

Community Based Sex Offender Treatment Provision:

AN EVALUATION BY THE STEP TEAM

Introduction

In 1993 Barker and Morgan reviewed the literature on the nature, evaluation and efficacy of sex offender treatment programmes; and surveyed the provision of such programmes by the Probation Service. They found that all but 13 of the Probation Services in England and Wales were running some form of sex offender treatment programme. Of the 63 probation-led sex offender treatment programmes in existence, only three had been running for more than five years. This finding illustrates the rapid growth in the area. There appeared to be three main models of treatment programme: full-time attendance for one or two weeks; two hours weekly for eight weeks to six months; or two hours weekly for a year to indefinitely.

The main treatment approach reported being used by Probation Services was 'cognitive-behavioural' therapy. Barker and Morgan suggest that the reason for this lack of variation in treatment approach in probation services has been due to the influence of one or two training organisations and reports of the effectiveness of cognitive-behavioural therapy, particularly with child molesters and exhibitionists (Marshall *et al.*, 1991). The 'cognitive' aspect of this type of therapy should cover recognising the patterns of distorted thinking which allow the contemplation of illegal sexual acts; understanding the impact of sexually abusive behaviour on victims; and increasing the awareness of the harmful short and long-term consequences of offence behaviours. The 'behavioural' component of treatment should involve reducing sexual arousal to inappropriate fantasies of forced sexual activities with children or adults.

Such programmes are primarily undertaken in groups. Groupwork can be seen as an effective means of delivering treatment for a number of reasons. By joining a group a sex offender publicly acknowledges his need to change, allowing other clients to challenge the offender's distorted

patterns of thinking and behaviour and providing a supportive environment in which new attitudes and behaviours can be rehearsed.

Background to the Research

Seven centres were selected for detailed evaluation because they were well-established and represented the range of sex offender treatment programmes offered by, or for, the Probation Service. The programmes fell into the following categories:

- **Long-term residential.** Clients seen here were resident at the only private specialist centre for the treatment of child abusers in the UK. They had approximately 15 hours of group therapy per week (plus the equivalent time spent in individual, family work or time spent working on their own) for about, on average, a 31 week stay;
- **Short term intensive.** Three programmes were looked at, offering, on average, 50 hours of group therapy over a two week period;
- **Rolling long-term.** Two open ended programmes were evaluated: delivering two hours of therapy weekly or fortnightly;
- **Short-term intensive group plus co-working.** One programme was seen: consisting of a full week of therapy followed by long-term co-working with the client's probation officer and a programme leader.

Detailed demographic data was collected on approximately seven clients from each of the probation programmes and 20 clients from the residential programme. Each client was given a battery of psychological tests before they started therapy and again after a period of treatment. These were designed to measure changes in those

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areas believed to contribute towards re-offending, such as: 'an offender's willingness to admit to offences and sexual problems; level of distorted thinking about children and sexuality; level of fixation or emotional over-identification with children; the extent to which he is unable to understand the distress that he has caused to his victims; his knowledge of thoughts and situations that may put him at risk in the future; and levels of personal functioning such as – assertiveness and intimacy skills. Data was also collected on these tests from 81 non-offending adult males. By doing this comparisons could be made with the offending sample.

In total, 59 offenders completed testing before and after treatment, of these 52 were child abusers. The rest of the sample consisted of rapists, indecent expositors, and one man whose index offence was of making obscene phone calls. Because of the small numbers in these latter groups all analyses were confined to the child molest sample.

Clients were seen after a full period of treatment in the short-term intensive programmes. Because of time constraints, clients in the other probation programmes were seen after a similar period in treatment. This enabled a comparison to be made between a relatively short amount of therapy in these programmes (average 63 hours), and longer-term treatment in the residential programme (average 462 hours).

Offender Profiles Prior to Treatment

The child abusers in the sample were found to be significantly different from the comparison group of non-offenders in a number of ways. They were typically: emotionally isolated individuals; lacking in self confidence; underassertive in many social situations; poor at appreciating the perspective of others; and ill-equipped to deal with emotional distress. They characteristically denied or minimised the full extent of their sexual offending and problems. A significant proportion were found to have: little ability to comprehend the distress that they had caused to their victims; evidenced strong emotional attachments to children; and a range of distorted attitudes and beliefs, where they portrayed children as able to consent to, and not be harmed by, sexual contact with adults.

Men with most problems in these areas tended to be the more serious offenders, they were more likely to have: committed offences against a number of victims; been convicted of a previous sexual offence; committed offences outside of the family or **both inside and outside** the family. In comparison the rest of the sample were

characterised as having less distorted thoughts and attitudes about children. Of these, most were incest offenders, with usually one female victim (daughter or step-daughter). As a group, these men had an inability to relate to, and understand the emotional needs of children. Suggesting that this may be an important component in the etiology of incest offending.

