the work such as hypervigilance, vicarious trauma, several stressors, and myriad frustrations related to the work. A benefit noted, however, was the reward provided in the importance of the work to community safety.

**Vicarious Perpetuation**

Simpson (2005) introduced the concept of vicarious perpetuation in her 2005 dissertation. Vicarious perpetuation is the concept that clinicians who spend time with sex offenders begin to experience their clients' maladaptive and deviant characteristics (Simpson, 2005). Pullen and Pullen (1996) explain the phenomenon as follows:

A significant part of many of our jobs is to get inside the minds of sex offenders; we must understand their thought processes and abusive patterns. But, when we comprehend these devious mechanisms, and when we use our power to manage them, we may ask ourselves whether we have, somehow, also become a perpetrator in our effort to understand them (p. 104).

Further research has indicated some clinicians begin to experience deviant sexual thoughts, arousal, images, fantasies, or impulses similar to those of their clients (Simpson, 2005, p. 25). Seventy-seven percent of the participants believed that clinicians who work with sexual offenders are at risk of experiencing similar characteristics of the offenders.

**Perspectives on Resiliency**

The first piece of literature noted in this compilation, Clarke (2011), begins by noting the many negative impacts of working with sex offenders cited in previous literature. Clarke (2011) then, however, cites sources (Edmunds, 1997; Ellerby, 1998; Hatcher & Noakes, 2010; Kadambi, 2000; Kadambi & Truscott, 2006; Turner, 1992) that indicate anywhere from 17-96% of treatment providers believe the provision of treatment programs to sex offenders to be "the most rewarding and satisfying activities of their career" (Clarke, 2011, p. 337). Based on this, Clarke (2011) examines the circumstances under which positive or negative outcomes prevail, to provide suggestions for future practice.

Clarke (2011) suggests the following five actions for therapists to limit the negative impacts of their chosen career: 1) Manage your energy (physical, emotional, mental, and spiritual); 2) Meaning – ensure you care about what you do; 3) Know your strengths and vulnerabilities; 4) Acknowledge the impact and express emotion around your work; 5) Plan for your exit and acknowledge that leaving a role does not mean leaving the impact behind.

Hatcher and Noakes (2010) offer an Australian perspective on the impact of sex offender treatment on service providers. From a nationwide sample, the researchers sought to establish the level of negative psychological effect on the professionals. A sample of 48 clinicians who worked in a custodial setting were provided with a basic demographic questionnaire, the

Professional Quality of Life Scale (ProQOL) as described by Figley (1995), The Impact of Event

Scale – Revised (IES-R), which measures three of the four DSM-IV criteria of Post-Traumatic

Stress Disorder (PTSD), and the Quality of Work Life Survey, which measures workplace factors

that participants perceive to impact their workplace stress levels. Further, participants were asked

to answer three open-ended questions pertaining to how their work with sex offenders impacts

their lives, what coping strategies they use, and how colleagues assist in coping with the impact

of the work.

The findings of Hatcher and Noakes' (2009) study were surprising. They found no

significant connection between gender, age, ethnicity, or frequency of supervision and the

ProQOL, IES-R, or the Quality of Work Life Survey. The authors conclude that working as a sex

offender treatment provider in Australia does not have a negative impact on psychological

wellbeing. The professionals who participated were found to be at low risk of burnout and

compassion fatigue. Eighty-five percent of participants reported enjoying their job and there were

close to no symptoms of PTSD recorded. The open-ended questions, however, showed clear

signs of shifts in cognitive schemas. As noted in previous pages of this paper, this is consistent

with vicarious traumatization, as described by McCann and Pearlmann (1990). It was, however,

only a minority of participants that noted heightened concerns for their own or other's safety and

increased suspicion of other people's behavior. Fourteen percent reported emotional exhaustion

and 4% reported tiredness or frustration with their work (Hatcher & Noakes, 2009). The authors

conclude the results indicate there is, in fact, a low negative impact of sex offender treatment

work, contrary to other studies. This is explained by the concept of resiliency, which the authors

believe participants may have developed due to routine exposure to traumatic material (Hatcher

& Noakes, 2009, p. 162). The research, however, found there seems to be great importance in

collegial support which appeared to reduce the risk of compassion fatigue. Organizational support, meaning that the staff feels valued by their organization, seemed to be a further protective factor in reducing compassion fatigue.

Moulden and Firestone (2007) echo many of the findings noted by Hatcher and Noakes (2009). The authors discuss vicarious traumatization in providers of sex offender treatment programs. The authors found the relationship between the provision of sexual offender therapy and the development of vicarious trauma is linked to professional experience and training, wherein increased experience and training reduce the propensity for vicarious traumatization. However, therapists in the early stages of their careers and therapists with many years of experience were affected most. Further, they found positive coping strategies (e.g., collegial support, debriefing) were a strong protective factor, whereas negative coping strategies (e.g., alcohol use, pornography use) increased the prevalence of vicarious traumatization. The authors also noted service providers working in an institutional setting (e.g., jail or hospital) experienced more negative effects than those working in a community setting (Moulden & Firestone, 2007, p. 78).

Dean and Barnett (2011) conducted a qualitative investigation into the effects of treatment providers who provide one-to-one treatment programs with sexual offenders. This research was conducted on therapists working in Her Majesty's Prison Services' "Healthy Sexual Functioning Programme" in the United Kingdom. Semi-structured interviews, a focus group, and a "diary" were analyzed using content analysis. The authors identified the following themes: 1) change in perception of self or others; 2) self-questioning; 3) change in view of others; 4) intrusive cognitions; 5) types of intrusion; 6) management of intrusive thoughts; 7) personal responsibility; 8) perception of therapeutic relationship; 9) professional development and

satisfaction (Dean & Barnett, 2001, p. 310 – 314). This research also found the following

"mitigating factors", that were seen to reduce the negative impacts of working with sex

offenders: 1) one-to-one provision of intervention (as opposed to group intervention); 2) peer,

supervisory, and managerial support, wherein directional, reflective, and focused supervisory

support was seen as most important; 3) de-briefing opportunities, to manage rumination; 4)

context/environment (including support available; safe, comfortable settings and client

motivation). Essentially, Dean and Barnett (2001) stress the profound impact supervisory

management positions can have on the well-being of professionals providing treatment to sex

offenders.

Slater and Lambie (2011) provided a qualitative study conducted in New Zealand. The

goal of this study was to examine the positive effects of providing services to sex offenders. The

research team conducted semi-structured interviews with 12 clinicians who provided treatment,

support, and education to adults, adolescents and children who sexually offend against children.

The researchers found three major themes emerged from their data: taking an optimistic

perspective, working for the community outcomes, and supportive agency culture. Participants

stressed the importance of embracing a holistic view of clients, considering the offence as only

one aspect of the person as a whole. The clinicians described feeling greatly rewarded when they

could experience change in the participants. They discussed the importance of being a positive

role model for the clients but having good coping mechanisms in place to assist when clients

would re-offend (Slater & Lambie, 2011, p. 329).

Regarding the supportive agency culture, participants noted the value of opportunities for

innovation, allowing them to be creative within the confines of the program. They expressed

appreciation for the multidisciplinary nature of their team, which they found was professionally stimulating and provided a variety of theoretical input. Collegial spirit was described as of upmost importance. Participants noted bonding exercises and humor allowed them to better cope with the intensity of their work.

Willis et al. (2018) conducted a mixed methods study exploring how supported therapists who provide treatment to sexual offenders feel in their work. One hundred and eighty-nine participants were recruited through professional organizations in North America, the United Kingdom, and Australia and New Zealand. Participants completed an online survey containing both quantitative and qualitative questions. Participants disclosed feeling generally well supported (M = 7 out of a possible 10). The most common qualities of supportive employers mentioned were "Supportive of professional development", "Being 'human' and approachable", and "Good contractual agreements" (Willis et al., 208, p. 320). Most common struggles were "Access to good support", "Lack of senior management/administrative support", and "Poor supervisor support" (Willis et al., p. 317).

Elias and Haj-Yahia (2018) and Elias and Haj-Yahia (2019) both describe aspects of a study involving 19 social workers employed by Probation Services in Israel. Participants described their primary responses to direct contact with sex offenders, as well as cumulative responses related to their ongoing work. Participants described the profound perceived interpersonal consequences of their work including the impact their work has on their parenting, their intimate relationships, and their general quality of life. Participants also noted positive consequences of the work. Coping strategies participants use were categorized into emotion-oriented strategies (e.g., venting to friends, or dissociation), problem-oriented strategies (e.g., seeking clinical supervision, consulting with peers), and meaningful-oriented strategies (i.e.,

positive feelings such as achievement accompanying the negatives). The authors stress the importance of adapting the work environment to allow for coping strategies but did not suggest what this might look like.

