



NATIONAL PROBATION SERVICE
for England and Wales

National Directorate

An Assessment Of The Need For Residential Treatment Facilities For Child Sex Abusers

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This study forms part of the research commissioned by the Home Office following the closure of the Wolvercote Clinic, a residential treatment centre for adult males who had sexually offended against children. Ford and Beech (in press) investigated the effectiveness of the Wolvercote Clinic in producing short-term treatment changes and in reducing sexual reconviction rates.

Previous research has suggested that the combination of high risk and High Deviance¹ is associated with higher rates of sexual reconviction (Beech, Friendship, Erikson & Hanson, 2002; Thornton & Beech, 2002). Other research (Beech, Fisher & Beckett 1999) has also indicated that High Deviance men require longer treatment if successful change is to be produced. High risk and/or High Deviance offenders are therefore the most appropriate group at which to target more intensive, long-term treatment resources. The aim of this paper, then, is to determine the proportion of such sex offenders supervised in the community who may derive most benefit from residential treatment and attempt to quantify this need.

KEY POINTS:

- Using pre-treatment psychometric data gathered from a number of Probation Service treatment programmes, 9% of community-supervised sex offenders were found to be High Deviance and high/very high risk of reoffending.
- Extrapolation from these figures to all community-supervised sex offenders suggests that there are about 405 High Deviance and high/very high risk sex offenders being supervised by the Probation Service.
- Twenty-five percent of High Deviance and high/very high risk men completing the Wolvercote residential treatment programme showed overall treatment change² (Ford & Beech, in press). Applying this to the 405 such offenders estimated to be in the community indicates that only about 100 of these would show overall treatment change if they undertook residential treatment.
- This suggests that a small number of residential treatment units would be necessary to meet this need.

¹ High Deviance refers to offenders with high levels of offence-supportive beliefs and socio-affective difficulties as identified by a battery of psychometric tests.

² Overall treatment change refers to change in both offence-supportive attitudes and socio-affective functioning.

Background to the research

Previous research has suggested that High Deviance offenders with high levels of problems as measured by psychometric test batteries require a greater number of treatment hours if change is to be produced (Beech et al, 1999). Offenders at high risk of reoffending may also be more difficult to treat than low risk men. Friendship, Mann and Beech (2003) found that 26% of 'treated' offenders classified as high risk by the Static-99 risk assessment protocol (Hanson & Thornton, 2000) were reconvicted for sexual or violent offences within two years of leaving prison, compared with just 2% of low risk 'treated' sex offenders. Other researchers have reported that the combination of high risk *and* High Deviance is associated with higher rates of sexual reconviction (Beech et al, 2002; Thornton & Beech, 2002). Given the reported greater difficulties in treating such men, they therefore seem the most important group at which to target more intensive, long-term treatment resources.

The research sample

The Wolvercote Clinic was a residential treatment centre for men who had sexually offended against children. It offered a year-long, intensive cognitive-behavioural treatment programme within a closed residential environment.

The findings on which this study is based were drawn from 85 adult male child sexual abusers who had completed at least six months of treatment at the Clinic. Their mean length of stay at the Clinic was 57.9 weeks, which equated to an average of 869 hours of group treatment per person. While the Clinic did not cater exclusively for High Deviance/high risk offenders, 52% of the sample were classified as High Deviance and 45% were assessed to be at high or very high risk of sexually reoffending using a later risk assessment instrument, the Risk Matrix 2000 (RM2000) (Thornton, Mann, Webster, Blud, Travers, Friendship & Erikson, 2003). However, only just over one quarter (28%) of the sample were both High Deviance and high/very high risk of reoffending.

The data used to estimate need within community-supervised offenders was drawn from several different Probation Services throughout the UK. Pre-treatment psychometric data and risk classification information (RM2000) was collected for 638 child sexual abusers who entered community treatment programmes between 1998 and 2003. Their deviance classification was calculated according to their pre-treatment scores on specific psychometric measures assessing both offence-supportive attitudes and socio-affective difficulties.

Summary of treatment changes following the Wolvercote residential treatment programme

An examination of the effectiveness of the Wolvercote treatment programme (Ford & Beech, in press) found that two-thirds of High Deviance and high/very high risk offenders demonstrated change in their pro-offending beliefs, although only 25% of such offenders showed overall treatment change in both their offence-supportive thinking and their socio-affective functioning. This is very similar to the findings of earlier work by Beech et al (1999), which reported that the Wolvercote programme produced overall change in one-quarter of High Deviance offenders and was therefore over twice as successful as the Core Prison Programme operating at that time.

