

# Role Training with Men Who Sexually Offend

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The SAFE program is for both adolescent and adult men and women who sexually offend. Adult clients are mostly directed to treatment by the Courts or from family pressure. In our work we have become aware of the benefit to clients of perceiving and developing the roles they need to stop sexual offending behaviour. We have come to recognise the benefits of role training clients to perform adequately in future high-risk situations. The role training is done primarily in groups to spread the benefits and to strengthen role development through peer support and recognition.

## *Developing Trust*

In using role training in educational settings Williams (1975) emphasised that exploring situations of great importance to the individual is possible only if there is a bond of trust between the students and between the teacher and the students. She also noted the need for an atmosphere where students feel they will not be judged or condemned (Williams, 1975). This trust is very relevant in work with men who

sexually offend. Blanchard (1995) observes that in restoring sex offenders to safe and healthy relationships within society, the quality of the therapist-patient relationship is equally important, if not more so, than any other technique or instrument used.

Fear and potential for shame is high with men who enter treatment for sexually offending against children. They are at different levels of being exposed as child molesters. The level of difficulty for sex offenders to trust is great as they often come from emotionally deprived and physically abusive backgrounds. They frequently lack the social skills necessary to develop and maintain long-term adult relationships. Arriving to and participating in treatment can be a very threatening experience for sex offenders.

Men who sexually offend often have core beliefs such as: I am worthless, I am no good, I am hopeless and I am different from everyone else. These core beliefs are compounded by their exposure as child molesters. They may

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also have core beliefs about others: people are untrustworthy, people will hurt me, the world is a bad place and people are unworthy. As Beck (1995) suggests, these core beliefs can be reinforced by community pressure to punish men who sexually offend. Such core beliefs may operate when a person is depressed or they may operate for much of the time (Beck, 1995).

Added to this are men's normal fears around talking about such matters as masturbation and sexual fantasies.

How quick, then, for them to use coping roles of conforming, placating or attacking when in group therapy?

According to Whitaker and Lieberman (1989), failure to benefit from therapy occurs:

- *When a person succeeds consistently in maintaining a habitual maladaptive solution in the group, remaining comfortable but affectively untouched.*
- *When a person resorts to physical or psychological flight thus insulating himself from affective forces in the group.*
- *When a person reacts with breakdown of previously established solutions and substitution of disorganised, inadequate behaviour.*

One method of minimising the anxieties that the men feel is by itemising the very areas that require role repertoire development.

### Conceptual Foundations

My work in role development is informed by a number of sources. Moreno (1977) defines a role as 'the functioning form the individual assumes in the specific moment he reacts to a situation in which other persons or objects are involved'. He distinguishes *role perception* which is cognitive and anticipates forthcoming responses and *role enactment* which is a skill of performance. Moreno notes that a high degree of role perception can be accompanied by a low skill for role enactment and vice versa.

According to Moreno, role-playing is a function of both role perception and role enactment.

Role training, in contrast, is an effort, through the rehearsal of roles, to perform adequately in future situations.

Williams (1975) observes that we learn roles in everyday life mainly from the family and school. Often we develop destructive roles or roles which are inadequate for the situation we find ourselves in. Role training can be helpful to actually see the roles we play and change and develop them where they are in conflict with our intentions.

In my psychodrama training at Auckland Centre for Training in Psychodrama (ACTP) two functions have been identified which if integrated by the client will make role reversal more effective. The first is that a client is able to be doubled. The client is assisted by having others stand behind him saying what he is feeling or thinking. This allows the client to develop his own identity, his own feelings and his own will.

The second function is mirroring. This is achieved by having a client stand outside of his enactment to watch himself in relation to the other people and objects in the scene. This is important in having the client appreciate and recognise himself. While he is in the scene he is stuck. When he is standing outside of the scene he gains extra ability to act, and gains a better ability to strategise. As Bergman (1997) observes, 'the excitement/proto-reality of experience in drama therapy reveals the performer as he really is. The experience mostly occurs too quickly for the "performer" to use his defence. He responds with the strategies that he uses everywhere, rather than the careful defences of treatment.'

