

# The Challenge Project UK



## Type of intervention



*Group Work*

*Individual Work*

## Target group, levels of prevention and sub-groups



### Tertiary prevention

Young Adults (18-20 Years), Adults (21 + Years) | Male | Intervention for those with disabilities/learning difficulties | English

## Target population

Men aged 18 years and over with a conviction for a contact sexual offence against adults or children. The Project has a specialist role and aims to provide an intervention to offenders who exhibit sexually assaultive behaviour with associated psychological difficulties. Participants should present with two or more of the following:

- Failed or refused to complete a mainstream accredited sexual offender treatment programme (SOTP) with the prison or probation service.
- A history of mental health difficulties.
- Pose a high or very high risk of sexual offending as measured by static factors.
- A history of presenting with significant problems in managing interpersonal relationships that result in antisocial, often aggressive, behaviour.

The Project will also consider individuals who have been managed by forensic mental health services rather than the prison system and for whom a community sex offender programme will assist progression from medium and low security/hospital settings back into the community.

## Delivery organisation

The forensic psychological therapies service, Oxleas NHS Foundation Trust (South East London) in partnership with the London Probation Service.

## **Mode and context of delivery**

The Challenge Project has as its focus the group treatment programme. This is available as a manualised and structured intervention based on cognitive behavioural principles. It runs for two hours weekly on a slow open basis and lasting approximately 15 months, depending on the number of participants. It involves familiar themes such as an offence disclosure, victim empathy, self as victim, sexual assault cycle, relationships and introduction to relapse prevention. However, there is an emphasis on personal histories, attachment difficulties and developmental trauma, as well as interpersonal processes within the group which draws on advances in psychological approaches in the treatment of personality disorder.

Due to the pervasive nature of the participants' psychological difficulties, the group programme is supplemented by voluntary access to monthly individual sessions with a psychologist, access to a psychiatric review and the option of medication, as appropriate.

The Relapse Prevention module is available to all offenders who have completed a treatment programme, whether this is the Challenge Project or an accredited SOTP. This module runs on three days over a one week period and is available twice a year. For offenders who are particularly high risk and/or vulnerable, the Relapse Prevention module is available on an annual or bi-annual basis, as a form of maintenance therapy.

## **Level/Nature of staff expertise required**

The group programme is delivered in a local probation office for one evening a week. There is a team of four staff, two of whom run the group and at least one of whom observes the group via video link and completes administrative tasks. In this way, the rota system allows for the group to be delivered without interruption across the year.

There is always one experienced probation officer and two psychologists on the staff team who are either clinically or forensically qualified. The fourth team member can be variable, but we encourage psychiatrists in training or other interested professionals to join the team for a period of at least one year, for experience.

There is no bespoke training for the group facilitators. Staff are chosen by their interests, enthusiasm and their general interpersonal skills. Specific knowledge regarding the risk assessment and treatment of sex offenders is acquired on an on-going basis. The group is supervised by a Consultant Psychologist on a weekly or fortnightly basis. The supervisor is responsible for ensuring that the group adheres to high standards of governance and accountability, on behalf of the NHS Trust and the London Probation Service.

## **Intensity/extent of engagement with target group(s)**

The group programme comprises of weekly two hour sessions for approximately 15 months, plus 21 hours over three days of relapse prevention work. Additionally, monthly sessions of one hour each are available during the course of the group programme and thereafter as required. A number of participants remain in contact with the forensic psychological therapies service for some years after completion of the main group programme and, increasingly, participate in our forensic service user forum.

## **Description of intervention**

The following is an extract from the Challenge Project brochure which is given to potential and actual participants in the group.