Was Treatment Effective?

Analysis of the data identified that 54 per cent of the group had profiles that were within a non-offending range on most of the psychological measures after a period in treatment. There was also significant change pre-treatment/post-treatment on these measures. These findings suggest that these men could be considered to have benefited from treatment. In comparison, the rest of the sample had scores that were still outside of the normal range of scores and did not show any change on any significant pre-post change, except for an improvement in level of denial of offence behaviours (specifically admitting to planning of their offences and that emotional damage was caused to their victims).

In judging the extent to which treatment was effective, the level where the offenders started from needs to be addressed. Fixated paedophiles needed to make a substantial change in order to reach a 'successfully treated' profile, whereas men with less distorted thoughts and attitudes towards children needed to change relatively less. Short-term therapy, delivered by the probation programmes, was generally successful in treating the less fixated men. Such therapy had an impact on an offender's willingness to admit to offences and sexual problems, reduced the extent to which he justified his offending and his level of distorted thinking about children and sexuality. However, short-term probation programmes had little success with fixated paedophiles.

Longer-term treatment was generally successful with fixated paedophiles. Such therapy, as well as having an impact on offender justifications and distorted thinking, was found to be related to improvements in self esteem, assertiveness and intimacy skills in these offenders.

Overall 25 percent of clients actually got worse in terms of their ability to comprehend the distress that they had caused to their victims. This may have been due to the fact that they had low levels of self esteem and an inability to cope with the feelings of others. Failure to have the necessary coping skills, as well as feelings of little self-worth, may have left some men feeling bombarded with the consequences of their abusive behaviour without the resources to cope with their feelings, leading to some men becoming hardened in their

attitudes towards their victims as a defence strategy.

Treatment Delivery

Most programmes were successful at delivering the more cognitive aspects of therapy but most contained little, or no, behavioural component. The reason why these techniques were not in evidence in many of the probation programmes may be due to the fact that these require specialised psychological knowledge and training. There was also little evidence of offenders having acquired any formal 'relapse prevention' skills. This involves getting the client to recognise warning signs and risky situations that could lead to re-offending, and teaching the necessary coping, avoidance and escape strategies to deal with such situations appropriately. Any comprehensive programme should include this aspect of treatment.

All group members and leaders and clients were given a questionnaire designed to evaluate the therapeutic environment of the programme. This assessment measured aspects of the groups' functioning such as: cohesiveness of the group; support of clients by group leaders; how much control leaders exerted; and the extent to which the group focused on the tasks in hand.

Considerable variation was found between different treatment programmes with regard to the therapeutic environments that they created. Successful programmes appeared to be highly cohesive, well organised, well led, encouraged the open expression of feelings, produced a sense of group responsibility, and instilled a sense of hope in members. Helpful and supportive leadership style was found to be important in creating an atmosphere where effective therapy could take place; whereas, over-controlling and confrontative leaders and the strict enforcement of rules had a counter-therapeutic effect.

Conclusions

Just over half of the sample appeared to have benefited from treatment. However, this result must be viewed with caution, as it is not known

whether these treatment changes will hold up over time and to what extent treatment change translates into a reduction in recidivism.

Short-term probation programmes were generally successful in reducing levels of denial, justifications for offending and levels of distorted thinking about children and sexuality in less fixated men, but had little impact with highly fixated paedophiles. Long-term treatment produced most change in fixated paedophiles. Such treatment, as well as having an impact on justifications and distorted thinking, was found to have an impact in areas of personal functioning that have been implicated in sexual offending, for example, poor self esteem, underassertiveness and lack of adult intimacy skills. However, it should be noted that such improvements required a large amount of therapeutic input.

The observation that a significant minority of clients (25 per cent) actually got worse in terms of their ability to comprehend the distress that they had caused to their victims after treatment suggests that care should be taken in the timing of such work. If introduced too early the effect may be counter-therapeutic, as offenders may not have come to terms with the consequences of what they have done and may become more defensive and victim blaming as a coping strategy.

References

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VERBALS

The first six months of operation have produced some early indications about possible shortcomings in Prison Service practice. From the relatively small number of complaint investigations completed, it is already becoming clear that categorisation decisions are all too frequently being based on criteria, which however important, are not currently listed in the relevant regulations.

Practice at adjudications seems poor at times. Laid down property procedures are often not followed, and recording of property both in possession and in storage is frequently inaccurate. Above all, practice relating to home leave and temporary release seems confused and inconsistent. It remains to be seen how far the ... release on temporary licence regulations issued in April 1995 will improve matters!

[A Review of the Work of the Prison Ombudsman 24 October 1994 - 23 April 1995]