

## **In Their Voices: Perspectives of Incarcerated Sex Offenders on Their Treatment Experiences**

MELISSA D. GRADY and MIRIAM BRODERSEN

*University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA*

*This article presents findings from a qualitative study evaluating the perspectives of 18 inmates in the North Carolina prison system who completed a treatment program designed for incarcerated sex offenders. Survey data were collected regarding their experiences in treatment and the program-acquired skills they continue to use after treatment. Data analysis used the grounded theory method and 30 codes were collapsed to six themes: most important program aspect; least important aspect; sustained skills; peer experience; therapeutic experience; and participants' recommendations for improvement. We discuss implications for practice and recommendations for future research on improving sex offender treatment.*

Over the course of the past two decades, the dramatic increase of sexual abuse crimes reported in the United States (LaFond, 2005) has challenged the mental health, judicial, criminal, and general communities to discover not only how to prevent such crimes, but also how to reverse the rate of reoffense by sexual offenders. In response, an increasing number of studies have been conducted that have evaluated the behavior and attitudes of sex offenders (Hanson et al., 2002). In particular, a growing body of research has focused on determining which treatment approaches are effective in reducing future perpetration of sex offenses (Marques, Wideranders, Day, Nelson, & van Ommeren, 2005; Wood, Grossman, & Fitchner, 2000; Zgoba & Simon, 2005). Despite these increased efforts, little, if any, consensus exists on which program elements are effective in sex offender treatment (Center for Sex Offender Management [CSOM], 2001; LaFond, 2005; Marques et al., 2005).

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Address correspondence to Melissa D. Grady, UNC-CH School of Social Work, 325 Pittsboro Street, CB # 3550, Chapel Hill, NC 27516. E-mail: mgrady@email.unc.edu

## LITERATURE REVIEW

### Outcome Studies for Sex Offender Treatment

Evaluation studies of sex offender treatment programs primarily measure outcome success through recidivism rates (Prentky, Lee, Knight, & Cerce, 1997); however, researchers have criticized this method for a number of reasons. The first critique stems from the lack of a definition as to what constitutes recidivism (Zgoba & Simon, 2005). Some studies define recidivism as rearrest, while others define it strictly as reconviction, and still other researchers have used reincarceration rates for this variable (Zgoba & Simon, 2005). This disparity makes comparing the results of different studies difficult and presents an obvious challenge to researchers. Other critics have focused on the broader question of whether recidivism should be used at all to measure outcomes, and have supported their argument by noting the high estimates of unreported sex crimes (U.S. Department of Justice, 2002) and the communication gaps among disparate crime reporting agencies that make tracking reoffense problematic (Prentky et al., 1997). Nonetheless, tracking recidivism rates continues to be the primary method of evaluating effectiveness of sex offender treatment programs.

In the past 15 years, three major meta-analyses have been conducted using outcome studies on sex offender treatment. However, it is important to note that none of the studies within the meta-analyses used an experimental design. Hall (1995) conducted the first of these meta-analyses, and his study was among the first to present optimistic results for sex offender treatment. From his evaluation of 12 studies (1,313 participants in total), Hall concluded that sex offenders who received cognitive-behavioral therapy (CBT) in conjunction with hormonal therapy had lower rates of reoffense than those who received only behavioral treatment. However, some researchers have questioned the validity of Hall's study (Zgoba & Simon, 2005) because the "strongest treatment effects came from comparisons between treatment completers and drop-outs" (Hanson et al., 2002, p. 171). When the dropout studies were excluded from the calculations, the overall treatment effect was no longer significant (Hanson et al., 2002).

The second meta-analysis, conducted by Hanson and Bussière (1998), included 61 studies and 23,393 participants in total. This evaluation also provided optimistic results for sex offender treatment based on the lower rate of sexual reoffense among the treatment group (13.4%) as compared to the nontreatment group. Equally important, this evaluation made a substantial contribution to the field because it was the first to demonstrate differences among subgroups of offenders. For example, Hanson and Bussière showed that subgroups of treatment participants, such as rapists and program non-completers, had higher rates of reoffense than other subgroups of program participants.

Hanson and colleagues (2002) conducted a meta-analysis in which they evaluated 43 studies that yielded a sample of 9,454 participants. Similar to the previous analyses, the results of this study demonstrated that relative to a comparison group, treatment group participants had lower rates of recidivism for both sexual and general crimes.

Although these meta-analyses provided optimistic results for the success of sex offender programs, a substantial number of studies have contradicted these findings (CSOM, 2001). For example, Zgoba and Simon's (2005) study found that the treatment group in a sex offender-specific program had a slightly higher rate of sexual reoffense as compared to the nontreated group. Moreover, Marques and colleagues' (2005) study—the first study to use a true experimental design with participants randomly assigned to treatment conditions—followed participants for 8 years posttreatment. This longitudinal study found no differences in the rates of recidivism between the treated sex offenders and those who received no treatment. Consequently, these researchers cautioned about optimism for sex offender treatment and stated, "Not so fast, we are still far from understanding how and when treatment works" (Marques et al., 2005, p. 99). LaFond (2005) echoed this blunt statement and noted, "The research does *not* establish that treatment does *not* work. Simply put, we do not know whether treatment works: It may or may not" (p. 76). In large part, the difficulty of evaluating whether sex offender treatment is effective stems from the methodological discrepancies and challenges of the quantitative studies conducted to date (Rice & Harris, 2003). Given these substantial differences, researchers have come to little agreement about the overall effectiveness of sex offender-specific treatment.

