VISITING EXPERTS' PAPERS

THE ASSESSMENT AND TREATMENT OF SEXUAL OFFENDERS IN ENGLAND AND WALES

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I. INTRODUCTION

The design and implementation of programmes to tackle offending behaviour have developed considerably in the last fifteen years. These programmes are now based on international evidence of "What Works" to reduce re-offending (McGuire, 1995; Andrews & Bonta, 1994).

The application of this approach to sex offending has been given a high priority by both UK Prison and Probation Services. We now offer, nationally, programmes of recognised quality, which put into practice the techniques that have been proven to be most effective by the latest research.

The UK Government is committed to ensuring that the assessment, treatment and management of sex offenders is coordinated seamlessly, from reports provided to judges prior to sentencing, through any period in custody to release and supervision in the community or a non-custodial sentence, where the court may direct programme attendance.

The programmes set out in detail in this document provide the principal means to reduce risk, within a strategic framework for the management of risk posed by sex offenders.

These programmes are delivered by staff who have successfully passed an Assessment Centre by demonstrating competencies known to be associated with successful delivery of sex offender treatment. The components of the assessment include making a presentation, conducting an interview in role play, receiving and responding to feedback and demonstrating knowledge and attitudes during a structured interview with the assessment panel.

A. Statistics

The Prison Service currently has a target to deliver 1240 offenders who have completed treatment in 2004. In the same year the National Probation Service (NPS) will have 1800 offenders on treatment programmes in the community. At any one time there are approximately 6,000 sex offenders in prison and 5,000 sex offenders who are subject to statutory supervision in the community. (The UK total prison population is currently 77,000). The programmes are delivered in 26 prisons and all 42 Probation Areas in England and Wales.

Since 1997 convicted sex offenders are required to notify details of their residence to the police. At the end of 2005 there were 28,994 sex offenders subject to these requirements (known as the "sex offender register") and this number is expected to increase by approximately 3,000 per year.

B. "Duty to Co-operate"

The Criminal Justice Act 2003 places a "duty to co-operate" on a number of agencies in respect of sharing information concerning individual sex offenders who are living in the community. This information is co-ordinated by the Police, Probation and Prison authorities who have a statutory duty to prepare risk management plans on sex offenders who pose a risk of harm to the public. These arrangements known as Multi-Agency Public Protection Arrangements are one of the most important advances in the management

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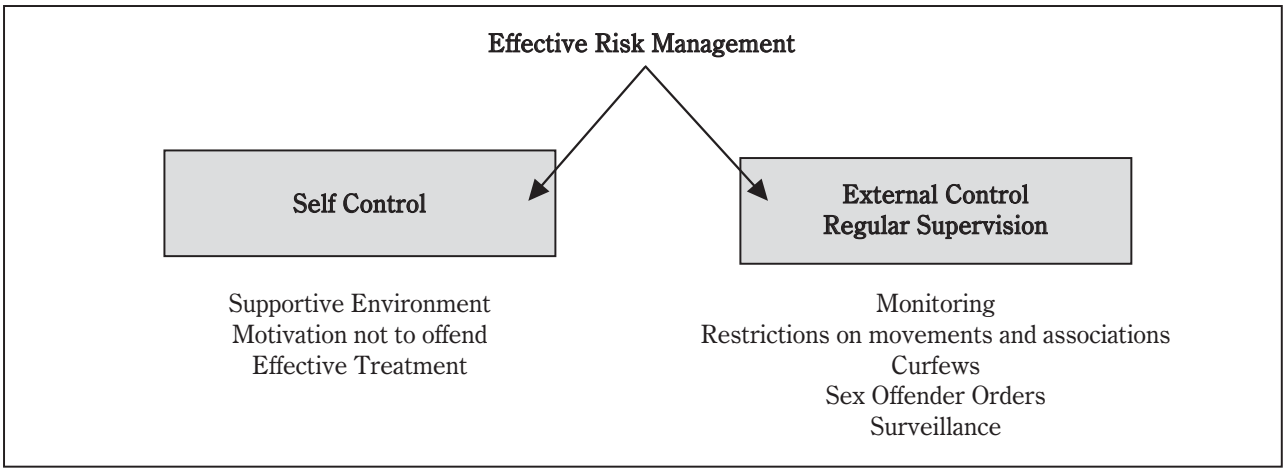
of sex offenders in the community. It requires each local area to

- Maintain a register of residence details for each offender
- Formally assess the risk posed by each offender
- Share information between agencies
- Consider what intervention may be required in each case to protect previous victims and the public in general.

The National Probation Service, along with the Police, have a key role in the provision of external controls on sex offenders in the community, through statutory supervision in the form of Community Rehabilitation Orders or through supervision following release from prison.

