

Community Interventions for People with Sexual Offence histories

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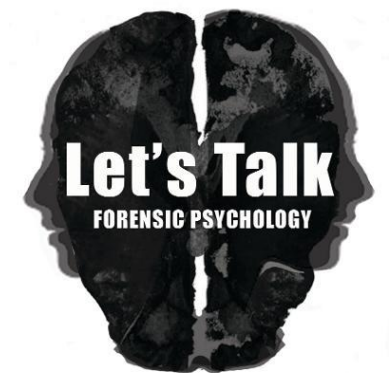
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SESSION AIMS:

- To consider what interventions are available for those with sexual convictions in the community
- What is the evidence it works?
- How can we best support these individuals
- Future research

- Report by the Ministry of Justice (Mews, Di Bella & Purver, 2017) indicated that the treatment/rehabilitation of individuals convicted of a sexual offence was not necessarily reducing reoffending and so not protecting the public effectively. Conversely, Gannon *et al.*, (2019) challenged this and reported participation in research-supported sexual-abuse-specific treatment has been shown to reduce the risk of re-offense by approximately 30% for adult males convicted of a sexual crime. Importance of appropriately trained staff
- The risk for sexual re-offense significantly reduces when the person remains offense-free in the community, with the risk of sexual re-offense being cut in half after just five years, followed by continued decrease in risk potential over time (Hanson et al., 2017). Policies that address adults who have committed sexual offenses should account for this potential decrease in risk over time.
- Different parts of UK have differing models:
 - In Northern Ireland the Assessment, Case management and Evaluation (ACE), Risk Matrix 2000, and the Stable and Acute risk assessment.
 - In England and Wales the Offender Assessment System (OASyS), Risk Matrix 2000, Structured Assessment of Risk and Need (SARN) assessments and more recently the Active Risk Management System (ARMS) (McNaughton & Webster, 2014)
 - In Scotland the Level of Service/Case Management Inventory (LS/CMI); Stable and Acute 2007 (SA07); and the Risk Matrix 2000 (RM2000) [Scotland]

KEEP IN MIND

- Despite low recidivism rates, those convicted of a sexual offence face significant stigmatization from the public, which affects employment, housing, relationships, etc.
- People who commit sexual offences are re-convicted at low rates, tend to comply with community management strategies, and if they do re-offend it tends to be less serious or non-sexual
- McCartan and Richards (2021) remind us life course development, has an impact on whether people sexually offend or not. Therefore, to understand sexual offending behaviour, we need to look at the aetiology of said behaviour from a nature and a nurture perspective. The prevention of sexual offending, both first time offending, and relapse prevention require a multi-level, multidisciplinary approach. Successful desistance from sexual offending is as much about the community and society as it is about the individual.
- Important not to take a siloed approach to understanding the aetiology, process, treatment, and/or management of people convicted of a sexual offence. Instead, we need a multi-disciplinary approach that emphasises that sexual offending, like all offending, is created from a series of different “events” or “processes” in a person’s life (i.e. what works approach)

POLICIES AND PRACTICE OF RISK MANAGEMENT

- UK has a Violent and Sexual Offenders Register introduced in the early 2000's containing the details of anyone convicted, cautioned or released from prison for a sexual offence against a child or adult since its inception in September 1997
- The criteria for being placed on the sex offenders register in the UK is based on sentence length at time of conviction and is active when released into the community:
- A prison sentence of more than 30 months for sexual offending are placed on the register indefinitely
- A prison sentence of between six and 30 months remain on the register for 10 years, or five years if they are under 18
- A prison sentence of six months or less are placed on the register for seven years, or three and a half years if under 18 or a caution for a sexual offence are put on the register for two years, or one year if under 18.

POLICY AND PRACTICE CONTINUED

- MAPPA, and related activities, across the UK highlights the importance of partnership and multi-agency working around individuals convicted of a sexual offence.
- In contrast to Megan's Laws in the U.S., the UK government chose to establish carefully controlled release of information, case-specific decisions about individuals who have offended. Although the UK policy leaders expressed significant concern that the public's response to knowing about those with sexual convictions living in the community would result in vigilantism, to date the results have not borne out this fear.
- US and UK governments also use other crime control measures such as polygraphy testing, electronic monitoring, and civil protection orders to prevent further sexual violence.
- Some policies developed in line with research (Kemshall et al, 2010), e.g. the Child Sexual Offender Disclosure Scheme considering who can be given the information of those on register, whereas implementation of the polygraph was introduced despite conflicting outcomes from the research (Gannon, Wood, Pina, Vasquez & Frasier, 2012).

