Keep Safe: an intervention for adolescents with ID who display harmful sexual behaviours

Aida Malovic PhD / Lecturer, Tizard Centre, University of Kent
Dr Melanie Turpin Clinical Psychologist, Avon and Wiltshire Mental Health Partnership NHS Trust
Acknowledgments
Authors

Stephen Barry\textsuperscript{1} - Principal Clinician/Service Manager

Andy James\textsuperscript{1} – Community Learning Disabilities Nurse.

Sharon Jennings\textsuperscript{1} – Senior Social Worker.

Aida Malovic\textsuperscript{2} - Development/Research Assistant; PhD student.

Emma Marks\textsuperscript{3} - Forensic Psychologist.

Glynis Murphy\textsuperscript{2} - Professor of Clinical Psychology & Disability.

Rowena Rossiter\textsuperscript{2} - Clinical Psychologist/Research Fellow.

Sophie Thomas\textsuperscript{1} – Assistant Psychologist.

Melanie Turpin\textsuperscript{1} – Clinical Psychologist.

\textsuperscript{1}Be Safe, Bristol; \textsuperscript{2}Tizard Centre, University of Kent; \textsuperscript{3}St Andrews Healthcare, Northampton.
Powerful Trainers/Aldingbourne Trust

The Keep Safe Focus Group of advisers Anthony, Celia, Gillian, Michael, Nicola

See video
https://www.kent.ac.uk/tizard/sotsec/KSvideo.html
Programme

• Consider the need for an adapted programme for young people with ID who display HSB
• Development of the intervention
• Theoretical and practice basis for Keep Safe
• Overview of the Keep Safe programme
• ‘Case study’-Be Safe
• Outcome data and feedback from the feasibility sites
Definition

Harmful sexual behaviour is........

when children and young people (under 18) engage in sexual discussions or activities that are inappropriate for their age or stage of development, often with other individuals who they have power over by virtue of age, emotional maturity, gender, physical strength, or intellect and where the victim in this relationship has suffered a betrayal of trust. These activities can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.

(NSPCC and NICE with added observation that power differences play a role in harmful sexual behaviour (Calder, 1999, 2002))
Scale of the problem

Child sexual abuse is a largely hidden problem, often/sometimes prone to under-reporting.

• Official statistics and research suggest young people account for:
  – 1/4 of all convictions against all victims (Vizard, 2004)
  – 1/3 of all sexual abuse coming to the attention of UK professional systems (Erooga & Masson, 2006)

• A study of maltreatment of children in the UK suggested:
  – 65.9% of contact sexual abuse reported by children and young people was perpetrated by under-18’s (Radford et al, 2011)
Characteristics of CYP with harmful sexual behaviours

• The root to HSB is multi-determined, involving individual, family, peer, school, and community variables as well as biology, temperament, and socioeconomics (Rich, 2011)

• Heterogeneity: “one of the most resilient findings in the research” (Caldwell, 2002)

• Heterogeneous group with diverse backgrounds, motivations, types of behaviour, age of onset, and victims (Hackett, 2014)
  – Background and personality characteristics include:
    • Social deficits / low self-esteem
    • Lack of sexual knowledge /sexual inadequacy
    • Emotional loneliness / social anxiety

• 29-38% have IDD (Vizard, 2007; Hackett et al, 2013)
CYP with ID and harmful sexual behaviours

- Calderbank et al’s (2013) report found LD to be over-represented

- Making sense (Timms & Goreczny, 2002)
  - Young people with learning difficulties may be unaware of social taboos around sex
  - Relate psychosocially to younger children (functional age)
  - Lack of appropriate sexual education
  - Lack of sexual opportunities
  - Higher levels of victimisation

- CYP with ID found to have elevated levels all forms of abuse and more difficulties with social skills (NSPCC reports, 2016)

- Hackett (2014) Research to Practice Review found little research, practice evidence or guidance on assessment or intervention for CYP-ID & HSB

- Significant proportions of CYP-ID (in general) have mental health, neuro-developmental and behavioural disorders, experience inequalities in physical and mental health (Emerson & Baines 2010; Craig 2012)
Why CBT?

- CBT adapted & used successfully in groups with CYP-ID (Andrews et al, 2010; Rossiter et al, 2011), SOTSEC-ID effective with adults with ID & HSB (Murphy et al, 2007)

- Group CBT found to be an effective intervention for children with problematic sexual behaviour (Carpentier et al 2006). Basis for Be Safe, Bristol, *Children’s Programme* (Big Lottery evaluation)

- Change for Good /Turn the Page (NSPCC)-CBT approach that draws on attachment theory, mentalisation theory, and psychodynamic and systems theories.

- Some practice-based groups with CYP-ID & HSB (O’Callaghan & G-Map; Ayland and West 2006, Wiggins et al 2013)

- YJB, Hackett (2014), Research into Practice Review (2014) all support the application of CBT model
Keep Safe: the development
Keep Safe development team

ySOTSEC-ID: young Sex Offender Treatment Services Collaborative-Intellectual Disabilities: 14 meetings, 03.12–05.16. E-list 100+ members

Paul Hamlyn Trust funding across 2.5 years and Avon & Somerset Police and Crime Commissioner and Safer Bristol Partnership grant from 09.16

Keep Safe Development Group: 14 face-to-face meetings, 4 telephone conferences, 11.13 – 01.17

Keep Safe Powerful Trainers Focus Group: of advisers with learning disabilities from Aldingbourne Trust/Powerful Trainers supported by KSDG/Foundation for People with Learning Disabilities, 12 meetings, January 2014-April 2015
Theoretical and practice basis for Keep Safe

