
Black & Minority Ethnic Sex Offenders

Pen pictures:
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Introduction:
In the past ten years or so there has been a growing concern that the treatment needs of Black and Minority Ethnic (BME) sex offenders in prison are not being appropriately met. Underpinning this concern is the continued under representation of BME sex offenders on the Sex Offender Treatment Programme (SOTP). Although some research has been undertaken into how BME prisoners experience the SOTP and in to its ostensible effectiveness with BME sex offenders, little is known about why the take-up of the SOTP is poor with this group. In this paper we first consider some specific demographic issues that need to be understood in order to reflect more widely on the BME sex offender in

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1 A longer and differently focused version of this paper has been submitted to the British Journal of Community Justice.
prison. We then summarise what is currently known about effective practice with this group, thereafter we consider, in turn, current provision for BME sex offenders in England and Wales and suggestions for developing practice with this group of men.

However, before we turn to these issues, it is important to consider briefly issues of terminology. Terminologies in relation to ethnicities and race are fraught with conceptual difficulties. Aspinall\(^2\) has highlighted the limitations of ‘pan-ethnic’ groups, such as ‘BME’; such groupings are ‘statistical collectivities’\(^3\) and ‘the groups thus defined will be nothing more than meaningless statistical collectivities that do not represent \textit{any} of the constituent groups within the term.’\(^4\). However, at the outset of this paper we use the collective term BME - this term is currently used by a number of Government Departments in the UK, including the Prison Service. Later we suggest that a more sophisticated understanding of ethnic cultures may be necessary to develop practice with BME sex offenders.

\textbf{What are the specific issues that need to be understood with this group?}

In order to understand the specific issues with this group, it is important to understand more about the nature of the group of offenders in prison. Initially, in this section, we present a demographic profile of the BME male sex offenders in the prisons of England and Wales. A key feature of this group this grouping is


\(^3\) Ibid p. 803

\(^4\) Ibid p. 811
their non-participation in the SOTP, we examine this in a little more detail and then explore some possible explanations for this phenomenon.

**Demographic profile**

In considering the ethnic make-up of the prison population of England & Wales, it is important to set it in the context of the overall ethnic composition of these countries. In England and Wales the majority of the population classify themselves a White (87.5%), 4.4% of the population identify as Asian/Asian British, the Black/Black British grouping constitutes 2.2% of the population, 1.4% consider themselves to be of mixed race, 0.4 are Chinese and other ethnic groups also make up 0.4% of the population. These general categories include sub-groupings as follows: ‘White’ incorporates British, Irish and Other White; ‘Asian/Asian British’ includes Indian, Pakistani, Bangladeshi, Other Asian; Black/Black British includes – Caribbean, African, Other Black; ‘Mixed’ includes White & Black Caribbean, White & Black African, White & Asian.

Currently, there are 8,106 male sex offenders in the prisons of England and Wales. Of this group, 81.9% are White; 9.9% are Black/Black British; 5.6% are Asian/Asian British; and 2.2 are Other/mixed (the ethnicity of 0.4% is not recorded). Explanations for this phenomenon range from the racist (i.e. certain

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ethnic groups are more prone to commit sex offences) to the anti-racist, (i.e. the Criminal Justice System is negatively discriminatory towards BME people).

When the ages and ethnicities of the sex offender population are considered an interesting picture emerges. 55.4% of the general population of male sex offenders are aged over 40 years old. However, in the white group 61.3 per cent are aged over 40. The BME groupings present a very different picture: only 31.3% of the Black/Black British group, and 21.1 per cent of Asian/Asian British male sex offenders are over 40. Moreover, in the younger groupings: only 4.4 percent of the white group is aged under 21, whereas 10.8 per cent of the Black/Black British group and 6.1 of the Asian group are aged under 21. BME sex offenders are hugely over represented in the younger groups (for example, in the 21-29 year old group, Black offenders are 16.8 per cent of this group and Asian offenders are 13.2 per cent – together they represent 30 percent of the whole group).