SAUNDERS (2020)

- Those being released reported inadequate planning and preparation of the person who was due to be released: plans being last minute and often felt that they had little time to plan or consider how they would prepare for and manage this transition
- Lack of accommodation in Approved Premises meant last minute release
- Would be useful to have a programme preparing for release, including implications of notification and how to disclose offences
- Difficulty accessing online services-such as application for benefits, appointments for GPs all online
- Reduction in libraries with access exacerbates this
- Often do not get opportunity for ROTLs-limited places on open prisons

MANAGEMENT AND SUPERVISION OF MEN CONVICTED OF SEXUAL OFFENCES (HMIP JANUARY 2019) (UPDATED 2024)

The number of those on sex offender register exceeded 58,000 in 2019, (62,345 March 2020). Those with sexual convictions represent approximately one in five cases of the overall National Probation Service (NPS) caseload

Current accredited programmes for those with sexual convictions are underused in the community and in prisons. In too many cases in prisons, little, if anything, was done to reduce the likelihood of reoffending, particularly in cases that were not suitable for an accredited programme.

‘Transition from prison to the community can never be seamless, but for this group of offenders we found it was managed badly, overall. . Planning for release is nowhere near good enough, and ‘too little, too late’ -note use of terms.

Primarily Horizon and Kaizen –strengths based, but as yet little in way of evaluation of effectiveness. A new generation of interventions are due to be rolled out soon

HMIP (2019) CONTINUED

- Disjointed approach between HMPPS's Sexual Offenders Management Board (SOMB) and Probation services.
- Work in prison with men convicted of sexual offences was poor overall, with concern that the risk to the public from those released was not being managed sufficiently well. Too little work was done to reduce either the risk of harm presented, or the risk of reoffending for those not participating in an accredited groupwork programme. In custody, accredited programmes are often seen as the only way of working with men convicted of sexual offences.
- Planning for release, including the use of inter-departmental risk management team (IRMT) meetings and initial OASys assessments in the community were generally good, and RM2000s accurate. However, the specialist Active Risk Management System (ARMS) assessments were poor, and not well managed.
- Little or no one-to-one work, men who fell under MAPPA Level 1 (the majority of those with sexual convictions) did not have their risk levels and needs adequately reviewed
- In the community Responsible Officers carried out home visits in too few of the cases inspected, and this meant that they missed a key opportunity to gather information to inform risk assessments and reviews.



RECOMMENDATIONS INCLUDED

- Staff are provided with a clear approach to working with those convicted of sexual offences
- There are regular and comprehensive national analyses of offending-related risks and needs of those convicted of sexual offences
- It promotes closer working between Community Rehabilitation Companies (CRCs), prison staff and the NPS so that there is continuity of resettlement support, effective public protection and oversight throughout the sentence
- It provides evidence-informed interventions for those whose needs are not met by accredited programmes
- The workforce is equipped to identify, assess and deliver appropriate interventions to manage the risk of harm presented by those convicted of sexual offences –as recommended by Gannon *et al.*, (2019)
- IT systems are improved to enhance joint working arrangements and to be available to relevant staff in both custody and the community
- Improve the integration of assessment tools and the quality of assessments and plans to ensure that the public, particularly children and actual and potential victims, are protected.
- Ensure that MAPPA level setting is consistent, clearly communicated across the responsible authorities, and underpinned by robust assessment and regular reviews
- Ensure that accredited programmes are delivered in all appropriate cases
- Train staff to deliver individual work programmes for use with those with sexual convictions who are not subject to an accredited sexual offending group work programme
- Ensure that those allocated to work with those with sexual convictions are offered the appropriate level of professional and emotional support to deal with the complex, often difficult, nature of their caseloads
- Ensure that all those convicted of sexual offences in custody have an allocated NPS responsible officer and prison-based offender supervisor who is actively involved in managing the case.

HMPPS APPROACH TO MANAGEMENT OF PEOPLE CONVICTED OF SEXUAL OFFENCES

Recognised:

- *relationships* with those in our care are important in helping them to change:
- Included teaching psychological and mindfulness skills as well as social capacity and employment skills
- 'Maps for change' toolkit sensitive to impact of shame and the need to work with it
- Basic Custody Screening Tool 2 (BCST2) will determine the individual's immediate resettlement accommodation needs

Recommended:

- Making plans for a pro-social life having a sense of meaning and purpose in their lives.
- Rejecting the identity of a 'sex offender' and adopting a more positive pro-social identity.
- Being a positive member of society, thinking how they can contribute to society, sticking to the rules and getting on with people who are supporting them, having strong ties to family and community, and having their worth recognised by others.
- Finding things to do that keep them busy and add meaning to their lives, such as employment, voluntary work, education and training and so on (where appropriate given the nature of the individual's convictions).
- Having feelings of hope and self-efficacy.

