

THE GRENDON RECONVICTION STUDY PART 1

In 1962, Grendon Psychiatric Prison opened as a 'unique experiment'. It has taken 23 years since the Hubert-East Report recommended that a prison regime based on the principle of therapeutic communities could be relevant and beneficial to treating prisoners with personality disorders and possibly psychopathic tendencies. Since its opening, the experimental label has persisted, particularly amongst Grendon's critics and cynics, largely because of the failure to establish that it worked in terms of lower reconvictions. Now, at last, there is growing empirical evidence that the experiment is over and has been successful.

Over the past 30 years, there have been few substantive research projects which addressed the vexed issue of Grendon's efficacy in terms of reconvictions. Newton's (1971) paper which concluded that, comparing Grendon reconviction rates after one year with those for 'patients' in Wormwood Scrubs and young men who had received a period of corrective training, there were no significant differences. The work of Gunn, Robertson, et al (1978) *Psychiatric Aspects of Imprisonment* which was probably the most famous attempt, concluded that compared to a sample from a local prison, a Grendon sample reconvicted at a comparable (even slightly higher) rate. They followed this up ten years later and found that both the Grendon sample and a 'matched control group' had been

reconvicted at the same (80 per cent) rate and there was no difference in either the frequency or severity of their post-discharge convictions. More recently, Player and Genders (1989) in *The Study of a Therapeutic Regime* within the Prison system, did not look at reconviction but concluded nonetheless that there were five stages in a Grendon 'therapeutic career' - motivation, recognition, understanding, insight and testing. They found that 18 months in therapy was a significant threshold for perceived success and that men who stayed longer at Grendon were those who came to us reporting, again significantly, higher levels of guilt and of self-criticism, and who were more intelligent.

None of these, or other minor studies, differentiated the relationships between several indices of determining success or failure nor did they attempt to differentiate those men who were most likely to succeed after prison in terms of their time in therapy and their manner of leaving, ie, direct from Grendon as opposed to transferring from Grendon to another prison and then subsequently being released.

The current study looked at data on large (N = 277) samples of randomly selected men who had been in therapy between January 1984 and December 1988. Data on a wide range of variables was collected and subjected to statistical analyses in order to determine whether there were

Dr Eric Cullen,
Head of Psychology,
HMP Grendon Underwood -
October 1992

The author refers to studies of the effectiveness of Grendon and explains the research he is currently working upon and offers some tentative but encouraging findings.

any significant differences in terms of SUCCESS and FAILURE as defined by:

- a) Time in Therapy.
- b) The clinical judgements of Wing therapists.
- c) Reconvictions after two years.

Subjects

The men in the study were randomly, that is, alphabetically, selected from the files of Receptions/Discharges maintained for all men who had been accepted into therapy. Sample sizes were $N = 50$ for each of the years 1984 through 1988 and $N = 25$ for three subsequent samples who were in therapy between 1.85 and 8.88 and on whom the Therapists for three wings were able to make direct clinical evaluations.

Their average age on Reception was 31.2 years. Their average number of previous convictions was 9.8 with a range of 0 ($N = 16$) to 34. Their current offence categories were:

Number with Violent Crimes (including Murder, Manslaughter, Wounding with Intent, Unlawful Wounding and Assault Occasioning Actual Bodily Harm)

= 81 (29 per cent).

Number of Sex Crimes (including Rape, Indecent Assault, Unlawful Sexual Intercourse, Incest and Buggery)

= 76 (27 per cent).

Number of Dishonest Crimes (including Burglary, Conspiracy to Rob, Theft, Possession of Drugs and TWOC)

= 53 (19 per cent).

Number with Robbery Crimes

= 43 (16 per cent).

Number with Arson Crimes

= 11 (4 per cent)

Not recorded

= 13.

Method

The samples were coded into a SPSS/PC⁺ system file and subjected to Cross-tabulations, Analysis of Variance (ANOVA) and Multiple Classification Analysis (MCA). The Life Sentence men ($N = 43$) or men who could not have completed at least two years 'at risk' ($N = 20$), were excluded from the analysis, leaving a total of $N = 214$. These were then divided into those who were released from Grendon direct by Parole or EDR ($N = 112$), and

those who transferred to another prison(s) and were then subsequently released ($N = 102$).

