Northumbria Sex Offender Groupwork Programme
UK

Type of intervention

Group Work

Individual Work

Target group, levels of prevention and sub-groups:

(Potential) Offenders

Tertiary prevention

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

Target population

The Northumbria Sex Offender Groupwork Programme (NSOGP) is suitable for adult male 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 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: OT40

The NSOGP 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 NSOGP 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 NSOG 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's route through the programme depends on risk level (assessed using the Risk Matrix 2000S static risk assessment tool). Low risk offenders attend for initial work delivered by the Offender Manager (OM) (individual + 36 hours). This covers the personal work undertaken in the core programme and prepares the offender for direct entry onto the Better Lives module. Medium and high risk offenders complete all four Blocks of the core programme plus Better Lives (180 hours).

Group sessions are run as full day sessions (10.00am to 3.30pm) totaling 4.5 hours per day (not including breaks).

The programme therefore consists of:

- Individual Work with Offender Manager or one to one with Facilitator
- The core group programme consists of four blocks totaling 144 – 162 hours of work depending on group numbers
- Following this, participants undertake the RP and Better Lives programme totaling a further 36 hours work.

- There is also the option to run a Long Term Monitoring and Support Group which is not defined in length and content is responsive to the issues brought by the offenders.

Group size is a maximum of 10 offenders and a minimum of six.

Adjustments are allowed for offenders who have already attended an accredited sex offender programme in prison and who have made significant progress.

Description of intervention

Northumbria Sex Offender Groupwork Programme outline:

The three components of the programme are:

- The Core Group:
  This is a rolling group that makes use of a combination of exercises to assess and address dynamic risk factors. The aim of the Core Group is for each offender to understand the dynamic risk factors and other associated factors that motivated his offending in the past, so that he can learn to change or manage them in the future. This group is divided into four blocks and each block of the Core Group contains five sets of exercises:
  a. Introductory exercises to engage new members and promote group cohesion between established and new members
  b. Assessment exercises to check on the progress of members and that they understand the key messages of the group
  c. Personal work exercises during which members focus on their offences, with the aim of identifying their own dynamic (i.e. criminogenic) risk factors and noting changes in them during treatment. Members undertake one personal work exercise each per block
  d. Thematic exercises designed to enable members to address their dynamic risk factors as well as other factors less directly associated with offending and help bring about change in them
  e. Process exercises aimed at maintaining group cohesion and to acknowledge problems members may have external to the group so that these can be managed appropriately without distracting from the treatment activity.

- The Relapse Prevention Group:
  This is a closed group of 12 sessions which aims to assist offenders in the development of relapse prevention and lifestyle management skills. Offenders who have successfully completed Prison SOTP or the Core Group may join this group. Its purpose is to assist members in developing long term lifestyle management plans free of sexual offending.

- The Long Term Monitoring and Support Group:
  This is voluntary group meeting once a month which offenders may join after completion of the Relapse Prevention Group, although it can also form an integral part of a Community Rehabilitation Order or License conditions. Members may choose to continue to attend this group on a voluntary basis for as long as they wish. Its purpose is to respond to the needs of offenders who require long term support in maintaining their lifestyle management plans and to monitor the potential for relapse of higher risk offenders.

In addition, individual work is carried out prior to joining the group and often in parallel with it. This work is aimed at encouraging motivation, dealing with issues that may otherwise prevent or limit an offender's ability to cope in the group and providing treatment in relation to dynamic risk factors that are not dealt with directly in the group.

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 (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.

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).

References

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Contact details

Dr Adam Carter, Head of SOTP, 4th Floor, Clive House, 70 Petty France, London SW1H 9EX
Email: adam.carter@noms.gsi.gov.uk
Telephone: 03000475631