Parsonson and Alquicira (2019) conducted a qualitative, exploratory study to examine the experiences and coping strategies of sex offender treatment providers. Nine female licensed sex offender treatment providers from Houston, Texas, were interviewed, and the data was analyzed utilizing thematic analysis. The treatment providers were, or had previously been, engaged in providing treatment to sexual offenders in private practice. Self-care strategies were examined on three levels: personal (e.g., family, hobbies, spirituality), professional (e.g., attending conferences, diversification of work assignments, reflection of values), and organizational (e.g., participation in employee assistant programs, mentoring, and debriefing) (Parsonson & Alquicira, 2019, p. 2030). This study found connection to others (both in personal and professional contexts) and work-life balance (in personal, professional, and organizational contexts) to be extremely important in minimizing the effects of burnout. Parsonson and Alquicira (2019) describe the concept of "goodness of fit" for this work as a concept describing each therapist's use of a variety coping strategies that leads to a career with limited symptoms of burnout. Although the authors received some information on participants' barriers to practicing self-care, they believe this aspect of the study warrants further investigation. The research conducted by Parsonson and Alquicira (2019) bears many similarities to the research conducted for the purpose of this thesis. Participants in the study conducted by Parsonson and Alquicira (2019), however, operate exclusively in private practice. Being self-employed would offer a vastly different experience to that of an employee working in a similar capacity.

There are many negative effects of working with sex offenders documented in the literature. Burnout, vicarious traumatization, secondary traumatization, and vicarious perpetuation are terms that have been used in peer reviewed journals from across the world to describe the experiences of professionals working in this field. There are also, however, many sources describing positive effects of this work. Factors that increase the negative impacts of the work, such as lack of education, negative coping strategies, and organizational factors were documented. Factors that decrease the negative impacts of this work were shown to include training, supportive supervision, clinical support, development and diversification of coping strategies, positive perspectives, understanding the symptoms of secondary trauma, and a supportive agency culture. Although many challenges faced by people working with sex offenders have been documented throughout the years, these challenges have also been found to be counterbalanced by the rewards including the high degree of personal and professional fulfillment found in this line of employment. Although sex offender treatment is a stressful line of work, it offers many rewards and has been described as both a challenge and a privilege (Scheela, 2001). The following chapters describe a research study conducted to examine the effects experienced by professionals with bachelor's degrees working in the field of sex offender intervention. Organizational, personal, and social struggles participants encountered will be examined, as well as coping strategies that have proven to be helpful in maintaining wellbeing while pursuing this career path.

**Chapter 3: Research Design**

In this study, the effects on people working with sex offenders and their coping strategies will be examined. In general terms, the goal of a researcher is to design their research in a manner that allows for the identification of relationships between constructs and simultaneously rule out other possible hypotheses (Heppner et al., 1992, p. 43). To select the most useful research design, Heppner et al. (1992) suggest considering the following:

> (1) the existing knowledge bases pertaining to the specific research question, (2) the types
> of research designs used and inferences made to develop the existing knowledge bases,
> (3) the resources available to the researcher, (4) the specific threats to the validity of the
> particular design being considered, and (5) the match or fit between previous research
> knowledge (factors 1 and 2), the design being considered (factor 4), and one's resources
> (factor 3)" (Heppner et al., 1992, p. 73).

My research question for this study was: "What are the effects of working with sex offenders on front line workers with an undergraduate degree and what factors contribute to worker resiliency?"

In the most general of terms, this study was conducted from a social constructionist perspective. Through this perspective, experiences are produced and reproduced, and social problems created by people or organizations that make "claims" that something "is". An example of one such claim could be that it is unsafe for children to be playing around mailboxes. In this example, children playing around mailboxes can become a social problem (Loseke, 1999). Because the notion of sex offender rehabilitation, associated vocations, and even the label of "sex offender" are socially constructed concepts, an awareness of social constructionism throughout

this study is crucial. The definition of a sexual offence has varied throughout times, cultures, religions, nations, and states. What is considered an acceptable sexual act is dependent on the social and political ideals of each time and place. In ancient Rome, for example, boy-brothels were commonplace and socially accepted entertainment included watching women and children being raped and having sex with animals (Terry, 2012, p. 25). Legislation declaring an age of consent was first introduced during the Industrial Revolution, when adolescent girls could more easily travel outside of their villages and unwed teen-pregnancy became of greater social concern. In Europe in the early middle ages, homosexuality became criminalized, on religious grounds. This remained so for many years until the late 1960s, when homosexuality was decriminalized in most countries (Terry, 2012). The existence of the sex offender is dependent on the construct of the sex offence. Sex offender treatment is dependent on the assumption sexual offending is a mental health issue and should be treated. The effects of facilitating this treatment on a practitioner are thus dependent on several layers of social construct, justifying a social constructionist approach to this study.

In the design of this research study, the limitation of resources available to the researcher must be emphasized. Although supervision was provided through a thesis supervisor from the University of Northern British Columbia, the research experience of this researcher was limited and there was no funding. Considering these circumstances and the suggested criteria noted by Heppner et al. (1992), it was determined a Qualitative Exploratory approach would be best suited. This approach will be further discussed in the following sections.

**Methodology**

This study was conducted using qualitative methodologies. Qualitative research consists of practices used to interpret and represent phenomena. This could include the use of field notes, interviews, conversations, photographs, recordings, or memos. The goal of the researcher is to make sense or interpret phenomena in terms of their meaning to participants. Although not exclusively so, qualitative research is frequently used in an exploratory capacity, where little prior knowledge exists. It provides insight and interpretation of lived experiences as perceived and analyzed by the people participating in the research. This provides a cultural context and can offer answers to the "why?" and "how?" aspects of a research question, which cannot be explored in quantitative research (Denzin & Lincoln, 2017).

Given the limited purely qualitative research into this specific topic of inquiry, the exploratory nature of a qualitative inquiry was deemed appropriate to provide parameters to define areas more clearly for future research. As previously mentioned, many previous studies measured participants' experiences by asking them to complete standardized tests or measures to quantify their experience of "burnout" or "vicarious traumatization". Insights into the lived experiences of the participants, however, are paramount to understanding the full extent of the effects of their work. By gaining understanding of the full depth of the lived experiences of participants, the importance of strategies to mitigate the harm to the person can be appreciated. A qualitative approach provides a more personal, relatable story, rather than a quantitative, numeric result. Deeper insights into the nature, meaning, and benefits of coping strategies utilized by participants provides greater understanding into the insights of participants and offers a base on which to found initial policy suggestions. Further benefits to qualitative exploratory research include the relatively small sample size required. This will be discussed in further sections of this

chapter, but this is of benefit because it makes a relevant sample more attainable to a researcher operating without great financial resources. Arguably, the pursuit of understanding of a topic on an exploratory scale lends itself to a novice researcher as a first line of inquiry into an area of interest. Should future research follow, a more specific, specialized study can be conducted that may include quantitative measures and a greater number of participants.

Disadvantages of a qualitative exploratory approach include the potential for bias in the interpretation of the data. This is especially noteworthy because I am conducting this research as an "insider", a former probation officer who has experience working in the field of sex offender intervention. Although this provides me with a base level of understanding of the experiences of the participants in this study, it could also result in a less thorough or rigorous analysis of the data, wherein assumptions are made (Tinker & Armstrong, 2008). To counteract this, attempts were made to maintain a critical distance from the data by conducting member checks of themes found in the interview transcripts, as well as by maintaining a research journal to document awareness, thoughts and struggles regarding possible biases and pre-conceptions. Guidance and support to explore possible biases and pre-conceptions was provided by my Thesis Supervisor.

**Methods**

To ensure this novice researcher was prepared and adequately equipped to conduct the research required for this document, methods with clear, simple guidelines described in the literature were chosen. Details of the methods used will be described in the following pages.

**Participants**

For this study, a criterion sampling strategy was utilized, interviewing participants that meet predetermined criteria of importance (Patton, 2015). Professionals who have a minimum of

one year of experience working with sex offenders in a rehabilitation context, and who work in positions requiring a bachelor's degree were interviewed. Six participants were interviewed, in consultation with professors from the School of Social Work at the University of Northern British Columbia, considering the goal of achieving data saturation while also considering practicalities and limitations of the resources available. To determine concrete numbers that would commonly lead to data saturation, Guest, Bunce, and Johnson (2006) found that based on the data collected in their study, data saturation occurs within the first 12 interviews, with basic elements of meta-themes present after six interviews.

The requirement to have worked with sex offenders for a minimum of one year prior to participating in the study was determined to ensure the participants had adequate experience to base their responses on and had the opportunity to develop and utilize various coping mechanisms to support their practice.

Participants were recruited via paid e-blast advertisement through "Perspectives" magazine, the official publication of the British Columbia Association of Social Workers (see Appendix B). Potential participants were asked to express their interest in the study via e-mail to eclark3@unbc.ca. By this means, two participants were recruited. In addition, snowball sampling was utilized to gain further participants through primary participants (Noy, 2008). Each participant was asked if they knew any other professionals who may be interested in participating in this research project. Contact information for further potential participants was gathered, and a

recruitment poster was sent to them, directly. By this means, four further participants were recruited.

