

## CONSUMED WITH SEX: THE TREATMENT OF SEX OFFENDERS IN RISK SOCIETY

DANY LACOMBE\*

*This ethnography of a prison treatment programme for sex offenders examines the meaning of rehabilitation in the context of the 'new penology'. As it explores how cognitive-behaviourism structures treatment, it uncovers a therapeutics grounded in risk that actively constructs the identity of the sex offender. It shows how the management of risk relies on techniques of introspection and self-discipline—a patient's internalization of his crime cycle and relapse prevention plan—that target primarily sexual fantasies. These self-policing techniques radically transform the sex offender into a species entirely consumed by sex.*

On 16 April 2006, Stephen Marshall—a Canadian in his early twenties—traveled to Maine, USA, ostensibly to visit his father for Easter. Using his father's handgun, he instead murdered two sex offenders whose names and addresses he had found on Maine's online sex offender registry. Marshall's motivations are unknown because he shot himself shortly after the murders. Whether he understood the difference between the offences of the two men he shot is also unknown, but a difference there was. Fifty-seven-year-old Joseph Gray had been convicted of sexually assaulting a child, whereas 24-year-old William Elliot had been convicted of statutory rape. The sex offender registry did not explain that Elliot's conviction at the age of 19 was for having sex with his then girlfriend who was a few days short of 16—the age of consent. This case is an extreme outcome of a more generalized panic about child sexual abuse. Indeed, in the current climate of panic, we can say without exaggeration that the figure of the sex offender has become emblematic of society's greatest fears: an amoral, impulsive predator who amuses himself by tormenting, sexually torturing and killing the most vulnerable among us.

The public reaction to sexual offenders has become increasingly dramatic over the past 20 years and this despite the fact that the rate of sexual offences reported to the police has dropped significantly (Kong *et al.* 2003). The highly emotional response to sexual offences, fuelled partly by media representations of the worst cases, has produced some important changes in the criminal justice system. Indeed, public calls for tougher sentences for sex offenders, long-term supervision orders, community notification when sex offenders are released from prison, and sex offender registries have been answered by countries such as Canada, the United States and the United Kingdom, albeit not satisfactorily enough for those who, set on avoiding any risk of future harm, request the containment of the sex offender *before* he commits his offence. Social theorists have defined this growing societal concern for greater security and the avoidance of risk as characterizing a new period in our modernity—one resulting mostly from the economic pursuits of a technico-industrial complex that has produced real risks to people, and

\* PhD, Department of Sociology and Anthropology, Simon Fraser University, 8888 University Drive, Burnaby, BC V5A 1S6, Canada; lacombe@sfu.ca. The author thanks the Canadian SSHRC for its support. I am grateful to Kegan Doyle for helping me shape my arguments and for his editorial assistance.

have called this society ‘risk society’. A risk society is one given to seeing dangers everywhere and hence developing a style of governance geared towards the provision of security—a style of governance, in other words, that attempts to minimize and manage risks to the self and the environment (Beck 1992; Giddens 1998). Drawing on theories of risk society, criminologists have addressed the growing importance of the concept of risk in current criminal justice and penal policies (Ericson and Haggerty 1997; O’Malley 2000; Garland 2001). The risk rationality that has come to dominate penal culture and practices has been described as a ‘new penology’—one predominantly concerned with retribution, incapacitation and the management of groups of offenders rather than the rehabilitation of individuals (Feeley and Simon 1992). While debates exist as to whether risk-based philosophies represent a sharp break or not from previous penal practices, all theorists recognize that the pursuit of security has come to take priority over the welfare and moral state of the offender. This transformation in the nature of penal culture is particularly evident in prison rehabilitation, where, as Garland suggests, it is ‘future victims who are being “rescued” by rehabilitative work, rather than the offenders themselves’ (Garland 2001: 176). The sex offender has experienced this change more profoundly than any other type of offender.

What does rehabilitation look like when the sex offender’s needs and welfare no longer occupy centre stage and, in fact, the main rationale for treatment is to ‘modify deviant sexual behaviour in order to protect the public from future offending’ (Hudson 2005: 33)? In this article, we examine a prison-based treatment programme for sex offenders in order to deepen our understanding of the meaning of treatment in the context of the ‘new penology’. As we explore the ideas structuring the programme, we will uncover a therapeutics grounded in risk assessment that actively constructs the identity of the sex offender. We will investigate, to borrow Ian Hacking’s adept expression, how treatment for sex offenders participate in ‘the making up’ of the sex offender (Hacking 1986). More specifically, we will show how the offender’s management of his own risk, which is organized around his ability to internalize his crime cycle and relapse prevention plan, involves techniques of introspection, reflection and self-discipline that focus almost entirely on his sexual fantasies. These techniques ultimately participate in the ‘making up’ of the sex offender into a species entirely consumed by sex. Finally, we will ask why treatment is so intent on targeting deviant sexual fantasies when this aspect of treatment is, to say the least, controversial and without both theoretical grounding and empirical validation (Brown 2005: 133–9). What, in other words, might be the social function of this strategy that transforms sex offenders into ‘responsible sexual fantasists’?

My ethnography draws on the few critical studies of sex offender treatment programmes that have appeared recently. Most of those examine the impact of risk-based mentality on treatment. This mentality has led to a therapeutic approach that targets only those factors that are empirically proven to have an effect on the risk of reoffending (Kemshall 2003). These studies raise serious questions about the risk factors treatment targets by showing the lack of conclusive scientific evidence for their effectiveness (Brown 2005). They also investigate sex offenders’ perspective on treatment and their attempt to negotiate and distance themselves from the stigma attached to the terrifying image of the predatory sexual sociopath (Hudson 2005). Among other things, these studies help us to understand the complexity of the sex offender; he is not the monster created by the media, popular culture and government policies. He is a complex individual with multiple identities and needs who, when in treatment, undergoes a process of transformation

to minimize his risk of reoffending. A central concern of these studies is with ‘what works’ and how best to improve intervention techniques with sex offenders. My focus, on the other hand, is on the relationship between expertise and identity, or, stated differently, on how treatment creates and governs the self of the sex offender (Foucault 1982).

