



the british
psychological society
division of forensic psychology

Forensic Update

Issue 147

February 2025



ISSN: 2050-7348 (Online)
1356-5028 (Print)

Forensic Update

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Statement of purpose

Forensic Update is a publication of the British Psychological Society's Division of Forensic Psychology (DFP). Its aims are to:

- Communicate current information on professional and practice matters to practitioners and researchers;
- Publish current and topical research and reviews in forensic psychology and related areas in concise and easily readable form;
- Act as a forum for discussion and debate on a broad range of practical, professional and ethical issues within criminal and civil justice systems;
- Act as a forum for dissemination of knowledge from other branches of the criminal and civil justice system, executive and legislature;
- Act as a forum for discussions with a broad range of other criminal and civil justice professionals and agencies.

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Foreword

Martin Fisher

WELCOME TO THE first edition of *Forensic Update* for 2025, which follows our Special Edition on Violence that was published in the autumn. This edition starts with a tribute to Dr Linda Blud, who as colleagues may be aware sadly passed away earlier in 2024. Linda had been the winner of our Lifetime Contribution to Forensic Psychology award we were ultimately unable to share that with her, and our past Chair, Nic Bowes shares her thoughts and the citation for the award.

We then go on to bring you five articles, a Systematic Review and an REA, across a range of practice and research areas.

Catrin Williams describes the role of yoga in supporting and working alongside psychological therapies with a forensic population, drawing on her experience, skills and knowledge as both a Registered Psychologist and a Yoga Teacher. Catrin offers suggestions for how the interactions she reflects on might be further developed and evaluated.

In our second article, Gareth Hickman and colleagues from the Brooklands Hospital, Coventry and Warwickshire Partnership Trust, look at the development and evaluation of a Carers' Forum in an intellectual disability service. The authors describe the importance of recognising and supporting the carers for, and relatives of inpatients and offer insights into the value of the forum for inpatients.

Thirdly, Ben Cotterill looks at the literature concerning the testimony of child witnesses and the relative role of temperament in that context. He considers the interactions between suggestibility and temperament and discusses how those might be better understood in practice.

Thinking about how inappropriate practitioner behaviour can adversely impact on

prisoner and probationer well-being, and its organisational and reputational consequences where that is sexual behaviour is the focus of our fourth article. Rosie Gray and Tanya Garrett provide a thoughtful and insightful exploration of the boundary issues that are central to this and the seeming disconnect between data reporting and more experiential studies.

In our final article, Rebecca Nelson and Darren Johnson look at the experiences of and outcomes from delivering an online domestic violence intervention, particularly from the perspective of practitioners. Their work highlights the importance of supervision and maintaining practitioner wellbeing in a form of practice that is apparent and increasingly 'attractive' in the post pandemic landscape.

We then follow these articles with a Systematic Review by Aisling Martin and her colleagues Rachel Woodward and Jennifer Merritt looking at how we might define child exploitation. Finally, Alex Goodchild and Nancy Borngraeber share a rapid evidence assessment looking at structured professional judgements for stalking behaviour and how important it can be not to make assumptions about tools that we all use in our practice without first examining the evidence base.

We also have some developments in our Book Reviews section thanks to Cheryl Odell whom we have welcomed as our new Book Reviews Editor – her first introduction is at the beginning of the Book/Media Reviews section.

Hoping that all our members have all had a hard earned break over the festive period and we look forwards to bringing you all more innovative and engaging content in 2025.

Martin Fisher

On behalf of the Co-Editors

A Tribute

Dr Linda Blud – Lifetime Contribution to Forensic Psychology

Nic Bowes & Jackie Bates-Gaston

DR LINDA BLUD sadly passed away in May 2024 following a long illness. As our past Chair Nic Bowes writes, we were unable to confer her Lifetime Contribution Award, and we are therefore sharing with members the citation for the award as a tribute, and in memory of Linda's tremendous contribution to our field.

'Award nominations are usually private and then only shared as part of the process of awarding an individual. We did not have the chance to award Linda's Lifetime contribution award in person and to celebrate this with her. We were unable to award her the year that she won because the Covid – 19 pandemic meant we had to postpone

the annual conference. We had hoped to be able to present her award formally and celebrate with her at a later conference, but that turned out to not be possible. Because of this, we wanted to share the nomination with the membership in recognition of Linda's significant contribution to our profession. We are thankful for her brilliant mind, her tenacity, her clever wit, her style and her wisdom. Her contribution has already impacted generations of forensic psychologists and will continue to do so.

Thank you, Linda, on behalf of the DFP and forensic psychology in the UK.'

Nic Bowes, Past Chair.

DR BLUD HAS played a pivotal role in the growth of forensic psychology in justice settings both in the UK and internationally. She is a true scientist practitioner. Her early research demonstrated the important role of cognitive skills training with young people and adults.

Therefore, when she took up a position with, what was then called the 'Offending Behaviour Programmes Unit' (OBPU) in HMPPS she was able to influence government policy on offender rehabilitation and demonstrate the benefit of expanding psychological interventions in justice settings. Her work has made a significant impact to societal change, providing thousands of people in custody and in the community with access to

psychological interventions, and skills to support desistance.

She was formerly head of living skills and violence programmes at OBPU, and a key player in the introduction and development of the accreditation and auditing process for 'offending behaviour programmes' in the UK. At OBPU, she researched and developed both the Enhanced Thinking Skills and the Alcohol Related Violence Programmes. She oversaw the introduction and accreditation of those and other interventions, including Controlling Anger and Learning to Manage it (CALM), and Cognitive Self Control (CSCP) programmes.

Her commitment to quality and raising standards was recognized internationally and she was invited to be a guest member of

the Canadian Correctional Services Accreditation of Offender Programmes Panel (later holding similar roles in England, Wales and Scotland). She has also developed psychological interventions with the Norwegian criminal justice system, probation and prison services in the Netherlands and has trained personnel in these and other jurisdictions, including the Republic of Ireland, Jersey, the USA, Barbados, and Sweden, to deliver interventions. Her commitment to raising standards included considering their impact on criminal justice staff and her work has ensured that staff delivering psychological therapies are appropriately trained, supervised and supported.

Dr Linda Blud's work helped to create a change in government policy away from punitive approaches to imprisonment towards rehabilitation. She started working with the prison service (hereon referred to as HMPPS) at a difficult time, preceding significant periods of unrest in the late 1980s and early 1990s. Her work as a scientist practitioner meant that she was constantly asking questions of her clinical work, researching and sharing her findings with others. Her research demonstrated the importance of providing psychological interventions and delivering skills training with young people and adults in order to support them in not returning to crime.

She worked within HMPPS where she was able to design, evaluate and then implement a number of group based psychological interventions for service users. Her focus on 'what works' in rehabilitation has meant that she paid close attention to the role of staff in intervention delivery and this drove and inspired a deep commitment to good quality training, supervision and support for staff. Her work in this role led to a huge increase in the number of people working as forensic psychologists or training to be psychologists in prisons in England and Wales.

In turn, thousands of people in prison and in the community had access to psychological interventions. This is probably the

most significant broadening of participation in forensic psychology practice we have ever seen in the UK. This also signalled a cultural shift, with huge numbers of prison staff joining psychology staff in supporting people in prison to develop skills and confidence to move away from crime. She personally delivered training in the various programmes worldwide and ensured that such interventions were securely embedded in a positive rehabilitative culture to ensure their effectiveness and value to the service users and staff.

Dr Blud's research and her tireless work to design, trial, redesign and then implement psychological interventions, with all the necessary supporting infrastructure is what makes her contribution both unique and extraordinary. She was a key player in introducing psychologically informed interventions to vast numbers of people in prison settings. Some interventions she designed herself, others she consulted on or was instrumental in the design and implementation stages.

She trained staff to deliver the interventions and in the process of quality assurance and audit, to ensure that the interventions were appropriately professionally staffed and supported. She also contributed to the development of a method of evaluating interventions to ensure that they adhered to strict quality processes before they could be offered in prison settings – a process that would later be known as CSAAP.

Dr Blud has maintained her enthusiasm for psychological interventions and has served on various advisory groups, including HM Prison Service's Women's Policy Group, the Youth Justice Board Working Group on Programmes, the Probation Service Diversity Group, the Dangerous and Severe Personality Disorder (DSPD) Unit Peer Review and on the Steering Group on the development of a programme for extremist offenders.

She has maintained her currency of practice and has provided consultancy in a number of different areas including: coun-

selling needs in post-traumatic stress disorder cases; management of high risk individuals in criminal justice settings; workplace practices; treatment options for addressing trauma in women prisoners with personality disorder.

Dr Blut's work has made a huge impact on people in the UK, both practitioners and service users. Her work has also made an impact internationally. She has held many public appointments including serving on the Scottish Accreditation Panel for Offending Behaviour Programmes and as a member of the Correctional Services Accreditation and Advisory Panel (CSAAP) for England and Wales.

For many years and currently she holds the role of a psychologist member of the Parole Board for England and Wales and is also a member of the Parole Commissioners for Northern Ireland. She worked with the probation and prison services in the Netherlands and Norway in the development of interventions, and has trained personnel in these and other jurisdictions, including the Republic of Ireland, Jersey, the USA, Barbados, and Sweden, to deliver interventions. She has worked for a number of years as a consultant with psychology services in Northern Ireland prisons.

Thousands of people in prisons all over the world have benefitted from Dr Blut's work. There are those who benefitted by receiving psychological interventions through group programmes in prison settings and found this helpful in making better decisions to stop committing crime. There are also practitioners who gained by learning how to deliver interventions appropriately and how to support their colleagues to do the same. Additionally, there are many researchers who have benefitted from her research activities on how to evaluate interventions and what needs to be done to improve the way we practice.

Dr Blut's work has touched every area of our practice in forensic psychology. It has benefitted those who are most vulnerable and disempowered. It has inspired a generation of clinicians within criminal justice systems worldwide and encouraged a generation of researchers in their quest for 'what works' best in offender rehabilitation and desistance.

Jackie Bates-Gaston

Yoga in secure services – Reflections and future directions

Catrin Williams

This article examines the potential of incorporating yoga as a complementary therapy in UK forensic settings, including prisons and secure mental health services. Highlighting the significant mental health treatment gaps in these environments, the author, a forensic psychologist and yoga teacher, advocates for holistic approaches to enhance traditional care. The discussion revolves around yoga's benefits for mental health and its specific application to forensic populations, emphasising reductions in stress, aggression, and improvement in emotional well-being. Challenges in implementation and the need for specialised training for yoga teachers in forensic contexts are addressed. The article calls for more research into holistic mental health interventions and suggests developing resources for clinicians interested in integrating yoga into their practice.

Keywords: Yoga; forensic settings; somatic therapies; holistic interventions; complementary therapies.

Introduction

IN FORENSIC SETTINGS throughout the UK, including prisons, secure mental health services, community probation services, and approved premises, there is a continuous effort to enhance and progress client care services. Despite these efforts, recent parliamentary reviews have highlighted significant gaps in mental health treatment access for people in prison. Approximately 10% of people in prison in the UK receive treatment for mental illnesses, but it is suggested that up to 70% might have mental health needs at one time (House of Commons Justice Committee, 2021). With the pressure on psychologists and other mental health care professionals, there is interest around the possibility of incorporating other means of supporting client well-being, alongside therapy programmes and treatments.

It is the aim for this brief article and reflection to consider the role that yoga and qualified yoga teachers may play in enhancing the therapeutic provisions offered to service users. As a qualified forensic psychologist, and yoga teacher myself, I believe that there

is scope to expand on more holistic therapies offered in secure settings.

Yoga for general mental health

Firstly, we must consider the role that yoga can play in mental health recovery and well-being in general populations. Yoga is considered as a mind-body therapy and is a popular approach to achieving or developing a sense of physical and emotional 'wellness'. The term 'yoga' has developed in its meaning, more spiritually considered to be the union between the mind and body or nature and the 'supreme self' (Mallinson & Singleton, 2017). Within a more Western context, some of the more intricate spiritual elements of yoga have been lost. And instead, yoga in this context tends to encapsulate physical postures (asanas), breathing techniques (pranayama), and meditation or mindfulness, along with relaxation (De Michelis, 2005).

There are various different 'schools' of yoga that are adapted based on interest and focus of the teacher. For example, some classes may focus much more on mindfulness, relaxation, breathing and connec-

tion to the body. Whereas others may focus more on fitness, moving quickly through poses or holding difficult poses for a long period of time to develop muscle. It is paramount, in order to truly understand the therapeutic nature of yoga, that we recognise the difference between these approaches. This means that ultimately, we cannot 'prescribe' a 'course' of yoga, because each class, teacher, and type is just simply not uniform.

Despite these methodological hurdles, a substantial amount of research has focused on the role of yoga in mental health recovery and, notably, in forensic services. Yoga literature reviews have concluded that yoga helps with the management and reduction of anxiety (Nanthakumar, 2020), some short-term improvements have been found in depression following meditation-based yoga classes (Cramer, et al., 2013), sleep improvements have been noted in patients with cancer diagnoses (Cohen et al., 2004) and also improvements in general perceived stress (Rocha et al., 2012). Moreover, improvements have been noted in trauma symptoms when yoga has been used as a complementary treatment (Macy, et al., 2015). Not only does it help with wellbeing as noted, but yoga has been found to offer advantage in the reduction of psychosis illness severity (Manjunath, et al., 2013).

It is thought that these changes and improvements following enrolment in yoga courses are due to both the top-down and bottom-up processes that a yoga class can offer. In relation to bottom-up processes, yoga can support with improving regulation of the autonomic nervous system (Ross & Thomas, 2010), supporting the parasympathetic and sympathetic nervous systems to function effectively in response to distress (Brown & Gerbarg, 2005). Top-down processes are characterised by setting intentions at the beginning of a class and learning the skill of conscious regulation of attention (Taylor, et al., 2010).

Yoga for offending populations

If general populations benefit from yoga, it's logical to expect similar outcomes in forensic populations. Individuals in forensic units or secure mental health services share many of the clinical needs discussed above. Although research specific to offending populations is still developing, systematic reviews have reported improvements in psychological wellbeing and behavioural functioning following yoga courses in prison populations (Auty, et al., 2017). For example, studies have found that yoga can be beneficial for reducing aggression and anger (Deshpande, Nagendra & Raghuram, 2008). In prison populations research has found yoga to support with decrease of stress (Spinelli, et al., 2020), anxiety, depression, aggression, impulse control (Muirhead & Fortune, 2016), emotional wellbeing, attention and self-control, reduction in anti-social behaviour (Kerekes, et al., 2017), greater emotional intelligence and awareness (Bartels, Oxman & Hopkins, 2019) and potentially affects recidivism (Kovalsky, et al., 2020) with some more research needed.

Reflections from my own work

I have offered yoga classes in two services alongside my 'usual' psychological therapy. These have been offered as a group class and have been marketed and structured as a psychological group for nervous system regulation. Nervous system regulation is the process of maintaining balance in the body's response to stress, ensuring that we stay calm and focused instead of becoming dysregulated. The challenges that I have faced are re-branding the idea of 'yoga' from focusing on fitness, to instead focusing on relaxation and regulation. Also, there are risk concerns that need to be considered, from how to play music during the classes, to whether or not people are safe with the Yoga mats. Similarly, there is limitations to how 'relaxing' the room can be given the mental health presentations and also lack of appropriate venues or spaces for such a class. Despite this, the yoga class serves as a unique

and interesting change to usual therapy for the service users, who are encouraged to practice their regulation and coping skills in a more experiential space.

It is important to acknowledge that some yoga practices align with techniques already utilised in psychological models, particularly those focused on nervous system regulation and managing difficult emotions as they manifest in the body. For instance, breathing techniques are a staple in many therapeutic models, embodying a crucial aspect of yoga's approach to wellness. Similarly, mindfulness, a component integral to various psychological therapies such as Compassion Focused Therapy and mindfulness-based therapies, shares common ground with the meditative practices of yoga. Additionally, imagery techniques, as seen in schema therapy, and relaxation practices commonly used in psychological interventions, further illustrate the compatibility of yoga with existing therapeutic models. This congruence underscores yoga's potential as a valuable complementary therapy, harmonising with the objectives of diverse psychological models by enriching and extending the scope of traditional mental health interventions.

Implications and challenges

The question then becomes: If yoga can be beneficial and mental health services in forensic settings are stretched thin, what are the barriers to its wider implementation? As a forensic psychologist and a trained yoga teacher, I have first-hand experience offering yoga classes to patients. This is facilitated by working with occupational therapists who are also trained yoga teachers. However, such arrangements are rare and often depend on the practitioner's personal interest and motivation to pursue yoga teacher training, which requires a minimum of 200 hours of practice and training. It is an expertise that takes time to understand, hone and teach properly. Clinicians cannot expect positive clinical outcomes with simply practicing poses at the end of a psychology

session, nor can they expect their therapists to do yoga teacher training when it may not be of interest to the individual.

There is also the challenge of expecting a regular yoga teacher to navigate the complexities of a forensic environment. These teachers may not be equipped to manage the risks or understand the specific needs and boundaries required in such settings. Having forensic expertise and being trained to work in a forensic environment is a skill and area of expertise in itself.

A potential solution lies in training yoga teachers with clinical and/or forensic expertise. Providing a pathway for interested qualified yoga teachers to develop their understanding of trauma, forensic needs, boundaries, and other relevant training for working in secure services could bridge this gap.

Also, more research in this area is, of course, needed. Not only for the use of yoga as a complementary method of improving well-being, but also for other creative and holistic methods of improving mental-health services. Perhaps as services, we should be open to moving away from the 'classic' methods of offering psychological therapy and consider other cost-effective ways to improve the well-being and coping of the service users we help.

Engagement and further research

Currently, I am working on developing a manual and courses to help clinicians consider implementing yoga practices into their work. Moreover, this manual will help yoga teachers in offering classes into secure services. My aim is to develop CPD events in the near future, but I am keen to first start a conversation and reflections with fellow psychologists on this matter.

I invite those interested in contributing to ongoing research, participating in CPD events, or discussing this topic further to contact me at drcatrinwilliams@gmail.com.

