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## The prison-based Sex Offender Treatment Programme – an evaluation

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The study reported here examined the effectiveness of the national Sex Offender Treatment Programme (SOTP) run in prisons in England and Wales. It relates to the SOTP prior to 1996 and before a system of accreditation was introduced to ensure programme quality. Two-year reconviction rates were compared for a group of prisoners who participated in the treatment programme and for a retrospectively selected sample of sexual offenders who shared the same broad characteristics as the treatment group but had not participated in SOTP. All were serving sentences of four years or more.

### Key points

- The treatment group comprised 647 adult male sexual offenders serving a custodial sentence of four years or more, who had voluntarily participated in the SOTP. The comparison group comprised 1,910 adult male offenders who were serving a custodial sentence of four years or more for a sexual offence but had not participated in the programme.
- Statistically significant differences were found between the treatment and comparison groups when sexual and violent reconviction rates within two years of release were combined. This treatment impact was maintained when other relevant variables were controlled for, e.g. sexual convictions, violent convictions and risk of sexual reconviction.
- However, whilst the treatment group had lower two-year reconviction rates than the comparison group for a further sexual offence and also for any offence type, these differences were not statistically significant.
- Preliminary indications are that the programme is having an impact on reconvictions for sexual and violence offences. However, it is important to recognise that sexual offenders (in the absence of any intervention) are reconvicted for sexual offences at a very low rate. It is worth supplementing sexual reconviction data with non-official data as this is closer to measuring reoffending than reconviction alone.

Over the last decade, as a direct result of meta-analytic studies of treatment effectiveness, there has been a shift in the management of offenders from a purely punitive approach to offending, to a rehabilitative approach (McGuire, 1995). The development of cognitive behavioural approaches in the treatment of sexual offenders has been documented and treatment outcomes for cognitive behavioural programmes have been comprehensively reviewed (Marshall, Anderson and Fernandez, 1999). The authors summarised both positive and negative treatment outcomes in

the literature and concluded that, on balance, the empirical evidence supported the view that the cognitive behavioural treatment of sexual offenders has a positive impact on reducing recidivism.

In the 1980s there was an increase in the profile of sexual offender treatment in England and Wales. The Woolf report (1991), published in the aftermath of a number of serious prison riots, and the Criminal Justice Act (1991) made specific recommendations for the management of imprisoned sexual offenders.

**The views expressed in these findings are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy)**

In June 1991, the UK Government announced a strategy for the containment and treatment of sexual offenders in England and Wales. This involved holding sexual offenders in fewer prisons in order to facilitate the consistent delivery of suitable treatment programmes. SOTP was established nationally in 1992. It was centrally designed and adhered to research evidence regarding treatment efficacy for sexual offenders, i.e. it adopted a cognitive-behavioural approach. Programme monitoring and evaluation were an integral part of the programme.

### The sample

The treatment group of 647 adult male offenders had been sentenced to prison for at least four years for a sexual offence. They had voluntarily participated in and completed the SOTP between 1992 and 1994. All of these offenders had subsequently been discharged from prison and spent at least two years in the community. During 1992 and 1994, the SOTP was only available for offenders serving a custodial sentence for four years or more. This was due to the limited number of places available for treatment and sentence length was used as part of the criteria for prioritising offenders for treatment.

Whilst the Prison Service was aware of 'What Works' principles and had applied these to the SOTP, it had not at that point formalised best practice. Procedures for programme data collection at the time varied from prison to prison. For some prisons, the data returned centrally included treatment dropouts although they were not identified. In other prisons treatment dropouts were not included in the data returned. For this reason not all dropout cases are included in the treatment sample and therefore cannot be identified as a separate group.

The comparison group of 1,910 adult male offenders serving a prison sentence of four years or more for a sexual offence were matched to the treatment sample by year of discharge. There was a small possibility that some treatment dropouts may have been in the comparison group but it was not possible to identify these offenders. The treatment and comparison groups were equated by risk of reconviction using an existing risk assessment schedule, 'Static-99' (Hanson and Thornton, 2000), developed for use with sexual offenders. Table 1 shows the sample by risk of sexual reconviction as assessed using Static-99.

