

Working with high risk offenders: Treatment and reintegration

The Impact of Austerity on the Role of Sex Offender
Reintegration and Community Engagement

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Therapeutic communities

- Therapeutic communities form one intervention accredited by Correctional Services Accreditation Panel designed to address holistic change with focus on risk
- Therapy happens throughout the day and residents are accountable for all behaviour and so attitudes and actions are explored and challenged
- Provides the opportunity to practice skills learned on offending behaviour programmes
- The TC model has evolved over many years and been found to be effective with those with mental health difficulties (Kennard, 2000; 2008), personality disorder (Kennard, 2000; Shuker & Sullivan, 2010); for female offenders (Stewart & Parker, 2007; McDonald, 2009); in the community (Tucker, 2000) and increasingly for disturbed children (Diamond, 2013).



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HMP Grendon Therapeutic Prison:



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- Category 'B' prison (215 prisoners) and also houses category C residents
- 5 Therapeutic Communities and assessment unit
 - High re-offending risk
 - 26% > 30, 47% >25 (*Psychopathy Checklist Revised*)
 - High levels of personality disturbance
 - 81% assessed as having at least 1 personality disorder
 - Psychiatric profile similar to outpatients
 - Significant Levels of emotional distress
 - Anxiety, depression, histories of abuse, self-harm, disrupted care.



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A distinctive custodial structure...

- Opened in 1962
- No segregation unit
- Assault rate 6x fewer than comparative establishments (Newton, 2010) continues once moved on
- An expectation that members are responsible for their own (and each others') behaviour
- Significantly lower self-harm compared to other category B establishments despite 50% of residents having a history of self-harm