Participants were asked to engage in a roughly one-hour telephone interview, conducted by myself. First, basic demographic information was collected (sex, age, relationship status, location, degree, years employed, years working in sex offender intervention). After this, participants were asked to describe their current position (e.g., "what is your current role in sex offender intervention?", "what training did you receive to work with sex offenders?"), the training they received at their place of employment (e.g., "What training did you receive to work with sex offenders?"), and the workplace policies pertaining to their position (e.g., "how do your workplace policies help in providing you with the necessary framework for the intervention you use with sex offenders?"). Participants were asked to describe the benefits and struggles they associate with their employment (e.g., "How has this work personally impacted you?", "What are the most important aspects of sex offender intervention for you?", "Can you tell me about some situations working with sex offenders that stand out to you or particularly impacted you?"). Lastly, participants were asked about their coping strategies surrounding their work stressors (e.g., "What/who are your main supports at work?", "who are your main supports outside of work?").

**Thematic Analysis**

To analyze the data collected, thematic analysis was utilized. Thematic analysis is a method of analyzing and reporting patterns or themes within data. Steps taken to conduct data analysis according to thematic analysis have been defined as follows: (1) Familiarization with the data – transcription, reading and re-reading the data, noting initial ideas; (2) Generating initial

codes – coding of interesting features and collating data; (3) Searching for themes – collating

codes into potential themes and gathering data according to these themes; (4) Reviewing themes

– verifying the determined themes work; (5) Defining and naming themes – refine each theme

and providing a name for each; (6) Producing the report – final analysis is presented and related

to previous literature and the research question (Braun & Clarke, 2006, p. 87).

When describing the findings reflected in a data set, an inductive approach was taken,

wherein themes identified were derived from the data (Braun & Clarke, 2006). Although the data

collected may then not have been closely related to questions asked to participants, themes not

previously suspected were thus likely to emerge. This would then reduce the risk of my personal

biases and personal experience influencing findings. The interviews were analyzed using both

latent and manifest content analysis.

To develop themes, sections of the interview transcripts were highlighted. These

highlighted sections either included a manifest or latent theme, as described by Braun and Clarke

(2006). Manifest themes included items such as "dreams" or "hyper vigilance". These themes

were mentioned explicitly by several participants. Latent themes were detected in broader

descriptions participants provided. These themes included underlying ideas that were thought to

be of significance to the research question.

After highlighting transcript segments, initial themes were drafted. A tab in a Microsoft

Excel worksheet was named after each theme. Previously highlighted sections of the interview

transcripts were then copied and pasted into the Microsoft Excel worksheet under the tab to

which they were thought to correspond. Both the name of the themes as well as the allocation of

transcript sections to a theme were reviewed several times. After many revisions, it was

determined that the themes were adequately distinguished and defined, and each text section was appropriately allocated.

**Validity - Member Checking and Consultation**

To ensure trustworthiness, member checking was conducted. Member checking has been described as a crucial technique to establish validity in qualitative research. Data collected throughout the inquiry was "played back" to study participants to ensure it is congruent with the message they attempted to convey (Denzin & Lincoln, 2017). Upon completing the thematic analysis of the interviews conducted for this study, each participant was again contacted and asked to confirm the themes that were found to emerge from their interview via e-mail. Themes were sent, as opposed to entire transcripts, to save time for participants and to confirm the researcher's understanding of the participants' disclosures. At this point, incongruences or misunderstandings were rectified. When confirming themes with participants, minor discrepancies in the understanding of themes were adjusted. At this time, two participants, requested details regarding experiences they had conveyed in their interviews to be omitted from this final report. They were both concerned their anonymity would not be maintained, should certain specifics be mentioned. This information was removed from the interview transcripts and thematic analysis.

**Ethical Considerations**

Because participants in this study were adult professionals speaking anonymously about their experiences in their workplace, the research risk assessment is somewhat mitigated. Despite this, due to the potentially sensitive experiences participants may recall, the research risk can be considered "medium". Participant vulnerability is elevated (medium vulnerability), due to these

circumstances. This determines the cumulated research risk to be "medium". Counseling resources were provided to participants via e-mail after their interview. Approval was sought through the University of Northern British Columbia Research Ethics Board (REB) and granted on April 7th, 2020 (see Appendix E).

**Expectations**

The goal of this research was to conduct a preliminary inquiry into the experiences of professionals working with sex offenders, determine common struggles faced by these professionals, and learn of strategies they have utilized to foster professional resiliency. Policy suggestions were to be formulated based on the findings, to allow agencies to adopt workplace practices that allow for a positive work environment and allow for emotionally healthy, and resilient staff, who may be less inclined to turn-over. This, in turn, could save agencies the financial output involved in training an ever-revolving body of staff. It may, also, result in a higher quality of work out-put by staff. Furthermore, increased support measures for professionals working with sex offenders could reduce the emotional harm potentially caused to future workers and improve their professional and personal quality of life.

Despite a variety of research conducted on the effects of working with sex offenders over the past 20 years, this area of study is relatively new. Sex offender intervention itself is a relatively recent phenomenon; the study of the effects of this work on those who practice it is even more recent (Clarke, 2011). The research conducted for this study is unique in that it is purely qualitative and describes participants' experiences without operationalizing or quantifying them by attributing them to a specific value on a pre-determined measure. Furthermore, the participants are all employees, and thus at the mercy of the organizational structures imposed on

them by their employers. Based on these parameters, the expectation of this study was to gain deep and personal insights into the effects of working with sex offenders. Participants could share strategies they successfully, or unsuccessfully utilized to cope with this work. This, in the hopes of formulating recommendations of concrete and realistic workplace strategies that could be implemented to improve the wellbeing of the people engaged in this line of work.

**Chapter 4: Findings**

**Participants**

Upon placing the paid recruitment advertisement, two people responded and indicated they wished to participate in the study. Upon completion of these interviews, one of these initial participants referred two further participants. Each of these participants referred one further participant. This resulted in a total of six interviews being conducted. All participants resided in British Columbia. Four participants were female, two were male. Both male participants were married, all four female participants were single. Four participants were 40-49 years old; two participants were 30-39 years old. As per the outlined recruitment criteria, all participants had bachelor's degrees, although one participant had both a bachelor's degree in Social Work and one in Psychology.  Two participants had degrees in Social Work, two participants had degrees in Criminology, one participant had a degree in Psychology, one had a degree in History, and one had a degree in English Literature. The time participants had been employed in the social services ranged from 8-25 years, with an average of 13.8 years. The number of years working with sex offenders ranged from 5-11 years, with an average of 7.5 years. For all participants, their first employment after graduating from university involved working with sex offenders. Five of the six participants had, either previously or were currently, employed as adult probation officers. One participant was a youth probation officer, who previously had worked for a therapeutic program for young offenders. Two participants were Indigenous justice workers. One participant was an institutional parole officer.

**Themes**

As a first step in the Thematic Analysis conducted for this thesis, six categories of inquiry were determined, based on a loose grouping of topics discussed in the interviews. These categories of inquiry were effects on the person, workplace struggles, workplace rewards, workplace coping strategies, home coping strategies, and ideas for improvement. Under each of these categories, themes were listed as they arose when reading and re-reading the interview transcripts. Themes that arose in each category of inquiry will be discussed in the following sections.

*Effects on the Person*

**Hyper Vigilance.** The most common effect participants noted was hyper vigilance. Five participants noted they became hyper vigilant as a result of their work with sex offenders. One male participant recalled:

> I remember going for a run in my neighborhood after work one day and ran in to a little girl with a puppy. I said, "what a cute puppy, what's his name?" and she said "Danger", and that kinda triggered something in me and I got worried, like, what is she doing out here all on her own? And what am I doing here with her on her own?

A second female participant described the effects of her hyper vigilance on her social life as follows:

> I was working with kids at my church [. . . ] and I was requiring all the adults who work with the kids to never be alone with them and I was stressing and pushing safety, you know, so that if there was a sex offender, they wouldn't have access. And a lot of people got very upset with me. They were thinking I was alleging they are sex offenders. So a lot

of people got offended with me being hyper-vigilant and trying to protect kids and not allowing them to be by themselves with kids. [. . .] My social life disappeared, went to the background and I became just ultra-focused on protecting children.

Only one participant did not mention hyper vigilance in their interview.

**Intimate Relationships.** Three participants disclosed they had experienced adverse effects of the work in their intimate relationships. One of these participants disclosed he experienced intruding thoughts of discussions with sex offenders while engaging in intimate relations with their partner. Another participant disclosed they struggle to participate in sexual activities they previously enjoyed such as watching pornography or dressing in costumes:

I just kept having flashes of these parallels between topics in porn and topics or fantasies my sex offenders would talk about with me. I just saw everything suddenly being a deviant sexual interest. This really affected the relationship I was in at the time when I started supervising sex offenders.

The third participant who mentioned their intimate relationships were affected stated:

I think in one way, it prevented me from getting married. I was being pursued by a guy and I was so grossed out by listening to the sex offenders, I just didn't want to have anything to do with it and I told him that I don't want to get married. And I think it affected my life by my views of men, I think it that it caused me to view men through an unfair lens where I deemed them all to be perverts.

