

SHAPING THE FUTURE

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New Paradigms in Prevention

Introducing the Notion of Quaternary Prevention for Child Sexual Abuse

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Prevention is typically presented in a tripartite model that includes primary, secondary, and tertiary aspects. Almost every criminal justice intervention constitutes tertiary prevention and is concerned primarily with the aftermath of an offense. This includes for example: trying the facts, convicting the guilty, dispensing punishment, providing treatment, and eventual community re-entry. In contrast, secondary prevention caters to a larger population and seeks to reduce the impact on those already identified to be at risk: whether that be of becoming a perpetrator or a victim. Primary prevention, in turn, applies even more broadly to the general population and is designed to eliminate initial exposure to risk factors. While our attention is usually focused on what happens in the wake of an allegation, charge, or conviction, we seem generally willing to accept that our emphasis should be "further upstream," on primary prevention. Here we introduce the notion of "quaternary prevention" and propose a corresponding revision to our approach.

Quaternary prevention "completes the cycle of prevention" (Gofrit, Shemer, Leibovici, Modan, Shapira, 2000, p. 500), urging those operating in the tertiary phase to reflect critically upon their actions with "emphasis on the need to *do no harm*" (Jamouille, 2015, p 1). Widely recognized in the medical world in the movement to protect patients from the risks of overmedicalization or unnecessary medical invasion, quaternary prevention promotes the need to constantly and consistently debrief, quality assure, and improve our practices. We adopt this perspective to emphasize the importance of mitigating or avoiding the unintended consequences of unnecessary or excessive treatment and intervention in the rehabilitation space.

Subscribing to the concept of quaternary prevention requires a paradigm shift in our approach that refocuses our attentions on a critique of our current practices. In particular, we suggest that the consequences of the current state of affairs constitute an alarming tipping point. We have gone too far. We specifically consider the following examples: loss of housing due to community registration and notification; loss of employment due to enhanced community supervision; compromised medical care due to insufficient funds; indigence due to the high cost of mandated treatment (including polygraphy, plethysmography, and group-based therapy); abandoned families due to longer custodial sentences; orphaned children and loss of earning potential due to suicides, and so on.

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We must also consider the victim/survivor experiences through the criminal justice system. Testifying in court is frequently considered to be the worst part of their experience. That we have managed to engineer a system where abuse victims cite our response as providing the most traumatic experience for them is indicative of a need to consider how our current approaches fail. We fail to deliver justice or restitution for survivors, and in turn, contribute to a lack of confidence in the system, a further reduction in complaints and disclosures, and an amplification of the problem, rather than its resolution.

Taking a quaternary approach reminds practitioners and the wider society that if we are to oppose child sexual abuse and exploitation on the grounds that it harms children, families, and communities, then we ought, also, to take a wider view of the nature of our interventions and engagements and ensure they are not counterproductive.

Learning Goals:

At the end of this session participants will be able to:

- Define and describe quaternary prevention as it relates to child sexual abuse.
- Understand the iatrogenic effects of our current tertiary approach.
- Understand the impact of overmedicalization (or unnecessary treatment) as it relates to perpetrators, their partners, and their families.

Danielle Arlanda Harris is the Deputy Director-Research of the Griffith Youth Forensic Service and a Senior Lecturer in the School of Criminology and Criminal Justice at Griffith University. She has published more than 25 articles and book chapters and has given over 50 presentations at international conferences. Her research examines sexual aggression through a life course perspective, examining onset, specialization/versatility, desistance, and related public policy. Her study of civilly committed sex offenders in Massachusetts was funded by the Guggenheim Foundation and she recently received a grant from the California Sex Offender Management Board for a state-wide survey of community supervision practices. Her first book—which draws on the narratives of 74 men convicted of sexual offenses and released from custody—was released in December.

Michael Sheath has been a manager at the Lucy Faithfull Foundation since 1997. Prior to that he worked as a probation officer in Worcester, England for a decade, including two years in prison and two years in Divorce Court Welfare. He received the Butler Trust award in 1997 for work with male survivors of sexual abuse in Her Majesty's Prison Blakenhurst. He has presented at several local, national and international conferences on the topic of preventing child sexual abuse. He has undertaken hundreds of Family Court assessments of individuals convicted or alleged of sexual offenses, as well as their partners. He has delivered training in understanding sexual abuse and since 2003 has been a regular trainer on of the Europol COSEC course. Recently, he has specialized in assessing risk in whole communities in relation to various British Overseas Territories.

