A national treatment programme for sex offenders in prison was introduced in 1991. However there is no routine provision for follow-up care in the community, which is needed to increase the effectiveness of the programme. There is also a need to identify people in the community who might be at risk of committing a sexual offence and to provide appropriate interventions.

Professor Don Grubin was awarded a grant from the Mental Health Foundation to work with Newcastle City Health Trust and the Northumbria Probation Service, to set up and evaluate two projects: one for sex offenders discharged from prison (SOTP+), and one for people at risk of committing a sexual offence (SBU) in the community. Their aim was to increase the involvement of mental health services in the assessment, treatment & management of sex offenders, and potential sex offenders, in the community. Both projects developed multidisciplinary services, involving probation officers, psychiatrists, psychologists and other professionals.

The key findings from the projects were as follows:

- At the time of the report 53 people (approximately 20 per year) had been referred to SOTP+ (Sex Offender Treatment Programme - follow up) to assess risk and the need for further intervention. 36% were identified as being at high risk of re-offending and appropriate measures were taken.

- As a result of the multidisciplinary review, 25% received some psychiatric help and 40% some psychological help. 4 people were re-convicted for sexual offences, partly through increased police surveillance following the assessment of risk.

- Following the setting up of SOTP+, Probation Officers found it easier to get access to psychological/psychiatric advice, and were able to use it more effectively.

- There have been 95 referrals to the SBU (Sexual Behaviour Unit). Following assessment, 14 people entered treatment.

- The SOTP+ and SBU have established models of good practice for work with sex offenders, which could be replicated in other health districts. They have also delivered specialist training for mental health, medical and social work professionals.
BACKGROUND

The national prison sex-offender treatment programme was introduced in 1991, based on cognitive-behavioural techniques (see Grubin & Thornton, 1994). This form of treatment focuses on challenging thinking patterns and developing strategies for self-control. Research suggests that treatment for sex offenders is most effective if there is long-term follow-up and support (Marshall & Pithers, 1994), but this is not provided routinely in the UK. There is also concern about people who are thought to be at risk of committing a sexual offence, but for whom no services are available as no offence has been committed.

Probation officers are able to work with sex offenders during their period of statutory supervision following release from prison, but it is difficult for them to respond to more complex psychiatric or psychological needs. Psychiatric services tend to be only marginally involved in working with sex offenders and mental health issues relating to individual sex offenders are often overlooked. The projects described below were therefore designed to increase the involvement of mental health services in the assessment, treatment and management of sex offenders, and potential offenders, living in the community.

THE RESEARCH

The first project (SOTP+) was developed to provide follow-up care for people who had participated in the prison SOTP and were due to be released into the supervision of the Northumbria Probation Service. It was then expanded to include other imprisoned sex offenders being released into the area. The programme is able to deal with approximately 20 cases per year.

SOTP+ monthly meetings are attended by a multidisciplinary team (forensic psychiatrist, forensic clinical psychologist, probation officers, psychology assistant). At each meeting the needs of two sex offenders are discussed and a management plan drawn up for each of them. The field probation officer is responsible for overseeing the plan and can contact members of the SOTP+ team directly if difficulties arise. Funding from the Mental Health Foundation was initially used to provide a research worker to present case summaries and analyse data.

The remaining funding was used to help set up the Sexual Behaviour Unit (SBU). The SBU was devised to offer assessment and treatment to people who are not current offenders, but are thought to be at risk of committing sexual abuse. The core team includes a forensic psychiatrist, two forensic clinical psychologists and a full time seconded probation officer. An assessment is carried out, including psychometric tests, followed by a case conference to make recommendations.

Probation Officers responsible for the first 27 offenders referred to SOTP+ were contacted to assess their views of the project and the extent to which the recommendations were implemented. This data was compared with information from a matched group of offenders from other areas of the country, without SOTP. A questionnaire was sent to referrers to the SBU to assess their satisfaction with the assessment and its contribution to case management.
THE FINDINGS

- Information was obtained on 53 people who were referred to SOTP+. Of these, 18 (36%) were identified as high risk using an actuarial risk assessment tool. Following the SOTP review a further 4 people were identified as at risk of rapid re-offending and brought to risk management conferences with police.

- 13 people (25%) received some psychiatric input as a result of the SOTP+ review and 21 (40%) received some psychological input.

- Of the 43 men released from prison by the end of 1999, immediate risk was identified in 13 cases (38%). Four (9%) have been re-convicted for a sexual offence. In three of these cases the arrest came from police surveillance as a result of being identified as high risk by the SOTP+ review. In two further cases, identification of high risk led to recall before an offence was committed.

- Before SOTP+ began, relatively few probation officers felt that psychiatric or psychological inputs had influenced their work. After the SOTP was developed, a high proportion of probation officers felt that the psychiatric/psychological inputs had had a positive impact on their work. They showed much greater use of mental health services than probation officers in a comparison sample.

- 95 assessments were carried out by the SBU following referrals from social services, general practitioners and psychiatrists. Assessments were also provided for courts when mental health issues in sex offenders were raised.

- Following assessment, 14 people entered group or individual treatment. In 40 cases where management decisions had to be made, 37 (93%) of referrers reported that the SBU report was central to their decision-making.

THE IMPLICATIONS

There is considerable public concern about the release of sex offenders into the community. This research addresses this concern by demonstrating ways of involving psychiatric and psychological services more effectively in the assessment, treatment and management of sexual abuse. The SOTP+ and SOB provide models of multidisciplinary working across health and probation services that could be applied in other areas of the UK.

It is difficult to quantify their impact on re-offending, since more intensive monitoring can lead both to reductions in abusive behaviour and to increased conviction rates. However, information from case studies, and feedback from referrers and probation officers, suggests that both SOTP and SBU have resulted in improved decision-making and better access to treatment which reduces the risk of harm.
REFERENCES


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