- Good Way Model
- Adapted group CBT for adolescents with LD and HSB (Wiggins et al. 2013)
- Adapted Good Lives Model
- Change for Good/Turn the Page NSPCC
- Group CBT for young children (6-12 years) with problematic sexual behaviour (Carpentier et al 2006), Be Safe, Bristol, have used for the Children’s Programme (Big Lottery evaluation)
- SOTSEC-ID group adapted CBT with adults with ID and HSB (Murphy et al. 2010, 2014)
- Risk, Needs, Responsivity framework (Bonta & Andrews 2016)
Theoretical and practice basis for Keep Safe Good Lives Model


- recognises the importance of addressing risk factors and developing effective coping skills
- a strengths-based model
- designed around establishing “approach” goals/needs
- develop skills, competencies, and values that will allow young people to meet needs/goals in prosocial way ie lead “good lives” that are incompatible with harmful sexual behaviour
- important to recognise that harmful sexual behaviour served a purpose for the adolescents and fulfilled a need, albeit that this need was not met in a safe, positive way.

- Good Lives Model for adolescents (Print et al. 2014, Wylie & Griffin 2013)
Theoretical and practice basis for Keep Safe Good Way Model (Ayland & West 2006, 2007)

• Developed with, and for, adolescents with ID who display HSB, initially using group format.
  – Strengths-based
  – Holistic
  – Systemic

• Integrates cognitive- behavioural, rehabilitation theories alongside general psychological perspectives (eg developmental, social learning theory).

• Geary & Lambie (2006) and Weedon (2015) evaluated the model. Found engagement high, high recall of all model elements and concepts, prosocial skills increase, harmful sexual behaviour decrease.
Keep Safe in practice
Keep Safe intervention in action

- Be Safe Service, Bristol – first pilot site
- In collaboration with Bristol CAMHs LD Service
- Academic Year (38 young people sessions, 16 parent/carer sessions)
- 6 Young People (5 completed)
- Dual Focus:
  - Enhance wellbeing
  - Reduce harm
Modules

• Mod 1: Getting started (4 sessions)
• Mod 2: Growing up, relationships, sexual relationships & boundaries (10 sessions)
• Mod 3: Feelings and managing feelings (6 sessions)
• Mod 4: Understanding my behaviour (6 sessions)
• Mod 5: Empathy & consequences (6 sessions)
• Mod 6: Making my Keep Safe Plan and getting ready to move on (6 sessions)
Making Keep Safe accessible:

• Fun & engaging
• Visual
• Interactive
• Concrete
• Multi-modal
• Repeat, repeat and repeat . . . . .
Guiding tenets

- Story of Stuart
- Good Lives Model
- Chill Skills
- Good Way Model
- Big Rules of Sex
The story of Stuart

I learnt loads at Be Safe today

Can I play too?

I need to make good choices and show Mum I can be trusted again
Guiding tenets

- Story of Stuart
- Good Lives Model
- Chill Skills
- Good Way Model
- Big Rules of Sex
Keep Safe session structure

• Welcome and agenda (visual timetable on board)

• Check-in (using Good Lives Model)

• Recap and review of home activity

• New learning

• Relax /chill skills

• Set home activity
Module 2: Making it fun and engaging

Consent

To do sexual things with someone, you and the other person must both:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>1. Be 16 years old or older</td>
</tr>
<tr>
<td>Yes</td>
<td>2. Say “Yes”</td>
</tr>
<tr>
<td></td>
<td>3. Have good body language</td>
</tr>
<tr>
<td></td>
<td>4. Not have taken drugs or be drunk</td>
</tr>
</tbody>
</table>
Making consent understandable

Activity: scenarios

• Is it OK (green) for each consent rule?
• All 4 need to be on the green light
Module 3: Visual learning
Module 4: Making things interactive & concrete
Module 5: Variety of mediums

I am writing to say sorry for...

This was:
MY FAULT
NOT MY FAULT

What I did was:
OK
Not OK

I know that I made a bad choice because I listened to the Gang of 3.

Mr Bolly said...

I am sorry if this made you feel...
(Tick which 2 emotions you think I was strongest)

I am new coming to Keep Safe to help me learn how to make good choices. I now know I can control my behaviour by...
Module 6: Consolidation

• Integrating learning from previous modules
• The person I was, what I want for the future, things to avoid
• Skills learnt
• Capture discussions and learning on photos
• Celebration and endings
Outcome data from feasibility study

• 10 starters (9 in groups, 1 individual)

• 8 completers (non-completers = 1 LAC moved by Local Authority; 1 one withdrew consent)

• Ages 14-19 years; ability range IQ 43-56

• ASKAM- gains in knowledge for all

• QACSO, Victim Empathy/Cognitive Distortions and Resiliency Scale - more mixed findings.

• Recidivism data
Feedback on Keep Safe

- Apology letter – hard to do. Nice when mum read hers (praise letter) (young person)
- Liked the quizzes, the snacks & the drinks (young person)
- Staff really listened to me; didn’t judge (parent/carer)
- Learned new things. Got more confident (parent/carer)
- Hard to talk in front of others at first but got more confident (young person)
- Big rules of Sex, use a condom; not having sex yet (young person)
- Activities were really engaging (co-facilitator)
- Useful to have materials and resources all together (co-facilitator)
Reflections

• Recruitment issues

• Programme entry points

• Suitability for young people on the Autism Spectrum

• Work with the professional system

• Issues within parent/carer sessions
Further information


• Next Keep Safe training: 17th and 18th October 2018, London. Contact Emily Blake at sotsec@kent.ac.uk for further info

• Rowena Rossiter: R.Rossiter@kent.ac.uk