Arts Therapies *and* Sexual Offending

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Chapter 10

Ronald P.M.H Lay – Beads, Bees, Glitter and Perversion: Forensic Art Therapy with Older Adults

This chapter provides an overview of working in art therapy in a secure inpatient setting in Northern California over a period of 12 years. It is divided into three sections: Naivety to nuanced; Beleaguered to boundaried; and Restraints to recovery. There is an emphasis on the crucial role of trust in developing relationships. The clients were able to be involved in a variety of art activities, including individual and group projects, fostering a shift away from offenders seeing themselves as solely identified by their offences to becoming more rounded human beings. The chapter includes several short vignettes illustrating the potential of this approach.

Chapter 11

Themis Kyriakidou – Attachment, Trauma and Art Therapy in the Treatment of Sexual Offending

This chapter draws attention to the recently researched links between early trauma, insecure attachment and sexual offending. This research is then applied to a case study in a secure unit of a young man with a mild learning disability and a history of indecent assaults and sexualized behaviour. After undertaking the Sex Offender Treatment Programme (SOTP), the young man requested art therapy to look at family relationships, and significant work was undertaken in the three months before his discharge from hospital. The case study shows how work on the trauma he suffered helped to clear the way for working on his sexual offences.

Chapter 12

Katie Greenwood – Finding Paul: Dramatherapy with a Man Whose Denial Rendered Him 'Stuck' in the Criminal Justice System

This chapter is unusual in that it describes work with a patient who consistently denied his offence. This meant that he could not engage in offence-related treatment, which might have led to a reduction of risk in the eyes of the Ministry of Justice. The patient and the multi-disciplinary team seemed totally stuck. The introduction of dramatherapy was a 'last hope'. The work was focused around helping the patient find some other identities apart from that of 'sex offender', using the medium of stories. Through this, the patient arrived at a place where he was able to make a tentative change, and this was eventually mirrored by the multi-disciplinary team. This then led to the patient being considered for home leave for the first time.

Chapter 13

Thijs de Moor – Expressing the Crime for a Young Sex Offender Using Art Therapy in a Forensic Psychiatric Hospital in the Netherlands

This chapter outlines the role of treatment for sexual offenders in a forensic psychiatric hospital in the Netherlands, and the specific role of art therapy within that setting. The treatment is targeted at sexual offenders who cannot benefit from verbal therapies and is tailored to individual patients. The chapter includes a long case study of 58 individual sessions with a patient who needed to work through several stages before being able to work on his offence. These stages included establishing trust, working with art assignments to keep centred, developing emotional expression, learning to control aggressive behaviour, playing, and finally working on his offence.

Chapter 14

Kate Snowden – Knowing Me, Knowing You: Bodies in Relationship, Working with Adolescents with Learning Disabilities and Harmful Sexual Behaviours

The subject of learning-disabled young people and sex is one that most people prefer to avoid. This chapter considers this reluctance in the context of harmful sexual behaviours. The author shows how the bodily nature of dance movement psychotherapy can help with these issues in the community – both with the young people and in clinical supervision of the work. The chapter also includes

CHAPTER 10

Beads, Bees, Glitter and Perversion

Forensic Art Therapy with Older Adults

RONALD P.M.H. LAY, ART THERAPIST

Introduction

This chapter aims to seamlessly support this book's global objective of seeking to highlight the contribution the arts therapies make in developing good clinical practice and outcomes in the context of national efforts to enlist sex offenders in meaningful therapeutic engagement. The text draws upon an extensive forensic mental health art therapy practice with older adults mandated for treatment, within a secured inpatient residential setting in Northern California. It is a consolidated and retrospective discourse from a practitioner-based perspective and is nuanced with insights from my current position as an academic within higher education in Southeast Asia.

Although having a rich reservoir of individual narratives from practice, I have purposefully resisted the temptation to focus on one case study alone and, instead, have opted to provide an overarching review of my experience. Examples of arts projects, both individual and group, will be highlighted to acknowledge the inherent challenges and resistance involved in working with this particular population, while also acknowledging the hope and successes that were witnessed, observed and experienced. My intent is to share my observations and experiences from an informed, self-reflective and practitioner-based stance.

