aberrant sexual preferences.

Dealing with deviant sexual preferences has been reduced as a component of treatment programmes, as not all offenders show deviant fantasies when they are initially assessed. Therefore, changing deviant preferences is only attempted when this is shown at assessment.

Despite the fact that there is little empirical evidence to show the effectiveness of covert sensitization, which is a method used to deal with deviant sexual behaviour, it is often still used in treatment. Most commonly covert sensitization means that an offender is asked to change the content of masturbatory fantasy to, for example, having sex with a consenting adult. For some offenders their desire for deviant sexual practices is so strong that drugs are sometimes used to contain them. Anti-androgens, which reduce the body’s production of testosterone, are used but these do interfere with the body’s normal hormonal functioning. There has also been more recent research on the effectiveness of SSRIs (serotonin reuptake inhibitors), which has found that they give offenders a feeling of greater control over their sexual preferences.

planning to prevent reoffending.

A strategy to stop people from reverting to previous, negative behaviour, whether it is smoking, eating too much or too little, or offending, is called relapse prevention. Relapse prevention aims to serve two purposes: to integrate all of the aspects learnt on the programme and to develop strategies for maintaining the treatment-induced changes. This involves teaching offenders to avoid situations which might be problematic (for example being left alone with children) and to get them to think through how they will use the methods they learnt during the treatment programme.

CBT programmes also address behaviour and thought patterns that can, but do not always, have an influence on offend- ing. These patterns are called ‘offence-related targets’, and can include anger and violence problems, substance (including alcohol) abuse and inadequate problem-solving. Addressing these problems might help an offender in leading a crime free life.

Prisons and probation areas in England and Wales run treatment programmes for sex offenders. Programmes in prisons are for offenders who have been sentenced for a sexual offence as their index, or main, offence or have committed a crime where there was a sexual element (for example for someone who has commit- ted a murder but who raped the victim first). Offenders who take part in programmes within the community are sex offenders who have been sentenced to a Community Order with a requirement to attend a programme. Offenders who have been released from prison on licence are also sometimes required to attend treatment in the community at their probation office. These programmes are accredited by the Home Office, which means they meet a set of specified criteria to ensure that they are run properly in appropriate accommodation by trained professionals (psychologists, prison officers, probation officers and programme facilitators) and are subject to evaluation. The work of the programme leaders is monitored by a Treatment Manager who makes sure that the programmes are run properly, that leaders speak to the offenders with respect and that all offenders take part in the work undertaken in groups. The information that the Treatment Managers gather is then used to help the leaders develop their skills and is also routinely sent to the Home Office for monitoring.

The main programme delivered in prisons is called the Core programme. It includes work on distorted thinking, coping strategies, encouragement of engaging in normal sexual activity with a consenting adult, understanding offending, the costs and gains of offending, victim empathy and future life goals, skills and strategies. Programmes are run in groups, typically of ten to twelve offenders, and should be led by at least two facilitators, hopefully one man and one woman. It is important to have men and women to run programmes as they are able to show men and women working well together and showing respect for one another, something which is especially important for rapists in the group to see. The programme is delivered in eighty-six two-hour sessions, which are run about twice a week. Offenders are also required to complete ‘homework’ which builds on the things that they have learnt during the sessions. Homework has to be completed for an offender to ‘pass’ the programme. If offenders finish the programme a long time before they are due for release, they may be required to complete a Booster programme which goes over the things they have learnt again. The Prison Service also runs programmes for low risk offenders, high-risk offenders and also for offenders with learning difficulties.

Within the community programmes based on cognitive behavioural principles with offence-specific targets are also run. Again these are for groups of ten to twelve offenders and should be led by a mixed gender team. The initial phase of the programme is made up of sessions totalling fifty hours of treatment. Some offenders may leave the programme at this stage and others, with a higher risk, have to attend the remainder or part of the remainder of the 200 hours. In prison it is difficult for offenders to drop out of a programme, but in the community they can choose not to turn up more easily. However, offenders are mandated to take part in the programme as part of their sentence and if they miss or are late to two sessions without an acceptable excuse they are deemed to have breached their community sentence and are sent back to court for resentencing, which might mean a custodial (i.e. prison) sentence. If offenders’ orders come to an end before the end of the programme they are at liberty not to finish the programme, which may have a negative impact on their reoffending.

do the programmes work?

Despite the fact that there has been a growth in the work conducted on sex offenders and treatment programmes, there is not a lot of sound work on the effectiveness of psychological interventions with sex offenders. Some researchers claim that research on treatment programmes does not show that they are effective in reducing reoffending or in changing attitudes and behaviour and, as this is the case, they should not be used. The argument is that you would not use a drug which had not been tested properly to treat a physical illness so why should you use a psychological treatment which has not been shown to work effectively to change behaviour or cognition? On the other hand, some researchers claim that psychological treatments for sex offenders do work. One study (Alexander, 1999), which looked at all of the available research on treatment programmes (seventy-nine studies involving almost 11,000 offenders) showed that people who participated in relapse prevention programmes had a 7.2 per cent re-arrest rate compared with 17.6 per cent for untreated offenders. These data suggest that offenders must be treated because there is a chance of changing behaviour and stop- ping abuse. One of the problems with looking at the effectiveness of programmes is what outcome measure to use. Many evaluations use reoffending rates as a measure, but this is problematic when trying to look at the effects of treatments on young offenders, many of whom are treated outside the criminal justice system. Researchers also suggest that, given the low reported reconviction rates for sex offenders (between twenty and three per cent compared to over sixty per cent for burglars), reconviction data are not statistically sensitive enough to pick up the positive effects of treatment and that psychometric test scores should be used more often.

management of offenders.