**Table 1 Sample by level of risk**

Risk category	Treatment group		Comparison group	
	No.	%	No.	%
Low	263	41	969	50
Medium-low	225	35	655	34
Medium-high	109	17	229	12
High	50	7	57	4
Total	647	100	1,910	100

**Table 2 Sample by criminal history**

Variable	Treatment group mean n=647	Comparison group mean n=1,910
Age at discharge	41.2	39.8
Sentence length (years)	6.1	7.5
Prior sentencing occasions for sexual offences	1.5	1.4
Prior sentencing occasions for violent offences	1.7	2.1
Prior sentencing occasions for any offence	4.7	5.7
Age at first conviction	27.7	25.7

Both treatment and comparison groups excluded life sentence prisoners who are subject to unique community supervision on discharge from prison. Reoffending in this group may not proceed through the criminal courts but lead to direct recall to prison, thus bypassing a reconviction. It should be noted that a small minority of the comparison group may have engaged in a variety of group and/or one-to-one offence-related interventions. Table 2 describes the sample in terms of criminal history variables.

### The programme

SOTP, based on a cognitive behavioural model, covered offence-focused targets such as a reduction in the extent to which offenders minimised and justified their offence, the enhancement of victim empathy and the development of plans to manage personally relevant risk factors.

Both the first and second version of the SOTP Core Programme are included in this evaluation (the third version was introduced in 2000). The first version comprised about 80 hours of treatment; the second about 170 hours. Group facilitators were drawn from a variety of professional disciplines, principally psychologists, probation officers and prison officers. All staff attended two weeks of nationally organised residential training and were supported afterwards by a Treatment Manager at each site qualified in forensic psychology.

### Treatment impact

Two-year sexual reconviction rates were calculated for the treatment and comparison groups (see Table 3). These indicate reconviction within a fixed time period – whether or not the offender was reconvicted within the first two years post discharge from prison. Standardisation of the follow-up period allowed direct comparison with other UK studies where this convention is commonly used. The two-year rates of sexual reconviction were low in both the treatment and comparison groups, although the rate was higher for high-risk offenders. Differences in sexual reconviction rates between the two groups were assessed using chi-square statistic. There were no significant differences.

**Table 3 Two-year sexual reconviction rates for the treatment (n=647) and comparison (n= 1,910) groups**

Risk category	Treatment group		Comparison group	
	No.	%	No.	%
Low	3	1.1	12	1.2
Medium-low	3	1.3	22	3.4
Medium-high	3	2.8	12	5.2
High	8	16.0	8	14.0
Overall	17	2.6	54	2.8

Table 4 shows the combination of sexual and violent reconviction rates within two years (again assessed using chi-square statistic). There was a significant difference overall between the treatment and comparison group for two-year sexual and/or violent reconviction rates ( $p < 0.01$ ). In terms of risk level, significant differences were also present in the medium-low and medium-high offender groups ( $p < 0.01$  and  $< 0.05$  respectively). For low and high risk offenders there was a trend in the expected direction, with treatment group offenders showing a slightly lower rate of reconviction. This treatment effect was maintained ( $p < 0.05$ ) when other empirically relevant variables were controlled for using logistic regression analysis, e.g. sexual convictions, violent convictions and risk of sexual reconviction.

**Table 4 Two-year combined sexual and violent reconviction rates for the treatment (n=647) and comparison (n= 1,910) groups**

Risk category	Treatment group		Comparison group	
	No.	%	No.	%
Low	5	1.9	25	2.6
Medium-low	6	2.7	83	12.7
Medium-high	6	5.5	31	13.5
High	13	26.0	16	28.1
Overall	30	4.6	155	8.1

Two-year reconviction rates for any type of offence (general reconviction) are shown in Table 5. The differences between comparison and treatment groups were also assessed using chi-square statistic and no significant differences were found. General two-year reconviction rates were, however, consistently lower in the treatment group.

