Listening, learning and understanding: an alternative method of preventing further victims of sexual abuse

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Health Warning

Look after yourself. Don't submit to social pressures. Trust your instincts. Take time to reflect. Don't take chances. Report everything, however 'minor'.


Why?


why


Why?

And for an individual who has committed a sexual offence….

Victim

Victim's partner

Victim's family

P's own family

Self

P's own partner & children

Victim's friends

Victim's children

P's own friends

“These are human beings who made a mistake. If we want them to succeed, we’re going to need to build a place for integrating them into our culture”

(Wetterling, 2014)

SOCAMRU, NTU, HMP Whatton, Safer Living Foundation….and more

HMP Whatton holds approximately 840 adult males convicted of a sexual offence (or where there is a sexual element to their offence). It is the largest sex offender prison in Europe. Forty-two percent have a sentence of more than four years. Forty-six percent are serving an indeterminate sentence including life sentence.

The Department of Psychology at NTU holds approximately 100 adult (males and females) who have PhDs in psychology and/or have a record of practitioner expertise. It is the second largest psychology division in the UK (Banyard, 2014). Over 50 percent have been at NTU for more than four years (Banyard, 2015). It is unknown how many are serving an indeterminate (including life) sentence.

The **Sexual Offences, Crime and Misconduct Research Unit** (SOCAMRU) in the Division of Psychology at Nottingham Trent University predominantly conducts research that focuses on sexual crime. This research seeks to understand individuals that have committed, or are likely to commit, sexual offences; focusing on evaluating interventions and exploring protective or risk factors for further offending.

Plus - the **WASREP service user panel** (Community & Prison) & the **Safer Living Foundation** charity

SOCAMRU Service User Research & Evaluation group (WASREP)

- Prison & Community service user research
- Prison-based (2 years +)
- Community-based (new, risk assessment underway)
- Group meets every month to discuss research and evaluation plans
- Specialist groups e.g. ASC, dementia, understanding licence recall
- Prisoners help develop and critique research protocols, suggest research ideas and mechanisms for evaluation e.g. time lag for prevention, lack of support out there, prison rumour mill, not understanding licence conditions
- Help to publicise projects and recruit participants
- Results fed back through posters, individuals leaflets, prison newsletters, radio, 121 meetings

Safer Living Foundation charity

- www.saferlivingfoundation.org
- Registered as CIO 13 February 2014

- https://youtu.be/ck3uOCyWB50

- Prevention research just started – about to advertise for 3 year funded PhD studentship to start January 2018
- Currently advertising for YP Coordinator

But first…..an underpinning philosophy

Let's say that it was 24 hours before you were born, and a genie appeared and said, 'What I'm going to do is let you set the rules of the society into which you will be born. You can set the economic rules and the social rules, and whatever rules you set will apply during your lifetime and your children's lifetimes.' And you'll say, 'Well, that's nice, but what's the catch?' And the genie says, 'Here's the catch. You don't know if you're going to be born rich or poor, white or black, male or female, able-bodied or infirm, intelligent or retarded.'

(Warren Buffet)

Let's add 'and if you, a member of your family, your child or your best friend will commit a sexual offence and/or one of them will be a victim' (or both)…….

SOCAMRU

Sexual Offences, Crime and Misconduct Research Unit

- Who offends?
- Static risk of reoffending follows actuarial system
- Dynamic 'changeable' risk factors of reoffending can be worked with…..
- We seek to cancel out the negative 'risk factors'
- Build upon the positive characteristics or 'protective' factors
- Work towards strengths and a 'Good Life', or Maslow's self-actualisation model – models of humanity, decency & ethical practice
- Also need to take into account the pains of imprisonment….
- …..and the stigma of the label of 'sex offender'

People with elderly victims

Risk assessment measures

Evaluating Interventions

Being recalled on licence

Personality Disorder

YP w sexually harmful behaviour

Incest

Transgender

Dementia

Religion & spirituality

Peer Buddy Support

Link 2 Change

Internet Sex Offences

KICKS

Medication to manage sexual arousal

Child sexual offences

Over control & RO-DBT

Having a home

Physical Activity

Getting a job afterwards

Prevention

Autistic Spectrum

Therapeutic climate

Deniers

CoSA

Nature in Mind

Active citizenship

Peer support schemes

Non contact offending

Education

Let's sort out paedophilia while we are here....

- Paedophilia is a sexual attraction towards pre-pubescent children.
- Paedophilic disorder is a paraphilia involving intense and recurrent sexual urges towards and fantasies about prepubescent children that have either been acted upon or which cause the person distress or interpersonal difficulties
- Hebephilia is a sexual attraction towards adolescents (perhaps 11-14, but post pubescent)
- *I'm a 20-year-old man who has been trying to deal with an attraction to young girls since I was 13. Women just don't interest me. I wish with all my soul that I could have a brain that's wired normally. I know that I can never act on what I feel, but I need to speak to a therapist because I don't think I can get through this on my own. But if I talk to a therapist he could report me, because I have to talk about my attraction to young girls. I don't know whether he would or not and don't even know how to go about getting more information. Even the friendships I have are in danger of falling apart because I can't just keep saying 'I'm fine' and I can't talk to anyone about my problem. I think about suicide a lot. "*
- Pedophilia is not synonymous with child sexual abuse.

Medication to Manage Sexual Arousal (MMSA)

Location: Governor's office at HMP Whatton
Time: 2011

Governor (Lynn Saunders):
Does the medication 'work'? Could you evaluate it for us?

