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***The Effectiveness Of The
Wolvercote Clinic Residential
Treatment Programme In Producing
Short-term Treatment Changes And
Reducing Sexual Reconvictions***

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This study forms part of the research commissioned by the Home Office following the closure of the Wolvercote Clinic. The Wolvercote Clinic was the only residential treatment centre for adult male child abusers in the UK. It offered a one-year intensive cognitive-behavioural treatment programme, consisting of daily groupwork sessions, additional one-to-one sessions and individual work. In July 2002 the Clinic closed when the existing site ceased to be available and a new location could not be found. This study examines the efficacy of the long-term residential treatment offered by the Wolvercote Clinic.

KEY POINTS

- The Wolvercote Clinic was a unique resource, offering long-term, residential treatment to adult males who had sexually offended against children. The programme was particularly aimed at High Deviance¹ men (52% of the sample) and/or those who were at high risk of sexually reoffending (45% of the sample). However, only just over one quarter (28%) of the sample were both High Deviance and high or very high risk of reoffending.
- Although primarily cognitive-behavioural in orientation, the Clinic offered a range of intensive therapy both in groups and on an individual basis.
- There was an overall reconviction rate of 10% in offenders completing the Wolvercote treatment programme. Only men predicted to be at very high (N=2) or high risk (N=3) of reoffending were reconvicted. Four of the reconvicted men were classified as High Deviance at the beginning of the treatment programme and one was Low Deviance.
- None of the men deemed to be 'treated' by the Wolvercote programme had been reconvicted of a sexual offence. However, 86% of men leaving the Wolvercote programme with an 'untreated' profile had also not been reconvicted.
- The Wolvercote programme was able to effect change in 20% of High Deviance offenders for whom previous treatment had been unsuccessful. However, it is not possible to determine whether this resulted from the effects of cumulative treatment.

The research sample

The sample consisted of 85 adult male child sexual abusers who had completed at least six months of treatment. Their mean length of stay at the Clinic was 57.9 weeks, which equated to an average of 869 hours of treatment. The reconviction part of the study was based on 65 men who had completed the programme and who had been out in the community for at least two years. However, a number of these men could not be identified on

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.

the Offenders Index, from which the reconviction data was accessed, and so were dropped from the sample. Therefore the final sample size was 51.

Risk of reoffending was calculated for each individual using Thornton's Risk Matrix 2000 (RM 2000) (Thornton, Mann, Webster, Blud, Travers, Friendship & Erikson, 2003). This is a two-stage calculation based on an individual's score on three static items and four aggravating factors which then predicts their level of risk: low, medium, high or very high. Offenders were also classified as High or Low Deviance according to their pre-treatment scores on specific psychometric measures. The level of Deviance describes the extent to which an offender's score deviates from that of non-offenders. Thus, High Deviance offenders hold a number of cognitive distortions about children and sex, have higher levels of emotional identification with children, difficulties in adult relationships and a number of additional difficulties in their social functioning. Low Deviance men, meanwhile, do not have globalised cognitive distortions about children or the high levels of social inadequacy found in High Deviance offenders, although these men still show significantly higher levels of social adequacy problems than non-offenders (Beech, Fisher & Thornton, 2003). As High Deviance men have a higher level of problems than Low Deviance men they require longer periods of treatment to demonstrate change (Beech, Fisher & Beckett, 1999).

Treatment change was determined according to post-treatment scores on offence-related measures and measures of socio-affective functioning. To be classified as 'treated', the individual's post-treatment scores on both sets of measures had to fall within the non-offender range of responding.

Reconviction for sexual offences after completing residential treatment

Five of the 51 offenders (10%) had been reconvicted for a sexual offence. All of the men who were reconvicted were predicted to be at high (N=3) or very high risk (N=2) of reoffending using RM 2000 and four of these five men were also High Deviance. High Deviance men were more likely to be reconvicted for a sexual offence at both two-year and five-year follow-up periods (13%, 44%) than Low Deviance men (5%, 10%), although these differences were not statistically significant.

These findings are congruent with other studies which have reported sexual reoffending to be greatest in High Deviance/high risk men (Beech, Friendship, Erikson & Hanson, 2002; Thornton & Beech, 2002). However, the small sample size prohibits firmer conclusions from being drawn.

Table 1 reports the rates of sexual reconviction according to whether offenders were classified as treated or untreated and their level of psychometric Deviance.

Table 1: reconviction rates according to level of Deviance and post-treatment profile

	Treated profile	Untreated profile
High Deviance	0% (0/4)	18% (4/22)
Low Deviance	0% (0/12)	8% (1/13)
Total	0% (0/16)	14% (5/35)

None of the men who achieved a 'treated' profile were reconvicted for a sexual offence regardless of their Deviance level, suggesting that the Wolvercote programme has a beneficial effect in helping to reduce reoffending. This result is similar to Hedderman and Sugg's (1996) finding that none of the offenders in their sample who responded well to treatment had been reconvicted within two years. It differs from the findings of Beech, Erikson, Friendship and Ditchfield (2001), however, who reported this relationship to be strongest in Low Deviance men. They found that about one-third of High Deviance men were reconvicted, regardless of their response to treatment. The authors note, however, that the High Deviance men in their sample had received only about 50 hours of treatment, which is unlikely to be sufficient to effect significant change in such offenders.

It should be noted, however, that 86% of men leaving the Wolvercote programme with an 'untreated profile' were also not reconvicted for a sexual offence.

Treatment changes according to risk and Deviance level

At least two-thirds of all the Low Deviance men in the low, medium and high risk categories showed overall treatment change. Half the Low Deviance/very high risk men showed overall treatment change, although the number of men in this group was very small (N= 4).

However, as longer-term treatment has been found to be more important for High Deviance men, Table 2 displays the treatment outcomes for offenders in this category.

Table 2: the percentage of High Deviance offenders showing treatment changes when risk and Deviance levels were combined

	High Dev/very high risk	High Dev/high risk	High Dev/Medium risk	High Dev/low risk
No pro-offending beliefs	67% (8/12)	50% (6/12)	50% (6/12)	63% (5/8)
Treated profile	25% (3/12)	25% (3/12)	33% (4/12)	25% (2/8)

It can be seen from Table 2 that **25%** of High Deviance and high or very high risk men demonstrated overall change after treatment (6 out of 24 men) and higher proportions showed no pro-offending beliefs at the end of the programme. This is very similar to the findings of an earlier study 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 at that time.

A number of men entering the Wolvercote treatment programme had previously undertaken sex offender treatment but still had a High Deviance profile upon entering treatment, suggesting that they had either not made significant changes in their previous treatment or that such changes had not been maintained. The Wolvercote programme produced overall treatment change in 20% of these men, suggesting that it was able to produce treatment changes in some cases where previous treatment had been unsuccessful. However, it is also possible that this finding could reflect the cumulative effects of having previously undertaken treatment.

Conclusion

The Wolvercote treatment programme appears to help prevent reoffending in that none of the men who were 'treated' at the completion of the programme have been reconvicted for a sexual offence, regardless of their level of Deviance. The results of this study also suggest that long-term residential treatment is successful in producing treatment changes in a proportion of High Deviance offenders. Clearly, however, these findings can only be properly evaluated alongside appropriate comparison data.

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