The author

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Reflections on introducing a carers' forum in an intellectual disability secure service

Gareth Hickman, Gavin Kooner & Jannine Redwood

Purpose: This paper reports on the development and introduction of a Carers' Forum in an Intellectual Disability (ID) Secure Service. The current Forum was established as a supportive and interactive space for carer and relatives of current inpatient service users with specific recognition of the key role carers can play in the rehabilitation of service users with forensic histories. This article provides an overview of the process of establishing the Forum, brief evaluative data and reflects on the experience and learning points from developing such a resource in Secure contexts.

Design/methodology/approach: The Carers' Forum has been established and delivered over a 12-month period as a once monthly, one-hour, online session for anyone identifying as a Carer of a current inpatient service user in the Secure Service.

Findings: Overwhelmingly Carers reported that they experienced the Forum as positive and beneficial. Personal reflections of the authors are offered on some of the impacts of such spaces for carers and some of the organisational and contextual challenges of establishing these Forums in Secure Services.

Keywords: Intellectual disabilities; carers' forum; inpatient secure services; reflections; forensic.

Introduction

IT IS WELL established that family members are the main carers for users of forensic mental health services (Absalom et al., 2010) and that more needs to be done to support them when coming into contact with secure mental health services. Carers of people in secure services often experience traumatic times, with many going through the criminal justice system first, and some carers being the victim of their loved one. Many carers report not feeling valued, not being given information, not being involved or listened to by professionals, having no coherent explanations and experiencing services as 'bewildering and overwhelming' (e.g. Hickman et al, 2015).

Numerous guidelines recommend involving carers in the care process as much as possible as best practice (see National Institute for Mental Health in England, 2004; Best Practice Guidance for Medium Secure Units MSU, Health Offender Partnerships, 2007; No Health Without Mental Health, Department of Health, 2011; The Triangle

of Care, Carers Trust, 2010). The general concept being that the three-way partnership between carers, service users and service providers will produce best outcomes.

More recently, the NHS Carer Support and Involvement in Secure Mental Health Services Toolkit (2018) provides a guide to carer support and involvement in secure mental health. Examples of good practice cite the establishment of carer forums or spaces where carers can meet to receive support and information about the services in which their relatives or loved ones are hospitalised. This is consolidated in the Quality Network for Forensic Mental Health (QNFMH) MSU Secure standards (2019), which state that carers should have access to carer support networks or groups, provided either by the service or signposted to existing networks. Similarly, the SEE THINK ACT (Allen, 2023) literature recognises the importance of active collaboration with service users' external contacts and carers to promote support and safety within services.

This paper reports on the development and introduction of a Carers' Forum in an Intellectual Disability (ID) secure service. The service in which the current Carer Forum was established consists of medium- and low-secure facilities over four wards (41 beds; 29 male and 12 female) for adults with ID and Autism Spectrum Disorder. In 2016, the Service developed and introduced a Carer Pathway, which has been revised on an ongoing basis. A key feature of the Carer Pathway was the provision of a Carers' Forum. Between 2017 and 2019 several trials of launching the Forum took place with limited success due to limited engagement and uptake. Evaluation indicated primary reasons for low uptake were (a) needing to travel to the service to attend (being a Regional Secure Service often meant large travel distances, time and cost), (b) inaccessible times of Forums (office hours), (c) conflicting responsibilities of carers, (d) low numbers of involved carers, and (e) significant administrative demands on clinicians without admin support. In recent years a significant shift towards electronic solutions has been integrated into service systems and provided new impetus to re-establishing an accessible Carers' Forum in September 2022 using the NHS Attend Anywhere platform. Attend Anywhere is a secure NHS video call service for patients and carers with pre-arranged appointment times, similar to familiar platforms such as Microsoft Teams. This paper provides a description of the Carers' Forum that was developed. It also offers reflections on the challenges and benefits of establishing such spaces for carers, service users and services.

Method

Rationale

The Carers' Forum was conceptualised as an ongoing, open group/forum aiming to be a safe space to engage with carers of the current service user cohort. The general principles were that it would be a space for

carers to connect directly with the service clinicians/managers, build relationships, receive information, and improve service responsiveness through a spirit of inclusivity and collaborative engagement. It aimed to be a space for carers to discuss topics relevant to them and no patient specific information would be shared. The expectation being that ultimately service users would benefit from the service working collaboratively and supportively with their carers. The extent to which the Forum would provide peer support or personal experience sharing was a decision that the founding members were asked to consider.

Procedure

The parameters and governance of the Carers' Forum were agreed at the Multi-Disciplinary Secure Steering Group (SSG) which was comprised of Psychiatry, Psychology, Nurses, Occupational Therapists and Speech and Language Therapists. The Forum was facilitated by the Psychology Team and Nursing. The following process was followed to establish the Forum:

1. Reflection on past learning: a small-scale evaluation was completed to review previous Carers' Forums and reflect on learning points.
2. A review of current patients-carers ascertained current numbers of involved carers.
3. Collation of details of involved carers – telephone/email.
4. Discussion with service users regarding consent to contact carers.
5. Reaching out to carers to generate interest.
6. Identified suitable time and date (surveyed Carers).
7. Received training in NHS Attend Anywhere platform.
8. Launched forum online.
9. Consulted with attendees how they wanted to use the space.
10. Ongoing admin process of calls and emails prior to Forum to provide details.

11. Ongoing process of updating details of involved carers (particularly new admissions).
12. Development of a Feedback loop between SMT and Carers.

During the initial phases of the Carers' Forum's development, the Carer group collaboratively identified the following aims and functions of the Forum:

- meet one evening monthly 6–7pm;
- online meetings;
- aim being the sharing of information about the service and developments;
- sharing experiences of carers, no information disclosed about service users;
- opportunity for general questions and answers;
- opportunity to complete any carer experience feedback assessments; and

- For professionals to provide information on a range of issues e.g. Role of the family in supporting people in hospital; Expectations and implications of support; Influences positive and negative (e.g. how they can help their relative reduce risk); Learning about care; Giving information; For Senior Management to meet with carers.

Since October 2022 the following topics have been covered:

- roles of different professional groups;
- clarification of service-related acronyms (e.g. CPA, MHRT, CTR);
- clarification of the range of and function of different service meetings;
- understanding different Sections of the Mental Health Act;

Table 1: The agenda developed with attendees.

	Topic	Approx. timings
1	Introductions – Re-introduction for previous attendees – Introductions to new members – Summary of confidentiality agreements	5 mins
2	Agenda setting for session – Offer proposed outline – Identify if there anything anyone wants to add specifically	5 mins
3	Recap – Quick recap material from the last forum for those not present	5 mins
4	Feedback from SMT – Feedback loop from SMT (you asked – we did)	5 mins
5	New Content – New topic of the current forum – Inclusive of anything members wish to add – Q&A	25 mins
6	AOB	10 mins
7	Ending and date of next Forum – Confirm any action points / points to feedback to SMT – Identify date of next Forum	5 mins

- models of care (inpatient and community);
- the current Long Term Service Strategy (presented by Senior Management Team);
- coping at Christmas and supporting relatives through a difficult time of the year;
- the local '12 steps to discharge' pathway;
- how secure services understand, assess, and manage risk; and
- feeding back the Service's CQC report (Q&A with SMT).

Attendees

A regular review of all current service users was undertaken and those who had current involvement from carer/relatives were considered eligible. Collation of the details of key involved carers was completed and discussion was held between the MDT and service users to establish consent to invite the carers to the Forum.

Evaluation

Attendance

The Carers' Forum had an average attendance of five participants per session from a maximum population of 41 service users. Of the 41 service users it was identified that 20 had involved carers, and each of these individuals consented to their carers being invited to the forum. Therefore, over the 12-month period a total of 20 carers were invited to attend the Forum. After 12 months, all Carers who had attended the Forum were sent a brief feedback survey, of these six responses were provided (30%).

Format of the survey

Each identified and involved carer was sent an email containing a link to the survey. Surveys were created through Microsoft Forms involving a total of 14 questions. The format of the survey comprised of 12 questions on a Likert scale, this consisted of a statement followed by a series of answers. Respondents would choose the option that best corresponded with how they felt about

the statement (strongly agree, agree, neutral, disagree, strongly disagree). The survey also involved two open text question, these allowed respondents to put forward their thoughts in an open manner, specifically around how the forum could be improved and whether there was anything the carers did not like. It is noted that there was a low response rate; this is likely to reflect the 'hard to reach' nature of this group, as alluded to above and is addressed further in the 'Reflections' below.

Survey data summary (six respondents)

- Five respondents to the survey believed the content was relevant and useful. One respondent offered a neutral response.
- Five respondents strongly believed information received gave them a greater understanding of the service. One respondent offered a neutral response.
- Five respondents strongly believed the content delivered was easy to understand. One respondent offered a neutral response.
- Five respondents strongly believed they would recommend the forum to others. One respondent offered a neutral response.
- Five respondents strongly believed facilitators were approachable. One respondent offered a neutral response.
- Five respondents strongly believed facilitators were knowledgeable about subjects. One respondent offered a neutral response.
- Five respondents strongly believed they felt listened to and heard. One respondent offered a neutral response.
- All six respondents believed the frequency and duration of session was 'about right.'
- Five respondents believed they felt well informed about the wider service following attendance at the forum. One respondent offered a neutral response.
- Four respondents believed the Attend Anywhere technology was accessible and easy to use, one respondent was neutral, and one respondent strongly disagreeing.

- Five respondents believed the forum met expectations. One respondent offered a neutral response.
- Five respondents strongly agreed it was helpful to meet/engage with others. One respondent offered a neutral response.

Comments

The following comments were offered:

- 'The forums have been like a voyage of discovery.'
- 'It would be great if we could have more engagement with other carers. We have been on other support groups and it often helps to share a situation with others.'
- 'I've had problems with the Attend Anywhere technology and my session was terminated leaving me unable to re-join. MS Teams is better.'
- 'Face to Face get together, maybe an open day at the hospital?'

Practical outcomes

Monthly feedback from carers regarding the service was sought. Specifically, carers identified the lack of a comfortable family meeting space, highlighting the current arrangements as needing improvement. Through the established SMT feedback loop, it was possible to share carer concerns and a new refurbished Carer Suite was funded and established for carer visits to take place in improved settings. Similar improvements to car parking facilities were escalated from the Carers' Forum, with the direct impact of promoting improvements to these facilities.

Reflections

When reflecting on the development and implementation of the Carers' Forum, it was apparent how valued and overwhelmingly positive this space has been for Carers. Previous Forums had been hosted during 'office hours' and attended in person, with limited uptake. Post Covid-19, an increase in e-solutions provided alternative opportunities. Many benefits were observed using

a digital platform: financially, time saving, flexibility and convenience. Technology created an inclusive space benefitting those with limited mobility or other access challenges. Resultingly, this allowed for increased attendance and engagement.

Significantly, the Forum permitted carers to have a voice. Feedback from relatives had a demonstrable impact. It was apparent when relatives were given a means through which to channel their voice they were heard. Carers are increasingly recognised as a powerful and significant stakeholder group within the care system, and it was observed that when carers escalated concerns, they were responded to immediately, at times advancing the escalation of requests made by clinicians. For example, the Forum led directly to the introduction of a designated Carer Room and improvements to estates.

It was initially reported during forums that carers reported not feeling that the service 'listened to them', they did not feel involved and at times key information would often be missed by them. Whilst carers play a key role in helping service users' recovery, one of the things observed was that resources and information provided during forums enhanced relatives' knowledge. One particular carer reported that they felt the Forums were 'a voyage of discovery', alluding to Forums being a space for learning and feeling valued.

Service users were informed about the commencement of the Carers' Forum and their consent sought for their Carers to be invited. If service users do not consent this would create an ethical dilemma wherein the carer's need for information must be balanced with the service-user's right to privacy. Slade et al. (2007) proposed a framework, which makes an important distinction between 'general information', which can always be shared without consent, and 'personal information', which is new to the carer and where consent needs to be considered. Ultimately, the Carers' Forum is a space specifically for carers. Only general

information about the service and its care of patients is shared (no patient specific information) and therefore in the event of a lack of consent, further MDT discussions and governance discussions would need to be held regarding whether a service user's carer(s) could be invited to a Forum without their expressed approval.

An ongoing challenge in the provision of the Carers' Forum is that of Limited engagement/attendance from carers. As alluded to earlier, carers of those in forensic services can be a 'hard to reach group': Carers may be the victims of offences, involved in offences, have their own associated legal challenges, have their own mental health/ID needs, may not have a presence in service users' lives, may have other carer responsibilities or work demands and may have financial or practical obstacles that restrict engagement. Working collaboratively through the admission to reach out and support overcoming these obstacles is critical in building engagement.

Inevitably there are demands on clinicians and services involved in the provision of Carers' Forums. Greatest attendance has been observed when the Forum is provided outside of office hours. Flexibility of managers and clinicians is required to facilitate this; often without the possibility of reorganising workloads or reclaiming time. For this reason, wider participation of professionals can be challenging to develop. Similarly, without dedicated administrative support, time is taken from clinicians' roles to co-ordinate, organise and maintain the Forum. It would be considered that maximum effectiveness of such a Forum (and wider Carer pathway embedding) would be achieved through specific staff being dedicated to this role.

Questions remain regarding the remit of the Forum and how this may evolve. Will information provision remain sufficient, or will the Forum take on a peer support or even therapeutic role? Of note, we have been asked by some carers if they could continue attending the Forum after their

relative has been discharged, naturally raising questions and reflections for facilitators. Additionally, after beginning the Forum online, some carers have asked for them to be held in-person bringing the Forum full-circle. It is possible that online meetings lead to growing confidence and a belief in the value of such spaces that then influences motivation for greater engagement.

Discussion

Previous efforts to develop a space for carers met with limited success, however following the introduction of an online Forum, attendance and engagement has improved. Overwhelmingly, carers indicated that this was a beneficial group, the content was relevant and useful and delivered effectively. Significantly, the Forum has led directly to improvement of aspects of service delivery. The current article sets out a method for the implementation of Carers' Forums and provides an agenda, topic areas, a governance framework, and feed-back system to SMT which ensures carer voices are heard at senior levels. Such Forums have the capacity to engage an often difficult to reach group and lead to an increase sense of value for carers; they have the capacity to strengthen relationships, increase transparency and create active, immediate, and significant change. It is critical that Carers' Forums take place with the context of a wider carer strategy and services engage carers from pre-admission and with continual and multi-modal approaches.

There are evident limitations to the process highlighted in this paper. There are no specific pre/post outcome data available to demonstrate quantitative improvements in satisfaction, knowledge or direct patient benefit. The current evaluative data is rudimentary and evidently limited; the use of a Likert-Scale evaluation can limit deeper understanding and a response bias can be observed in the current data, where one respondent replied consistently in the same manner with a 'neutral' response. Notably,

there was a low response rate to the evaluative survey of (30%), which is likely to reflect some of the challenges addressed in the introduction of engaging this particular group of individuals. In addition, demographic data regarding the respondents was not collated in the current evaluation. Nonetheless, the current paper hopes to be a supportive reference for anyone considering developing such spaces in their service area.

It is proposed that the Carers' Forum will continue in its current format and a range of future topics has been requested by carers. Further formalised research will be undertaken to explore the benefits of such spaces for both carers and service users and potentially to further explore why some carers engage to a more limited extent. As the development and further implementation of the Carers' Forum progresses, it is proposed that further attention will be

given to the demographics of the attendees, issues of diversity, and ensuring representation relating to forum themes and topics, ensuring relevance, and reflecting the diversity of the service users within the secure service.

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How temperament impacts children as eyewitnesses

Ben F. Cotterill

The article examines how temperament influences children's reliability and performance as eyewitnesses – an area that remains underexplored compared to factors like question types and cognitive abilities. Temperament, defined as early-appearing and genetically influenced behavioral traits, may shape children's memory encoding and their resistance to suggestive questioning. Key dimensions such as activity level, adaptability, distractibility, emotionality, persistence, and shyness are analysed for their impact on eyewitness testimony. The findings suggest that traits like high distractibility or shyness can impair encoding and recall, while adaptability and persistence tend to enhance performance. However, challenges in measuring temperament and inconsistencies in findings highlight the need for improved methodologies. By considering temperament as a critical factor, forensic interviews can be better tailored to accommodate individual children, ultimately enhancing the reliability of their testimony.

Keywords: Suggestibility; temperament; eyewitness; shyness; distractibility.

How temperament impacts children as eyewitnesses

CHILDREN UNDER 16 years were asked to give testimony in a Scottish criminal court 4297 times during 2017 (Crown Office and Procurator Fiscal Service, 2018). In England Wales, the BBC have uncovered that over 47,500 children under 18 years give testimony in criminal courts annually (Crawford, 2009). Given the large number of children who become involved in the legal system each year, it is essential to understand the factors that may affect the performance and credibility of child eyewitnesses. A lot of attention has already been given to a number of factors, including question types asked by the interviewer and cognitive factors relating to the child. One area that is lacking in research is the influence of the child's temperament, specifically relating to their behavioral style during the interview.

Temperament refers to early-appearing behavioral traits thought to have a genetic origin (Buss & Plomin, 2014). Certain temperament characteristics or behavioural styles may play a role in an individual's comprehension, interpretation, and processing of an event, as well as their

ability to resist suggestive questioning when providing eyewitness testimony (Shapiro et al., 2005). Ornstein et al. (1997) suggested that specific aspects of temperament, such as activity level, emotionality, and persistence, may impact the perception of eyewitnesses as the events occur. Specifically, encoding, which is to do with inputting information and is considered the first stage of memory (Pozzulo, 2017). Additionally, other traits like adaptability, shyness, and distractibility may affect their retrieval during forensic interviews. Since then, these six dimensions of temperament have been studied in relation to temperament in a number of studies.

