The Violent Offenders Therapeutic Programme (VOTP) – Rationale and effectiveness

Jayson Ware, Cherice Cieplucha, Danielle Matsuo

Jayson Ware is Executive Director, Offender Services and Programs; Cherice Cieplucha is Team Leader, Offender Services and Programs; Danielle Matsuo is Director Sex and Violent Offenders Therapeutic Programs with Corrective Services New South Wales (CSNSW), Australia

Introduction

Individuals convicted of violent offences tend to make up a significant proportion of prison populations. Almost 50% of inmates within Corrective Services New South Wales (CSNSW) have a conviction for violence. The rates of re-offending for violent offenders also tend to be high – particularly when compared to other non-violent offenders (Motuik & Belcourt, 1997). NSW statistics published in 1995 showed approximately 50% of offenders incarcerated for assault returned to custody for a similar offence within two years. More recently it has been reported that 31% of offenders who were incarcerated for a serious violent offence re-offended whilst in parole (Jones, Hua, Donnelly, Hutchison, & Heggie, 2006).

There is also a relatively small group of violent offenders who can be characterised as persistent or repeat offenders. These offenders have been termed “life-course-persistent offenders” (Moffit, 1993). These men tend to have more frequent and more violent offending than other offenders as well as diverse and frequent non-violent offences (Polaschek, Collie, & Walkey, 2004). It is these serious violent offenders who are likely to commit further serious violent crimes unless appropriate treatment and management is provided. For this reason, these are the violent offenders that need to be targeted into psychological treatment programs such as the CSNSW Violent Offenders Therapeutic Programme (VOTP).

In this article we will describe the VOTP and its rationale and effectiveness. We will start by describing who we define as a serious violent offender and outline different forms of violence. This will help outline just who it is that we seek to treat within the VOTP. We will then briefly outline the historical approaches to treating violence and describe current comprehensive approaches and their rationale. At this point we will highlight what are the empirically supported treatment targets. We will then specifically describe the VOTP including its treatment content and context. Finally we conclude by discussing the effectiveness of the treatment of violent offenders and report on preliminary evaluations of the VOTP.

Who are these serious violent offenders?

The first question often posed is “what is violence”. This depends upon the context in which this question is asked. Behaviours that are considered to be criminal violence are most often defined by legal terms or definitions – i.e., Aggravated Assault is an offence code associated with violence. From a psychological (treatment)
perspective violence has been described as the intentional and malevolent physical injury of another (Blackburn, 1993).

Violence can take many forms and there is a great deal of variability between offenders in terms of what may have caused and maintained their violent behaviours. Violent offenders may include those who: have assaulted their partner or children, been involved in a serious fight or fights, have committed violence within a gang context, have committed violence in course of a robbery, to those who have killed someone. Clearly, from a treatment perspective, these men (and women) may have committed the acts of violence for very different reasons. We briefly describe three different forms of violence below to illustrate.

**Instrumental v expressive violence**

Violence is often referred to as either “instrumental” or “expressive” (Berkowitz, 1993). Instrumental violence is often characterized as goal oriented or purposeful, controlled, and unemotional. It is often used as a means to an end. For example, an individual may use violence in the course of a robbery, to ensure that he is successful. Expressive violence may also be labelled either “reactive”, “angry”, “emotional”, or “impulsive” violence (McGuire, 2008). Expressive violence often occurs when an individual is attempting to decrease an unpleasant internal state – such as their anger or physiological arousal. For example, someone may commit a violent act purely because they were angry. Of note, however, aggressive acts commonly serve more than one function and may be planned yet involve high levels of anger (Daffern, Howells, & Ogloff, 2007).

**Intimate partner violence (IPV)**

Intimate partner violence or domestic violence involves the use of aggression between partners in intimate relationships. Terms such as “battering”, “spousal abuse” and “marital violence” are often used interchangeably to describe it (Graham-Kevan & Wigman, 2009). IPV is considered to include not only physical aggression, but extends to acts of verbal and emotional abuse (including yelling, swearing threats and name calling), sexual abuse, in addition to destruction of pets and property and other coercive behaviours.

**Homicide**

Dearden and Jones (2008) reported that around 40 per cent of homicide victims are killed by a family member and nearly one quarter by an intimate partner. Perhaps contrary to public sentiment, convicted murderers are extremely unlikely to be convicted of a second homicide even without treatment. They are also comparatively unlikely to be convicted of a further offence of any kind. NSW data published in 1995 showed that 13% of offenders convicted for homicide were re-imprisoned for lesser offences within 2 years of release (this figure was only 8% for those for whom it was a first imprisonment). Only 2% of this sample returned for a violent offence and none of these offenders were re-convicted for another homicide (Thompson, 1995).