CHANGES SINCE OFFENDER MANAGEMENT IN CUSTODY (OMIC)

- The OMiC project introduced a new model for engagement, as well as a new keyworker role in each male closed prison to promote better management and effective risk management of those with sexual convictions.
- Plans were progressed to develop training materials for staff-including those working in APs to better equip them to work with this client group.
- So called 'offender flows' were developed so those preparing for release were moved to training/resettlement prisons in the appropriate area to enable case management
- Enhanced 'Through the Gate' (TTG) service for prisoners, to aid the provision of resettlement in all resettlement prisons should be provided. Includes the requirement that all Community Rehabilitation Companies (CRCs) complete specific, tailored tasks to help prisoners to gain employment, as well as secure and maintain settled accommodation and manage debt and their financial affairs.
- Probation reform programme resettlement planning will start sooner, providing more time to plan for someone leaving prison. There also remains a firm commitment to ensure that all individuals convicted of sexual offences continue to receive an effective resettlement service, when being released from non-resettlement prisons, with wider support services coming from the list of externally available interventions which will replace the CRC Rate Card. These will include, accommodation support, mentoring and Social Inclusion services.
- HMPPS have produced a 'toolkit' of desistance focused materials for staff working in prisons with low -risk men convicted of sexual offences, who will not usually access accredited programmes.-not yet evaluated?
- The implementation of the OASys (proven) Sexual reoffending Predictor (OSP) tool from Spring 2021 to replace Risk Matrix 2000, (which was scored and stored outside OASys), as the actuarial risk assessment tool for adult males convicted of sexual/sexually motivated offences. The Risk of Serious Recidivism tool has been integrated into OASys

CONTINUED

- Impose the minimum restrictions necessary to manage risk and review them regularly to ensure they remain necessary.
- Understand that requiring people to describe their offending may increase shame. Shame is a complex emotion which for some might precipitate change, but for many may make moving on with a more positive life more difficult. Be sensitive to this when undertaking such work, and recognise that sometimes it may be more helpful to look at problems across the life course, rather than specifically focusing on the offence.
- Recognise that preventing people from undertaking certain activities, going to certain areas or associating with certain people might be necessary, but if so, explain why, and work with them to help them understand what rehabilitative activities they can be involved with, within the constraints of public protection.
- Recognise and respect individual's right to make decisions about their own lives (where these decisions do not conflict with the rights of others, harm others, break the law or undermine public safety).
- Recognise that the people we work with have strengths and positive sides to their character as well as any risks they may present.
- Help people to develop further strengths, so that they can overcome risky behaviour in future.
- Promote hope and encourage personal development.
- Hold people responsible for changing and shaping their future lives.
- Help people develop a motivation to be helpful not harmful.
- Focus on their future lives, encouraging them to plan for and achieve a better, crime-free future.
- Expect the best from the people we have responsibility for, enabling them to reach their potential by acting as a supportive coach.

- Encourages treating people under supervision or in our care as potential assets to the community (for example, through work they may be able to undertake safely etc).
- Acknowledges attendance on an accredited programme is just one element of the work that may be undertaken to reduce risk
- All People convicted of sexual offences who complete an accredited programme must have access to New Me MOT.
- 4 Pillars of Risk Management approach to the planning and delivery of risk management developed by Prof. Hazel Kemshall at De Montfort University:
- Supervision, interventions and treatment, monitoring and control, victim safety planning, including contingency planning for triggers, breaches, breakdown of plans, safety of those at risk
- Use of polygraph

WHAT HAPPENS IN SUPERVISION OF THOSE RETURNED TO COMMUNITY?



Supervision strategies will often include such measures as registration, notification, residency restrictions, electronic monitoring and submission to polygraphy and other compliance procedures (e.g., voice recognition).



How do we develop a therapeutic alliance and trusting relationship?



How do we support staff to do this work?



CHALLENGES FACED

- Restrictions as to the placement of those with sexual convictions, such that they can be barred from some hostels, hotels or bed and breakfast establishments, and, when funded by the National Probation Service, need to be personally authorised by the Chief Probation Officer or the Director General for Probation. Some research has shown individuals subject to such residency restrictions show increased levels of stress (Tewksbury & Mustaine, 2009) and report a persistent sense of vulnerability (Tewksbury & Lees, 2007).
- Labelling by others
- Both deviant sexual interests and poor emotional coping are known risk factors for sexual recidivism (Mann, *et al*, 2010), the perceived support by individuals who have committed a sexual offence upon release in relation to this is arguably essential to reduce the risk of reoffending.
- Research with non-offending people attracted to minors show that some individuals do fear that they might offend and want assistance in preventing potential behaviours (Levenson & Grady, 2019). Some fear they will offend others uncomfortable with the interest. So, intervention should attend to skills for acceptance and sexual self-regulation to help people live fulfilling lives in presence of such interests.