The following diagram provides examples of the different forms of control that may be deployed to manage risk:



C. Risk Management – A Multi-Agency Approach

Multi Agency Public Protection Arrangements (MAPPA) have a paramount role in determining the best local response to risk management of sex offenders in the community. Prison and Probation staff must ensure that timely referral is made to the MAPPA covering the area in which the offender is, or will be, living. Prison staff must make relevant information available to the MAPPA so that the appropriateness of applying for a Sex Offender Order, to assist in the risk management process, can be properly considered. Staff must ensure that information is exchanged between Prison and Probation staff concerning the release of each sex offender to satisfy themselves that referral is taking place to the relevant MAPPA and, if appropriate, to the Public Protection Group in the National Probation Directorate.

D. Attendance as a Condition of Release from Prison

The NPS has a statutory responsibility to supervise sex offenders on release in order to protect the public. Wherever possible involving sex offenders in programmes to address their offending behaviour is part of the risk management plan. Therefore, all sex offenders due for release should be considered for referral to a treatment programme offered by the responsible Probation Area. This includes those offenders who have refused treatment in prison and those who deny their offence.

E. Disclosure to the Public

The police have the power to make a public disclosure of details concerning an offender if this is required to protect the public and this is exercised in a minority of cases. The disclosure must be proportionate to the risk posed. In practice disclosure is rarely used since there can be negative consequences arising from such disclosure such as vigilante action, offenders moving into hiding or causing undue public alarm. However, the threat of disclosure is useful in persuading sex offenders to co-operate with the multi-agency risk management plan.

F. Evidence of Effectiveness of Risk Management

The combined effect of treatment and risk management arrangements, is to protect the public, and in particular to prevent re-offences by known sex offenders. It is difficult to prove that events have not

occurred, which otherwise would have occurred, if these arrangements were not in place. The question could be "how many offences would have occurred but for these arrangements?" In answer the Home Office publishes annual reports concerning the MAPPA. In 2004 this showed that 2,500 sex and violent offenders were assessed as being the highest risk of reconviction. Of these 48 (2%) were arrested for further serious offences. A further 517 (18%) were recalled to prison for breach of release conditions or Sex Offence Orders which prohibited them from engagement in activities associated with their past offences. It is important to recognise that these 18% were recalled without having committed a further contact offence against a victim, but were recalled because their behaviour led the agencies to consider that such an offence was imminent. These actions can be estimated to have saved some 500 – 1000 victims from further serious abuse.

II. THE LINK BETWEEN ASSESSMENT, TREATMENT AND RISK MANAGEMENT

Involvement in appropriate treatment is one of the most successful methods of protecting the public from future risk. As well as improving the skills and motivation of offenders to stop their abusive behaviour, treatment plays a part in gathering information that guides both assessment and management of future risk.

Sex Offender Treatment Programmes do not offer a "cure" for sexual offending, but risk of reconviction can be reduced by research-based treatment. However, it is the case that treatment will never be an option for all sex offenders. Treatment should be targeted at those who are best able to benefit from the programme, who are motivated, or can be motivated, to stop offending, and those for whom it is in the interests of the public that they should complete treatment. The aim is to motivate and equip offenders with the skills for self control over their behaviour. The UK Prison & Probation Service programmes enable offenders to develop strategies for self control. Self control may not be sufficient in itself, particularly in the early stages of treatment/release. Therefore, effective risk management requires a combination of self control and external control factors.

Risk Assessment Methods

Sex Offender risk assessment needs to tell us three things

- What is the risk of this offender (or offenders like him/her) being reconvicted of further offences in the short, medium and long term? (The Static Risk Factors)
- What personality characteristics increase the risk of reconviction and can these be changed through treatment? (The Dynamic "Stable" Risk Factors)
- What are the factors in the immediate environment or behaviour of the offender that may increase the risk? (The Dynamic Acute Risk Factors)

1. Static Risk Factors

In the UK the standard static risk assessment tool is the Risk Matrix 2000. This is an actuarial tool which gives a weighting to risk factors derived from research on those characteristics most associated with reconviction. Developed by Dr. David Thornton (Thornton et al. 2003) the tool is based on research studies which followed convicted sex offenders who were released from prison in 1979 and followed up for almost 20 years. The Risk Matrix predicts that offenders with

- previous sex convictions
- more than four previous convictions of any kind
- younger at the time of risk
- non-contact offenders
- those with a preference for boys
- stranger offenders
- those who have not been in a stable intimate relationship

tend to reconvict at a higher rate than those sex offenders without these characteristics. The combination of these factors allows assessment to assign offenders to those in a Low Risk Group, Medium Risk Group, High Risk and Very High Risk Group.

Table 1 below gives the relative risk of reconviction for each of these groups. It should be remembered that no risk tool can accurately predict the risk of a particular individual. What these tools tell us is that *individuals who share these characteristics* tend to reconvict at these rates, however human beings are notoriously prone to random responses to particular situations. To help us further therefore we need to assess the characteristics that may make some individuals given the same circumstances respond differently. These are the dynamic risk factors.