### Qualitative Studies

We not only know little of the overall effectiveness of sex offender treatments, but we know even less about which components of treatment have the greatest impact on offenders. One method of determining the impact of specific program elements is to use the voices of the offenders themselves. Given the lack of reliability and validity within the quantitative studies, some researchers have suggested that qualitative studies could provide additional information about the effectiveness of various components of sex offender treatment (Burn, 2006; Webster & Marshall, 2004). Webster and Marshall (2004) have argued that qualitative methodology can fill gaps and help researchers to better understand the conflicting results found in the quantitative research on sex offender treatment effectiveness. However, few researchers have answered the call and qualitative studies on this topic are lacking.

Among the studies on effectiveness in sex offender treatment, only a small body of research has solicited the perspectives of treatment participants on program effectiveness (Drapeau, Körner, Granger, Brunet, & Casper,

2005; Drapeau, Körner, Brunet, & Granger, 2004; Hudson, 2005; Wakeling, Webster, & Ruth, 2005; Williams, 2004). However, comparison of these studies is challenging because the five studies were conducted at different stages of the offenders' treatment as well as in different settings, which ranged from outpatient programs (Williams, 2004) to prison-based programs (Drapeau et al., 2005). Despite the limitations, this group of studies has broadened the scope and nature of inquiry and raised important questions to help guide research. The current study aimed to build on this small body of evidence through an examination of treatment effectiveness using the perspective of the participants in their own voices.

## Themes Emerged in Qualitative Studies

### THERAPEUTIC RELATIONSHIPS/EXPERIENCES

Several common themes emerged among the select body of literature that examined treatment effectiveness from the participants' viewpoint. Specifically, the themes centered on what offenders perceived as the components in the treatment process that were important (i.e., had the most lasting affect). All five studies found the treatment program aspects that participants perceived as most important included both the therapeutic alliance and a supportive group atmosphere. In particular, several of the studies (Drapeau et al., 2004; Hudson, 2005; Williams, 2004) reported that treatment participants placed high value on the therapeutic relationship. These findings are consistent with both Ward (2007), who underscored the importance of attending to the clinical relationship, and Fernandez (2006), who stated that improving the effectiveness of sex offender treatment is most likely to come through giving greater attention to the therapeutic relationship.

Related to this emphasis on the clinical relationship, a finding common to many of the studies was the value participants placed on the therapeutic experience as a whole, rather than viewing it as a sum of its parts. Drapeau and colleagues (2004) found that offenders placed greater importance on the emotional processes of therapy than on program content. These researchers conducted interviews with offenders in a Canadian prison treatment program ( $n = 24$ ) that showed the treatment aspects most valued by participants included trusting the therapist, developing self-understanding, and being both supported and challenged by peers. Similar to Fernandez, Drapeau et al. (2004) concluded that cognitive-behavioral treatment approaches have often ignored the process aspects of treatment and such aspects are not easily assessed using a quantitative methodology.

### COMPLIANCE IN TREATMENT

Another theme that emerged from the offender-perspective studies addressed the relationship between participants' compliance with program

requirements and their ability to make significant internal changes. Drapeau et al.'s (2005) study found that offenders easily disengaged with therapy if they did not perceive that they were supported or safe within the treatment process. Specifically, Drapeau's research team found a majority of treatment participants reported that having a strong, authoritarian therapist was a primary motivator to their participation in treatment. Many respondents confronted the therapist and challenged their authority as a way of testing the therapist's strengths and skills in controlling his or her emotions. The researchers concluded that how well the therapist handled such challenges from participants was the single most important factor influencing a participant's motivation in treatment.

In Hudson's (2005) study, participants also commented on how the authority figures in the program influenced their participation. Hudson found some treatment participants reported they felt pressured to conform to the models used by the program and did not feel free to express contrary opinions. As a result, these respondents learned to parrot the responses expected by the treatment staff without necessarily making internal changes. Furthermore, Hudson's work gave additional support to studies such as Williams' (2004) work that found coercive treatment methods had a negative effect on treatment participants' views of the effectiveness of a program or their program participation. Based on this limited body of research that used the participants' perspective to evaluate treatment effectiveness, it appears the emotional climate of a program has greater influence on offenders than the program content.

### Role of Peers

The third theme that emerged from the literature was the role of peers in treatment. All five studies used a group treatment approach, which is not surprising given it is the most common modality of treatment in the United States (McGrath, Cumming & Burchard, 2003). However, both the Canadian studies (Drapeau et al., 2005; Drapeau et al., 2004) and a study based in the United Kingdom (Hudson, 2005) identified the importance of having peers involved in the treatment process.

### LIMITATIONS OF STUDIES

Despite the important contributions to the field of sex offender research, the studies mentioned above have a number of methodological limitations including small sample sizes, the potential for selection and response biases, and lack of follow-up to test the sustainability of the results. In Williams' (2004) study, the limitation of small sample size ( $n = 9$ ) was compounded by the use of a convenience sample drawn from participants known personally to the investigator; thus, the sample was unlikely to be representative of

the population as a whole. Furthermore, the study's principal investigator was also the program director as well as the psychotherapist for several of the participants, which created a potential for response bias. Similarly, Wakeling and colleagues' (2005) study was limited by overlapping treatment and research roles. Although the Wakeling et al. study analyzed data gathered through interviews, most of the interviewers were also staff involved with delivery of the program. These limitations make it difficult, if not impossible, to generalize the results of these studies to the diverse population of sex offenders who enter treatment programs.