### The Need for Role Development

'People vary in how emotionally aroused they become during crises, and thus in how much their behaviour is disrupted. Studies of people faced with crises such as fires or sudden floods (Hillards, 1996) find that 15% of people show organised effective behaviour. Most people (70%) show various degrees of disorganisation, but still function with some effectiveness. The remaining 15% are so disorganised that they are



unable to function at all. They may panic or exhibit aimless and completely inappropriate behaviour, suggesting they are far from their optimal level of emotional arousal.

Sexual offenders are known for their offending through times of stress and crises. 'Sexual abusive behaviour, like many other behaviours, is compensatory in nature. That is, the offender may use this behaviour to reduce negative emotional states, such as inadequacy, helplessness, powerlessness, boredom and anger, among others' (Juvenile and Family Court Journal, 1993).

It is also recognised in Cognitive Behavioural Therapy that people can have relatively positive core beliefs until they experience a crisis, when negative core beliefs surface (Beck, 1995). Given that many offenders already have negative core beliefs and an inability to handle stress, and/or lack social skills, it is important that they have coping roles practised and accessible for future crises.

For sexual offenders, to begin imagining possible future crises and developing abilities to manage these crises is crucial to stopping sexual offensive behaviours. Group discussions to find out what constitutes possible future crises are followed by the men role playing how to exit these situations. Their strategies include approaching their support persons for help, phoning emergency services such as Lifeline and leaving the area.

### *Gauging Role Ability*

It is not enough to have clients recognise useful ways of exiting a situation. They have to be capable of doing it. I have observed clients not being able to exit the situation. It is as though they become stuck. I therefore believe that it is dangerous to assume that they know how to exit in real-life situations. Role training will develop the client's ability to act on their will and intent.

One way of gauging a client's ability to cope in situations is to have him acting scenarios that he may face in the future. For example, when working with a client he suspects may not know

how to exit, a facilitator may set up a situation where he can act as a child, get on his knees (to be at a child's height) and approach the man and ask for help with some minor chore.

Another example of gauging a client's ability to cope in a difficult situation is as follows. A client was asked to role-play exiting from a high-risk situation where a child entered a public toilet while he was there. When enacting this situation the client became aggressive in the extreme towards the child and told the child to 'fuck off' in a loud voice. This was how the offender best knew how to exit this situation! With his restricted ability to handle a high-risk situation, he was acting abusively towards the child. The client then watched as his peers modelled other ways of handling this situation. He was then invited to re-enact the approach he found most useful. This time he acted in such a way that he exited the situation without any abuse hurled at the child.

Another offender had learnt to 'thought-stop'. He reported that he could stop his inappropriate sexual thoughts about young girls, but he continued to engage in high risk situations of standing and staring at girls. He knew that this was inappropriate, but it appeared that he could not access the behaviour that would have him walk away from this high-risk scene. Group members suggested a number of ways of moving away from the girls, then invited him back to re-enact and then modelled to him. After some practice he was able to act physically to exit from this situation. He had been given verbal instructions by his peer group in previous group sessions, but it became clear that he needed to practise his exit in action, as he continued to report becoming physically stuck when in this high-risk situation. After enacting this scene he presently reports leaving such situations.

'Drama therapy is part of the process realistically providing a base for raising clients' self-confidence by successfully negotiating if only in a "test tube" setting, high-risk situations. These successes contribute towards raising the clients successful picture of self in recovery' (Bergman, 1997).

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### *Cognitive Distortions*

Re-enactment of high-risk situations can also be useful for clients in gaining insight into their cognitive distortions around offending. The following example describes work with a client who had perpetrated many sexual offences in public toilets. The scene was set and a peer role-played a young boy urinating in a public toilet. The offender was requested to stand next to the boy and pretend urinating. He was then interviewed in this role about what thoughts were going through his head as he stood next to the boy. His thoughts were that the boy was showing him his penis on purpose, that the boy wanted sex and that there was possibility of an ongoing relationship with the boy. The offender was then asked to reverse roles with the boy and interviewed in the role of the boy.

