

# The Safer Living Foundation and the SLF Prevention Project



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# Overview

This presentation will :

- Outline the origins, and current / future projects, of the Safer Living Foundation charity
- Focus on the SLF Prevention Project
- Outline considerations for developing the PP
- Discuss designing treatment for the prevention project
- Outline the objectives of the Prevention Project
- Discuss referrals – who and how?

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# Origins of the Safer Living Foundation

First meeting to discuss possibility of running a Circles pilot project from within prison on 5<sup>th</sup> November 2012. Registered as CIO 13 February 2014

- Ongoing and long term collaboration between prison & university
- Symbiotic and trusting working relationship, motivated and readiness for change
- Good inter-communications, problem solving
- Shared passion for evidence based rehabilitation and ongoing process and outcome evaluations (mixed method)
- Enthusiasm and commitment to collaborating with service users
- Frustration with the challenges of finding funding, slowness of the system
- Wanted to find faster way of achieving things
- Right personnel including experience of charity work

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# SLF

- [www.saferlivingfoundation.org](http://www.saferlivingfoundation.org)



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# SLF Projects

- Prison-based Circles of Support and Accountability
- Community-based Circles of Support and Accountability project
- Young People's Circles project
- Prevention project
- Transitions project & three-quarters home project
- Corbett Drop In Centre & Employability Project

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# The media/public reactions to sexual offences

- Registration of individuals
- Community notification
- Employment checks
- Accommodation restrictions
- Longer prison sentences
- School based educational programmes

How do these help? Are they effective strategies?

Finkelhor (2009) asserts that most of these are based on the stranger danger paedophile stereotype, who is seen as at high risk of reoffending.

Most people who offend are not strangers, and are not paedophiles. Approximately a third are children (U18) and a minority of offenders have a previous sexual conviction (though, when caught, may have a history of offending and risky behaviour).

Reporting of offending is on the rise.

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# Considerations for PP

- UK reporting requirements (contrast with Dunkelfeld)
- Look at what else is being done in the UK (Prevention Conference at NTU Monday 9<sup>th</sup> April 2018), with 'closed door' half day for practitioners on 10<sup>th</sup> April.
- Speak to referral organisations e.g. Samaritans (late night calls, what this means)
- Protecting service users from vigilante action and media (and others)
- How to offer help to potential offenders and not get 'full' on Secondary /Tertiary prevention support (Corbett Drop In Centre)
- Trying to protect the reputation of Nottingham Trent University

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# Considerations for PP

- How best to communicate our service to potential service users
  - Help seeking behaviour literature
    - Males
    - Young people
    - Post a 'close shave' moment
- Range of signposting services needed – sexual addiction / preoccupation, sexual attraction to children, trauma, alcohol, lack of social support
- Listen to our service users (WASREP & Lievesley et al, 2017)
- 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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# Considerations for PP

- Self-reported barriers to help seeking for sexual offences – fear, shame, denial, guilt, regret, uncertainty, avoidance, build up of negative emotions, a 'phase'
- Previous experiences of trying to find help put people off (tried GPs, solicitors, police, partners, religious figures)
- Dealing with labels and identity – social cure and curse – all about identity.
- However, long time lag between noticing thoughts and offending (from research and service users); salience in news encouraging people to come forward?
- Ensure people know our PP is not just for those who may offend against children

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# Considerations for PP

- Evaluating what we do.
  - Difficult evaluation, not straightforward as people have (hopefully/possibly) not offended
    - How do we measure effectiveness?
    - May be involved in risky behaviour
    - Support offered in a range of ways
    - Don't want to make people worse
  - Need to conduct research on this population too (without flooding them!)
  - Process and outcome evaluation required
  - Want to involve service users
  - Reflect on the various conflicts of interest
  
  - Research Unit plus full time PhD (commencing Jan 2018)

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# The SLF UK Prevention Project: Project Details



