

# Reflections on Evidence-Based Treatment for Sex Offenders.

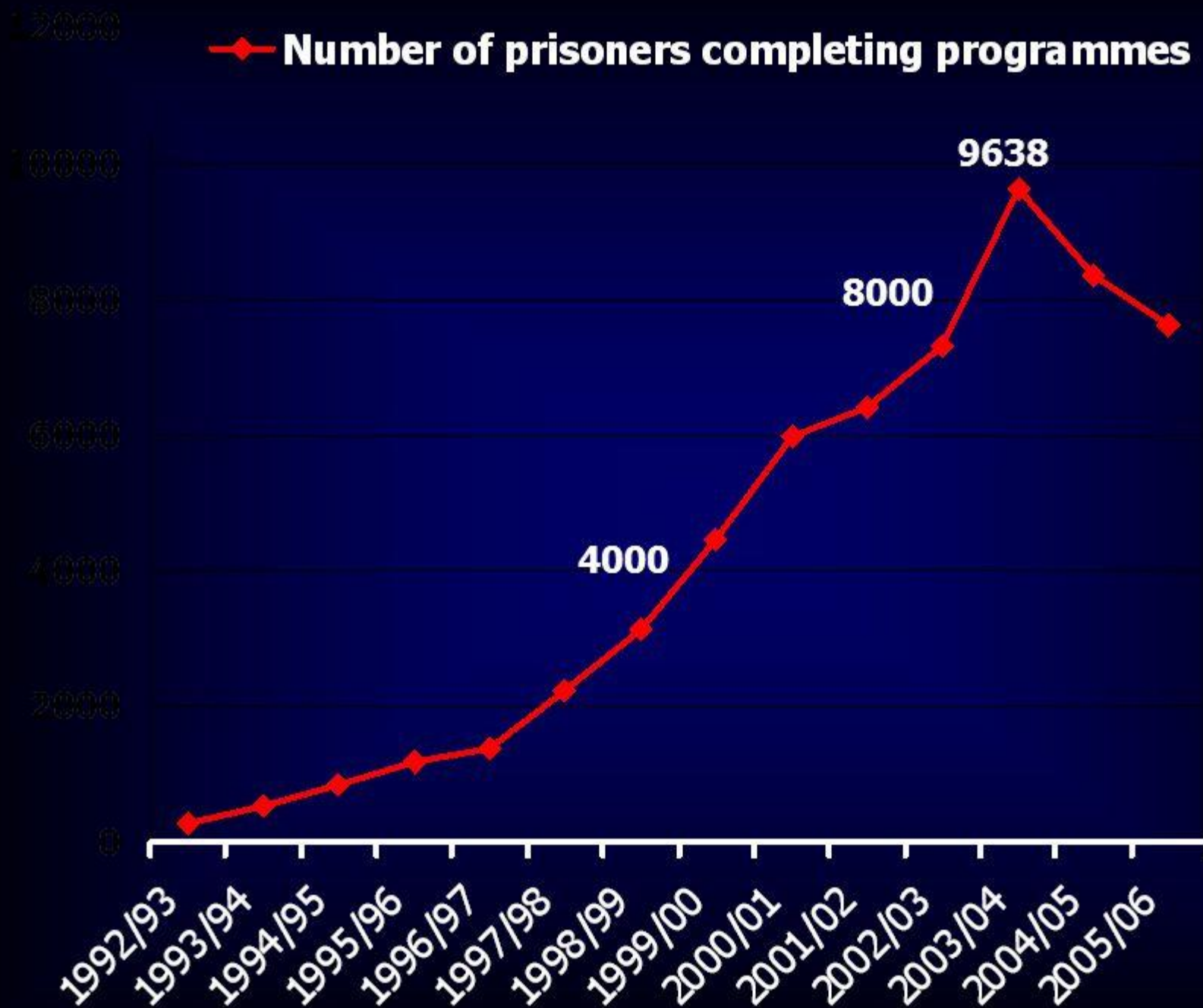
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# Impact Evaluation of the prison-based Core Sex Offender Treatment Programme

