SHAPE: A review of a group-based intervention for sexually harmful male youth

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Abstract

This paper evaluates SHAPE (Sexually Harmful Adolescent's Progressive Education), a group-based intervention programme for sexually harmful adolescents which teaches psychological and social skills in order to address areas of need associated with risk. The SHAPE programme was run twice with three participants in each group (N=6). Results indicated that were some significant changes to participant's beliefs and attitudes as well as levels of anger control. These results suggest that the SHAPE programme is effective at delivering its aims but further data is required to assess the impact of the programme on actual offending behaviour.

Introduction

In June 2015, there were 11,490 individuals in prison having received an immediate custodial sentence for a sexual offence. 99% of these were male, and making up 15.8% of the total prison population at that time. These figures represent a continued increase in sentences for sexual offences (Ministry of Justice, 2015). As up to half of adult sexual offenders disclose that they committed their first sexual offense during adolescence (Abel, Osborn & Twigg, 1993; Knight & Prentky, 1993; Rasmussen, 2004) more needs to be achieved with this population in order to prevent sexually harmful behaviour in adolescents, both convicted and un-convicted.

In the US, sexually harmful adolescents account for 12.5% of all arrests for rape, and 14% of all arrests for other sexual offences (United States Department of Justice, 2009), whilst Miner (2002) found that adolescents commit at least 15% of all reported sexual offences in the US. In the UK in 2013 and 2014, 1,653 children and young people aged 10-17 were convicted of a sexual offence (Youth Justice Statistics 2013/2014, 2015). UK studies suggest that 25-30% of all reported sexual abuse involves young, mainly adolescent perpetrators (Cawson, Wattam, Brooker, & Kelly, 2000; Horne, Celasgow, Cox, Calem 1991; Kelly, Regan, & Burton, 1991; Morrision, 1999; Prentky, Harris, Frizzell & Righthand; 2000), and placed the recidivism rates for young people who have sexually abused at 3-14%. Though as the self-reporting versus actual conviction data is being reported as 25:1 (Elliott, Huizinga, & Morse, 1985) it is likely that the recidivism rate is actually much higher. Although children account for a minority of those who commit sexual offences their presence is established on the professional 'map' within the UK (Hackett, 2004), and this along with the reported recidivism rates highlights the needs for interventional work with this age group. Previous research has also found that adolescent sex offender interventions appear to be more

successful than those with adults (Kim, Benekos & Merlo, 2015), again underlining the critical need for more intervention with this group.

Adolescent sexual offending is defined as a youth who "commits any sexual act with a person of any age, against the victim's will, or in an aggressive, exploitative, or threatening manner" (Geradin & Thibaut, 2004, page 79). There is a drive towards more evidence-based approaches within health and social care services (Sheldon and Chilvers, 2000) in order to create effective interventions. The report of the National Task Force on Juvenile Sex Offending (1993) suggested that the goal of interventions should be community safety. Becker and Hunter (1997), however, adopted a broader view, putting forward three main treatment objectives when working with sexually abusive adolescents; preventing further victimisation, stopping the development of further psychosexual problems, and helping the young person develop age-appropriate relationships with peers.

A review by Hackett, Masson and Phillips (2003) found a large degree of agreement about the core intervention goals of UK based service providers who work with young people who have sexually abused. Within the review a consensus was found on the importance of four core intervention goals: To help young people understand and accept responsibility for their behaviour, and to develop strategies and coping skills to avoid abusing or offending again. To promote the physical, sexual, social, and emotional well-being of children and young people who have sexually harmed or abused. To ensure community safety, and to prevent further sexually abusive behaviours and further victims, as well as for carers to acknowledge what their child has done. Finally, to believe in, and support change, and to take responsibility for changing the context of the family. These goals take into account not just the child, but also the wider family, highlighting the importance of working with parents and carers in order to provide the best outcomes for the child.