Factors affecting children's eyewitness testimony

When it comes to cases involving child-witnesses, the child's testimony is frequently the only available evidence (Brewer et al., 1997). In such scenarios, the witness testimony is crucial in order to understand what took place. Police will often use a mixture of question types when questioning a witness to elicit as much information as

possible, including open-ended (e.g. 'Who did the book belong to?') and closed-ended questions ('Did the book belong to the boy or the girl?') (Shapiro, 2006). Due to young children producing little information voluntarily, investigators often still use leading questions, which suggest details not previously mentioned by the child, despite recommendations against it (Luther et al., 2015; Roberts & Cameron, 2015). The issue here is that investigators have no way of knowing if their leading questions are correct-leading or misleading. When interviewers use misleading questions, witnesses may become suggestible and unintentionally conform to the interviewer's suggestions. This can result in the witnesses incorporating false information into their later recollections of the crime (Feltis et al., 2010; Hershkowitz et al., 2012; Lamb et al., 2018; Lyon, 2014; Orbach et al., 2000; Snow et al., 2009).

Large-scale reviews have investigated a number of factors that increase the risk of suggestibility (see Bruck & Melnyk, 2004; Klemfuss & Olaguez, 2020). One clear finding is that younger children (especially below the age of 6 years) are typically more susceptible to adding false information to their testimony after being given a misleading question than are older children and adults (e.g. Bruck & Melnyk, 2004; Klemfuss & Olaguez, 2020). However, researchers have not always found age-related differences in suggestibility (e.g. Warren et al., 1991). This suggests that there may be other individual factors that affect suggestibility. For example, certain children may readily agree with misleading questions asked by interviewers, while others may consistently deny the occurrence of suggested events (Clare-Stewart et al., 2004).

Several cognitive factors have been extensively examined in order to shed light on what impacts suggestibility, addressing questions regarding how and when it occurs. Research suggests that children who possess more advanced language abilities, higher IQ scores, and better memory tend to be less susceptible to misleading questions (for

reviews, see Bruck & Melnyk, 2004; Klemfuss & Olaguez, 2020). However, existing research indicates that the influence of intelligence on eyewitness performance is only significant when comparing children with and without intellectual disabilities or comparing typically developing children under the age of 8 (see London et al., 2013, for a review). For children aged 8 and above, intelligence is less influential, and some studies have not found any significant correlation between intelligence and suggestibility in this age group (for reviews, see Bruck & Melnyk, 2004; Klemfuss & Olaguez, 2020). This leaves the door open for additional explanations to explain individual differences in suggestibility. Some of these explanations come from studying the behavioral styles of children, specifically their temperament.

The role of temperament

Activity

More physically active children often display behaviors such as excessive talking, fidgeting, or interrupting. Some studies have shown that memory accuracy declines as activity levels in children increase (for reviews, see Bruck & Melnyk, 2004; Klemfuss & Olaguez, 2020). One possible explanation for this is that highly active children tend to be easily distracted, leading to less encoding of details and less information to recall during interviews. This explanation is supported by studies indicating that children with ADHD or hyperactivity perform poorer on memory tests than children in the control group (Mlnyk, 2002; Pezdek & Roe, 1995; Warren et al., 1991). An alternative explanation could be that children who are more active may exhibit greater impulsivity, which in turn may heighten their vulnerability to misleading questions and wrongful accusations during interviews. Quas et al. (1999) reported that 3-year-old children who exhibited higher levels of impulsivity were more susceptible to misleading questions, while Roberts and Powell (2001) reported similar findings for 5- and 6-year-old children.

Adaptability

Adaptability is the ability to adjust and cope with changes in one's environment. A number of research studies have found that children higher in this trait perform better as eyewitnesses (for reviews, see Bruck & Melnyk, 2004; Klemfuss & Olaguez, 2020). Specifically, Johnston et al. (2021) found that children with higher levels of social flexibility, which is a construct that combines high adaptability and low shyness, were more likely to correctly disclose transgressions during free recall compared to other children. It seems reasonable that less adaptable children may feel exceptionally uncomfortable in the setting of an interview.

Emotionality

Emotionality refers to the intensity with which one's emotions are expressed, and it is less clear how this may relate to eyewitness performance. It may be because more emotional children will typically be more emotional when witnessing a crime and this may therefore impede the process of encoding. If this were true then the impact of emotionality on suggestibility would depend on the nature of the crime. The Yerkes-Dodson law (Yerkes & Dodson, 1908) postulates that moderate levels of stress and arousal can enhance memory accuracy. However, when stress and arousal levels exceed an optimal threshold, an individual's concentration may become impaired, leading to a decrease in performance. More emotional children may be more sensitive to the effects of this arousal. In a couple of research studies, high emotionality has significantly correlated with lower suggestibility (Chen, 2002; Scullin, 1997). This goes against the notion that children more difficult to manage are more suggestible. It may, however, be because more emotional children, while likely to have their encoding impeded during the witnessing of a crime, are also less likely to be coerced into making a false statement. This may be because stubbornness is considered an element of high

emotionality (Loeber & Schmalting, 1985). Interestingly, in Johnston et al.'s (2021) study, while children's reactivity did not appear to affect their responses, it did significantly influence how the interviewers behaved. Specifically, interviewers posed a greater number of prompts to more emotionally reactive children. The authors posited that this may be because highly emotional children tend to provide shorter responses, and as a result, require additional support and guidance from interviewers.

Distractibility

Distractibility is a temperament dimension that describes how readily an individual's attention can be diverted from a task or stimulus to something else. Benedan et al. (2020) published one study that found a significant negative relationship between distractibility and eyewitness performance, and three unpublished dissertations (Cotterill, 2021; Melnyk, 2002; Purdy, 2001) have also reported similar findings. Benedan et al. (2020) found that children with better attentional abilities provided more comprehensive information about an event and were less susceptible to misleading questions compared to children who were more distractible. One proposed explanation for the negative relationship between distractibility and eyewitness performance is that distractible children may encode fewer details of a witnessed event, which can result in having fewer memories to rely on during questioning. This, in turn, can make them more vulnerable to suggestive or misleading questions.

Persistence

Persistence, another temperament dimension, is the extent to which one continues with an activity or desire even when challenged. Blackford (2000) and Burress et al. (1999, as cited in Chen, 2002) reported that children who exhibited greater levels of persistence were more likely to recall peripheral details of a crime compared to

those who were less persistent. Chen (2002) suggested that persistence may play a crucial role in both the witnessing of an event and the subsequent interview process. Children who exhibit greater levels of persistence may be more likely to remember important details during the witnessing of an event, as well as maintain their focus and attention during the interview process, which could result in more accurate and reliable recall of information. This is supported by Greenhoot et al. (1999), who found that more persistent children were less likely to answer 'yes' to misleading questions than children who were less persistent.

Shyness

Lastly, shyness refers to the tendency to withdraw from social situations. In children, shyness may lead to reporting less information and being more vulnerable to the influence of the interviewer during forensic interviews. In support of this theory, Gordon et al. (1993) found that lower levels of shyness were associated with 3-year-olds providing a greater amount of information in response to open-ended recall prompts. Roebbers and Schneider (2001) found that children aged 6, 8, and 10 years were less accurate in their eyewitness accounts if they reported higher shyness. Gilstrap and Papierno (2004) found that shy children between 3 and 7 were less accurate in their eyewitness accounts, and also more susceptible to leading questioning. Furthermore, interviewers tended to ask a higher proportion of leading questions to children who exhibited higher levels of shyness. Similarly, Burgwyn-Bailes et al. (2001) found a significant, positive relationship between social avoidance and suggestibility. Shyer children may be more hesitant to speak up during a forensic interview, which could result in them being less likely to provide important information. Additionally, they may be more prone to agreeing with the interviewer's suggestions, as they may fear that disagreeing could lead to the interviewer becoming upset or disapproving of them.

Conclusions

Overall, research suggests that certain temperament traits, such as distractibility and social avoidance, may hinder a witness's ability to focus and may make them more susceptible to social pressure, which may negatively impact the encoding and/or retrieval of information (Shapiro, 2006). However, studies have not been able to consistently show a correlation between temperament and suggestibility (for reviews, see Bruck & Melnyk, 2004; Klemfuss & Olaguez, 2020). Shapiro (2006) suggests that the differing results may be due to several factors, including differences in participant age, the specific temperament measures used, and variations in the stimuli used to elicit eyewitness testimony.

A notable limitation is the frequent reliance on teacher ratings to assess children's temperament, despite research showing low agreement between teachers, parents, and children's self-reports (Eisenberg et al., 1998; Measelle et al., 1998; Rudasill et al., 2014; Spooner et al., 2005). This inconsistency highlights the need for more reliable and multidimensional methods of measuring temperament to clarify its potential impact on eyewitness performance. While evidence strongly supports the influence of factors like age, intelligence, memory, and language ability on suggestibility (Bruck & Melnyk, 2004; Klemfuss & Olaguez, 2020), future research must address these methodological concerns. Additionally, understanding how cultural norms, socioeconomic backgrounds, and lived experiences shape temperament and eyewitness performance is essential. Incorporating diverse samples and contexts will be critical for gaining a comprehensive understanding of this complex relationship.

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Sexual boundary violations in correctional services

Rosie Gray & Tanya Garrett

It is vitally important that correctional service employees maintain professional boundaries in their work. As well as the potential for individual-level harms, boundary violating-behaviours in correctional services can compromise the safety of an institution, expose the wider public to increased risk, and undermine the core purpose of the organisation. Although sexual boundary violations are known to occur in correctional services, relatively little has been written about this type of misconduct. In this paper, the authors explore data and existing research in this area, in an effort to shed light on the prevalence and nature of sexual boundary violations in UK correctional services. It is argued that greater transparency, openness and knowledge about the issue is necessary to inform future organisational safeguards.

Keywords: Sexual misconduct; boundary violations; correctional services; prison; probation.

Introduction

PROFESSIONAL BOUNDARIES MARK the necessary limits in relationships between workers and those under their care or supervision. They ensure professional responsibilities are prioritised above personal interests and, in correctional services such as prisons and probation, help to maintain security and public safety. Sexual boundary violations in these settings are not only a breach of organisational policy, but also a criminal offence (Crown Prosecution Service, 2023; Ministry of Justice, 2013). Nonetheless, relatively little is known about these violating-behaviours (Jones, 2015; Kelly & Potter, 2023). In contrast, there have been extensive efforts to research and promote discussion about sexual boundary violations in clinical settings (Alpert & Steinberg, 2017), which in turn have led to better understanding of harms, risk indicators and organisational safeguards (Gray & Garrett, 2017). This paper therefore seeks to outline existing evidence concerning sexual boundary violations in UK correc-

tional services [1], highlight why it is an important area of study, and identify future research directions.

Prevalence

Data regarding professional sexual misconduct in UK correctional services are not routinely published. The only figures available have been disclosed under the Freedom of Information Act and are limited. For example, it is known that 210 prison workers in England and Wales were investigated (and 43 dismissed) due to having an 'inappropriate' relationship with a prisoner or ex-prisoner between 2014 and 2020 (Ministry of Justice, 2021). However, an inappropriate relationship is not necessarily sexual (Inside Time, 2022). In any event, these figures are unlikely to reflect the true prevalence of professional sexual misconduct in UK correctional services, not least because they exclude probation staff and those employed by partner organisations (e.g. NHS staff). Sexual misconduct or abuse is significantly

[1] Scotland and Northern Ireland have separate prison and probation services to the combined organisation in England and Wales, His Majesty's Prison and Probation Service, to which much of the available data relate.

underreported in general. Further, even when disclosed, it is difficult to substantiate. In the workplace, those who violate sexual boundaries are not always dismissed, nor will their behaviour necessarily be recorded as sexual misconduct. They may be redeployed, resign during the investigation process, or be disciplined for a different, possibly less 'serious' violation (see, for example, Bull & Rye, 2018).

In attempts to overcome these confounding variables, researchers in the US have surveyed prisoners directly about their personal experience of professional sexual misconduct (Beck & Harrison, 2007; Beck et al., 2013). Using this methodology, 2% to 3% of prisoners reported sexual involvement with a staff member during the past 12 months. Such figures suggest that true prevalence is likely to be over 100 times greater than indicated by official statistics (Blackburn et al., 2011). Although generalisations cannot necessarily be made to correctional services in the UK from this data, the fact that self-report exceeds official figures by an order of magnitude in the US is important.

Harms

Individual

Just as in clinical settings, there is a power imbalance between correctional service staff and those under their care/supervision. Forensic populations have high rates of trauma and other personal vulnerabilities, whilst workers have a discretionary authority that can impact their freedoms and daily lives (Baranyi et al., 2018; Rossegger et al., 2009). Former prison officer Dave Whitfield, for example, was found to have used his position of power to coerce 12 female prisoners to commit sex acts (*Inside Time*, 2021). Not all sexual boundary violations perpetrated by correctional staff are predatory or as clearly abusive in nature. Research from the US suggests that many, perhaps even most, are 'consensual' and/or resemble 'relationship-type' behaviour (Beck & Harrison, 2007; Marquart et al.,

2001). However, such involvements can still cause harm. Indeed, individuals who have had sexual contact with professionals in clinical settings are known to have experienced difficulties such as suicidal ideation, feelings of guilt, isolation and emptiness, and increase or lapse into substance misuse (Gray & Garrett, 2017). These harms have been observed even when sexual contact was initiated by the client; they are not associated with the seriousness of the boundary violation itself; and they appear to be most prominent amongst those with a prior history of sexual abuse.

Notwithstanding, there are also likely to be cases of professional sexual misconduct in correctional services where a prisoner or probationer has sought to invert the power balance between themselves and the worker, for personal gain. In a US study, for example, some prisoners described initiating sexual relationships with staff to access contraband, for fun/excitement or to create disruption within the establishment (Worley et al., 2003). Indeed, in this particular study, more prisoners described being motivated by these aims than by an emotional bond with long-term potential.

Organisational

In any event, professional sexual misconduct can cause significant organisational harm. Just as in clinical settings, sexual boundary violations committed by correctional workers are typically preceded by other violating-behaviours which have progressed in seriousness over time (Gray & Garrett, 2017; Jones, 2015). In a prison environment, even 'minor' transgressions such as sharing food can lead to jealousy, rivalry or hostility between prisoners, threatening the safety of the institution (Jones, 2015). Further, personal disclosures or other 'lower-level' violations can be used to groom workers into forming inappropriate relationships, or as 'leverage' to manipulate them to commit more serious transgressions over time (Worley et al., 2003).

Relatedly, sexual boundary violations commonly co-occur with other serious violations that breach security and/or place the public at heightened risk. For example, in a number of cases of professional sexual misconduct in prisons, the worker is known to have provided a mobile telephone to the prisoner (Elvin, 2023; Evans, 2023). Whilst the intention might have been to be able to maintain contact outside of work, much like drugs and other contraband, mobile telephones can be used as currency within the prison, contributing to an illicit economy that commonly involves violence (Shieber, 2019). They are also used to conduct criminal activities outside prison, including terrorism, organised crime, and the harassment of victims or witnesses (ibid). In other reported cases of professional sexual misconduct, correctional workers have failed in their public protection duties. For example, Jennifer Courquin, a former probation worker, forewarned a convicted murderer of his recall to prison due to a further offence, leading him to going on the run (*Telegraph*, 2012). Similarly, Victoria Sellar, another former probation worker, failed to report a seemingly serious breach of licence conditions and withheld potential child protection information (Mills, 2020). There is also likely to be an increased risk of hostage-taking incidents associated with professional sexual misconduct in prisons, given the physical vulnerability of workers in such situations, and particularly since it is known that some prisoners who engage in sexual contact with staff are motivated by non-sexual gains.

Even in cases of sexual boundary violation where no tangible or measurable organisational harms are incurred, this type of misconduct arguably undermines the credibility, authority and core purposes of correctional services. It is unlikely, for

example, that a prisoner or probationer will be successfully rehabilitated if they are exposed to, or are able to enact, models of relationship and interpersonal behaviour that involve power imbalance and exploitation of vulnerabilities.

Factors associated with sexual boundary violation

Worker

Overall, male workers in His Majesty's Prison and Probation Service (HMPPS) are more likely to be investigated and face conduct and disciplinary action (UK Government, 2023). Data regarding sexual misconduct, however, are less clear. It is known that 31 female prison workers in England and Wales were dismissed due to 'inappropriate' (albeit not necessarily sexual) relationships with prisoners of the opposite sex [2] between 2019 and 2022, whereas no male workers were sacked for this reason during the same period (*Inside Time*, 2023a). On the basis that there are a similar number of men and women working in prisons in England and Wales (UK Government, 2023), these figures appear to suggest females are more likely to violate sexual boundaries with prisoners. However, raw numbers can be misleading and rates would offer a more accurate comparison (i.e. by accounting for the number of male and female workers based in prisons holding the opposite sex) (Marquart et al., 2001). Nonetheless, the hypothesis that, overall, female correctional workers are more likely to engage in sexual or other relationship-type behaviour than their male counterparts, is supported by data from the US (Beck et al., 2013; Jones, 2015; Marquart et al., 2001). Sexual boundary violations that are coercive or assaultative in nature, however, appear more likely to be committed by male workers (Marquart et al., 2001).

[2] Data and research evidence suggest that the majority of professional sexual conduct is heterosexual in nature, though there have been instances of same-sex relationship boundary violation, about which little is known (*Inside Time*, 2023a; Jones, 2015).

In terms of age, those investigated or facing conduct and disciplinary action in HMPPS are most often relatively young (aged 39 and under) (UK Government, 2023). These figures do not differentiate between type of misconduct, though a US research study suggests that workers who engage in inappropriate relationships with prisoners are likely to be younger still (Marquart et al., 2001). Perhaps also related to age, they tend to be relatively inexperienced. In addition, they appear to violate boundaries relatively early in their career, often within three years of employment, but most commonly during the first year (ibid).