2. Dynamic Risk Factors

Dynamic risk factors by definition are capable of change. They tend to be relatively stable because personality characteristics are relatively stable, however many personality traits are the result of learnt behaviour and therefore new ways of thinking and behaviour can also be learnt. This is not an easy task since many sex offenders are thirty, forty or fifty years of age before entering treatment and therefore patterns of behaviour may be deeply entrenched. The use of structured risk assessment can tell us which factors on an individual case are present and how they increase/decrease the probability of reconviction. In the UK Prison and Probation Service the assessment tool used is the Structured Assessment of Risk and Need (SARN). This assesses the presence of personality characteristics which research has shown to be most associated with reconviction. These can be grouped into four "Risk Domains" where each domain contains a number of related specific risk factors. The SARN risk domains are

- Sexual Interests
  - Sexual preoccupation
  - Sexual preference for children
  - Sexualised violence preference
  - Other offence related sexual interest
- Distorted Attitudes
  - Adversarial sexual beliefs
  - Child Abuse supportive beliefs
  - Sexual entitlement beliefs
  - Rape supportive beliefs
  - View women as deceitful
- Management of Relationships
  - Feelings of personal inadequacy
  - Distorted intimacy balance
  - Grievance thinking towards others
  - Lack of emotional intimacy with adults
- Management of Self
  - Lifestyle impulsiveness
  - Poor problem solving
  - Poor management of emotions

In order to use the SARN tool effectively assessors are required to attend designated training run by HM Prison & Probation Service, however for the purposes of this paper a simplified account is given. In making an assessment the assessor looks for evidence of any of these risk factors in both the offence behaviour and more generally in the offender's lifestyle. It is possible to use psychometric assessments for each of these risk factors in addition to clinical judgement. The greater the number of factors which can be evidenced in both offence and lifestyle suggests that both the degree of deviancy and treatment needs will be greater. Typically an assessment is made prior to treatment intervention and a full assessment follows completion of the treatment so that any change in dynamic risk can be identified. This may provide an indication of progress made by the offender, and additionally if assessments are combined for large numbers of offenders undergoing the same treatment programme, we may be able to draw some conclusions about the effectiveness of the programme itself.

Combining dynamic risk assessment with static risk factors appears to offer greater potential for assessing risk. Indeed Ward & Beech (2004) suggest that *dynamic* risk factors may indicate the causal/psychological vulnerabilities at the time of the assessment, while the *static* factors indicate the level of psychological vulnerabilities over an individual's life history of offending. Therefore, we may be able to assess for both the level of risk of reconviction posed by an individual with particular historical factors and through dynamic risk assessment we may know the particular factors which make the offender vulnerable to offend. What Probation Officers or staff tasked with monitoring the risk of an individual in the community need however, is to recognise when a particular offender is moving closer to re-offence as signalled by deterioration in his behaviour or attitudes. This assessment is carried out by assessing for acute *risk factors*.

3. Acute Risk Factors

The research into acute risk factors is relatively recent and is still in some stage of development. The approach of Hanson and Harris (2000) in Canada has been to examine the case files, and conduct interviews

with supervising officers of sex offenders in the community. By comparing the factors present in the month prior to re-offence with those factors present on cases where there was no re-offence, Hanson & Harris have drawn up a list of indicators which can be monitored on each case. These are

- **Victim Access** – attempts to meet and engage with potential victims, behaviour which indicates that the offender is arranging his life so that they "naturally" contact members of their preferred victim group.
- **Emotional Collapse** – emotional disturbance which leads to inability to maintain normal routines, out of control thoughts and overwhelming emotions. Actions are taken which are aimed only at immediate relief of distress.
- **Collapse of Social Supports** – in particular the loss of contact with those who may act as a positive influence in avoiding risk behaviour, or an increase in social networks which are negative influences.
- **Hostility** – either irrational and reckless defiance or general hostility to the victim group which has increased from baseline level.
- **Substance Abuse** – increase from a baseline level may indicate loss of control or increasing disinhibition.
- **Sexual preoccupations** – using sex to handle distress, fixation on sexual matters, increase in sexual tension.
- **Rejection of supervision** – Whether the offender is working with or against the supervisor. Can be expressed through disengagement, absences, manipulation, deception, indirect hostility or open confrontation.

Hanson and Harris also suggest that some offenders have a unique characteristic that represent a risk factor for that offender such as

- a specific date (e.g. anniversary) that causes an emotional response possibly triggering substance abuse
- Homelessness
- Contact with a specific family member (mother?)
- Health problems of a cyclical nature
- Intrusive thoughts of own victimisation

Regular monitoring of these factors in supervision, or by home visit to the offender, can assist in detecting when an offender is beginning to lose control or direct more of his effort into new offence behaviour rather than offence avoidance.

Combining risk tools appears to be of assistance to sex offender management. Static risk has been the subject of most research and therefore is generally regarded as the best predictor of risk, and certainly better than clinical judgement alone. Research in dynamic risk factors is now being given greater prominence and is also considered better than clinical judgement. Monitoring of acute risk factors has the great advantage that the offender can still be assessed even if not engaged in a treatment programme. However, whilst these tools are useful in *assessing* risk the most effective method of *reducing* risk in the community for most offenders is through participation in high quality treatment programmes.