Before proceeding with my ethnography, I will briefly review the history of prison treatment programmes for sex offenders. Humanistic and psychodynamic approaches, such as psychoanalysis or traditional group therapy, were the main components of the therapeutic attempt of the 1950s to cure offenders who were viewed as “sick” individuals ... unable to control their behaviour’ (Brown 2005: 18; Marshall *et al.* 2004). This therapeutic optimism about curing sex offenders was short-lived, as empirical evidence seemed to challenge the efficacy of prison rehabilitation in general, thus leading to the conclusion made famous by Martinson (1974) that ‘nothing works’ to reduce offending. Despite this pessimistic doctrine, seemingly more prevalent in left-wing academic circles than in prison (Brown 2005: 20), prison psychologists continued to develop programmes to rehabilitate sex offenders—programmes that began to reflect the influence of behaviourism in psychology in the 1970s. Concerned mainly with behaviours that could be observed and measured, behaviourism fostered therapeutic interventions aimed mainly at reconditioning an inmate’s deviant sexual arousal via orgasmic reconditioning and aversion and satiation therapies (Marshall *et al.* 2004). In the 1980s, these behavioural programmes gradually began to include cognitive components to treatment, including sex education, anger management, substance abuse training and social skills modules. This treatment approach—correctional cognitive-behaviourism—emphasizes the relationship thoughts, feelings and behaviours have on offending and targets only the factors empirically proven to affect recidivism (Gendreau *et al.* 1996; Andrews and Bonta 1998).

### *The Programme*

In 2000, for a period of eight months, I attended a correctional cognitive-behavioural treatment for ‘special needs’ sex offenders in British Columbia, Canada. At the outset, I assumed wrongly that ‘special needs’ inmates suffered from extreme mental disabilities. Of the seven ‘special needs’ offenders I observed, one, convicted of sexual assault, was diagnosed schizophrenic. Two First Nations offenders convicted of rape did not know how to write well enough to join the intensive programme in which writing is essential. The four others were educated pedophiles whom the treatment team felt needed protection. Experientially, treatment for sex offenders is not unlike the regimented modern school: offenders do in-class exercises, engage in active listening, challenge their peers, have guest lecturers, see documentaries, have homework to do at night and are tested. For these reasons, I name the programme I attended Sex Offender School.

At Sex Offender School, inmates attend individual psychotherapeutic sessions and treatment modules in groups of six to nine participants that are facilitated by two therapists—a male and a female. Their weekdays are highly structured and include both morning and afternoon group sessions. Most morning sessions are structured like a process group, where inmates are brought together and encouraged to interact and to use the skills that they are learning in the programme. Inmates learn to express how they feel in what therapists deem is an appropriate way, to talk to each other and to therapists about issues in their lives, about the programme, about their risk factors, about problems they are having and how they are managing them. The afternoon

sessions consist mostly of treatment modules<sup>1</sup> in which concepts are taught, exercises introduced and skills practised. The first hour is usually a lecture or teaching session introducing concepts, while the second hour is a seminar that provides opportunities to discuss what they are learning and to work on integrating new information.

A fundamental aspect of sex offender treatment is group work. Not only is group therapy seen as cost-efficient, but it also contributes in various ways to treatment intervention. Group work, experts argue, helps break the shame, isolation and secretive lifestyle that sex offenders often experience as a result of their offences. Moreover, it allows for peer support and confrontation—strategies that are more effective than those provided by therapists as, the argument goes, it is harder for offenders to deceive other offenders (Marshall *et al.* 2004). The Director of Sex Offender School sees group interaction as ‘breaking down the men’s defences against disclosing their offences and [helping them] getting through the denial’. Not only are offenders likely to share more with their peers than they do with therapists, but they also teach each other the concepts and principles of correctional cognitive-behaviourism, as they are carefully coached to listen to their peers, give them proper feedback and accept criticism from them. Here is the feedback Dwayne—a 57-year-old Caucasian man convicted of sexual offences against a male and a female under 14—receives from his peers during a module in which he presented his fantasies:

Rick: It seems to me that Dwayne does some in-depth thinking. He’s trying to sort out things.

Dwayne: The thing is that I don’t ever want another victim Rick. I’m not scared as I was before. I want to work at it. You got to be real.

Female therapist: So, how many fantasies did you have this week?

Dwayne: Three. I might have had thoughts too. I’ll try to monitor that.

David: You have pictures of your ex [wife] on the wall?

Dwayne: Yeah.

David: Do you think they trigger your fantasies? Do you find your thoughts going there all the time?

Dwayne: Yes.

David: I had the same. So, I took them all down.

Dwayne: Oh, I see what you’re saying. I’ll try to put them out. It’s a stimulus. Thanks David. I’ll do that because they don’t need to be there.

Tom: You said you don’t fantasize about children anymore, just teenagers. But I’m looking at your age. It’s struck me.

Female therapist: Yes, that is a good point. I’m wondering if you think fantasizing about teenagers is better than with kids.

Dwayne: Eh, no.

David: Have you ever fantasized about younger inmates?

<sup>1</sup> Treatment modules addressing factors related to offending are ‘Anger Management’, ‘Communication Skills’, ‘Sexual Deviancy’, ‘Healthy Relationship Skills’, ‘Problem Solving Skills’, ‘Thinking Errors’, ‘Substance Abuse’, ‘Goal Review’, ‘Crime Cycle’ and ‘Relapse Prevention Plan’.

Dwayne: Yes, it has happened before.

Female therapist: That is something I want you to pay attention to.

David: What do you consider a child?

Dwayne: 16? Certainly by 18 it's a young adult.

David: Well, that answers the question. If he's 15, he's a child.

Male therapist: No, no. I don't think Dwayne should be fantasizing about teenagers and young adults.

Peer support and confrontation, as seen above, rely on personal experience—a narrative that ultimately helps 'break down the men's anti-authority attitude' (Director).

### *Crime Cycle and Relapse Prevention Plan*

The crucial fact offenders must recognize, learn and internalize at Sex Offender School is repeated almost daily like a mantra: *Once a sex offender, always a sex offender*. The Director of Sex Offender School reminds offenders of the limit of treatment by continually cautioning his patients about the 'C word': 'Sex offending is like diabetes. It will not go away. You cannot be cured. We don't use the C word here. But can you be managed? Yes. Treatment is all about managing your risks to re-offend.' Self-control, not cure, is the goal of treatment. In line with the principles of cognitive-behavioural therapy, Sex Offender School treats the sex offender as a rational decision maker who can remain offence-free by taking the opportunity to learn the connection his thoughts, feelings and behaviours have on sexual offending. The choice to become manageable is entirely his: 'It takes a series of mistakes to get there [offending]. You need to make a clear decision to watch your high-risk factors and find ways to deal with them' (Director). Confronted with an incurable disease that threatens the public, the sex offender learns that his condition is not hopeless: he has the power to change his life by engaging in a life-long process of self-discipline to manage his deviant sexual behaviours. Sex Offender School will teach him how to become in control of his self.