Adrian Mews, Laura Di Bella & Mark Purver  
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# ◆ Number of prisoners completing programmes



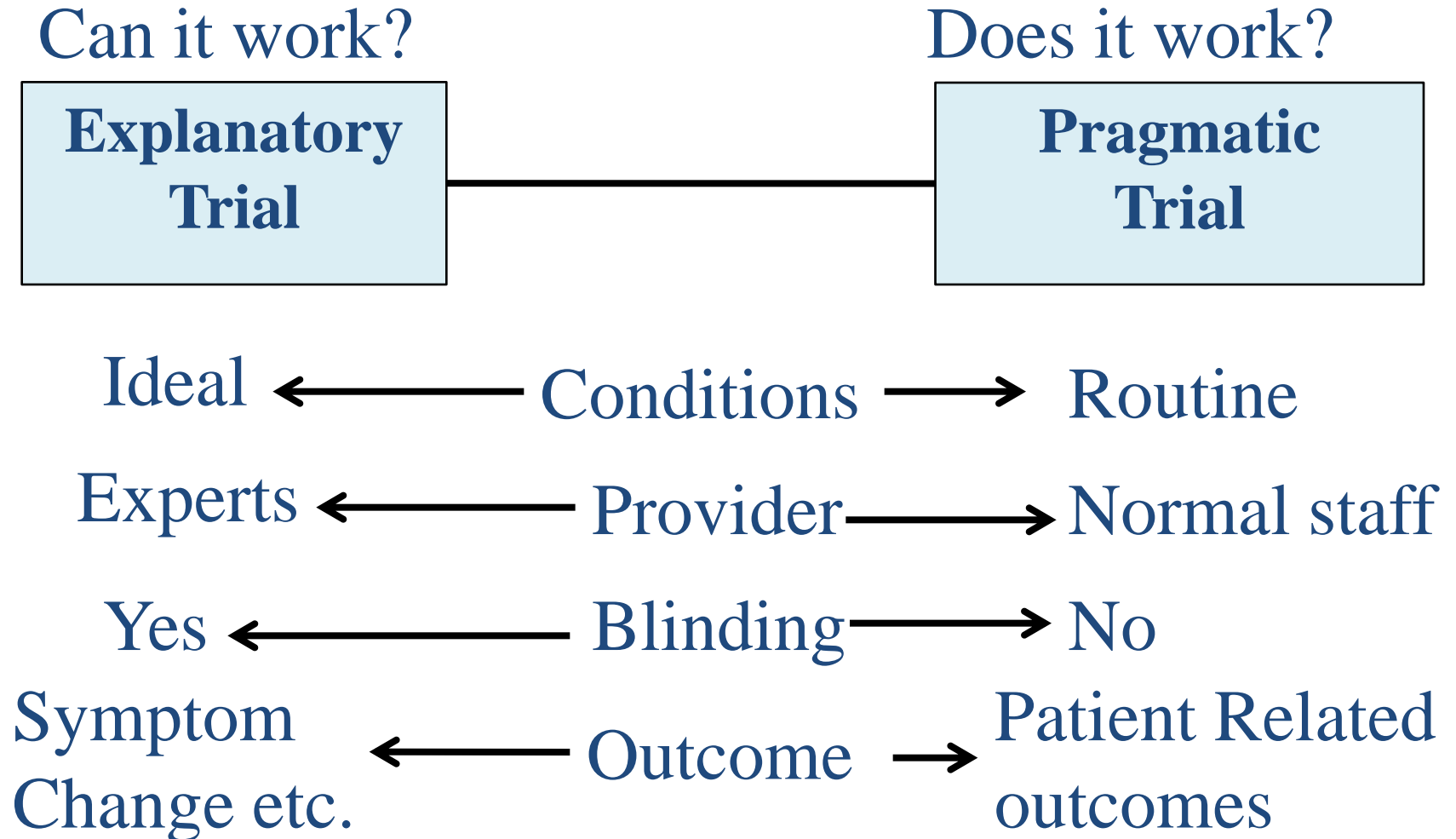
# Previous Evidence for the Efficacy of Sex Offending Treatment is Contradictory