Me:
Sure

Hypersexual disorder

- “an abnormally intense interest in sex that dominates psychological functioning” (Mann, Hanson & Thornton, 2010)

- Hypersexuality/SP is an *enduring psychological risk factor* or long term vulnerability for sexual offending (Thornton & Knight, 2015)

- Sexual preoccupation is a significant predictor for sexual, violent and general recidivism (Hanson & Morton-Bourgon, 2004; Hanson, Harris, Scott & Helmus, 2007)

- Results are typically higher in sexual offender populations, with findings suggesting 44% of incarcerated sexual offenders were considered as hypersexual compared to 18% of a matched community sample (Marshall & Marshall, 2006; Marshall, Marshall, Moulden, & Serran, 2008; Marshall, O’Brien, & Kingston, 2009).

MMSA Evaluation

How effective is the medication in reducing sexual preoccupation, hypersexuality, strength of sexual urges, deviant fantasies?

Why are some people sexually preoccupied / experience hypersexual disorder?

Research Context

HMP Whatton, a treatment prison in the UK, holds approximately 840 adult males convicted of a sexual offence

42% have a sentence of more than four years

56% are serving an indeterminate sentence including life sentence

Medication

Three main types, one of which is currently ‘off label’

- Fluoxetine, Paroxetine (SSRIs)
- Cyproterone acetate (CPA, anti androgen)
- Triptorelin (GnRH agonist)

- See Winder et al. (2014; 2017) for evaluation

Participants

145 + men referred for medication at HMP Whatton; initial medication was:

- 58% SSRIs
- 13% Anti-androgens
- 5% SSRIs & Anti-androgens
- 1% GnRH
- 8% still under assessment
- 15% No medication (declined / not suitable)

⦿55 CONTROLS recruited on admission

•Mean IQ (assessed by WASI or, where available WAIS) = 87.07 (sd = 16.15; 58-118) 35 less than 80

•Mean age = 46.29 (sd = 14.60; 22-83)

•Mean age at first conviction = 21.54 (sd = 9.49)

•Nationality: Majority British (*reflecting 'norm' popn*)

•History of abuse: Yes, typically - bullying, s/p abuse

Evaluation

Risk

Static risk (Risk Matrix 2000) scores:

- Mean score for sexual risk = 2.9 (mode = 3, High)
  - 36.36 % high
  - 30% very high
- Mean score for violence risk = 2.08 (mode = 1)

- Dynamic risk - Structured Assessment of Risk and Need (SARN)
  - Typically scored highly on:
    - Sexual preoccupation
    - Inadequacy
    - Poor problem solving
    - Child abuse supportive beliefs
    - Lack of emotionally intimate relationships

- Now expanded throughout UK to 6 more prisons, and being extended further (as of yesterday) into the community

Measures

Clinical Measures

•Captured at regular meetings between participants and Dr Kaul (consultant psychiatrist)

•Data collated during private therapeutic session; used clinically to discuss and tailor medication

•Clinical measures include qs about masturbation, amount of time spent thinking about sex, fantasies

Psychometric measures

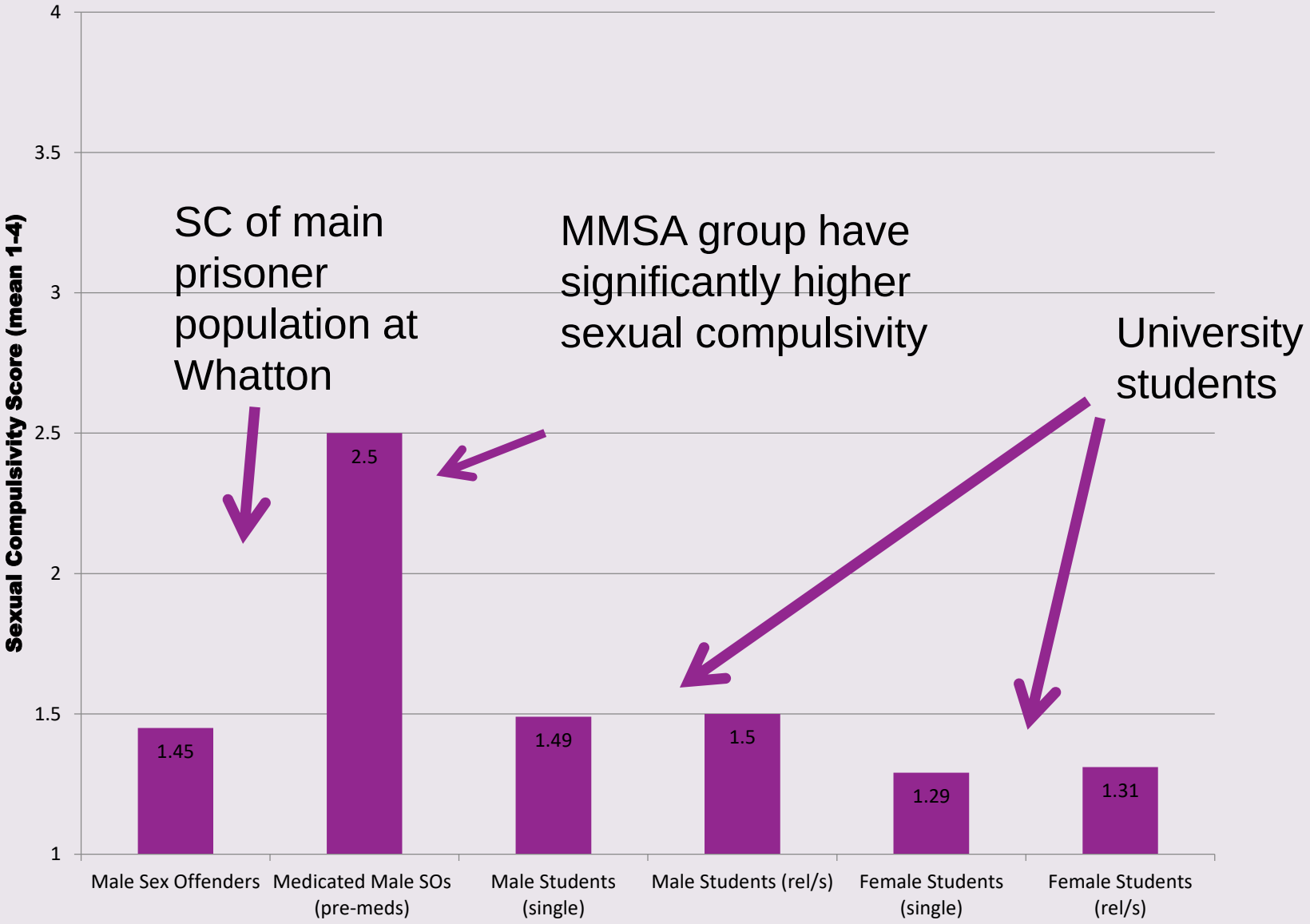
Dynamic measures (baseline pre-meds, then approximately every 3 months)