Another limitation common to this group of studies concerns the point in the participants' treatment at which the researchers collected data. For example, Drapeau and colleagues (2004; 2005) interviewed offenders who were completing the first phase of a two-part prison treatment program. The authors explained the first phase focused on psychoeducational dimension of sexual offenses, anger management, and other life skills, but does not address the specifics of the crimes committed by the participants. Methodologically, interviewing participants at this treatment stage limits the result in two ways. First, because they were exposed to only part of the program, the participants were unable to reflect on either the whole program or the aspects of the program with an enduring effect. Second, according to the authors, the second phase of treatment is more emotionally challenging to the individual participants. It is likely these challenges could alter participants' views of the therapeutic experience, and thus change participants' perspectives and ideas about what is valuable in treatment. Although the studies conducted by Drapeau and colleagues (2004, 2005) provide useful information regarding what offenders find valuable during an early phase of treatment, these studies do not examine the factors important to the whole treatment process. Whereas Hudson's (2005) study improved on this timing issue by interviewing offenders at various points in their treatment, she did not conduct follow-up interviews with participants after program completion. Because these studies assessed participants during treatment, they add little, if any, knowledge about which factors have a sustained effect.

These gaps and limitations point to the need for further research examining the question of what participants find useful in prison-based sex offender treatment. The present study used stringent methods in its sample selection and data collection processes as a way of improving on the methodological limitations of similar studies. Furthermore, we were able to examine the effects of sex offender treatment over time by restricting our survey to participants who had completed a sex offender treatment program at least 18 months before the data collection. This posttreatment interval is important given that Hudson (2005) noted that participants' views on treatment frequently varied over the course of the program and were susceptible to changes based on their mood or daily challenges. In contrast, our study asked participants to assess their experiences retrospectively, which is likely

to have reduced this potential for bias because the participants no longer had direct contact with the treatment staff. In addition, given the time between end of treatment and our data collection, it is likely that program participants had formed stable opinions about the treatment's strengths and weaknesses. This study represents an important contribution to the research on effectiveness of sex offender treatment because it is the first study to examine participants' perceptions of the enduring effects of their treatment. In addition, our methodologically sound selection criteria and confidentiality procedures, described in the next section, increase the generalizability of our results.

## METHOD

With the consent of the North Carolina Department of Corrections (DOC), the authors of this study administered a survey questionnaire to 21 selected inmates of the Harnett County Correctional Facility located in Lillington, NC; 18 inmates completed the survey. The survey asked questions about the inmates' experiences as a participant in a prison-based sex offender specific treatment program. Data used in this study were collected through the completed written questionnaires. Details of the sampling procedure, as well as the data analysis are discussed below.

### SOAR Program

The final sample for this study was comprised of 18 adult male sex offenders who had completed sex offender specific treatment through the prison-based Sex Offender Accountability and Rehabilitation (SOAR) program. SOAR is a therapeutic program for sex offenders administered by the North Carolina DOC. Any DOC inmate convicted of a sex crime may apply for participation in SOAR, which may also entail transfer to the medium security Harnett County Correctional Facility that houses the SOAR program. Inmates accepted into the SOAR program participate in the 20-week treatment 5 days a week, 6 hours a day. There are two sessions of SOAR each year. SOAR is a closed group; therefore all participants enter SOAR and graduate as a unit. The program uses an intensive group therapy format that combines cognitive-behavioral therapy and relapse-prevention intervention strategies. A staff of three full-time master's level psychologists and one half-time master's level psychologist deliver the program. SOAR participants are housed together in one segregated residential unit, which means program participants eat, sleep, and spend their leisure time in the same dorm as the other SOAR group members.

The inmates must meet the following criteria to be accepted into SOAR:

1. They must have a felony conviction
2. They must be age 21 or older

3. They must be in medium or minimum secure custody
4. They must volunteer for the program
5. They must admit to committing a sexual offense
6. They must not have a severe mental illness
7. They must have a sixth-grade reading level
8. They must indicate willingness to participate in highly confrontational groups as a part of treatment (North Carolina Division of Prisons, 1997)

Because an inmate's probable release date is not a SOAR program criterion, the time between program completion and an inmate's release from prison can vary greatly. Consequently, some inmates complete SOAR just prior to their release, whereas some remain incarcerated for months or years after completing the program while others are never released (P. Van Buren, personal communication, August 2, 2000). In addition, 12 SOAR program graduates serve as peer counselors for each group session, which allows these past participants to maintain their involvement with the program (P. Van Buren, personal communication, August 2, 2000). The current funding level for SOAR provides treatment for only 72 offenders per year (North Carolina Division of Prisons, 2000); however, there are more than 4,000 sex offenders in the North Carolina prison system (DOC, 2003).

### Sample

A list of potential study participants was generated using the DOC database system. The search parameters included inmates within the Harnett County Correctional Facility who had completed SOAR no less than 18 months and no longer than 5 years from the search date. We chose these parameters as the best method for creating a homogeneous pool of participants because the participants would have had adequate time to reflect on their experiences of the program, and yet were not so far removed from the treatment that they could not accurately recall their experiences. Twenty-one inmates met the criteria. The DOC database technician submitted the list of potential participants to the prison administrators who identified and notified the inmates; the researchers did not have access to this list to limit the identifying information that was included within the list. Of the 21 potential participants, 18 completed the survey questionnaire: one inmate was in solitary confinement and not allowed to complete the questionnaire, and two inmates returned blank questionnaires. Participants self-identified as either White (12 inmates) or African American (6 inmates). Tables 1–4 presents relevant demographic information for the sample.