III. TREATMENT OF SEX OFFENDERS

Sex offending can cause lasting trauma to its victims and their families. Sex offences are rarely a 'one off'; perpetrators repeat their behaviour because it provides short-term gratification in the form of emotional and sexual release. The UK Prison and Probation Services have a responsibility to offer specialist help to sex offenders in order to reduce re-offending and thus protect the public and, specifically, potential future victims.

Current programmes are suitable only for male sex offenders. Work is in progress to develop programmes that will be suitable for female sex offenders. What follows here is applicable primarily to male offenders and, therefore, male terminology is used when referring to sex offenders.

In order for a sex offender to stop offending, he needs to be motivated to do so and he needs to possess the insight, skills and strategies to manage his risk and control his thoughts and behaviour. The programmes delivered by the Prison and Probation Services are based on established cognitive-behavioural principles of

the type known to be most effective in reducing risk of re-offending. The cognitive-behavioural approach to treatment teaches offenders to understand and control thinking, feelings and behaviour. Such programmes are based within the Risk/Need framework which focuses therapy on individual and social risk factors that are likely to reduce crime rates if suitably modified. (Ward, et al. 2006). The model suggests that if factors which are linked to risk of offence behaviour for an individual can be accurately assessed, these factors then become clinical targets for modification, control or elimination. Similar programmes for sex offenders in North America have been shown to reduce offending by up to one quarter.

The Prison Service Sex Offender Treatment Programme (SOTP) consists of five inter-related accredited group work programmes. In the Probation Service, four programmes have been accredited and each Probation Region has implemented one of the generic sexual offence programmes and the new programme for internet related sexual offending. All the programmes use methods such as group discussion, role-play and skills practice to help offenders understand and change their thinking, develop new skills and prepare for a new type of life.

The programmes are based on research into the most successful ways to help offenders stop offending. The content of the programmes has been and will continue to be revised periodically, as new information on effective treatment becomes available. The Correctional Services Accreditation Panel advises on development and ensures that the programmes are kept up to date with best practice elsewhere in the world.

The Prison and Probation treatment programmes are not mutually exclusive. Prisoners are not expected to choose between addressing their offending behaviour in custody or in the community. Ideally, a prisoner will attend a programme in prison and build on the treatment gains following release by attending a probation programme[1]. The Probation Service programmes have sufficient flexibility to allow access at different points, according to the amount of previous work undertaken whilst in custody, or to be the starting point for treatment intervention if the offender has not addressed his offending prior to release, or has received a community-based sentence. The Prison and Probation programmes use the same risk assessment methods.

A. Different Structures – Same Treatment Model

The Prison and Probation programmes all have a modular structure. The names and structures of the modules differ, which reflects their separate original design. However, all programmes

- share the same treatment model
- use cognitive-behavioural methods
- target the same dynamic risk factors
- have similar selection criteria
- are suitable for all forms of sex offending.

Appendix A describes the programmes which are delivered in prison and Appendix B the programmes which are delivered in the community.

B. Treatment Style

Research has indicated (Marshall et al. 2005) that the therapist's style has a strong influence on the effectiveness of sex offender treatment. The key features required of a good therapist are that they be warm, empathic, rewarding and directive. When challenging offence-supportive attitudes, the therapist must be able to be firm but supportive, rather than harshly confrontational. Therapists should also be supportive, respectful, genuine and confident, able to self-disclose and use humour appropriately.

C. Treatment Outcome

Three recent research papers have combined, using statistical procedures, the outcomes of individual evaluations. (Hall 1995; Alexander 1999; Hanson et al. 2002). In general they found that treatment had an effect on reconviction rates.

The most recent and comprehensive meta-analysis of sex offender treatment effectiveness, combined 69 studies published in five languages with a total sample size of over 22,000 (Losel et al. 2005) The majority of

[1] Sentence length and the time on licence will affect whether this ideal is practicable.

studies confirmed a positive effect of treatment. Over all the studies, treated offenders showed 6 percentage points or 37% less sexual recidivism than controls. Castration and hormonal medication were the most effective treatments, although only cautious conclusions should be drawn from this because the group of offenders who received this treatment were highly selected and motivated. Among psychological programmes, only cognitive-behavioural or behavioural programmes impacted on recidivism. Additionally, only programmes designed specifically for sexual offenders were effective. Treatment drop-outs showed consistently higher rates of recidivism.

All four of the meta-analytic studies conducted in the last ten years have indicated that a cognitive-behavioural/relapse prevention type programme can reduce the levels of sexual re-offending by about ten percentage points, to less than 10%. Violent and general recidivism rates are also reduced by treatment. This seems to be a justifiable conclusion even when the programmes treat mixed offender types, and whether the programmes are sited in an institution or in the community.

D. The Financial Benefit of Treatment

It may appear that a reduction in recidivism of about ten percentage points is not very high. However, when this impact is examined in terms of financial cost-benefit, it is apparent that treatment saves far more than it costs. The costs of treatment are covered if only three or four people out of 100 are prevented from re-offending.