**Loss of Faith in the Criminal Justice System.** Two participants provided lengthy accounts of experiences in the courts that resulted in a loss of faith in the criminal justice system. One participant was an adult probation officer, the other an Indigenous justice worker. Both

participants have since been diagnosed with Post Traumatic Stress Disorder, secondary to their work with sex offenders. One has since returned to their position but is no longer able to work with sex offenders. The other participant was not able to return to their position and is on long-term disability leave. One participant described a formative experience as follows:

> I was doing a home visit at the residence of this guy who was a prolific pedophile. He had, like, fifty-two victims and was being investigated for the death of another child [. . .]. So, I went there and he wasn't home. But his roommate was and he was this drug dealer. I asked his roommate to show me my client's bedroom and he let me in and showed me the bedroom. We open up the door and there's two little girls sitting there on his bed. So this is a house where people who are addicted to drugs would come and exchange their kids for drugs. And so I breached this guy. Because he's in the house with kids and I submitted the breach thinking, this is a solid breach but Crown [Council] decided they weren't going to go through with it. They said he wasn't there, you can't prove it was him and his roommate is unreliable, because he's a drug dealer.

The same participant recalled another experience in court, wherein they were required to testify throughout a five-day hearing against a client, requesting a peace bond, prohibiting him from having contact with children, or attending anywhere children or youth may frequent:

> So, they bring in this pastor, and I'm thinking what are you doing vouching for this guy? Like, why would you want to not protect the community and the kids? I just want him to stay away from playgrounds and kids [. . .] and then they brought in his counselor. And his counselor, she had a two-year diploma in recreation studies. And so she was, you know, talking about how she is trying to get him to become assertive but she was totally feeding

into his narcissism. And then I was being grilled on the stand and every time there was a break, the defense lawyer would ask me to go find some more information. So I never got a break. So while they got breaks I had to go and hunt for more information. It was such a draining week. Yeah, so that one stood out for me because I felt very much helpless and powerless in the system just that I was the one getting attacked. Not him. I'm there getting grilled for 5 days and he's sitting there watching me.

The second participant describes her disillusionment as follows:

And after witnessing so many people go through the court system and have to [. . .] tell their stories and be ripped apart on the stand and have no success when still those people get off and they have to face them in the community. I was at the point where it was hard for me to advocate laying charges. At the end, I would tell them that this is the reality of what's going to happen to you if you report this. [. . .] [I]t goes against everything I should have done, and the truth is, I thought it was like my only way that I could think of to help the people to move on is to tell them to not go through the court process and that makes me sad because it's the reason you want to report something is so it wouldn't happen to someone else.

**Effects on Physical, Emotional, and Mental Health.** All six participants described effects of their work with sex offenders on their physical, emotional, and mental health. As mentioned, two participants disclosed formal diagnoses of Post-Traumatic Stress Disorder associated to their work. Other effects on participants' health included nausea and vomiting with no physical cause, panic attacks, feelings of helplessness, and mood swings. Three participants described repeated incidences of uncontrollable crying. Two participants described feeling emotionally numb. Two

participants mentioned having dreams about their work with sex offenders. Of these, one participant did not disclose detail but stated they had had dreams after reading police reports in several clients' files. The second recalled having nightmares about one client who had victimized multiple children: "He had a very ugly face to begin with. I remember having nightmares. I remember having nightmares where he climbed in through my window."

### *Workplace Struggles*

Participants were asked to identify challenges they faced in their workplaces, where they worked with sex offenders. Five themes emerged from this line of questioning, wherein struggles with management and lack of training or education to perform the job were most mentioned.

**Struggles with Management.** All but one participant described significant struggles with their management team that caused them distress in their job. One participant described their experience following a mistake they had made became public in local newspapers:

They came in like a bull in a china shop! It was a horrible process. I got a talking to from [upper management] and I remember the impact of that and I didn't feel supported in the mistake I made. I was left on my own. I learned that if something goes sideways, you're on your own.

Another participant described struggles with being blamed for clients' behavior and fear of professional reprimand as follows:

The worst part of the job [as adult probation officer] was fear of reprimand. That was one of the most stressful aspects of the job. You're always told you're not responsible for offenders reoffending. But if they did something that was newsworthy, noteworthy, or otherwise a breach? Then a file review is done. If some piece of paperwork was missing,

we would be penalized. So there's always that aura of 'we better do this or if he re-offends, it will come back on us and we're gonna get in trouble'. So there's always that fear of punishment. We are told we're not responsible, but we were responsible. I feel more secure in my current job [as Indigenous justice worker] that is not union than I did in my job as a probation officer, which was union. Because now, I feel like my boss has my back.

Of note, this participant described significantly fewer adverse effects of the job in their current position as Indigenous justice worker, where they were working in the same community, with the same sexual offenders. This was, largely, attributed to a more supportive management style.

**Lack of Training or Education to Perform the Job.** Five of the six participants in this study indicated they did not believe they had received adequate training to fulfill the requirements of their job. One participant, who began working as an adult probation officer after completing a degree in Criminology in the late 1990s stated: "There was a day and a half training session to learn how to do risk assessments and some words and language so that we would be comfortable speaking to our clients. There wasn't a whole lot". This participant further described their training to facilitate the bi-weekly Sex Offender Maintenance Program (SOMP) for sexual offenders: "We just winged it back then. We did SOMP and we just came up with stuff on our own, like what we thought might be high-risk situations and we talked through how to mitigate them".

Three participants who were more recently trained adult probation officers reported receiving more extensive training to work with sex offenders. This included several weeks of training at the Justice Institute of British Columbia to complete risk assessments for sex offenders, and more comprehensive training to facilitate SOMP. Two of these adult probation

officers, however, expressed a desire for more training. One participant with a degree in Criminology stated: "I think we should have a PhD in Psychology to do the job". The other recently trained adult probation officer stated:

> It would really stress me out to think that I was responsible for keeping the outside world safe from these people. I'd run SOMP and sometimes feel helpless because the guys wanted help and they didn't want to re-offend but I sometimes didn't know how to deal with it. I wish we had more training on that. I think it would take a lot to be comfortable with the responsibility though. Like, a full diploma or something.

A participant who was employed as an Indigenous justice worker with a degree in English literature stated: "I got the job and they plopped me in, and they say said yeah, here you go. I just did a lot of research on my own because it wasn't something I was familiar with". An institutional parole officer with a degree in history stated: "I started in January and I did my training to become a parole officer in November. So there was no training for almost a year". This participant elaborated the parole officer training does not include training specific to sex offenders. An annual learning event is held, which only just this past year was surrounding sex offenders "so this is the first years, five years in [to this job] that we've had that kind of training. Most of the learning comes from working within your Case Management Team".

**Lack of Training or Support for Emotional Survival.** When considering the impact of working with sex offenders, two participants described exceptionally negative impacts of their work including diagnoses with Post Traumatic Stress Disorder (PTSD). Both of these participants stated they believed their employer did not provide adequate information about or

preparation for the effects they may experience because of their job. They both disclosed mental health supports were not sufficiently available to them. One participant noted:

> It was just like nobody gave a crap about your emotional well-being. I was the supervisor, so I was the one who provided the debriefing, but nobody ever debriefed me. I would host these debriefings and it was just expected that I was going to be okay [. . .] by the time you actually understand what's wrong with you and you know what you should do to take care of yourself, It's just too late.

The second participant stated:

> A co-worker once gave me a hand-out that had the effects of working with sex offenders on it. I thought I had been going insane there for a while so just seeing that this was common for people working with sex offenders helped me understand that I wasn't alone and knowing that there's other people that felt that way. I still didn't have an outlet to discuss or debrief this with anyone.

**Lack of Resources for Clients.** Five of the six participants disclosed a lack of referral resources for clients was a significant stressor for them. One participant, who began their career as an adult probation officer and at the time of the interview was employed as a youth probation officer stated his job was much less stressful working with youth, because there are more resources available:

> The work is way more in depth with adults. There are way more services available on the youth side. There are residential programs and ongoing treatment options. On the adult side, you have to refer them to the one treatment program they might get in to. Then they

have to show up [for the intake], be accepted, and keep going to the program. If that

doesn't work out, you're on your own".

The institutional parole officer stated although there is adequate psychological intervention for

most sex offenders in Federal custody, there is a lack of referrals for sex offenders in the

community. This resulted in significant stress when attempting to plan for the release of an

inmate:

A lot of halfway houses and resources are very clear that they don't want sex offenders.

And even if it's a house that might have great interventions, but they're within 100 yards of

a school or playground, well they can't go there. Most treatment centers won't take sex

offenders. So we definitely need more support from agencies on the outside.

**Struggles Intellectualizing or Comprehending Sex Offences.** Two participants

disclosed struggles with the intellectual discussion of the social construct of the sexual offence.

They both described struggling after intervention sessions with sex offenders, wherein the social

construct of their crime was argued by the offender. One participant stated:

I really struggled with this guy who thought his "preference in art" was only criminalized

because society had deemed it inappropriate and that it wasn't actually "true". You know,

some people like looking at paintings of bowls of fruit and he liked looking at little girls'

genitals. So wrapping your head around the intellectual aspect of it was probably harder on

me than [. . .] a particularly horrific crime.