### Procedure

Two university-based researchers who were unaffiliated with the SOAR program conducted this study; their university IRB approved the study protocol.

**TABLE 1** Year Completed Program

2002	2003	2004	2005
2	5	5	6

The research team traveled to the prison to inform inmates about the study, answer questions about study participation, obtain informed consent, and distribute the survey questionnaire. Following standard prison protocol, the inmates were escorted to the interview room. One of the researchers described the study to the participant and then provided him with a copy of the consent form; however, the consent form did not require a signature, which was a measure we took to ensure participants' confidentiality. Each participant was given a questionnaire containing 17 open-ended questions (see Table 5 for sample questions) about their experiences with the SOAR program, and an envelope in which they placed their completed questionnaire and handed it back directly to one of the two investigators. The research team explained to participants that they could leave any or all of the questions blank if they chose to do so. In addition, the research team offered to assist participants if they needed help with either reading or writing to complete the questionnaire. One participant asked for assistance with this process. The other participants completed the questionnaires in the assigned space provided by the prison.

## Questionnaire

The questionnaire was developed by the first author based on her review of the literature related to the experiences of sex offenders within prison treatment programs. Further, the questionnaire development was guided by Crabtree and Miller's (1992) template approach, which uses a deductive process to formulate the study questions. The survey was built on themes that emerged from previous qualitative studies, such as the importance of the therapeutic relationship (Drapeau et al., 2004; Ward, 2007) and the importance of including peers in the treatment process (Drapeau et al., 2004; Hudson, 2005). For example, although previous studies discussed the importance of group therapy in the treatment process (Drapeau et al., 2004; Hudson, 2005), no study had explored the impact of a shared living arrangement (as used in the SOAR program) on the treatment program experience. Therefore, we

**TABLE 2** Sentence Length in Years

0–5	6–10	11–15	16–20	21–25	25 to Life
1	5	3	3	2	4

**TABLE 3** Crime Type

Rape	Child Molestation	1st Degree Sex. Offen.	Indecent Liberties	Statutory Rape	Incest	Not Answered
7	4	1	1	1	2	2

included a question that asked participants how living with their SOAR peers influenced their experience in the treatment program.

For a complete list of the questions used in the survey, see Appendix.

### Data Analysis

To facilitate analysis, the completed questionnaires were transcribed by one of the researchers. After transcription, the research team used grounded theory methodology to develop the codes used for the analysis (Strauss & Corbin, 1998). This process is defined as moving from one inductive inference to another by selectively collecting data, comparing and contrasting this material in the quest of patterns or regularities, seeking out more data to support or qualify these emerging clusters, and then gradually drawing inferences from the links between other new data segments and the cumulative set of conceptualizations (Miles & Huberman, 1994). Each researcher independently reviewed the transcribed questionnaires and each analyzed and developed their own set of codes. The two researchers then met to compare codes and reached consensus on a set of 30 initial codes (see Table 6). As a next step, the researchers independently used the 30 initial codes in another review of the transcriptions and identified the words, sentences, or sections from the text that corresponded to the codes. Thus, the two researchers reviewed each transcribed questionnaire two times.

## RESULTS

The 30 individual codes were collapsed into seven broad categories that captured the aspects of the treatment program that were meaningful to the participants; this process also followed the constant comparison analysis process (Padgett, 1998). The seven themes included the following: most important aspect of the program; least important aspect of the program; sustained skills; peer experience; therapeutic experience; internal shift in being; and

**TABLE 4** Participant Age

25–29	30–34	40–44	45–49	55–59
2	3	5	6	2

**TABLE 5** Sample Questions from Participant Survey

Area of Inquiry	Sample Questions
Peer Experience in Program	All participants in SOAR live together in the same dorm while in the program. Can you describe what that experience was like for you? What do you think about how the peer counselors are involved with SOAR?
Importance of Therapeutic Relationship	What do you think of the counselors at SOAR? How did the counselors impact/influence/affect your time at SOAR?

participants' recommendations. Table 2 presents the seven themes and sample questions that elicited the information.

We provide a brief description of each theme identified in our analysis and illustrate the theme using quotes from the participants.

### Theme 1: Most Important Program Aspects

We asked participants to identify the content or activities included in the SOAR treatment program they thought were the most important for all sex offenders to experience. Of the 18 respondents, 14 participants said that it was difficult for them to identify one particular program aspect and thought of the program as a whole package. At the same time, a majority of respondents (13 of 18) identified the empathy role-play as a key component that should be experienced by all sex offenders. The empathy role-play requires offenders to take the part of their victim in a reenactment of their crime. Further, nearly all participants reported that the empathy exercise was the most

**TABLE 6** Seven Themes that Emerged in Data

Theme	Subcategories
Most Important Aspect of Program	Empathy role play; group living; inability to tease out one aspect; most important single activity; Voices of Victims unit; Face to Face; Gestalt of the program
Least Important Aspect of Program	Unimportant activities
Sustained Skills	Accountability; anger management; assertiveness; boundaries; empathy; challenging cognitive distortions; life skills; sustainable skills; understanding cycle/relapse prevention
Peer Experience	Confidentiality/Trust; living together; mutual support; peer accountability; peer counselors
Therapeutic Experience	Therapists; treated with respect
Internal Shift in Being	Internal shift/feeling; self-confidence; self-awareness
Participants' Recommendations	Applicability to other inmates; expand program; recommendations

powerful experience in the program. Many of the participants noted that the exercise triggered an emotional response that allowed them to feel what their victim may have experienced; several noted this was the first time they were able to identify what their victims might have experienced. Participants often described the empathy role-play in visceral terms. Typical participant comments included the following:

It's the basis of understanding the meaning for others with empathy. Just watching others do their role-play tore my heart out, so when I did mine, even though I thought I was prepared. It didn't matter, I felt the fear, the sadness, the sick feeling in the pit of my stomach they [the victims] may have felt.

