



Circles South West

Circles of Support and Accountability:
a community response to a community problem

HARP: preventing first time sexual offending

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NO
MORE
VICTIMS

Prevalence

Devon and Cornwall Police Force Area:

- 2,202 MAPPA Category 1 Registered Sex Offenders (RSOs) living in Devon and Cornwall (i.e. approx. 2.5% of 86,357 RSOs living in England and Wales)
- 134 RSOs per head of 100,000 population over 10 years of age (compared to average across UK of 129 per 100,000)

Source: MOJ MAPPA Annual Report 2023-24

- No official statistics on the prevalence of young people's harmful sexual behaviour (HSB); the available data suggests around a third of child sexual abuse is committed by other children and young people

Source: Statistics Briefing on Harmful Sexual Behaviour, NSPCC 2024

About Circles South West

WHO WE ARE

- Regional charity established in 2010
- Vision: 'No More Victims' of sexual abuse
- Governed by Board of Trustees
- 12 staff based across the South West Region (inc. at HMP Ashfield)
- 200 community volunteers
- The only Ministry of Justice approved organisation providing Circles of Support and Accountability in South West England

Work in close partnership with police, prisons, probation, youth justice, local authorities, NHS and voluntary sector organisations to help prevent, manage and reduce the risk of sexual abuse and sexual violence in the community

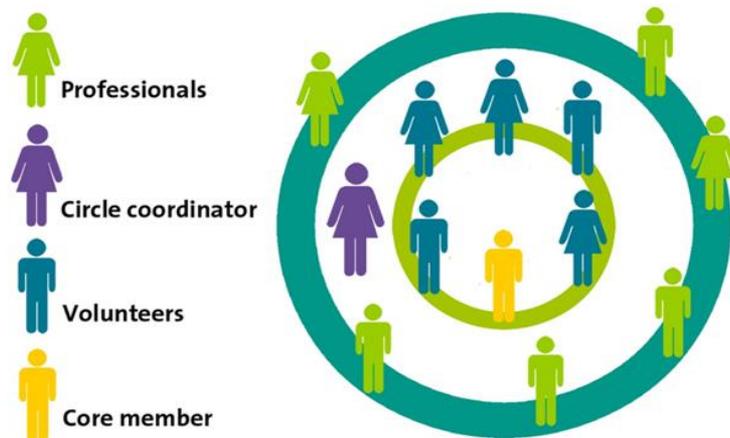
About Circles South West



Origins of Circles

- 'Healing Circles' – restorative practice'; practical application of 'Good Lives Model' and Desistance Theory
 - Founders: Canadian Mennonites - First Circle: Ontario 1994
 - 2000 - 7-year-old Sarah Payne abducted and murdered by a known sexual perpetrator- catalyst for establishment of Multi-Agency Public Protection Arrangements
 - 2000 - The Quakers and Lucy Faithfull Foundation championed Circles in UK
 - 2002 – Government funding for 4 Pilot Projects
 - 2008 – Circles UK established
 - 2008 - MAPPA funded pilot in D&C delivered by NSPCC
 - 2010 - Circles South West established
 - Now - 12 Circles Projects across England & Wales
 - Circles South West – 345 circles to date (June 25)
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Understanding how Circles of Support and Accountability work



Underpinned by partnership working at every level

- Referrals from Police, Probation, Youth Offending Team, Social Services
- Information sharing with supervising agencies
- Embedded in MAPPA
- Young People's CoSA (10 years+) for harmful sexual behaviour or convicted

CoSA Eligibility (adult)

All referrals meeting criteria will be considered, with priority given to those assessed as high or very high risk of serious harm

OFFENCE TYPE - SEXUAL	Current conviction for a sexual offence against adult or child (includes non-contact offences). Historic sexual offences may also be considered if relevant risk and need criteria are met
RISK CLASSIFICATION	
OASys	Medium, high or very high risk of serious harm
OSP/DC and OSP/IIC	All likelihood of sexual reoffending classifications will be considered
GENDER	Any
AGE	21 years +
STATUS	Statutory supervision by Probation and/or Police

CoSA Suitability (adult)

MOTIVATION & ATTITUDES	Committed to creating no more victims and to desist from harmful sexual behaviour	
LEVEL OF ENGAGEMENT	Prepared to engage with a Circle on a voluntary basis	
SITUATION	Living in the community or is within 6 months of release into the community	
POSSIBLE AREAS OF RISK & NEED	Poor self esteem	Sexual preoccupation
	Offence related sexual interests	Emotional loneliness
	Emotional congruence with children	Social Isolation
	Lack of pro social network	Poor problem solving
	Lack of employment/ hobbies	Impulsivity
	Lack of appropriate intimate relationships	