Life stressors and other personal vulnerabilities also appear to heighten the risk of professional sexual misconduct. A US study found that female prison workers who violated sexual boundaries with male prisoners tended to view their relationships as genuine emotional connections, which were often formed during periods of personal difficulty or following loss or other trauma (Marquart et al., 2001). Another study that involved interviews with US prisoners (male and female) who had initiated inappropriate relationships with staff members suggested that they were more likely to forge involvements with workers who had: relationship problems; financial difficulties; problems in their job or with colleagues; feelings of loneliness and social isolation; or conversely a 'wild' social life that was incongruent with their professional role (Worley & Cheeseman, 2006). There is also the possibility of sexual boundary violators in correctional services having overlapping characteristics with hybristophiles, who are attracted to people who commit crimes, often of a serious nature (Worley et al., 2018). Indeed, Worley and Cheeseman's findings are arguably consistent with research concerning female hybristophiles, which found that they often present as 'adventuresome, risk-taking, emotional and lenient or accepting of others', or conversely hold a negative self-image and experience

anxiety regarding their perceived inadequacies (Slavikova & Panza, 2014, pp.896-897).

Regarding job role, it appears that prison officers are more likely to engage in both general boundary violation and sexual misconduct than other HMPPS workers (Ministry of Justice, 2021; UK Government, 2023). Again however, it should be noted that these figures do not include those employed by partner organisations such as the NHS, but are known to have had sexual contact with prisoners (e.g. Davies, 2022). Prison officers are perhaps more likely to be involved in the daily domesticities of a prisoner's life, giving rise to a less formal working relationship that entails a greater risk of eroding boundaries. From a prisoner perspective, prison officers may also feel more relatable than other staff, and be easier to access (Worley et al., 2003).

Prisoner/probationer

There are no publicly available data or UK research studies regarding the characteristics of prisoners or probationers who are most likely to engage in sexual contact with correctional staff. Research from the US, however, suggests that male and younger prisoners are more likely to report attitudes supporting staff boundary violation, including sexual misconduct (Blackburn et al., 2011). Male prisoners who engaged in sexual contact with female staff were often serving relatively long sentences (more than six years), and tended to display misogynistic-type attitudes (e.g. perceiving female workers as less authoritative/capable and desiring of attention from prisoners) (Cheeseman-Dial & Worley, 2008). Such individuals may also be more likely to present with antisocial/psychopathic personality traits (Logan, 2015). Indeed, prisoners who form inappropriate relationships with staff for reasons other than genuine emotional connections have described: a prior history of inappropriate relationships with staff; observing and targeting those they perceive as vulnerable; an aggressive persistence in forging

such involvements; and the use of threats or intimidation to maintain a relationship when the worker has attempted to end it (Worley et al., 2003).

Organisational

Again, little is known about the organisational factors associated with professional sexual misconduct in UK correctional services. Data from the US show that it is not unusual, however, for there to be variance between prison establishments (Beck et al., 2013). General boundary violations appear more prevalent in newer, or significantly expanded prisons, possibly reflecting newness/inexperience amongst staff, poor bonding to the organisation / weak organisational culture, poor training, and/or recruitment pressures contributing to a decline in hiring standards (Marquart et al., 2001). Perhaps relatedly, 18 female workers have been dismissed or resigned in relation to inappropriate relationships with male prisoners at HMP Berwyn, the largest prison in the UK, which only opened in 2017 (*Inside Time*, 2023b).

Staff shortages, tighter staffing ratios, and a higher proportion of younger staff also appear to be associated with staff boundary violation (Kelly & Potter, 2023). The authors are not aware of any data or research differentiating between private and state-run prisons. Concerningly, HMPPS are currently experiencing a number of challenges associated with increased risk of boundary violation, such as high rates of sickness absence, large numbers of resignations, recruitment difficulties, resultant staff shortages, a relatively high proportion of new staff, and a decrease in the average length of service (HM Chief Inspector of Prisons, 2024; HMPPS, 2023a, 2023b).

Bystanding, defined as ‘the wider culpability of those who witness or know but do nothing’, is also important to consider (Subotsky et al., 2020, p.3). Although bystanding has not been studied in relation to sexual boundary violation specifi-

cally, researchers in the US found that male, young and relatively inexperienced prison staff were at greatest risk of overlooking other violations committed by colleagues (Worley et al., 2021). There was also an association between permissive attitudes to boundary violations and a perception that they were frequent in the institution, highlighting the importance of organisational culture. Reporting a colleague for misconduct, in any setting, is likely to be daunting, but particularly so if violating-behaviours are perceived as commonplace, accepted by others and/or overlooked by management. Other barriers to reporting may include a lack of clarity about how/to whom boundary violations should be reported; uncertainty about whether the behaviour is ‘serious’ enough to report; poor confidence in the organisation to take action; concern about negative reactions from colleagues; and/or fear about the potential consequences of reporting someone in a position of authority (see, for example, Bull & Rye, 2018). With regard to the latter, for example, a senior NHS nurse who reported concerns about the sexual behaviour of a consultant psychiatrist was subsequently demoted. It was later estimated that the psychiatrist concerned, Dr William Kerr, had abused a total of 67 female psychiatric patients (Gray & Garrett, 2017). As such, ‘organisations have a responsibility to encourage an atmosphere of openness, to take concerns seriously and, when necessary, protect the complainant from negative consequences’ (ibid, p.191). It is also important to note that supervisory support and job-satisfaction were found to be relevant in the study investigating bystander attitudes amongst US prison workers (Worley et al., 2021). That is, those at greater risk of overlooking a colleague’s misconduct were more likely to report poor supervision and dissatisfaction with their work. Job satisfaction is likely to be multifactorial but may be influenced by trauma exposure in the workplace. It is known that correctional workers, particularly prison officers, are commonly

exposed to traumatic events (e.g. Fusco et al., 2021). Thus, access to welfare services/support may also be important in addressing professional sexual misconduct, not only by decreasing the likelihood of bystanding, but also reducing vulnerability to boundary violating-behaviour itself.

Conclusion

Correctional workers in the UK undertake a difficult job and the majority do so whilst maintaining high professional standards. However, the reality and harm potential of professional sexual misconduct in such settings cannot be ignored. Although it appears that significant efforts are made to detect and take disciplinary action in cases of sexual boundary violation, other types of organisational safeguard are likely to be necessary to tackle this issue, such as increased supervisory support and greater awareness of how 'minor' transgressions can progress to serious misconduct. Further research is also required to determine the prevalence of professional sexual misconduct in UK correctional services, as well as the characteristics of staff, prisoners/probationers, organisational practices and settings most at risk, such that proportionate resources can be allocated and targeted. Lastly, it is impor-

tant to note that this review is not intended as a criticism of correctional staff or the organisations within which they work. Professional sexual misconduct occurs in other, similar settings, including clinical services wherein workers are relatively well-trained in interpersonal boundaries/dynamics (Gray & Garrett, 2017; Zwirn & Owens, 2011). However, openness and a willingness to support research in such settings has led to an increased understanding of this risk and how it might be managed. Whilst it is likely that some learning can be drawn from this non-forensic evidence base (e.g. in relation to staff selection, complaints procedures and supervision), staff in correctional services appear to face some unique challenges and there are seemingly important differences in professional sexual misconduct committed in this context that need to be better understood (Gray & Garrett, 2017).

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Treatment facilitators experiences of delivering an online domestic violence perpetrator programme

Rebecca Nelson & Darren Johnson

Whilst research on treatment effectiveness with domestic violence perpetrators is evolving, there remains a limited understanding of the experiences of treatment providers. The perspectives of these professionals can be crucial as they navigate the complexities of intervention strategies, client engagement, and the broader context of treatment provision. This paper explores the experiences of five facilitators who delivered the online community-based Choose2Change programme by Relate (an organisation which provides counselling, support, and courses within the context of relationships). The study employed an explorative, qualitative method focused on individual treatment providers' experiences to gain reflective insight into online treatment delivery, with consideration of facilitators and barriers to treatment efficacy and impact. Interpretative phenomenological analysis was applied by the lead researcher (first author), whilst the second author conducted external auditing analysis, enhancing rigour and credibility. The analysis generated two superordinate themes: 'With challenge comes reward', and 'Impacts and protective mechanism'. The findings indicate that despite encountering challenges to online treatment delivery, the treatment providers reported finding their work rewarding and conducive to personal growth. They emphasised the importance of peer support and self-care in effectively managing their experiences. These findings enrich the evidence base regarding the delivery of perpetrator programmes, particularly within the context of online treatment delivery – an area that has not been extensively explored. The study provides recommendations to enhance organisational and clinical practices, emphasising the need for strong support and ongoing professional development for treatment providers to ensure their wellbeing and maximise benefits.

Keywords: Online treatment; domestic violent perpetrator treatment; treatment facilitator; rehabilitative culture.

Introduction

THE FIELD OF domestic violence (DV) treatment is complex, with ongoing uncertainties regarding effectiveness (Drive Project, 2021; Eckhardt et al., 2013; Gannon et al., 2019; Kelly & Westmarland, 2015). Further research is needed to inform clinical practice, especially with the recent shift to online treatment for some community based DV interventions.

With this, research has recently begun exploring the role of treatment providers in the rehabilitative process. This research highlights an increased risk to their psychological wellbeing due to the demanding nature of their work. This includes trauma exposure and challenging client interac-

tions, affecting both personal and professional domains (Barros et al., 2020; Morran, 2008; Way et al., 2004). However, the impact can vary based on individual and situational factors, underscoring the complexity of these professionals' experiences (Dunkley & Whelan, 2006). Despite these challenges, many professionals report finding satisfaction and growth in their work with offenders (Kadambi & Truscott, 2006; Morran, 2008), with effective supervision, debriefing, peer support and self-care mitigating psychological impacts (Evans & Ward, 2019; Gannon et al., 2019; Lonn & Haiyasoso, 2016; Tehrani et al., 2020). Additionally, active coping strategies have been found to reduce trauma

symptoms and stress (Dunkley & Whelan, 2006; Lee, 2017; Iliffe & Steed, 2000).

With this, it is pertinent that exploration of treatment providers' wellbeing in domestic violence contexts remains limited, and unique challenges, such as power dynamics in client interactions, require further study (Kulkarni et al., 2013). As individual differences in resilience play a role (Clarke, 2011), continued research is crucial for understanding the impact of working in this field and developing holistic approaches to support treatment providers' (Hernandez et al., 2010).

Furthermore, due to the Covid-19 pandemic, some community-based offence focused interventions shifted to online delivery, which has continued post-pandemic for some providers. Online delivery improves accessibility, breaking down barriers of physical presence (Erlandsson et al., 2022) and increasing service users' trust in their familiar environment (Bellini & Westmarland, 2021; Suler, 2000). However, this mode of delivery presents unique risks to therapists' wellbeing and treatment integrity (Aafjes-van Doorn et al., 2022a; Smith & Gillon, 2021; Tehrani et al., 2020), notably communication challenges, impacting group dynamics and treatment processes (Bellini & Westmarland, 2021; Lakeman et al., 2022). Distractions at home and difficulties processing information can place additional strain on therapists (Brainard & Watson, 2020). Furthermore, the lack of physical separation between work and home blurs boundaries, impeding therapists' wellbeing (Békés et al., 2021).

While post-pandemic evaluations of online interventions have increased, the focus has been broad, lacking detail in specific contexts. More targeted research remains needed to understand the impact on professionals and treatment integrity as digital delivery grows (Aafjes-van Doorn et al., 2022b; Smith & Gillon, 2021). The service on which the study is based, the Choose2Change programme, provided by Relate, is a domestic abuse perpetrator

programme using structured group intervention to engage with individuals inflicting abuse within relationships. Delivered over six months, the intervention includes assessment, a structured motivational programme and goal setting to encourage attitude and behaviour change to reduce the risk of harm (Dewis Wales, 2024). With an underlying focus on Risk Needs Responsivity principles (Bonta & Andrews, 2016), the programme encourages motivation, hope and self-efficacy while understanding and addressing risk. In line with the current limited explorative research into DV treatment, the Choose2Change programme has not been evaluated, nor has there been any exploration of its clinical relevance via an online format.

Given the scope of implications identified in terms of professional and personal impact and that the quality of treatment is reliant upon professionals delivering it, it is imperative that a deeper understanding of treatment providers experiences, impact and wellbeing is gained. Thus, this study explored treatment providers experiences of delivering online treatment to perpetrators of domestic violence, with underpinning aims of exploring the professionals' views of treatment delivery and effectiveness, impact upon professional and personal self, and organisational influences on treatment delivery.

Method

Design

An exploratory design using Interpretative Phenomenological Analysis (IPA) was adopted to analyse the data, allowing for a deep exploration and interpretation of treatment providers' experiences from a hermeneutic epistemological stance (Smith & Osborn, 2008).

Participants

Five facilitators (one male, four females) from Relate's Choose2Change programme were selected through purposive sampling (Brocki & Wearden, 2006). In Interpretative Phenom-

enological Analysis (IPA), a smaller sample size is preferred to allow for in-depth examination and to avoid data saturation (Guest et al., 2006; Reid et al., 2005). Notably, recurrent observations of repetitive themes confirmed the appropriateness of the number of participants included for IPA (Smith & Osborn, 2008). The facilitators had an average of 5.4 years of experience delivering the programme, offering valuable insights for IPA analysis and revealing commonalities and differences in their experiences (Pietkiewicz & Smith, 2014). Although the study included a range of perspectives to support data validation, the sample was limited in age and ethnic diversity due to the characteristics of the population (Carter et al., 2014).

Interview procedure and analysis

Ethical approval was granted by Newcastle University's Ethics Committee, with permission obtained from Relate before commencing the study. The lead researcher conducted individual interviews using a semi-structured episodic approach, allowing flexibility and exploration of unexpected issues (Pietkiewicz & Smith, 2014). The interview schedule ensured interviews were participant led, with open questions and minimal probes to allow participants to tell their story in their own words (Smith et al., 1997). Subsequently, IPA principles were followed to understand both individual sense-making and shared experiences among participants. Interviews were

transcribed verbatim and then read through several times. Initial notes were made in relation to significant observations, and similarities were identified with any emerging themes. Initially, transcripts were analysed in isolation before highlighting connections across the data with themes and clusters (Pietkiewicz & Smith, 2014).

Through the analysis process, efforts were made to enhance credibility (Noble & Smith, 2015). As qualitative research is heavily subject to researcher interpretation and perspective, the use of self was important to ensure reflection, feedback, and consideration throughout the research process to address arising biases and ensure credibility (Robson, 1993; Shufutinsky, 2020). The lead researcher maintained a reflective log throughout the process of data collection and analysis to continuously reflect and identify areas of potential bias (Palaganas et al., 2017). Throughout the analysis process, observations were discussed with the research supervisor to encourage reflection to minimise bias and ensure objectivity. The researcher supervisor also conducted an external audit to ensure the analysis was not confined and restricted to a single perspective.

Results and discussion

Two superordinate themes resulted: With Challenge comes Reward and Impacts and Protective Mechanisms, as shown in Table 1.

Table 1: Superordinate and subthemes derived through IPA analysis.

Superordinate Themes	Subthemes
With challenge comes reward	Motivation and engagement
Reward or hope	
Ambivalence towards online treatment delivery	
Impacts and Protective mechanisms	Self-awareness and personal growth
Self-care and support	

The master themes and their sub-themes are outlined below, with participant quotes provided to enhance reader understanding and interpretation:

The superordinate theme of With Challenge comes Reward, reflects participants experiences as treatment providers, emphasising that, despite encountering difficulties, often leading to emotional turmoil, they found solace in the sense of reward and purpose.

Within the first sub-theme of motivation and engagement, participants discussed the difficulty of working with group members who lacked intrinsic motivation, acknowledging the influence of external factors (Scott & King, 2007). Notably, group members who were mandated to attend treatment were perceived to insincerely engage solely to regain access to their children. Despite this insight, facilitators grappled with a sense of responsibility for enhancing group engagement and were hindered by their perceived inability to make meaningful improvements, which led to feelings of cynicism, frustration, and a deflating sense of doubt and powerlessness about their ability to invoke change (Iliffe & Steed, 2000; Stanley et al., 2012).

'for me I find it a personal challenge if there's somebody who's not as engaged, it's my job to get them engaged' (P1, 429)

'he's not there to change his ways, he's there to tick a box... we hear it often, where I'm only here to do this so I can get to see my kids' (P4, 67)

'what the bloody hell are we doing in here, we're bashing our heads against a brick wall... they won't engage and we can't do anything to help them' (P5, 159)

The enduring struggle with motivation and resistance to change fuels deep-seated doubt and frustration among professionals, as observed in the study by Moulden and Firestone (2007). Facilitators encounter deflation and frustration when service users

resist change, impacting the therapeutic alliance, which is crucial for fostering behavioural and psychological shifts (Kozar & Day, 2012). Such challenges have concrete implications, weakening intervention outcomes and jeopardising client progress and satisfaction (Aafjes-van Doorn et al., 2020). Client apathy undermines the therapist's trust and can hamper the rehabilitative process, prompting facilitators to reassess their value and wellbeing (Kozar & Day, 2012).

The next sub-theme of reward or hope reflects that, despite grappling with the varied challenges inherent in their role, facilitators expressed discovering hope when witnessing behavioural and attitudinal shifts in-group members. This aspect was deemed pivotal in shaping their experience, instilling a sense of optimism that fuelled their unwavering dedication to treatment delivery. Additionally, facilitators described experiencing 'lightbulb moments' when observing significant breakthroughs in the treatment journey of group members, evoking feelings of accomplishment and pride in their contributions (Connell & Johnson, 2022). Through reflection, participants recognised even the smallest changes as significant milestones (Morran, 2008), holding onto moments of progress to sustain optimism regarding the importance and efficacy of their ongoing work.

And you have to hold onto those moments where, you have seen that change and think well actually, I have made a difference (P1, 269)

So that self-aware, opportunity to raise self-awareness of what their behaviour has done is amazing, that insight and those lightbulb moments, and the lightbulb moments happen a lot (P3, 86)

This sub-theme provides a nuanced exploration into the deeply gratifying nature of a facilitator's role, revealing how these individuals find significant personal and professional fulfilment in their work. Facili-

tators often experience a profound sense of empowerment and agency, which propels their passion to deliver treatment. Despite the inevitable doubts and frustrations accompanying their work, facilitators demonstrate dedication and commitment to foster prosocial change and drive broader societal transformations (Bains & Turnbull, 2019). This resilience stems from a deep conviction in their ability to effect meaningful change.