THOSE SEXUALLY ATTRACTED TO CHILDREN

- A prominent experience among Minor Attracted Persons (MAPs) is a strong self-hatred and an acute feeling of isolation from society, even if their interest is unknown by others (Harper & Bartels., 2018; Jahnke, 2018).
- Depression, anxiety, shame, guilt, hopelessness, loneliness, social isolation, suicidal ideation (Bekkers *et al.*, 2024)-internalized can lead to offending
- Experiences of childhood trauma and depression (Levenson *et al.*, 2017; Levenson & Grady, 2017),
- These emotions might otherwise be understood as shame, an emotion that underpins many mental health problems and is responsible for feelings of disconnection from others (Gilbert, 2022).
- Kotova and Akerman (2019, 2022) have written about the impact shame has on the individual who have experienced sexual abuse themselves and also perpetrate abuse

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Navigating moral dimensions and lateral power – The experiences of men with sexual convictions and histories of sexual abuse serving sentences in a therapeutic community

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Abstract

This article examines the moral world of therapeutic penal communities through the lens of the experiences of men with sexual convictions and histories of sexual victimisation. Drawing on the concepts of lateral power and stigma, we discuss how Therapeutic Communities (TCs), which are intensely *moral* communities, operate within three moral dimensions: the institutional set of therapeutic norms, the con code, and the broader sociocultural set of norms that intensely stigmatises sexual offending. Specifically, the focus of this article is how these *moral* norms shape the manner in which lateral power is used, navigated and resisted within TCs. We explore the manner in which TC processes are used as tools to enact lateral power over men with sexual offences, and how the three moral dimensions create a messy *social* moral environment within the TC. Importantly, we explore how the residents navigate the morally complex dual identity of offender and victim. We also note that the moral messiness, and the conflicts between the moral dimensions, also raise challenges for how vertical institutional power is exercised. Finally, we point out that the neoliberal individualism inherent in today's sociocultural moral dimension further shapes how men with sexual offences experience the moral community of the TC.

Keywords

Lateral power, penal power, prisons, sexual offending, stigma, therapeutic community

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KOTOVA AND AKERMAN 2022

Residents with sex offence histories found it difficult to shed the identity of 'sex offender', which in turn made their status as a victim more tenuous and made it difficult to talk about their victimisation in therapy

Some of the lads here who haven't had that experience [of abuse] do sometimes challenge us. 'Oooh, you're always playing the victim'. Now, I am quite happy... Well, not happy, but prepared to talk about my offending as well.

[other residents] say, 'yeah but you'd gone through all this abuse, and you grow up and you're committing the same sort of abuse on other people. How could you do that? You know what it's done to you, so you know what it's done to other people?'

I don't want to just paint myself as victim, because I know I've made victims. So, there's always this strange tightrope between understanding being a victim, but understanding the pain we've caused as well.

BEING ATTRACTED TO CHILDREN AND MINORS

- Pedophilic disorder-DSM-5-TR-intense and sexually arousing fantasies or sexual urges including sexual activity with a pre-pubescent child, typically 13 years or younger.
- Present for at least 6 months, **was acted on or caused distress or interpersonal difficulty**
- Child Attracted Person-CAP-(Martijn, *et al.*,2022)-an adult who experiences these feelings
- Minor Attracted People-MAPs-attracted to those pre or pubescent
- Online community sample in Germany found 4% reported sexual fantasies involving children (Dombert *et al.*, 2016)
- *Rather than wanting to change their sexual attraction goals of treatment are often increase self-esteem, decrease social isolation*
- Stigma makes it difficult to seek help Bekkers *et al.*, (2024) suggest using moderated online forum to gain peer support