When working with children and young people who sexually abused Hackett et al., (2003) highlighted the importance of developing interventions for children rather than simply adult sex offender models adapted for young people. They state; 'Children who display sexually harmful behaviours are first and foremost children, and should not be regarded as mini adult sex offenders' (Hackett et al., 2003). A result of this notion is that the highly challenging and emotionally demanding methods traditionally used in the treatment of adult sex offenders has been replaced with a strong call for child-focussed and holistic interventions, thereby targeting both abuse specific areas as well as more generalised areas of unmet need (Hackett, 2004).

Reported intervention approaches when working with children who have sexually abused vary greatly, with Chaffin, Letourneau and Silovsky (2002) noting approaches from behavioural conditioning, 'cycle' based approaches, to ecological multisystemic approaches. Whilst there is a wide range of intervention approaches on offer within the UK and North America the preference is for an intervention that is loosely based on a cognitive behavioural model (Masson & Hackett, 2003, Burton & Smith-Darden, 2000). The cognitive behavioural approach to treatment of children who sexually

abuse is the belief that abusive behaviours emerge as a result of inappropriate and maladaptive thinking and beliefs (Hackett, 2004). As such, this approach focuses on the attitudes of the young person as well as changing beliefs, identifying risk situations, and developing strategies to manage such situations.

During the development of approaches for intervention with sexually abusive children, there was recognition that approaches that focus exclusively on sexually abusive behaviours were somewhat limited in value (Righthand and Welch, 2001). Instead, approaches should also be supported by attention to enhancing the young person's broader life skills, addressing social isolation, opening up access to appropriate opportunities in the education system, and addressing family difficulties. There is however, divided opinion on the effectiveness of such approaches, with Chaffin et al, (2002) pointing out there is an absence of any published studies that compares outcomes for adolescent sex offenders randomly assigned to treatment conditions, and as such, making is it impossible to empirically demonstrate the effectiveness of intervention. Others however, suggest that those who complete a cognitive-based intervention approach have lower recidivism rates (Worling & Curwen, 2000).

Interventional work should focus not just on the problematic behaviours but also on helping young people develop their strengths and developmental competencies, and as such resilience approaches fit well in this area of intervention (Hackett, 2004). The aim of such an approach is to identify ways in which identified factors can be developed or bolstered in children who have experienced significant adversity in their early lives. This would have relevance as an intervention with young people who have sexually abused others, whose levels of self-esteem are frequently low, and those who as a result of their abusive behaviours are often managed and controlled in a manner that limits their life opportunities, as well as undermining their capacity to set their own goals and determine their future (Hackett, 2004).

Group-based approaches have previously been suggested as the preferred treatment modality for young people (National Task Force on Juvenile Sex Offending, 1993), and for sexually abusive behaviours. These group-based approaches can offer a level of peer support to an often otherwise isolated group, and afford opportunities to challenge each other where appropriate. There has been little empirical support for the use of such a modality previously (National Task Force on Juvenile Sex Offending, 1993; Hackett et al, 2003) and therefore there needs to be continuing evaluation of group-based approaches; something that this study aims to address.

Aims and structure of the SHAPE programme

The SHAPE programme (Williams, 2011) is a therapeutic group-based programme designed to meet the needs, and reduce the risks of sexually harmful adolescents in the community. The Programme draws on established, empirical research about what works when it comes to treating sexual offending in adolescents. The Programme is 20 sessions in length,

each session lasting approximately one and a half hours, and was created for the Kolvin Service a Community Adolescent Forensic Service based in Newcastle upon Tyne, UK. The Programme is delivered primarily by a psychologist, and other clinicians who have received appropriate training and are experienced in the assessment and treatment of sexually harmful adolescents. The programme covers three core areas; motivation to change, personal, social, and relationship skills, and relapse prevention. There are a number of focused sessions within each area. Aside from the structured component of the programme, facilitators are trained in delivering the programme in such a style to enhance motivation, participation, and reflection, using techniques such as empathy, respect, and appropriate use of humour (Andrews and Bonta, 2010).