A specialist wing for men who have committed sexual offences

B,C & D men who have committed violent and sexual offences

F TC+ men with learning difficulties

G Assessment and Enhanced Preparation Unit



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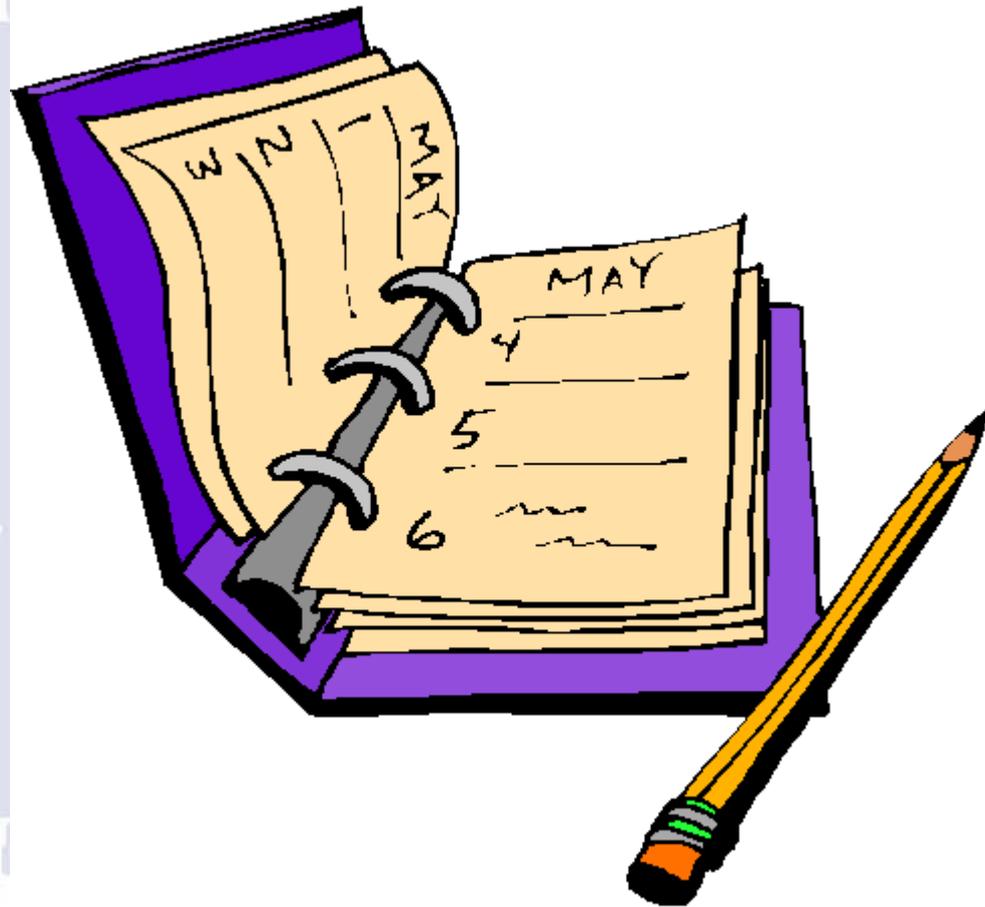
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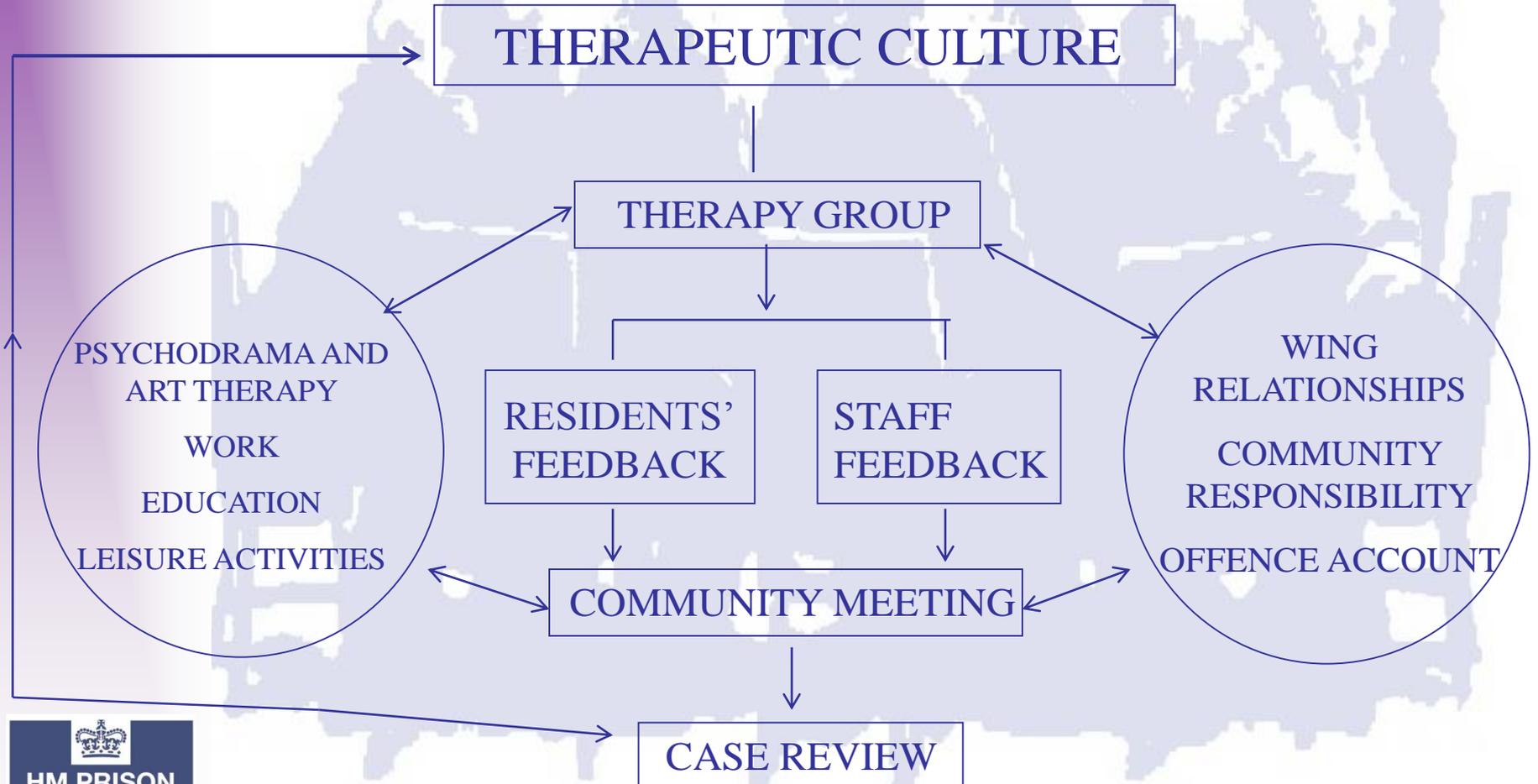
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Day to day programme