*“We recognise that everyone with a sexual conviction has a different story to tell; but for many, sexual offences occurred at times when their life was out of control, or they had particular problems in their relationships and sense of wellbeing.*

*An attachment model of therapy is based on the view that your personality will have been shaped by a range of experiences – positive and negative – occurring in childhood. These experiences lead to patterns of behaviour, and ways of relating to others in adulthood which cause problems for you. There is good evidence for this model.*

*Sexual offences are sometimes planned and sometimes impulsive, but always have some link to the problems that are around in your life. In the group, we try to help you develop a story about your life and your offending which makes sense. Sometimes we can see past difficulties occur in the group itself, in terms in the way in which you cope with the other group members and the group leaders; if this happens, we will talk to you about it and help you to learn different ways of dealing with things.*

*We agree that it is your responsibility to decide whether or not you reoffend in the future. However, despite best intentions, occasionally people get into trouble again when old patterns of behaviour reappear at times of stress. The group programme will try and help you recognise these risky situations, so that you are better able to make clear headed decisions in the future.*

*You will cover the following topics but not necessarily in the order in which they are described here:*

- **Offence Disclosure**  
*New group members each talk in detail about their “story”, and how their offending took place. This can be very stressful but existing group members aim to be supportive and helpful, not critical.*
- **Self as Victim**  
*Whether or not you have suffered badly as a child, it is helpful to understand your thoughts and feelings when you have been a victim, difficulties in expressing these feelings, and how such experiences can lead to problems later in life.*
- **Relationships**  
*We will encourage you to make links between your early family relationships, difficulties in teenage years, and problems in adult relationships which cause you distress.*
- **Offence Victims**  
*You may feel considerable embarrassment about your offending which leads you to try and avoid thinking about harm to the victim. We will support you to think more clearly about ways in which you gave yourself “permission” to offend in the past.*
- **Sexual Assault Cycle**  
*The cycle is a way of pulling together all your learning into a story about how you came to offend, with important events and triggers.*
- **Introduction to Relapse Prevention**  
*You will start to think about future life plans and possible risks; this work is continued in the relapse prevention group.”*

## Evaluation

The Challenge Project has been subject to a considerable amount of evaluation (see Craissati and colleagues from 1997 onwards). The earlier studies identified the important role of key developmental variables and pervasive psychological difficulties in aggravating the risk profile of convicted sex offenders. It also became clear that the Challenge Project could not demonstrate effectiveness with low risk and/or sex offenders without psychological disturbance; we were only able to establish a significant treatment effect in terms of sexual reoffending for those offenders who are higher risk or more disturbed.

As a result of this research from 2005 onwards, the Challenge Project increasingly specialised in personality disordered and other mentally disordered sex offenders. The latest research (Craissati et al., 2013) followed up 137 sex offenders referred to the Challenge Project between 2002 – 2006 of whom 72 (53%) were placed in treatment with our service. We were able to establish that those placed into the treatment programme were higher risk, more personality disordered and more external in terms of their locus of control than those who were assessed and discharged. Of the 72 treatment participants, 75% completed the programme without dropping out, reoffending or being recalled to prison; an improvement on our previous compliance rate of 56%, despite taking more disturbed offenders. The follow up period in this latest research was 3 ½ years on average, during which time eight participants were reconvicted for a sexual offence (11%) which dropped to five (9%) if treatment non-completers were excluded. Two men were convicted (3%) for a further violent offence, 14 (20%) for a general offence (including failure to register on the Sex Offender Register) and 14 (20%) were recalled to prison without a further charge. Given the high risk nature of the participants in group treatment, we are confident that the 9-11% sexual reconviction rate and the 3% violence reconviction rate represents a very significant improvement on the predicted or expected reoffending rate of this high risk cohort.

## References

Craissati, J. (2013). A Community Service for High-Risk Mentally Disordered Sex Offenders: A Follow-Up Study. *Journal of Interpersonal Violence* (Impact Factor: 1.64).

## Contact details

Dr Jackie Craissati  
Telephone: 01322 297 185, 01322 297 151, 01322 297 157  
Email: jackie.craissati@oxleas.nhs.uk

Dr Karen van Gerko: Karen.van.gerko@oxleas.nhs.uk