He gained further insight from the boy's perspective. He was then asked to stand back and watch as a peer group member re-enacted the scene. This allowed the offender to stand outside of himself and observe how distorted his thinking was.

Insight is one important step in sex offender treatment. However, insight alone will not give an offender the abilities to cope in a high-risk situation.

### *Models and Exits*

Having peer group members take turns at modelling appropriate behaviours keeps all the group members engaged, thinking about and enacting how they would handle the same situations. This provides added insights for the facilitators.

An example of modelling is as follows: A client talks of a high-risk incident such as having a child enter his bedroom. If he does not describe handling this situation adequately – such as having the child exit the room immediately – he is requested to stand and to enact this scene. Each peer group member is then invited to sit in the client's high-risk situation and model other ways of handling this situation. It's important, for spontaneity's sake, that the peer group are

told that there is no right or wrong way to model, but rather it's more important that they are being generous enough to model an alternative for the offender. If there is no appropriate model the facilitators can model an appropriate exit.

After the peer group models the exits from these high-risk situations, the client is asked to choose the most useful model for himself. This is important because each client is at a different stage on the therapeutic journey. What could be an easily accessible model or exit for one client could be impossible for another client when in a high-risk situation. He then enacts his chosen model, with coaching from the facilitator if necessary.

Sometimes the offender is unable to put voice to the model he chose. A peer group member can be requested to stand behind the offender and voice the words necessary for this role. Then they reverse roles so that the offender says those same words. This reversal of roles can continue until the original offender feels confident in saying those words.

The peer group members can then discuss what they could relate to in the enactment, which opens group discussion on such incidents other clients have had. It also compounds the learning of how handy this exit could be for them in the future.

Modelling can cover a wide range of situations. Other examples include men dealing with aggressive or passive communication from others in the group when they share their everyday difficulties at check-in time; exiting from situations where their friends or workmates are making inappropriate sexual comments about young people; being assertive in making a complaint about inadequate services; saying no to friends offering drugs or alcohol; and approaching potential partners.

### *Positive Reinforcement to Role Development*

When a client acts a scene – of saying no to peer pressure to use alcohol for example – it is



then important to reinforce this role training by bringing into the next scene the people who will benefit from his saying 'no'. For example, his wife and children can be role-played by the peer group. The client can be interviewed in those roles by the facilitator. The offender is able to name the benefits of his control over alcohol abuse while in the role of his wife and children, and this reinforces his decision to change. It also allows for the offender to develop the ability to see the world through the eyes of others. 'It is by taking the roles of all the people in the situation that the individual gains insight' (Williams, 1975).

### *Displaying Options*

A useful technique when offenders have an important choice to make is to display the different sides of the choice in action. The offender can reverse roles into each different side of the choice and be interviewed there by the facilitator. When reversing roles back to himself the offender is asked to take some time to choose, and to bring back to the group the following week the choice he has made. I have learned it is important not to force an immediate choice which often puts the offender in a 'please or fight the facilitator' position – not the best place to make a life-changing decision (Reekie).

### *Mirroring*

Mirroring is a behavioural presentation by an auxiliary of the protagonist's behaviour while the protagonist observes (Auckland Centre for Training in Psychodrama). It assists a person to see themselves clearly in a context, to recognise themselves.

In one group situation, the offender is withdrawing from others. Peer group members are invited to mirror the offender's behaviour in pulling away to his Hiding Place. This mirroring needs to be managed to minimise the chances of peers ridiculing through the mirroring process, or of the offender interpreting it as ridicule. This may be done through peer group feedback on the client's behaviour, or mirrored in action. This mirroring can give the offender a

chance to see what he looks like to other people, with the view of his gaining insight into what may cause others to be distant in relationship to him.