- **Furby et al (1989)** First major review, treatment did not reduce recidivism among sex offenders . **Nagayama Hall (1995)** found equivalent positive effects for hormonal and cognitive-behavioural treatments.
- **White et al. (1998)** found no evidence of effectiveness. **Kenworthy et al. (2003)** ‘...some evidence indicating positive effects of psychological interventions ...(had) begun to emerge...’ **Dennis et al (2012)** No evidence of efficacy . **Rice & Harris (2013)** No evidence of efficacy.
- **Losel & Schmucker (2005)** reviewed all treatments and found impressive treatment effects – especially for surgical castration.
- **Friendship et al (2003)** In a pre-2000 SOTP evaluation, found no reduction in sexual offending when violent and sexual offending was combined.

# Sex Offending Treatment Programme (SOTP)

- CBT-based Programme, delivered to groups of 8 men with a course content of 180 hours.
- Based on 'What Works' principles
- High level of fidelity

# Explanatory vs Pragmatic Trials (Efficacy vs Effectiveness)



# Subjects

- Convicted of a current or previous sex offence
- Sentenced to at least 12 months +
- Willing to engage in treatment
- Not in denial of their offending

# Design

- Comparison of 2562 treated and 13219 untreated sex offenders with propensity score matching (PSM) on 87 variables.
- Follow-up over 13.9 years (average 8.2 years)
- Outcome – sexual and non-sexual convictions



# Results

- Treated Sex Offenders committed slightly more sex offences compared to their untreated control (10% vs 8%).
- Treated Sex Offenders committed more child image offences compared to their untreated control (4.4% vs 2.9%)
- No difference in the rates of non-sexual re-offending between the two groups.

# Reasons for a Lack of Therapeutic Effect

- Unobserved variation between the two groups (e.g. sexual deviancy inadequately measured and level of supervision after release not used to match the two groups etc.).
- Self-selection could have biased the results.
- Inmates in the untreated group may have been in receipt of other CBT programmes.
- Results depended on official convictions and hence underestimate the true rate of reoffending.

But the main reason for a Lack of  
Therapeutic Effect

**SOTP does not work!**

# Treatments, when systematically evaluated, generally don't work.

Phase I	Phase II	Phase III	Phase IV
<b>20-80 participants</b>	<b>100-300 participants</b>	<b>1,000-3,000 participants</b>	<b>Thousands of participants</b>
Up to several months	Up to (2) years	One (1) - Four (4) years	One (1) year +
Studies the safety of medication/treatment	Studies the efficacy	Studies the safety, efficacy and dosing	Studies the long-term effectiveness; cost effectiveness
70% success rate	33% success rate	25-30% success rate	70-90% success rate

# So, What Now?

- STOP SOTP
- Modify the programme (i.e. the intensity, the inmates, the therapists).
- **Do Additional Analysis.**