Method

A range of measures which examine sexual attitudes were used. It was predicted that participants would change their beliefs in relation to sexually harmful cognitions on these measures. A range of other clinical measures, such as the Beck Youth Inventory for example, were used, and it was hoped that other changes in the participant's general wellbeing may occur on these measures.

Referral criteria

Referrals were received via general referrals to the Kolvin Service. Participants were all young males who were either convicted of sexual offences or their sexually harmful behaviour was well established and acknowledged.

Setting

The SHAPE programme was held in the Outpatient Department for the Kolvin Service. The group was facilitated by a psychologist experienced in running group-based programmes and working with sexually harmful adolescents, as well as one other staff member, usually a psychiatric nurse.

Participants

There were two administrations of the programme over a two-year period; the first with three participants, and the second with four. One participant in the second administration did not complete the programme. In total from the two administrations of the group, there were six participants who fully completed the programme and whose data is used for the purposes of this analysis. Participant's ages ranged between 13 and 17, with a mean age of 15.1.

Assessment Measures

As part of the programme participants were asked to complete a range of psychometrics which measure psychological functioning and issues pertinent to areas of intervention required. It was noted that there are limited available

assessments for this age group for the subject matter and as such at times adult measures were used.

Several measures were administered pre and post-programme in order to evaluate its effectiveness:

Beck Youth Inventory (BYI) (Beck, Beck, & Jolly, 2001)

Culture-Free Self-Esteem Inventory-3 (CFSEI-3) (Battle, 2005)

State-Trait Anger Expression Inventory-2 Child and Adolescent (STAXI2 C/A) (Brunner & Spielberger, 2009)

University Rhode Island Change Assessment (McConnaughy, Prochaska & Velicer, 1983)

Charich-Anderson Victim Empathy and Remorse Self-Report Inventory (Carich and Adkerson, 1999)

Sexual Beliefs Scale (Muehlenhard & Felts, undated, in Calder, 2001)

The Wechsler Abbreviated Scale of Intelligence (WASI) (Wechsler, 1999) was also administered but only at the initial assessment in order to assess current levels of intellectual functioning and ability to participate in the programme The Millon Adolescent Clinical Inventory (MACI) (Millon, 1993) was also administered only during the initial assesment.

Design

This study used a repeated measures design though demographic information gathered through the use of the WASI and MACI were not repeated post treatment.

Analysis

Given the small sample size, descriptive statistics and visual analysis were felt to provide more meaningful data in this study.

Results

Results were interpreted using visual analysis and results of this are discussed below.

On the Sexual Beliefs Scale, under the subscale *Men Should Dominate* which measures the belief that men should dominate women in sexual situations there appeared to be a difference between the pre and post scores as shown in Figure 1.

