Community Sex Offender Groupwork Programme
UK

Type of intervention

Group Work

Target group, level of prevention and sub-groups:

(Potential) Offenders

Tertiary prevention

Adults (21 Years +) | Male | Group Work | English

Target population

The Community Sex Offender Groupwork Programme (C-SOGP) is suitable for male adult sexual offenders (aged 21 years and over) who fall within the normal IQ range (80+). It is designed to meet the needs of those who have offended against children and/or adults, as well as those who have committed non-contact sexual offences.

Delivery organisation

National Offender Management Service (Prisons and National Probation Service)

Mode and context of delivery

The programme follows a group based treatment approach for eight to ten adult male sexual offenders in community settings. The treatment modality follows the Risk/Needs/Responsivity approach in which the intensity and amount of treatment depends on the risk of the offender, it sets out to meet criminogenic needs and is responsive to the learning styles of the individual.

The treatment method is broadly cognitive-behavioural. That is, the methods are intended to intervene in the pathway to offending by restructuring attitudes that support or permit sexual offending and changing previous dysfunctional behaviours by building new skills and resources.

Reference No: OT38

The C-SOGP is an accredited treatment programme. This means that it has been through a process of accreditation established by NOMS to determine which programmes are suitable to be operated in prisons and probation. Accreditation carries with it a number of requirements on providers to ensure the programme is operated with integrity and to the quality standards set out in the accreditation process.

Consequently all providers of the CSOG programme are subject to audit procedures. The purpose of audit is to ensure that the programmes are being delivered as intended, both operationally and clinically. Operationally, audit ensures that programmes receive appropriate management support and attention, that delivery is not compromised by insufficient resources, that staff are supported and that assessments and other paperwork are completed in an appropriate and timely way.

The clinical assurance process ensures that the quality of treatment delivery is in line with expectations. Each programme is rated against two criteria: the quality of delivery of the programme and the quality of treatment management. The QA process involves examination of treatment reports; viewing recordings of sessions and examining the supervisor's records (such as observational notes and supervision records).

Level/Nature of staff expertise required

The Sex Offender Treatment Programmes are designed to be delivered in the community by Probation Officer staff or by staff who have a similar level of qualification.

Suitability for this work is competency based. All staff working on sex offender programmes in the community undergo a nationally-prescribed comprehensive selection process followed by training during which their understanding, competencies and abilities will be assessed. Staff must first be assessed as suitable to become a facilitator. This involves successful attendance at an assessment centre during which the candidate must demonstrate their competence in three areas: a role play situation, delivery of a presentation and a formal interview.

Those who are successful will attend training in the fundamental skills associated with working with sexual offenders and then the CSOG programme specific training. Those staff who pass the training will provide treatment under the supervision of a Treatment Manager or designated supervisor at all times.

Intensity/extent of engagement with target group(s)

An individual offender's route through the programme depends on risk level (assessed using the Risk Matrix 2000S static risk assessment tool). Low risk offenders attend the Induction and Better Lives modules (35 sessions = 87.5 hours). Most medium and all high risk offenders attend all modules (total approximately 175 hours depending on group numbers). There is some discretion to place low risk offenders with higher treatment needs in the longer programme but such overrides should be exceptional. Adjustments are also provided for offenders who have attended and made progress in an accredited sex offender treatment programme in prison.

Description of intervention

Treatment targets and methods by module of the CSOGP:

Induction module: The principle aims of this module are to enhance motivation to change and to reduce levels of denial and minimisation, thereby increasing offenders' acceptance of responsibility for their offending.

Module one: Relationships and attachment styles: This block aims to explore the link between early life experiences and current relationship styles. Work is also done to encourage participants to learn from past experiences but not be trapped by them.

Module two: Self-management and interpersonal skills: This module aims to help group members understand the links between poor self-management and sexual abuse and to develop and improve skills in self-management.

Module three: The role of fantasy in offending: This module aims to reduce reliance on sexual myths and gender stereotypes which may contribute to pro offending thinking, to increase awareness of the role of deviant sexual arousal in offending behaviour, to increase motivation to develop non-deviant sexual interests, to reduce deviant sexual arousal and to increase non-deviant sexual arousal

Module four: Victim empathy: This module aims to increase awareness in offenders of the effects of abuse and build an empathetic understanding of the victim's experience.