THERAPEUTIC COMMUNITY MODEL

LINKS BETWEEN DIFFERENT THERAPEUTIC ACTIVITIES



What is offence paralleling behaviour?

Offence paralleling behaviour (OPB: Genders & Player, 1995; Jones, 2004; Shine and Morris, 2000) is any form of offence related behaviour (or fantasised behaviour) pattern that emerges at any point before during or after an offence. It does not have to result in an offence; it simply needs to resemble, in some significant respect, the sequence of behaviours leading up to the offence. (my emphasis added)

“prison, a confined environment where no children are present produces few triggers for this propensity, and manifestations consequently are less likely, or may be weaker” Mann et al. (2010, 124).



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Hollin (2002)



“...the issue hinges on the degree of continuity of behaviour..... does *offending* behaviour prior to imprisonment predict institutional (mis)behaviour? Then, does institutional behaviour predict recidivism post release?” Jones (2011)



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Functional analysis of sexual offending

A functional analysis of sexually aggressive behaviour includes consideration of:

- ❖ Patterns of behaviour in the lead up to all prior offences thoughts, feelings and behaviour but these may be changed to suit the environment. Consider motivation to offend (Beech et al 2006) grievant thinking, sexually motivated, or sadistic for rapists and preference or poor social skills, offenders against children.
- ❖ Bond & Steptoe-Warren (2010) found that behaviour was muted by the environment – *‘it is like still going on with the stuff was doing outside but try to suppress it’* . *‘I can’t actually offend in prison as I do not have access..I could only use fantasy, not actually offend’* (p.220).
- ❖ This should be done in collaboration with the residents as they are the experts in their own behaviour, *‘each participant can be made aware of behaviour when it repeats itself in the prison environment’* (Dowdswell, Akerman, & Lawrence, 2010 p.236).



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Examples of OPBs of sexual offenders

- Difficult to recognise and talk about the subject at times- power of the secrecy of fantasy and offending-exposure increases vulnerability (Akerman 2010) so how will it be manifested in secure conditions?
- High level of sexual preoccupation, evidenced by use of pornography, sexual banter, or offending in prison, for instance by exposing self to staff.
- Offence-related fantasy is linked to risk of offending (Flak, Beech & Fisher, 2006)
- May be an increase in use of pornography linked to disinhibiting offending (Frost et al, 2006) and fantasy and masturbation (Beech et al 2006). Current sexual interest dynamic risk factor (Beech, Fisher and Thornton, 2003).



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Evaluating change

6 monthly assessment evaluating progress and planning goals

- HCR-20
- Psychopathy Checklist (PCL-R) and behaviour checklist
- Structured Assessment of Risk Need and Responsivity
- Risk of Sexual Violence Protocol (RSVP)
- Spousal Abuse Risk Assessment (SARA)
- Sexual Offence Paralleling Behaviour Checklist (SOPBC)
- Current Sexual Interest Measure (CSIM)



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Managing offence-related current sexual interest

The fantasy modification programme designed to integrate skills through which to manage inappropriate sexual or violent fantasies within a democratic therapeutic community (DTC) accredited for offenders. Residents participated in the programme and then continued to discuss how they applied the skills learned as part of their on-going therapy Akerman (2008).