THOSE WITH LEARNING DISABILITIES

- Transforming Care programme in England, (2017) improve the quality of life of people with learning disabilities: there has been a shift to strengthen community resources and prevent inpatient admissions
- 'Building the capacity in a whole team through training workshops, or through interventions in groups and with families' (BPS, 2011, p. 11)
- Patient-centred care indicates that indirect psychological interventions can improve clinical outcomes, enhance the therapeutic rapport between patients and staff members, and prevent staff burnout (Man et al., 2023; Wood et al., 2021). Team or case formulation, reflective practice with staff members, consultancy and/or training- (BPS, 2004, 2011,2012)
- Katsampa & Rhodes (2023) people with learning disabilities following a long-term stay in forensic settings may experience difficulties reintegrating in the wider community.
- Need to improve the environment the individual is returning to, indirect interventions, such as training staff,
- Research regularly highlights the need to support staff with supervision and reflective practice. To discuss ways to manage challenging behaviour-- Behaviours that challenge are better understood as a by-product of relationship dynamics and social interactions instead of framing the service user as the problem

OTHER INTERACTING FACTORS

May have co-morbidity of mental health difficulties, drug and/or alcohol problems,

May be ex-service personnel, (Morgan 2020) contends that military-perpetrated sexual offence patterns may differ from those of civilian-perpetrated sexual offences.

have committed arson,

Tend to have had longer sentences so institutionalised

Risk to their safety in community, APs etc.

Use of Polygraph- Is the goal to compel disclosure or to have clients develop the skills to be more honest and forthcoming?

INTERVENTIONS AVAILABLE IN COMMUNITY

In line with more recent HMPPS interventions for those convicted of sexual offences should be strengths-orientated, future focused and skills-based and accredited. Those who deny their offending can participate as it is planning for an offence-free future.

Horizon- 34 group and individual session programme, for men assessed as medium or above risk of sexual reconviction. Horizon is available in prisons and the community. Horizon focuses in coping and self-control, and skills for intimacy, pro-social relationships and healthy sex.

iHorizon: A 26 group and individual session programme for men convicted of downloading, and/or distributing indecent images of children, who are assessed as medium or above risk of sexual reconviction. iHorizon is available in the community. The programme focuses on skills for non-harmful internet use, and skills for intimacy, pro-social relationships and healthy sex.

New Me Strengths (NMS): A 38 group and individual session programme for men with learning disability and learning challenges (LDC) assessed as medium or above risk of sexual reconviction. NMS is available in prisons and the community. NMS is responsive to the social and learning needs of people with LDC. NMS focuses on coping, emotion management and self-control, healthy thinking, and skills for intimacy, pro-social relationships and healthy sex.