- Sexual Compulsivity Scale (SCS)
  - 10 items; 1-4; used means i.e. between 1-4; 'My desires to have sex have disrupted my daily life; I think about sex more than I would like to'
- Hospital Anxiety and Depression Scale (HADS)
- Severity Indices of Personality Problems (SIPP 118) assessing maladaptive personality characteristics such as frustration tolerance, emotional self-control

Static measures (conducted once only)

- PAI: Personality Assessment Inventory
  - 22 scales measuring clinical, treatment and interpersonal factors related to personality
- MPI: My Private Interests
  - Short scale measuring offence related sexual interests with 4 subscales 1) an obsession with sex; 2) a sexual interest in children; 3) a sexual interest in violent sex; and 4) multiple paraphilia.

Sexual Compulsivity: MMSA sample vs non medicated prisoners vs students



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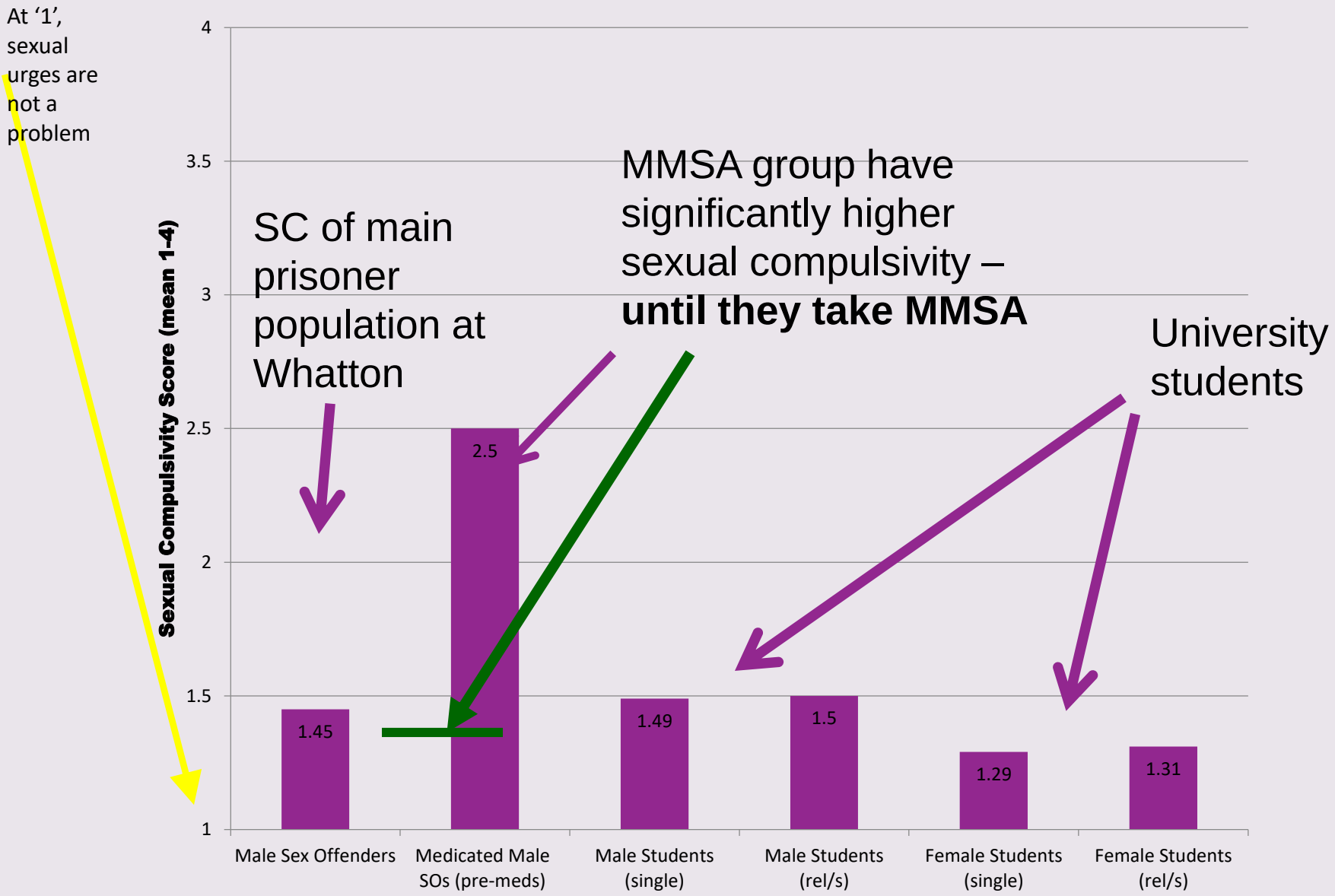
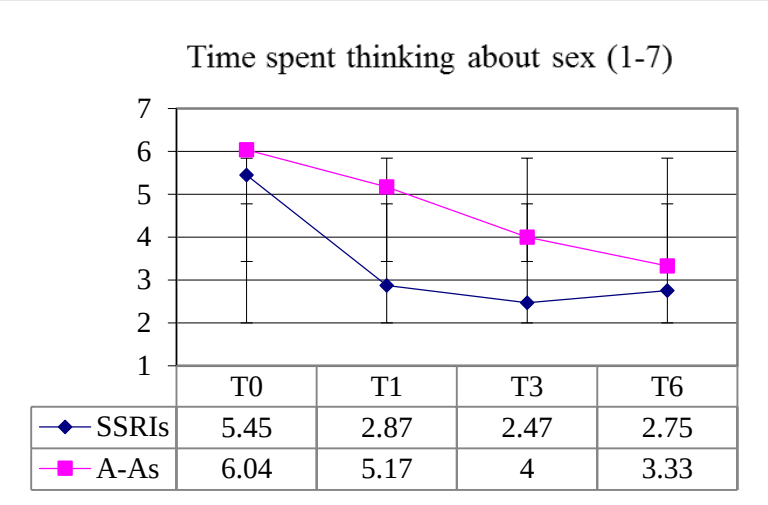
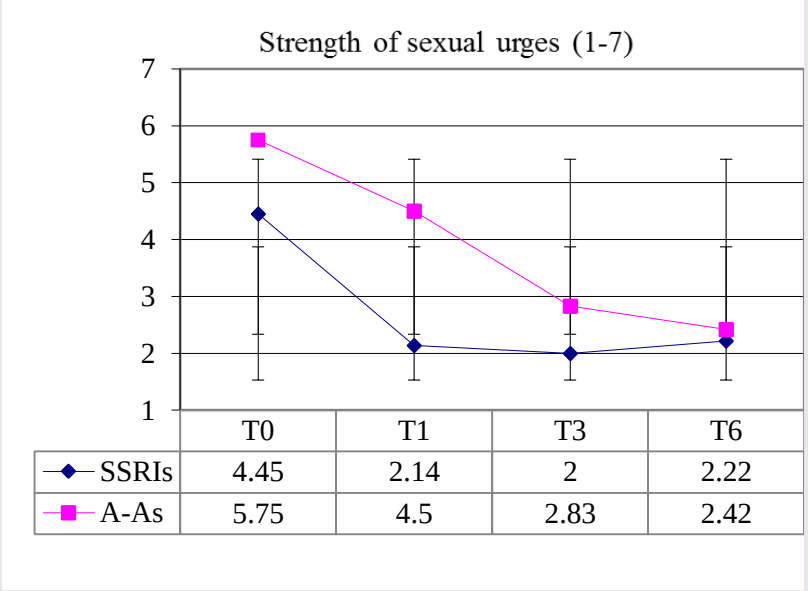