The empathy role-play allowed me to experience, in part, what my victim felt. The memory of it, the sight, sound, and most important, the feelings, still affect me as I write this answer. By holding on to that memory, my empathy for her is reinforced.

The above comment illustrates the sustained effect of the empathy role-play for this particular inmate, who has chosen to consciously reinforce his learned empathy for his victim by revisiting his role-play experience. Many participants provided responses that echoed the sustained effect of the empathy role-play. Only one participant disliked the empathy role-play and wrote, "It doesn't make sense to me to put someone back through something that they once experienced." However, the majority of participants saw the empathy role-play as an important, life-changing experience.

In addition to the role-play, the participants also identified several other components as key program experiences. These key program aspects included group living ( $n = 4$ ); and two lesson modules: *Voices of Victims*, the module which contains the empathy role-play in addition to other content ( $n = 4$ ); and the *Face-to-Face* module in which the offender sits in a center chair and other group members ask questions that a victim might ask ( $n = 4$ ). Unlike the empathy role-play, these modules were generally not described in detail, but rather listed among important components.

## Theme 2: Least Important Program Aspects

The majority of respondents ( $n = 11$ ) did not identify any aspects of the program as being unimportant. Although some respondents left this question blank, many ( $n = 4$ ) answered saying they could not separate out any unimportant aspects. For example, one participant commented, "I can't think of anything because all of what they gave us is what it took to find myself and feel better." Another wrote, "I can't think of anything because as I go through it, it seems like all of it is important and I couldn't pick one [aspect] from

the others.” In addition, several participants commented that they could not identify unimportant aspects because the program worked as a whole and every component contributed to the experience.

For me, I couldn't answer that question. If I had to separate that part, I couldn't. Each part is a link in the chain. There's a lot of information there, to say it wasn't pertinent, I couldn't say that.

Participants who identified program aspects as unimportant cited activities that lacked an obvious relation to sexual offending, such as physical education ( $n = 2$ ); watching movies ( $n = 2$ ); arts and crafts ( $n = 1$ ); and the *Memorable Moments* module ( $n = 1$ ). When asked why they considered these components unimportant, respondents most frequently explained that these program components did not apply to their learning. One participant commented, “The least important part of SOAR would be watching movies for fun—that really didn't reinforce what we had learned.” Another participant explained that he felt physical education was unimportant because, “As long as I have a positive attitude, I can do anything. I don't have to be in shape.” Although a minority of the sample, these respondents expressed a shared perspective that extracurricular-type activities were not essential to the program.

### Theme 3: Sustained Skills

To gather information related to the sustained effects of program participation, we included a question about skills acquired in the SOAR program that participants continued to use in their daily lives. In addition, we examined all other responses for any mention of sustained changes in participants' attitudes or behaviors. Participants most frequently mentioned sustained use of the empathy and relapse prevention skills they learned in the SOAR program. Other sustained skills that participants mentioned included assertiveness, anger management, challenging cognitive distortions, and setting boundaries. Life skills ( $n = 4$ ) were the least frequently mentioned sustained skills, but it is unclear whether the participants did not acquire new life skills in the SOAR program, or whether the prison environment did not give them the opportunity to exercise and maintain these skills.

#### EMPATHY

As noted, the empathy skills were mentioned most frequently with 36 comments made by 17 respondents. These comments revealed that developing empathy skills not only helped participants to understand and accept responsibility for their crime, but also that their acquired skill in feeling empathy

continued to influence their relationships with others. One participant's comment summed up the comments of many:

[Before entering the program] I was conceited and selfish and [after the program, I] learned how to put myself in someone else's shoes to understand how they may feel by my actions.

Another participant described how the empathy skills that he learned in the SOAR program have continued to bring changes in his character: "Today I have empathy for others, I care about myself. I'm able to feel my emotions and share them with men and women." A participant who described how he continues to practice empathy in his daily life in prison illustrated the fact that participants viewed empathy as a learned skill.

[I now have] the ability to be self-aware, to look at and analyze my own behavior and realize when I'm being selfish and when I'm not considering other people's needs and feelings.

#### RELAPSE PREVENTION SKILLS

Of the 18 respondents, 13 inmates reported that learning to identify and understand their offense cycle and potential triggers were important skills they would continue to use after their release from prison. Emphasizing the ongoing process of relapse prevention, one participant wrote that the most important thing he had learned was "To remind myself that anytime I could reoffend, but also when I'm in the cycle and when the red flags go up, how to respond." Other participant comments repeated the theme of learned skills for behavior recognition and relapse prevention:

The biggest thing . . . I learned in SOAR is the relapse prevention plan. If I keep a plan for my life, and the goals I want to obtain for myself, and share those with the people in my life (my support group), the structure that it provides is great, and it works for me.

Recognizing my cycles and identifying my high risk factors. Having many interventions. The most important thing I learned about the interventions is I can use them to help prevent further criminal behavior.

The core components of relapse prevention—identifying cycles and using interventions to stop the cycle—seemed to resonate with most of the participants who identified these skills as an ongoing practice in their daily lives.

