Prevention of Sexual Abuse: Understanding 'what works' with individuals at risk of perpetration

Jordan Clayton, Dr. Nicholas Blagden, Prof. Belinda Winder, Dr. Kerensa Hocken
Nottingham Trent University | Safer Living Foundation

Background

- Child sexual abuse (CSA) is increasingly prevalent: one in twenty children in the UK have been sexually abused (Radford et al., 2011).
- CSA is a preventable public health problem: "society has a moral obligation to eliminate this offence" (Brown & Saied-Tessier, 2015, p. 6).
- Literature on the prevention of initial sexual offending and CSA is limited due to the unavailability of preventative treatment programmes (Piché et al., 2016).
- Prevention is a key focus when dealing with a public health problem, and the available empirical evidence suggests that it would not be unreasonable to hypothesise that primary prevention interventions with those at risk of CSA perpetration would be effective (Piche et al., 2016).
- The Safer Living Foundation set up the UK's first primary prevention project in 2017, delivering compassionate therapeutic interventions (compassion-focused therapy; acceptance and commitment therapy) for those experiencing harmful sexual thoughts and behaviour.
- Continued evaluation of these programmes will demonstrate the potential impact of preventative service provision for the subject population.
- A consistent gap in the available research on both general sexual offending and prevention (e.g., Prevention Project Dunkelfeld; Beier et al., 2015) is that it depends on weak-inference methodology, such as observational studies that are prone to selection bias.
- As such, the present research aims to utilise a randomised-controlled trial design, with the option of further observational/longitudinal research being available afterwards.
- This research is in the development phase, and the current presentation is a work in progress.

Objectives

To conduct a mixed-methods evaluation of the UK's first community prevention centre, and to extend the current evidence base on applying a public health model and third-wave cognitive-behavioural therapies (ACT/CFT) to the prevention of sexual offending and child sexual abuse (CSA).

Qualitative Method

Design: Narrative/Phenomenological

Sample: Purposive sample made up of five or more individuals from the RCT experimental group.

Study 1: Qualitative longitudinal interviews (pre-treatment)
Study 4: Qual. Interviews (post-treatment)

Procedure: (both qualitative & quantitative)

Materials will be administered to consenting participants on a voluntary, confidential basis, alongside an information sheet, consent form, and debriefing. Data will be stored in accordance with the BPS guidelines. Ethical permission will be sought from the relevant authorities.

Measures: McAdams' (1995; 2001) 'Life Story Interview' schedule (amended): This allows individuals to structure their life narrative in chapters and important events.

Analysis: Theme-based analysis such as thematic analysis or phenomenological analysis.

Quantitative Method

Design: Randomised-Controlled Trial

Sample: Rolling recruitment of self-referred individuals, categorised into an experimental (prevention treatment) or control (treatment as usual; circle of support) group.

Study 2: RCT Protocol Study

Study 3: Randomised-Controlled Trial

Measures:

Adult Hope Scale (Snyder et al., 2001)
Internalised Shame Scale (Cook, 1994; 2001)
Warwick-Edinburgh Mental Wellbeing Scale (Tennant et al., 2007)
CORE Outcome Measure (Evans et al., 2002)
Fears of Compassion Scale (Gilbert et al., 2011)
Social Safeness and Pleasure Scale (Gilbert et al., 2009)
Acceptance and Action Questionnaire II (Hayes et al., 2006)
Comprehensive Assessment of Acceptance and Commitment Therapy Processes (Francis & Golijani-Moghaddam, 2016)

Analysis: Appropriate statistical analyses (e.g., MANOVA).

Potential Implications

- Highlight the lacking availability of preventative services, evidencing the requirement for the introduction and continued evaluation of prevention interventions.
- Identify barriers to help-seeking for the subject population, targeting service-users' apprehensions improved service provision.
- Evaluate the utility of empathic and compassionate therapeutic interventions for prevention initiatives.
- Outline implications for future research, such as improved service evaluation (e.g., longitudinal studies) and public stigma research.

References: [1]Radford, L. Corral, S. Bradley, C. Fisher, H, Collishaw, S. Bassett, C. & Howat, N. (2011) *Child Abuse and Neglect in the UK Today*, London: NSPCC. [2]Brown, J. and Saied-Tessier, A. (2015). *Preventing child sexual abuse: towards a national strategy for England*. London: NSPCC. [3]Piche, L., Mathesius, J., Lussier, P., & Schweighofer, A. (2016). Preventative Services for Sexual Offenders. *Sexual Abuse, 30(1)*, 63-81. [4]Beier, M., Klaus, M., Grundmann, D., Kuhle, L., Scherner, G., Konrad, A., Amelung, T. (2014). The German Dunkelfeld Project: A Pilot Study to Prevent Child Sexual Abuse and the Use of Child Abusive Images. *The journal of sexual medicine, 12*. [5]Mcadams, D. (2001). The Psychology of Life Stories. *Review of General Psychology, 5,* 100-122. [6]Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585. [7]Cook, D. R., Kostecki-Dillon, T., Wilson, W., Coccimiglio, J., & Multi-Health Systems Inc. (2001). *Internalized shame scale: Technical manual*. North Tonawanda, NY: Multi-Health Systems. [8]Tennant, R., Hille,r L., Fishwick, R., Platt, P., Joseph, S., Weich, S., Parkinson, J., Secker, J., Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation, *Health and Quality of Life Outcome, 5 (63)*. [9]Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J., & Audin, K. (2002). Towards a standardised brief outcome measure: Psychometric properties and utility of the CORE-OM. *British Journal of Psychiatry*, *180*(JAN.), 51–60. **To see a full reference list, please request a separate leaflet.**