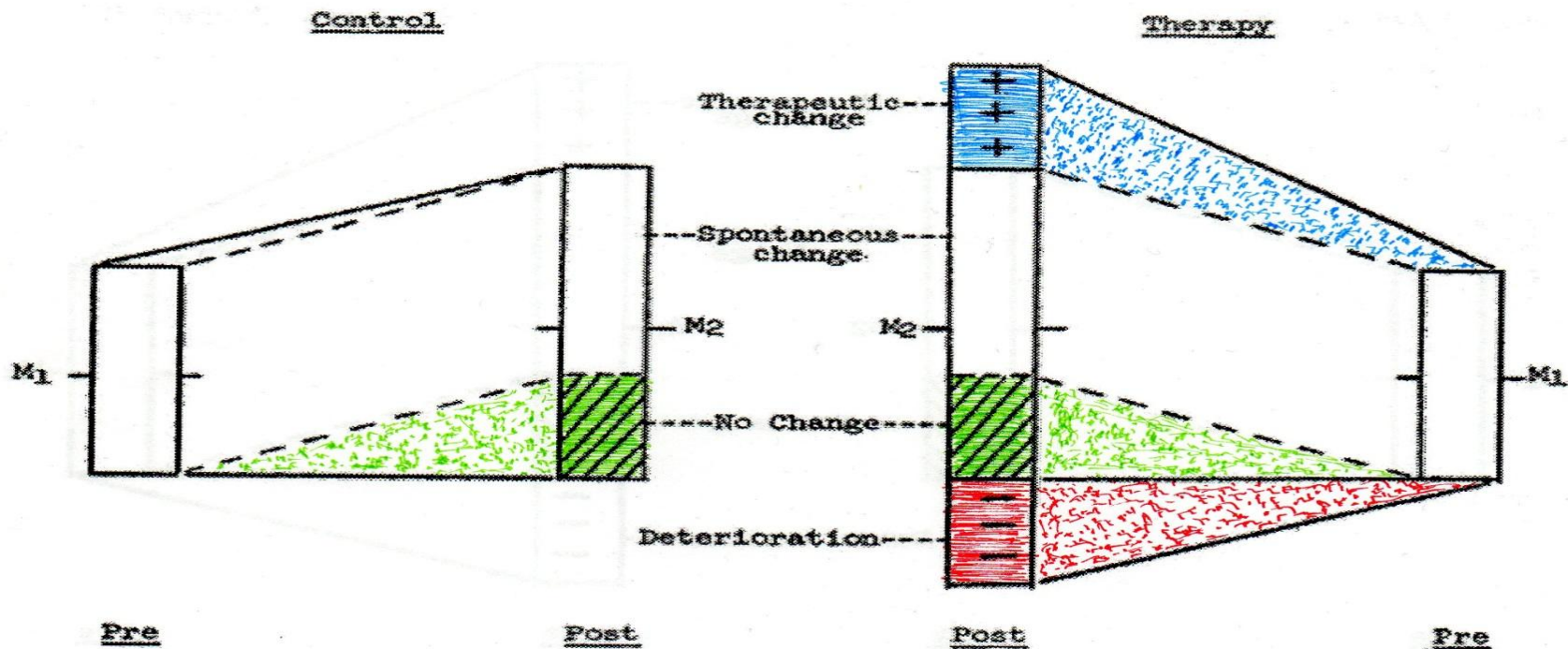
# So, all is not gloom!

- Over 50 years ago, Alan Bergin (1966) wrote about '**The Deterioration Effect**' in Psychotherapy, encouraging trialists to consider the harm of the intervention in addition to its benefits.
- He observed that **the variance in the active intervention group** was generally **greater than in the no treatment control**.
- This implied that, when there was **no difference in the mean effect** in the outcome between the two groups, the increase in the variance in the active treatment condition implied that, while many more **were profiting** from the intervention than in the no treatment control, these were being compensated for by those who **had deteriorated or harmed**:

# The Deterioration Effect – Bergin (1966)

## Figure 1

*The Deterioration Effect: Schematic Representation of Pre- and Posttest Distributions of Criterion Scores in Psychotherapy-Outcome Studies*



*Note.* Plus signs indicate greater improvement, whereas minus signs indicate greater deterioration.  $M_1$  = pretest mean criterion score;  $M_2$  = posttest mean criterion score. From "Some Implications of Psychotherapy for Therapeutic Practice," by A. Bergin, 1966, *Journal of Abnormal Psychology*, 71, p. 238. Copyright 1966 by the American Psychological Association.

# The Failure of SOTP – Our Great Opportunity!

- Do additional analysis to determine who benefits, who is not affected by and who is harmed by SOTP.
- This might help us to identify ‘what works for whom’.
- **A possible candidate for funding by ‘Crime in Mind’.**



# Thank You

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