#### ASSERTIVENESS

Eight respondents identified assertiveness as an important skill they acquired through the SOAR program, and several respondents identified lack of assertiveness as a factor in their criminal behavior. For example, one man wrote that before entering SOAR,

I never knew how to be assertive and [I] stuffed [my] feelings, so I blew up on people instead of telling them how I felt and working things out. [Since completing the program, I have] empathy, assertiveness, get help when I need it, [and] talk about my feelings.

Another respondent commented on the effect of assertive communication on his understanding of relationships:

SOAR has had a profound effect on my life. I have learned to acknowledge my passive aggressiveness and deal with it assertively. My concept of relationships has changed from unhealthy to healthy.

Several participants identified their unassertive communication styles as a factor in their negative behavior, and pointed to learning assertiveness skills as an important step in their recovery process. These participants recognized that their tendency to deny their feelings (i.e., “stuff feelings”) had contributed to their offending behavior, and saw their increased communication skills as important tools that could help them avoid relapse into unhealthy behavior.

#### ANGER MANAGEMENT

Six respondents identified the anger management skills they learned in treatment as skills they continued to use in prison. One respondent described how these tools have helped him:

Personally, anger was a problem for me, both prior to and during my crime. I've noticed a vast improvement in my ability to handle anger now, and in here there are always opportunities to exercise the skills I have learned.

Another participant agreed that anger management tools continued to be helpful to him, writing that, “The tools they have given me I have to practice every day. I control my anger better than I have in the past.” Because these six respondents had struggled to control their anger in the past, they viewed their SOAR-acquired skills in anger management as helpful, but did not perceive these skills as specific to sexual offending.

## Theme 4: The Peer Experience

Peers play an important role in the SOAR treatment in two respects. First, all SOAR participants are housed in a segregated dorm for the duration of the treatment program. It is noteworthy that these living arrangements are not typical of prison-based treatment programs. To determine the influence of living arrangement on participants' perspectives of the larger SOAR program, we included specific questions related to inmates' response to and experience of the special dorm arrangement. Second, the SOAR program incorporates peer mentorship by having past participants serve as peer counselors. These peer counselors also live in the SOAR dorms with current participants and carry a number of program responsibilities such as running groups, and creating and leading therapeutic activities. We asked respondents their opinions regarding the peer counselor program and its effect on their treatment experience.

### SHARED LIVING ARRANGEMENT

Overall, the participants provided positive responses about the special housing aspect of the SOAR program. Some of the participants reported sharing a dorm with other program participants promoted honesty, trust, and mutual support. One respondent noted the dorm living was the most important aspect of the program.

The group experience was by far the most important [program aspect]. It gave all of us a feeling of safety, so that we were able to divulge our histories between ourselves without fear of being looked down upon. It promoted honesty, and therefore more complete accountability.

As this participant and others explained, the shared living arrangement fostered a sense of security and trust that promoted both encouragement and honest confrontation. Several participants described the living situation with the word *intense*, and explained the shared living arrangement created an environment in which therapeutic work was continuous. One participant's comments summarized the responses of many:

It was an integral part of the program. It kept the program working 24-7, as opposed to just 8 am-3:30 pm/M-F. The security and the trust developed there was extremely helpful.

Several participants reported that developing trust and becoming comfortable with holding one another accountable was not always easy, especially in the initial weeks of the program. Five participants reported having

a difficult time initially, but four of the five reported an overall positive experience in the SOAR program. One participant explained that his initial discomfort came from being identified as a sex offender, which forced him to admit and take responsibility for his crime.

At first, it was awkward. Awkward to the point of being identified as a sex offender, letting others know who you are. But when it all comes together, living together really helped me take responsibility for what I did. Because everyone in the program is together, no matter what you are—a child molester or a rapist.

Although the majority of participants described the shared living environment as a positive component of treatment, two participants commented that they found it difficult and uncomfortable to constantly be with the same group of people.

#### PEER COUNSELORS

Overall, most respondents (12 of 18) reported favorable perceptions of the peer counselor program; however, four respondents were ambivalent about the value of the peer counselors in the SOAR program. Positive comments typically focused on the peer counselors helping new participants adjust to the program and providing practical help on assignments.

These guys have the experience and knowledge that helps newcomers to really feel more at ease because it helps them to have someone they can relate to. When the psychologists aren't around, they [new participants] have someone that's already been through the program that can answer their questions.

The comments provided by those who expressed ambivalence about the peer counselors generally reflected a negative personal experience with one or more peer counselors rather than a disapproval of the principle of peer mentorship.

They are given a lot of responsibility and for the most part assist admirably. Some are better than others and should be kept while some should be let go. The good ones more than make up for the poor ones, though, and on the whole, they are very effective.

My judgment of the selection process is still a bit confused. To me the ones most adept at helping others were not always the ones selected to do the job.

## Theme 5: The Therapeutic Experience

### ROLE OF THE THERAPISTS

Every respondent provided positive comments on the four therapists who administer the program. Participants most frequently described the therapists as helpful, caring, knowledgeable, professional, dedicated, and sincere. The survey did not include questions about specific therapists, but rather the clinical staff as a whole. A few comments focused on the therapists' role as resources for helpful information, but the majority of respondents described the therapists' personal qualities. The following comments were typical of participant responses:

I have never seen more empathy, patience, love, dedication, and passion showed and demonstrated to those who least deserved it.

Well, other than my family, and a few people I was in the service with, they were the most caring and understanding people I've ever met. They have taught me a way to reclaim my life. I would offer my life for them, because mine is not the only one they've saved, I'm sure.