**Serious violent offenders**

We have noted that there is a small group of violent offenders who can be characterised as persistent or repeat offenders and who have more frequent and more violent offending. These offenders are most usually assessed on actuarial measures as high risk of violent re-offending. It is...
these offenders that we attempt to target into the VOTP irrespective of their offence type or whether the violence was instrument or expressive.

**Approaches to the treatment of violence**

Within their review of the rehabilitation efforts with violent offenders Polaschek and Collie (2004) usefully distinguished violent offender treatment on the basis of its theoretical approach. They classified treatment programmes as being based on anger management, cognitive skills, interpersonal violent programmes, or multi-modal approaches (p. 329). Anger management and cognitive skills tend to be shorter and less intense treatment (typically less than 150 hours). They are both based on the assumption that one factor (anger or antisocial thinking) is the cause of violent behaviours. Multi-modal programs tend to be far more intensive (typically 300+ hours) and assume that many factors are involved in the causation and maintenance of violent behaviours and that by targeting a large number of psychological and behaviours factors (such as social skills, thinking, substance abuse, etc.). We briefly describe each of these approaches below.

**Anger management (AM)**

One of the most common types of programmes used with violent offenders has been Anger Management (Novaco, 1975). Anger management (AM) programs tend to be facilitated in groups and are brief in duration (i.e., 10-20 sessions). They typically focus on increasing the offender’s awareness of anger and its triggers, and then providing a range of skills including social skills and relaxation training to assist the offender to decrease anger arousal and strengthen anger control.

This approach assumes that the violence was caused by, or as a consequence, of the individual’s anger. Howells (2004), for example, noted that violent acts have been labelled as “angry behaviours” (p.190). There are, however, studies that suggest this is not the case. In a study of violent offenders Mills and Kroner (2003) did not find support for a link between anger and violent criminal behaviours. Given that many proponents of AM (including Novaco himself) also note that anger should be considered a contributing factor to violence “particularly when occurring with a number of other conditions” (Howells, 2004, p.189) or is not even necessary for violence to occur (such as when violence was instrumental or even sadistic), then it seems necessary to also target the other conditions and hence the need for multi-faceted treatment (Polaschek, 2006).

**Cognitive skills programmes (CSP)**

Cognitive skills programmes have also been used explicitly in the treatment of violent offenders (Bush, 1995; Robinson, 1995). Examples of cognitive skills programmes include Reasoning and Rehabilitation (Antonowicz, 2005), Think First (McGuire, 2005), and the cognitive self change model (Bush, 1995). These programmes are based on the notion that (violent) offending is caused by antisocial cognitions and are focused towards helping offenders recognise their thought patterns that are conducive to crime and to acquire new ways of thinking about and solving their problems. They are facilitated in groups and tend to brief although comparatively longer than AM. Robinson (1995) reported on a cognitive skills program in Canada that consisted of 36 two-hour sessions (72 hours). Bush’s (1995) cognitive self-change model, however, has been reported to last up to 3 years with two sessions per week. Henning and
Frueh (1996) reported a mean length of 10 months attendance in a sample of 55 offenders. Similar to AM, Ward and Nee (2009) have argued that cognitive skills programmes are unlikely to meet the needs of serious high risk violent offenders with their well rehearsed and entrenched beliefs and attitudes about aggression and violence. They argue that these programmes are based upon a relatively narrow approach to changing cognitions which may not be adequate on their own for such violent offenders.

**Intimate partner violence (IPV) programmes**

Domestic violence programmes have developed quite separately from programmes for generally violent men (Polaschek, 2006). This has been the result of an assumption that men who physically assault their partners are different from generally violent men. Hanson and Wallace-Capretta (2000) report that IPV offenders are more likely to possess attitudes tolerant of partner assault, including attitudes related to sex roles and relationships with women. They found, however that IPV offenders also shared many characteristics of the generally violent offenders such as high levels of antisocial attitudes.

IPV programmes have historically been educational and developed around feminist theories of why IPV occurs. Consequently they tend to focus on issues such as power and control, abusive/coercive behaviours within intimate relationships, and communication and stress management techniques (Graham-Kevan & Wigman, 2009). Mederos (1999) has also argued that the focus of IPV programmes is too narrow and that they do not currently take into account the heterogeneity of IPV offenders. Norlander and Eckhardt (2005) recently pointed out that the relevance of alcohol abuse was often overlooked into IPV programmes.