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The fantasy modification programme

- ❖ The Fantasy Modification Programme (FMP) was devised as a means of giving residents strategies through which to manage inappropriate violent or sexual fantasies.
- ❖ The FMP aims to teach the skills to address this need, and thus add to the quality of work at HMP Grendon and be evaluated in the on-going ‘quality of treatment’ audit process.
- ❖ The aim of this programme is to help offenders to manage inappropriate sexual or violent fantasies and to develop robust relapse prevention plans in line with the Good Lives model (Ward & Stewart, 2003).
- ❖ The application of the good lives model to fantasy modification has been described previously by Akerman (2005)



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Theoretical basis

- Developed in line with ‘what works’ literature
- Bear in mind importance of therapist style
- Use ideas based in Positive psychology-build on strengths
- The programme is cognitive-behavioural in basis and uses a range of techniques to convey learning points including: Motivational techniques e.g. open-questions, Socratic questioning, summaries, reflections, affirmations, group discussion, rehearsal (to consolidate learning), role-play; and cognitive restructuring, (practising the use of replacement thoughts and behaviours).



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Fantasy modification techniques

- Directed Masturbation, described by Laws & O'Neill (1981) as pairing arousal with appropriate images with masturbation thus reinforcing their excitement.
- Covert Sensitisation (Marshall and Eccles, 1996), a technique that pairs personally aversive consequences (such as being in prison, creating more victims, or being publicly humiliated) with each step of an offence-related fantasy,
- Satiation, associating offence related fantasies with boredom.
- Urge surfing or distress tolerance

Developing and practising skills

- Intimacy
- Emotion regulation (to enhance inner peace, and healthy thoughts)
- A rich emotional vocabulary
- Managing potentially risky situations in the future, rating them as green (slight risk) amber (raised risk) and red (imminent risk)
- Role-play potential risky situations



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Evaluation

- Programme is designed to run within the context of on-going treatment and so evaluating it as a stand-alone intervention is problematic.
- Use of diaries as measure of change- (Marshall, Craig 2008 personal communication).
- Self-report, is deemed “more reliable and valid than any other” (Johnson, & Lipstick, 1999).



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Empirically derived dynamic risk factors (Mann et al 2010, Seto & Fernandez 2011)

- Mann et al (2010) and Seto & Fernandez (2010) developed ‘psychologically meaningful risk factors’ which were identified and refined through earlier research to help to monitor change after treatment and support service users as they progress and described their relationship to risk. These that may be observed or spoken of in treatment.
- Based on these developed Sexual Offence Paralleling Behaviour Checklist (SOPBC, Akerman & Beech 2013). Now used in Broadmoor, prisons and other setting (e.g. Switzerland) to assess change.



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Examples of behaviours related to risk (in bold) and OPB observed or spoken of by sexual offenders in TC

Sexual preoccupation

- Excessive discussion of sex
- Sexualising staff /stalking staff
- Excessive use of pornography

Sexualised violence

- Exposure to female members of staff
- Describing masturbating about female staff knowing it is non-consensual
- Describing films including sexually violent scenes



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Paraphilic interest / Sexual preference for prepubescent or pubescent children

- Masturbating to an image of an animal
- Interest in particular (non-sexual) parts of a females' anatomy*
- Seeking sex change to a 'girl' to enable abuse

Offence-supportive attitudes

- Minimising offence-related behaviour (i.e., saying 'I persuaded her (the victim) to have sex' -espousing sexual entitlement/rape myths/child offence supportive beliefs

Lack of emotionally intimate relationships with adults

- Emotionally withdrawn and mistrustful of others
- Being unsupportive and unforthcoming to others
- Describing feeling lonely
- Unable to resolve conflict



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Sexualised coping

- Collusive and minimising of impact of fantasy
- Using fantasy as a coping strategy

Social skills deficits

- Being emotionally withdrawn, isolating self, lack of awareness of social interacting. Standing too close, talking over others.