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Prevention of First Time Sexual Offending: The First Year of the UK's First Free Therapy Service and Its Future Implications

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In 2018 the Safer Living Foundation (SLF) began delivery of the UK's first intervention for the primary prevention of sexual offending; The Aurora Project (TAP). TAP is open to non-offending adults who are seeking help for their sexual thoughts. TAP is not specific to people with an attraction to minors and works with anyone who has sexual thoughts that if acted on would result in a sexual offence.

TAP is designed around the values of promoting and maintaining a non-offending identity, de-shaming and building capability for functional behaviour and mental wellbeing. It uses treatment approaches from third wave CBT, in particular Acceptance and Commitment Therapy (ACT: Hayes, 2004), and Compassion Focused Therapy (CFT: Gilbert, 2014), which focus on emotional regulation, compassion, shame reduction, acceptance and value based living to help clients develop skills to achieve a meaningful fulfilling and offence free life.

This presentation will introduce the content and theoretical basis of TAP, provide an overview of the evaluation procedure, and discuss the emerging empirical findings from the first cohort of participants.

The overall evaluation aim was to conduct a mixed-methods evaluation of TAP and to extend the evidence base on the application of third-wave cognitive-behavioural therapies (CFT/ACT) and the public health model to the prevention of difficult sexual thoughts and behaviour, and in turn, sexual offending. The long term evaluation model is to conduct a randomised control trial and plans for this will be introduced and the short term evaluation outcomes will be presented. The quantitative aspect evaluates treatment outcome by assessing change on psychometric measures pre-, during- and 6-weeks post-treatment. Primary outcomes include depression (*Depression Anxiety Stress Scales-21*; Lovibond & Lovibond, 1995), shame (*Internalised Shame Scale*; Cook, 1994; 2001), psychological flexibility (*Acceptance and Action Questionnaire-II*; Hayes et al., 2006), and compassion (*Fears of Compassion Scale*; Gilbert et al., 2011). Secondary outcomes include mental wellbeing, locus of control, and hope for the future. The present research did not measure sexual interest or arousal, as the utility of measuring this seems only to be vital if cognitive changes to sexual interest are truly possible, and whether such changes are facilitated by therapeutic intervention rather than simply desisting over time. It is the goal of TAP to instil the individual with the tools necessary to manage and cope with their sexual interest rather than change it.

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The qualitative evaluation includes the first narrative psychological analysis of life stories with the subject population, to better understand the development of atypical sexual interest, coping, self-perception, compassion, pro-social goals, and treatment expectations. Participants were in the pre-treatment or early treatment phase. McAdams's (1995) *Life Story Interview* was used in data collection.

Learning Goals:

- Identify barriers to help seeking for the subject population, and avenues to improving service provision and the therapeutic environment.
- Provide an insight into the utility of compassion and acceptance based therapeutic interventions for prevention initiatives to stimulate debate, discussion and reflection about the best therapeutic approaches and treatment aims for primary prevention programmes.
- To discuss best practice in research and evaluation of prevention initiatives and to discuss future approaches in consideration of any emerging empirical findings from TAP.

Dr Kerensa Hocken is a Registered Forensic Psychologist committed to prevention work. She has worked with people convicted of sexual offences since 2001 and has responsibility for the strategic development of custodial sexual offending services in the Midlands region of the UK. In 2016 she was the winner of the prestigious Butler Trust award for excellence in correctional services, presented by Princess Anne. Kerensa is a trustee and co-founder of the Safer Living Foundation (SLF), a charity which sets out to prevent sexual abuse by working with those who have offended or are at risk of committing a sexual offence. She is the lead author of TAP.

Dr Nicholas Blagden is the Associate Head of the Sexual Offences, Crime and Misconduct Research Unit (SOCAMRU), Associate Professor in Forensic Psychology at Nottingham Trent University, and trustee of the Safer Living Foundation Charity. He is a Chartered Psychologist and has worked and researched within the criminal justice system and HM Prison Service for over ten years. He has taught undergraduate and postgraduate courses in psychology, forensic psychology and criminology. He has also trained police officers. His work has been funded by the HMPPS and he is currently engaged in numerous collaborative forensic projects with NTU, HMPPS, Institute for Mental Health, Ontario, Canada and Correctional Services Australia. He has published widely in international journals and disseminated research at international conferences.

Jordan Clayton is a PhD Researcher based at Nottingham Trent University's Sexual Offences, Crime and Misconduct Research Unit (SOCAMRU), and is joint-funded by the Safer Living Foundation. Jordan's present research is focused on the prevention of initial sexual offending through the use of third-wave cognitive-behavioural clinical interventions (e.g., compassion-focused therapy; acceptance and commitment therapy) with those at risk of committing a first sexual offence. This research will specifically involve an extensive mixed-methods evaluation of the UK's first community-based primary prevention centre (The Aurora Project).