*'Keeping people safe  
by  
improving lives'*

Emma Allen, Prevention Project Treatment Manager  
Safer Living Foundation

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# The Prevention Project

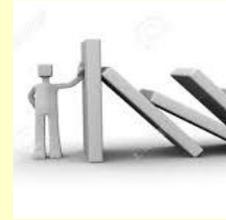


- Provides a signposting, support and treatment service for individuals in the **midlands** who are **distressed** about unhealthy sexual thoughts and feelings, and in addition are **concerned** that they will sexually offend but are not within the controls of the Criminal Justice System.
- We provide a community service of **group therapy** for people who find their sexual thoughts, feelings and behaviours distressing, and are concerned that they could be a risk to others.
- We work with clients who are motivated towards change and who feel able to make use of **group** therapy.
- X1 Project Treatment Manager,
- Clinical Lead, Therapists (TBC)
- Nottingham

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# Prevention Project Objectives



- To provide free **therapy** for such individuals who have not offended who are distressed by their sexual thoughts
- To use **evidence informed best practice & service user involvement** to underpin all aspects of the prevention project
- To **research and evaluate** the project in an ongoing basis to **improve effectiveness & monitor outcomes**

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# Who can be referred?



- Men & Women (18+)
- Individuals who find their sexual thoughts, feelings & behaviours distressing and are concerned that they may act upon them
- Individuals who have never sexually offended
- Self-referrals
- Individuals who are willing to travel to Nottingham

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## Prevention Project Self-Referral Form

Name / Preferred Name: (Your first name is enough)		Telephone Number:		
Email:		How would you like us to contact you?	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email
What do you currently need help with and what would the ideal outcome be for you?				
<b>Distress Rating Scale: On a scale of 1 – 5 how distressed are you about unhealthy sexual thoughts and feelings?</b> Please tick which one applies to you at this current time.				
1 "they don't bother me at all"	2 "they slightly bother me"	3 "they are starting to bother me"	4 "they are really bothering me"	5 "they are taking over my life"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Concern Rating Scale: On a scale of 1 – 5 how concerned are you that you may act upon them?</b> Please tick which one applies to you at this current time.				
1 "I'm definitely not likely to act on them at all"	2 "I'm not likely to act on them"	3 "I think I may act on them if I don't get help"	4 "It is likely that I will act on these feelings"	5 "It is extremely likely I will act on these feelings"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are willing to engage in groups?		This section is to be completed by the Prevention Project Manager		
Do you have any disabilities or individual requirements that we should know about? Please provide us with any other information that you feel may be relevant		Date Referral Form Received & processed:		
All referrals will be dealt with in a confidential manner. You can email your referral form to us at: <a href="mailto:sifprevention@ntu.ac.uk">sifprevention@ntu.ac.uk</a> If you would like further information about the prevention project, please contact us on: 0115 848 4707.				

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*Does your sexual interest  
concern you?*

*Do you need help?*

Call the Prevention Project on:  
**0115 848 4707**

Email us at:

[sfprevention@ntu.ac.uk](mailto:sfprevention@ntu.ac.uk)

Or visit our website for more details:

[www. saferlivingfoundation.org](http://www.saferlivingfoundation.org)



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# Signposting

- [Circles](#)
- [SLF Projects](#)
- [Stop- SO:](#)
- [Stop it Now](#) helpline: 0808 1000 900



- [Recovery nation](#) : a free self-help recovery resource for those struggling with sexual addictions or difficulty with their sexual behaviour
- [Samaritans](#) (call anytime on 116 123)
- [Victim Support](#) (call free on 08 08 16 89 111)
- [Childline](#) (call on 0800 1111)

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# Examples of Referral Sources & Partnerships

- **UK Prevention Collective**
- **NTU / SOCAMRU**
- Local University & College Student Affairs & Student Support Services – e.g. **Nottingham Trent University** Safeguarding Lead
- Service Learning Placements: Poster Campaign
- Samaritans
- GPs
- Police
- NHS Services e.g. Adult MH e.g. OCD
- Solicitors
- Drug / alcohol
- PD services
- Church
- NSPCC
- STOPSO & Stop It Now
- Prevention Conference: Askham Grange
- Rape Crisis
- Circles e.g YHL

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# The SLF UK Prevention Project: Treatment Approach

*'Keeping people safe  
by  
improving lives'*

Dr Kerensa Hocken  
Registered Forensic Psychologist  
Safer Living Foundation Clinical Lead

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# Some Unknowns

- How similar are people with offence related sexual thoughts who don't offend, to those who do offend?
- Do theories of sexual offending and treatment have any application?
- Should we offer 'typical' sexual offending treatment?
- How many clients will have undetected/undisclosed offending?