Strengths-based approach: Desistance

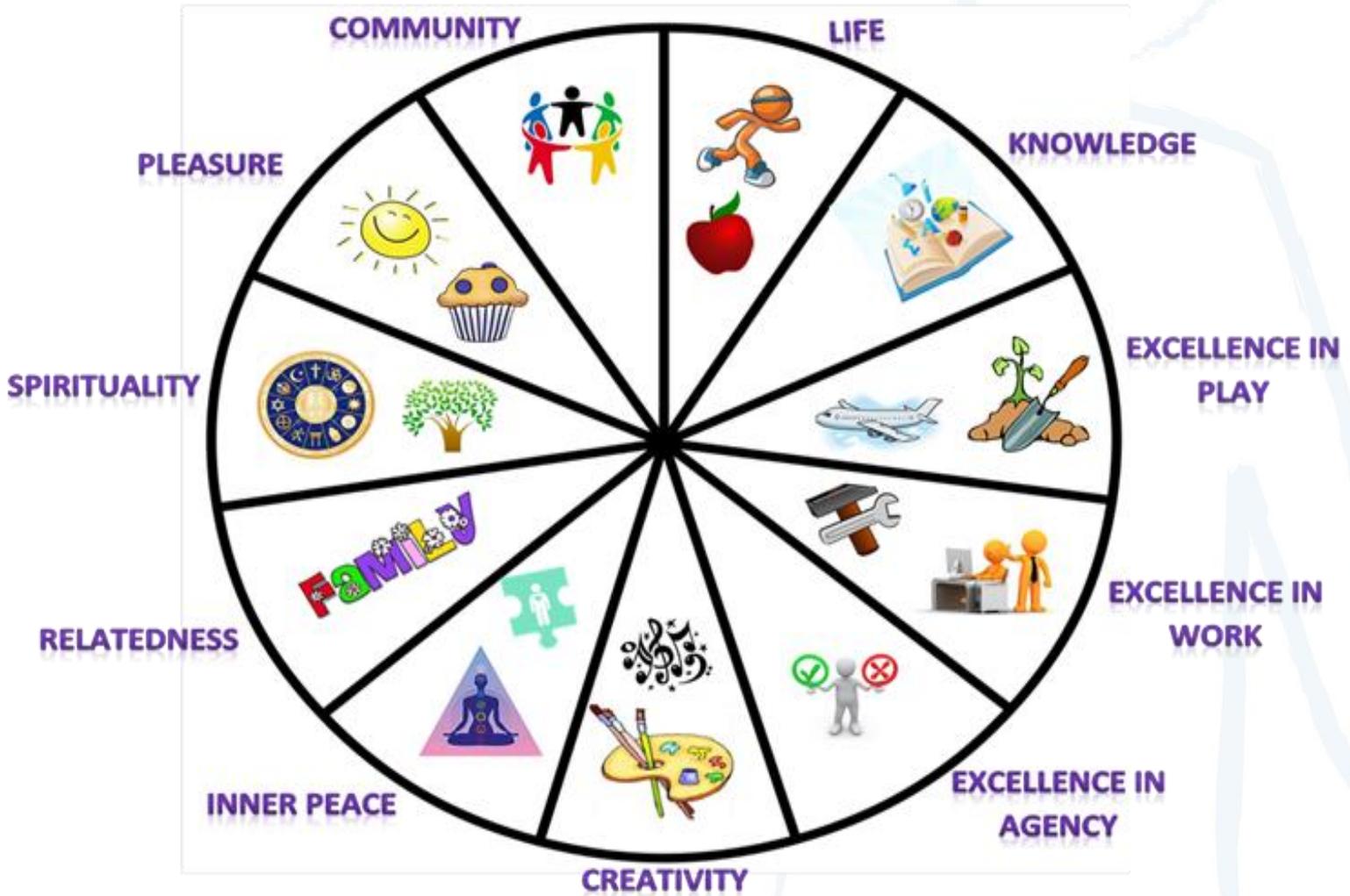
- Research shows that people respond better and are more motivated to change when they feel better about themselves.
 - Ageing is a natural desistance
 - Building social capital - Bonding in the community (encourage positive interests/activities)
 - Individual narratives/identities – holding individuals to account whilst supporting their positive attributes to challenge their view of themselves and societies views to increase acceptance ‘ – more than your offence.
 - Importance of positive mentoring to positively impact social connections/new opportunities/supporting change in identity/narratives.
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GOOD LIVES MODEL (Tony Ward)

Rehabilitation framework that focuses on needs, which encourage individuals to identify and formulate ways of achieving personally meaningful goals in prosocial ways.



THE WHEEL OF LIFE



Independent Evaluation (2017-2022)

research
in practice



- 5 years (2017-2022) independent evaluation by Research in Practice
 - 131 Circles of Support and Accountability (CoSA)
 - Ethics approval from Her Majesty's Prison & Probation Service (HMPPS) National Research Committee (NRC)
 - Research highlights the statistically significant impact of CoSA in reducing dynamic risk factors associated with sexual recidivism over the life of a CoSA e.g. sexual interests, offence related attitudes, relationships, and self-management
 - Dynamic risk is impacted by protective factors such as employment and accommodation status, community connectivity and involvement in positive activities as well as risk factors such as social isolation and emotional loneliness, all of which are addressed by CoSA
 - Data for each CoSA collected at multiple time points, using multiple tools – including; psychometric tests, bespoke questionnaires, dynamic risk reviews, self-reporting
 - Data for each CoSA collected from multiple stakeholders – including; core members, volunteers, coordinators and parents/carers in the case of young people, providing a comprehensive data set.
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Core Member outcomes between the start and end of their Circle