This chapter is structured into three sections: Naivety to nuanced; Beleaguered to boundaried; Restraints to recovery. Although a linear narrative might seem logical, I thought it best to illustrate my learnings, my understanding and my direct experience of working and engaging with sexual offenders into these three sections using select examples from practice, further linking the deliberate and provocative keywords and concepts of this chapter. Working with sexual offenders challenges therapists to consider both their professional and personal understanding, perceptions and limits, as well as their intentions, motives and practice.

Oftentimes, sexual offenders are calculating men who have committed crimes against others that have long-lasting and devastating effects on their victims and the community. Unlike most client populations that purposefully seek out therapy to address areas of concern and/or to enhance their overall quality of life, convicted sexual offenders are mandated for treatment and rehabilitation through the justice system (Bach and Demuth 2018). This poses its own set of challenges, given the commonly held belief that in order for change or for personal transformation to take place, one must want to change; being mandated to treatment does not necessarily guarantee that one has the intention to change.

In order to be effective, therapists must acknowledge and understand this peculiarity, and keep this in mind as they plan, implement and evaluate treatment and progress. Therapists must be aware of their own emotional and psychological reaction(s) to those they provide services to in order to remain ethical, safe and consciously aware of the complex dynamics and processes involved in this type of work (Bergman and Hewish 2003; Walker *et al*. 2018). Through team guidance and support, through individual and group supervision and through my own reflective artmaking, I was also able to navigate and negotiate some very difficult and unexpected dilemmas that are sometimes unavoidable while working with offenders.

Naivety to nuanced

This section seeks to highlight the critical need for self-awareness, the development of core skill sets, such as open and transparent communication between multidisciplinary team members, and the development of an art therapy practice that is relevant within the context that it is applied. Naturally, an art therapist must continue to develop and refine their skills to truly meet the needs of those they provide services to. My first position as a qualified art therapist was under the auspices of Rehabilitation Therapy in a large-scale forensic mental health facility, and this expedited a steep learning curve. I needed to learn and understand context-specific vocabulary and concepts such as, for example, gerontophilia, paraphilia, phallometric assessment, posturing, gassing and psychogenic polydipsia.

The majority of the 1000+ inpatients were mandated for treatment, all had a clinical diagnosis, and their crimes ranged from murder to lewd and lascivious acts to theft to terrorist threats to name a few (Lay 2016). Fortunately, I was assigned to an experienced, functioning and welcoming multidisciplinary team that was also client centric, matching my own philosophical stance. This dedicated and compassionate team was essentially responsible for nurturing my professional development, understanding and approach to working with vulnerable groups of people, primarily older adults from age 50 onward, and for instilling a strong commitment to treating the patient. Based on a residential unit for older men, I also provided individual and group art therapy as well as open art studio to both male and female adult clients from around the facility.

Forensic mental health is just as multilayered and complex as the shifting paradigms that guide the treatment and rehabilitation of sexual offenders. The recovery model is one that has been integrated within forensic mental health, given its strengths-based and hope-driven principles (Anthony 1993; Roberts *et al*. 2006). Through this model, the client becomes a contributing member of the multidisciplinary treatment team wherein their input essentially directs their own treatment. Clients are invited to share their life goals and these are considered throughout the treatment planning, implementation and evaluative processes. This has been seen as a clinical cultural shift, especially when this multidisciplinary model is based on individual choice and preference rather than a perceived expert opinion as in a medical model approach.