What are sex offenders learning in treatment modules? They are learning to develop their knowledge of their 'crime cycle' and to create a 'relapse prevention plan'. A crime cycle refers to an identifiable sequence of events involving an offender's cognition, emotion and the behaviours that precipitated his offence. The principal assumption behind the 'cycle of offending' (Wolf 1984) is that crime does not 'just happen'; it is planned, rehearsed and has been imagined ahead of time. An offender must go through a number of stages leading up to his offence—stages that involve 'the use of cognitive distortions and deviant sexual fantasies, and the use of covert and overt planning in order to groom both the environment and the victim' (Hudson 2005: 39). While the crime cycle identifies the chain of events that have led the offender to act out in the past, the relapse prevention plan teaches him 'how to recognize, avoid and cope with these situations in the future' (Hudson 2005: 38). Relapse prevention is a method originally developed to treat alcohol, drug and gambling addictions. Over the years, sex offending has, with increasing frequency, come to be described as an addiction (Brown 2005: 88). This is the Director of Sex Offender School explaining who sex offenders are: 'These guys are obsessed with sex: that is you know really all that they think about, spend their time on, put their energy into. ... They are sex addicts.' Brown surmises that the reason why the addiction model



has gained popularity in the treatment of sex offenders has more to do with the fact that relapse prevention ‘fits very well’ with the idea of the ‘cycle of offending’, noting that there is no empirical validation of the claim that sex offenders are sex addicts (Brown 2005: 88). In fact, empirical support for relapse prevention in the treatment of sex offenders is rather poor (Brown 2005: 143)—a point that we will address later.

Sex Offender School teaches offenders to develop an understanding of the risk factors involved in their crime cycle by having them disclose their offences during the first semester and their sexual fantasies during the second semester. According to the principles of cognitive-behavioural therapy (CBT), offenders must explore their offences and sexual fantasies in terms of a sequence of thoughts, feelings and behaviours that led/might lead to crime. Offenders are expected to understand the role risk factors (use of drugs and alcohol, deviant sexual fantasies, emotional states, and beliefs about women and children in general and victims in particular) played or might play in their offending. The idea apparently is to instil in offenders a sense of responsibility for their offences and a belief that they can be successful at managing their risk of reoffending. Offenders become responsible for their offences by ‘owning up’ (male therapist) to them, that is to say by not engaging in ‘denial and minimization’, dysfunctional cognitive processes that allow offenders to excuse their offences. For example, Rick accepted that he sexually assaulted children, but would reduce his culpability by explaining that the children ‘came to sit on [his] lap and did not seem to mind when [he] was stroking them’. This ‘self-serving’ and ‘offence-supportive’ interpretation is called a ‘cognitive distortion’ or ‘thinking error’. Through CBT techniques such as ‘disputing’ and ‘cognitive restructuring’, the treatment team challenges an offender’s interpretation of a set of events and leads him to develop a different, more realistic version of those events. Cognitive restructuring also involves providing offenders with corrective information and education. Sex education, as we will see below, is crucial at Sex Offender School.

In order to develop in the offender a consciousness of his crime cycle, Sex Offender School uses a technique to target risk factors called the ‘High Risk Checklist’—a list identifying an offender’s ten highest risk factors, be they thoughts, feelings or situations. These are factors that led him into his initial fall into crime and that can lead him to offend again. This list is developed through the creation of what is called the four ‘Good Me/Bad Me Checklists’—lists that reminds offenders of the situations in which they were in control of their lives and the factors that led them to lose control.

The first two ‘Good Me/Bad Me Checklists’ that offenders create are about the non-sexual aspects of their lives. Offenders investigate how their thoughts, feelings and behaviours are affected by their family circumstances, their state of social support and friendship, their use of drugs and alcohol, their school/job situation, and their involvement in recreational activities. First, they do the ‘Good Me Checklist’, by identifying ten non-sexual situations that occur in their lives when they are doing well, feeling well and not at risk of imminently committing a crime. For example, when Pete lives with his mother, takes his medications, has a job, exercises regularly and diets, he feels good about himself, and does not use alcohol or drugs. This ‘Good Me Checklist’ is then contrasted to the ‘Bad Me Checklist’—a list of ten non-sexual situations that occur in their lives when offenders are not doing well and are at risk of committing an offence. Luke’s ‘Bad Me Checklist’ reveals that when he does not engage in his favourite recreational activities, such as carving or playing hockey, he drinks and uses drugs, isolates himself, becomes depressed and his relationships with his wife and daughter deteriorate. The

second two checklists are similar but deal with the sexual aspects of the offenders' lives. By contrasting his two lists, for example, Dwayne comes to recognize that when he has a job and is in a relationship, he takes greater care of himself, plays hockey regularly, feels happier, does not isolate himself and abuse drugs and alcohol. His relationship with his partner is also more sexually satisfying.

As mentioned earlier, the technique of the 'Good Me/Bad Me Checklists' serves to remind offenders that they are capable of being and doing well. It also encourages them to take responsibility for their own treatment as much as possible. Yet, a lot of coaching goes into the task of creating the checklists, which are reviewed and corrected in the individual sessions with the therapists. The aim of this coaching exercise is to create one final checklist out of the ten highest risk factors—a checklist that will clearly spell out for the offenders when they are in imminent danger of offending and the strategies that they must adopt to stop their fall into their crime cycle. At the end of Sex Offender School, offenders can articulate in the vernacular of cognitive-behaviourism, the relationship between 'thinking errors', 'triggers' and the 'planning' of offences. Dwayne, for example, used to minimize his offences by saying that the boy he assaulted was 'precocious', 'liked looking at pornography with [him]' and 'touched himself in front of [Dwayne]'. Dwayne gradually came to organize his perception of his offending behaviour according to an inevitable sequence of events that centred on his deviant fantasies. He learned to think of his thoughts and behaviours as follows. First, he smokes marijuana, after which he likes to drink alcohol and look at pornography (his 'triggers'). He also fantasizes and masturbates frequently (his 'planning'). He then starts to think that 'he deserves a child' (a 'thinking error'). Eventually, he designs a situation in which to offend by developing a relationship with a woman who has children ('planning/setting up an offence').

The creation of a crime cycle and relapse prevention plan then involves the development of a consciousness of the factors that led the sex offender to offend and put him at risk of offending again. In developing this awareness, the sex offender comes to recognize that fantasies play a significant role in his life. It is to these fantasies that we now turn.