The sub-theme of ambivalence towards online treatment delivery encapsulates participants' mixed experiences, with challenges reflected upon and perceived benefits openly discussed, creating uncertainty about its overall effectiveness. Participants expressed concerns about decreased treatment effectiveness and the challenges of adapting activities to the digital format. They reported feeling responsible for keeping clients engaged and worried about decreased group participation and session boundaries. Despite these challenges, the treatment providers acknowledged the strengths of online delivery, such as accessibility and reaching a broader client base. This acknowledgement enabled facilitators to find satisfaction, reinforcing their confidence in the programme and contributing positively to their experiences.

... you don't really know if you're getting their full attention as you would if you were all face to face (P3, 241)

Yeah, I mean there are pros and cons to delivering, you know, online, but, for me, the pros outweigh the cons to delivering, I can reach more men (P2, 230)

Erm, they, obviously, availability, it makes it much easier for people to access, because you aren't having to travel, erm, which is a big thing for the facilitators, and for the guys. Erm, I think, as well, for them, for the guys on the course, it gives them, I think it makes them a bit more relaxed and a bit more open (P1, 79)

A complex interplay of advantages and challenges marks the experiences of delivering treatment online. This study illuminates the nuanced realities treatment providers navigate in the digital realm. On one hand, online treatment offers undeniable benefits, such as enhanced time efficiency and accessibility. However, these advantages come with significant concerns, particularly the erosion of boundaries between personal and professional lives, which can profoundly impact emotional wellbeing (Békés et al., 2021).

Facilitators often find themselves in a delicate balancing act. The transition to online platforms allows them to reach clients in their homes, a familiar setting that can help clients feel more at ease and open, fostering a sense of trust and comfort. This relaxed atmosphere can benefit therapeutic engagement, as clients might feel less inhibited and more willing to share personal experiences and challenges. Despite these potential benefits, the home environment can blur the lines of formality and professional distance that are crucial in therapeutic contexts. Facilitators must navigate the dual challenge of leveraging the comfort of the home setting while ensuring that the integrity and seriousness of the therapeutic process are maintained. This involves creating a virtual space that upholds the sanctity of the therapeutic environment, where discussions are approached with the gravity they deserve, and accountability is emphasised (Bellini & Westmarland, 2021).

Reflecting on these dynamics, it becomes clear that the role of the facilitator in online treatment extends beyond merely delivering sessions. They must actively cultivate an environment that balances familiarity with formality, leveraging the comfort of the home setting to enhance engagement while establishing clear boundaries that underscore the seriousness and purpose of the therapy. This dual focus is essential for promoting accountability and ensuring that the therapeutic process remains effective and transformative, even in the fluid and

often personal space of the digital world.

The conflicting experiences of online treatment delivery are pertinent, and while there are perceived benefits such as time efficiency, the blurred boundaries between personal and professional lives raise significant concerns for treatment providers, particularly regarding emotional wellbeing (Békés et al., 2021). Although the familiar home environment during online treatment can help clients feel more relaxed and foster trust, it remains crucial for facilitators to maintain a therapeutic environment and emphasise the seriousness of discussions to promote accountability via this mode of treatment delivery (Bellini & Westmarland, 2021).

The superordinate theme of Impact and Protective Mechanisms delves into the treatment provider's experiences of personal and professional effects from delivering treatment and the mechanisms they use to mitigate these impacts.

Regarding the subtheme of self-awareness and personal growth, participants reflected on how delivering DV treatment heightened their self-awareness, fostering significant personal growth. This alignment of personal and professional experiences validated and supported them in managing their beliefs, encouraging a sense of self-healing (Morran, 2008). However, it also brought a heightened sense of responsibility and attunement to addressing negative behaviour within group members and their personal lives (McCormack & Lantry, 2022). Their development manifested as increased confidence and resilience, which, alongside professional growth, was transformational for some.

it makes you think about your own behaviour, it makes you think about your friends, their relationships (P2, 137)

it was almost like a tick list of, of a previous erm relationship I'd been in, and it was a case of, right that was being done to me and that

was being done to me and, that was being done to me, and it, it kinda, it opened my eyes to the fact that actually, the previous relationship I'd been in could be classed as, as an abusive relationship and I'd never considered it (P4, 150)

But, I do sometimes wonder, have I gone too much the other way? And, am I too critical... when I see things or hear things or experience things and am I on it too quick (P1, 335)

The transformational effect of this work is well documented, with individuals often expressing enthusiasm for client success, which fosters personal introspection and a deepened sense of purpose (Michalchuk & Martin, 2019). Previously, personal history has been considered a risk factor for vicarious trauma, posing a negative impact, especially for those individuals who may have unresolved issues and increased vulnerability, contributing to decreased wellbeing and strained therapeutic practice (Branson, 2019; Michalopoulos & Aparicio, 2012). Similarly, hyperawareness is often reported in vicarious trauma research; with individuals harbouring increased awareness (Morran, 2008), and whilst discussed as a potential negative impact of a professional role, there is also an opportunity to use this as a strength when considering increased confidence to challenge the behaviour of others and may positively contribute to development (Iliffe & Steed, 2000).

In the sub-theme of self-care and support, facilitators stressed the significance of self-care, with essential protective measures including setting boundaries and employing effective strategies to emotionally decompress (Helpingstine et al., 2021; Iliffe & Steed, 2000). The importance of accessible emotional support for maintaining wellbeing was emphasised, with debriefing sessions with peers after treatment sessions serving as a cathartic release, safeguarding against the negative impact of accumulated difficulties. Furthermore, colleague valida-

tion played a crucial role, alleviating isolation whilst fostering open discussions and normalising experiences. Pertinently, whilst all participants reflected on the protective nature of supervision, there was a sense of reluctance to engage resonating within some participants disclosures, potentially due to personal vulnerabilities or a self-belief of additional support being unnecessary for them at that time, a finding previously observed (Sodeke-Gregson et al., 2013).

erm, you know, if I've had a tough session, I'll take myself completely away from it, you know, or if it's in the summer I'll go for a walk, whatever. Erm, I don't struggle, or I don't feel like I struggle with that, erm, but again, I just think that's mostly to do with my counselling training (P1, 354)

Erm, I mean I've got such a massive toolbox of strategies of self-care, I'm a massive advocate for self-care anyway, so I have lots of different practices (P3, 380)

I guess it's the, I mean the, so it's being able to talk to my other facilitators, erm and that's the biggest one for me (P4, 248)

Yeah, I, I'm a big advocate for supervision and I always have been but I'm quite a self-reflective person anyway and don't always need it (P3, 500)

In exploring the nuanced terrain of professional wellbeing, one cannot overlook the resonance of colleague support, a cornerstone underscored by the currents of prevailing literature (Iliffe & Steed, 2000; Sutton et al., 2022). Delving deeper, it becomes apparent that the integration of robust colleague support mechanisms within organisational frameworks is not merely a perfunctory task but rather a deliberate and essential endeavour. Through this proactive inclusion, the scaffolding of resilience is fortified, empowering professionals

to navigate the intricate challenges inherent in the delivery of treatment (Sutton et al., 2022). This acknowledgement prompts a reflective pause, inviting contemplation on the profound impact of interpersonal bonds within the professional realm and the imperative nature of fostering environments that foster such support.

Limitations and future research

While these findings offer valuable clinical insights, they have limitations that should be considered. The sample size is suitable for IPA, but the results should be interpreted cautiously as they are based on a single treatment programme with a small, homogeneous sample, limiting generalisability (Brocki & Wearden, 2006). Additionally, qualitative analysis is dependent on participants' open and subjective perspectives without a method to verify the reliability of their disclosures. IPA also relies on the researcher's interpretation, which may introduce personal bias despite efforts to reduce it. Notably, this was mitigated by utilising investigator and data source triangulation and the analysis being reviewed by the researcher's supervisor to minimise potential biases and strengthen the validity (Brocki & Wearden, 2006; Collins & Nee, 2010).

Future research in this domain could significantly enhance the evidence base by delving into treatment providers' experiences across different services, facilitating valuable comparisons and enriching the conclusions drawn. Moreover, it's recommended that future studies focus on professionals who have opted out of delivering treatment to domestic violence perpetrators. Exploring their perspectives could offer alternative insights and strengthen understanding of the facilitators and challenges to successful treatment delivery.

Conclusion and implications

The study's insights shed light on treatment providers' experiences in deliv-

ering online treatment for perpetrators of domestic violence. Transitioning to online delivery poses notable challenges, sparking extensive discussions about concerns such as blurred boundaries and difficulties in engaging group members effectively. Despite these hurdles, embracing the online format fostered a spirit of opportunity and innovation among providers. The findings emphasised not only the practical benefits, such as time-saving and increased accessibility but also the transformative potential of online platforms in advancing the delivery of treatment to individuals in need, marking a significant step forward in addressing domestic violence issues. With a dearth of research, services must prioritise the input of treatment providers to optimise online treatment delivery. By actively seeking and valuing their expertise, services can develop more proficient strategies tailored to the unique challenges of online interventions with persons with offending histories, increasing the likelihood of more effective and impactful treatment outcomes.

The findings also indicated that it was not necessarily the direct nature of discussions during treatment that impacted the treatment providers, but the multifaceted challenges associated with engaging and sustaining intrinsic motivation among group members that affected their experiences and impeded their confidence in their treatment skills. Participant disclosures echoed the profound significance of self-growth through an enhanced understanding of domestic violence. However, this newfound insight also instilled a heightened sense of responsibility and awareness in addressing negative behaviours within the group dynamic, and in their personal lives.

Despite the substantial rewards of their therapeutic roles – offering facilitators a profound sense of purpose, societal perspective, and opportunities for personal and professional growth – the critical importance of peer support was undeniable. Such support provided essential relief, validation,

and a safeguard against isolation, underscoring its pivotal role in sustaining facilitator wellbeing. The findings also highlighted that organisational support contributed to their wellbeing, emphasising the need for organisations to cultivate a supportive environment that values facilitators working with domestic violence perpetrators. Self-care and debriefing remain crucial for ensuring facilitators' wellbeing, fostering healthy functioning, and promoting positive coping mechanisms.

Furthermore, while supervision is highly regarded in research, and the current study suggests its potential benefits for professionals, further exploration is needed to fully understand its practicality and best practices within services. Nonetheless, organisations should prioritise the delivery of supervision to facilitators, providing them with dedicated space for processing and reflection. Furthermore, consideration of the pivotal role of individual traits among treatment providers is imperative to bolster psychological wellbeing (Clarke, 2004; Clarke, 2017). Organisations should prioritise assessing coping styles during recruitment and provide targeted training to enhance resilience, reduce rumination, and boost flexibility, thereby yielding improved outcomes (Roger & Hudson, 1995).

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Developing a definition of child exploitation: Findings from a systematic review

Aisling Martin, Rachel Woodward & Jennifer Merritt

Childhood exploitation is an increasing concern for our children and young people, and yet to date no consistent definition exists which allows systems and services to accurately identify, record, or address the problem. The purpose of this review was to systematically identify and critically review studies which relate to exploitation of children and young people to explore factors relevant to this concept. Twenty papers were selected for the systematic review according to the inclusion criteria. Two overarching themes emerged as having relevance to defining childhood exploitation: (i) relational vulnerability; and (ii) power imbalance, which are used to propose a generalised definition of exploitation. Practical implications for the wider system are discussed, along with directions for future research.

Keywords: *Child exploitation; criminal exploitation; county lines; young people; risk and vulnerability.*

Introduction

WITHIN BOTH PREVIOUS research and policy there are numerous definitions of childhood exploitation. The lack of consistent definition leads to problems with the reporting of childhood exploitation, which may have impacted on prevalence rates (Alderson & Ireland, 2020). The available definitions focus on specific types, including sexual exploitation or the movement of drugs ('county lines'), however do not consistently incorporate the broad spectrum of all childhood exploitation (Windle et al., 2020; Olver & Cockbain, 2021) and often fail to incorporate the concept of 'grooming' (Alderson & Ireland, 2020). Research suggests that this variation in defining child exploitation increases confusion among professionals and poses a challenge to understand differences between types of exploitation and grooming. For example, the term 'county lines' may minimise the vulnerability of young people, and does not necessarily explore the dual position of a young person being seen as both a victim and perpetrator (Olver & Cockbain, 2021).

Childhood exploitation is an escalating challenge nationally. In the year ending December 2021, the number of referrals of children to the National Referral Mechanism (NRM; a framework for identifying victims of modern slavery) increased by 9% compared with the previous year (Office for National Statistics, 2022), and police data indicated that the number of child sexual exploitation crimes increased by 10% between 2021/22 (NSPCC, 2022). Between April 2021 and March 2022, child sexual exploitation was recorded as a factor at the end of a children's social care assessment in 16,330 cases; gang involvement was recorded in 11,600 cases; and child criminal exploitation was a factor in 10,140 cases (Department of Education, 2022). However, childhood exploitation is understood to be under-reported and under-identified (Home Office, 2020).

The two most promising definitions to date can be found in the Home Office Serious Violence Strategy (HM Government, 2018):

'County lines is a term used to describe gangs and organised criminal networks

involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of ‘deal line’. They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.’ (p.48)

‘Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.’ (p.48)

The lack of consistency in defining child exploitation may lead to confusion and

pose challenges to both understanding and recording. Data collection based on differing definitions has led to inconsistent policy and interpretation of exploitation across agencies and localities (The Children’s Safeguarding Review Panel, 2020), likely meaning the full scope of child exploitation in the UK is not fully understood. Additionally, this inconsistency raises concerns that children may be at risk of increased criminalisation and focus being placed on their risk behaviours without the context of understanding vulnerability, abuse and exploitation (Franklin et al., 2018).

Aims

Using a narrative approach, this paper aims to systematically identify and critically review studies which relate to exploitation of children and young people to explore factors relevant to this concept, to propose a generalised definition inclusive of these factors. Emerging themes will be discussed, and consideration given as to how exploitation can be considered from a trauma-informed perspective, and how services and interventions can be organised accordingly.

Table 1: Evidence based practice search formula.

Population	Children and young people (under 18 years of age) involved in or at risk of exploitation
Exposure	Child exploitation
Outcome	Risk and vulnerability factors

Table 2: Search terms.

Keyword	Search terms
Exploitation	Modern slavery, exploitation, grooming, street grooming, criminal exploitation, child exploitation, child criminal exploitation, drug debts, gang-based violence, child sexual exploitation, sexual exploitation of young people, CSE, CCE, Extra familial harm drug misuse, county lines, youth violence, gang affiliation, force, coerce, deception, debt, debt bondage, forced criminality, forced criminal activity, organised crime.
Young person	youth, adolescent, young person, minor, teen/ teenager, juvenile, victim.

Table 3: Outline of search strategy conducted.

Search	Keyword/phraes
#1	Exploit* OR modern slav* OR groom* OR street groom* OR criminal exploit* OR drug dept* OR gang-based violence OR sexual exploit* OR CSE OR CCE OR drug misuse OR substance misuse OR county line* OR youth viol* OR gang affil* OR Extra familial harm
#2	Child*OR youth OR adolesc*OR young pe* OR minor OR teen* OR juvenile* OR victim* AND Exploit* OR modern slav* OR groom* OR street groom* OR criminal exploit* OR drug dept* OR gang-based violence OR sexual exploit* OR CSE OR CCE OR drug misuse OR substance misuse OR county line* OR youth viol* OR gang affil* OR Extra familial harm
#3	Force OR coerce OR decept* OR debt OR debt bondage OR force* crim* OR force* crim* activit*
#4	Child*OR youth OR adolesc*OR young pe* OR minor OR teen* OR juvenile* OR victim* AND Force OR coerce OR decept* OR debt OR debt bondage OR force* crim* OR force* crim* activit*
#5	#2 AND #3

Methods

Search procedures

A broad key word search strategy was developed based on the evidence-based practice PEO formula in Table 1, to capture all types of exploitation and possible synonyms of childhood exploitation (Table 2).

A search was conducted (Table 3) using the following databases: PsychInfo, Embase, Medline and Web of Science. A search of the Cochrane Database of Systematic Reviews was carried out and did not identify any existing systematic reviews relating to the definition of childhood exploitation. An additional search for grey literature, was conducted using Google scholar, and websites of relevant government and third sector organisations (Barnardo's, Children's commissioners, Children's society, Gov.uk, National crime agency and NSPCC). Searches were supplemented by screening the reference lists from leading authors in the field (Alderson, 1989–2022); (Beckett, 1989–2022) to identify any additional papers.