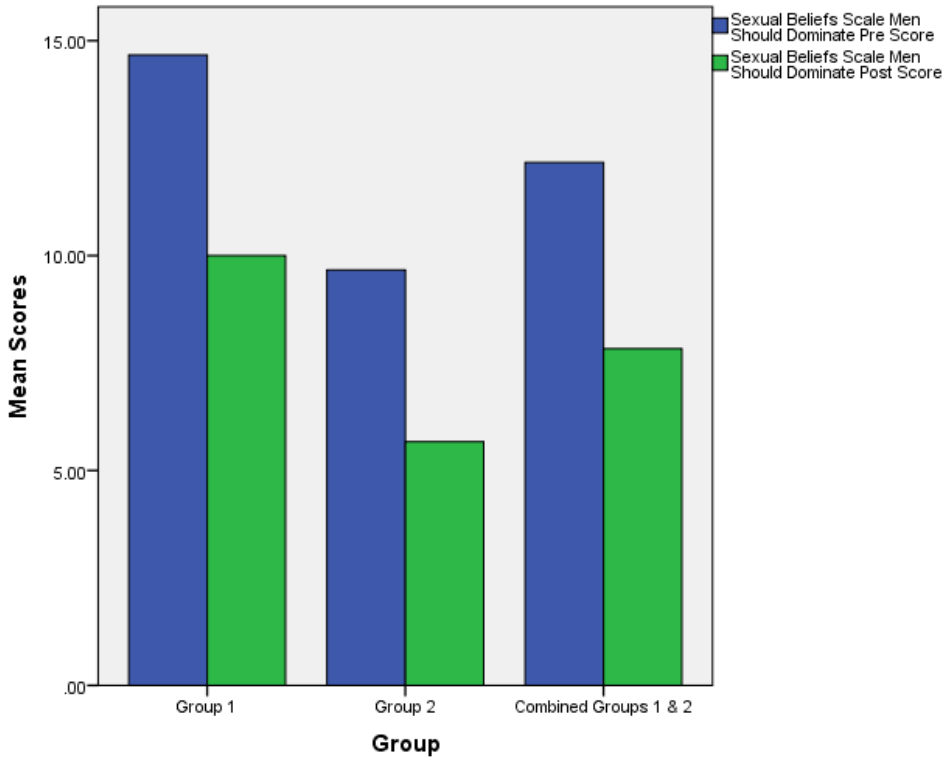

Figure 1: a graph demonstrating participant pre and post scores on the Men Should Dominate subscale on the Sexual Beliefs Scale.

Also on the Sexual Beliefs Scale the subscale of No Means Stop appears to show a marginal increase in scores as seen in Figure 2.

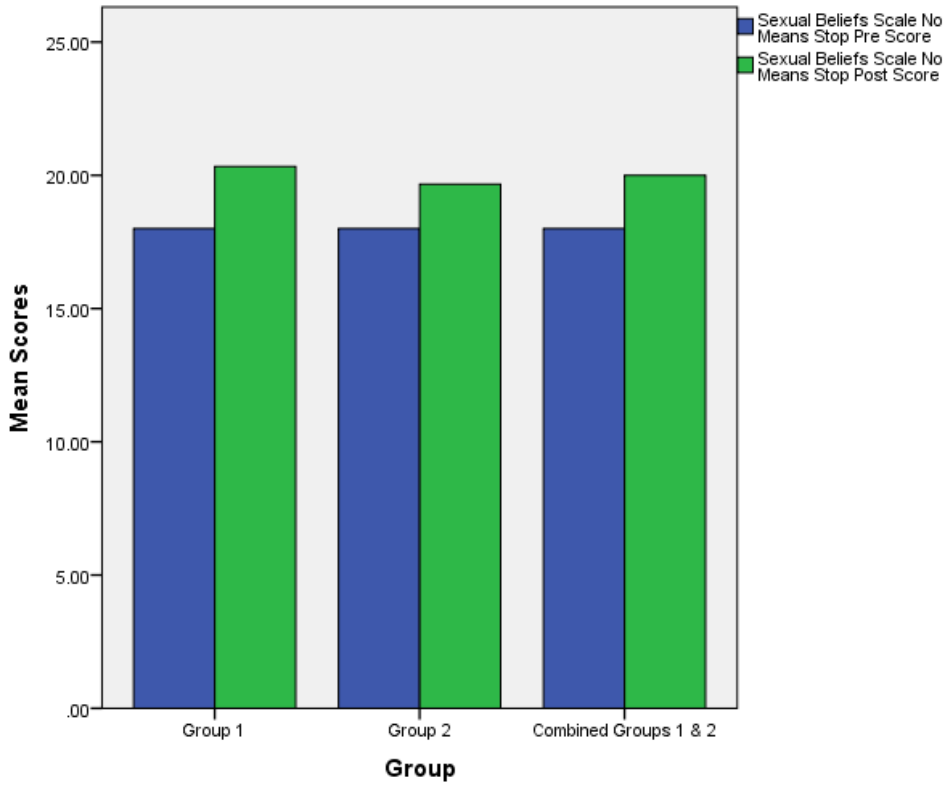

Figure 2: a graph demonstrating participant pre and post scores on the No Means Stop subscale on the Sexual Beliefs Scale.

On the University Rhode Island Change Assessment, which measures how individual feels when approaching a problem in their lives there appears to be a reduction in maintenance scores as seen in Figure 3.