### *Deviant Sexual Fantasies and the Planning of Offences*

As mentioned earlier, a central assumption of correctional cognitive-behaviourism is that crime is not a spontaneous act; it is planned. Sex crimes are believed to result from a chain of events that includes cognitive distortions, deviant sexual fantasies and the use of covert and overt planning. Sex Offender School devotes a whole semester to the disclosure of sexual fantasies because, as a female psychologist explained to me, 'deviant fantasy is to a sex offender what sugar is to a diabetic. Sex offenders are like diabetics. Deviant fantasies increase their risk of acting out'. The connection between fantasies and acting out is obvious to anyone trained in cognitive-behaviourism. 'Fantasizing is simply a description of a type of thinking. According to cognitive-behavioural therapy, you think something, you're more likely to act on it,' she explains. To illustrate her point further, she uses the common human desire to strike at someone when irate:

If you want to punch someone because you are pissed at them, the more you think about it the more likely you will punch him. If you go to a gym and punch a punching bag, you will experience release and that feels really good. The release will reinforce the strength of the thought. This will make it

easier to act out. Fantasies are simply that—thoughts. You think, think, think, do something, add something to that thought that feels really good, really rewarding, and you have increased the risk of acting out on that thought.

Implicit in this strange analogy between the thought and action of punching a gym bag/masturbating and the offence of striking at a real person/sexually offending someone is the assumption that fantasies lead to acting out. When I confronted her on this controversial equation, she corrected me: 'You did not hear me properly. I said thoughts increase the *risk* of acting out.' True. But so does everything else, one might add. At Sex Offender School, the five clinical experts I interviewed assert unequivocally that imagining deviant sex is key to planning an offence—it is a sex offender's highest risk.

The following review of Peter's progress at Sex Offender School illustrates once again the centrality that Sex Offender School gives to the role that sexual fantasies play in the 'build-up' leading up to an offence:

[Peter] started the individual sessions demonstrating almost no insight into his offending behaviour. [Peter] explained his index offence (sexual assault) in terms of alcohol use and his mental illness. In the first few sessions, [Peter] emphatically denies [sic.] having had rape fantasies and other common elements of a build up of the commission of a sexual offence.

As the individual sessions progressed [Peter] became more willing to disclose the elements of his build up. [Peter] first admitted that he had had rape fantasies in the week prior to his offence. He later disclosed that these types of fantasies had been common for him at any time he had been abusing alcohol. [Peter] describes the weeks leading up to the offence as being focused on the acquisition/consumption of alcohol and on observing women. [Peter] also stated that he was using a lot of pornography at that time.

[Peter] went to bars at night to look for a victim. He stated that although this is what he was doing he was never active in his pursuit of a victim because he was afraid to approach a woman. His eventual victim approached [Peter] with a mutual male friend. [Peter] was clear in admitting that from the first contact with his victim he was intending to sexually assault her. [...]

[Peter]'s disclosure to his peers in the group session was complete and included all the essential details of the official version. [Peter] was, in fact, the first member of the group to disclose that deviant fantasies had been an aspect of the buildup [sic.] to his offence and that they had been a long standing problem in his life. [...] (*Interim Review*)

If an inmate fails to see the role deviant fantasies play in the build-up to his offence or if he denies having had deviant sexual fantasies before and during his crime, then he is presently *at risk* and so is his progress at Sex Offender School. The case of David illustrates this point clearly.

David is a 40-year-old First Nations man, doing an indeterminate sentence for the rape of a woman his age—his cousin, whom he had dated prior to the rape. He received a Dangerous Offender designation because this was his second rape sentence. David was a constant source of frustration for the two therapists because he did not 'own up to his planning'. They saw him as 'minimizing' his offence by claiming that 'it just happened' and that he was 'too drunk to remember'. David's own version of the events was that he and his wife, from whom he was recently separated, had been drinking heavily one evening and started to fight over his visiting access to their children. When she mentioned she would not let him see them anymore, he became angry and she called the police. He left



her house, drove to a bar where he met his cousin and other women, and, together, they drank alcohol and took drugs. His cousin eventually left. When the bar closed, David drove to his cousin's house, where he brutally raped her. During a group session, the therapists grilled David, attempting to have him admit that he not only planned the rape, but also fantasized about it prior to planning it. They also encouraged David to view his fantasies as the fundamental aspect of his crime cycle:

Male therapist: What was your motive in going after these women in the bar?

David: My motive? Eh, just talking to them. My thought was that they were in a bar too for something. Like let's have a few drinks, let's do some dope and hopefully go to bed together.

Male therapist: Is that why you went to bars?

David: Not always.

Male therapist: So, it was different this time. You were slipping.

David: What do you mean?

Male therapist: You were slipping in your crime cycle.

Female therapist: What else was part of the planning?

David: Trying to be alone with her?

Male therapist: It is one thing to go to a bar to pick someone up and planning to rape.

David: I did not know I was going to rape! Going to the bar to rape was not my purpose.

Male therapist: Did you have thoughts of having sex?

David: No, not at the beginning.

Male therapist: Ah! But when you did have those thoughts were they consensual?

David: I was hoping she would consent, but it became brutal, forceful. I thought it was consensual, but it was not and then it was brutal.

(...)

Male therapist: David, we are not hearing from you how you were engineering to get a victim.

(...)

Female therapist: What did you think about the woman?

David: I liked her.

Female therapist: Was there anything about her that would make her an easy victim?

David: I don't know.

Female therapist: Were you fantasizing about her before the rape?

David: No.

Female therapist: Maybe we should have a break. Do you want to add something?

David: Like I said, I did not see it. The planning was coming but I did not realize it. That's the way I see it.

At the end of this heated confrontation, David was clearly agitated, unclear as to where he went wrong. The therapists, on the other hand, could not conceal their exasperation. The offenders left the room for a coffee break and I stayed behind with the therapists, who reviewed the situation. Here is the conversation we had after the offenders left the room:

Male therapist: Well, he has not progressed one bit!

Female therapist: No, it's like he's at the beginning of the program.

Male therapist: He's still a blank slate for me. I know nothing about him, about his sexual thoughts, what went on in his offending. I need to know that in order to assess his risk. Without that information, he's very high risk. I have no idea how he'll be able to manage himself. I wouldn't be surprised if he had more victims. Obviously, the women who said yes to him were fine, but had they said no to him, they would have been raped. I'm sure he's had more victims. It's a pattern with him. We know for a fact that he was not that drunk when he was caught after his offence.