E. Comparison of Effects of Sex Offender Treatment with Other Forms of Treatment

It is useful to understand the impact of sex offender treatment by comparing it to other forms of treatment – e.g. treatment of other offenders, treatment for mental health and physical health problems. A recent paper (Marshall 2003) has examined this question by calculating and comparing "effect sizes" of various treatments. The effect size of modern sex offender treatment programmes, calculated from the ATSA study described above, was .28. This effect size is considerably larger than that achieved by many well-accepted medical procedures such as chemotherapy for breast cancer (effect size=.08), aspirin for myocardial infarction (effect size=.03), bypass surgery (effect size=.15), and AZT for AIDS (effect size=.23). The effect size for sexual offender treatment is about the same as the effect sizes for psychotherapy for general mental health problems and for treatment programmes for general non-sexual criminals. As a final point, it is interesting to note that deterrence programmes, such as imprisonment alone, or "scared straight" programmes, typically have an effect size of zero. It is concluded that "the treatment of sexual offenders produces results of sufficient magnitude to justify confident comparisons with treatment for various other disorders".

F. Effectiveness of the Prison Service SOTPs

There have been some difficulties with the evaluation of SOTP because the number of convictions for sexual offences in the UK is falling – the rate has halved since 1981. This has meant that the "base rate" (untreated sexual offender recidivism rate) is too low for statistical comparison with the treated rate to show much statistical difference.

The impact on recidivism is only known for the SOTP Core Programme. Other subsequent programmes have not yet been subject to outcome evaluation. However, clinical evaluation has been conducted on the SOTP Extended and Adapted programmes, and findings are summarised below.

1. The SOTP Core Programme

The evaluation of the first four years of the SOTP (1992-1996) was published in 2003 (Friendship et al. 2003). This evaluation covers a time when just one treatment programme was offered for sexual offenders – the SOTP Core Programme (there are now four other SOTPs, forming together a flexible package for offenders of different risk and need levels). In the time period between 1992 and 1996, the SOTP Core Programme was shorter than it is now, and it focused more on overcoming denial and minimisation than on skill training (more recent research indicates that this was not an appropriate balance of treatment targets, and the balance in SOTP has consequently now been reversed). The impact of the early SOTP Core Programme on serious re-offending (i.e. sexual and/or violent) is shown in Table 1 below.

Table 1: Two-year Sexual and/or Violent Reconviction Rates for Treatment (N= 647) and Comparison Group (N = 1,910) by Static Risk Classification

Risk Category	Treatment Group – Percentage Re-offending	Comparison Group – Percentage Re-offending	Statistical Significance of Reduction?
	% (n)	% (n)	
Low	1.9 (5)	2.6 (25)	no
Medium-Low	2.7 (6)	12.7 (83)	yes
Medium-High	5.5 (6)	13.5 (31)	yes
High	26.0 (13)	28.1 (16)	no
Overall	4.6 (30)	8.1 (155)	yes

It can be seen that the impact differs according to the level of risk presented by the offender. The Core Programme is clearly effective with the medium risk group. With the low risk group, the base rate is too low for a statistically significant difference in recidivism to be achieved, but the difference in re-offending rates can be taken to represent a worthwhile impact. However, there is little or no impact of this programme on high risk sexual offenders – who by definition have more previous sexual convictions and thus a more strongly established pattern of sexually abusive behaviour.

This result was not a surprise, as it was already expected that the highest risk sexual offenders would require a higher dose of treatment than the 170 hours provided by the Core Programme. Accordingly, a second treatment programme for high risk sexual offenders was introduced in 1998 to supplement the Core Programme and provide an additional 140 treatment hours. This programme has not been running for a sufficient length of time for its additional benefits to be evaluated. This is because at least two years of follow up after release are required for the effectiveness of a programme evaluation to be reliable – as high risk offenders tend to have longer sentences, only a few who have completed both the Core and Extended programmes are presently at large.

2. Effectiveness of the Probation Service Programmes

The evaluation of the C-SOGP pathfinder programme, consisting of a sample of 155 adult male sex offenders (126 Child Sexual Abusers (CSAs), 13 adult rapists, 16 exhibitionists) found that in a three years period at risk, treated offenders were up to three times less likely to be reconvicted of a sexual offence than a group of matched controls (47 CSAs, 19 rapists, 8 exhibitionists).

Group	Sexual Reconvictions %	Violent Reconvictions %
Treated CSAs (n=126)	3.2% (n=4)	2.4% (n=3)
Untreated CSAs (n=47)	10.6% (n=5)	12.8% (n=6)
Treated Rapists (n=15)	7.7% (n=1)	7.7% (n=1)
Untreated Rapists (n=19)	26.3% (n=5)	26.3% (n=5)
Treated Exhibitionists (n=15)	18.75% (n=3)	12.5% (n=2)
Untreated Exhibitionists (n=8)	37.5% (n=3)	37.5% (n=3)

A study of the TV-SOGP followed 173 sexual offenders for a mean time of three years and eleven months. It found a reconviction rate of 9% following treatment. Whilst there was no control group in this study, a comparison can be made with the untreated reconviction rates quoted above.