**Multi-modal programmes**

McGuire (2008) noted that, on the basis of a review of effective aggression and violence treatment, “it is almost certainly necessary to increase the duration and intensity of treatment (‘dosage’) above presently inadequate levels” (p. 2591). The more recently developed multi-modal treatment programmes for high risk violent offenders tend to be of greater intensity (i.e., 12 months of residential treatment) and target a larger and broader range of issues than do AM or CS programmes. These programmes, at least in theory, allow for a greater level of individualisation of therapeutic targets within the treatment programme and longer period of time in which to achieve these. These programmes also operate on the assumption that violence may have been caused by multiple issues and therefore all of these issues need to be targeted in treatment (Polaschek, 2006).

**Treatment needs of violent offenders**

A longstanding question regarding the treatment of violent offenders is whether or not they require specialised treatment or whether they simply can attend and benefit from more general offending programmes (Polaschek & Collie, 2004). The ultimate question is whether serious violent offenders have treatment needs that are different from that of non-violent offenders. This is complicated by the fact that non-violent high risk offenders tend to have histories of at least one violent offense (Bourgon & Armstrong, 2005) and that risk factors or criminogenic needs for violence (see section below) appear to be better predictors of non-violent
re-offending (Wong & Gordon, 2006).

When planning for treatment, the most important factor to consider is the heterogeneity amongst violent offenders. More specifically, it is critical that the function of the violence for the offender and the causative and maintaining factors are well understood (Howells & Day, 2002). Given the wide range of violent behaviours, it is entirely plausible that two individuals with what appear to be very similar violent crimes may have offended for very different reasons.

It is equally important when planning treatment to consider how to prepare and motivate the violent offender. Howells and Day (2002) discussed this in terms of the offender’s “readiness” for treatment. Violent offenders are typically ambivalent at best regarding the need for, or simply not ready to benefit from, treatment. Violent offender treatment is further complicated by the difficulties therapists may face in working with violent offenders.

### Offender Readiness

There are a number of issues identified that may contribute to a lack of offender readiness for treatment. Learning difficulties, a lack of verbal skills and literacy deficits, cultural factors whereby the therapist is of a different culture, a genuine lack of motivation to change, denial of the violent offences have all been highlighted as important issues to address before an individual commences violent offender treatment (Howells et al., 1997; Serin & Preston, 2000). Any of all of these issues may result in a violent offender being “resistant” to therapeutic efforts. This is a critically important issue given that violent offenders who drop out of treatment are almost always found to have higher violence recidivism rates than offenders who did not receive any treatment (e.g., 40% v 17%, Dowden & Serin, 2001).

### Criminogenic needs of violent offenders

Andrews and Bonta (2006) initially coined the term “criminogenic needs” to describe the attributes of offenders that are directly linked to criminal behaviour. It is these criminogenic needs that are the focus of treatment. Polaschek (2006) reviewed the evidence base for criminogenic needs for violent offender treatment. She noted that there was “a need for more research on serious violent offender” as there were “still few studies for example that have investigated their criminogenic needs.” (p. 145). Polaschek noted, however, that most multi-modal treatment violent offender programmes targeted a number of issues - many of which appear to have at least some relationship to risk of recidivism (and therefore are likely to be a criminogenic need).

As an example, negative/anti-social attitudes may reflect both generally antisocial attitudes, or they reflect attitudes specifically condoning the use of violence. Polaschek, Collie, and Walkey (2004) demonstrated that both a general criminal attitude measure and measure of violent attitudes predicted recidivism risk. A number of studies have shown impulsivity to be higher in violent than non-violent offenders (e.g., Nussbaum et al., 2002).

We have listed a number of criminogenic needs identified as being relevant to violent offenders in Table 1.
Table 1: Treatment needs of violent offenders

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<td>Anger</td>
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<td>Hostility</td>
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<td>Impulsivity</td>
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<td>Interpersonal and problem solving skill deficits</td>
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<td>Social information-processing deficits</td>
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<td>Empathy deficits</td>
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<td>Antisocial companions</td>
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Engagement issues with violent offenders

The treatment of violent offenders is often described as a complex and challenging task. By their very nature, violent offenders are suspicious, distrustful and apparently resistant to engaging with therapeutic work (Chambers et al, 2008). They may be reluctant to admit the full extent of their offending, often minimise and deny aspects of their behaviour (Polaschek & Reynolds, 2000). They may also be hesitant to disclose aspects of their behaviour and discuss their vulnerabilities or emotions in a therapeutic setting. There are obvious reasons for these behaviours not least that they may perceive themselves to be at personal risk if they were to disclose such things in a prison or even community context (Howells & Day, 2002).