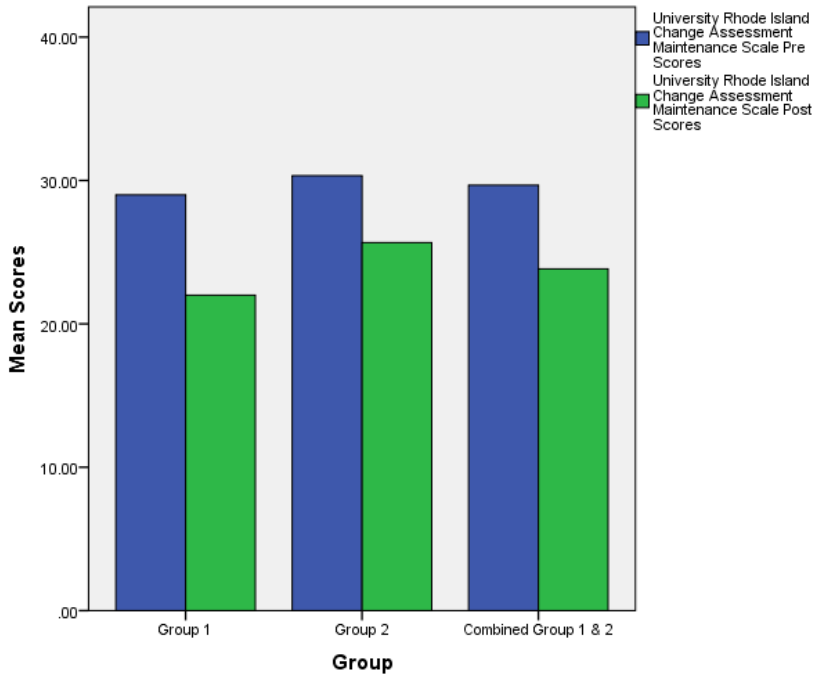

Figure 3: a graph demonstrating participant pre and post scores on the Maintenance subscale of the University Rhode Island Change Assessment.

One of the measures appeared to show an increase in scores this being the STAXI 2 C/A on the Control scale. This scale measures the extent of attempts to control angry feelings before they get out of control. As seen in the Figure 4 the levels of anger control appear to have increased pre to post group.

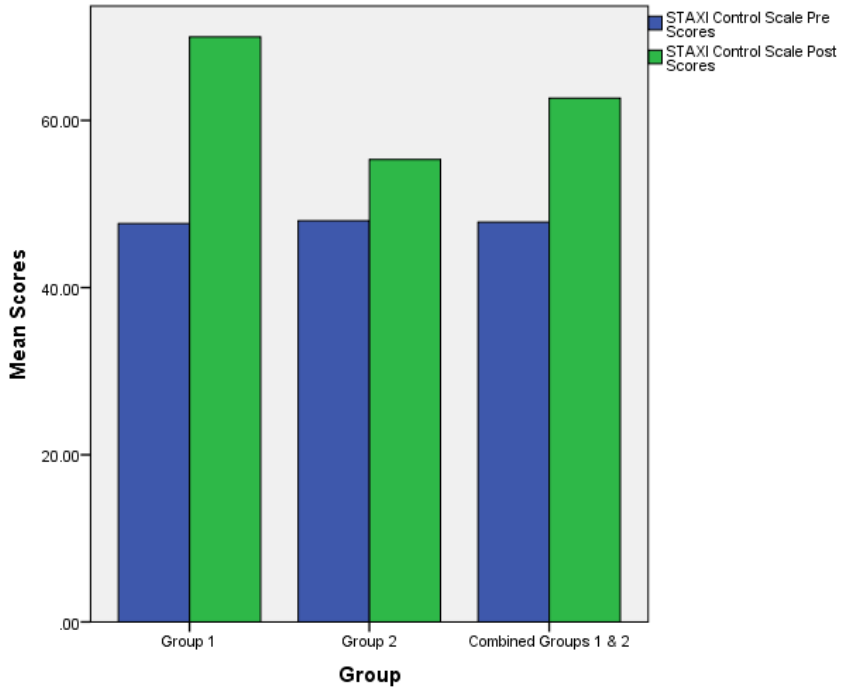

Figure 4: a graph demonstrating participant pre and post scores on the Control scale of the STAXI.