The distinct profile of the male BME sex offender group in prisons is further developed by consideration of the types of offences that the various groups are most commonly convicted. As in 1989\(^7\) the majority of BME offenders are serving sentences for sexual offending against adults, in particular for rape. Just over 59 per cent of the male sex offenders in prison are serving sentences for offences against adults. In this offence-type group, the proportion of BME offenders

offenders is significantly higher than in the group that have offended against children (Black and Asian offenders constituting over 20 per cent of the group, compared to just over 7 percent for the group with child victims).

Emerging from this data are two key issues: age and ethnicity (BME sex offenders are younger than their white counterparts) and offence type and ethnicity (BME offenders are more likely to be convicted of sexual offences against adults). These issues may well be pertinent in exploring the non-participation of male BME sex offenders in the prison service SOTP.

**Non-participation in the SOTP - 1990s-2007**

Although, BME sex offenders are overrepresented in the prison population (in comparison to the general population) they are not accessing prison based treatment. In 1996, Cowburn\(^8\) noted the significant under-representation of BME sex offenders on the SOTP. In the late 1990s, Beech et al\(^9\) noted that the Prison Service of England and Wales had set up a ‘SOTP Multi-Racial Advisory Group’ to improve access and relevance of the SOTP to BME sex offenders. However, despite these efforts the situation of under representation has not changed. The 2007 Impact Assessment of the SOTP\(^10\) notes:

> It has been established from the last year of monitoring that black and

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Asian groups are under-represented on SOTP. Black and Asian prisoners appear less likely to start SOTP than should be expected given the national population. They have higher drop out rates than White prisoners.

**Non-participation in the SOTP – towards an understanding of non-participation**

Most prisoners have links with a range of communities outside the prison. It is from these links that their sense of identity originates and is often sustained during their prison sentence. It is therefore appropriate to consider a number of issues relating to the outside communities when trying to understand how BME prisoners respond to the SOTP. We suggest that three areas require attention:

(i) the response of parts of the BME community to the Criminal Justice System;
(ii) cultural constraints in talking about sex; (iii) the impact of religious beliefs and (iv) non-western models of identities in communities;

(i) **the response of parts of the BME community to the Criminal Justice System**

The BME community is more heavily policed and proportionately more frequently and repeatedly convicted than the various white communities\(^\text{11}\). The response of the wider BME community to the Criminal Justice System undoubtedly influences how BME prisoners understand and respond to prison. Although it is largely an unexplored area, it is likely that the BME experience of and response to community policing will inform BME responses to the experience of prison.

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Wilson\textsuperscript{12}, in his recent research on imprisoned Black men aged 16-17 noted that they described their relationship with the Criminal Justice System as ‘the game’. They acknowledged that the ‘Game’ is played slightly differently in prison than in the community – largely because of the greatly increased power prison officers have over inmates. The ‘Game’ has two modes of ‘play’; that is, two ways of responding to and coping with prison authorities – ‘Keeping Quiet’ and ‘Going Nuts’. As a strategy, ‘going nuts’ was used as a last resort and generally indicated that the inmate had (almost) lost control of his situation. However, the other strategy was more commonly used; Wilson\textsuperscript{13} describes ‘keeping quiet’ thus:

‘Keeping Quiet’ is the first part of ‘the Game’, although it should be noted that, as one interviewee put ‘we’re not actually quiet’. Rather it meant ‘biting your tongue’, ‘holding fire’ or ‘sucking it in’ rather than being silent. Thus ‘keeping quiet’ did not imply a passive response to authority, but was rather a prelude to seeking solace of other black friends on the wing as a way of sharing information and confirming, ‘the Govs had taken liberties’. ‘Keeping Quiet’ was in short a form of intelligence gathering and a prelude to inter-group communication about individual members of staff. In this way the interviewees could establish which of ‘the Govs’ were ‘safe’ and which were not, thus allowing them to adapt ‘the Game’ to a micro level. Of course, sharing this information had the added advantage of further cementing group loyalty.

\textsuperscript{12} Wilson, D. (2003). 'Keeping Quiet' or 'Going Nuts': Young Black People in Custody at a Time of Childhood Being Re-construc\textsuperscript{t}ed. \textit{Howard Journal}, 42(5), 411-425.