Female therapist: He's DO [Dangerous Offender]. If he ever gets back to the community, he'll be a very high risk. I'm sure he brags to the other inmates about being drunk and maintaining an erection. He denies any fantasy. That's the problem.

Lacombe: What would he have to do to satisfy you?

Male therapist: He would have to reveal his sexual thoughts before and during the rape. He would have to reveal the sexual thoughts that went into his planning.

As this excerpt suggests, David's denial of having fantasized about the rape before (and even after) it occurred led him into trouble. Not only was he perceived as not progressing in his treatment, but he was also evaluated as unable to manage his high-risk factor. The accusations that David had not officially disclosed all his offences and that he boasted about his sexual prowess could also have exacerbated David's already precarious position in the treatment program. Failure to graduate from Sex Offender School would have been costly for someone like David, who was challenging his Dangerous Offender designation. In due course, however, David did come to see the connection between his fantasies and his crimes. He did learn to present himself as someone whose most high-risk factor is deviant fantasy. He stopped arguing with his therapists that on the night of his crime, he 'was drunk and just blew up' and lost control of himself. Instead, he internalized an awareness of his crime cycle. He became aware, or at least repeatedly claimed to have become aware, that feelings such as anger and boredom lead him to isolate himself, drink and fantasize inappropriately—behaviours that, combined with his beliefs that he has been a victim all his life and that women have hurt him,<sup>2</sup> could be a lethal combination, leading him to create situations in which to offend.

As David's case illustrates, Sex Offender School is based on the assumption that sex offenders *engineer* their offence by imagining and rehearsing it. Rick—a 67-year-old pedophile, designated a Dangerous Offender because he molested many children over many years—had successfully explained to the group that his planning involved fantasizing about the children at the Bible camp he directed and designing situations in which he would be alone with them. The treatment team at Sex Offender School was perturbed

<sup>2</sup> Dwayne has a terrible history of victimization by men and women in positions of authority. At age six, he was apprehended by the Government of Canada and put in a residential school, where, during the first four years, he was repeatedly raped by the male principal and physically beaten by his female teachers. He escaped residential school at age 15. This tragic aspect of his life could not be addressed in treatment, as CBT focuses on the 'here and now'.

by his claim that he no longer fantasized or masturbated. His morning erections, observed by his primary nurse and prison guard, were interpreted by the team as evidence of sexual urges necessarily involving fantasies. Rick denied being sexually motivated—in fact, he claimed he was impotent—and maintained that his morning erections were a natural reaction to urine build-up—a reaction he thought all men experience in the morning.<sup>3</sup> ‘You have sexual feelings, and by denying them you are falling back into your crime cycle,’ admonished the male therapist. When Rick started to disrobe in the night during a very hot summer, the treatment team made serious allegations against him: ‘He is sexually victimizing staff,’ asserted the Director of Sex Offender School. At a meeting with the treatment team, Rick denied that his night/sleep behaviour was sexually motivated and reasserted having given up fantasizing and masturbating. The treatment team accused him of being in denial and of ‘minimizing his current sexual victimization by pretending to be asexual and cured’ (*Interim Report*). They confronted him further on his current victimization by asking him about his ‘planning’: ‘Who do you want to see you in the nude?’ and ‘Who do you find arousing?’ specifically asked the Director of Sex Offender School. Rick’s lack of cooperation put him in serious trouble, as the exasperated Director precipitately ejected him from the program during the meeting:

Director: At this point you are out of the program until you decide to be honest. I want to hear about the build-up, the planning that leads to offending against the staff.

Rick: I want to stop.

Director: Rick, you are lying. You don’t want to stop. You find this arousing.

Male social worker: I think the denial is arousing for you.

Rick was subsequently reinstated in the program on the condition that he agreed ‘to be honest about his current sexual deviance and to monitor and report his sexual thoughts, triggers and fantasies’ (*Interim Review*). In its final report of Rick, the treatment team commended Rick for addressing his non-sexual high-risk factors in his relapse prevention plan. However, he was described as having made little progress in admitting to and addressing his sexual risk factors. The treatment team concluded: ‘As such, he remains an untreated high-risk sex offender and may be considered for another [Sex Offender School] program’ (*Final Review*).

Dwayne, unlike David and Rick, unambiguously acknowledged his sexual urges and revealed his fantasies before and during his offences. Unfortunately for him, the therapists believed he was ‘talking the talk’ rather than being open about his planning. The expression ‘talking the talk’ indicates that offenders agree with everything the therapists present to them and articulate it themselves without internalizing the information and making the internal changes (Hudson, 2005: 108). ‘People-pleasing behaviour’ was one of Dwayne’s high-risk factors and the therapists felt he was desperately trying to please them by accepting, but not really internalizing, the teachings of Sex Offender School. During meetings with the treatment team to evaluate his progress at Sex Offender School, Dwayne always demonstrated a good theoretical understanding of his goals in the programme, but to no avail, for the team had grown sceptical of him, and began to refer to him as ‘the Mystery Man’. The Director revealed his suspicious feelings towards Dwayne

<sup>3</sup> Morning erections are a normal physiological response that most men experience. They are not associated with sexual stimulation, but with REM sleep (the time during sleep when brain activity changes).

by describing him as ‘slippery’, ‘charming’, ‘unforthcoming’, ‘difficult to know’, ‘a people pleaser’ and ‘a psychopath’. On the occasion on which Dwayne presented his crime cycle to the team, focusing on the role that deviant fantasy played in his offending behaviour, the Director once again cautioned his team: ‘The presentation is too good. He’s too good. There is nothing about him that is wrong, but I feel strange about him. The hair on my body sticks up.’ Then, at another meeting, at which team members all agreed that Dwayne had improved in his ability to internalize the programme, the Director, while in agreement, remained suspicious: ‘Dwayne shows improvement but am I being done? That’s my sense. Am I being done?’ Needless to say, the examples of David, Rick and Dwayne suggest that when it comes to recognizing the role that sexual fantasies play in the planning of an offence, a sex offender is doomed if he does and doomed if he doesn’t.