Module five: Better Lives and Relapse Prevention: This module is run as a separate closed group that specifically targets issues relating to relapse prevention but also draws upon the 'approach goal' ethos of the Good Lives Model

Evaluation

Large-scale research indicates that sex offenders who receive treatment, in both prison and community settings, have a lower sexual reconviction rate than those who do not receive treatment. Cognitive-behavioural treatment is the most effective, especially if paired with pharmacological treatment (e.g. hormonal drugs that reduce sexual drive). Other approaches (psychotherapy, counselling and non-behavioural treatment) generally do not reduce reconviction.

Hanson, Bourgon, Helmus, & Hodgson (2009) examined 23 studies that met minimum standards for methodological quality and found an eight percentage point difference (10.9% and 19.2%, respectively, or a relative 43% reduction) between treated offenders and untreated controls in sexual reconviction. Sex offender programmes which follow the risk, need and responsivity principles lead to the largest reductions in reconviction. Medium and high risk sexual offenders benefit most from treatment.

Schmucker & Losel (2009) combined 26 high-quality research studies of sex offender treatment. The sexual offending reconviction rate for treated offenders was on average 3.4 percentage points lower than that for untreated offenders (this can also be phrased as a 27% reduction in sexual offending). The general reoffending rate was also reduced by treatment. Mandatory treatment had as much impact as voluntary treatment. The treatment effect was better for juveniles and for high risk offenders, and was better in well-documented programmes and programmes that were delivered through individual sessions as well as group work.

The impact of cognitive behavioural interventions with sexual offenders is as good as, and in some cases better than, the impact of many well accepted medical and psychological treatments (Marshall & McGuire, 2003). There is an empirical literature into risk factors for sexual recidivism (e.g., Hanson & Morton-Bourgon, 2004), which provides useful guidance on the essential targets for treating those who have engaged in sexually abusive behaviour (Mann, Hanson, & Thornton, 2010). The established risk factors are often viewed as clustering into four domains (Craissati & Beech, 2003; Hanson, 2000): sexual arousal factors; attitudes tolerant of sexual deviance; interpersonal deficits; and self-regulation deficits.

Hedderman and Sugg (1996) looked at 2-year reconviction rates after probation treatment. 133 offenders who had received treatment had a lower sexual reconviction rate than a comparison group of 191 offenders who had not received treatment.

The reconviction rates of 155 sexual offenders who started C-SOGP have been compared with 55 offenders who did not receive treatment (Allam, 1998). Those who took part in the programme had lower rates of reconviction for sexual offences than the comparison sample.

Another reconviction analysis found that the actual 2-year reoffending rate of sexual offenders who completed a community sex offender programme was significantly lower than the predicted reoffending rate for this group (Hollis 2007).

References

Allam, J. (1998). *Effective practice in work with sex offenders: A reconviction study comparing treated and untreated offenders.* West Midlands: West Midlands Probation Service Sex Offender Unit.

Craissati, J. & Beech, A. (2003). A review of dynamic variables and their relationship to risk prediction in sex offenders. *Journal of Sexual Aggression, 9,* 41–55.

Hanson, R. K. (2000). Treatment outcome and evaluation problems (and solutions). In Laws, D. R., Hudson, S. M., & Ward, T. (Eds.), *Remaking relapse prevention with sexual offenders* (pp. 485–499). Thousand Oaks, CA: Sage

Hanson, R. K. & Morton-Bourgon, K. (2004). Predictors of Sexual Recidivism: An Updated Meta-Analysis. (User Report No. 2004-02). Ottawa: Public Safety and Emergency Preparedness.

Hanson, R.K., Bourgon, G., Helmus, L. & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior, 36*, 865-891.

Hedderman, C., & Sugg, D. (1996). Does treating sex offenders reduce re-offending? *Home Office Research Study, no. 45.* London: Home Office.

Hollis, V. (2007). *Reconviction Analysis of Programme Data using Interim Accredited Programmes Software (IAPS*). Unpublished report, Ministry of Justice.

Mann, R.E., Hanson, R.K. & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment, 22*, 172-190.

Marshall, W. L. & McGuire, J. (2003). Effect sizes in the treatment of sex offenders. Int. J. of Offender Therapy and Comparative Criminology, 47, 653-663

Schmucker, M & Losel, F. (2009). A systematic review of high quality evaluations of sex offender treatment. Paper presented at the Annual Conference of the European Society of Criminology, Ljubljana, Slovenia.

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