Results

The results of the first act of analysis show that:

- ◆ Of 214 fixed sentence men in the samples, 33.2 per cent were reconvicted within two years of release from prison. This, and the subsequent results, excluded the life sentence sample as we could not confirm which lifers had been released for at least two years at the time of analysis. This compares with reconviction rates of between 42 per cent and 47 per cent for all Adult males, England and Wales (Table 9.3, Prison Statistics, England and Wales 1989).
- ◆ Genders and Player had found (1989) that men who had completed 18 months or more in therapy seemed to have done better after leaving. I therefore took 18 months as a cut-off point for my next comparison. Only 20 per cent of those ($N = 69$) who completed over 18 months reconvicted, compared to 40 per cent for those who did not. This result is highly significant ($X = 7.1$, $DF = 1$, $P = .0077$).
- ◆ We next looked at reconvictions for those who had been released direct from Grendon (as distinct from those who transferred from Grendon and were subsequently released from other prisons) controlling for time in therapy. Of the 43 men who left Grendon having done over 18 months, only seven (16 per cent) were reconvicted, compared to 31 of the 69 (45 per cent) who had done less time in therapy.
- ◆ Finally, much smaller samples ($N = 41$) who had left Grendon most recently were rated by the Wing Psychologist as a 'Success' or 'Failure' in terms of their clinical judgements. Of those rated as successful by the therapist and who had completed over 18 months, only 7 per cent (one of 14) re-offended (only two of all 18 'successes' reconvicted, regardless of time in therapy). Of the 22 rated as failures, one in three were reconvicted regardless of time in therapy. Although these numbers are too small to validate significance, they strongly suggest a

trend, that is, the length and quality of therapy appear to differentiate significantly those who do not re-offend from those who do.

Discussion

These first results, whilst very encouraging, are perforce tentative. As with any good research, we have raised more questions than we have answered. Additional analysis already under way address questions concerning the type and severity of reconvictions for these samples compared to their previous crimes. For example, do those who offended against the person (violence and sexual crimes) re-offend in significantly different frequencies than those who offended against property? If they do re-offend, is it in type and are the new offences more or less serious? There are also many questions about the particular characteristics which may distinguish those who are successful in therapy from those who are not.

The Grendon Reconviction Study Part II will compare these samples with men who were most closely matched with them, ie, those who had asked to come to Grendon and been put on the waiting list for transfer but who, for various reasons which we hope to categorise, had failed to transfer to Grendon for therapy. We are dependent upon assistance in this research from various other departments and agencies including DIP.2 and New Scotland Yard. The research process has to date been an infuriatingly slow one and, given the particular importance of this project in terms of the whole issues of expanding therapeutic principles to other regimes and informing the sterile 'nothing works' perspective, it has been acutely disappointing to have had so little support to date. Perhaps these highly encouraging results may elicit more help for future analysis.

While these results are of course highly promising, there is still a great deal of work to do before we can conclude that Grendon has effected significant reductions in re-offending rates for our clients. We must acknowledge a number of alternative explanations and factors. For example, we know that our population has changed enormously since the mid-70s when Gunn et. al. in *Psychiatric Aspects of Imprisonment*, reported reconviction rates almost double ours. The current Grendon population has far higher proportions of offenders against

people, men with longer sentence lengths and men who are significantly older - all characteristics associated with lower reconviction rates.

Whatever the final results, everyone who has worked at or been involved with this uniquely powerful and positive place over the past 30 years will already know what this research project strongly indicates - that GRENDON WORKS! ■

Acknowledgement

I am completely dependent upon, and very grateful to, Dr David Thornton, DIP.2, for his assistance with the computerising and statistical analysis in this research.

References

- Genders E and Player E**, (1989) Grendon: A Study of a Therapeutic Community within the Prison System, University of Oxford Centre for Criminological Research.
- Gunn J Robertson G, Dell S, Way C** (1978), *Psychiatric Aspects of Imprisonment*, Academic Press, London.
- Gunn J and Robertson G** (1987), A Ten Year Follow-Up of Men Discharged from Grendon Prison: *Brit J Of Psychiatry*, 151 674-678.
- Newton M** (1971) Reconviction after Treatment at Grendon, CP Report Series B, No.1, Prison Department, Home Office.