Sex Offender School’s assumption that sex offenders engineer their offence by fantasizing it repeatedly is not supported in the literature on treatment for sex offenders. Marshall and Serran (2000) seriously question the belief that *all* sex offenders plan their offences by pointing to the lack of evidence supporting this assumption. Based on their work with sex offenders, they contend that some offenders simply take advantage of the situations as they unexpectedly arise. Moreover, based on studies she reviewed, Brown (2005: 136) argues that there is ‘scarce evidence’ to support Sex Offender School’s assumption that sex offenders engage in deviant fantasies. Nor is there evidence to support the claim that deviant fantasies lead to an escalation of the frequency and severity of offences (Brown 2005: 136). In fact, she points to research findings indicating that sex offenders seldom report deviant fantasies and that only 17 per cent of rapists had fantasized about rape during the six months before the offence—findings that would seem to bring into question Sex Offender School’s treatment approach towards David—a rapist (Brown 2005: 136). These studies serve to raise questions about the connection between fantasies and sex offending that has become axiomatic at Sex Offender School.

At Sex Offender School, fantasies have become the tool *par excellence* to assess the sex offender’s awareness of his crime cycle and his risk to reoffend. If deviant fantasies escalate the risk of reoffending, then they must be known and eventually tamed. Fantasies must be managed.

### *The Management of Fantasies*

The management of sexual thoughts requires offenders to keep a fantasy log where they note and evaluate their fantasies, and where they identify their triggers and feelings and attempt to comprehend how they responded to those fantasies. Ideally, inmates would fill in their logs as fantasies occur. This would help them better identify the events in their lives that trigger fantasies that can activate the possibility to offend. The fantasy log is a life-long self-policing technique: ‘I can guarantee you that if you don’t fill out your fantasy log when you’re on the outs, you are coming right back in here’ (male psychologist). The aim of this exercise, explains a male psychologist, is to help inmates to develop ‘an inner conscience that will make them aware of the bad fantasies’.

Filling out the fantasy log diligently is a chore; having to confess one’s fantasies at group sessions is an ordeal. Upon being drilled on his fantasy log, Peter exclaimed ‘Wow, this is like the Spanish Inquisition’. ‘Yes, the torture never ends!’ jokingly replied the male therapist. Initially, offenders are reluctant to confess. A lot of coaching is required during the confession to extricate the fantasy from them. At first, therapists

want to hear details, but no pornographic talk, as this could itself trigger fantasies in other group members. Photographic details of an offender's fantasy are important because these details will help them to reconfigure their deviant fantasies into appropriate ones. While often requested, details per se are not the main object of the confession. In keeping with the teachings of cognitive-behaviourism, therapists want offenders to present the details of their fantasies in a narrative that involves a relationship between thoughts, feelings and behaviours. Part of this process of narrativization involves teaching offenders to reflect on the mood, the situation and the thoughts that trigger a fantasy. Here is Tom, presenting his fantasy log:

Tom: I'll start with the good fantasy. *When*: Friday. It started out good. *Trigger*: watching channel 39. I was hoping to see a naked male. I saw a naked female. *Behaviour*: I fondled myself but it was not too exciting. So, I switched to another movie I knew was playing with a child in it. *Stand by Me*. I masturbated.

Male therapist: What is channel 39?

David: At night they have porn. It's hardcore sometimes.

Male therapist: Is that the kind of channel you should be watching?

Tom: No.

Male therapist: Did you try to ignore your fantasy or distract yourself?

Tom: No.

Male therapist: It sounds that the point of this night is that you wanted to be sexual. What was the trigger to watch porn? How were you feeling?

Tom: I wanted to see a naked male.

Male therapist: Tom, you should not watch porn, it's your high risk behaviour. You are engaging in high risk behaviour. You were scanning for a child.

Tom: But when I started fantasizing, I tried to have an appropriate one.

Male therapist: Look Tom, I don't want to argue with you. Watching porn led you to an inappropriate one.

Therapists specifically want to hear deviant fantasies and the offender's explanation as to why they are inappropriate. The script is easy to learn: deviant fantasies are those similar to an inmate's offence (a rapist fantasizes about rape; a sadist about inflicting pain; a pedophile about sex with children and youths); they are inappropriate because they increase the risk of reoffending. Appropriate fantasies are normative: consensual, respectful, age-appropriate and grounded in a relationship. In the case of Dwayne, who is 57 and incarcerated for the sexual assault of a 12-year-old boy and a ten-year-old girl, fantasies should even be heterosexual. Here, he is reading from his fantasy log:

Dwayne: *When*: no fantasy on Wednesday; no fantasy on Thursday; one on Friday while watching TV. *Trigger*: I was bored. It was a fantasy of mutual masturbation with Vincent at Mountain [his home penitentiary]. He is 25.

Female therapist: Why is it a bad fantasy?

Dwayne: Eh, I felt it was healthy. We were watching each other in the nude.



Male therapist: But in a legal sense is the fantasy wrong?

Dwayne: (silence)

Male therapist: How similar is this young man from your victim?

Dwayne: He is very quiet.

Female therapist: Sexually, what is familiar?

Dwayne: He looks young; he's slim.

Female therapist: Why do you think it could be a deviant fantasy?

Dwayne: Because it is close to a fantasy of a young boy?

Female therapist: This is very honest Dwayne. Good. Continue with your fantasy log.

Dwayne: Sunday: I had a fantasy after reading an anthropology book on African tribes. I fantasized about a young black girl coming on to me in an alley, lifting her skirt.

Female therapist: How old was the girl?

Dwayne: 16, 17.

Male therapist: What is the familiarity with your victim?

Dwayne: Not much. My stepdaughter was 10. Well, I guess she had an innocence about her.

Male therapist: Dwayne, can you see that because she looks young it is possibly leading you to a bad fantasy? The problem with this fantasy is the age difference between you and the 16-year-old girl. This fantasy could trigger an offence. The fantasy could reinforce you to offend.

Female therapist: Dwayne, you're 57. At your age the correct age for you is a 35-year-old woman.

The female therapist's suggestion that Dwayne fantasize about a 35 rather than a 51-year-old woman or a man, for that matter, is remarkable, but, in all fairness to her, it might have been unconscious. Yet, her suggestion made an impact. It was written into Dwayne's final crime cycle and relapse prevention plan, rehearsed in class and mentioned in the interview I had with him, thus neatly illustrating the process whereby society reproduces its heteronormative ideals (Butler 1990).

As already suggested above, clinical experts carefully participate in the offender's representation of sex. Another way they do this is by using a number of fantasy modification techniques for coping, transforming or eradicating abusive fantasies. Often, offenders are asked if they 'engaged' with their deviant fantasy or if they 'distracted' themselves by going for a 'walk on the range' or exercising at the prison gym. They are also instructed to 'refocus' their fantasy, that is change the content of a deviant fantasy to a 'more consensual and appropriate one' (female psychologist). Moreover, they are coached to become realistic with their fantasies. The following group discussion illustrates how a responsible sex offender ought to fantasize:

Female therapist: What is the purpose of the exercise to have you write down what a good fantasy is? Why would we encourage you to have good fantasies?