Evidence base in prison



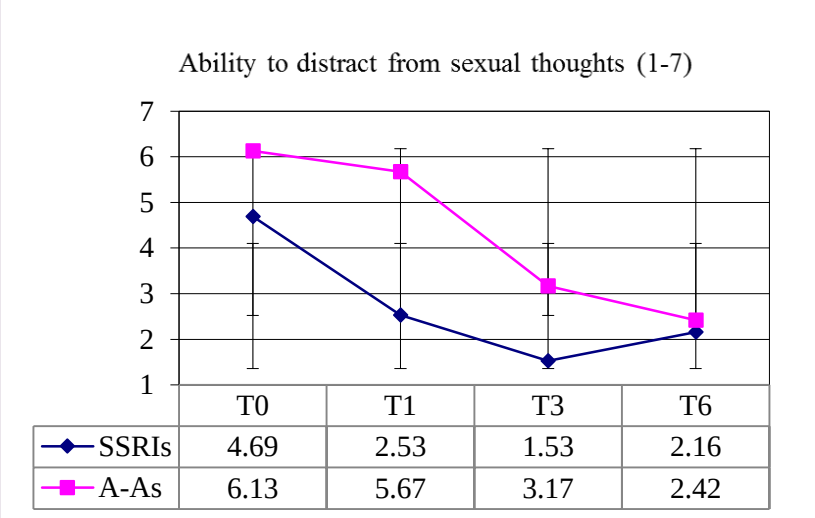
	T0	T1	T3	T6
SSRIs	5.45	2.87	2.47	2.75
A-As	6.04	5.17	4	3.33

Figure 3 (left): Amount of time currently spent thinking about sex for participants taking (i) SSRIs and (ii) A-As



	T0	T1	T3	T6
SSRIs	4.45	2.14	2	2.22
A-As	5.75	4.5	2.83	2.42

Figure 5 (above): Strength of sexual urges for participants taking (i) SSRIs and (ii) A-As



	T0	T1	T3	T6
SSRIs	4.69	2.53	1.53	2.16
A-As	6.13	5.67	3.17	2.42

Figure 4 (left): Ability to distract from sexual thoughts for participants taking (i) SSRIs and (ii) A-As