Estimating the need for residential treatment facilities

Using their pre-treatment psychometric data, the Deviance level was calculated for 638 child sex offenders entering community treatment programmes and their risk of reoffending determined by RM 2000. Figures reported by Fisher and Beech (in press) suggest that in 2000 – 2001 the combined Prison and Probation Service sex offender caseload was 10,094, of which 4,494 were in the community. Thus the sample of 638 reported here represents about 14% of sex offenders in the community, although this data spans a broader time period. Table 1 displays the proportion of offenders in this sample in each category when their risk and Deviance classifications are combined.

Table 1: Risk and Deviance classifications of 638 child sex offenders entering Probation treatment programmes between 1998 and 2003

	Very high risk	High risk	Medium risk	Low risk	Total
High Deviance	2% (N = 15)	7% (N = 43)	12% (N = 76)	9% (N = 60)	30% (N = 194)
Low Deviance	2% (N = 15)	12% (N = 76)	29% (N = 186)	26% (N = 167)	70% (N = 444)
Total	5% (N = 30)	19% (N = 119)	41% (N = 262)	36% (N = 227)	N = 638

As Table 1 clearly demonstrates, a relatively small percentage (9%) of offenders supervised by the Probation Service are High Deviance and high/very high risk of reoffending.

Using the figures which suggest the Probation Service to be supervising 4,494 sex offenders and assuming that the proportions reported in Table 1 are

representative of the risk and Deviance levels of all sex offenders in the community, extrapolation from this data suggests that there are approximately 405 High Deviance and high or very high risk sex offenders (9% of all sex offenders) being supervised by the Probation Service. These are the men identified as requiring long-term residential treatment to effect change. When it was operational, the Wolvercote Clinic had a maximum of 25 beds, not all of which were available for treatment men. However, using this capacity as the basis for calculation, if these 405 offenders in the community were to be immediately offered places in 25-bed residential treatment units, at least 19 such units would need to exist.

It is clearly unrealistic to suggest that 19 residential treatment units should be operating within the community. Furthermore, a large proportion of the High Deviance and high/very high risk men completing the Wolvercote treatment programme did not show *overall* treatment change and one-third of these did not show overall reduction on their pro-offending beliefs. Thus, even after the completion of a long-term treatment programme, not all High Deviance and high or very high risk offenders are likely to show change in their offence-supportive attitudes and beliefs.

Ford and Beech (in press) reported that 25% of High Deviance and high/very high risk men completing the Wolvercote residential treatment programme showed overall treatment change. Applying this same proportion to the 405 such offenders estimated to be in the community indicates that we might expect only about 100 of these to show overall treatment change on completion of a long-term residential programme. Again using the previous capacity of the Wolvercote Clinic as a guide, this suggests that four or five residential treatment centres would be necessary to meet the need for longer, more intensive treatment within High Deviance/high risk community-supervised offenders. Those offenders who are not suitable for such long term residential treatment regimes are more likely to be accommodated in the new centres for the treatment of Dangerous Severe Personality Disorder (DSPD). In addition all such offenders in the community will be subject to Multi Agency Public Protection Arrangements and should be assessed for management by way of a Sexual Offence Prevention Order (CJA 2003) and other associated measures.

Conclusions

Previous research has highlighted the importance of offering longer and more intensive treatment provision for High Deviance and high risk sex offenders. Based on estimates of need within such offenders entering community-based programmes, it is suggested that about four or five residential treatment units need to be established, perhaps operating on a regional basis in a variety of locations throughout the UK. This echoes Beckett, Beech, Fisher and Fordham's (1994) recommendation for a number of specialist residential treatment units for high risk offenders, made ten years ago. This, they argued, would enable long-term and intensive work to be conducted in an environment

offering constant supervision and monitoring and in which there would be limited opportunity for offenders to act on their deviant impulses.

It is important to note, however, that despite its length and intensity, the Wolvercote treatment programme was not effective with all High Deviance/high risk sex offenders, which underscores the difficulties in working with these men. However, this also emphasises the importance of continuing to develop our treatment strategies and conducting further work to refine our assessments of offenders most suited to residential treatment. Work to identify those offenders who most benefited from the Wolvercote residential programme is currently in progress. Such work is particularly important in terms of determining those likely to gain most benefit and therefore how best to prioritise our resources. Further development of techniques such as motivational interviewing could also be used to increase some offenders' motivation and readiness for treatment (Mann, Ginsburg & Weekes, 2002).

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Acknowledgements

We would like to thank the staff at the Wolvercote Clinic for their support and assistance in undertaking this research. We are also grateful to the Probation Service for their assistance in collecting the psychometric data.