Part of the therapist's role is to encourage the client to gain insight, to maintain hope and to assist with balancing emotions, expression and related behavior (Cordess and Cox 1996); oftentimes, this is achieved by the therapist modeling their own emotional expression and behavior. Safety, trust and boundaries are paramount, and the clinician needs to consistently address these. Similarly, this extends to the wellbeing and safety of the therapist, wherein the structure and culture of the setting itself has its impact (Bach and Demuth 2018) and wherein the therapist must stay grounded in terms of their purpose and expertise (Guarnieri and Klugman 2016). One of many factors that impede reintegration into the community is the stigma associated with mental illness, criminal behavior and incarceration (Peterson and Etter 2017). The complete removal and/or isolation of offenders may be a temporary solution to maintaining order within the community; however, at some point the offender may return to the community. Thus, addressing the offending behavior as well as the related stigma becomes paramount.

Where I worked there was a trend to utilize 12-week pre-planned and goal-oriented treatment. Prior to being implemented with clients, these written session plans were reviewed and approved by a multidisciplinary team of mental health specialists. This was effective in providing evidenced-based treatment to larger groups and served to record and document client progress. Such session plans were adapted to art therapy groups that addressed anger management, coping skills, communication skills, reality orientation and substance recovery. These allowed the therapist to conceptualize the intended treatment outcomes, to address areas for change and to provide learning opportunities through the arts. Although some therapists may argue this dilutes the spontaneity of group therapy, there are obvious advantages of using prepared session plans: they provide organization, defined expectations and a level of predictability.

Contributing additional layers to the complexities of providing therapeutic services to sexual offenders are those associated with an aging population (Farmer and Yancu 2018; Lay 2016). My multidisciplinary team proactively sought to uphold the dignity and humanity of the clients and endeavored to develop meaningful relationships with each client regardless of any personality changes, aggressive behavior and decline in mental and/or physical functioning (Cipriani *et al.* 2017). There were two streams of older adults, those with lifelong relationships with offending behavior and legal systems, and those who were first-time offenders in later life. The unit I was

assigned to was designated for older male adults, and this was the first of its kind within the forensic section of the facility. Organizing the unit in this manner was advantageous on many levels (Cipriani *et al*. 2017; Farmer and Yancu 2018). Increasingly, we needed a ward that catered for an aging population and was accessible for more wheelchairs, and needed loudspeakers, more space and nursing care facilities. We experienced many firsts, including how to integrate hospice care, compassionate leave, and so on.

Disillusioned and perhaps traumatized by the internalized crime of an older gentleman describing his artwork at the beginning of my career at this facility, I acknowledged that I needed to dramatically alter my forensic art therapy interventions. After years of residing within multiple forensic mental health settings, this particular individual seemed to have lost a genuine sense of self and without hesitation introduced himself as his crime. Although intrigued by the complexity of the various interrelationships between forensics, mental health and rehabilitation, I quickly realized I needed to somehow have my clients reconnect with themselves on an individualized manner in order for sustained change and/or insights to occur. Keeping the above in mind, my art therapy directives, interventions and overall way of working with older adults centered on building trust and relationships, with an overarching aim of transforming their own self-narratives and engagement with others.

Trust is an underlying component of our relationships, decisions and, indeed, our behavior. It develops, evolves and becomes more sophisticated as we gain more experience and mastery in the world. At times, however, there are ongoing impairments, conditions and maladaptive behavior that seriously erode the ability to build meaningful and sustaining relationships. Within the forensic setting it is understandable and almost predictable that trust will be difficult to develop given the inherent characteristics and vulnerability within such a setting. However, sexual offenders do have opportunities to address these primarily through the conscious and deliberate development of a therapeutic relationship.

This relationship provides a focused opportunity to explore various elements of trust whether directly, symbolically or metaphorically, as well as to promote the development of skills that will improve the client's overall mental health and wellbeing. As such, trust should guide the work for both the client(s) and the art therapist (Guarnieri and Klugman 2016). In line with this, trust amongst co-workers and the setting must be prioritized and actively developed. This speaks directly to safety and boundary concerns as well as the need for one to have the environment suitably safe and secure. Developing such a relationship is difficult at best, given the reality of the client's connection with the legal system, their past experiences and the symptoms of their mental illness. However, the therapeutic alliance must be skillfully constructed to effectively address the identified changes and maladaptive behaviors demonstrated by the client. Within a recovery-based paradigm, relationships are at the core of the client's recovery, and trust is an underlying concept that guides these relationships. The concept of trust is not stagnant, linear or restricted to one circumstance or one relationship.

