

Internet Sex Offender Treatment Programme UK



Type of intervention

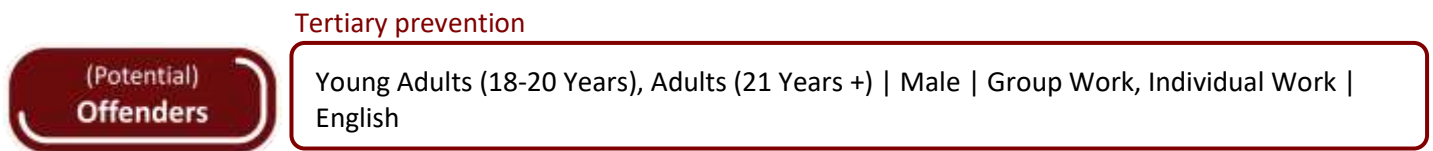


Group Work



Individual Work

Target group, level of prevention and sub-groups:



Target population

The Internet Sex Offender Treatment Programme (I-SOTP) is a community based treatment programme for male offenders, who fall within the normal IQ range (80+) and who have been convicted of offences which involved the viewing, making, possession or distribution of indecent images of children through the medium of electronic communication. When delivered in the one to one format it is suitable for over 17 year olds and when delivered in the group format it is suitable for over 21 year olds.

Delivery organisation

National Offender Management Service (Prisons and National Probation Service)

Mode and context of delivery

The programme follows both a group based treatment approach for eight to 10 adult male sexual offenders in the community and a one to one approach for individual offenders. 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.

The ISOTP Programme is an accredited treatment programme. This means that it has been through a process of accreditation established by NOMS to determine programmes that 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 ISOTP 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 SOTPs 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 programme specific training for one of the three community sex offender treatment programmes, the Northumbria SOGP, the Thames Valley SOGP and the Community SOGP. Only staff who have successfully completed training for one of these programmes can then undertake training for ISOTP. The 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)

Both group and one to one formats have been accredited. The group format consists of 35 sessions arranged by themes (referred to as Modules).

Group sessions are of two hours duration and are run at a frequency of once or twice a week. The total treatment time is therefore 70 hours and the optimum group size is eight. The one to one format consists of 20 to 30 sessions depending on treatment need. Each session is of one and a half hours duration, giving a total of up to 45 hours treatment.

Description of intervention

The aims of the programme are to:

- Increase motivation, decrease denial and identify and reduce discrepancy between perceived prosocial values and behaviour (addressing distorted attitudes)
- Challenge offence supportive attitudes and behaviours (addressing distorted attitudes)
- Build an empathic response to identifying that children depicted in the indecent images are real victims of child abuse (addressing distorted attitudes and socio-affective functioning)
- Reduce use of sex as a coping strategy and emotional avoidance, replacing it with effective problem solving strategies (addressing relationship functioning and self-management)
- Develop adequate relationship, intimacy and coping skills, improve self-esteem and internal locus of control (Social Adequacy factors and self-management)
- Develop realistic relapse prevention strategies and new pro-social lifestyle goals (addressing selfmanagement and socio-affective functioning)

Group format

The modules are as follows:

Motivation to Change – 4 sessions

What Needs did Offending Meet? – 8 sessions

Victim Awareness and Taking Responsibility – 3-4 sessions

Emotional Self-Regulation, Self-Management and Relationship Skills – 13 sessions

Community, Collecting and Compulsivity – 4 sessions

Relapse Prevention and New Life Goals – 3 sessions

One to One format

The modules are as follows:

Motivation to Change – 4-6 sessions

What Needs did Offending Meet? – 4 sessions

Victim Awareness and Taking Responsibility – 4-5 sessions

Emotional Self-Regulation, Self-Management and Relationship Skills – 8-10 sessions

Community, Collecting and Compulsivity – 3-6 sessions

Relapse Prevention and New Life Goals – 5 sessions

Evaluation

An 'internet-only' offender is someone whose sexual offending is confined to the possession, downloading, making and/or distribution of indecent images of children. In general this group has a low rate of reconviction for sexual offences (Seto, Hanson & Babchashin, 2011; Wakeling, Howard & Barnett, 2011). Large-scale and meta-analytic studies also suggest that those internet-only offenders, who go on to commit known further sexual offences, are likely to commit another internet offence, rather than escalating to a contact sexual offence (Seto, Hanson & Babchishin, 2011; Wakeling, Howard & Barnett, 2011). It has been suggested that while those offenders who commit sexual offences online have similar dynamic risk factors to those whose sexual offences did not involve the internet, the former have greater self-

control and more psychological barriers to acting on their deviant interests, than the latter (Babchasin, Hanson, & Hermann, 2011).

In general, 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 (for example 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 (for example 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 two 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 ISOGP has not yet been subject to outcome evaluation. However other studies of the effectiveness of probation programmes for general sexual offenders are positive. The reconviction rates of 155 sexual offenders who started the UK's Community Sex Offender Groupwork Programme 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 two 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).

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