***Workplace Rewards***

Workplace rewards mentioned by participants were surprisingly few. Five participants indicated they believed their job increases public safety. The sixth participant explicitly stated they did not believe their job increased public safety.

Three participants saw the positive changes they witnessed in their clients to be a reward of the job. One adult probation officer stated: "When you get to know their risk factors and are working on modifying them and they are beginning to self-regulate; that was really kind of a cool part of the job".

A second adult probation officer stated:

Although I always dreaded facilitating the Sex Offender Maintenance Program, it felt like I'd made a difference, afterwards. We would discuss risky situations and discuss ways to get through them without reoffending. The guys all participated super well and it seemed like it genuinely helped them.

Another participant, an institutional parole officer, stated:

The program content in the [Federal] sex offender program I really like. I think it's very strong. I think it's something that if they practice and follow and utilize those skills, they are really setting themselves up for a good future.

This participant also explained the work with sex offenders in the Federal correctional center is particularly uncomplicated:

Sex offenders are probably the most compliant inmates. When they come in, I don't really

have to focus on their institutional adjustment. They do not get caught up in the

institutional sub-culture. They just don't want anybody to know they are a sex offender.

***Workplace Coping Strategies***

Four major themes were detected in the interviews regarding positive workplace coping

strategies participants found helpful.

**Debriefing or Consulting with Co-workers.** When asked what workplace support

helped mitigate stress associated with work with sex offenders, all six participants expressed

their co-workers were of assistance to debrief or consult. One participant stated: "Any sex

offender case that would actually bother me would be horrific, to the point where you can't share

that with anyone outside of work, so I rely really heavily on my work people". Another

participant recalled: "It was the friendships within that work that made a positive difference [. . .]

I just don't think people get it unless they are in that world. It's as simple as that. You can't

explain it to them". A third participant recalled: "To have another human being that I can debrief

with was amazing because I had tried previously to debrief with other co-workers, but they all

said they didn't want to talk about [sex offenders]". Despite this, the same participant also noted:

"going to a co-worker wouldn't always help because we aren't trained [to provide appropriate

debriefing], and we would often just traumatize each other". Of note, this participant also

emphasized they believe it to be important to associate with "people who are healthy and positive

and are not in careers that are in social work or anything like that".

**Supportive management.** Four interview participants stated supportive management

greatly increased their workplace wellbeing. Of note, three of these participants had previously

been employed in other positions involving sex offender intervention wherein they did not experience supportive management. These three participants all disclosed their new employment involving sex offender intervention affected them less, due to the support they experienced from their managers: "My experience at [my current employment] has been great. I know that my management will back me". A second participant stated: "I feel like my boss has my back. Whereas in my [previous] job, I was worried about my boss being on my back". Given three participants reported vastly different experiences working with sex offenders depending on their perceptions of their manager's support, this finding is especially noteworthy.

Other initiatives implemented by managers that participants found helpful included allowing them to work from home at times, to complete paperwork outside of the context of their workplace. The availability of psychologists to consult was noted as a great relief, as was the availability of other professional referrals for clients. Two participants emphasized the importance of being allowed to trade clients they found particularly difficult. All six participants, unequivocally, stressed the importance of the availability of extra time off, should workplace stress require a mental break, which can be seen as a managerial policy.

**Counseling.** Four out of six participants experienced improved workplace wellbeing after attending counseling services. One participant stated they believed counseling should be mandated by the employer, as they wished they had attended sooner. Despite this, three participants described struggling to find adequate counseling. Two participants stated they did not wish to attend the same counseling resources they worked with in the community and referred their clients to:

So, I show up to this counseling appointment and first thing, I'm in the waiting room with this woman who looks super familiar. Then the counselor comes out to get me and it's someone I'd worked with on committees and referred clients to, so I knew her, and it was super awkward! It was an awkward appointment and I just really didn't want to talk to her about anything personal.

Two participants described struggling to discuss the subject matter of their jobs with counselors, who they feared may not be prepared or qualified to hear their struggles with sex offenders.

**Workplace Philosophy.**

Two participants who had both worked as adult probation officers in the past, disclosed they experienced much improved workplace well-being after switching to a different workplace with a different approach to sex offenders. The first participant transitioned to working as a youth probation officer:

For adult offenders, there's more of a label. They are, you know, a child porn guy or a pedophile or a rapist. On the youth side, we try not to label. It makes it easier to do the work. We work with an individual, not just a sexual deviant.

The second participant who now works as an Indigenous justice worker described the differences in workplace philosophy between employers as follows: "I know what the person has done, I look over the basics of what happened but not in detail. It's more dealing with the individual, not with the offence. It's so much easier to do the work this way".

*Home Coping Strategies*

Coping strategies participants used varied and were not necessarily or conclusively beneficial to the participants' well-being. Two male participants disclosed use of alcohol or marijuana after work helps them cope. Two female participants disclosed emotional consumption of excessive sugar helped them cope: "I would go to Dairy Queen and order chocolate covered strawberry blizzards when I had a stressful day. That wasn't a very healthy coping strategy". Four participants stated they use physical activity to cope with workplace stress. Other means of coping mentioned are playing video games or strategy games, "to get the mind working elsewhere", painting, and prayer.

Interestingly, four participants noted they use "dark humor" to cope with the subject matter they experience in their work with sex offenders. Although it was mentioned as a coping skill, one participant expressed feelings of shame associated with the dark humor and joking about a person's suffering. A second participant stated despite the dark humor helping to cope with the subject matter, it led to significant social challenges:

It would really help to joke with co-workers about the crazy things we would hear at work. It would really lighten the mood, cheer us up and get us laughing. On the other hand, that does not go over so well in regular social situations, like at a dinner party. Sometimes, I would crack a joke about something I had dealt with at work and people would be horrified. It was isolating.

*Ideas for Improvement*

All participants were asked to offer suggestions of what might support them better in their work with sex offenders. Not surprisingly, most suggestions related to the struggles or supports

experienced. Participants believed more time off would be of assistance or breaks from working with sex offenders. Better community resources available for sex offenders was noted, as well as resources available to workers (i.e., skilled debriefing or counseling). Skilled managers were mentioned by several participants. This was emphasized by one participant as follows:

> Managers need to be able to recognize when there are unhealthy coping mechanisms or signs of distress. This should not be dealt with in a punitive way; I was disciplined and that was detrimental. There needs to be recognition of how fragile the brain is and the manager needs to come in and deal with this gently and with understanding rather than demoting someone or making them feel like they are broken and useless. Recognize and still encourage, make sure their mental health is not completely destroyed.

One topic that was mentioned in the recommendations portion of the interview had not previously been mentioned by participants. Interestingly, four participants noted financial compensation should recognize the exceptional strain work with sex offenders subjects people to. One of these participants stated there may be less staff turnover if they were compensated according to the stress and the responsibility of the job.

**Research Journal**

I maintained a research journal during the data collection and analysis process. This journal allowed me to take note of any struggles with personal preconceptions or biases. Several interesting points were noted throughout the process. Firstly, I was surprised how difficult it was to avoid making assumptions. Throughout the interviews I conducted for this study, I attempted to allow participants to explain their answers to the interview questions. On several occasions, I was given answers and asked for clarification on matters I assumed to understand, but

consciously asked the participant to explain. One example of this was when a participant who was a probation officer was speaking about the Sex Offender Maintenance Program. As a former probation officer who has facilitated this program, I assumed to understand the premise of this program; I made a point, however, of asking the participant to describe the program to me. This ensured the participant's description and understanding of the program was accurately recorded and it minimized my preconception influencing the data.

Secondly, I was surprised at how openly participants spoke of their struggles. This was especially noted during transcription of the interviews. When participants were interviewed, the discussion seemed light-hearted. When the words participants spoke were transcribed, verbatim, a more sinister message arose from these interviews and the extent of participants' struggles became more apparent. Much was seemingly diluted by friendly tones of voice and nervous laughter.

Thirdly, the responses provided by all participants illustrated the importance of this research. I was amazed by the struggles professionals face every day in their chosen line of work, and yet more amazed at their perseverance. The effects of the work on the participants were physical, emotional, social, and sexual. Despite this, the majority of participants continue to pursue this career because they perceive the work to be important. Considering these circumstances, the importance of providing a work environment conducive to minimizing the harm to the people in this employment must be emphasized.

**Chapter 5: Discussion**

**Relation to the Literature**

The themes identified in this study are reminiscent of several items on scales mentioned in the literature review portion of this paper. It must be noted that none of the participants were asked specific questions from the scales described (e.g., Maslach Burnout Index, Assessment of Dynamic Adaptation scale, etc.).

The Maslach Burnout Index (MBI) encompasses three sub-scales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment (Maslach et al., 1997). Aspects of these three sub-scales can be seen throughout the responses provided in the interviews. One participant stated: "I had three years of dealing with him and it was like at a breaking point. I dreaded coming back to work to have to deal with that." This could, arguably, speak to all three of the MBI sub-scales. One further example of a statement could relate to both the depersonalization and personal accomplishment sub-scales:

It's a small level of success. I still didn't know how to really protect these kids. So even though I achieved a success, it was still just a piece of paper, people still have a choice to go and violate those pieces of paper.