Granted, it does take time. This can be achieved through ongoing professional development and a concerted effort for the therapist to develop the necessary stamina and wherewithal. It is imperative that the therapist confront their own perceptions and perhaps prejudices of working with people who have seriously impacted the lives of others through destructive and criminal means. This is needed to consistently establish and re-establish the necessary limits and boundaries that aim to ensure the physical, emotional and psychological safety of themselves, the community and the sexual offender. Combined, these lead to a sustained sense of hope for transformative change in the behavior, actions and decisions of the sexual offender that active engagement in their own treatment and rehabilitation aims to achieve (Lay 2016).

The benefits of active engagement in structured art activities played a significant role in enhancing the client's personal awareness, transformation, and improving their overall quality of life. Refining these naturally led to their increased reality orientation, ownership of feelings and behaviors, and a willingness to re-integrate with society, whether realistically or on a metaphorical level. These were my observations from several different art therapy projects and individual encounters over my 12-year tenure. Some of these individuals naturally gravitate to the arts and may even have an art practice of their own, however, the majority have not engaged with the arts since grade school. Trust needed to be carefully constructed with this population, while balancing the objectives and expectations of the facility with creativity and self-expression (Lay 2016).

Creating artwork provided a range of experiences for the clients, with many extending beyond the therapeutic encounter. With their consent, artwork was installed in tamper-proof and sometimes theme-oriented bulletin boards throughout the residential unit, leading to a sense of ownership as well as providing a personalized and stimulating environment. Prior to installation, the content of the bulletin boards was carefully reviewed and screened for any potential symbols, metaphors or underlying messages that may be perceived as threatening, offensive and/or gang-related. This allowed for transparent discussions, and sometimes debates, with the clients in regard to concepts of private and public, and how decisions impact others.

Art therapists in forensic settings have a significant responsibility in ensuring, maintaining and even modeling consistent limits and boundaries as well as the emotional, psychological and physical safety of others. Left unchecked, the art therapist may inadvertently compromise these critical pillars. It was essential for me to develop systems to monitor the art materials accessed during art therapy sessions, ensuring that all art materials that left their marked containers were returned at the end of the session. Also, I was aware that any potentially threatening symbols, metaphors and even verbal associations associated with the artwork were acknowledged and attended to, including suicidal ideation and/or intent to harm others (Lay 2016). Depending upon the situation, I would have had to address these in session, in team meetings, in clinical supervision and through documentation.

I came to learn that in a supportive and structured therapeutic milieu, clients within the forensic mental health setting have opportunities to transition from a self-absorbed and potentially violent state(s) to gentlemen who are consciously aware and sensitive to community. Although working with sexual offenders can be shocking and horrifying for the novice as well as the seasoned professional, there are also instances of gratification and pleasure derived from this line of work (Walker *et al*. 2018). Regardless, clinical supervision is a must in order to remain effective, focused and therapeutic.

Beleaguered to boundaried

This section provides a transparent reflective account of my own learning curve wherein my skill sets and understanding of the complexities of forensic mental health with offenders transitioned from novice to more seasoned. In acknowledging my struggles, learning and understanding through ongoing experience, I was able to more effectively design and implement therapeutic art interventions that were relevant to offenders and to the overarching directives of the facility. The aim of this section, therefore, is to provide the reader with a more realistic sense of what this work entails, while still championing art therapy as a key catalyst for change.

A fear I had, while working within this environment full-time and long-term, was that I would become desensitized, given the realities of the culture, systems, attitudes and circumstances that brought those I worked with to this setting. Even though I developed an emotional and psychological sensitivity to those I worked with, it was still very difficult to come to terms with, and to try to make sense of, the victims and how their lives had been changed for ever by those that I provided my services to. I quickly came to appreciate that my job was to provide meaningful therapeutic engagement through the arts, and that it was outside of my role to judge, punish or discipline.