Baseline in maladaptive personality

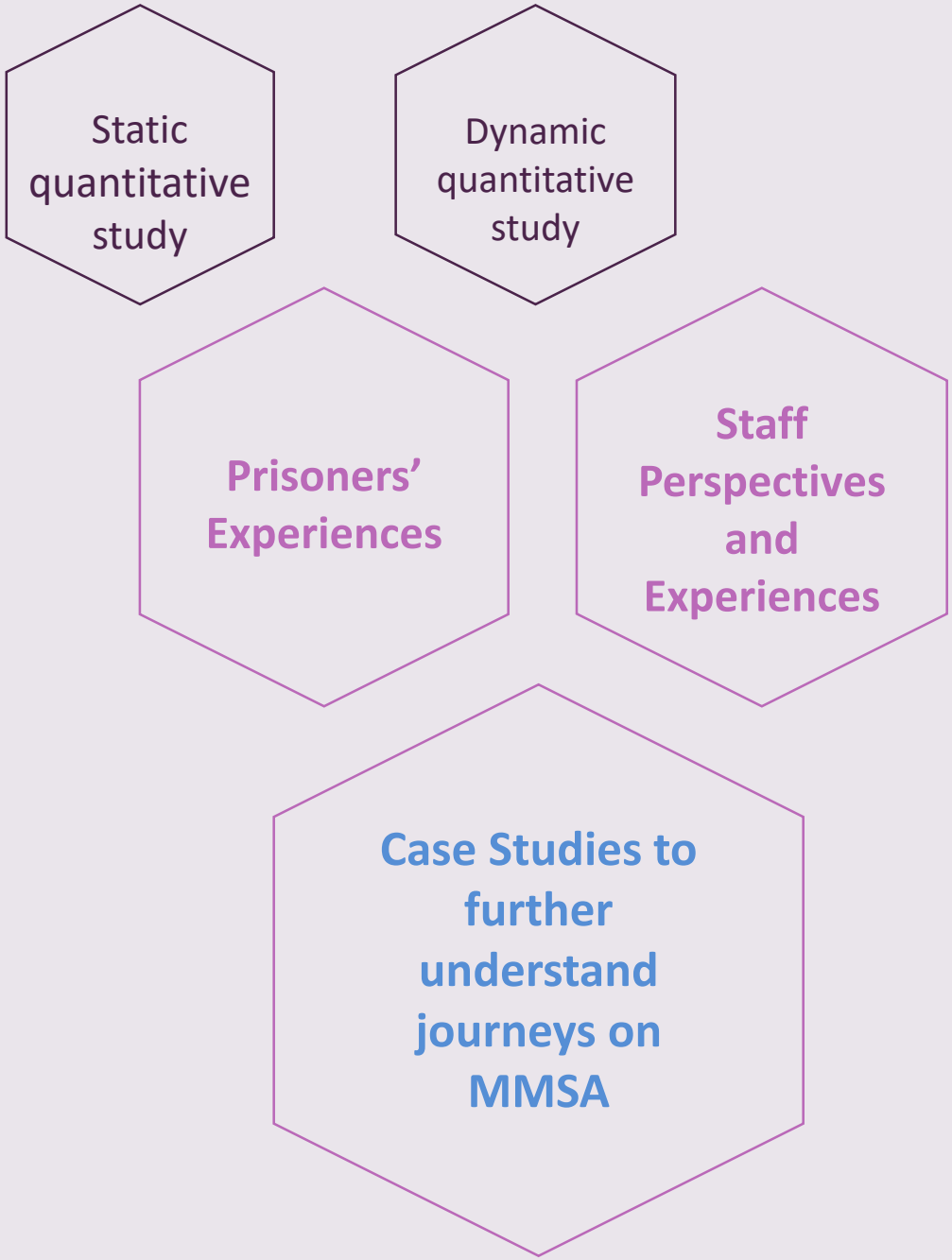
SIPP scores VS general population, in-patients, out patients