Rick: To replace our negative fantasies.

Male therapist: Why would you want to have good fantasies?

Rick: They lead to actions.

David: No, not necessarily.

Dwayne: No. It is just that they are pleasing, pleasurable.

Rick: Fantasy to me leads to action.

Female therapist: Yes, you are right. Can somebody here honestly say that they did not fantasize before offending?

Group in unison: No.

Female therapist: This is what Rick is saying. Fantasy leads to action.

Male therapist: It's like fantasizing about having a Mustang and only being able to afford a Volkswagon. So you're fantasizing about something and then a legitimate relationship comes along that is more like a Volkswagon. If you have a fantasy for a Mustang are you going to be happy with a Volkswagon?

Tom: No. So I have to learn to change my fantasy.

Male therapist: If you are fantasizing about that Mustang, it's irrelevant what the Volkswagon looks like; it won't do for you. If all you do is go home and dream about the Mustang do you think you'll be happy?

Dwayne: No.

Male therapist: Let's say you are in a relationship. Your partner does not always want to have sex. Do you think it's easy to think of that person as a Volkswagon or do you start fantasizing about a Mustang?

Dwayne: Yes.

Female therapist: Rick, were you treating your wife as a Volkswagon when you offended?

Rick: No! I always treated her like a Cadillac!

Female therapist: Oh! Oh! How many of you here think Rick treated his wife like a Volkswagon? [A show of hand indicating that everyone agrees with the therapist.] Why do we encourage you to masturbate to good fantasies?

Dwayne: To be healthy.

David: To have a good adrenaline rush.

Female therapist: The fact of the matter is that everyone here is preoccupied with sex. Masturbating and having orgasms is very reinforcing; it feels good. So using fantasies is reinforcing.

Male therapist: It's about not turning those you fantasize into Volkswagon.

The instructions on how to fantasize properly may, at times, be blatantly illogical and in poor taste, such as in the analogy between women and cars, but they aim to get a strong message across: fantasies must be conscientiously monitored. As they train to scrutinize their fantasies to identify the bad fantasies and interrupt them, inmates are carefully instructed to create good ones. They are encouraged to set a 'mood' by 'imagining a candle light dinner', include 'intimacy' and 'foreplay' by describing different 'scents, smells and touches' and communicate to their partners clearly by 'expressing feelings'. 'Think romance, you guys!' informs a female therapist, who under no circumstances

will accept a one-night stand as an appropriate fantasy, as it shows total disrespect for the woman.

At Sex Offender School, the distinction between fantasy and reality quickly evaporates. In a manner reminiscent of the teaching of anti-pornography feminist Catharine Mackinnon (1987), sex offender treatment assumes that to think about coercive or degrading sex is actually doing harm. The reader might recall that during the late 1980s, in the United States, Mackinnon forcefully argued that pornography is ‘sexual reality’—an act of discrimination that *actually* harms women by celebrating rape, sexual abuse, torture and sexual harassment (MacKinnon 1987: 173). Scientists whom MacKinnon drew upon to establish the link between pornography and harm challenged her claim for legislating against pornography by pointing to how ‘sparse’ and ‘contradictory’ the data were (Donnerstein *et al.* 1987: 144).

The literature linking deviant fantasies to sexual offences is as controversial as the literature linking pornography to harm against women. As mentioned earlier, there is scant evidence to support the assumption at Sex Offender School that sex offenders engage in deviant fantasies that form the basis of their offending behaviours or that they use deviant fantasies to plan their offence. Evidence does not support the claim that sex offenders fantasize repeatedly and the further claim that fantasies can increase the frequency and severity of offences (Marshall and Serran 2000). Empirical evidence also indicates that many sex offenders are not primarily aroused by deviant sexual stimuli (Brown 2005). This evidence also shows little difference in deviant arousal between sex offenders and non-sex offenders. For example, in Marshall and Barbaree’s study, 30 per cent of rapists had deviant fantasies compared with 26 per cent of non-offenders (cited in Brown 2005: 136). Furthermore, Howitt and Cumberbatch (in Brown 2005: 136) found out that an offender’s fantasies could be entirely different from his offence, leading to what Browns observes to be ‘a mismatch between fantasy and behaviours that is also apparent in non-offending groups’. The link that Sex Offender School makes between pornography and offending is also tenuous at best (Seto *et al.* 2001). Howitt’s (1995) research shows that sex offenders do not use pornography more than non-offenders. His research with pedophiles shows that exposure to pornography came only after offending had begun and, thus, the research negates the supposition that early exposure to pornography causes sexual offending.

The assumption at Sex Offender School that sex offenders inevitably have deviant fantasies leads inadvertently to the fabrication of deviant fantasies on the part of the offenders. Many offenders I interviewed told me about engineering deviant fantasies to keep the therapists at bay. This is Jack—an 18-year-old pedophile—answering my question on his fantasies: ‘They want to hear that I always have fantasies and that I have more bad ones than good ones. But I don’t have bad ones that often. I make up the bad ones, I make them really bad because they won’t leave me alone.’ Unfortunately for Jack, his fabricated deviant fantasies led him in trouble, as their ‘aggressive content’ worried the treatment team who, in its final report, mentioned the need for Jack to undergo ‘extensive PPG<sup>4</sup> assessment to assess his sadism’. This information would confirm the treatment team’s suspicions that ‘Jack might be a sadist’ and thus ‘a high risk to re-offend’. Jack’s failure to include fantasies involving females also turned out to be problematic. In

<sup>4</sup> Penile plethysmography (PPG) is a psycho-physiologic assessment of erectile response.

their final report, the treatment team indicated that his ‘absence of fantasies about females poses a risk’, as Jack offended against both a male and a female child. Nevertheless, in interview, Jack expressed the relief he had experienced keeping a fantasy log, for it made him realize that ‘I’m not a monster. For the most part, my fantasies are boring; they’re just normal’. This sentiment was echoed by David, who struggled with his fantasy log and the image of the sex addict prevalent at Sex Offender School: ‘Man, what can I say? I don’t have the kinds of fantasies that fit my offence. What I did to her was wrong, but my fantasies are not brutal; they’re just plain. And I don’t fantasize all the time, no, it’s normal you know. It’s boring in here [prison] and I keep busy all the time. I don’t fantasize as much as they say I do.’