While working with a range of male clients throughout my tenure, I found it remarkable how many of them ended up growing a goatee similar to mine. Although I was flattered at times I also understood and appreciated the multitude of potential associations, meanings and even infatuations that this might instigate. For a good majority, I simply accredited this to the development of a positive working relationship and of a *relating to* aspect; however, for a couple of clients I wondered about a sexual transference and how this might have been manifested. Increasingly, I became more comfortable with this complicated concept and with how I, sometimes, became a sexualized object to some of my clients. Granted, this did provide for rich material to be worked through in clinical supervision and my own artwork.

While working with one older male client who remained quiet, emotionally distant, reserved and socially awkward, I felt truly uncomfortable and unnerved by his long-term preoccupation with cutting and re-cutting of paper into rather fine pieces. Over several weeks he assembled and glued these into a thick and wild goatee. The final paper collage developed into a devil-like figure with a

thick goatee. I thought that it had an uncanny resemblance to me and wondered how he might be perceiving our therapeutic relationship and/or if he may have perceived that I had somehow infringed on his personal space when I inquired about various aspects of his artmaking. I carefully observed his process, being mindful of my safety given his crime wherein he almost succeeded in decapitating the head of a man he believed was making sexual advances toward him. My wonderings were neither confirmed nor denied as this client typically remained nonverbal throughout his artmaking which involved detailed cut-out collages of multiple eyes, teeth, mouths and hands. This experience was early in my career, when I believed I needed to regularly inquire about the client's process and about their artwork. Reflecting further, I can now see how this may have been intrusive and have since allowed the process and artwork breathing space.

Setting limits and maintaining these is another challenge that must be openly discussed and reinforced. After installing bulletin boards throughout the unit and filling each with client artwork, poetry and unit-based photographs of our courtyard garden, arts projects and the pet therapy dogs, one client submitted several poems to be included. Upon review, it was determined that all of the poems were laden with sexual innuendos and metaphors and were therefore deemed inappropriate for public viewing by means of the bulletin boards. Although invited to submit poems that were not as blatantly sexual in nature, the client loudly accused me of being more perverted than him. He proceeded to leer at me and make suggestive gestures during groups and in the hallway as I passed by.

I embarrass easily and my face flushes red, giving a distinct visual indication that I am uncomfortable. I needed to learn to not take such directed behavior personally and to professionally hold my ground in ways that did not denigrate him or other similar clients. Such techniques were raised in clinical supervision and needed to be practiced and rehearsed ahead of time in those supported sessions. In time, my own confidence grew, and I was able to fully assert what was going on in ways that maintained the dignity and safety of all. In time, the client ceased this behavior and provided me with poems that were much more acceptable, and that could then be installed with the rest of the client displays.

My increasing level of experience and confidence shifted my way of working, and this involved several significant learning points that, eventually, led to a more informed practice. I found it necessary to not simply dismiss a client's actions but to seriously look beyond the obvious and try to understand the motivation behind behaviors, perceptions and attitudes. Building a thick skin, so to speak, being able to overcome challenges and difficulties, and having faith in decisions throughout the therapeutic encounter, is part of effective work with sexual offenders (Guarnieri and Klugman 2016). Notwithstanding, clinical supervision is a definite must, to ensure we do not over-personalize the dynamics and/or dialogue that transpires with sexual offenders.

Restraints to recovery

This section captures some pivotal art therapy interventions and projects that culminated in a further enriched and cohesive community, evidencing the benefits of art therapy and active engagement. Given the potency of the outcomes, this rich material has not only informed further interventions and projects but has also formed the basis of many of my national and international presentations and workshops. Aligned to the principles of wellness and recovery, clients often provided input into what was to be shared and discussed with the outside world, and the majority provided consent to include their case material. I believe that their consent attests to the high level of trust established within art therapy and that it serves as a function of reciprocity.