Lack of motivation for treatment

- Not attending group sessions/Threatening to leave
- Participating but not engaging with work

Lifestyle impulsiveness

- Leaving therapy impulsively
- Missing sessions
- Not making plans for future

Poor problem solving skills

- Over working or avoiding work
- Using self-harm as a coping strategy

Resistance to rules and supervision

- Acting out by flooding the landing, attempting to strangle another resident

Lack of concern for others/ callousness

- Not offering support to others when they are distressed
- Seeking attention for self /victim stance

Grievance/hostility

- Acting in a negative manner towards female staff
- Describing hostile interactions with women –phone calls- recalling past events in hostile manner



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Negative social influences

- Anti social behaviour or instance bullying, colluding, being threatening towards others.

Hostile beliefs about women

- Being suspicious and mistrustful of female staff
- Thoughts that females ‘belong’ to men objectifying them

Lack of empathy

- Demonstrating lacking of empathy for others in the community
- Poor perspective-taking



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Development of the CSIM

- Developed in consultation with:
 - Sexual offenders in 2 UK prisons, in a probation hostel and men in community treatment in USA using focus groups
 - Service-users in two prisons were given details of the research and volunteered to attend the focus groups and so were self-selected.
 - In each of the two focus groups in prison in the UK, the men had been convicted of at least one sexual offence and undertaken the Sex Offender Treatment Programme (SOTP), and so were deemed to have some insight into their own offending. The offences included indecent assault, rape and sexual homicide, sexual assault. The group consisted of men who had offended against adults and/or children.



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U.S focus group

Group of men in treatment in the community in the United States. Groups comprised of men who had completed the core training program and those undertaking the core group. Their ages ranged from 31 to 55. Their offences included sexual offences such as indecency with a child and possession of images of child abuse.

Community sample

- In addition men who were residing in National Probation Approved bail hostel .Three men agreed to be interviewed individually in the Approved Premises in the community
- Two of the men had served sentences for sexual offences, and undertaken SOTP in prison; one man was on remand awaiting trial.

Students (normative data)

Participated via electronic survey



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Developing a custodial good life

- OPB can really play into ‘condemnation narratives’ described by Maruna (2001) as characteristic of people who end up re-offending-‘I can’t stop offending’
- People are not offending most of the time-so discuss how they desist – protective factors
- People meet needs that they previously met through offending in other ways-what were they trying to achieve and how else could they meet this need? Using your functional analysis
- Every facet of the community is relevant to the change and offers an opportunity to learn and most of all practise and make mistakes in a safe environment



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A custodial good life

- The construct of the custodial ‘good life’ as pre-figuring the post release ‘good life’
- Custodial ‘good lives’ pose some fundamental problems:
 - How do we offset skills deteriorating and work with impact of grief at loss of freedom
 - What is a healthy custodial sex life, anger life or emotional life?
 - Evidence indicates that for many offenders getting a job is a turning point away from a life of crime (Uggen 2000)
 - TC enables them to take responsibility and get used to being in habit of working throughout the day and taking responsibility for self and others and working through conflicts



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Good Lives Model (Ward & Gannon 2006)



- All humans strive for these goods
- Offenders seek these through offending
- Strength-based model to develop skills we are already good at



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Would you like to find out more about HMP Grendon?

You are cordially invited to visit HMP Grendon and spend an afternoon on a wing, meet with staff and residents and have your questions answered.