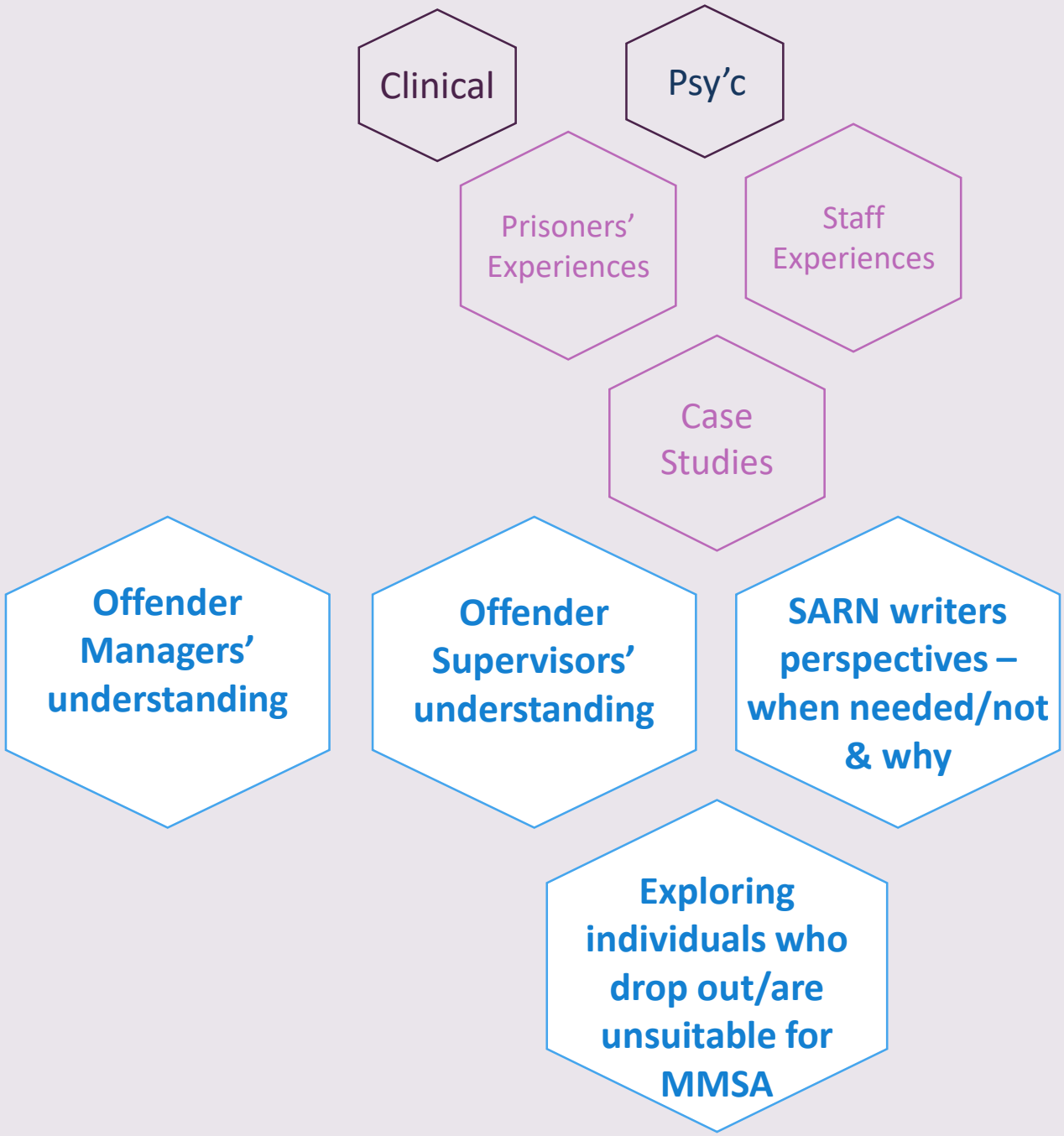
SIPP-118 Subscale *(Lower means more disordered)*	Participants (*n=69*)	General population (Andrea, 2007) (n=555)	In-patients (Andrea, 2007) (n=555)	Out patients (Andrea, 2007) (n=157)
	Mean (SD)	Mean (SD)	**Mean (SD)**	**Mean (SD)**
Emotional regulation	2.40 (0.67)	3.30 (0.61) p=.001	2.44 (0.69) *ns*	2.78 (0.63) p=.001
Effortful control	2.21 (0.66)	3.16 (0.56) p=.001	2.53 (0.70) p=.001	2.80 (0.71) p=.001
Frustration tolerance	2.38 (0.60)	2.96 (0.56) p=.001	2.24 (0.56) ns	2.36 (0.56) ns
Responsible industry	2.72 (0.69)	3.44 (0.50) p=.001	2.87 (0.67) ns	3.07 (0.69) p=.001
Aggression regulation	3.05 (0.82)	3.66 (0.45) p=.001	3.30 (0.73) p=.013	3.34 (0.66) p=.004
Intimacy	2.46 (0.56)	3.17 (0.60) p=.001	2.68 (0.69) p=.001	2.76 (0.63) p=.001
Enduring relationships	2.53 (0.58)	3.31 (0.58) p=.001	2.47 (0.67) ns	2.54 (0.65) ns
Self-respect	2.59 (0.73)	3.30 (0.59) p=.001	2.36 (0.67) p=.01	2.35 (0.74) p=.008

Changes in time in maladaptive personality

SIPP scores of participants VS general population

SIPP-118 Subscale *(Lower means more disordered)*	General pop'n (*n=478*)	Participants Baseline (*n=69*)		Participants 3 months (n=54)		Participants 6 months (n=41)	
	Mean (SD)	Mean (SD)	T test *p* value	Mean (SD)	T test *p* value	Mean (SD)	T test *p* value
Emotional regulation	3.30 (0.61)	2.40 (0.67)	p=.001	**2.78 (0.68)**	p=.004	**2.99 (0.65)**	p=.013
Effortful control	3.16 (0.56)	2.21 (0.66)	p=.001	**2.64 (0.65)**	p=.001	**2.77 (0.70)**	p=.001
Frustration tolerance	2.96 (0.56)	2.38 (0.60)	p=.001	**2.76 (0.64)**	ns	**2.86 (0.59)**	ns
Responsible industry	3.44 (0.50)	2.72 (0.69)	p=.001	**2.96 (0.60)**	p=.001	**3.13 (0.56)**	p=.001
Aggression regulation	3.66 (0.45)	3.05 (0.82)	p=.001	**3.25 (0.69)**	p=.007	**3.38 (0.62)**	ns
Intimacy	3.17 (0.60)	2.46 (0.56)	p=.001	**2.67 (0.56)**	p=.001	**2.79 (0.54)**	p=.001
Enduring relationships	3.31 (0.58)	2.53 (0.58)	p=.001	**2.78 (0.64)**	p=.001	**2.86 (0.61)**	p=.001
Self-respect	3.30 (0.59)	2.59 (0.73)	p=.001	**2.87 (0.70)**	p=.001	**3.15 (0.63)**	ns


Static quantitative study
Dynamic quantitative study
Prisoners' Experiences
Staff Perspectives and Experiences
Case Studies to further understand journeys on MMSA