### *Reversing Roles to Experience Modelling*

'Role reversal is the process of changing roles with an auxiliary role (e.g. mother and daughter)' (Auckland Centre for Training in Psychodrama).

In developing an offender's ability to empathise, role reversal with others, such as the person offering drugs, or the person making the inappropriate comments, can be helpful. This allows the client to experience more deeply the new roles coming forward from the modelling.

For example, a client role-played a scene where he was lying on a beach and a young woman came and lay next to him. He was to role-play exiting from this situation as he was still early in developing new thoughts to balance his distorted thinking about women and children being friendly to him. He reversed roles to play the woman lying next to him on the beach. This allowed him to experience her as human rather than as an object to be sexualised and it helped him correct distortions, for example that she only wanted sex with him. He then reversed roles back to be himself and role-played exiting from the situation. By doing this he gained insight into other people's world views. 'We learn new roles in fragments so it is important to keep practising these new roles' (Herron).

### *Empathy through Loss and Grief*

Clients leave treatment for a number of reasons and their leaving needs to be processed by the remaining peer group, if the group is to remain at its most productive. Processing may generate the theme of loss – focusing on losses they have each experienced throughout their own lives, and disclosures about traumatic events. This sharing can lead to a realisation that they are not alone in their experiences. It can also be useful to see which offenders are not able to identify their feelings and which offenders cannot empathise.

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In one group situation a client shared how he held his brother in his arms as he died after a serious car accident. One peer group member responded by saying 'Them's the breaks', another responded by saying there was 'obviously alcohol involved'. Other peer group members were able to respond with varying levels of empathy and say that they felt sad in hearing his story. These responses can be further processed in-group.

After the group members name personal experience with loss, they are asked to have a ten-minute break. They are asked to think of what their victims have lost and to feed this back after break to the group. Because of the previous group discussions the group members are now warmed up to loss and at a more real place to role reverse with their victims.

Some clients may get stuck in their own grieving at losses, such as access to their children, and facilitators will need to empathise for some time until the client is capable of moving more fully to thinking of the impact of his offending on his family system.

A quick method of gauging ability to empathise and respond appropriately is by having a client role play a person crying, and then each group member has a turn at empathising and supporting the person crying. This exercise can bring out some very distorted beliefs about being supportive.

### *Public Ridicule*

A high-risk future experience for many offenders will be public ridicule and isolation. Group discussion about what sort of comments could be aimed at them usually brings forward such names such as Kiddie Fucker, Sicko, Loser and Freak. These names are similar to their core beliefs: unless addressed they can undermine their self-esteem and cause a high level of stress in their everyday interactions with people. Stress and low self-esteem are two factors leading men to sexually offend, and therefore must put the client at a higher risk of reoffending. A number of clients believe they deserve abuse from their communities because of the heinous nature of their crime/crimes, and

they conclude that they do not have the right of reply. This can again compound their core beliefs. Other clients do not know how to put themselves in a more secure position when confronted aggressively, leaving them open to receiving violence from members of their communities. Through the use of role training the clients can learn to handle rejection and have an ability to exit from violent situations.

### *Confrontation*

'Group therapists may elect to employ confrontive group techniques in any type of group therapy. These techniques include the use of a "hot seat" to increase feedback to an individual sexual offender; deliberately baiting or challenging; and the use of psychodramatic techniques such as mirroring, doubling, and role playing (as in a confrontation between an offender and his victim)' (Maletzky, 1991).

This type of confrontation can cause clients to disassociate and become overwhelmed with feelings of shame and shock.

My observation is that this hot seat process works best when a client feels trusting of the group and of the therapy process. This trust can take time to build. It is also helpful to men's disclosures if the offenders chosen to take the hot seat first are the clients who are most motivated to move through treatment. Their levels of honesty will more likely be higher and therefore they will set the group norm of disclosing openly.