- May 26th F wing
- September 8th A wing
- September 15th D wing
- September 22nd F wing
- October 27th B wing
- November 24th C wing



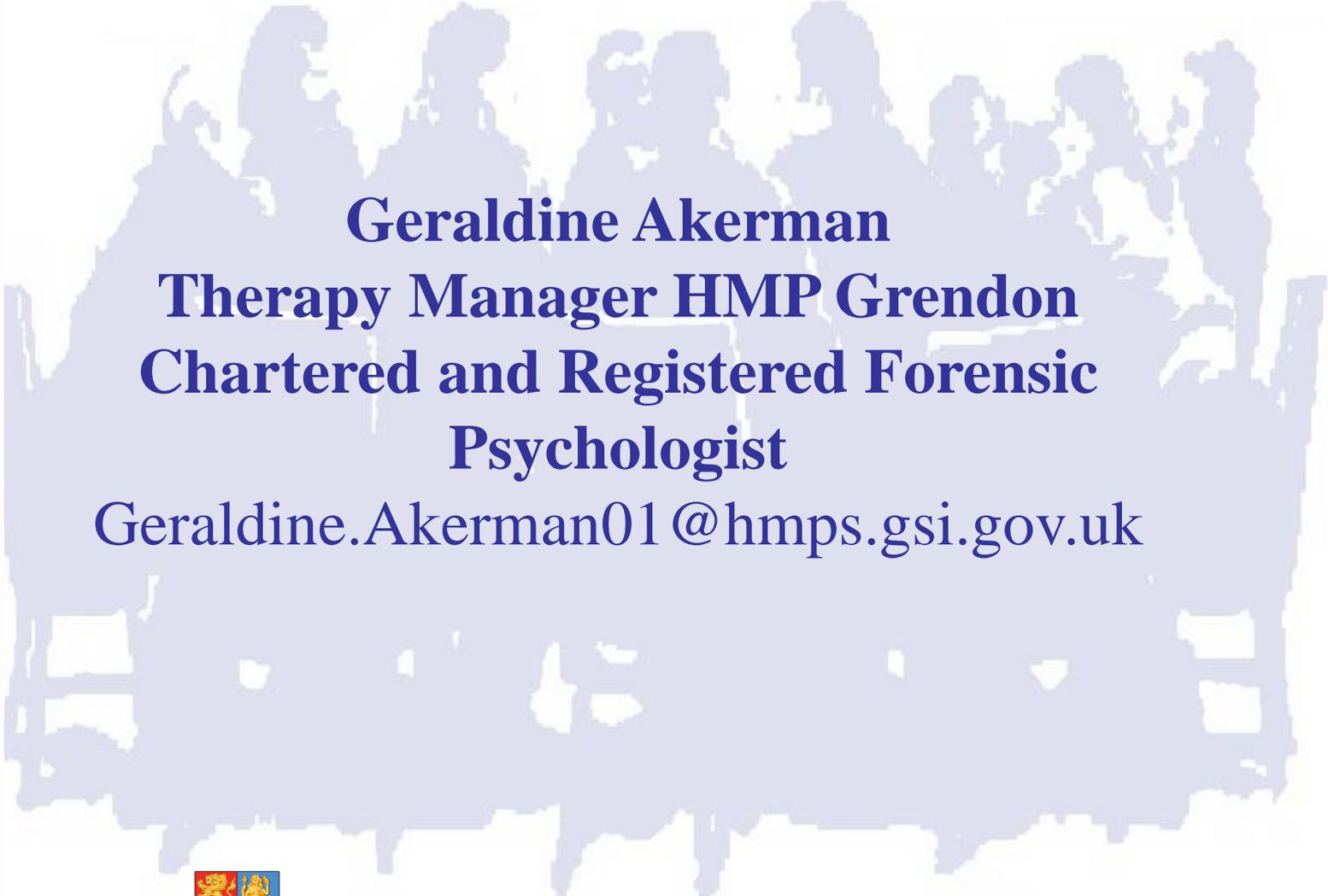
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