Given that violent offenders often present as aggressive, hostile, combative, this can impact on their ability to establish rapport with therapeutic staff and impede their treatment progress (Polaschek et al., 2005). Further, given that the origin of violent offending is typically in childhood and it has continued throughout adolescence and adulthood (see Moffit, 1993); these behaviours are extremely entrenched and difficult to change.

The Violent offenders Therapeutic Program (VOTP)

The VOTP in its current form was developed in 2003 replacing an earlier version called the Violence Prevention Program (VPP). The VOTP is a residential therapy programme for men with a history of serious violent behaviour and is located at Parklea Correctional Centre. Violent offenders assessed as being of higher risk of recidivism and who have a prior history of committing one or more violent offences are prioritised into the VOTP. Given the large number of offenders within CSNSW prisons, this ensures that the VOTP is targeting the group of violent offenders who can be characterised as persistent or repeat offenders and who are at highest risk of committing further violent offences upon release without treatment.

Offenders in the programme are accommodated in a 64 bed unit located within the Centre. The setting is designed to enable offenders to explore and address their offending behaviour within a therapeutic community environment (see Ware, Frost, & Hoy, 2010 for discussion of a therapeutic community). A multi-disciplinary team consisting of psychologists, custodial staff and other offender services and programme staff deliver the programme.

The duration of the VOTP is approximately 12 to 14 months,
which includes an initial assessment and preparatory phase followed by the following six treatment related modules:

- Life patterns
- Understanding (of offending)
- Non-criminal thinking
- Victim empathy
- Offence cycle
- Relapse prevention

A number of skill sets are delivered within the readiness phase. It is at this point that the offenders are taught and can rehearse communication and mood or anger management skills. Significant efforts are made at this stage to engage and motivate the offender to actively participate in the treatment process. It is widely acknowledged that this is a critical first step (see Day, Howells, Casey, Ward, Chambers, & Birdgen, 2009).

The treatment modules follow a relapse prevention structure whereby offenders are taught to understand the contributing factors in their violent behaviours (i.e., situations, thoughts, feelings, physiological arousal, behaviours), and then to learn skills to change these, before finally developing a relapse prevention plan to assist them and their support persons including parole and probation officers upon release. Within these treatment modules, therapists are able to provide psychological interventions for any or all of the treatment needs (dynamic risk factors) as outlined in the previous section. Each individual participant has his own treatment plan developed in combination with the psychologist who has assessed him.

The VOTP is delivered in a group setting, with treatment groups being approximately two hours in duration and occurring three times per week. Each group consists of a maximum of 10 participants.

Effectiveness of violent offender treatment

There is a surprising lack of empirical evidence from which to draw conclusions as to the effectiveness of violent offender treatment. This probably reflects the fact that most jurisdictions have focused their resources on the treatment of other offenders – most notably sexual offenders (Howells, Watt, Hall, & Baldwin, 1997; Polaschek, 2006). This said, most jurisdictions recognise the importance of providing treatment to these serious violent offenders and have either required them to complete one (or many) general criminogenic programmes or have developed specific intensive treatment programmes for this group (Serin, Gobeil, & Preston, 2008). This explains why there have been comparatively few attempts to thoroughly evaluate specific violent offender treatment programs.

In the first extensive review of violent offender treatment Polaschek and Collie (2004) summarised the outcomes of nine studies that they considered to be of sufficient methodological rigour to warrant inclusion. Two of these were CS programmes, three were AM programmes, and the remaining three were classed as multi-modal programmes. Each of these studies reported promising outcomes however Polaschek and Collie (2004) considered all of these studies to have methodological weaknesses or a lack of information which prevented any firm conclusions as to the effectiveness of violent offender treatment being drawn. More recently Jolliffe and Farrington (2007) also systematically reviewed the effectiveness of violent offender and could find only 11 outcome studies that met their methodological criteria.

AM programmes have produced mixed results. Dowden, Blanchette, and Serin (1999) reported 86%
reduction in violent re-offending for 110 AM programme participants over a 3-year follow up. Conversely, AM programmes evaluated in Australia appear to have produced only small effects (Howells et al., 2002). Of note these programmes appear to have been shorter and less intense than those reported by Dowden et al.

CS programmes have also produced what seem to be mixed outcomes. In a large scale Canadian study, Robinson (1995) reported reductions in recidivism of up to 36%. Offenders with a variety of convictions completed these 36-session prison-based Reasoning and Rehabilitation CS programmes and, of interest, violent offenders were more likely to benefit from the programme than offender convicted of theft offences. A similarly large evaluation in England and Wales (Falshaw et al., 2004) found no differences between the 2-year recidivism rates of offenders who completed CS programmes and a matched control group.