Clinical
Psy'c
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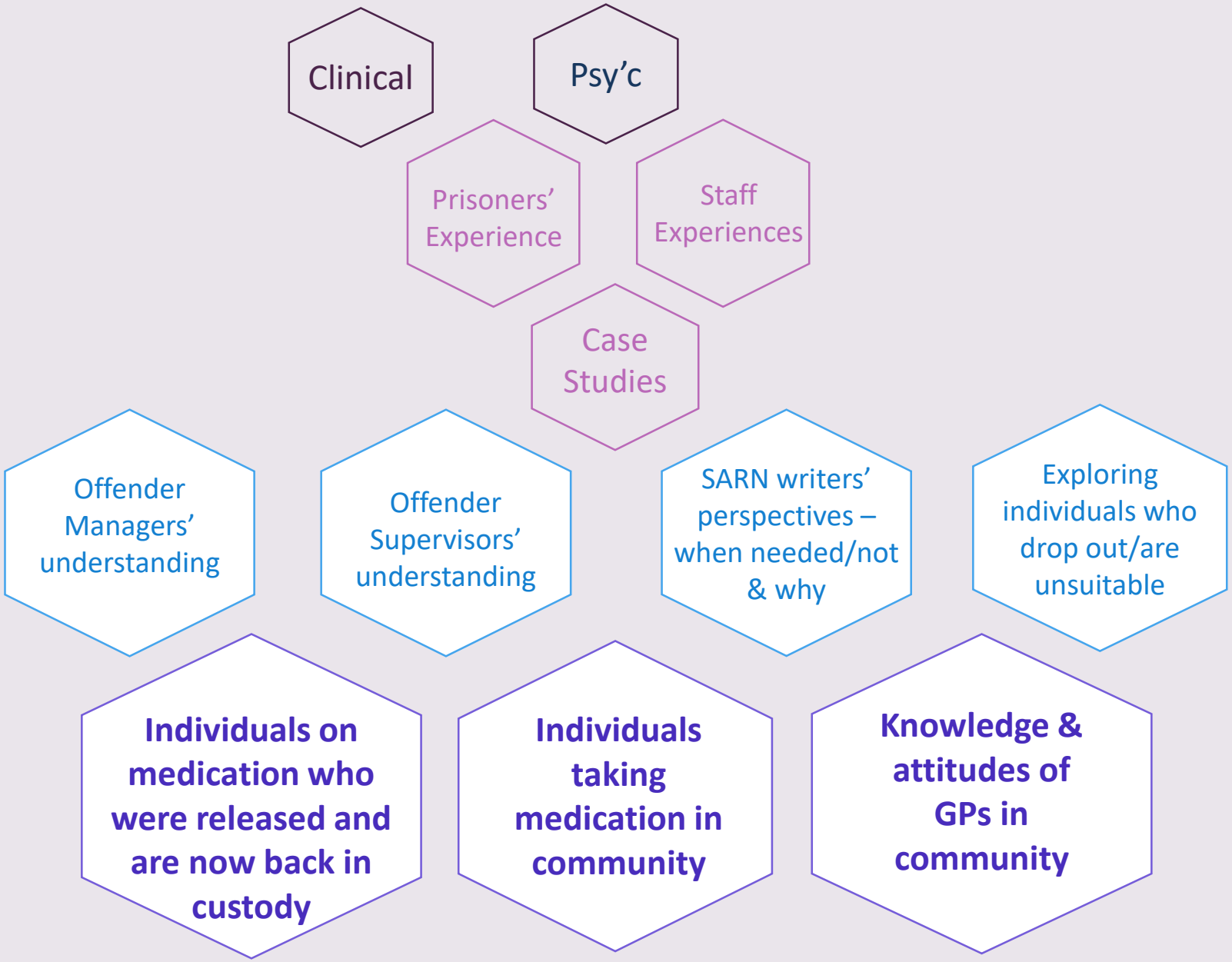
Case Studies
Offender Managers' understanding
Offender Supervisors' understanding
SARN writers perspectives – when needed/not & why
Exploring individuals who drop out/are unsuitable for MMSA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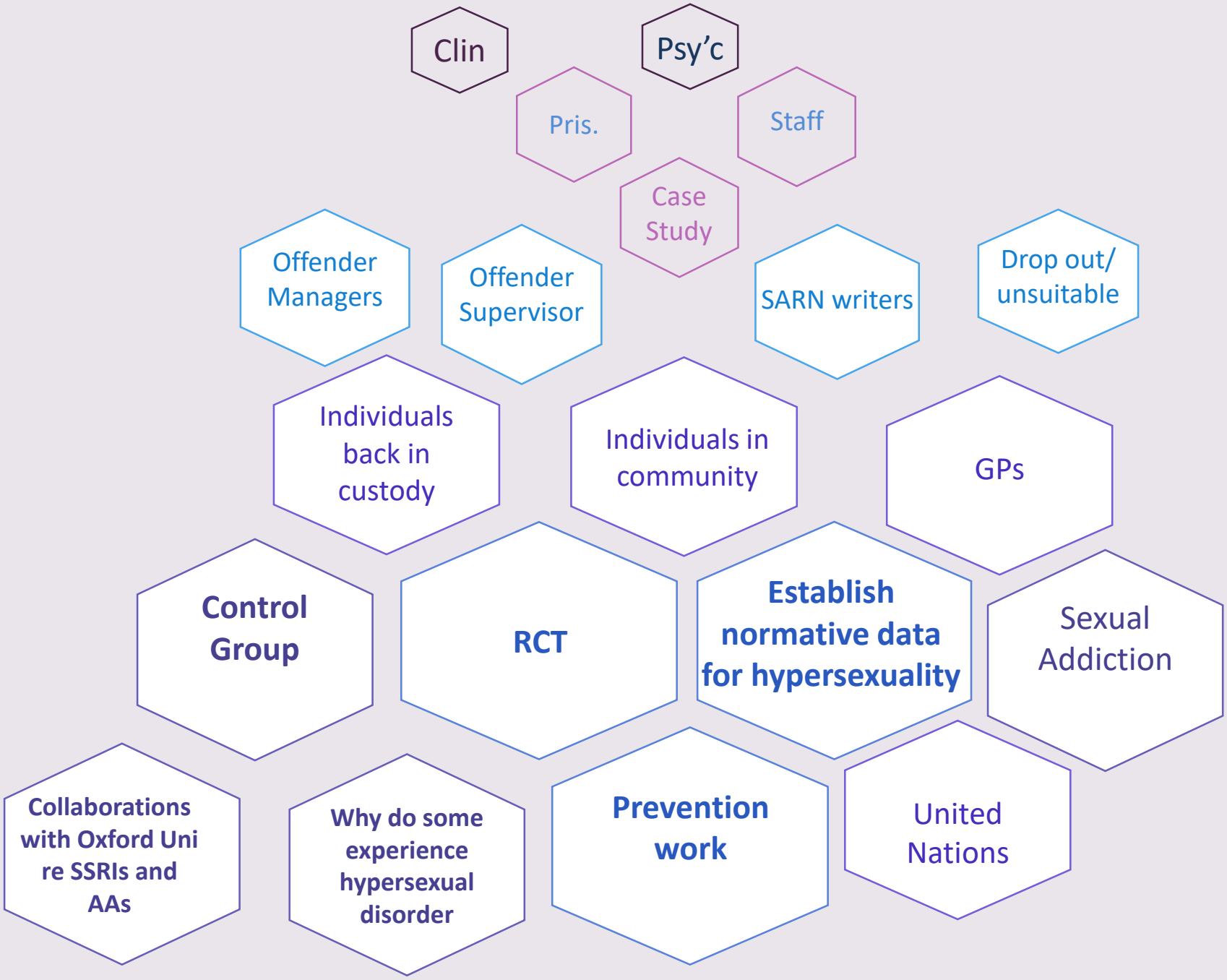
Exploring individuals who drop out/are unsuitable
Individuals on medication who were released and are now back in custody
Individuals taking medication in community
Knowledge & attitudes of GPs in community