Inclusion criteria

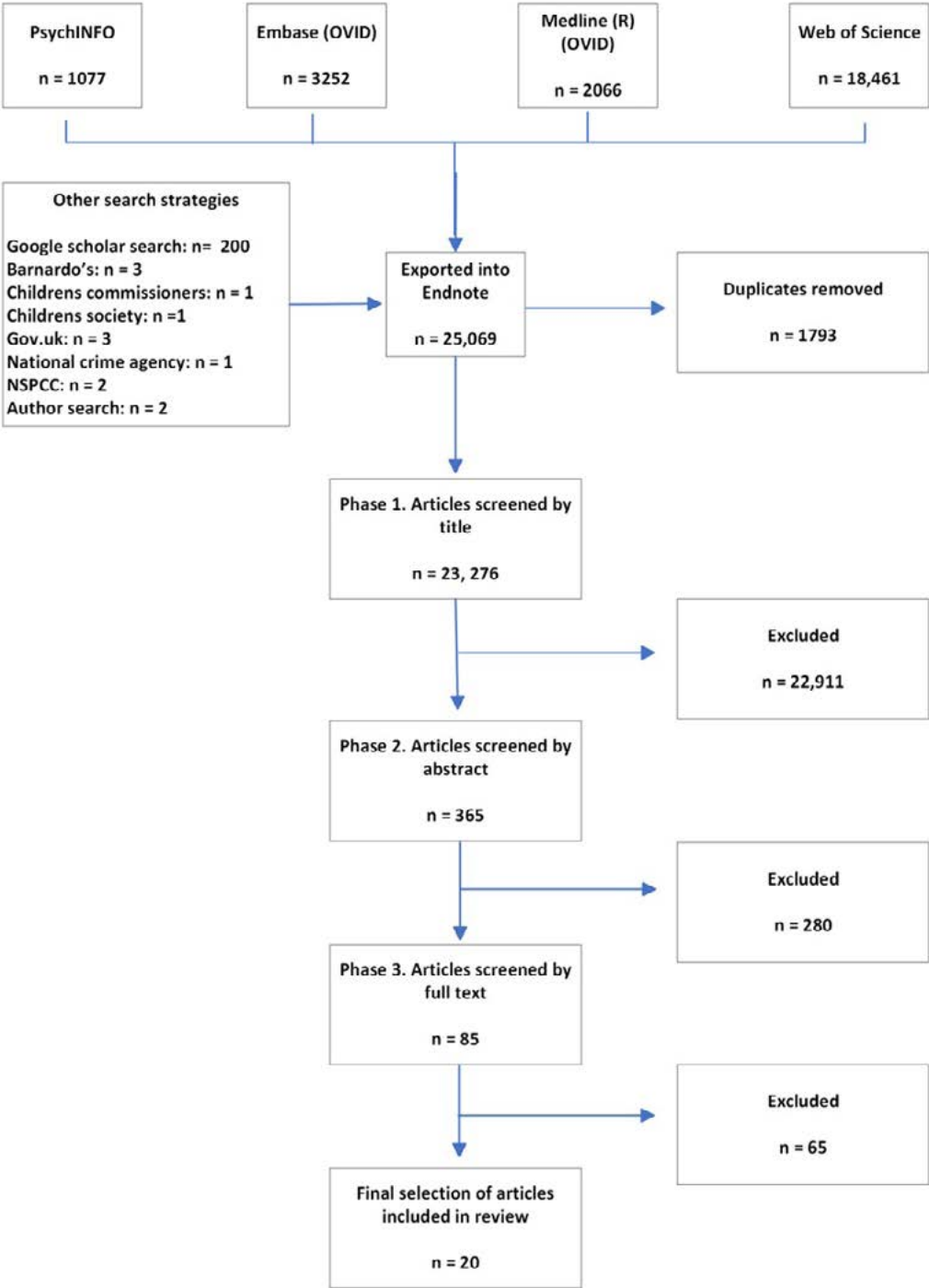
The papers were screened against the following criteria:

- written in English or officially translated to English;
- include reference to young people under the age of 18 years old;
- include reference to young people who had been or were at risk of exploitation; and
- published in the period 1989 to 2022 (1989 selected due to publication of The Children Act 1989 which established the legislative framework for the current child protection system in England and Wales).

The identified papers were exported into EndNote™ and duplicates removed. The remaining papers were screened in three stages: (1) title reviewed for general relevance; (2) abstract reviewed against inclusion criteria; (3) full paper reviewed against inclusion criteria. Figure 1 outlines this process.

Twenty papers were identified following the screening process (Figure 1). The evidence base did not directly address the question of interest in this review, and there was a variation

Figure 1: Screening process and selection of papers.



in methodologies used. Due to the limited research and no common methodology being utilised, papers of all designs were included. A synthetic review was therefore employed, and factors contributing to a definition of exploitation were identified. Comparisons were made across papers to identify common factors.

Twenty papers were identified which met the inclusion criteria (Figure 1). Papers were numbered between 1 and 20, based on alphabetical order of the first author's surname (see Table 4). Numbers are used in parentheses in the results.

Quality appraisal

All empirical papers were screened using Crowe Critical Appraisal Tool [CCAT] (Crowe, 2013) to assess the quality of the evidence base. CCAT has greater reliability in assessing quality than informal methods (Crowe & Sheppard, 2011), and can be used across a range of research designs (Crowe et al., 2012), thus making it appropriate for use within this review.

The CCAT has a total score of 40 and does not include qualitative descriptors of scores; however, for the purpose of this review, >75% (30/40) was considered good, >50% (20/40) was considered acceptable, and <50% was considered poor. All papers rated within the acceptable or good range were taken forward for narrative synthesis. Scores where applicable are shown in table 4. Due to the limited evidence base, six additional papers policy and position papers from the grey literature* were included however, these could not be rated using a quality appraisal tool. Caution was taken to ensure themes within the results section were based on evidence available within quality appraised literature with those not quality appraised used to provide additional support where relevant.

Given the degree of variation, a narrative synthesis was used to amalgamate common factors from current definitions of, and research into, childhood exploitation.

Themes

Several factors emerged from the literature with relevance to defining childhood exploitation. These were broadly conceptualised into two major themes: (i) relational vulnerability and (ii) power imbalance. These themes are discussed in detail below.

(i) Relational vulnerability

Eleven papers referred to factors associated with relational vulnerability [1*, 3, 4, 6, 7, 10*, 14, 15*, 17, 19, 20]. From these, there were three subthemes identified:

- A relationally vulnerable child
- The development of the relationship
- Meeting a need to gain compliance

Relational vulnerability incorporated how vulnerable children seek connections with others, regardless of how healthy these are as a form of paradoxical attachment (Barlow et al., 2021); a false sense of power provided by exploitation.

This includes vulnerabilities such as limited/inadequate protective structures around them (family, services, etc.) (Beckett, 2013; Franklin et al., 2018); marginalised young people (Olver & Cockbain, 2021); those with limited positive adult supervision (Pasca et al., 2022), and those with reduced self-efficacy & autonomous coping strategies (Alderson & Ireland, 2020; Ijadi-Maghsoodi et al., 2016).

These vulnerabilities appear to ensure that children (1) receive a positive reinforcer to stay connected to the exploitative source (individual or group) (Alderson, 2016; Baidawi et al., 2020; The Children's Society, 2019) and/or (2) may become embroiled in a compliance bond with their exploiters to reduce a risk of harm (Bennett & O'Donohue, 2014; Windle et al., 2020). It is these vulnerabilities that increase understanding of the challenging dynamic of a young person both being victimised and engaging in offending (Olver & Cockbain, 2021).

Table 4: Quality Assessment Scores. (*Policy or position papers).

Number	Paper	CCAT Score
1*	Alderson (2016)	-
2	Alderson & Ireland (2020)	33
3	Baidawi, Sheehan & Flynn (2020).	33
4	Barlow et al. (2021)	33
5	Bath et al. (2020)	30
6	Bennett & O'Donohue. (2014)	32
7	Beckett (2013)	27
8*	Broad & Turnbull (2019).	-
9*	Child Safeguarding Practice Review Panel (2020)	-
10*	Childrens society report (2019)	-
11	Colley (2019).	34
12	De Vries & Goggin (2020)	35
13*	Franchino-Olsen, (2021).	-
14	Franklin, Brown & Brady (2018).	30
15*	Ijadi-Maghsoodi et al. (2016).	-
16	Kenny, Helpingstine & Harrington (2020).	31
17	Olver & Cockbain (2021).	32
18	Palilio et al. (2019).	33
19	Pasca et al. (2022).	30
20	Windle, Moyle & Coomber (2020).	29

(ii) Power imbalance

Twelve papers referred to factors associated with power imbalance [1*, 2, 4, 6, 11, 12, 13*, 15*, 17, 18, 19, 20]. There were three subthemes identified:

- Initiation of a behaviour that benefits the perpetrator
- Compliance maintained through fear
- Child unable to acknowledge or recognise exploitation

The critical theme related to the process produced by the exploiter/s in order for them to initiate a behaviour (Alderson, 2016; Ijadi-Maghsoodi et al., 2016; Pasca et

al., 2022) which is of benefit to them. This could be determined from the definitions as the way in which the exploiter/s identify the relational vulnerability of young people and develop connections that benefit the perpetrator. These can be both positive and negative forms of power, however, there does tend to be a stage in this process identified that 'seduces' or initiates the young person (Bennett & O Donohue, 2014; Colley, 2019; Francino-Olsen, 2021; Ijadi-Maghsoodi et al., 2016; Olver & Cockbain, 2021; Windle et al., 2020); uses emotional abuse to diminish their confidence and self-worth (De Vries & Goggin, 2020); or employs violence and

coercion (Alderson & Ireland, 2020; Pasca et al., 2022; Barlow et al., 2021). This establishes the exploiter/s as powerful and able to both provide the care, security and safety desired or as a source of fear that must be obeyed.

This also supports the notion that young people may not always be aware of their needs and potential harm of the connections developed (Alderson & Ireland, 2020; Panlilo et al., 2019; Ijadi-Maghsoodi et al., 2016). It also may explain how a young person in an exploitative relationship can still be perceived as having agency in their decision-making. This leads to a dynamic of children being often both perceived as a perpetrator and victim of risk.

The themes were used to develop the following generalisable definition of exploitation:

Child exploitation is a process between a relationally vulnerable child and an individual or group of individuals (peers or adults) with a greater power ('the perpetrator(s)'). The relationship is developed through meeting a need of the child in person or online, with the purpose of the relationship being to initiate a behaviour from the child which benefits the perpetrator. The relationship is maintained through fear of losing the met need, or threat to safety. Any part of the process has potential for psychological, social or physical harm to the child, which may or may not be acknowledged⁷ by them.

Discussion

It was evident from the literature that childhood exploitation is a complex interweave of relational dynamics, reinforcing principles and the ensuing sense of 'psychological safety' for the young person. There is significant crossover within the two themes, and it appears that the opportunity for a power imbalance is subsequent to the child being relationally vulnerable.

The proposed definition recognises the vulnerability of the young person from the point of first contact. It moves away from the

focus being on grooming but retains the act of grooming as part of the process of exploitation. This allows recognition of a child as a victim of exploitation even without an overt act of exploitation being committed, thus addressing the challenges suggested in previous research with variations in definitions failing to incorporate the process of grooming and minimising the vulnerability of young people (Alderson & Ireland, 2020; Olver & Cockbain, 2021). This process appears to incorporate a reciprocal element where both the perpetrator and the young person (temporarily) have their needs met – there appears to be a mediating component where meeting the need of the relationally vulnerable child allows the instigation of the relationship, and the power imbalance, benefit for the perpetrator and meeting a safety need for the young person are the maintaining factors of the relationship. Olver and Cockbain (2021) also recognised that although often young people have agency, power imbalances and heavily constrained choices are present. Therefore, the emphasis of childhood exploitation is on the process of the development of the exploitative relationship rather than the act of exploitation itself. Incorporating power imbalance within the definition recognises that some young people may not see the explorative nature of their experiences (Beckett & Walker, 2016).

Legally, the current focus on exploitation is during the act of a criminal offence (whether this be as victim or perpetrator). The proposed definition indicates that for early identification and desistance from more criminal pathways, the emphasis should be on the earlier part of the relationship where the young person is victim of a coercive act. This has significant legal, policy and service provision ramifications.

Implications for practitioners and wider systems

A broad, yet well-defined conceptualisation of child exploitation could provide an array of implications for those professionals and

agencies working around young people at risk of exposure. This could include:

- Development of a formulation-based approach to understanding the young person's safety and attachment needs; how are these met; and how these might increase a young person's vulnerability despite any perceived 'agency' in their decision making.
- Highlighting the need for understanding of vulnerabilities rather than behavioural enforcement approaches in risk assessment and management.
- Increased consistency in the framework within which legal, health, social care and third-sector organisations adhere to, to enable increased information sharing, data collection, and ultimately a more cohesive systemic response.
- Agreeing a definition at a national level to inform a national development of policies and procedures in safeguarding children and young people to promote proactive prevention strategies.
- Further support for the need for services to focus on disruption of the power within exploitative relationships as part of wider contextual safeguarding processes.

Limitations and future directions

There is a paucity of empirical studies in this area; only five papers in this review presented empirical evidence that could be used to generate themes to define child exploitation. Additional support for developing themes was necessarily gathered from grey literature

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such as governmental publications. However, themes should be interpreted with caution given the limited quality appraised evidence available. Further research in this area is necessary to fully understand the complexity around providing a consistent definition of childhood exploitation.

Current varied definitions indicate that young people may be susceptible to developing unhealthy connections with potential perpetrators of exploitation as a way of establishing forms of perceived care, safety, protection and stability. Therefore, further research should include developing an understanding of the impact of childhood developmental stage on susceptibility to childhood exploitation.

Research to understand the generalised characteristics of childhood exploitation may allow for earlier recognition of young people at risk of exploitation and a systemic movement towards preventative approaches. It will be essential to understand what the mediators for exploitation are and how the characteristics and factors interplay. Regression analyses, for example, on demographic information across services and agencies may help to further understand the different pathways of childhood exploitation.

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A rapid evidence assessment of the research underpinning the validity of Structured Professional Judgement tools that assess risk of stalking

Alex Goodchild & Nancy Borngraeber

The Stalking Assessment and Management (SAM; Kropp et al., 2008) and the Stalking Risk Profile (SRP; Mackenzie et al., 2009) were published in 2008 and 2009 respectively and designed to assess risk of stalking behaviour. Based on generally accepted criteria of what constitutes a Structured Professionals Judgement (SPJ) tool (i.e. a combination of static and dynamic risk factors which also includes case formulation and risk management considerations; Hart et al., 2016), in my opinion, the SAM and SRP are the only stalking risk assessments which can be considered SPJ tools. The current REA was conducted to explore the evidence base underpinning both assessments. Overall, there was limited evidence to draw any conclusions on the interrater reliability, internal reliability, internal consistency, discriminant validity or predictive validity due to the lack of peer reviewed research for either the SAM or SRP. Only two studies evaluated the SRP, whereas seven evaluated the SAM. The findings of this REA must be interpreted with caution given the limited amount of relevant research identified and included in the analysis, specifically the lack of evaluative studies involving the SRP. There are also concerns about the quality of the studies included, which generally include small samples, retrospective research designs, a lack of adequate comparison groups and difficulties identifying cases of stalking and recidivism. Further research is required to provide robust empirical support for claims regarding the validity and reliability of both assessment tools.

Keywords: Psychological risk assessment; stalking; SPJ; SRP; SAM.

Introduction

Stalking definitions

GLOBALLY, ONE OF the difficulties facing researchers is the inconsistencies in stalking law and definitions of stalking (Fox et al., 2011). Many countries do not have specific stalking laws (e.g. Switzerland, Denmark, and Greece) and there is not a shared definition across the United States (US). This means that it can be difficult to compare and generalise outcomes of research. Within the United Kingdom (UK) stalking was not criminalised until 1997 when the Protection from Harassment Act 1997 was introduced which encompassed all forms of harassment including stalking (Henley et al., 2020). In 2012, amendments were made under the Protection of Freedoms Act 2012

which then labelled stalking as a criminal offence for the first time as well as stalking involving fear of distress or violence (Henley et al., 2020). Due to stalking becoming recognised as a criminal offence relatively recently, this area of study remains under-researched. In the UK, there is no statutory legal definition under the Protection from Harassment Act 1997. However, the legal criteria encompasses behaviours which include repeatedly behaving in a way that makes another party feel scared, distressed, or threatened. This is largely consistent with a commonly used definition from The Suzy Lamplugh Trust (n.d.) which states that stalking is ‘a pattern of unwanted and persistent behaviour that is moti-

vated by a fixation or obsession that causes a victim to suffer alarm, distress or a fear of violence'. Other general definitions include 'a pattern of behaviour directed at a specific person that would cause a reasonable person to fear for the person's safety or the safety of others; or suffer substantial emotional distress' whereby, pattern is defined as two or more incidents over several weeks (The Stalking Prevention, Awareness and Resource Center; 2024).

Further complications arise as stalking offences are suggested to have a low conviction rate and are under reported, making it difficult to identify cases of stalking (Bjerrgaard, 1999; Boehnlein et al., 2020 and Jordan et al., 2003). This is because in many cases the stalking behaviour is comprised of multiple acts and behaviours which, individually, may not be criminal. For example, telephone calls, messages, gifts and being followed. The range of intrusive acts repeated over a period of time can have a significant mental and sometimes physical impact on the victim. Research has identified links between stalking and violence which is most often found in cases where the victim was formerly in an intimate relationship with the perpetrator (Meloy, 2002; Ostermeyer et al., 2016; Palarea et al., 1999). According to Purcell et al. (2005), some victims described the psychological harm of being stalked as more impactful than the violence. Victims have expressed psychological difficulties including insomnia, anxiety, depression, suicidal ideation, and post-traumatic symptomatology (Pathé & Mullen, 1997; Purcell et al., 2005).

Risk assessment

Based on the aforementioned impacts of stalking, it is paramount that there are means to assess the risk of harm effectively that can inform management strategies and safeguard potential victims. The National Institute for Clinical Excellence (NICE, 2005) reports that there is no gold standard when choosing the correct risk assessment; they recommend that best practice is utilising

a tool that follows the Structured Professional Judgement (SPJ) approach. This approach combines the strengths of actuarial methods along with clinical judgement (Doyle & Dolan, 2002). Commonly applied SPJ tools, including the Historical Clinical Risk-Management v3 (HCR-20; Douglas et al., 2013) and Spousal Assault Risk Assessment (SARA; Kropp & Hart, 2015), specify stalking behaviour within their manuals, but these tools were not developed to assess stalking risk specifically. It could be argued that they may lack the sensitivity to identify some of the nuances in stalking risk, for example risk factors associated with people who engage in stalking behaviour who were not formerly in an intimate relationship with the victim are unlikely to be captured by the SARA, whereas stalking behaviour that did not result in violence may not be captured by the risk items within the HCR-20 (McEwan et al., 2011). A recent study by Penney et al. (2023) found that neither the historical nor clinical risk factors of the HCR-20 were significantly associated with future stalking recidivism. Therefore, at present there is a lack of strong evidence for the use of the HCR-20 with stalking risk.

