Resist not desist: The need for a prevention project

An exploration of convicted sexual offender and practitioner perspectives

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Context

HMP Whatton

- One of the largest sex offender prisons in Europe (approx. 840)

Safer Living Foundation (SLF)

- Registered UK charity
- Collaboration between NTU, HMP Whatton, Police and Probation
- Rehabilitative initiatives to prevent sexual offending and reduce victims
    - E.g. Prison-based Circles of Support and Accountability

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A Little Background…

Rates of child sexual abuse

- **Police recorded 47,008 sexual offences against children in the UK in 2014/15** *(Bentley et al., 2016)*
- **Research estimates one in 20 children have been sexually abused in the UK** *(Radford et al., 2011)*

Underreported

- **Surveys have found as many as 50% of cases of child sexual abuse are unreported** *(Horn et al., 2015; Radford et al., 2016)*

A Little Background Cont…

- **The prevalence of sexual interest in children in non-criminal (or rather non-convicted) heterosexual men in the community is estimated to be approximately 5%** *(Seto, 2008; Dombert et al, 2015)*

- **The word "preteen" was the third most frequent search term in men's online sex searches** *(Ogas & Goddam, 2012)*

- **Having a sexual attraction to children is neither necessary or sufficient for committing child sexual abuse – although it seems to greatly increase the risk**

A Little Background Cont…

The gap – when does a thought become a behaviour?

- **Stop it Now:** 13.5% of calls from adults concerned about their own sexual thoughts/behavior had not committed any offence *(self-reported; Brown et al., 2014)*
- **Prevention Project Dunkelfeld:** Nearly half of the 358 participants interviewed had never had sexual contact with a minor *(Self-reported; Beier et al., 2009)*
- **Research estimates a time frame of almost a decade between onset of sexual fantasies and the time of the first arrest** *(Piché, et al., 2016)*

The Current Situation in the UK

Reactive not proactive

- Criminal Justice System offer treatment only after an offence has occurred.
- Only for those known to the authorities / CJS.

Preventative initiatives

- **Stop it Now** - free, anonymous helpline providing information, advice, and guidance to anyone concerned about child sexual abuse.
- Currently no free community treatment available for individuals who are concerned about their sexual thoughts and/or about sexually offending.

The current research: Offender and Practitioner Perspectives

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Offender Perspectives

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Research Aims

To explore in a sample of convicted sexual offenders…

1. **The experience of living with offence related sexual thoughts in the community**
2. **Help seeking behaviour prior to offending**
3. **What may have helped participants to resist offending**
4. **Thoughts on a proposed community prevention scheme**

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Methodology

Participants

- Convicted adult male sexual offenders
- Mean age 48 (SD = 7.72; 31 - 57)
- White British
- n = 17

Index Offence

- 10 convicted for sexual offences; 6 violent & sexual; 1 violent
- 10 had committed offences against children; 7 against adults
- Of the sexual offences, 14 were contact

Data collection & Analysis

- Semi-structured interviews
- 1-2 interviews per participant
- Thematic analysis

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Results

Five broad themes emerged

1. Living with offence related thoughts
2. Inadequate help
3. “I wanted to be caught”
4. Fear of Help
5. The service

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I felt dirty

I felt disgusted

I have thoughts of going out and abusing someone

I th[illegible]w out of the[illegible]and that they'd go away and they never really did and they're still kind of there

[illegible]plode

I thought it was, just a phase that everybody goes through

I done everything to try and get the thoughts out of my head

[illegible]remlins in your head

[illegible]ecide, trying to [illegible], trying to decide [illegible]er I should reveal all these things

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2. Inadequate Help

This theme summarises the outcome for participants who actively sought help (n=8) and the restrictive factors for those that did not seek help for their sexual thoughts prior to coming to prison.

- Participants sought help in different ways – police; drop in centre; parents; doctor (GP); psychologist; Hospital; Counsellor; Spouse.
- Offered either inadequate or no support
- Fed into helplessness and lack of trust.
- Number of barriers to seeking help: fear, shame, denial, uncertainty, regret

2. Inadequate Help

"so we sat down, started explaining what these fantasies were like the impact that was having on me life and the fact that I'd get more stressed. Anxiety. Debt. You know those were all triggers. And again she says **I'm sorry Mr Nathan, but until you commit an offence there's nothing we can do**"

"**All that happened was it was an assessment** [by psychiatrist]. There was no treatment…More time went by, still events were happening, I was still having these thoughts."