Four participants reported specific personal gains, which they credited to the therapists helping them regain a sense of self-worth. One man wrote that being treated with concern and respect by the therapists enabled him to let down his guard and to fully participate in the program: "Their sincere concern and directness led to me dropping my defenses and participating at an optimal level." Another participant explained that his perception of the respect offered by the therapists helped him to separate his crime from his sense of self: "They influenced me by letting me know that I was a good person who just made a bad mistake."

## Theme 6: Internal Shift in Being

Although the survey focused on participants' evaluation of program components, many participants mentioned changes they had noticed in themselves that were not attributable to one program component. Indeed, more than half of the participants (11 of 18) reported this self-assessment. These changes appeared to be less a result of specific aspects of the program than of the therapeutic experience as a whole. To capture the global quality of these changes, we labeled this theme an *internal shift in being*. One respondent wrote that this shift was so pervasive that he struggled to define it: "It brought about a change in me that I can't explain in words. My ways and actions speak for me now." Other respondents described this internal shift in terms of their increased self-awareness, self-esteem, and concern for

others. For these participants, their experience in the treatment program led to transformative changes in their way of relating to themselves and others.

Nine respondents indicated that the program increased their self-awareness by helping them to better understand themselves and their emotions. For example, a respondent commented that the program “. . . helps us identify who we are as people. Before coming to the program, I didn't really identify with who I was.” Another respondent explained his participation in the program helped him to become honest with himself: “I've changed dramatically. Because, before SOAR, I was in a shell, I was very isolated and I was hiding from myself though I thought I was hiding from other people.” Similarly, other participants echoed the experience of emerging from a state of denial or being closed off emotionally, and learning to experience their emotions:

I didn't have these things in my life before. I didn't know anything about these things. They were all new to me when I went through SOAR, which helped me to realize what makes you feel good on the inside is really important. I know how to get those needs met now and I practice that now. I don't have a mental problem. I can change my behavior. Ways to do that is to be honest. No secrets. That's what hurt and it turned into rage.

This participant described how learning to identify and discuss his feelings helped bring about a change in his behavior and self-concept. His realization—that what he feels “on the inside” is important—goes to the heart of the therapeutic process.

The importance of this increased self-awareness to the effectiveness of a sex offender treatment program was illustrated in the comments of five respondents who connected their increased self-awareness with becoming less selfish and more understanding of others' needs. For example, one participant wrote that the program “Helped me look inside of myself to see the things I never really understood, such as everything didn't [r]evolve around me.” Another wrote that SOAR “Helped me to see myself in others and made me realize when I was lying to myself.” These responses demonstrated that fostering self-awareness in sex offenders can lead to increased empathy and concern for others; that is, to the extent that experiencing emotions allows a person to imagine what others may be feeling. In addition, these comments point to the shift many participants noticed in their way of being, which led them to improve their relationships with themselves and others.

## Theme 7: Participants' Recommendations

When asked to make specific recommendations for improving the SOAR program, slightly more than half of the participants (11 of 18) recommended that the program should be expanded. Of those respondents, eight recommended

increasing the number of program participants, and four respondents recommended increasing the length of the program (one respondent recommended both). Respondents who suggested increasing program enrollment most frequently commented that including more sex offenders in the treatment program would make a difference in the world. The comment of one participant summarized this viewpoint:

The program is so good I feel that every inmate that has a sexually related crime should take it. The only way I can see to make it better is to get more therapists involved in it so that they can expand the program here at Harnett, so that we can get more people through the program a year.

Another respondent recommended, "More programs. More SOARS. It could make a big difference all over the world. Keep it as voluntary. You have to want this to get anything out of it."

Although we did not specifically ask whether the program should be voluntary versus mandatory, three participants stated program participation should be mandatory for all sex offenders; only one participant stated participation should remain voluntary. Furthermore, four respondents commented that the program could be beneficial to all offenders and therefore should not be limited to sex offenders. One respondent wrote, "I believe that many parts of the program are applicable to all inmates and would be very helpful to the entire prison population." These comments speak to the broad scope of the program and the numerous ways in which participants felt their program participation had produced positive effects in their lives.

## RESULTS SUMMARY

Our findings clearly demonstrate that the participants experienced the SOAR program as a positive and life-altering experience. Participants stated that they felt they had made significant, positive life changes because of their participation in the program. In addition, most participants expressed the opinion that the program should be expanded to not only include more sex offenders but also extended to the general population of offenders. The program components that participants identified as having the greatest positive impact included activities that challenged them on a personal level. Participants most frequently mentioned the face-to-face exercise and the victim empathy role-play, both of which are activities that challenged offenders to rethink and atone for their actions against their victims. Although these specific components were identified as significant, the majority of participants noted that the program as a whole was critical to their perception of treatment effectiveness.

In addition, our findings strongly indicate that the relational aspect of the program, that is, a participant's interactions with both his peers and the

clinicians, played a crucial role in motivating participants to change their perceptions, behaviors, and responses. Participants noted that the intensive nature of the program pushed many to do the necessary therapeutic work within the program time limits. In descriptions of their relationships with clinicians, participants often indicated that they felt an unconditional positive regard that provided the training ground for developing their self-esteem. Further, participants' statements indicated that the supportive environment established by the clinicians enabled the participants to tackle the difficult self-assessment work of the program. The shared living arrangement, the intensive group therapy format, and the environment of being challenged and supported by both clinicians and peers emerged as important aspects of the program in participants' evaluations. These program aspects contributed to the intensity of the experience and reinforced for participants the importance of accountability for their actions.