Of the six interview participants, four participants made numerous statements that were reminiscent of the MBI, and the associated burnout. To conclusively determine the level of each participants' burnout, a further study incorporating completion of the MBI would be necessary.

Vicarious traumatization is described as involving alternating feelings of being overwhelmed and feeling emotionally numb. General changes indicating vicarious traumatization include disconnection from loved ones, social withdrawal, no time or energy for oneself,

increased sensitivity to violence, cynicism, generalized despair and hopelessness, and nightmares (Saakvitne & Pearlman, 1996). Emotional numb-ness can be seen in several statements provided in the interviews: "I supervised a lot of high-risk pedophiles and I started to normalize their behaviors, I just didn't think it was a big deal anymore". This quote from a participant speaks directly to feelings of despair and hopelessness: "I didn't want to hear it anymore. I would almost shut down when they were talking about stuff because I just couldn't handle listening anymore. And also I think the feeling of being just really helpless". Later in their interview, the same participant stated: "I felt so helpless watching it happen and being so angry. I felt like getting up in the courtroom and yelling 'what the fuck is wrong with you people?'". Another quote from the same participant further emphasizes these feelings:

I stopped having the same passion for it because it just felt like, why are there so many of them? Why does this keep happening? How can we change it? I don't know because people just keep doing it. It just killed me.

As noted in the thematic analysis section of this paper, nightmares, which are direct symptoms of Vicarious Traumatization, were explicitly mentioned by two participants.

The Assessment of Dynamic Adaptation (ADA) scale as described by Clarke and Roger (2007) was specifically developed to measure the impact of working with sex offenders. The sub-scales of the ADA are: negative reactivity to offenders, ruminative vulnerability, and organizational dissatisfaction. Five of the six interview participants described significant organizational dissatisfaction related to either their current or former employer in the field of sex offender intervention. Each person interviewed for this study described at least one client that had a profoundly negative impact on their wellbeing. Although no interview participant explicitly

mentioned rumination, it is evident in statements such as: "My social life revolved around protecting kids, so I didn't have a healthy social life where you go out and do things. Most of my life was consumed with organizing people to help me protect kids who are vulnerable".

Almond (2014) found many themes similar to those found in this research in her research study involving professionals providing intervention to children and youth showing deviant sexual behaviors in the United Kingdom. Participants in Almond's study, like participants in this study, indicated co-workers were their primary support. Most participants stated they did not discuss their work with friends or family. Furthermore, Almond's participants expressed reluctance to utilize supports provided by their employer's Employment Assistance Program, as they were skeptical of the support provided. This was mirrored by the participants in this study, who described struggles to obtain counseling within their organization or community. One participant went so far as to seek out counseling in a community which was a six-hour drive from her home community, alternating between virtual and in-person appointments.

Farrenkopf (1992) found that roughly one third of sex offender therapists described in his study expressed frustration with society and the correctional system. This was mirrored in a theme detected in this study, wherein two participants (one third of participants) described a loss of faith in the criminal justice system as a result of their work with sex offenders.

This section offered only a selection of quotes from the interviews conducted for this research that paralleled adverse effects to traumatic work environments described in the literature. The negative effects described by participants were numerous and profound. Although positive impacts of the work were noted, these were mentioned infrequently compared to the negative impacts. As previously noted, two participants were diagnosed with PTSD because of

their work with sex offenders. These participants worked with sex offenders for 9 and 11 years, respectively. Neither participant was able to return to this work. One participant does not currently work with sex offenders but did not rule this work out in the future. Three participants expressed satisfaction with their current employment and indicated they could conceivably continue in their current position for the remainder of their career. These participants, however, all expressed dissatisfaction with a previous employer in the same field of employment. This, along with the dissatisfaction with employers expressed by the three participants who no longer work with sex offenders, may indicate that emotional survival in the field of sex offender supervision may be linked to the circumstances of everyone's employment. Although the negative impacts of the work were overwhelming in the interviews and associated thematic analysis, these circumstances bear hope. With an appropriate workplace environment including supportive management, trauma-informed working conditions, counseling services, and ongoing training opportunities, workers in the field of sex offender intervention can have fulfilling careers in this important line of work. The following sections will summarize limitations of this study as well as recommendations formulated based on ideas from participants, and characteristics of workplaces that were described to be conducive to their well-being.

## Limitations

This study was based on interviews conducted with six participants and is not representative of all professionals who work with sex offenders. Given the exploratory nature of this research, possible future research could include a quantitative study based on themes identified in this research. A study of this nature with a far larger number of participants may allow for increased generalizability of findings. The geographic scope of this study was limited to British Columbia, Canada.

My past employment as a probation officer in several communities in northern British Columbia was considered in the design of this study. Considering a pre-existing relationship may have affected the participants' responses in several ways. Participants may, on the one hand, be more inclined to share their experience with me, as rapport may already exist, and they may believe I share some of their experiences and therefore may be more understanding. Alternatively, participants may have pre-conceptions of what my perception of the subject matter may be, and they may answer my questions accordingly. For these reasons, interviews with participants with whom I have a previous working relationship were declined. Further, I maintained a research journal with thoughts and concerns regarding possible bias or pre-conceptions.

Although the literature review and findings sections of this paper contain references to specific phenomena (burnout, vicarious traumatization, etc.), none of the participants were asked questions specific to these indexes. In the "Relation to Literature" section of this paper, themes identified in the analysis of the interviews were loosely linked to items of the indexes used to describe these phenomena. This does not determine the definitive presence of these phenomena. Further in-depth research and questioning of participants would be necessary to make this determination.

## Recommendations

Based on the themes detected in participants' struggles, supports, experiences, and suggestions, four recommendations were devised to allow workplaces that offer intervention to sex offenders to better support their staff:

1. Recognize, enable, and augment the support provided amongst co-workers. This should include providing training to staff on debriefing and self-care strategies.

2. Provide counseling services that are informed of the specific stressors involved in this line of work. Provide at minimum one introduction to counseling session to all staff upon hiring, to illustrate the accessibility of this service and to provide an overview of the possible effects of the work with sex offenders.

3. Adopt a management style that is supportive, rather than punitive. This would include providing the opportunity for increased time off if required, options to work from home at times, offering advice and consultation to staff freely, and supporting staff when decisions are being questioned.

4. Provide ongoing training to and clinical supervision to staff, to enable them to feel informed and confident in their work. Some participants expressed specific areas they wished to receive further training in, but this was not explored with all participants and would depend on specific job descriptions.

These recommendations deliberately do not address supports or coping mechanisms used by workers outside of the workplace. This is due to the author's belief that private coping skills should not be dictated by an employer. This does not reflect on the importance of coping and self-care strategies utilized outside of the workplace. It is an expectation that these coping skills would be discussed with peers in debriefing sessions, or with counselors, in a private setting.

When determining what a supportive management style may look like, Sosik and Jung (2018) state the transformational-transactional leadership paradigm, originally coined by Bernhard Bass in the mid-1980s, is the most widely accepted, studied, confirmed, and re-

confirmed leadership style. The transformational leader follows the following principles:

"Idealized influence (behavior), idealized influence (attributes), inspirational motivation,

intellectual stimulation, and individualized consideration" (Sosik & Jung, 2018, p. 11).

Essentially, transformational leaders lead by example, they use rapport, inspiration, and empathy

to engage, and they provide opportunities for ongoing professional development. (Sosik & Jung,

2018).

**Chapter 6: Conclusion**

Despite generally strong feelings of uproar experienced by the public when confronted with the reality of sexual offending and our society's condemnation of sexual crimes, I believe the public remains greatly unaware of efforts undertaken by professionals to elicit change in these offenders. Amongst the professionals aspiring to reduce the risk of sex offenders re-offending are probation officers, parole officers, Indigenous justice workers, counselors, and doubtlessly many others, who attempt to achieve change. The positions of these professionals oftentimes require a mere bachelor's degree. In these professions, the stakes are high; failure to notice subtle hints in the mood or demeanor of a client or inadequate intervention may result in horrific victimization. This pressure, coupled with the review of detailed victim accounts and police reports, creates the potential for burnout, vicarious traumatization, or myriad other adverse effects. The research question in this study was to determine the effects of working with sex offenders on front line workers with an undergraduate degree and what factors contribute to worker resiliency. Participants in this study described many negative effects their work had on their well-being. Two participants were diagnosed with PTSD resulting from their work with sex offenders. Some benefits of the employment were noted, but these were few. Despite this, the results of this study show areas of potential for great improvement. Three participants recalled detrimental effects when employed by one employer but expressed they could conceivably remain in their current employment in a similar line of work for the remainder of their career. The three participants who did not continue working with sex offenders expressed much dissatisfaction regarding their former employer and all wished for different employment circumstances to better support their wellbeing. This allowed the opportunity to focus on the

workplace circumstances participants found to be conducive to long-term emotional survival when working with sex offenders and formulate four recommendations:

1. Recognize, enable, and augment the support provided amongst co-workers.

2. Provide counseling services that are informed of the specific stressors involved in the line of work.

3. Adopt a management style that is supportive, rather than punitive. The transformative leadership model as described in Sosik and Jung (2018) may be helpful in establishing this.