3. Limitations of Reconviction Studies

Evaluation of sex offender treatment programmes are hindered by not being able to provide short term answers to questions of success. They take at least five years from set up to reporting findings. In addition there are problems of:

- Low base rates, and declining rates, of sexual reconvictions
- Small sample sizes
- Inadequate follow-up periods
- Inaccurate data sources
- Official reconviction rates underestimate sexual re-offending
- Ethical problems in conducting randomised control studies

Most of the treatment programmes however are able to demonstrate success in changing sex offender attitudes. Psychometric tests reveal evidence of in-treatment progress in all treatment targets which were assessed such as cognitive distortions about women and children; victim empathy; lower levels of denial and minimisation; self-reported lower levels of sexual dysfunction and sexual preoccupation; fewer justifications and rationalisations; higher levels of motivation to change; and improved relapse prevention skills.

IV. CONCLUSIONS

It is established in the scientific literature that sexual offender treatment typically produces a small but robust impact on recidivism rates. It seems that the impact of cognitive-behavioural treatment is to reduce recidivism by about ten percentage points, and the re-offence rate of those who have received treatment is likely to be under 10%, whatever their age or offence type. Results to date from the Prison Service SOTP indicate that this pattern is followed for low and medium risk sexual offenders, but high risk offenders need additional intervention.

APPENDIX A

I. SUMMARY OF THE PRISON SERVICE PROGRAMMES

The SOTP currently runs in 27 establishments, throughout England and Wales. There are five different programmes, all of which are accredited. Sessions are run two to five times a week, depending on the programme and the establishment. A summary of each programme follows general points that apply to all programmes.

A. Suitability and Assessment

The SOTP is available to any male prisoner who has been convicted of a sex offence or an offence with a sexual element and who will have enough time in prison to complete a course.

All prisoners are assessed before joining a group. The assessment identifies the treatment needs that exist for each individual. It also provides a baseline from which change during treatment can be judged. The assessment process identifies those for whom SOTP is not suitable, perhaps for medical or personality reasons.

The assessment involves:
- interviews, usually with a psychologist;
- completion of questionnaires;
- and, in some prisons, a penile plethysmograph (PPG) assessment, that helps identify sexual preferences.

Some of the assessments are then repeated on completion of the treatment programme, to provide a measure of impact and to contribute towards further treatment planning.

Relationship between Static Risk, Treatment Need and Programme Suitability

Risk Category: RM2000	Low Treatment Needs (SRA)	Medium Treatment Needs (SRA)	High Treatment Needs (SRA)
Low Static	Rolling	Rolling	Rolling/Core
Medium Static	Rolling	Core[1]	Core + Extended
High Static	Core + Extended	Core + Extended + Rolling	Core + Extended + Rolling
Very High Static	Core + Extended	Core + Extended + Rolling	Core + Extended + Rolling

B. Core Programme

The Core Programme consists of 90 sessions lasting six to eight months at three to four sessions per week. It addresses a range of offending behaviours by:
- challenging thinking patterns used by offenders to excuse and justify their behaviour;
- enabling prisoners to understand how the offences appear from the victim's point of view and how a range of people are affected by sex offending; and
- developing prisoners' ability to recognise risk factors (things that might trigger future offending) and to generate strategies for living successful lives without offending in the future.

C. Adapted Programme

The ASOTP consists of 85 sessions lasting six to eight months at three to four sessions per week. It is designed for those who may have difficulty keeping up with the language and literacy skills required in the

[1] There is also an 'Adapted' Core programme for sexual offenders with learning or communication difficulties.

Core Programme. It has slightly different goals, which include:

- increasing sexual knowledge;
- modifying thinking patterns used by offenders to excuse and justify their behaviour;
- developing the ability to recognise risk factors (things that might trigger future offending) and to generate strategies for living successful lives without offending in the future.

D. Extended Programme

The Extended Programme consists of 74 sessions plus some individual work and lasts six months at three sessions per week. The EP is designed for those who have 'successfully' completed the Core or Rolling Programme (or equivalent offending behaviour work), but who could benefit from completing further work. This includes

- working with certain thinking styles that are related to offending and manifest themselves in other areas of life;
- effectively managing offence-related emotional states;
- developing skills to help manage intimate relationships successfully;
- understanding the role of offence related sexual fantasy and developing skills for managing this.

The Programme also aims to continue the development of skills needed to recognise things that might trigger future offending.

Individual work with a psychologist, to address offence related sexual fantasy and arousal, is part of the EP.

E. Rolling Programme

Extent of participation on the Rolling Programme is dependent on individual treatment needs. Average length of participation is three to four months at three sessions per week. The RP addresses the same range of behaviours as the Core Programme, but runs in a 'rolling' format so group members may join and leave when appropriate.