Stalking SPJ risk assessments

To date, there are two SPJ measures specifically designed to assess stalking risk – the Stalking Assessment and Management (SAM; Kropp et al., 2008) and the Stalking Risk Profile (SRP; Mackenzie et al., 2009). The SAM (Kropp et al., 2008) is intended for use in cases where known or previous stalking is suspected, or the perpetrator is aged 18 years or above, and is suitable for both males and females suspected of stalking. The risk factors are set out in a similar fashion to other assessment tools the authors were involved in developing, such as the SARA (Kropp & Hart, 2015). The risk factors are divided into three domains: 'Nature of Stalking', 'Perpetrator Risk Factors', and 'Victim Vulnerability Factors'. Thus, the practitioner is required to collect

information regarding the risk factors, draw it together within a formulation, provide a judgement/opinion of risk and make considerations regarding risk management.

The SRP is also intended for use with the same populations as the SAM, however, it takes a markedly different approach (Mackenzie et al., 2009). It focusses on the motivation of the stalking behaviour by incorporating Mullen et al. (1999) stalker typologies, whereby it acknowledges that there are risk factors common across all people who engage in stalking but identifies idiosyncrasies where some risk factors are more key to certain stalking typologies (Mackenzie et al., 2009). The SRP separates outcomes of interest by requiring the assessor to make individual risk judgements for each domain of risk, as well as separate combinations of static and dynamic risk factors relevant to persistence, recurrence, and risk of violence. The SRP also identifies areas of need that may result in psychosocial damage to the stalker and, therefore, are relevant to increased risk across domains (Mackenzie et al., 2009).

At present, there is a lack of understanding of the evidence base underpinning both the SRP and SAM. Therefore, the aim of the Rapid Evidence Assessment (REA) is to systematically review the evidence base and specifically the validity and reliability of both tools. When referring to the validity, this explores the extent to which the assessment tool measures the variable(s) it intends to (Price et al., 2017). For the purpose of this research. This would be how well the assessment tools assess the risk of stalking behaviour. Reliability refers to the consistency of a measure which can be broken down into its consistency overtime (test-retest reliability), across items (internal consistency) and across different researchers (inter-rater reliability; Price et al., 2017).

The validity and reliability were deemed important to review as this is a common means of assessing the effectiveness of a chosen assessment tool (Judges et al.,

2016). It was intended that the outcomes of the review could then be used to inform the utility of both tools and service providers' policy decisions regarding the assessment of stalking risk.

Method

Design

According to Peters et al. (2015), REAs are useful for situations where a body of literature has not yet been comprehensively reviewed, as was the case with the literature pertaining to stalking risk assessment. They can also be undertaken to summarise, disseminate research findings and make recommendations, to inform policy. Based on the above evidence, an REA was deemed the most appropriate approach to the current research which would help provide a greater understanding of the literature base underpinning the SAM and SRP. To conduct this research, the current paper will be following the REA process as set out by Varker et al. (2015).

A REA is a transparent, reproducible, and systematic review of relevant literature (Varker et al., 2015), completed more quickly than a systematic review as less evidence sources are used. There are limitations to this approach as it increases the possibility of relevant studies being missed which can lead to an increased risk of bias in the resulting analysis of the literature (Varker et al., 2015). Although they are not as comprehensive as systematic reviews, they are less prone to bias than literature reviews due to the scientific and systematic approach. REAs can be used effectively to scope the density and quality of research in a particular area in a restricted amount of time (Varker et al., 2015). Twenty-six potentially relevant studies were identified from the initial database search (see Figure 1). There are no agreed upon guidelines which dictate the appropriate methodology depending on the size of the research area being explored. Importance is placed on ensuring that the research areas has been thoroughly explored using

the available resources (Varker et al., 2015). A literature review approach was considered; however, this was discounted due to the risks associated with bias, the lack of research paper quality appraisal and that REAs are better suited to informing policy direction and decision making due to their robust research methodologies. The current REA was conducted in two stages.

Stage 1: Search strategy

A research protocol was completed which helped develop search strings and contributed to the inclusion/exclusion criteria (discussed further below) as well as considering which databases to search. The databases searched were Scopus, Psychinfo, Proquest Central and Embase.

The search string used in the current REA was: 'Stalking Risk Profile' OR 'Stalking Assessment and Management' AND Reliability OR Validity. Across the databases the search fields used were abstracts, however, with Scopus this was not possible and the 'titles, keywords and abstract' search field was used.

Stage 2: Screening the search results

The studies retrieved from the databases were then selected for review if they met the following predetermined criteria: studies that use a male and/or female sample and studies that measure the validity and/or reliability of either (or both) the SAM or SRP. Studies were also included if they were published between 2008 and 2023. This time-frame was used as it encompasses the inception of both the SAM and SRP, therefore, evaluative research of either SPJ measure would not be missed. Lastly, studies were included if they were written in English and peer reviewed.

Studies were excluded if they met the following exclusion criteria: if they were case studies, opinion papers, a meta-analysis or adopted a qualitative methodology. Relevant studies included within a meta-analysis were included, subject to meeting the relevant inclusion/exclusion criteria for the current

review. Studies that used samples with children or those under the age of 18 were also excluded as well as those that were not peer reviewed. From correspondence with the authors of both the SAM and SRP, neither assessment tool's intended use is with people under the age of 18, therefore these studies would not be appropriate to include within the current REA.

Using the above search criteria 26 studies were retrieved from the databases. Figure 1 outlines the screening process, after which nine studies were deemed suitable to be included in the review.

Data extraction

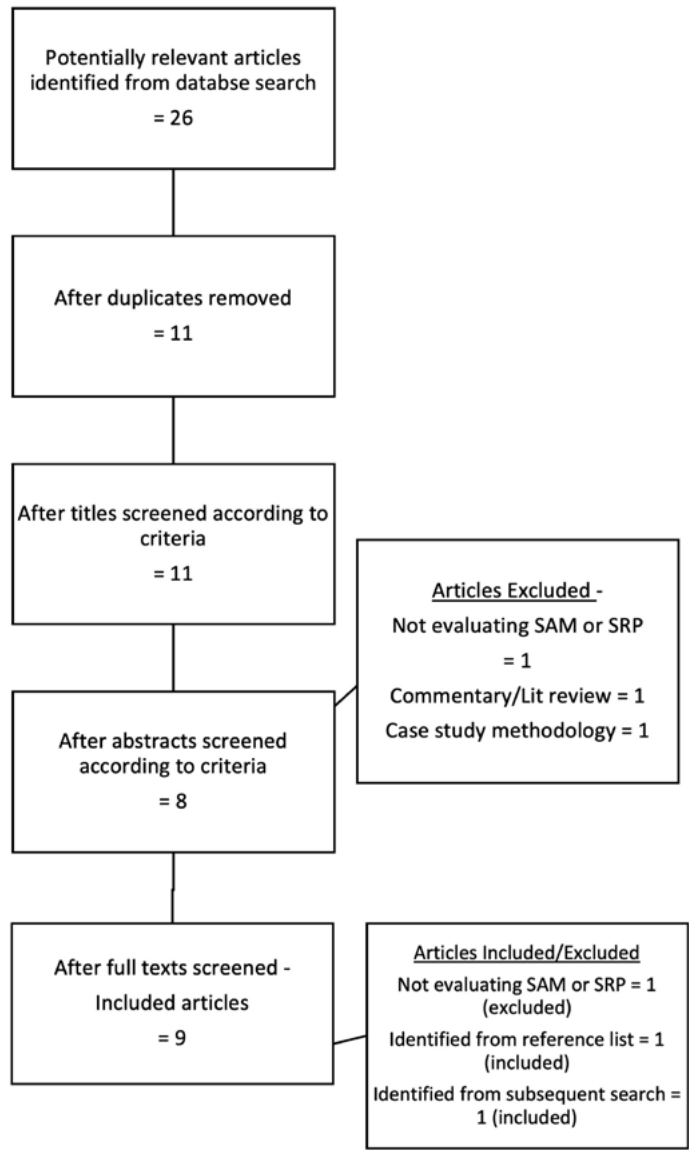
The following key information was extracted from the included studies:

- Study number
- Research title
- Author name(s)
- Country where the research took place
- Study aim
- Research measures/methodology
- Sample size
- Findings
- Research quality and limitations

Quality of the studies

Studies that met the inclusion criteria were appraised using the UK Research for Excellence Framework (REF, 2014). This ensures more reliable and relevant evidence is given greater consideration at the synthesis stage (Collins et al., 2015). The REF provides a robust framework which has been used nationally to appraise academic research across all disciplines with consideration for how this research impacts on national policy (Parker & van Teijlingen, 2012). The REF utilises three categories (originality, significance, and rigour) to appraise the methodology of a study (REF; 2014). The appraiser should consider the originality, significance and rigour of the research selected to make their own judgements from one star (lowest rating) to four star (highest rating). The criteria used to evaluate the evidence has

Figure 1: Flow Diagram for Included Studies.



been drawn from research by Lyne and Packham (2014) [1].

The appraisal highlighted methodological concerns with a number of studies and no study achieved the highest rating of four. An independent second scorer (a senior qualified forensic psychologist who was

not previously affiliated with the research) appraised a selection of the studies. Varker et al. (2015) advise ‘20% of articles are checked by a second independent reviewer’ (p.1201), so three of the nine studies were second scored. Both scorers agreed on two out of three of the appraisals which

1 Please contact the author for further information regarding the appraisal ratings.

Table 4: Reviewed research papers and their research quality score.

Research paper title	Research paper number	Quality Score (1–4)
Forecasting Stalking Recidivism Using the Guidelines for Stalking Assessment and Management (SAM).	1	2
The Reliability and Predictive Validity of the Stalking Risk Profile.	2	3
The reliability and predictive validity of the guidelines for stalking assessment and management (SAM).	3	2
The development and validation of the guidelines for stalking assessment and management.	4	2
Assessing Risk for Recidivism in Individuals Convicted of Stalking Offenses: Predictive Validity of the Guidelines for Stalking Assessment and Management	5	3
Policing stalking: The relationship between police risk assessment, risk management, and recidivism in stalking cases	6	2
Evaluating risk assessment instruments for intimate partner stalking and intimate partner violence.	7	2
Validation of the Stalking Assessment and Management checklist (SAM) in law enforcement: a prospective study of 153 cases of stalking in two Swedish police counties	8	1
An Examination of Predictive Validity and Change in Risk Factors for Stalking over Time	9	2

provided support for the ratings and inter-rater reliability of the appraisal framework. A possible reason for the variance in one of the scores was the omission of originality scores as the second scorer was not familiar with the stalking research field and so could not competently comment on originality.

Two of the studies were chosen for second scoring at random, however, one was specifically identified due to concerns noted by the current researcher regarding the quality of the methodology. The second scorer was blind to the outcomes of the current researcher's appraisals to reduce bias. From these results, one study was removed due to the quality of the methodology. This was reflected in both the original scorer and second scorer's appraisals. This decision was taken in line with Collins et al. (2015) who stated that '*judgements applied for the assessment of relevancy and robustness can be used to exclude evidence as well as for weighting*' (p.27).

Results

Eight relevant research articles were reviewed. Of these, two studies evaluated the SRP and seven (one study appraised both the SAM and SRP) evaluated the SAM. Two studies (5 and 7) utilised a prospective design whereas the remaining studies were all retrospective which meant that the assessment tools were not applied as prescribed by the manuals. A theme across the majority of studies (1, 2, 3, 5, 7 and 8) was the difficulties with follow-up periods, relying on police report information (or institutional or government data) to determine recidivism and managing external confounding variables.

All of the reviewed papers above used a quantitative design. Two of the samples were based in Australia (studies 2 and 3), three in Canada (1, 4 and 9), two in the USA (5 and 7), and two in Sweden (6 and 8). In terms of sample sizes, six studies had a sample size of 100 participants or over;

study 1 had 100, 2 had 241, 3 had 146, 4 had 109, 7 had 158 and 8 had 153. The remaining three studies had sample sizes of less than 100 participants; 5 had 89, 6 had 72 and 9 had 86.

Reliability of the SAM and SRP

This review identified one study (2) that assessed the Interrater Reliability (IRR) of the SRP and two that assessed the IRR of the SAM (3 and 4). IRR describes the reliability of an assessment tool to provide similar outcomes across different practitioners with the same case (Tinsley & Weiss, 1975). McEwan et al. (2016) distinguished IRR for the SRP into stalker typology classification and risk summary judgements (as the SRP requires users to make both of these judgements as part of an assessment). The results showed that 98% of raters agreed on stalker typologies (one was classed differently) and that IRR ranged between moderate to substantial across the summary risk judgements. Intra-class Coefficient (ICC) scores were used to analyse the summary risk judgements, specifically, the poorest IRR score came for ratings of stalking recidivism against the same victim (ICC =0.70) and the strongest for stalking persistence (ICC =0.90). Therefore, this research provides support for the IRR of the SRP in the community setting.

With regards to the SAM, Kropp et al. (2011) described 'acceptable' IRR ratings across the SAM risk factors (p.309). ICC scores ranged from poor (ICC=0.29) to excellent (ICC=1.00) which is a large variance. It was of note that seven of the SAM risk factors (four from victim vulnerability factors and three from perpetrator risk factors) IRR could not be scored due to insufficient variability in the ratings. Resultingly, the SAM in its entirety was not assessed for its IRR nor its summary risk judgements, therefore, the outcomes of this study should be acknowledged with caution. Shea et al. (2018) also assessed the IRR for the SAM and found poor IRR scores which the authors hypothesised was due to confusion around the scoring of

the 'current' risk factors. This was said to have stemmed from the SAM's definition of the 'current' time period. However, after applying a 12-month coding time frame for these particular risk factors (which is not prescribed by the manual), the IRR scores improved. This research, therefore, provides some support for the SAM IRR, but only when applying the SAM in a way which is not consistent with the manual guidelines. Both of the above studies used retrospective research designs, however some of the variance between the results may be accounted for by the methodological concerns highlighted in Kropp et al. (2011). This includes the small sample size and the use of two graduate students (as opposed to qualified practitioners) to complete the assessments, which could increase bias in the results. It is also not detailed in Kropp et al. (2011) whether the assessors used the manual definition when rating 'current' risk factors or a specified time period which could also account for the variance.

Internal consistency assesses whether there is a correlation between the same items on a test (McCrae et al., 2011). In terms of the SAM, Foellmi et al. (2016) assessed internal consistency by assessing each risk domain (other than victim vulnerability factors) in turn. Foellmi et al. (2016) found a moderate degree of internal consistency ($\alpha=.75$) for the total SAM scores with slightly lower alpha coefficients for the perpetrator subscales ($\alpha=.70$) and nature of stalking subscales ($\alpha=.60$). For the SRP, McEwan et al. (2016) used the same model as Foellmi et al. (2016) and assessed internal consistency by reviewing the correlations between domain scores and the overall risk summaries. Aside from the persistence domain for incompetent suitors (.19), McEwan et al. (2016) found significant correlations (at the <.05 level) across all remaining domains. Penney et al. (2023) assessed the internal consistency for both the SAM and SRP. The results showed excellent internal consistency for the SAM with ICC scores ranging

from .88 to .98 and slightly lower scores for the SRP ranging from .68 to .77. Therefore, support is found for both the SAM and SRP for internal consistency.

Validity of the SRP and SAM

Predictive validity describes the ability of an assessment tool to accurately predict the recurrence of a particular behaviour. In terms of the SRP and SAM, this is stalking behaviour (Rice & Harris, 1995). Six of the studies included within the current review assessed the predictive validity of the SAM (1, 3, 5, 6, 7 and 8), whereas two studies assessed the predictive validity of the SRP (2 and 8). The predictive validity of the SAM was mixed. In terms of individual risk items, Coupland et al. (2023) and Penney et al. (2023) both provide limited support for the SAMs predictive validity. Specifically, Coupland et al. (2023) found that six (out of 10) of the nature of stalking risk factors were positively and significantly related to stalking recidivism. However, only two of the perpetrator risk factors (out of 10) and one (out of 10) of the victim vulnerability factors were positively significantly associated with stalking. Therefore, the majority of SAM risk factors were not significantly positively associated with stalking (Coupland et al., 2023). Penney et al. (2023) found that the current risk factors (nature of stalking and perpetrator factors) were positively associated with stalking recidivism in their sample (AUC values ranged between .69 to .71), however, past risk factors were not.

Coupland et al. (2023), Penney et al. (2023) and Shea et al. (2018) also reviewed the predictive validity of the SAM risk summary ratings (the scorer's final opinion of risk) which provided further mixed results. Coupland et al. (2023) and Penney et al.'s. (2023) results found no significant association between summary risk ratings and stalking whereas Penney et al.'s (2023) found a significant association between SAM summary risk ratings and stalking recidivism against the same victim (AUC value

of .73). Specifically, with Coupland et al. (2023) no significant results occurred at any of the follow up time periods (five, 10 and 20 years). Shea et al. (2018) found slightly more positive results for the SAM where summary risk ratings could significantly distinguish between those who were low risk than those who were scored moderate and high risk. The risk scores were based on the SAM definitions of case prioritisation provided within the manual that states people of low risk do not require special intervention to manage their risk, moderate risk requires some special intervention or supervision, and high risk suggests that the person requires an urgent risk management plan to be devised (Kropp et al., 2011). However, there was no significant distinction between those scored as moderate or high risk (Shea et al., 2018). Overall, the above three studies provide limited support for the predictive validity of the SAM in terms of the summary risk judgements. One explanation for the slight variance in results shown by Shea et al. (2018) could be that their sample consisted of people referred to a community-based forensic service, whereas Coupland et al. (2023) and Penney et al. (2023) had samples of people with diagnosis of major mental disorders. Therefore, these differences in samples could account for the variance in results.