4. Provide ongoing training to staff.

Given the importance of the rehabilitation of sex offenders and the great responsibility professionals in this field carry, it would seem evident that agencies employing these workers should provide workplace policies and resources to assist their staff to remain emotionally healthy in their jobs and in their home lives. This could, potentially, reduce staff turn-over, greatly reducing the cost of training and hiring new staff. It could also reduce the social costs that may be associated with the emotional turmoil experienced by emotionally unhealthy staff. Furthermore, valuable, seasoned employees could be retained in their workplace and remain effective in their job, while maintaining their well-being. Although recommendations were made based on the research conducted for this study, I believe that one of the key findings was the profound importance of this area of research and the need to examine workplace circumstances of people working in the field of sex offender intervention further to provide better support for the people engaged in this work.

# References

Almond, T. J. (2013). Working with children and young people with harmful sexual behaviours: Exploring impact on practitioners and sources of support. *Journal of Sexual Aggression*, *20*(3), 333–353. https://doi.org/10.1080/13552600.2013.836576

Baum, N., & Moyal, S. (2018). Impact on therapists working with sex offenders: A systematic review of gender findings. *Trauma, Violence, & Abuse, 21*(1), 193-205. doi:10.1177/1524838018756120

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Clarke, J. (2011). Working with sex offenders: Best practice in enhancing practitioner resilience. *Journal of Sexual Aggression*, *17*(3), 335–355. https://doi.org/10.1080/13552600.2011.583781

Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping*, *23*(3), 319–339. https://doi.org/10.1080/10615800903085818

Craun, S. W., & Bourke, M. L. (2015). Is laughing at the expense of victims and offenders a red flag? Humor and secondary traumatic stress. *Journal of Child Sexual Abuse, 24*(5), 592-602. doi:10.1080/10538712.2015.1042187

Dean, C., & Barnett, G. (2011). The personal impact of delivering a one-to-one treatment programme with high-risk sexual offenders: Therapists' experiences. *Journal of Sexual Aggression*, *17*(3), 304–319. https://doi.org/10.1080/13552600.2010.506577

Denzin, N. K., & Lincoln, Y. S. (2017). *The Sage Handbook of Qualitative Research* . Sage Publications.

Drinks, E. M. S. (2015). *The impact of working with sex offenders on therapist: A phenomenological analysis* (dissertation).

Edmunds, S. (1997). The personal impact of working with sex offenders. In S. Edmunds (Ed.), *Impact: Working with sexual abusers* (pp. 11-30). Safer Society Press.

Elias, H., & Haj-Yahia, M. M. (2016). On the lived experience of sex offenders' therapists: Their perceptions of intrapersonal and interpersonal consequences and patterns of coping.

*Journal of Interpersonal Violence*, *34*(4), 848–872.
https://doi.org/10.1177/0886260516646090

Elias, H., & Haj-Yahia, M. M. (2016). Therapists' perceptions of their encounter with sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, *61*(10), 1151–1170. https://doi.org/10.1177/0306624x16629972

Farrenkopf, T. (1992). What happens to therapists who work with sex offenders? *Journal of Offender Rehabilitation*, *18*(3-4), 217–224. https://doi.org/10.1300/j076v18n03_16

Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* Brunner/Mazel.

Figley, C. (1999). Compassion fatigue: Towards a new understanding of the costs of caring. In B. Stamm, *Secondary Traumactic Stress: Self Care Issues for Clinicians, Researchers, and Educators* (pp. 3-28). Sidran Press.

Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues*, *30*(1), 159–165. https://doi.org/10.1111/j.1540-4560.1974.tb00706.x

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 24. doi: 10.1177/1525822X05279903.

Hatcher, R., & Noakes, S. (2010). Working with sex offenders: The impact on Australian treatment providers. *Psychology, Crime & Law*, *16*(1-2), 145–167. https://doi.org/10.1080/10683160802622030

Heppner, P. P., Wampold, B. E., Owen, J., Wang, K. T., & Thompson, M. N. (1992). *Research design in counseling*. Brooks/Cole.

Kadambi, M. A., & Truscott, D. (2003). Vicarious traumatization and burnout among therapists working with sex offenders. *Traumatology*, *9*(4), 216–230. https://doi.org/10.1177/153476560300900404

Laws, D. R., & Marshall, W. L. (2003). A Brief History of Behavioral and Cognitive Behavioral Approaches to Sexual Offenders: Part 1. Early Developments. *Sexual Abuse*, *15*(2), 75–92. https://doi.org/10.1177/107906320301500201

Loseke, D. R. (1999). Social Constructionist Perspectives on Social Problems. In *Thinking about social problems: An introduction to constructionist perspectives* (pp. 173-189). Aldine Transaction.

Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach Burnout Inventory Manual. In C. Maslach, S. E. Jackson, & M. Leiter, *Evaluating Stress: A Book of Resources* (pp. 191-218). The Scarecrow Press.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*(1), 131–149. https://doi.org/10.1007/bf00975140

Meadors, P., & Lamson, A. (2008). Compassion fatigue and secondary traumatization: Provider self care on intensive care Units for children. *Journal of Pediatric Health Care*, *22*(1), 24–34. https://doi.org/10.1016/j.pedhc.2007.01.006

Moore, M. L. (2014). *The relationship among caseload, years of experience, sex offender recidivism, and burnout in sex offender treatment providers* (dissertation).

Moulden, H. M., & Firestone, P. (2007). Vicarious Traumatization. *Trauma, Violence, & Abuse*, *8*(1), 67–83. https://doi.org/10.1177/1524838006297729

Noy, C. (2008). Sampling knowledge: The hermeneutics of snowball sampling in qualitative research. *International Journal of Social Research Methodology, 11*(4), 327-344. doi:10.1080/13645570701401305

Parsonson, K., & Alquicira, L. (2019). The power of being there for each other: The importance of self-awareness, identifying stress and burnout, and proactive self-care strategies for sex-offender treatment providers. *International Journal of Offender Therapy and Comparative Criminology, 63*(11), 2018-2037. doi:10.1177/0306624x19841773

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice*. SAGE.

Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, *26*(6), 558–565. https://doi.org/10.1037/0735-7028.26.6.558

Pullen, C., & Pullen, S. (1996). Secondary trauma associated with managing sex offenders. In K. English, S. Pullen, & L. Jones, *Managing Adult Sex Offenders on Probation and Parole: A Containmnent Approach.* American Probation and Parole Association.

Saakvitne, K., & Pearlman, L. (1996). *Transforming the pain: A workbook on vicarious traumatization for helping professional who work with traumatized clients.* Norton.

Scheela, R. A. (2001). Sex offender treatment: therapists' experiences and perceptions. *Issues in Mental Health Nursing*, *22*(8), 749–767. https://doi.org/10.1080/01612840152713009

Severson, M., & Pettus-Davis, C. (2011). Parole Officers' Experiences of the Symptoms of Secondary Trauma in the Supervision of Sex Offenders. *International Journal of Offender Therapy and Comparative Criminology*, *57*(1), 5–24. https://doi.org/10.1177/0306624x11422696

Shelby, R. A., Stoddart, R. M., & Taylor, K. L. (2001). Factors contributing to levels of burnout among sex offender treatment providers. *Journal of Interpersonal Violence*, *16*(11), 1205–1217. https://doi.org/10.1177/088626001016011006

Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology*, *74*(9), 1431–1456. https://doi.org/10.1002/jclp.22615

Simpson, T. D. (2005). *Beyond Burnout - The true impact of working with sex offenders.* Chicago School of Professional Psychology.

Slater, C., & Lambie, I. (2011). The highs and lows of working with sexual offenders: A New Zealand perspective. *Journal of Sexual Aggression*, *17*(3), 320–334. https://doi.org/10.1080/13552600.2010.519056

Sosik, J. J., & Jung, D. I. (2018). *Full range leadership development: Pathways for people, profit, and planet*. Routledge.

Terry, K. J. (2013). Historical perspectives on sexual behavior. In *Sexual offenses and offenders: theory, practice, and policy* (pp. 24–43). Wadsworth Cengage Learning.

Thorpe, G. L., Righthand, S., & Kubik, E. K. (2001). Brief Report: Dimensions of Burnout in Professionals Working with Sex Offenders. *Sexual Abuse*, *13*(3), 197–203. https://doi.org/10.1177/107906320101300304

Tinker, C., & Armstrong, N. (2015). From the outside looking in: How an awareness of difference can benefit the qualitative research process. *The Qualitative Report*. https://doi.org/10.46743/2160-3715/2008.1605

Traumatic Stress Institute. (1994). *The TSI Belief Scale.* 06074-1369: Author.