\textsuperscript{13} Ibid p. 419
The implications of this strategy are two-fold; firstly it suggests that, as part of their survival strategy in prison, some black prisoners do not engage with prison programmes and secondly, this strategy of non-involvement is nurtured and supported by the black community in prison. Whilst the issue of how the BME sex offender relates to his ethnic group in prison is not known, this research is pertinent, given what has already been noted about the age profile of the BME sex offender in prison.

(ii) Cultural constraints in talking about sex

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

In 1989, Audrey Droisen\textsuperscript{14} suggested that the under reporting of sexual abuse in BME families could be accounted for by considering the interplay of the shame felt by victims and families and fear of racist treatment by social work and criminal justice authorities. The inhibitors to talking about abuse would equally, if not more so, apply to men who have committed offences.

The issue of shame and the response of the community has, more recently been explored by Gilligan and Akhtar\(^\text{15}\)(2006) in relation to South Asian communities. They have drawn attention to the potency of the following concepts - izzat (honour/respect), haya (modesty) and sharam (shame/embarrassment) – as inhibitors of talking about sexual matters. Within this context speaking with anyone about sexually coercive behaviours that have been publicly recognised by a criminal conviction will be very difficult.

Although, there may be less prominence given to one particular religious framework in other BME communities, the importance of the community context in understanding and interpreting individual behaviours has been highlighted by Owusu-Bempah and Howitt\(^\text{16}\). Using the work of other authors, they have highlighted the importance of community to both Black African and Chinese people. It may be that these communities also inhibit individuals and how they talk about sexual coercion.

(iii) The impact of religious beliefs

Apart from the cultural constraints related to talking about sex, there may also be other inhibitors to talking about offending behaviour. Certainly, the first-named author has in his experience of working with sex offenders encountered evangelical Christians who have refused to talk about their offences saying that


this is an issue for them and their God only. More recently Muslim sex offenders have come to the notice of the press, The Daily Telegraph on-line\(^{17}\) has recently suggested there may be a conflict between Islamic guidance not to talk about criminal offences and the Prison Service’s need/duty to assess the risk that offenders may pose on release from prison. Inevitably part of this assessment is based on what offenders say about their offences. Clearly, there is a need for all concerned to engage in full discussion of the key issues. At present (April 2008) a search of the ISI (\url{http://wok.mimas.ac.uk/}) research databases reveals no literature that explores these very important issues.

(iv) Non-western models of identities in communities

The importance of the community in how the BME individual understands him/herself stands in stark contrast to the individual in Western societies. Within Western societies since the eighteenth century there has developed a notion of the individual as a unitary, autonomous agent, largely independent of his/her environment. Owusu-Bempah and Howitt\(^{18}\) (2000; p. 114) suggest that western perspectives on the individual construe many dimensions of development – for example, emotion, personality, and health – in a very different way from other world cultures. They note\(^{19}\) that:

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\(^{18}\) Ibid p. 114

\(^{19}\) Ibid p. 114
While Western psychology is concerned with the personality growth of the individual, Asian and African psychologies are concerned with one’s harmony with other human beings, society, nature and the cosmos … They suggest that the individualistic assumptions behind western psychology have the potential to harm people from non-western cultures\textsuperscript{20}. The issue of how cognitive-behavioural programmes, which are predicated on the notion of the rational unitary individual, affect BME people is one that has largely been overlooked.

In this section we have suggested that three cultural factors (the response of parts of the BME community to the Criminal Justice System; cultural constraints in talking about sex; and non-western models of identities in communities) may all impact on the willingness and ability of BME sex offenders to participate in the SOTP. Previous experience of the Criminal Justice System may predetermine how BME sex offenders respond to the custodial environment; cultural constraints may inhibit their ability to discuss their offending behaviour and an understanding of (themselves as an) individual with autonomy, agency and responsibility may be at odds with how they conceive themselves and their actions in the community. Another key area to consider is how BME sex offenders, who have completed the SOTP, have coped with the programme. In the next section we consider research findings in relation to this group of men.

What is currently known about effective practice with this group?