Moreover, specific skill sets acquired in the SOAR program continued to benefit the participants in daily life. These skills included assertiveness training, relapse prevention, empathy, anger management, and setting healthy boundaries. The benefit of these skills to daily life led several participants to suggest the SOAR program should be offered to the general prison population.

Overall, survey respondents indicated they had experienced SOAR as an effective program that they believe will lower their likelihood of reoffending. In addition, the majority of participants reported that the program as a whole had the greatest influence in helping them to create and sustain changes in their behavior and thinking.

### LIMITATIONS OF STUDY

This study had several limitations that affect the generalizability of the findings. One significant study limitation is that the findings were obtained solely from the perspective of the participants. In addition, because the inmates are still in prison, we could not compare respondents' perceived success with their actual achievements after their release. Future studies could match these posttreatment perceptions with recidivism rates to determine how well offenders are able to predict or evaluate their ability to sustain changed behavior.

Although study participants represented different cohorts of the SOAR program, an additional limitation is that the participants were all from one treatment program and therefore we cannot offer comparisons of treatment programs. By including participants who have experienced other programs, a broader view of the relative value of program components could be offered. Therefore, future studies should include participants who have completed other sex offender treatment programs to broaden the scope of the responses.

Another limitation stems from using a questionnaire as the single method for data collection. Although the questionnaire included a final open-ended question that allowed for additional observations or opinions, it is likely that these final responses were influenced by answering the previous questions and reflecting on the program. In addition, the written format places a greater burden of response on the participant. It is likely that participants' written responses were shorter and less detailed than verbal responses would have been. Focus groups or personal interviews might have obtained responses that were more spontaneous and carried a lower risk of influencing responses to each subsequent question.

### IMPLICATIONS FOR PRACTICE

This study points to several important factors that clinicians should consider when designing an effective treatment program for sex offenders, including the character and quality of the therapeutic relationship; the purposeful incorporation of peer support; and didactic instruction in skills related to empathy, control of emotions, assertiveness, and building self-esteem. In particular, given that SOAR participants evaluated the therapeutic relationship as crucial to their becoming open to experiencing emotions, interventionists should give careful attention to the therapeutic relationship as a critical component in sex offender treatment. This finding is consistent with the literature that has noted that the therapeutic relationship is an essential aspect of treatment programs "producing good outcomes with sex offenders" (Ward, 2007, p. 191). In addition, our finding of the importance of the therapeutic relationship is consistent with the results of previous qualitative studies of sex offender treatment programs that reflect the participants' viewpoint (Drapeau et al., 2004). Marshall and colleagues (2003) found that therapists who participants perceived as empathetic and warm also appeared to be the clinicians who were most effective in motivating the offenders to change. Treatment approaches that focus on the therapeutic relationship stand in sharp contrast with previous treatment models that emphasized teaching new skills and using confrontation and punitive methods to break through offenders' denial (Beech & Fordham, 1997). However, our findings suggest that when participants experience the treatment group as a comfortable and safe environment, the supportive atmosphere helps participants authentically participate in emotionally challenging activities (e.g., the victim empathy role-play) that have a crucial role in their response to treatment.

In addition, this study strongly supports the use of group therapy, a modality traditionally used in sex offender treatment (Witt, Rambus, & Bosley, 1996) as well as the inclusion of peer counselors in the treatment process. Moreover, the SOAR program's shared living arrangement is supported by

other research that has shown this type of created in-prison therapeutic community increases the participants' positive experience of the therapeutic program (Dietz, O'Connell, & Scarpitti, 2003). Maintaining a high level of peer engagement is critical to the overall success of the SOAR program, and this program aspect should be considered for all sex offender treatment interventions.

## CONCLUSION

Sex offenders constitute one of the most marginalized groups in our society. Rather than making progress to end this disparity, current policies and legislation continue to further ostracize and demonize sex offenders (Ward, 2007). However, if our society is going to achieve the goal of reducing sexual crimes, the mental health needs of sexual offenders must be addressed both in research and in treatment. The aim of this study was to use the voices of sex offenders who had completed sex offender specific treatment to understand what treatment elements they perceive as most effective and lasting. The perspective of treatment participants, in conjunction with other rigorous outcome studies, will add to the knowledge base and provide insight on how to effectively intervene on multiple levels with sex offenders.

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## APPENDIX

### Questions used in questionnaire

1. When you get out of prison, what do you think is the most important thing *you* learned from SOAR that you will use so that you won't commit another sex crime?
2. Why do you believe that part of SOAR was so important?
3. What do you believe was the least important part of SOAR, or the part that you don't feel will help you in the future?
4. Why do you believe that part of SOAR was least important?
5. What part of the program (i.e. the group experience, living together, a particular exercise) do you think is the most important part for all sex offenders to experience, even if it wasn't the most important for you?
6. Why do you think that part is so important?
7. What do you think is the least important part?
8. Why do you think that part of SOAR is least important?
9. All participants in SOAR live together in the same dorm while in the program. Can you describe what that experience was like for you?
10. How do you think the living situation influenced your overall experience of SOAR?
11. What do you think about how the peer counselors are involved with SOAR?

12. What parts/lessons/strategies do you still use now even though you are not in SOAR now?
13. How do you believe SOAR has changed you and your behaviors, attitudes, etc. if at all? Please explain how you think you have changed because of SOAR?
14. What do you think of the counselors at SOAR?
15. How did the counselors impact/influence/affect your time at SOAR?
16. What recommendations would you make to make the program better?
17. Is there anything about SOAR that you would want to share that you have not already said?

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