"to have people basically, especially the experts not take it any further I thought then, they can't believe me. You know, and **do I actually have to do something to prove that I need, I need help**. And it wasn't long after that, that the attack on the [victim] happened."

Nathan

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2. Inadequate Help

John

"I went in [drop in centre] and asked if I could speak to somebody.. and one.. I spoke to this female, can't remember what her name was but went into a little room told her all about the thoughts and feelings I was having and then she turned round and said **what do you want me to do**.. and I went well that's a lot of help"

"I felt that you know if there's no help for me then **I just might as well carry on** you know just go that next step and… and that was the.. that was the start of the downfall really."

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2. Inadequate Help

"I kept going to me doctor umm and I told him when I was grooming and I even told me mum.. and me mum told me dad and **me dad beat me up for it** and so I ended up leaving home"

Kyle

"I feel like if at that point **if early on I'd been able to go to someone and say look I got these feelings**, I got these problematic attractions. Help me. Then, I feel like **I wouldn't of ended up going down the paths** I did subsequently"

Samuel

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3. “I wanted to be caught”

- Lack of resources or abilities to face life's challenges
- Avoiding issues, trying to ignore them
    - Build up of problems, increased negative mood states e.g. anxiety
- Wanting to stop offending/thoughts but not having the ability to
- Led to a desire to be caught
- Incarceration a more attractive option
    - Removes responsibility
- Desperation to be caught in order stop victimising
- Relief upon arrest

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3. "I wanted to be caught"

"**I wish I had been caught** at that time, it **would've stopped a lot of more abuse** going on"

Brad

"so when I got when I got caught it was just overwhelm overwhelming thing **thank Christ I didn't do anything**''

Rick

"er that's I think where my problems begin whereas when I'm confined in prison it's easier, I don't have to worry about bills or problems or looking after me children you know it's basically **running away from life's problems**''

Robert

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3. “I wanted to be caught”

“I went to the police meself and handed meself in and realised what I’d done is hurt people I’d hurt her.. and that’s when I.. I ended up in here so I **tried asking for help and nobody would help me and that was the only way I could do it**”

Kyle

“yeah **I wanted to get caught, many times**. And I wanted it to stop but, um I wasn’t willing or able to um **I didn’t have the strength** or um **I was frightened** as well of the consequences”

Rick

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4. Fear of Help

- Fear of the consequences of seeking help
- Fear of the authorities and prison, mistrust
- Taboo – sex offender label

4. Fear of Help

"I really need to try get some help in this but thinking back to what this counsellor had said if I did do that it'd go and tell someone that I was doing it and I needed help and the first thing that would be happening was that **I'd be arrested for the very thing I was trying to get help for**"

Rick

"I had it in my head, that if I told people what I was actually thinking that, **they would ostracise me**, they would **call me names**, you know, uh I'd be **locked up in a mental institution**…So that's why I kept things to myself."

Nathan

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5. The Service

Issues of confidentiality & disclosure

*"the biggest worry that most people have is.. if they ask for help.. what is the ripple effect of that. are they gunna.. be **stigmatised** for it are they gunna end up in **prison**.. is there life going to be **ruined** you know" - John*

1 to 1 vs. Group Sessions

*"me if your outside and you got all this stuff and you wanna talk to someone you aint wanna do it **I wouldn't of done it group environment** I would've want to talk some one to one with somebody first" – Rick*

7 Day Service

"9 times out of 10 that's when I reoffended [the weekend]" - Adam

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Practitioner Perspectives

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Methodology

Participants

Pseudonym	Role	Time at the organisation
Anna	Practitioner and Forensic Psychologist	11 years
Lydia	Assistant Psychologist	4 years
John	Practitioner and Clinical Manager	9 years
Tara	Practitioner	8 years
Laura	Practitioner	4 years

Data collection & Analysis

- Semi-structured interviews
- Thematic analysis

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Results

Three main themes were identified from the dataset:

Superordinate Themes	Subordinate Themes
Moving service users forward	A person-centred problem
	Capacity to engage
	Working with risk factors
Barriers to intervention	Service users' lack of trust in services
	Anonymity - undetected Service users
Prevention: Missing pieces	Publicity and funding
	Lack of (adequate) services
	Education

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1. Moving Service Users Forward

A person-centred problem

- Differing needs and motivations to seek help
- Reliant on and guided by information provided by the client
- Unrealistic expectations – ‘desperation to be normal’

Capacity to engage

- Intervention offered to those ‘ready, willing and able’
- Importance of managing and monitoring anxiety, motivation, mental health and substance use