The Rolling Programme has two target groups, who may be mixed within a group. These are:

- low risk and low deviance offenders, who will normally be identified by the SOTP Structured Risk Assessment; and
- higher risk offenders who have already completed the Core (and possibly the Extended) programme but who need some additional work to achieve a satisfactory impact.

At initial assessment, the SOTP Treatment Manager will decide whether the Core Programme or the Rolling Programme is more suitable.

F. Booster Programme

The Booster Programme consists of 35 sessions and lasts two to three months at three sessions per week. It is designed for those who have 'successfully' completed the Core, Rolling and/or Extended Programme (or equivalent offending behaviour work) and are within 18 months of being released. The Booster programme revises the concepts of the Core or Rolling Programme and then allows participants to plan and prepare for release in more detail.

The Booster Programme is currently being revised with a view to providing more support in maintaining change for prisoners on long sentences.

II. EVALUATION OF THE PRISON SERVICE SEX OFFENDER TREATMENT PROGRAMME

Evaluation of programme impact is an accreditation requirement and contributes towards programme improvement.

The following table presents data comparing outcomes in terms of reconvictions for prisoners who completed the Core Programme with imprisoned sex offenders of similar risk who did not undertake any treatment.

Two Year Sexual and/or Violent Reconviction Rates for Treated and Comparison Groups by Level of Risk. (n=647 and Comparison Group n – 1910)

Risk of Re-Offence	1. Treatment Group %	2. Comparison Group %	% Point Reduction	Proportionate reduction %
Low	1.9	2.6	0.7	26
Medium – low	2.7	12.7	10.0	78
Medium – high	5.5	13.5	8.0	59
High	26.0	28.1	2.1	7

APPENDIX B

I. SEX OFFENDER TREATMENT IN THE COMMUNITY

The National Probation Service has four accredited sex offender programmes. Each of the Probation regions will be running one of these programmes, together with a new programme for internet related sexual offenders.

The difference in the name and structure of the programmes reflects their original design in the West Midlands (C-SOGP), Thames Valley (TV-SOGP) and Northumbria (N-SOGP). Each has been designed to meet the needs of sex offenders living in the community who are subject to supervision either as a non-custodial sentence or on licence following release from a prison sentence. All three programmes have proved to be effective in work with adult male sex offenders. The work which is undertaken is similar. The selection requirements and length of attendance are similar. The programmes have a number of different entry points for offenders according to:

- Level of risk and deviance
- Whether they have completed sex offender treatment programmes in prison

The Treatment Manager responsible for the programme in the Probation Area to which a prisoner may be released decides the most appropriate method of addressing the risk presented by the sex offender after release from custody. This includes the point of entry into the community-based treatment programme. Treatment Managers will take into account the assessment of risk and deviance, the level of denial, and the standard criteria for inclusion on the programme (i.e. Male, Adult, I.Q. 80+)[2].

A. C-SOGP

This programme has three main components.

1. Induction Module

This is a 50-hour module designed as the main point of entry into the programme. Offenders will start this module if they have been sentenced from Court to attend as part of a 3-year Community Rehabilitation Order. Offenders released from prison who have not previously taken part in a treatment programme will also start the C-SOGP in the Induction Module[3]. The Induction Module is a closed group (i.e. all group members start the programme together and no new members join the group once it has started). The first week of the Module is a five-day block. Following this first week the Module continues in two-and-a-half-hour sessions. These sessions are usually delivered on a weekly basis for ten weeks. Some Probation Areas may run this Module on a twice-weekly basis or run two sessions on one day.

The Module aims to help offenders take greater personal responsibility for their offence and to reduce the minimisation often found in offender accounts. During the course of the Module, offenders will be encouraged to identify patterns in their offending behaviour.

2. Long Term Therapy Programme

Following completion of the Induction Module, offenders who are assessed as Medium and High Risk or High Deviance, will be entered into the Long Term programme. Offenders who have completed treatment in prison but who are still assessed as High Risk and/or Deviance will usually enter the C-SOGP in the Long Term programme. This contains six modules and the offender may enter at the start of any Module (other than Victim Empathy). The Long Term programme is usually run on a weekly basis of one session per week. The total number of 190 hours worked in this part of the C-SOGP will take seventy-six weeks to complete if the programme is run on a weekly basis. These modules are designed to continue the process of

- challenging distorted thinking
- identifying maladaptive relationship styles and core beliefs
- learning new skills to improve self-management

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[2] Whilst the NPS does not currently have an accredited programme for sex offenders with learning disabilities referral of such offenders should still be made. Many Areas have arrangements to deal with this offender group.

[3] Research suggests that it is inadvisable for sex offenders to commence treatment unless they are able to complete the programme. Therefore sentencers are recommended to use Sec 58, PCCS Act 2000 to apply extended sentence provision of three year post release supervision periods for sex offender cases. The Treatment Manager will make a judgement of suitability for the programme in cases of shorter licence periods.