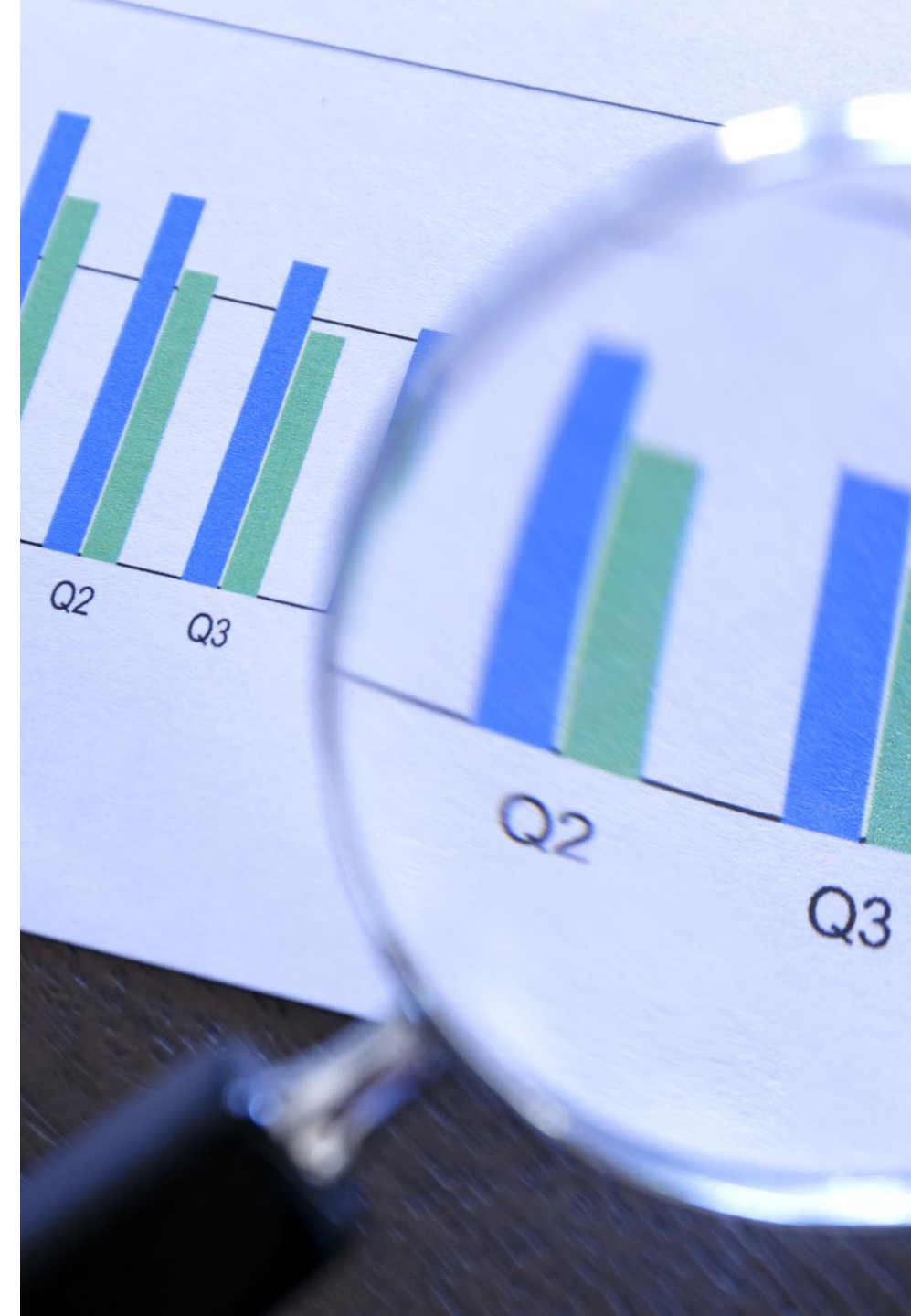
INTERVENTIONS CONTINUED

Living as New Me (LNM): A minimum 5-session programme, delivered as required, to BNM+, NMS and/or HSP graduates on a rolling basis. LNM is available in prisons and the community. The programme is designed to support the challenges that people with LDC experience in retaining information. It focuses on retaining strengths and skills learned from primary and secondary programmes.

New Me MOT: A toolkit of exercises that are linked to the aligned concepts of programmes used by Offender Supervisors and Offender Managers to structure supervision with programme graduates. The New Me MOT aims to help programme graduates generalise their learning to new circumstances and contexts as they progress through their sentence. It is open-ended and has been developed in line with evidence of best-practice supervision that helps reduce reoffending.

CIRCLES OF SUPPORT AND ACCOUNTABILITY

- Emphasises collaboration, community engagement, partnership and collaboration between the public, stakeholders and the Criminal Justice System. Circles of Support and Accountability started in Canada in 1994 and UK the first country to adopt it outside of Canada
- UK version of CoSA is based on the principles of risk management, public protection and multi-agency working; it is viewed as paralleling statutory working and is embedded within the criminal justice system. CoSA has become prominent in England, and to a lesser extent in Wales but not within Scotland or Northern Ireland, with a view to it reducing re-offending, enabling desistance and paralleling statutory working (McCartan, Kemshall et al, 2012; McCartan, 2016)
- CoSA has evolved in the UK, the model has been adapted to work with female perpetrators of sexual abuse, online perpetrators, youth who perpetrate, perpetrators with learning difficulties and the families of perpetrators.
- Clarke, et al., (2017), reported that Circles was associated with lower recidivism, but few statistically significant differences. Elliott and Beech (2012) conducted a UK cost-benefit analysis for CoSA when compared to the criminal justice costs of reoffending. The average cost of a “Circle” was estimated to be £11,303 per annum and appeared to produce a 50% reduction in reoffending (sexual and nonsexual), as the estimated cost of reoffending was estimated to be £147,161 per person convicted, per annum. Based on a hypothetical cohort of 100 people convicted —50 of whom receive CoSA and 50 of whom do not—investment in CoSA appears to provide a cost saving of £23,494 and a benefit-cost ratio of 1.04. Accounting for estimates that the full extent of the cost to society may be 5 to 10 times the tangible costs substantially increases estimated cost savings related to CoSA.



AKERMAN & BROWN (2020) WHY DON'T PEOPLE ACCESS COSA?

- Those being released faced being barred from some accommodation due to their offences
- Thompson and Thomas (2017) reported that some Core Members stated they held little understanding of the purpose and intentions of CoSA before they participated
- Three men who had previous sexual convictions then in a prison-based TC-Interpretative Phenomenological Analysis (IPA)
- Men felt fearful of further offending—not ready to change- and their past being exposed
- The participant's shared experience of feeling shameful, and/or inability to talk about their troubling thoughts and fantasies related to sexually inappropriate and/or offending behaviour and inability to form pro-social intimate relationships.

