

Type of intervention



Individual Work



Counselling



Residential



Family Work

Target group/s, level/s of prevention and sub-group/s:

(Potential)
Offenders

Tertiary prevention

Children (6-11 Years), Young People (12-17 Years), Young Adults (18-20 Years) | Male & Female | Individual Work, Counselling, Residential, Family Work | English

Target population

Children and young people aged 6-18 years, who display problematic or harmful sexual behaviour. This includes individuals from a range of ethnicities, both males and females and those who have difficulties with cognitive functioning and a complexity of needs.

Delivery organisation

G-map is an independent organisation based in North West England.

Mode and context of delivery

G-map provides individualised intervention packages in accordance with assessed need. Interventions can be delivered in the community, in residential settings and in secure settings and G-map has a number of partnership arrangements to facilitate this. Interventions also include working with the young person's family and carers.

Level/Nature of staff expertise required

G-Map's staff members come from a range of backgrounds including those who are professionals in social care, health, criminal justice and psychology. G-map also employs the services of forensic and clinical consultants.

Intensity/extent of engagement with target group(s)

This is based on an assessment of individual intervention needs using the AIM2Assessment Model and therefore varies from person to person. The model has been developed by G-map for children with harmful sexual behaviour.

Description of intervention

G-map adopts an individualised approach to treatment, informed by the Good Lives Model (which emphasises a strengths based approach) and by the principles of the Risk Needs Responsivity Model. Following an initial assessment, interventions can include weekly co-worked individual therapy sessions, group work, specialist residential or foster care placement packages, therapeutic work with families and/or carers, professional consultation and training and supervision of a supported carer.

A range of therapeutic approaches are used including cognitive behavioural therapy, compassionate mind training, dialectical behaviour therapy, experiential therapy, attachment focused treatment, resilience-based interventions and narrative therapy, in accordance with individual needs. G-map has developed its own adaptation of the Good Lives Model, the GLM-A, which underpins assessment, problem formulation, intervention and transition planning with young people.

Evaluation

In 2006 G-map undertook a recidivism study involving 120 young people who had intervention. The follow up period was between two and 15 years, and the Police National Computer Records showed that 93.5% of the young people who received a G-map intervention did not commit a subsequent sexual offence. A further consideration is that G-map referrals have disproportionately represented those young people who present with the highest risk and need.

References

Print, B., O'Callaghan, D. (2004) Essentials of Effective treatment programme for sexually abusive adolescents: Offence specific treatment tasks. In G.O'Reilly, W. Marshall, A. Carr, Hoover and New York: Brunner- Routledge.

Wylie, L.A. &Griffin, H.L. (in press) G-map's application of the Good Lives Model to adolescent males who sexually harm`; A case study. *Journal of Sexual Aggression*, 19,345-356.

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