Van der Klink, J. J. L., & Van Dijk, F. J. H. (2003). Dutch practice guidelines for managing adjustment disorders in occupational and primary health care. *Scandinavian Journal of Work, Environment & Health*, *29*(6), 478–487. https://doi.org/10.5271/sjweh.756

Way, I., VanDeusen, K. M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious Trauma - a comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence*, *19*(1), 49–71. https://doi.org/10.1177/0886260503259050

Willis, G. M., Prescott, D. S., & Levenson, J. S. (2018). Promoting therapist longevity: Exploring sexual offending treatment providers' experiences of workplace support. *Journal of Sexual Aggression*, *24*(3), 311–325. https://doi.org/10.1080/13552600.2018.1528794

**Appendix A: Interview Guide**

Sex:

Age:  20-29  30-39  40-49  50-59  60-69  70+

Relationship status:

Location:

Bachelor's degree:

Years employed in the Social Services (circle one):

< 1 year  1-4 years  5-9 years  10-14 years  15-19 years  20+ years

Years of sex offender intervention work (circle one):

< 1 year  1-4 years  5-9 years  10-14 years  15-19 years  20+ years

1)  How did you become involved in this line of work?

1.1)  What is your current role in sex offender intervention?

2)  What training did you receive to work with sex offenders?

2.1)  Tell me more about this training?

3)  How do your workplace policies help in providing you with the necessary framework for the intervention you use with sex offenders?

3.1)  Can you give me examples? (if not already stated)

3.2)  Which policies?

4)  What would you change about the work you do with sex offenders?

5)  What are the most important aspects of sex offender intervention for you?

6)  What challenges do you have working with sex offenders?

7)  Can you tell me about some situations working with sex offenders that stand out to you or particularly impacted you?

8)      How has this work personally impacted you?

8.1)    How have you coped with stressful or difficult situations or emotions you experienced while working with sex offenders?

8.2)    What/who helped you maintain emotional, physical, or spiritual well-being when faced with stressors associated with working with sex offenders outside of work?

8.3)    What helped you maintain emotional, physical, or spiritual well-being when faced with stressors associated with working with sex offenders while you were at work?

8.4)    What do you think would be useful to you, to help you cope with stressful or difficult situations or emotions you experience working with sex offenders? (outside of work, and at work)

**Appendix B: Participant Recruitment Advertisement (E-blast)**

**UNBC** UNIVERSITY OF
NORTHERN BRITISH COLUMBIA

# Are you interested in participating in a research study?

Do you work in the Social Services?
Is your highest level of education achieved a bachelor's degree?
Do you work with sexual offenders?

If you meet these three conditions, your participation in a research project would be greatly appreciated for Master of Social Work Thesis Research!

Participants will be asked a series of questions about their work with sex offenders, and their support systems. A roughly one-hour phone interview could give you the opportunity to share struggles and coping strategies to assist professionals in this field with workplace resiliency, strategies, and supportive policies.

For more information and to see if you qualify, please contact: eclark3@unbc.ca

Supervision on this research project provided by Dr. Glen Schmidt: schmidt@unbc.ca

Thank you for your consideration!

This study has been reviewed by the UNBC Research Ethics Board. For more information, please contact reb@unbc.ca or call the UNBC Office of Research at 250-960-5852

**Appendix C: Information Letter / Consent Form**

**UNBC** UNIVERSITY OF
NORTHERN BRITISH COLUMBIA

**Workplace Resilience in the field of Sex Offender Intervention**

**Project Lead: Elizabeth Clark MSW Candidate**

University of Northern British Columbia, School of Social Work

Prince George, BC V2N 4Z9

eclark3@unbc.ca

**Cellular Phone:** (506) 333-7709

**Supervisor:**  **Professor Glen Schmidt**

University of Northern British Columbia, School of Social Work

Prince George, BC V2N 4Z9

schmidt@unbc.ca

**Phone:** (250) 960-6519

You are being invited to take part in this research study because of your employment in sex offender intervention services.

**Purpose of Project**

1) To examine the experiences of professionals with bachelor's degrees working with sexual offenders

2) To examine variables that affect the well-being of professionals in this capacity

3) To examine the coping strategies of professionals that work with sexual offenders

**What will happen during the project?**

You will be asked a series of questions about your experiences working sexual offenders in a telephone interview. Data from this study will be analyzed and integrated into a final report, a Master of Social Work thesis. This thesis will analyze the responses provided, summarize the experiences of professionals working with sexual offenders, and examine existing resiliency strategies. From this, recommendations to improve the well-being of professionals working in this capacity will be provided.

**Risks or benefits to participating in the project.**

Due to the nature of the questions, you may feel uncomfortable with some of the questions included in this research. You can refuse to answer any question you are not comfortable with or skip questions you do not want to answer. You can stop your participation in the research at any time. You will be provided with information on how to connect with counseling resources at the time of the interview, to provide options should you wish to de-brief. After the interview, a summary of themes determined from the interview will be sent to you via e-mail. You will be asked to read these themes to ensure accuracy, and you will be given the opportunity to strike any themes you are not comfortable with.

Should you disclose intent to harm yourself, someone else, or a child, this information will be reported to the appropriate authorities and may, thus, involve a legal risk.

Likely benefits to you are minimal; however, we hope to increase awareness of the struggles of professionals working with sexual offenders through this project. Upon completion of this project, publication and dissemination of key findings and recommendations will be pursued. This may lead to increased support measures being put in place to reduce future harm to these professionals and this, in turn, may reduce staff turn-over.

**Confidentiality, Anonymity and Data Storage**

You will not be identified with the information you give; the research is confidential. Only the interviewer will know how you answered the research questions. The interviewer's supervisor will have access to the interview transcripts without your name attached. Although basic demographics will be collected (sex, age, years of service), your name will be eliminated from all documents associated with the research and a number will be assigned as an identifier. The linked list of names and numbers will be kept in a separate document on an encrypted flash drive.

All identifying information will be destroyed immediately after the data analysis is complete. The interview will be audio recorded. The audio recording will be destroyed upon completion of data analysis and stored on a password protected USB storage device until that time. After your interview has been analysed and themes have been determined based on your answers, I will contact you via telephone to confirm these themes. Should you wish to withdraw any themes or withdraw completely from the study at this point, any information you have provided until that point will also be withdrawn and securely destroyed. After this point, however, your information can no longer be withdrawn. The information we collect from you will be combined with information from other research participants to help develop insight into the impacts of sex offender supervision on professionals.

Although the information you provide to the interviewer is confidential, the appropriate authorities will be notified, should you disclose intent to harm yourself, others, or a child.

**Study Results**

The results of this study will be reported in a graduate thesis and may also be published in journal articles and books. A copy of the completed thesis can be made available to you via e-mail, should you wish to receive one. If so, please enter your e-mail address in the section on "follow-up information" below.

Further, a copy of the thesis will be available for viewing by the general public at the University of Northern British Columbia (UNBC) library upon completion.

### Questions or Concerns about the project

If you have any questions about what we are asking of you, please contact the main project lead or supervisor. The name, e-mail and telephone numbers are listed at the top of the first page of this form.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the UNBC Office of Research at 250-960-6735 or by e-mail at reb@unbc.ca.

### Participant Consent and Withdrawal

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason.

### CONSENT

I have read or been described the information presented in the information letter about the project:

    YES                NO

I have had the opportunity to ask questions about my involvement in this project and to receive additional details I requested.

    YES                NO

I understand that if I agree to participate in this project, I may withdraw from the project at any time up until the report completion, with no consequences of any kind. I have been given a copy of this form.

    YES                NO

I agree to be audio recorded.

    YES                NO

Follow-up information (e.g. final report) can be sent to me at the following e-mail address:

_____

Signature (**or note of verbal consent**): _____

Name of Participant (Printed): _____

Date: _____

**Appendix D: Counseling Resources E-mail**

Dear Participant

Thank you for your participation in my interview for my research on resiliency in the field of sex offender intervention. Due to the nature of the questions asked in the course of your interview, you may experience emotional or psychological distress. Should you wish to speak with a counselor, the following link will provide information on certified counselors in your area:

https://www.psychologytoday.com/ca/therapists

Thank you for your assistance in this project.

Regards

Elizabeth Clark

**Appendix E: Research Ethics Board Approval Letter**

**UNBC** UNIVERSITY OF
NORTHERN BRITISH COLUMBIA

## RESEARCH ETHICS BOARD

### MEMORANDUM

**To:** Elizabeth Clark
**CC:** Glen Schmidt

**From:** Henry Harder, Chair
Research Ethics Board

**Date:** April 7, 2020

**Re:** **E2019.0723.042.00**
**Workplace Resilience in the field of Sex Offender Intervention**

Thank you for submitting revisions for the above-noted proposal to the Research Ethics Board (REB). Your revisions have been approved.

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval.

During the COVID-19 pandemic, no *in-person* interactions with participants are permitted. Any changes or amendments to the protocol or consent form must be approved by the REB. Please refer to the Chair Bulletins found on the webpage at: https://www.unbc.ca/research/research-ethics-safety-human-participants for further details. If questions remain, please do not hesitate to contact Isobel Hartley, Research Ethics Officer at Isobel.hartley@unbc.ca or reb@unbc.ca.

Good luck with your research.

Sincerely,

Dr. Henry Harder
Chair, Research Ethics Board

3333 University Way, Prince George, BC, V2N 4Z9, Telephone (250) 960-6735