\textsuperscript{20} Ibid, p.115
In trying to understand the persistent non-participation of BME sex offenders in the SOTP, research attention has been focused on treatment delivery and treatment outcomes. Patel\textsuperscript{21} reported on 24 BME men who had recently completed the SOTP. Most of them felt that the group facilitators treated them differently (to white group members) with some reporting feeling victimised, stereotyped or patronised. Moreover, the men reported that they felt that cultural differences relating to their offence were minimised or overlooked. Following this research, the Prison Service instituted a Race Awareness training programme for all SOTP facilitators and adapted their programme allocation criteria to recommend that BME prisoners should not be placed in a group where the other group members were all white. A follow up study in 2001\textsuperscript{22} found that where BME prisoners were isolated (by ethnicity) in a group they felt that race and culture issues had adversely affected their treatment. The men indicated that more Black or other ethnic minority facilitators would be helpful and that facilitators required more awareness of racial and cultural differences. Patel and Lord\textsuperscript{23} carried out research aiming to identify possible experiences that might offer some explanation for the low take up of Black and ethnic minority prisoners to the SOTP. The interviews revealed that lack of cultural awareness was a


specific deterrent to participation. In 2004 Webster et al\textsuperscript{24} explored the treatment effectiveness of the SOTP on a matched group of black and white sex offenders and found no difference in the levels of post programme treatment efficacy. Most recently, Wakama\textsuperscript{25} explored the experience of treatment with BME sex offenders and white facilitators. Both groups agreed that there was difficulty in understanding the diverse cultural values and lifestyles and their impact on offending.

**What is currently available for this group in England and Wales?**

BME male sex offenders are not excluded from any of the SOTP on grounds of ethnicity or religion\textsuperscript{26}. However, the combined issues of age, ethnicity, offence type, culture and staff insensitivity to such issues may deter BME sex offenders from participating in the Prison Service programme.

**Where should we go from here?**

This paper has highlighted that attention needs to be given in the following areas if BME participation in the SOTP is to be increased and sustained:

- Training
  - The recent Impact assessment of the SOTP has highlighted the need for staff delivering the programme to be provided with training


\textsuperscript{25} Wakama, S. B. (2005). *The Impact of Race and Culture on the Sex Offender Treatment Programme: From the perspective of Ethnic Minority prisoners and White Facilitators.* Unpublished MSc, University of Leicester, Leicester.

'in diversity awareness, sensitivity and communication'\textsuperscript{27}. Clearly there is much work to be done but this is an extensive area of staff development and it will not be achieved in a few half-day training courses. Additionally, it may be that the assumption is that this training is primarily for white staff. However, this may not be the case, BME staff may be familiar with one or two cultures and will all share the experience of racism, but culturally sensitive training is likely to be a need for all staff.

- **Ethnicities of staff.** Whilst some of the above research indicates that some BME offenders prefer to work with BME staff, this should not be taken as common experience that is unproblematic. Gilligan and Akhtar\textsuperscript{28} note that one of the most important things for workers to be aware of, when working with Asian families, is the consequences of disclosing abuse and to be able to discuss these issues openly. The issue of the ethnicity of the worker was less important, and in fact, matched ethnicities clearly had some problems; they quote one woman who said:

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


give them that choice.

- BME only groups? The issue of confidentiality and the community may also apply to whether or not it is suitable to run groups solely for BME participants. Whilst BME offenders (and staff) share the common experience of white racism, there are many other issues that will affect whether or not a BME only group is a way forward. These include issues related to privacy, cultural sensitivities, age and offence type.

- The issue of offence type and age. BME sex offenders are younger and are more likely to be convicted of offences against adults. This may point to a need for developing groups specifically for younger offenders who have assaulted adults.

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

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

- Community engagement. A part of research inevitably overlaps with an important area for programme development. This paper has suggested that differing communities have different inhibitors to participation in the SOTP. There appears to be a need for programme providers to engage with diverse ethnic communities and religions in discussing issues of sexual offending, sexual threats, public protection and community safety. Opening these areas for discussion may both challenge perceptions of risk in a range of communities and highlight the need for the SOTP to be culturally sensitive – one size of therapeutic provision may well not fit all.

**Conclusion**

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

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