Studies by Foellmi et al. (2016) and Gerbrandij et al. (2017) also assessed the predictive validity of the SAM, however these studies utilised a prospective research design with a follow-up period. This meant that the assessments were completed live with the aid of clinical interview which, according to the SAM manual, is the intended means of assessment (Kropp et al., 2008). Neither study found significant associations between SAM summary risk scores and stalking recidivism (AUC value of .60). In addition, Gerbrandij et al. (2017) found only two risk factors of the SAM (supervision violations and distressed) that were significantly associated with stalking reoffending. This supports the findings of

Coupland et al. (2023) that the majority of SAM individual risk factors are not associated with stalking recidivism. The use of a prospective study design is an advantage for Foellmi et al. (2016) and Gerbrandij et al. (2017), however, a methodological drawback for both is the lack of control over extraneous variables during the follow-up period. Specifically, in both studies following assessment the participants engaged in treatment programmes (one of which was designed to reduce stalking risk) which could impact on the stalking risk posed by the individuals (as they were not assessed again following the completion of the intervention). Consequently, this could impede on the accuracy of the SAM and bias the results.

The final study which assessed the predictive validity of the SAM was Tayebi and Strand (2022) who also used a prospective study design. The results indicated that summary risk scores nor total SAM scores were not significantly correlated with stalking recidivism (AUC values ranged from .50 to .60). There was also limited support for individual risk factors or domains, with only the perpetrator risk factors yielding a significant result for its positive discriminatory ability ($p=.02$). The AUC value for the perpetrator risk factors was .68 which suggests they have poor to acceptable discriminant ability. This study differed from the previously discussed studies as the SAM assessors were Swedish police officers which meant the SAM was not applied consistently with the manual's guidelines, whereby, relevance ratings, formulations and risk scenarios were not included. Subsequently, the propensity for bias was heightened and the relevance of this study to the forensic clinical setting was limited.

The predictive validity of the SRP was assessed by McEwan et al. (2016) and Penney et al. (2023). Penney et al. (2023) provided support as they found the summary risk ratings for the SRP were significantly associated with stalking behaviour (the AUC

value was .72). McEwan et al. (2016) applied a semi-prospective study design and found that over the entire follow-up period (up to eight years) the SRP could accurately differentiate between low and high risk people who engage in stalking (AUC value was .83). However, the same results were not found over the six months period (other than between those who reoffended against new victims). During this time period, the effect size reduced and was non-significant (the AUC value was .63). The authors postulate that this could be due to some of the sample likely being confined in forensic settings in the short-term following assessment which meant they would not have the opportunity to reoffend and reduced the accuracy of the SRP. This study, therefore, provides some support for the predictive validity of the SRP over a time period greater than six months.

The discriminant validity was also assessed for the SAM which explores the extent to which a test does not relate to other tests that measure other constructs (Rönkkö & Cho, 2022). Shea et al. (2018) explored this within their study by assessing whether there were correlations between risk judgements, for example, summary risk judgements made for stalking recidivism with a new victim against a summary risk judgement regarding the same victim. They found that discrimination for both case prioritisation and risk for continued stalking was no better than chance levels. However, at the score level, SAM total scores could discriminate significantly ($p < .010$) between recidivists who stalked a different victim and those that did not reoffend. However, non-significant results were found for the other scores. Therefore, there is limited support for the discriminant validity of the SAM. No studies included within the REA assessed the discriminant validity of the SRP.

Kropp et al. (2011) assessed the concurrent validity of the SAM which explores how well a test measures what it intends to measure. This is generally achieved by comparing the test with other validated tests

that also test the same construct (Barrett et al., 1981). Kropp et al. (2011) assessed the concurrent validity of the SAM by analysing correlations between the SAM, Psychopathy Checklist: Screening Version (PCL:SV; Hart et al., 1995) and the Violence Risk Appraisal Guide (VRAG; Quinsey et al., 1998). The results showed some significant correlations between the SAM and the PCL:SV, however, there were no correlations between the SAM and VRAG. It is difficult to gauge whether these results provide support for the SAM as the rationale for the inclusion of the PCL:SV and the VRAG as appropriate measures for assessing construct validity was not clear. Neither are designed to assess risk of stalking (as the SAM is) and the PCL:SV is a screening tool and not an SPJ assessment tool. Therefore, the results of this study should be considered with caution.

Discussion

The current REA aimed to explore the evidence base underpinning both the SAM and SRP, specifically focussing on their ability to effectively assess risk of stalking behaviour. Overall, there was not strong support for either the SAM or SRP in terms of validity or reliability. This could be due in part to the limited studies evaluating both assessment tools where only two studies reviewed the SRP. The studies in general had a number of drawbacks including small sample sizes and a reliance on retrospective study designs. There are also no studies that specifically focused on the reliability and validity of either tool with a sample of predominantly females who pose a risk of stalking. Therefore, the effectiveness of the tools with this demographic is unclear.

With regards to the SAM's reliability, there was evidence of moderate to excellent levels of internal consistency, however, poor evidence of IRR. The evidence for predictive validity was mixed. At an individual risk factor level, there was limited evidence for predictive validity, whereas with the risk summary judgements there was

some evidence of support. There was some support for the SAM's discriminant validity as well as concurrent validity, however there were concerns raised regarding the measures used to evaluate the concurrent validity.

With the SRP, neither of the evaluative studies used a prospective design which is a limitation. Nonetheless the results provided some support for both the SRP's IRR, internal consistency, and predictive validity, but no studies explored the concurrent or discriminant validity. The results are promising, although they are hindered by the limitations evident in the methodologies, including design and samples. Recommendations for future research is detailed below.

In terms of implications for practice, there are a number of variables that practitioners should consider when utilising either assessment tool in light of the above results. Firstly, there are clear limitations in the evidence base for both tools which practitioners should be mindful of. Specifically, when using the tools to assess a female suspected of stalking, there are no studies that have evaluated the measures with this demographic alone, therefore, its effectiveness is unknown. Research exploring violence risk assessment has identified risk items that are gender specific which led to the development of the Female Additional Manual (FAM; de Vogel et al., 2012). Therefore, it is important that risk assessments are evaluated across genders. With regards to the SAM, problems have been identified with the victim vulnerability factors where in some settings it can be challenging to obtain sufficient information to score these factors. As well as the confusion surrounding the coding of the 'current' stalking time frame. Adherence to manuals is recommended for practitioners to ensure that therapy and assessments are completed as intended to meet their aims (Snippe et al., 2019). Assessments, such as, the WAIS IV can produce significantly impaired results if the manual guidelines are not adhered to (Oak et al., 2019; Wechsler, 2008). Therefore, practi-

tioners should familiarise themselves with the coding timeframe or seek clarification from the manual authors before applying the assessment. It is currently unclear whether either of these concerns will be addressed in the updated version of the SAM.

As there is limited evidence to draw any conclusions on the reliability or validity of either the SAM or SRP, it may be useful for practitioners to consider other available assessment tools. As mentioned previously the HCR-20 and SARA mention stalking within their assessment manuals, however, there is limited evidence to suggest they can accurately predict stalking (Penney et al., 2023). Actuarial assessment tools exist which were developed to assess risk of stalking which includes the Stalking version of the Domestic Abuse, Stalking and Harassment (S-DASH; Richards, 2009) and the Screening Assessment for Stalking and Harassment (SASH; McEwan et al., 2015). There is some support for the SASH's ability to accurately predict risk of stalking behaviour (Hehemann et al., 2017), however, there is less support for the S-DASH (Chalkley & Strang, 2017; Turner et al., 2022). It is acknowledged that both tools are generally used within Police forces as opposed to with clinicians and that they do not draw on some of the benefits of SPJ approaches. Moreover, the authors of the SASH advise that the SASH should only be used in situations where professionals do not have access to more sophisticated assessment measures and should not be used with people who present a moderate or high risk of stalking (McEwan et al., 2015). Therefore, the S-DASH and the SASH could be used by used by the Police force or with less complex cases, however, they should not be used as a replacement for SPJ measures. At present, there is not a viable stalking risk assessment alternative for clinicians.

Based on the aforementioned methodological drawbacks, it is recommended that future studies adopt prospective designs with adequate sample sizes and follow-up periods where efforts are taken to control

confounding variables, such as interventions that aim to reduce stalking. It would be beneficial if studies explored the utility of both assessment tools with female samples and those within the closed forensic settings (e.g. hospital or prison settings). Specifically, a study using a prospective design with a female population would also be of use as there are no studies to date using a female population to evaluate either assessment tool, this could be within a closed forensic setting or the community. A further study using a prospective research design with a male or female prison population which explores how effectively the SAM and SRP predicts risk within this environment would be useful. Psychologists working within these environments routinely risk assess people (male and female) convicted of stalking, therefore, research into this domain would help progress the field and have a significant impact on local policy.

Limitations

As REAs use less resources than other forms of reviews, it is possible that relevant material was missed which could bias the results. Measures have been taken to reduce the propensity of this occurring, such as reviewing a number of large relevant databases. There was also not the resource to have a second scorer screen all articles in full, which is recommended by Varker et al. (2015). This could increase the risk of bias interpretations of the findings. However, a second scorer was sourced to assist with the appraisal phase.

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Book/Media Reviews: Editorial

Cheryl Odell

WITHIN THIS EDITION of *Forensic Update*, following our main articles, you will see there have been some changes to the reviews section. In addition to the regular book reviews, we have opened up to include reviews of podcasts related to our field. Moving forward this can be specifically forensic psychology related, associated with forensic settings, or general psychology principles. While book reviews are important and useful to our profession, it is recognised that we may not always have the available time to go ahead and read a book, even one with a sterling review. However, the range of podcasts now available means we can expand our knowledge and understanding, undertaking valuable CPD while we commute to work or go for a walk.

As our very first *Forensic Update* podcast reviewer we have Dr Sally Tilt, DFP Chair and co-presenter of The Forensic Psychology Podcast and Behind the Crime. Sally has

reviewed an episode of 'Let's Talk About CBT', which focuses on digital therapy. For this edition, I have also written a book review of *Essentials of Compassion Focused Therapy: A Practice Manual for Clinicians* by Nicola Petrocchi, James Kirby and Beatrice Baldi.

If you have a favourite podcast, or listen to an episode you would like to share with peers and colleagues, please contact cherylodell6@gmail.com to discuss writing a review. Equally, if you would like to undertake a book review, please also get in touch to find out what books are currently available for review. I have a number of books on pre-order that are due to be published in early 2025 so there will be more available around February.

Cheryl Odell C.Psychol, AFBPsS, HCPC
Registered Forensic Psychologist
Book (and other media) Reviews Editor

Book Review

Essentials of Compassion Focused Therapy: A Practice Manual for Clinicians

2024, Routledge

ISBN: 978-1032565545

By Nicola Petrocchi & James Kirby,
with Beatrice Baldi.

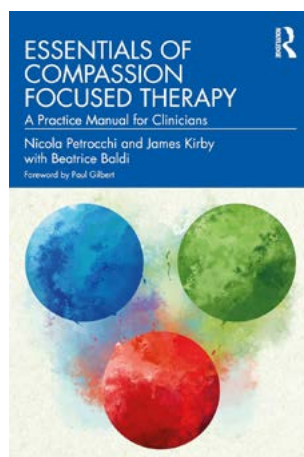
Reviewed by Cheryl Odell

ESSENTIALS OF COMPASSION *Focused Therapy* provides a detailed and comprehensive manual to assist those already trained in Compassion Focused Therapy (CFT) in the implementation of the therapy in both group and individual settings. The book uses helpful and accessible examples to aid understanding and does this well in the description of who should use the manual – it is emphasised that no therapy, including CFT, can be learned from a book and therefore it should be used ‘like a map for those who already know how to drive’. With this in mind, this review will focus less on the key aspects of compassion, and more on the particular sections that stood out to me as helpful ways of working therapeutically.

As someone who undertook, and very much enjoyed, training in CFT earlier this year, I was interested to understand what it can look like in practice and to gain some helpful tips on the best ways of sharing the key concepts with clients. This book absolutely delivered in that regard; in the foreword, Professor Paul Gilbert explains that the book is derived from a much larger manuscript that he has worked on for many years with contributions from the authors, and reflects ‘a long history of efforts to translate science into intervention’. The book provides an

outline of 12 modules, with recommendations for session breakdowns and options of delivering as one-hour or two-hour sessions. There is also a section providing information and guidance on completing CFT case formulations in order to help clients to understand how their own difficulties are likely to stem from an imbalance in the three systems model of emotional regulation. Completion of a formulation is advised as an initial step to help determine which exercises and modules from the manual are most relevant to the client in the development of compassion.

Each module begins with a list of aims and recommended reading for deepening your own knowledge of the concepts covered, and very helpfully, a table outlining the main elements of the module, the key learning points, and which therapist scripts and client handouts are available to support each of these. The therapist scripts are excellent for providing guided examples and visualisations, and are used throughout the manual as invitational exercises. There is also great use of full colour diagrams and worksheets that can be photocopied from the book (copyright is indicated in the book, but allows certain pages to be reproduced), and are also available as printable pages from the



book's companion website. I found this to be really helpful as it feels like the book is a 'one stop shop' for planning and preparing for delivery of CFT sessions. The companion website also has videos and audio files which can be used within each module, however the opportunities to utilise these in a prison setting may be much more limited.

In terms of content, I reflected that the modules follow a very similar structure to the CFT training that I attended, and there was nothing that was entirely new, which reinforced the 'map for those who know how to drive' analogy. I really liked the visual examples of 'the three circles in action', which demonstrated how the balance of the threat, drive and soothe systems is dynamic and can adjust depending on situations and social interactions. The module focusing on shame and guilt also gave some great examples differentiating between internal and external shame, humiliation and guilt. I haven't seen these broken down so explicitly before, and I think this resource would be of benefit when explaining these concepts to clients, as in my experience it can be complex for them to grasp the differences when the words are often used interchangeably in general life. Worksheets are also provided with scenarios to help clients to explore how these may

present for them in different situations. Another section I thought would be particularly helpful in working with prisoners is the exercise and handouts relating to recognising assertive communication. This provides a range of examples of not only the types of words used when being assertive, but also the associated body language and tone of voice, and gives space for the participant to reflect on any additional things they would add to these lists.

Overall, I was impressed with this book, particularly the attention to detail and helpful provision of therapist materials. Key themes are introduced, reinforced and built upon to support clients in developing their compassionate selves and the flow of showing compassion to themselves, compassion to others and accepting it from others. I believe that this book would be valuable in building therapist confidence in using their learned skills and delivering CFT as a therapeutic intervention. For those not yet trained in CFT, I would recommend starting with something more focused on the key concepts, rather than the delivery of these to others, such as *The Compassionate Mind* by Paul Gilbert.

Podcast Review

Let's talk about CBT

Supported by The British Association of Behavioural and Cognitive Psychotherapies

Hosted by: Dr Lucy Maddox

Website: letstalkaboutcbt.libsyn.com

Episode: letstalkaboutcbt.libsyn.com/website/digital-cbt
(Available widely on podcast platforms)



Reviewed by Dr Sally Tilt, DFP Chair.

Overview of podcast series

LET'S TALK ABOUT CBT is a podcast from the British Association for Behavioural and Cognitive Psychotherapies (BABCP). The first episode was released in 2018, and there are 31 episodes to date. For the completists amongst us, this is good news – there's a fair chance that if you enjoy the podcast you'll have a chance to tick off all the episodes through a car journey commute or a dog walk routine. Some of the episodes are very snappy – the shortest is 8 minutes, and the longest is 47 minutes, so it's possible to engage with the podcast without having to take annual leave or drop a day at work. All the episodes focus on the application of Cognitive Behavioural Therapy (CBT) to a particular mental health challenge, and typically include both a client voice who has experienced the therapy, and a therapist who has delivered or researched the therapy. The series is hosted by Dr Lucy Maddox, Clinical Psychologist.

Episode reviewed

The episode I've selected to review was released in September 2020, there are some references to the pandemic, and inevitably some of the information on the topic has progressed since this point. However, despite this, I selected this 40-minute episode as I find it a supportive introduction to a subject area which I think many people feel they might

need to know more about but are perhaps less confident about how to go about this – digital therapy.

For starters, the word 'digital' has been asked to do a lot of heavy lifting over recent decades, and the episode helpfully includes a description from Dr Graham Thew, Clinical Psychologist, about formats of therapy that could fall under the descriptor of 'digital therapy'. From meeting with a therapist over a video link, to a format where CBT is completed through online workbooks. The episode focuses on a format which might be considered as between these two examples, in which the client initially meets with a therapist, after which the therapy is delivered by online modules, and telephone calls or messages between the therapist and the client.

In the episode we meet Fiona, who was referred to the treatment programme for support to manage her trauma response, following the illness and death of her husband. At this point, I would flag that Fiona does share some details of her husband's illness and her experiences of caring for him, and if this is something that you might find hard to listen to, a different episode may be a better choice for you. While some aspects of the therapeutic process mirror a conventional CBT format, for example, the material was developed

from existing approaches for PTSD, the episode highlights some of the key differences. One aspect is the temporal relationship between Fiona and her therapist. She describes completing some modules on the bus as she commuted to work and positively identifies how this allowed her to practice strategies to manage her emotions as they arose in the moment. Similarly, one of the big questions that is reasonably asked about digital therapy is of the impact on the therapist – client relationship. Fiona describes how she appreciated being able to message her therapist at any hour. Although the therapist wouldn't respond until a suitable time, it allowed Fiona to release the thought from her mind. Dr Thew highlighted that this format enabled clients to have an extended virtual relationship with their therapist throughout their week, rather than just during a time bound therapy session.

The episode closes with a review of the evidence on Digital CBT, suggestions for questions to ask if you are planning to access it, and of future research needed.

Theme tune

Perhaps the equivalent of describing the cover of a book, a word about the theme tune for the podcast. One of the reviews describes it as 'a retro soundtrack... like an old Nintendo game'. I challenge you to listen to more than one episode and not be singing along with the catchy tune – so caution should be applied if you're planning to listen in a public space.

Final thoughts

This is a 'produced' podcast, that is, in contrast to podcasts which are essentially a long conversation, this is an edited format with the host introducing different guest segments to build a narrative. In my opinion, this tends to be a more concise format, providing bang for your listening buck. The series has a clinical rather than forensic psychology focus, however the concepts are transferrable across settings, and is likely to be of interest to practitioner and academic psychologists who are interested in hearing about CBT applied in different contexts.

Forensic Update

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of the Division of Forensic Psychology

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ISSN 2050-7348