Discussion

The results show differences in the pre and post scores of the SHAPE group. The results from the Sexual Beliefs Scale shows that there was a decrease in the scores from pre to post under the subscale of *Men Should Dominate*. This subscale measures the belief that men should dominate women in sexual situations. Results from the Sexual Beliefs Scale also show a small increase in scores on the No Means Stop subscale. This subscale measures the belief that women have a right to refuse sex at any point, at which time men should stop their sexual advances. This and the Men Should Dominate subscale are two of the five beliefs related to rape (Muehlenhard and Felts, undated, in Calder, 2001). The changes in these beliefs suggest that several of the programme goals, including reducing harmful and offending behaviour, as well as understanding more about others and relationships have been achieved. One of the main aims of interventional work noted by Hackett et al., (2003) is to help young people understand and accept responsibility for their behaviour and it appears that through challenging these cognitive distortions the SHAPE programme has succeeded in meeting this aim. In addition, this measure corresponds with a major domain associated with sexual offending; pro

offending attitudes (Thornton, 2002) and thus the programme has specifically targeted this important risk factor.

The University Rhode Island Change Assessment maintenance scores also highlight a difference between pre and post scores. The scores however represent an increase from pre to post. This increase could suggest that the participants felt they were more able to cope independently after the programme, and no longer needed such levels of help. Or, that they were ready to engage in interventional work post treatment. This would suggest that SHAPE met the participant's needs in terms of interventional work, and given them was able to get participants to evaluate their current position and what changes could be made and allow them to feel more ready to engage in this process.

There was some difference in pre and post scores on the STAXI 2 C/A (Brunner & Spielberger, 2009) Anger Control subscale. This subscale measures the extent of attempts to control angry feelings before they approach aggression, with higher scores indicating greater levels of control. The difference suggests that SHAPE participants felt more able to control their anger after the programme. Given the association between anger dysregulation and sexual offending, specifically relating to self-management (Thornton, 2002) this finding demonstrates that the programme is able to impact upon this important factor linked with sexual recidivism.

When visually comparing scores from the two groups there appeared to be no major differences between group one and two on the majority of scores. The lack of differences between groups suggests that there was no significant impact of delivery or facilitator on the outcomes of the group, thus indicating that the programme can be delivered by a variety of professionals.

Limitations and future work

As this is a small-scale study conclusions drawn must be tentative. A lack of funding and restructuring within the service meant that SHAPE was unable to continue and as a result no further data was available to add to the small current sample size. The participants were not randomly allocated to the two groups, and as such groups were not homogenous as each participant had varying levels of insight, awareness, and motivation. It is also worth noting that the data does not take into account any other interventional work that might have been delivered to participant's outwith the programme. There were also difficulties with the use of psychometrics within the group; firstly, the sheer volume of them could have produced practise and fatigue effects, and secondly some of the psychometrics are designed to be used with adults and so the legitimacy of using them with children is questionable. This was due to the lack of such specific questionnaires within the child population and although this impacted on the validity of such measures as they were repeated any change could still be tracked. Considerations for next time could include the use of idiosyncratic measures or creation of specific questionnaires for this population. Finally, there was no follow up with

participants, and as such the effect of the intervention on reducing recidivism cannot be determined.

Conclusion

Overall, it SHAPE has achieved its aims to address problematic beliefs in order to reduce risk, as well as to teach psychological and social skills in order to address areas of need associated with risk. Overall, the programme was successful in terms of eliciting changes in two of the four domains associated with sexual offending (Thornton, 2002); pro offending attitudes, and self-management. Further groups and data are required in order to further evaluate the effectiveness of this programme, and gather data regarding its effectiveness in actual offending behaviour although initial findings are highly promising.

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