- understanding the role that deviant fantasy plays in offending and techniques to control such fantasies
- developing victim empathy, relapse prevention skills and new lifestyle goals.

3. 50-Hour Relapse Prevention Programme

Offenders who have been assessed as Low Risk and Deviance following completion of the Induction Module will complete the 50-hour RP Programme. Offenders who have made treatment gains during successful completion of the sex offending treatment programme in prison, and who are assessed as Low/Medium risk and Low Deviance may enter the C-SOGP in the 50-Hour RP programme. This is run as a rolling programme; therefore, offenders can enter at any session and continue their attendance for twenty weeks.

This programme is designed for offenders whose behaviour may be less entrenched or who can build on treatment gains made elsewhere. The programme includes work on

- challenging distortions
- victim empathy
- relapse prevention and
- lifestyle change.

B. TV-SOGP

This programme has five main components. Low deviance offenders will complete the Foundation Block, Victim Empathy and Relapse Prevention Blocks. High Deviance offenders will be required to complete the full 160-hour Programme. Successful SOTP completers can enter at the start of any of the Blocks

1. Foundation Block

This is a 60-hour block designed as the main point of entry into the programme. Offenders will start with this module if they have been sentenced from court to attend as part of a three-year Community Rehabilitation Order. Offenders released from prison who have not previously taken part in a treatment programme will also start the C-SOGP in the Foundation Block.

The Foundation Block is designed as a two-week full-time block. Some Probation Areas may run this as a block of seven days with the remaining three days run as weekly sessions; however, it will normally be run as ten days over a two week period. It will always be run as a closed group.

This block tackles the offence-specific areas such as

- offence details
- attitudes towards the offence
- identifying offence patterns and
- the role of deviant sexual thoughts.

2. Victim Empathy Block

The 16-hour Victim Empathy Block consists of eight two-hour sessions run on a twice-weekly basis. It is taken after the Foundation Block. The sessions could be run weekly, at the Probation Area's discretion, but twice-weekly sessions are recommended so that they retain their impact. It is run as a closed group.

Offenders work on perspective taking skills and relate these to victim perspectives of sexual abuse.

3. Life Skills Block

This 40-hour block is structured in twenty sessions that can be delivered either weekly or twice weekly, as a closed group.

The block covers work on

- problem recognition & solving skills
- coping skills
- relationship skills and
- other non-offence-specific factors which may have contributed to an individual's offending.

4. Relapse Prevention Block

This 44-hour block is run as a weekly group of two-hour sessions. The ideal joining point is at the beginning of the block; however, to obtain maximum flexibility, arrangements can be made to join at other sessions during this block.

The block focus is on learning and practising strategies for leading a more satisfying life without sex offending. Sessions deal with the reduction of personal risk factors.

5. Partners Programme

This is 36 hours in length and is intended for female partners who are intending to continue their relationship with the offender. It is particularly appropriate for partners of low risk/deviance intra-familial sex offenders, where the contextual risk may be high. Partners of men who have sexually abused adults or who have committed non-contact offences may also attend.

C. N-SOGP

This programme has two components. Offenders assessed as High Risk/Deviancy will attend the Core Programme (144 hours minimum) followed by Relapse Prevention (36 hours), giving a total programme length of 180 hours. Low risk/deviance offenders will normally complete individual preparation work followed by the Relapse Prevention Programme. Offenders released from prison will follow similar routes, according to the assessment of their risk and deviance.

1. Core Programme

This is a rolling programme consisting of four blocks of eight weeks each (total 32 weeks). Sessions of 4.5 hours are delivered on a weekly basis. This programme was originally designed to run in daytime sessions; however, some Probation Areas may choose to run two evening sessions of shorter duration to cover the same amount of material. The blocks are separated by a gap, usually two weeks, to allow for feedback to Case Managers and identification of individual work required. An offender may join at the start of any of the blocks. This group structure provides flexibility in terms of quick access into the programme and the possibility of offenders repeating a block if they are assessed as having made insufficient progress. Group sessions combine both "Personal" work, in which an individual presents his individual work to the group for challenge, and "Thematic" work which involves the whole group in structured exercises. Personal work includes "My Offence", "Cycle of Offending", "What's Changed" and "Risk Factors", which are the focus for each of the four blocks that make up the Core Programme. Thematic exercises include work on

- links between sexual fantasy and deviance
- cognitive distortions
- victim empathy
- risk awareness and management
- problem solving and social skills.

2. Relapse Prevention

This is a closed group running over a twelve-week period of three hours per weekly session. All offenders who completed the Core Programme will be expected to complete the relapse prevention group. Other offenders may join

- on release from prison if they demonstrate sufficient learning from the SOTP or
- are low risk/deviancy offenders who have completed individual work with their Case Manager.

The emphasis of the group is on identifying new, pro-social ways of behaving and reinforcing the positive feelings that are associated with an offence-free lifestyle. The group itself primarily addresses the internal self management component of desistance from offending. Each member will therefore leave the group with his own relapse prevention (or "new life") plan.

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