Harry. *I questioned myself prior to release but I didn't tell anyone out of fear of being kept in prison. I was questioning why I was still having the thoughts but out of fear of rest of life in prison I didn't talk*

Oliver. *When fantasies are talked about it takes the pleasure out of them. It starts to dissolve.*

George. *The thought of re-offending was not my intention, but it was a risk.*

George. *There needs to be support networks and groups out there. No one told me out there was Circles.*

Oliver. *It would be 'bored housewives' group — who panic when I say anything — now I will have support, they won't all run out screaming. I will be able to talk like I do here, not think I'm a mad maniac. So, you can't be in a group of bored housewives or men in midlife crisis, they wouldn't know what to say*

ENHANCED COSA-INSIGHT

- Akerman & Brown study part of a wider project into running circles for men who had committed what was seen as an 'anger rape' Groth (1979). Groth considered that sexuality becomes a means of compensating for inadequacy and serves to express issues of mastery, strength, control, authority, identity and capability. Seen as a distinct group.
- Slater (unpublished MSc.) found men in this group had history of Childhood Adversity (inc. victimisation and attachment insecurity); Emotional Dysregulation, (anger prevalent, avoidant strategies, diff showing vulnerability); Maladaptive Relationships (empathy deficits, hostility to women, believes others are untrustworthy).
- This sub-group has also been identified as being more likely to fail in treatment (Beech *et al.*, 2005; Groth, 1979).
- Insight circle- 8 men, extra training for volunteers on attachment and risk factors, circles lasted longer
- All but one still in community-recalled for not disclosing a relationship
- Contact Dom Williams: info@circlesoutheast.org.uk for further details

SAFER LIVING FOUNDATION



Established in 2014 and so celebrating 10 years of registration with charity commission in February 2024.

Evidence based so projects are developed and maintained based on current research.

Prison based circles of support and accountability

Community based circles

The Aurora Project-Unique in UK and offers free confidential counselling service to those who are concerned about their sexual interests. Takes a compassion focussed and acceptance therapeutic approach

There is considerable shame and stigma related to sexual attraction to children, which can inhibit professional support seeking, disclosure and engagement in therapy (Kotova & Akerman, 2019; 2022; Jahnke, Blagden & Hill, 2022; Jahnke, Blagden et al, 2023; Sheppard et al., 2008).

Safer Living Centre and employability projects (Nottingham and Derby)

THE AURORA PROJECT

- TAP offers intervention to people regardless of their sexual interest (e.g., children, coercive sex, indecent exposure, etc.).
- Therapeutic intervention aims to help individuals build skills to live meaningful and rewarding lives and change their relationship with their internal world e.g., thoughts, feelings and behaviours that could be personally distressing or cause sexual harm to others.
- TAP is organised around helping clients to develop their lives around 10 domains of living, three of which are specific to building compassionate ways of relating (i.e. compassion for self, compassion for others and receiving compassion from others).
- Compassion Focussed Therapy based psychoeducation module, which teaches individuals about the tricky nature of the human mind, our motivational and emotional systems and socialises them to the understanding that our internal experiences are unchosen. There are six modules that support the development of competencies for compassion and psychological flexibility, including acceptance, present moment awareness, understanding the different versions of self, grounding and decentering, and values-based living.
- A further module specifically focuses on a clients sexual functioning. The modules are intended to provide clients with a model of understanding themselves and their needs in each area (a means of formulation).
- TAP is a weekly, group-based intervention with one-to-one components, delivered by registered psychologists and psychotherapists who are (a) experienced in working with people who have committed sexual offences and (b) trained in CFT.

WHO CAN BE REFERRED

- Adults of any gender (18+)
- Individuals who find their sexual thoughts, feelings, interests & behaviours distressing and are concerned that they may act upon them
- Individuals who have never sexually offended
- Individuals who are currently under investigation, or have received a caution for online offences
- Individuals with previous convictions
- Resident in the UK
- Most referrals were from individuals who were currently under investigation from the Police for sexual offences (mostly internet-enabled) and awaiting criminal justice progress

PROJECT SO FAR

The Aurora Project started in December 2017 and since this point has had over 344 referrals to the service from all over the UK

Individuals engaging in group or 1:1 therapy.

- Since March 2020 – group delivered online due to lockdowns - Since the first group started in December 2018, had 51 completions. Actively support family members and professionals . Offer aftercare support with a graduate group

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 ´ View sexual attraction children and adolescents as lifelong – something to manage, not change.

SAFER LIVING CENTRE (NOTTINGHAM)

Learning skills for employment and everyday living-cooking, pets as therapy, mindfulness, art club , pre-release seminars, budgeting etc.