Sex Offender School’s aim to teach offenders that deviant fantasy caused them to act out makes intuitive sense, but the relationship between fantasy and behaviour is highly complex. Brown (2005) and Hudson (2005) cite numerous studies showing that men who have never been convicted of a sexual offence—‘normal’ men—are aroused by children, non-consenting and violent sexual encounters. They also cite self-report studies done with US College students that indicate that both men and women feel some sexual attraction to children, and studies on university students’ ability to disclose sexual behaviour, fantasies and attitudes to therapists and intimate partners that show considerable variability. These studies lead Brown (2005: 118) to surmise that treatment expectations that sex offenders will provide total disclosure of their offences and fantasies are somewhat unrealistic. Troubling also is the fact that therapists at Sex Offender School select this treatment target—deviant fantasies—as a fundamental factor to form their professional opinions on an offender’s ability to manage his risks to reoffend. In my experience in observing parole hearings for sex offenders, the Parole Board used professional opinion on offenders’ ability to manage their sexual fantasies to assess whether they should be released and/or strictly supervised in the community.

To summarize, so far, we have seen that the development of a crime cycle and relapse prevention plan entails the use of techniques of introspection and self-examination. These techniques are developed through exercises in which sex offenders are coached to police and control errors in thinking, feeling and behaving. In short, self-monitoring must become second nature for them. The crime cycle and relapse prevention plan instil in the offender an awareness that he is *always at risk of re-offending*. ‘Am I at risk now?’ is a question that the sex offender must ask himself as he moves from one situation to the other. To answer this question, he must reflect on the relationship between the situation he finds himself in, the feelings he experiences and his sexual thoughts. In the words of the Director of the programme, the sex offender manages his risk by asking ‘What is the situation? What are my feelings right now? What am I doing? And what are my sexual thoughts?’. If a deviant fantasy is recognized, then the offender has the choice to interrupt it or refocus it and transform it into an appropriate one.

Sex Offenders School’s belief in the causative power of sexual fantasy is empirically unfounded. Brown’s (2005: 237) review of sex offender programmes shows no conclusive evidence that the treatment of sexual fantasy is effective. Furthermore, her review shows that not a single treatment target is effective in reducing a sex offender’s risk to reoffend. Her conclusion that little empirical evidence exists that sex offender treatment impacts on risk is damning for Sex Offender School.

### Conclusion

The objective of this paper was to examine the meaning of rehabilitation in the age of risk society—a social order increasingly governed by the provision of security. Many criminologists have argued that changes in penal and crime policies since the 1980s indicate the arrival of a new punitiveness and climate of austerity. The ‘new penology’, they say, is managerial and thus less intent on transforming and rescuing individual offenders. But, as some have argued, and as I tried to illustrate with the case of Sex Offender School, the rehabilitative ideal of the modern prison has not abated (Hudson, 2005; Hannah-Moffat 2001; Hannah-Moffat and Shaw 2000; Kendall 2000). Treatment programmes for offenders, particularly those posing a threat to the public, have grown since the 1980s, but they are qualitatively different from earlier attempts at reforming offenders. They have moved away from the optimism of earlier humanist/reformist penal philosophies grounded in the belief that humans can change, be rescued and become better individuals. Today, rehabilitation is entirely entrenched in the language of risk and aimed mainly at targeting those factors seen as empirically proven to reduce recidivism and contribute to greater public safety. Rehabilitation has become risk management.

Rehabilitation as risk management is nonetheless *transformative and disciplinarian*. It is a form of moral regulation—an exercise in governance that specifically tries to change the relationship that the individual has with himself and others. By the end of treatment, the sex offender might not be cured, but he has become a *new self*. In coaching offenders to accept their motivation to offend and to recognize the sequence of thoughts, feelings and behaviours it generates, Sex Offender School teaches offenders to think of themselves as *beings at risk of reoffending at any moment*. The exercises and techniques used to develop the crime cycle and relapse prevention plan aim ultimately at making offenders recognize that their criminal identity as sex offenders constitutes the pivot around which all other aspects of their personality revolve. The crime cycle and relapse prevention plan teach offenders that every single facet of their personality inevitably interacts and is affected by their identity as a sex offender. They teach offenders to recognize, acknowledge and internalize what Becker (1963) refers to as a Master Status—a set of characteristics that over-determines identity and overshadows all the other aspects of an individual’s character. Hence the mantra of Sex Offender School: *Once a sex offender, always a sex offender. We don’t use the C word here.*

The preoccupation with sex is at the heart of Sex Offender School. All the techniques of introspection and self-policing converge on the offender’s sexual thoughts. They aim to make the sex offender responsible for his thoughts and actions but, in the process, turn him into someone entirely consumed by sex. Indeed, the treated sex offender is ‘made-up’ (Hacking 1986) into what could be called a ‘confessional machine’—someone expected all his life to narrate his darkest fantasies to criminal justice officers and significant others who are enlisted to help him control his risk. The confession of an identity consumed by sex does not seem to provoke the unveiling of a powerful force capable, in turn, of deeply altering the self and eliminating its ailment; it is simply, to borrow Ervin Goffman’s (1959) adept formulation, ‘the presentation of the self in everyday life’.

Sex Offender School’s tendency to minimize the complexity of the sex offender, to gloss over the variability of his individual character, unfortunately serves to deny ‘the normal’ in those it labels sex offenders. Treatment participates, then, in the ‘othering’ of the sex offender. Not unlike the media, popular culture and governmental policies, treatment denies the sex offender his ordinariness—what makes him more like us.



The therapeutic programme at Sex Offender School is radically different from earlier attempts to cure the sex offender. While no prior treatment addressed fully an inmate's mental conditions and/or social background, cognitive-behavioural therapy dispenses altogether with any humanistic pretence to provide a holistic treatment that would fully reintegrate the sex offender as a citizen to his community. Rehabilitation in the age of the 'new penology' produces a terrifying species—one always at risk of snapping and offending and, not surprisingly, one we can easily project our worst fears onto. Far from providing the possibility to develop as a human being and a citizen, the social bond offered to the sex offender in risk society is loose at best, unfriendly and characterized almost exclusively by distrust. As long as he can convincingly demonstrate to clinical experts, parole officers and eventually the community that he is carefully monitoring his risks, particularly his fantasies, he no longer needs to be excluded from the social body—his risk-encoded communication skills being at once his salvation and his prison.

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