

Risk assessment of mental health hazards: Working on the Sexual Offenders Treatment Programme

1/ Introduction:

In 1991 the UK Government rolled out SOTP (sexual offenders treatment programme) in 20 prisons in England.

The programme consisted of group work where sexual offenders acted out their sexual offences in front of the group, which was facilitated by specially trained prison officers and psychologists. A typical group comprised eight offenders, a psychologist and up to two prison officers, and a typical session might include an acted out rape or sexual abuse of a small child. Such sessions invariably included offenders justifying their behaviour, while the purpose of the group was to try and break down that justification, and take responsibility for hurting people.

The aim of the programme was to make offenders confront the reality of their offences, to become more empathetic towards their victims, and to reduce their potential for re-offending. If they didn't complete the programme they would not be considered for early release.

The programme ran every day for twelve weeks.

The programme came to my attention when a Prison Officers' Association (POA) rep reported on the significant problems it had caused in his workplace during a safety representatives course I ran.

Prison officers were recruited onto the programme on the basis that they would be making a significant contribution towards reducing the prevalence of sexual offences and making society safer. However, what was neglected was their safety. The programme was introduced at the rep's prison without risk assessment, and unfortunately, the SOTP was introduced at a time of significant changes in the prison service, which had already led to reduced staffing levels.

During the programme prison officers began reporting that they were suffering increasing psychological problems, including depression and marital problems. The rep tried to raise these problems with management, but was told resources were not available to address them, and the programme continued. The rep himself (who also worked on the programme) eventually came to the point where he could no longer bring himself to go on the prison wing where sexual offenders were housed, and would begin to shake just walking down the corridor towards it.

Revised arrangements and risk assessment were only subsequently implemented after a wave of sickness absence and personal injury claims were submitted by the union. At least two of the original eight prison officers involved in the programme have never returned to work. None of the others work with sexual offenders anymore.

The programme is no longer run at the rep's prison, but continues in some form in other prisons.

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In research I have undertaken into this programme, I have read many, many documents, but I have yet to see a single reference to the impact the programme has had on prison staff. All the analysis is focused on the impact the programme has on offenders, and this fact was mirrored at the rep's prison.

History also shows that specialist programmes in prisons always 1) experience staffing and resource problems, and 2) are criticised for the poor quality of training given to staff.

As an aside, research also shows that the value of the programme itself is disputed, with, for example, a quarter of offenders who have been through the programme reporting less empathy for their victims.

2/ Risk assessment proforma:

The principles of risk assessment, in the UK laid down in the Management of Health and Safety Regulations 1999 still provide a sensible and logical basis to start from. In addition, in the UK the Health and Safety Executive has published a set of Stress management standards, which are accepted as best practice.

Looking at the hazards on the proforma:

Mental anguish affecting prison staff and families: Prison officers universally reported increased anxiety around their children and grandchildren, for example when giving them baths or allowing them to play outside.

Social isolation / hostility from colleagues: Only the prison officers involved in the SOTP understood much about the programme, and they encountered hostile attitudes because they were seen by some to be 'helping perverts'. At best there was a lack of comprehension of what they were going through, and at worst outright hostility, with colleagues questioning their motives for taking part. One of the officers taking part was told by a colleague "Do you get off on hearing these stories then?"

Social isolation from family and friends: A similar isolation occurred with family and friends, made worse by the fact that prison staff had to agree to keep in confidence everything that took place in the sessions. One prison officer said of this "My head is full of maggots and I can't talk to anyone about it."

Psychological problems: Reported problems included depression, anxiety, marital breakdown, and difficult to manage rage.

Potential violence: While no violent incidents occurred during the sessions, the potential for violent outbursts in such an environment was clearly present, and the

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3/ Summary:

The process of risk assessment has to cover a multitude of hazards, of which some, especially psycho social / mental health hazards, may initially be difficult to properly identify or articulate. There is a real danger that risk assessment can become little more than a bureaucratic formality, and that is why the often overlooked element of worker involvement, in this case through the process of review – is so important. If there had been early monitoring, feedback and review as regards the SOTP programme, perhaps some of the long term trauma suffered by prison staff might have been avoided.

Where new working practices are introduced especially, it is vital that workers are able to effect revision of the control measures immediately it is clear that changes are needed. Such situations strengthen the demands of the union movement and in the UK the Hazards Campaign for real worker involvement and rights to force improvements or stop the job.

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What are the hazards?	Who might be harmed?	Control measures	Record, implement	Review & update
Mental and emotional anguish	Prison staff, families	Prison staffing levels Training Therapeutic support Clarity of role Psychological staff support		Clear triggers, including worker feedback, with staff empowered to force through improvements or the right to stop the job.
Social isolation / hostility from colleagues	Prison staff, families			
Social isolation from family and friends	Prison staff, families			
Psychological problems	Prison staff, families			
Potential violence	Prison staff, prisoners			