Working within a recovery model afforded the opportunity to consider novel ways of working with clients, and this extended to alternative spaces. In such instances, it is imperative that trusting relationships are developed. One example is when I introduced a multi-pronged participatory intervention with a client who had a long-standing assaultive and aggressive history with his peers and who was sexually intrusive with female staff. His peers often threatened him, given his lack of boundaries, his intrusiveness and his preoccupation with making and trying to sell beaded jewelry. Together, the client and I created a personalized, trifold color brochure that contained images of his artwork, his sayings and slogans, his strengths, phrases that he could use while proactively engaging with others, females in particular, and some positive affirmations. We then would go off-unit and sit on a bench practicing effective and intended social skills and interaction with those that passed by.

This proved invaluable as it not only enhanced positive interaction but also promoted social skills, communication and self-esteem.

Establishing a long-term relationship with this particular client was essential in also working through a range of transferential material. There was a marked shift in our complex relationship and his associations to me variously as punitive father, sexual competitor, and perhaps sexual object, brother, comrade and artist. His humor was carefully integrated within the therapeutic encounter, he was provided with strategic opportunities to be at the center of attention, and his peers increasingly began to tolerate him with some even becoming his friend. The impact of this long-term therapeutic relationship and the positive impact of the arts in his life were also evidenced through his self-appointed nickname that was a combination of both his name and a world-renowned artist.

The integration of technology within a group context presented itself when the setting introduced a facility-wide gardening beautification competition, wherein residential units were encouraged to improve their courtyard and environment. This was especially beneficial for those clients that tend to become isolative and who may not attend cognitive or psychoeducational-type treatment groups. Several of these clients attended courtyard breaks and others chose to attend gardening groups. The art therapist photo-documented the progress of the garden, and this stimulated further interest, discussions and a sense of community between staff and clients. To enhance the gardening project during the second year, the art therapist selected three close-up photographs of flowers from the previous year's garden to serve as inspiration for the mural project. This promoted further ownership of the project and of the residential living unit's outdoor courtyard. It also allowed for a sense of reality orientation and consistency in one's involvement with a sustaining project.

Living legacy projects were another area wherein technology was utilized to chronicle a client's collection of artwork, poetry and voice recordings. This is a more individualized approach to documenting a client's body of artwork or creative expression. These projects relate more to an art studio approach wherein the client is viewed as an artist. Creating these living legacy projects has resulted in long-overdue validation for the client that they are in fact more than their criminal history and their clinical diagnosis. They are able to hold tangible objects of their own creation and have opportunities to share these with others. Photo-documentation and maintaining a digital art portfolio had several advantages. A digital art portfolio validates and promotes the clients' investment with their visual expressions, it can be viewed and shared with the treatment team, the client and with family members, and it serves as a practical storage file.

Figure 10.1: Honey Bee on Courtyard Sunflower (see colour section)

In addition to using technology to create and document art therapy projects and to stimulate interest in the potential of technology, it can be used to augment current projects. A digital camera was used to photo-document the growth and progress of the residential unit's courtyard garden. While reviewing these digital photographs, it was observed that special visitors were enjoying the fruits of our labor (Figure 10.1). Observing honeybees on the sunflowers that were planted stimulated the idea to engage in 'The Great Sunflower Project'. This is a project wherein the public was encouraged to plant sunflowers, register their garden online and document the number of bees that were observed on their flowers over the growing season. Although the art therapist's clients resided in a locked and secured environment, they were able to plant sunflowers and take an active part in this project.

Clients were able to learn more about a sustainable project, learn more about their environment and how they have an impact on it. Some clients planted the seeds, others assisted with observing the bees, and others tended to the garden itself. A local beekeeper provided two kinds of honey for sampling as well as facts about bees and bee behavior. At the end of the summer, photographs of the bees were provided to the clients and a garden party was held to celebrate everyone's efforts. This project allowed a forensic mental health population to become connected with the outside world and allowed them to participate in an international activity.

Increasingly, we became more attuned to the implications of how the aging process impacted sexual offenders and perhaps even exacerbated their capacity for sound judgment, decision-making and safe behavior (Cipriani *et al*. 2017). Working on a unit for older men, which included aging sexual offenders, also brought with it the realities of life, such as progressive disease, medical decline and, ultimately, death. Honoring humanity, we purposefully held memorial services and were sometimes involved in final plans with their families.