Babcock, Green, and Robie (2004) conducted a large meta-analysis of IPV programmes based on 22 studies. They concluded that IPV programmes had, at best, a small positive impact on re-offending, but for the most part these programmes were not effective. Polaschek (2006) contended that some optimism should be maintained regarding the impact of these programmes and provided a blueprint for how to increase their effectiveness.

Since the initial Polaschek and Collie (2004) review, there have been a number of evaluations of multi-modal (intensive) violent offender programmes. These have also produced inconsistent results. Polaschek, Wilson, Townsend, & Daly (2005) reported on the New Zealand prison based intensive Violence Prevention Unit (VPU). This is an intensive group based programme which is facilitated for four sessions per week over 28 weeks. Polaschek et al compared the first 22 completers of the programme with a matched control group for a minimum 2-year follow up period. 32% of the treated sample has re-offended compared to 63% of the control group. The treated offenders who re-offended took twice as long to commit a further offence than the matched controls. Cortoni, Nunes, and Latendresse (2006) compared 500 violent offenders who completed the 94-session prison-based Violence Prevention Programme (VPP) in Canada with 466 matched un-treated offenders. They found that offenders who completed the VPP had significantly fewer major institutional misconduct charges in the 6-month and 1-year period following completion of the VPP and, more importantly, untreated offenders were more than twice as likely to be re-convicted for a violent offence over 12 month period. Serin, Gobeil, and Preston (2009) evaluated the Canadian Persistently Violent Offender program with less positive results. They found that violent offenders who had completed this 144 hour programme were as likely to re-offend as offenders who completed an AM programme or no programme at all. Similarly there were little differences between offenders with respect to institutional misconducts or measures of treatment change.

**Preliminary evaluations of the VOTP**

We are currently planning a number of research projects for the CSNSW VOTP. In particular we are most interested in whether or not violence offenders who have completed VOTP recidivate significantly less than a control group of untreated offenders. We have completed one such study to date. Roman (2005) compared recidivism and institutional misconduct rates for treated versus untreated violent offenders who participated in the VPP (an earlier version of the VOTP). Roman found that treated offenders had an overall
17% lower violence reconviction rate with an average 4-year follow up period – although these results did not meet statistical significance. This study also demonstrated that violent offenders who participated in the VPP had a lower rate of violent misconducts whilst remaining in prison than did non-participants.

We have also completed a number of preliminary examinations of the VOTPs effectiveness by looking at pre- to post treatment changes. These studies have all consistently demonstrated that treatment goals have been met. Specifically, Abreu (2007) found that offenders who participated in a readiness or preparatory programme were more likely to complete the VOTP than those who did not participate in such a programme. Bryan and Day (2006) reported that VOTP participants had reductions in their reported levels of anger and anger expression, had a reduced level of criminal thinking, and an increase in their ability to see the perspectives of others. Further North (2008) demonstrated that VOTP participants improved in their ability to regulate their anger whilst Dunne (2006) also reported lower levels of expressed anger after completion of the programme. Kennedy (2006) also noted significant improvements in empathic ability in treatment completers.

Conclusion

Given the high proportion of violent offenders in the NSW correctional system and high rates of violent re-offending, treatment programs to address the needs of these offenders are a critical part of CSNSW’s goal to reduce recidivism. As violence can take many forms, violent offenders are a diverse group with numerous criminogenic needs. While there is some understanding of these specific needs as demonstrated in the literature, this area is the subject of continued investigation both within CSNSW and around the world.

Our current practices support the comprehensive psychological assessment of violent offenders required to understand the causes and maintaining factors underlying their behaviour. This allows us to target treatment to the individual offender in an intensive, multi-modal program such as the Violent Offender Therapeutic Programme (VOTP). High risk, persistent violent offenders who have more frequent and more violent offences are the highest priority for entry into the VOTP.

There are promising results from preliminary research into the VOTP’s capacity to effect change in the violent offender population. CSNSW is committed to continued research and evaluation of the Violent Offenders Therapeutic Programme in making it a program meeting international standards of best practice.

References


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Correspondence to: Jayson Ware, Director, Sex and Violent Offender Therapeutic Programs, NSW Department of Corrective Services, Level 4/66 Wentworth Ave, Surry Hills, NSW 2010, Australia. E-mail: jayson.ware@dcs.nsw.gov.au