When a client does use aggressive or placating behaviour to a facilitator who is challenging, the co-worker can intervene and interview the offender to help him to gain insight into his Hiding Place. 'Since the offender is so adept at suppressing most affective states, and since rage is extremely threatening to him, the offender rarely understands that his assaults are expressions of profound anger. This resistance contributes to maintaining a backlog of old hurts, insults and injuries that remain part of private "food for malignant thought"' (Bergman, 1997). This intervention from the co-therapist can allow the client to start gaining insight into his Hiding Place. Going to this Hiding Place is



usually fuelled by negative automatic thoughts that spring from the backlog of negative experiences.

An anchoring technique we have found useful in having offenders disclose openly without minimising their offences is to pair their individual treatment goals with the treatment program's expected outcomes for the men. These goals and treatment outcome expectations can be constantly referred to. This puts in perspective for the offender why he is in the hot seat, and minimises the chances of his pulling away from the therapeutic process.

Having offenders share their difficulties about disclosing offending behaviours can also create a more supportive environment for the vulnerable clients to disclose. Having clients share their fears with peer group members and realising that others have the same or similar fears helps them to be more confident (Williams, 1975).

There is I believe a real difficulty in working with men who sexually offend. As workers in this field we carry with us society's views toward sex offenders, and when a client is minimising or denying it is very easy to enter into a blaming or a critical role. This stimulates counter roles in the clients who may respond with angrier defiance or with placating behaviour. 'These behaviours may in turn stimulate further punishing and rejecting behaviour in the teacher' (McKimmie, 1985).

'Certain counselling tenets have stood the test of experience. The solid principles of the humanist philosophy apply to clients – sex offenders included. Of those cherished tenets and principles, the use of self in the therapeutic relationship offers the greatest promise of restoring the lives of sex offenders. If we truly desire to protect our citizenry, we must choose strategies of treatment that have been shown to work. A reactionary treatment response marked by vengeance and punishment may make its

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proponents feel good in the moment, but it leaves many in continued danger when the sex offender is back on the street' (Blanchard, 1995).

## Summary

The SAFE facilitators are presently given live supervision by both a senior therapist and a psychodramatist. We also have peer supervision, which allows for ongoing discussion and sharing of ideas. This supervision enables our work to be ethical and productive.

Ultimately we would like to have the clients accessing their own 'creative genius' so as to enable ongoing creation of ideas for exiting high-risk situations. However, being able to create ideas for exiting high-risk situations is not enough. The men must be able to action these exits. The confidence in being able to action these exits can be achieved through role training.

Another important treatment outcome for men who sexually offend is to be able to empathise with their victims. Doubling, mirroring and role reversal are all-important ingredients in developing empathy in men who sexually offend. Ongoing use of these psychodramatic tools can only enhance long term an offender's ability to empathise. These tools can be fun to use and it can also support the therapist's ability to remain optimistic as he/she sees in action the client's developing ability to exit and empathise.

## Bibliography

- Beck, Judith S. (1995), *Cognitive Therapy: Basics and Beyond*, Guilford Press, Guildford.
- Bergman, J. (1997), *The Zip Trainings*, Geese Company.
- Blanchard, G. T. (1995), *The Difficult Connection*, Safer Society Press.
- Herron, D. Tutor, Auckland Centre for Training in Psychodrama
- Hillards, (1996), *Introduction to Psychology*, 12th edn.
- Juvenile and Family Court Journal*, Vol. 44. No. 4, (1993).

Maletzky, B. M. (1991), *Treating the Sex Offender*.

Moreno, J. L. (1977), *Psychodrama, Vol. 1*, 4th Edition, Beacon House.

McKimmie, P. J. (1985), *Sociodrama – A New Focus in Education*, ANZPA thesis.

Reekie, D. Tutor, Auckland Centre for Training in Psychodrama

Whitaker, D. S. and Lieberman, M. A., in Clayton, G. M. (1989), *Group Work Training Manual*, The Australian College of Psychodrama. Melbourne.

Williams, T., (1975), *Psychodrama as a Training Method*, ANZPA thesis.