Clin
Psy'c
Pris.
Staff
Case Study
Offender Managers
Offender Supervisor
SARN writers
Drop out/ unsuitable
Individuals back in custody
Individuals in community
GPs
Control Group
RCT
Establish normative data for hypersexuality
Sexual Addiction
Collaborations with Oxford Uni re SSRIs and AAs
Why do some experience hypersexual disorder
Prevention work
United Nations

A qualitative analysis of the accounts of Christian individuals serving time in custody for a sexual offence

Belinda Winder, Nicholas Blagden & Rebecca Lievesley

Introduction

‘What works’

•Some data indicating ‘being religious’ reduces the number of correctional infractions

•Work continuing on whether religiosity links to reduced recidivism

Something works….

•Yet therapists can find religious beliefs difficult to manage (avoidance vs prejudice vs ignorance)

And also….

•Scepticism around offenders ‘finding’ religion as a means of faking good (e.g. media response to Myra Hindley’s conversion)

•Topalli et al (2013) found that religion can be used in self-serving ways by offenders and can have a criminogenic effect in certain contexts.

•Offence supportive beliefs may be bound up with ‘interpreted’ religious beliefs

Research Aims & Method

- To understand the experiences and accounts of religious (Christian) individuals who have committed a sexual offence
- 12 participants
- All self reported as ‘Christians’ but not priests or figures of authority, normal Christians
- Interviewed 1.5-3 hrs per person by one of the research team
- Talked about religious beliefs and values, how they reconciled beliefs with offending, feelings and thoughts about religion, hopes and plans for the future
- All adult males, mixture of Christian denominations, and offences

Results and Discussion

Superordinate Theme	Subordinate Theme
1: The road to redemption	1.1: The act of forgiveness, the act of contrition
	1.2: Forgiving the self
	1.3: Redemptive self
2: The God effect	2.1: Religion as Coping Mechanism
	2.2: Leading a Good Life
	2.3: Therapeutic Effect of Chapel, Chaplaincy and Faith
3: The shadow side	3.1: Risky Scripts
	3.2: Holier than Thou
	3.3: Losing my religion
4: Religion as point of reorientation	4.1: Religion as signpost
	4.2: Transitions and journeys

Subordinate theme 1.2: *Forgiving the self*

God forgives so participants could self-forgive; accepted they could not change the past but that it was not helpful to ruminate on it – important for moving on

"so it was a big help in some ways forgiving myself and moving on from it, urm, while I don't wanna forget the past, spending too much time dwelling on it isn't healthy either…"

Some reluctance in participants to 'fully' forgive themselves, but helped them take ownership of future behaviours.

"no one, no matter what they've done is beyond repentance and forgiveness."

The process of forgiveness and forgiving the self seemed a powerful motivator for change in many participants

Subordinate theme: 3.1 Risky Scripts

This theme draws upon scripts articulated by participants in which their faith served to underplay their personal accountability, or future risk. 'God' was used in some participants' narratives to rationalise and justify their offending behaviour.

•you know I'm doing this work for the church, for God, then, he is allowing me into this situation erm you know it must be ok…it seemed as though it was alright because God was letting it happen urm I would pray afterwards that I I hadn't done anythi…any harm and that it, pray that it was alright and you know not really, fully understanding, the situation whether urm you know, if it wasn't alright, why was God letting me be in these situations, urm but if it was wrong then please forgive me

•One of the commandments is to 'love thy neighbour'

The extract highlights an almost paradoxical relationship between beliefs about religion and offending behaviour. This participant was able to justify their offending behaviour because 'God' was letting it happen and putting the participant in situations where it would happen. It also highlights a clear ambivalent state while offending in that he wanted to repent and pray to 'God' if he had caused harm.

Conclusions

- Analysis highlight a number of issues that should be considered in the treatment and management of released sex offenders
- Religion can be a protective factor (e.g. forgiveness, social community) but can also be a risk factor (assuming God knows what they are doing and it is part of a plan, or when a protective factor – such as community integration – tips over into a risk factor)
- Research helps facilitators and chaplains to challenge offence supportive beliefs
- Currently analysing Buddhist data
- Commencing study on Muslim perpetrators and victim study
- Leading on to a quantitative study

Questions?

Thanks for listening

If you would like any information about some of the projects listed, please email me
Belinda.winder@ntu.ac.uk

If you are interested in any of the posts I mentioned, please check the SLF website and email me.