It is clear that the public are protected from sexual offenders while they are in prison, but how does the criminal justice system protect the public either once offenders are released or while they are being punished in the community? When sex offenders are released, they have a licence which they have to keep to. This might mean that they have to live at a particular address or to observe a curfew which is enforced with an electronic tag. They also may be prohibited from entering certain localities or making contact with certain individuals or groups of people (especially victims), and may have restrictions on types of employment. Failure to comply with these standards could result in an offender being returned to custody.

Recent laws in the UK have shown a move toward consideration of victim and public safety, with the phrase ‘public protection’ used and acted on much more widely. Both the Sex Offenders Register and the development of Multi-Agency Public Protection Arrangements (MAPPAs) were developed to manage offenders who are considered to be at high risk of harming others within the community (sex offenders and those committed for serious violent acts).

The national Sex Offenders Register was set up after the passing of the Sex Offender Act 1997. The Act meant that offenders who had committed certain sexual offences had to lodge their details with the police. Since the Sexual Offences Act 2003, which came into force in May 2004, the requirements of registration have been tightened. Offenders have to notify the police of their details, including name, address and National Insurance number, within three days of leaving prison or moving home (previously this was fourteen days). The police may also take photographs of the offenders and their fingerprints. Offenders also have to tell police about any address they may stay at for more than seven days within a twelve-month period and have to annually re-confirm their details. One senior police officer stated that ninety-seven per cent of offenders who should be registered had done so. Offenders must also inform the police if they intend to travel abroad, and the new law has also introduced Foreign Travel Orders, which means that some offenders will not be allowed to travel abroad if there is evidence that the offenders intend to cause harm to children under sixteen in another country. This should help in reducing the impact to other countries of sex tourism, where offenders go with the intention of having sex with children. In 2001 MAPPAs were set up to supervise violent, dangerous and sexual offenders within the community. The police and probation service will manage sex offenders if they are required to register with the police or have had a prison sentence of longer than a year. The arrangements are carried out by a Multi-Agency Public Protection Panel (MAPPP), which is made up of police, probation, social services, housing, health and youth offending teams. Since 2004 the MAPPPs must also have two lay people on the panels; these are people from the community in which the offender lives. The aim of the MAPPP is to increase public safety by reducing serious reoffending through making sure that the whereabouts and the behaviour of the offenders are supervised and managed. A police officer involved in the MAPPPs said recently that it was essential that people who were involved in managing this group of offenders had the right attitude to the work. The police officer was supporting one offender who had been reluctant to work with the police and had been difficult to deal with. The officer felt that he was making progress with the offender and he knew where the offender was and what he was doing. The police officer went on a regular visit to see the offender with a new colleague. During the visit the new col- league started to make negative remarks to the offender, saying that his behaviour was despicable, that he should not have been let out of prison, and that he did not deserve all the support and protection he was getting. The police officer was very unhappy about this and reported that they have not been able to meet the offender since. Poor management has meant that this offender, rather than being supervised and his risk of reoffending managed, has been driven underground, which is what the work of the MAPPP aims to avoid. One of the problem areas is how to help people who think that they are having inappropriate thoughts and are worried about their behaviour. There are very few places that people can go to get support and treatment before they come to the attention of the police. In recent years, though, an organization called Stop it Now! has been set up in the UK and Ireland, based on an American model, to help change this situation.

Criminal psychology helps our understanding of the nature of sex offending in many ways. It helps us understand the impact of poor parenting on behaviour and see how abuse in childhood may have an impact on adult behaviour. It also shows how adult behaviour, when coupled with childhood experiences, may affect people’s offending. Models of offending behaviour can be developed from our understanding of psychological make up, which can then be used to help create treatment programmes. The research skills of criminal psychologists are also used in evaluating the effectiveness of treatment, which can then feed into improvements in treatment for dangerous and sexual offenders. The work of criminal psychologists helps government, policy-makers and practitioners to improve treatment, management and supervision of offenders, which increases public protection and safety.

STOP IT NOW!

‘Stop it Now! UK and Ireland’ is a campaign which aims to help stop child abuse and to protect children. It supports multiagency projects (this includes organizations which work with children such as the police, social services, health and voluntary organizations) and tries to raise awareness of the nature of abuse, change attitudes towards abuse so that people are more willing to talk about it, and change the behaviour of abusers and potential abusers.

The campaign is aimed at adults who have abused or are thinking about abusing. The campaign will offer support and advice for potential offenders and to help them change their

behaviour. This is one of the first organizations in the UK which will help people who have not yet come to the attention of public agencies. It helps the families and friends of abusers to recognize the signs of abuse and offer advice about the support available. It also seeks to help parents in recognizing the signs of abuse in their children. It offers a telephone help line, runs media campaigns, sends out information leaflets, holds public meetings and trains professionals in the prevention of abuse.

www.stopitnow.org.uk