## Discussion

The two-year sexual reconviction rates for both treatment and comparison group offenders are low. Those in the treated sample had slightly lower sexual reconviction rates than those for the comparison group but there was no

**Table 5 Two-year general reconviction rates for the treatment (n=647) and comparison (n= 1,910) groups**

Risk category	Treatment group		Comparison group	
	No.	%	No.	%
Low	15	5.7	65	6.7
Medium-low	30	13.3	166	25.3
Medium-high	23	21.1	62	27.1
High	18	36.0	22	38.6
Overall	86	13.3	315	16.5

significant difference. Friendship and Thornton (2001) have discussed the possible absence of statistical significance for evaluation studies in England and Wales. They suggested that, as the rate of sexual reconviction is already low (i.e. less than 5% within two years of release) for untreated sexual offenders, any reduction in this rate as a result of treatment would be very small. It would therefore be difficult to demonstrate statistically that this was due to the effect of treatment rather than chance factors. Supplementing sexual reconviction data with non-official data has been piloted (see Falshaw, Friendship and Bates, 2003) and should be the aim of future evaluative research as this is closer to measuring reoffending than reconviction alone.

A combined outcome measure of sexual and violent reconviction demonstrated that there were overall significant differences between the treatment and comparison groups in the rate of reconviction (Table 4). In terms of risk group, for low and high-risk offenders, there was a trend in the expected direction with the treatment group showing a slightly lower rate of reconviction. Significant differences were found in the medium-low and medium-high risk offender categories.

An explanation for this could be that a proportion of the violent reconvictions were in fact sexually motivated offences. A recent UK study assessed the violent reconvictions of a sample of sexual offenders discharged from prison (who had not been reconvicted of a sexual offence). The study concluded that 12% of the violent reconvictions had a sexual motivation (Corbett, Patel, Erikson and Friendship, in press).

These results could also be due to the known differences between the treatment and offender samples in terms of previous criminal history. This was examined using logistic regression analysis. However, the results suggested that when other relevant factors were controlled for, the effect of treatment was maintained ( $p < 0.05$ ). Preliminary indications are that the programme had an impact on reconvictions for sexual and violent offences.

Whilst there were no significant differences between the treatment and comparison groups in terms of general reconviction, treated offenders consistently had lower rates of general conviction as compared to untreated offenders.

The following methodological issues were identified as relevant to this study:

- the study retrospectively selected a comparison group that broadly matched the demographic and criminal conviction characteristics of the treatment group. It is difficult to achieve exact comparability between the two groups
- there were more available data for the treatment sample than comparison group, e.g. assessment data prior and after treatment
- offenders in the treatment group have volunteered to participate in SOTP and it is argued that they are different from comparison offenders on motivational factors. In this study, the dropouts were not systematically recorded and so were not identifiable as a discrete group. Some dropouts appeared within the treatment group and others did not. This fundamental recording problem has been rectified in current data recording practices for the SOTP.

### Conclusions

The findings suggest that:

- the Core Programme has a significant impact on sexual and violent reconviction for medium risk offenders and is also successful at reducing reconviction for low risk offenders
- the areas targeted by the SOTP Core Programme do not seem sufficient for reducing reconviction in high-risk offenders. Additional treatment should be provided to high risk sexual offenders
- the Core Programme's impact appears to have a wider effect in that although the programme focuses explicitly on sexual offending, violent offending is also reduced by participation in the programme.

### Directions for future research

- An evaluation that assigned offenders to treatment or a control group at random is the ideal way to approach but this is practically difficult to achieve and is contentious from an ethical point of view. Prospectively matching a comparison group to treatment counterparts would be another approach. This could attempt to collect fuller information on the untreated offenders including details regarding victims of offending, motivation to change, offence denial and other psychological characteristics.
- The traditional reconviction study to evaluate treatment efficacy assumes that participation in treatment has an equal effect on all offenders. In reality, the success of treatment can be dependent on factors such as the treatment climate, the implementation of the programme and how the individual sexual offender responds to treatment (see Beech, Fisher and Beckett, 1999). A detailed examination of individual progress during and after the treatment programme would be beneficial in order to identify which sexual offenders respond best to treatment.
- Future research needs to develop this work further in order to examine the relationship between treatment change and reconviction.
- Sexual offenders (in the absence of any intervention) sexually reconvict at a very low rate. It is recommended that future evaluations of programmes for sexual offenders supplement sexual reconviction data with other non-official data.

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