Research (Penford & Clayton 2023) showed decrease in shame, depression, stress levels, increased wellbeing, hope.

Offers opportunity for interaction with others

BLAGDEN AND SAUNDERS; CLAYTON, HOCKEN & BLAGDEN (2022)

- Social safeness and pleasure: How person feels in wider community is a central aim. Reduction of shame, increased self-esteem, improved wellbeing = increased feeling of safeness in intervention and outside of service. This = helps get referrals, removes barriers to entry.
- Increased self-esteem- Individuals with problematic sexual interests have low self-esteem (Jahnke et al., 2015; Levenson & Grady, 2019). Linked to external shame – the perception that others are making negative judgments. Increasing self-esteem = improved confidence in ability to progress, potentially better engagement and hope, and reduction of internal/external shame.
- Increased mental wellbeing, social safeness, hope, psychological flexibility.

OTHER CHARITIES WORKING IN THIS FIELD

- C2C www.C2CSocialAction.com provides accommodation for those who have committed sexual offences and been released from prison- run groups about managing mental health, budgeting, etc. provide mentor, help with accommodation, employment, life-skills. Three houses, Northampton and Kettering. Employs an ex-service user.
- C2C men's housing and Men's- hub bidding for contract to do community orders. Hub is currently for residents from the houses. Now looking to get external people allowed to attend. Needs evaluating. Do one-to-ones meeting requirement of community order, helping signpost additional needs. Three houses, back to work course, healthy eating. Allotment once a week-own space, outdoor cooking etc. Funding from council to develop the gardens at the properties, grow food stuff. Researching efficacy alongside SLF
- The Lucy Faithfull Foundation's 'Stop It Now!'-Stop It Now! UK and Ireland was established by The Lucy Faithfull Foundation in 2002 and is a direct descendent of the original US initiative.-Helpline, online chat and email. Website contains self-help materials.

NEURODIVERSE SELF ADVOCACY PARTNERSHIP CIC

Mission: The support and enablement of Neurodivergent People to lead healthy and fulfilling lives, achieve their life goals and realise their potential in order to achieve equality and fully contribute to society



What is involved

Structured mentoring

By autistic, lay mentors

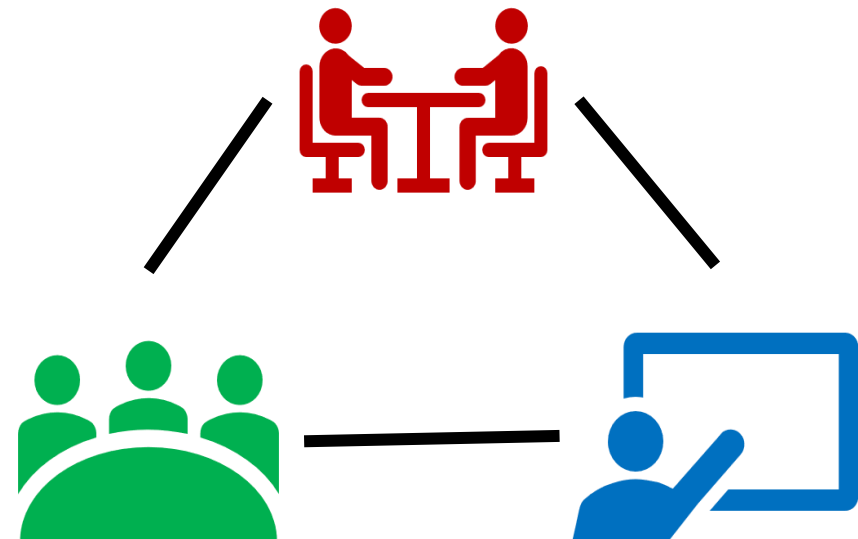
On the forum, Zoom or similar

Based on /part of research*

Co-production of design with autistic people

*Martin, N., Milton, D.E.M., Sims, T., Dawkins, G., Baron-Cohen, S. and Mills, R. (2017), "Does "mentoring" offer effective support to autistic adults? A mixed-methods pilot study", *Advances in Autism*, Vol. 3 No. 4, pp. 229-239. <https://doi.org/10.1108/AIA-06-2017-0013>

1:1 mentoring
+ thematic webinars (course)
+ Zoom/forum support group



RESEARCH NEEDED

What helps those returning to the community get integrated

Is there any evidence that those with sexual convictions should not mix in the community?

Does the individual need additional help with relationships?
Memories of offending?

Little is known about non-offending populations with problematic sexual interests (i.e., those that if acted on would result in sexual harm, including but not limited to a sexual interest in children).



THANKS FOR LISTENING ANY QUESTIONS?

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