Working with risk factors

- Circumstances/ opportunities, isolation and lack of support
- Promoting positivity

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Some people think they will do our programme and then they're all fixed (Lydia)

I think we are very good at trying to help people separate things a little bit and think about this is just one part of you you know this isn't all that you are and there are lots of other things about you that are really positive and you should feel good about (Anna)

Sometimes they are calls where people suddenly notice that they're very troubled by their sexual thoughts and they want to talk to someone about that to try and understand it… There's always a level of distress in the sense that there's a level of motivation and I suppose what generates the motivation is some sort of discomfort with their status quo (John)

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2. Barriers to Intervention

Service users' lack of trust in services

- Concerns around confidentiality and reporting
- Fear of being detected while searching for appropriate services

Anonymity

- Barrier to intervention – particularly for those offending
- Barriers imposed by obligations to report concerns
- Arrest and conviction opens the door to intervention

Because its anonymous [over the phone] if they haven't been arrested then that can be quite hard to manage sometimes…and I guess our advice is that, you could hand yourself in because you have done a bad thing and you won't be able to access the full sort of support that you could potentially get if you were arrested (Lydia)

There's only so much you can do with somebody over the helpline…we're trying to be more creative about that in terms of delivering sessions over the phone to people who can then still retain their anonymity but I think that's an issue that stops us [doing what] we really need to be working on (Tara)

When some people call us they're very worried like quite seriously paranoid sometimes about what's going on and is this phone call being recorded so there's a trust issue (John)

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3. Prevention: Missing Pieces

Publicity and funding

- Individuals are unaware of available services
- Services are less accessible prior to involvement with CJS
- Lack of funding and resources

Lack of adequate services

- Lack of appropriate intervention services
- Competency in dealing with the specific needs of this client group

Education

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A lot of the men that have been arrested said that they'd never even heard of us and they tried to access help and they couldn't find anyone like us. (Lydia)

We can't always answer all the calls that come through so that can feel quite frustrating when we know that there's people trying to get through to the helpline and they can't because we don't have enough funding to have more lines open (Laura)

Someone quite specific comes to mind who came to us because he'd been to his GP with his problems and he'd been referred to a service and he disclosed that he had inappropriate thoughts of children erm and he was erm I'm trying to think of another word for rejected but he was told that they couldn't see him anymore and reported it to the police which was not necessary but that's how he found out about our service (Lydia)

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Implications & Conclusions

- There are convicted offenders who spent much of their time struggling with thoughts and not offending
- Many experiences of failed help-seeking
- Need for an appropriate community intervention
- Clear advertising - who can be helped, expectations and issues surrounding confidentiality and disclosure
- Aspects of the service – 24hour, group vs 1-1

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SLF Prevention Project

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SLF Prevention Project

- Primary aim: To provide a free signposting, support and treatment service for individuals in the UK who are concerned about their sexual interest and / or about sexually offending

- Referrals

- Assessment of suitability

- Relevant signposting or treatment offered

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SLF Treatment approach – key aims

Theoretically draw from the Good Lives Model (Tony Ward) as the principle for intervention: '*enhancement of well-being and reduction of their risk'*

The programme will:

1. Build and develop protective factors linked to sexual offending (de Vries Robbe, Mann, Maruna, & Thornton, 2014).
2. Teach skills to manage risk factors linked to sexual offending (e.g found in Mann, Hanson & Thornton, 2010;

Key Principles

- Not criminalising clients – no use of forensic language: e.g offender, risk
- Will not set out to diagnose a client with a paraphilia according to systems such as DSM or ICD-10
- Reduce shame
- Improve emotional connectedness (compassion)
- Improve ability to self sooth
- Develop acceptance skills
- Strong therapeutic alliance
- Encourages taking responsibility for their behaviour now, not for how problems developed
- No requirement to discuss their sexual thoughts in detail

Eclectic therapeutic models

- Adopts a biopsychosocial stance to change (Mann & Carter, 2014)
- Acceptance and Commitment Therapy (ACT; Russ Harris, Steven Hayes)
- Compassion Focused Therapy (CFT, Paul Gilbert)
- Functional Analytic Psychotherapy (FAP) (Tsai & Kohlenberg)
- Specific treatment goals are collaboratively identified with the client through formulation

Implementation issues

- Group based rolling format
- Staffed by psychologists and specialists experienced in sexual offending treatment
- Between 8-30 sessions dependent on need
- Options for specialist groups/sessions for those with intellectual disability or autistic spectrum disorder
- Option for 1-1 with a psychologist
- Medication to manage sexual arousal

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