For one client that I had worked with for over six years, I was able to visit him at an outside medical hospital. I met his elderly sisters, who informed me of their dilemma regarding how best to honor his life. As we conversed, they revealed that after every art therapy session their brother would describe his session, what he learnt about himself, and the sometimes struggles he had with me and my so-called revelations about his artwork, and that they were grateful for my long-term dedication and commitment to him. They acknowledged their own difficulties with him since the commission of his crime and the impact that this, as well as aggressive and destructive behaviors over five decades, had had on them and their family. They appreciated the coffee table books that we had made with his artwork during the final year of his life. They revealed that the family was surprised at his artistic ability and that from this gift they were able to make new and renewed connections with him as a *human being*. This affirmed my work and reminded me that all of the hard work and struggles are well worth it in the long run given the far-reaching benefits.

Engaging in one's own art practice, a potent tool of the art therapist, allows difficult material to be expunged into the open enabling it to be acknowledged, examined and reflected upon. This was a proactive measure to consciously address the inherent demands of this line of work and the inevitable stress that certainly affects the therapist as well (Bach and Demuth 2018). I created a great deal of artwork while working with this population, partly because clients invited me to do so while they were creating and partly because I had an inherent compulsion to do so myself either to ease my own anxiety, release my own range of confusing emotions or simply to co-create with another while consciously enjoying the pleasure of the resulting synergy with my client(s).

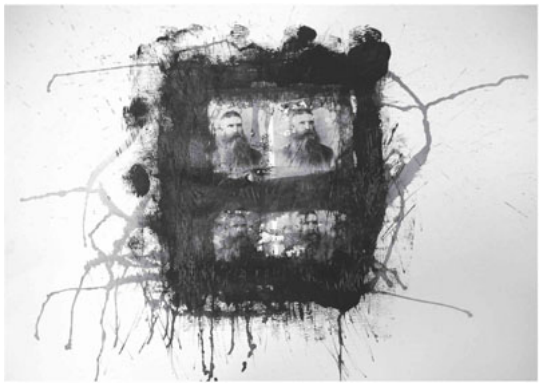

Figure 10.2: Exposed

Rifling through my collection of artworks created during that time, I came across an image that surfaced memories linked to my work with sexual offenders (Figure 10.2). I recalled being surprisingly comfortable with the chaotic mess of the materials and recounted how there was still a sense of balance and boundary within the artwork. The antique photograph of the male figure is one that I have used in my artmaking since my undergraduate studies and the repetition of his photograph is reminiscent of the same old story being told to me. Looking at this image now, I am reminded of the clients I encountered, their individual stories and their own responses to the artwork they created. I am reminded of their struggles and their triumphs, and how artmaking allowed them to experience a new way of being with themselves and with others.

Summary

By entering the complicated discourse on art therapy and sexual offending through the consolidation of this chapter, I aimed to articulate good clinical practice that evidenced meaningful therapeutic engagement. The therapeutic relationship was a pivotal impetus for changes in behavior and attitudes, and this relationship served as a starting point to build, reinforce and model a sense of community. Integrating art therapy services and open art studio with theme-oriented projects also allowed a sense of community to be established within the setting and reinforced positive qualities of those that participated (Peterson and Etter 2017).

Projects that build upon trust, relationships, legacy, insight and communication not only have a lasting positive impact on the client or group of clients, but also on the community and society at large. Perceptions of the professional staff migrated away from strictly diagnosis-based understandings of their clients to more of a well-rounded understanding, which further impacted a shift in how they interacted with their clients; staff can and do find satisfaction in this line of work (Lay 2016; Walker *et al*. 2018). Shifts in sexual offender identities and perception of their own abilities and potential as surfaced through direct interaction with the arts can be achieved (Peterson and Etter 2017). Art therapy within forensic mental health is one clinical treatment modality that can be effectively implemented as part of one's overall rehabilitation.

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