Thames Valley Sex Offender Programme UK

Type of intervention

Group Work

Target group, level of prevention and sub-groups:

Tertiary prevention

Young Adults (18-20 Years), Adults (21 Years +) | Male | Group Work | English

Target population

The Thames Valley Sex Offender Programme (TV-SOGP) is suitable for adult males sexual offenders (aged 18 years and over) who are in 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 10 adult male sexual offenders, in community settings. The treatment modality follows the Risk, Needs and 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 TV-SOGP Programme 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

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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 TV-SOGP 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 (SOTPs) are designed to be delivered in the community by probation 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 sex offenders and then the TV-SOGP 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)

The programme consists of:

- Pre Programme Work (length not defined)
- Foundation Block (60 hours group time)
- Victim Empathy Block (16 hours group time)
- Life Skills Block (40 hours group time)
- Better Lives Block (44 hours with eight men and 48 hours with ten men)

Group sessions are of two hours duration.

Pre Programme Work is delivered by the individuals' probation officer/Offender Manager on a 1:1 basis. All other modules are delivered on a group basis.

The Foundation Block is normally delivered in 10 days over a two week period.

The Victim Empathy Block is delivered twice a week over four weeks.

The Life Skills Block is delivered twice a week over 10 weeks.

The Better Lives Block is delivered once a week (or twice a week with a two day gap between sessions) for 22 weeks (or 11 weeks).

The recommended group size is eight maximum. The Better Lives Block is recommended a maximum of 10 offenders.

An offender's route through the programme depends on risk level (based on an Risk Matrix 2000 static risk assessment tool). Low risk offenders complete the foundation, victim empathy and Better Lives Relapse Prevention components. Medium or higher risk offenders complete all blocks of the programme.

Adjustments can be made 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 block of the Thames Valley Sex Offender Programme (TV-SOGP):

Foundation block:
The block tackles the offence specific areas such as the offence details, attitudes towards the offence and the role of deviant sexual thoughts. It achieves this by focusing on tasks linked to offending, such as Steps to Offending and Decision Chains.

Victim empathy block:
This block examines the offenders' attitudes towards their victim and encourages them to see the victim's perspective.

Life skills block:
This block addresses non-offence specific factors such as social adequacy and problem solving factors, which may have contributed towards offending. Group members are helped to develop an awareness of what these factors may be for them and to consider what changes they need to make to overcome their particular problems.

Relapse prevention block:
This module 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.

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

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