



## Crime in Mind: 2<sup>nd</sup> Research Theme Meeting

### Preventing sex offending

Sex offending or offensive behaviours are rarely out of the news. Media reports called the *Sex Offender Treatment Programme* (SOTP) a failure after a well conducted study in England and Wales, comparing men in prison after conviction for a serious sex offence who had completed it with similar men who had not, found that the programme gave no advantage in preventing re-offending. Maybe this would be a bleak seminar with just a few oddballs? In fact, the conference room was packed with high calibre researchers from within and outside mental health services. They showed how easy it is to be misled by superficial readings of research – generally and in this field. They encouraged us to see that it is possible to break through the stigma attaching to anyone close to these nasty crimes in a way that could promote greater safety for us all – and showed how much more there is to do.

We tend to ask researchers a question which is easy to ask, but which has an almost meaningless answer. ‘Does it work?’ we want to know of any treatment. Expecting just one of two answers, we fall into a pseudo-criminal justice world of ‘yes’ or ‘no’ certainty - and lose the science. People who commit sex offences have complex problems, which interface with a complicated environment. We need to know what works, for whom, under what circumstances – several answers to a series of interacting questions.

**Conor Duggan**, Nottingham’s emeritus professor of forensic psychiatry, spoke of the ups and downs of evaluating treatment programmes for men who commit sex offences. His advice on the SOTP findings was ‘do more analyses’. The sample is big – the biggest among evaluations to date – it could bear this. What lies under the overall finding of equivalence between treated and untreated? Are there some men who do really well and some who do really badly? He expanded the case for asking such questions

**Fiona Williams and Rosie Travers**, from the National Prisons and Probation Service gave us a more detailed examination of the SOTP research - see

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/623876/sotp-report-web-.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/623876/sotp-report-web-.pdf)

More reasons for being cautious about taking the findings at face value emerged – just about 7-8% of men who have a sex offence conviction go on to get more, however they are treated. On these numbers a positive effect would have to be very big indeed to show a difference between treated and untreated men on this single outcome - measured way after treatment was completed and under very different circumstances from those of treatment. The Ministry of Justice has responded to the findings by stopping the programmes. Fortunately, some of the theoretically informed material from the programme is being used in new ways, for example in the community.

**Belinda Winder, Kerenza Hocken and Emma Allen** outlined their community development for people who are concerned that they may be about to commit a sexual offence. This is in addition to their current projects running Circles of Support and Accountability for young people and for adults: see [www.saferlivingfoundation.org](http://www.saferlivingfoundation.org)

The service builds on *acceptance and commitment* approaches, with a compassion focus. It enables people who feel they may be at risk of sexual offending to come for help before it is too late. Currently there is a single case study evaluation of this approach, but the team will be collecting referral information, plus running a process and outcome evaluation with the launch of the SLF's Prevention Project this month. The charity is looking for expressions of interest for 'independent auditors' of their evaluation research, which is conducted by Belinda's Sexual Offences Research Unit at Nottingham Trent University. *Crime in Mind*, with appropriate resource, could assist with independent research.

**Birgit Völlm**, current professor of forensic psychiatry at Nottingham University spoke about the history and development of CIRCLES, which place someone who has committed a sexual offence at the centre of a group of community volunteers to help the offender in the task of being a core member of the group, then society generally through the kind of reintegration which is necessary to ensure desistance. Having completed a study of the characteristics of 'core members' <http://onlinelibrary.wiley.com/doi/10.1002/cbm.2003/full>

what next? What enhances or diminishes any effectiveness?

**Jackie Craisatti** introduced a programme which works within the personality disorder pathway model – the only one of its kind to do so – to treat problems associated with child sexual abuse. Set up originally with research monies, its particular focus is on locus of control of behaviour. Locus of control describes the extent to which a person perceives him- or her-self to be able to manage his/her behaviour and take charge of life and the extent to which s/he feels at the mercy of external events or forces. The programme has always included maintenance of a database to help monitor outcomes. This has helped to show the extent of the complexity of the lives and problems of the service users and to identify subgroups of men to help tailor approaches to real need. Much more needs to be done. An important issue has been establishing appropriate support and supervision for staff – the philosophy 'if you are not in the room, you are still in our mind' is important for the service users, but potentially draining for the therapists.

**Don Grubin**, emeritus professor of forensic psychiatry, Newcastle University, drew attention to the physical aspects of all sexual behaviour, about which many clinicians seem to be in denial when asked to help with treatment of aberrant behaviours. If asked to prescribe medication which may help reduce sexual drive, many object that their function is to treat medical conditions not control risky behaviour. But assisting individuals in managing problematic sexual arousal is a medical indication, with risk reduction a side effect, albeit a beneficial one. There is good evidence that medication can provide relief for many men who offend sexually, with studies showing that participants are better in themselves, with less sexual preoccupation and distraction. This component of treatment can only be delivered by doctors, so we have a responsibility to set out best evidence, improve it where necessary and ensure that all this information is easily available to general practitioners as well as specialists.

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