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# SLF prevention project treatment approach

- Acceptance and Commitment Therapy (ACT; Hayes *et al.*, 1999)
- Compassion Focused Therapy (CFT; Gilbert, 2002)
- No labels or terms which may criminalise and create a 'sex offender' identity (risk, offender)

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# A brief history of CBT

- First wave – Behavioural therapy, did not consider the role of thoughts or feelings, operant and classical conditioning at the centre
- Second Wave – Influenced by work on cognition such as schemas, automatic thoughts, irrational beliefs, interpretations. Incorporated with first wave and became cognitive behavioural therapy (CBT)
- Theoretical premise: Internal events (thoughts, leading to feelings) are the source of dysfunctional behaviour
- Therapeutic aim: reduce or eliminate unhelpful cognitions and feelings

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# Philosophical paradigm of third wave CBT

- Functional contextualism – context and function not form
- Behaviour viewed as acts in context
- Negative internal experiences are not pathological, they are experiences that lead to unworkable (or workable) actions
- Thoughts feelings and behaviours co-exist in context not necessarily causal
- To analyse acts in context, present moment awareness is essential
- Treatment changes the context: change the relationship between thoughts, feelings and behaviours not change the thoughts, feelings and behaviours
- Aim – To help people thrive and flourish

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# Third wave CBT

Although varied in their specific aims and models, common features are:

- Getting in contact with emotions
- Compassion for self and others
- Shame reduction
- Acceptance of thoughts and feelings
- Value based living
- Aim to help clients thrive and flourish

Still uses typical therapy tools: Socratic questions, behavioural experiments, exposure, imagery, reflection, evidence appraisal etc.

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# Acceptance and compassion

- Growing research to suggest that for some, paedophilic interest is biologically determined, an orientation (Cantor, 2015)
- Fusion with offence related interests and identity problematic
- High shame in people who have committed sexual offences (Scheff & Retzinger, 1997), non offending minor attracted persons appear similar
- Shame associated with anger arousal, suspiciousness, irritability and maladaptive responses (Tangney et al., 1996) hostility towards others (Proeve & Howells, 2002),
- Shame likely to create hopelessness about the future

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# Evidence base

ACT has 'strong' or 'modest' research support for a problems such as

- Depression: (Hayes et al. 2011; Folke et al. 2012; Ruiz, 2012).
- Social Anxiety (Dalrymple & Herbert, 2007).
- Panic Disorder (Meuret et al., 2012; Lopez, 2000).
- OCD (Twohig et al., 2010).
- Psychotic symptoms (Gaudiano & Herbert, 2006),
- Psychological flexibility and emotion regulation skills with borderline
- Promising results for problematic pornography use (Crosby & Twohig, 2010, 2016)

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# Evidence Base CFT

A growing evidence base. Has improved symptoms relating to

- eating disorder, (Goss & Allan, 2014; Gale et al., 2014)
- psychosis (Johnson et al., 2011)
- schizophrenia (Braehler et al., 2012)
- Personality Disorder (reduced shame and self-hatred) (Lucre & Corton, 2013).
- Shame and self criticism (Gilbert & Proctor, 2006)

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# Treatment aims of SLF prevention

- Core aims: improve psychological well being and reduce likelihood of offending behaviour

By

- Reducing fusion with unhelpful thoughts and identity
- Developing skills for emotional regulation
- Developing skills for sexual regulation
- Developing skills for valued living (consistent with ethos of Good Lives Model)
- Psychoeducation work around healthy sex and relationships
- Developing skills for healthy sex and relationships

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# Referrals / Contact Details



**Referrals: 0115 848 4707**

**Referrals and information:  
slfprevention@ntu.ac.uk**

**Twitter @SaferLF**

<http://saferlivingfoundation.org/prevention/>

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