Reporting 2017-2022 SOUTH WEST adult core members (n=81)*	Outcome *outcomes differ slightly for types of circle and therefore this is the range for standard community circles and prison-though the gate circles
64-80%	were better integrated into their local community
77-80%	were making more careful decisions
79-85%	had improved wellbeing
69-70%	were less isolated
70-92%	were better managing their sexual thoughts & behaviour

“Circles of Support and Accountability are an important part of a community-led, strengths-based and restorative approach to reducing the risk of future sexual abuse” Research in Practice

CoSA performance and impact

HMI Probation Research Evidence on Sexual Offending, Oct 2021

‘Circles of Support & Accountability have been found to reduce risk and increase compliance with registration requirements’

‘CoSA has been found to reduce reoffending and increase compliance by high-risk sexual offenders’



Her Majesty's
Inspectorate of
Probation

Ministry of Justice CoSA Code of Practice Compliance Review, 2023



Ministry
of Justice

Undertaken by Circles UK

12 standards, 43 requirements

95.4% compliance

Identified best practice





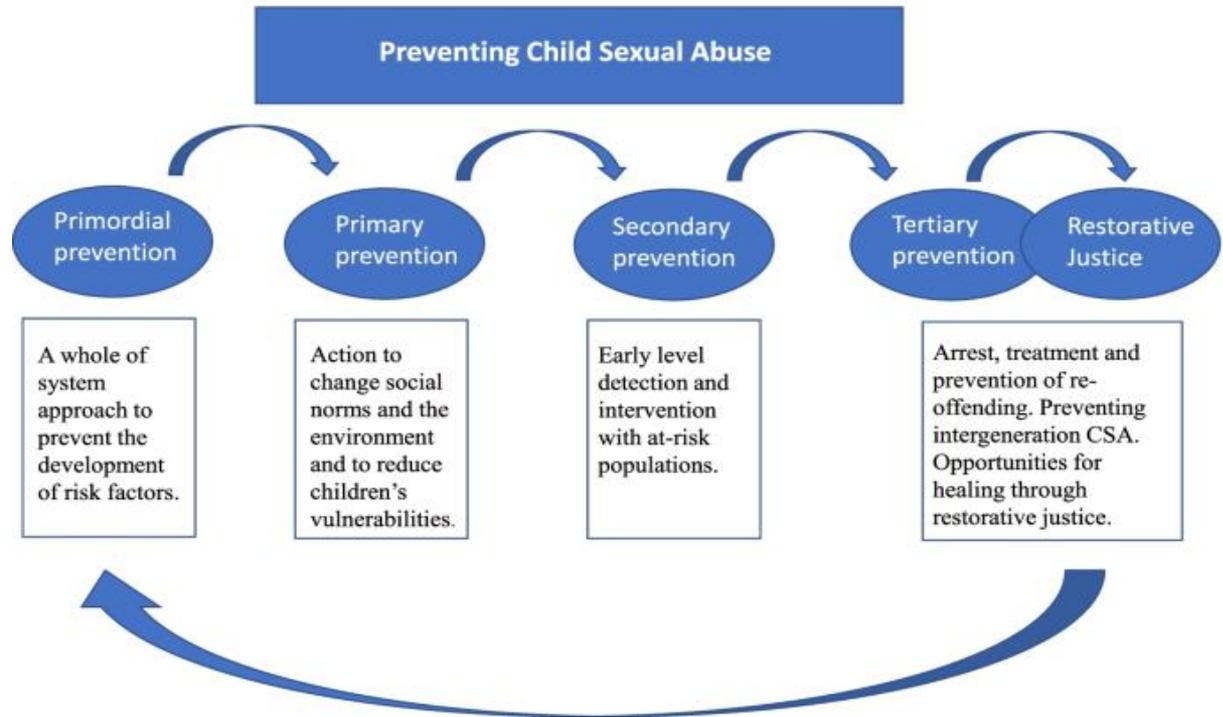
Towards a public health approach for the prevention of first-time sexual offending

Plymouth community prevention support for adults with enduring sexual thoughts about children



A Rationale of Need: Towards a Public Health Approach

- Moving to a public health model
- Three tiers
- Desistance theory



Plymouth Together for Childhood (TfC)



- NSPCC initiated in 2018
 - Innovative ten-year, evidence-informed programme focussing on preventing child sexual abuse
 - Brings together local partners and families to make communities safer for children
 - Public health approach to preventing child abuse
 - Develops and tests effective approaches learning from international best practice
 - Complements Plymouth's ambition to be a model trauma informed city
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Purpose and Scope



Co-commissioned by:
Plymouth City Council (Changing Futures)
AND
University of the West of England

Feasibility of establishing a community prevention service in Plymouth for adults with an enduring sexual attraction to children, including an assessment of the City's readiness and what may be required to ensure successful implementation.

Literature review

NO-ONE WAKES UP IN THE MORNING AND DECIDES TO BE SEXUALLY INTERESTED IN CHILDREN!

- There is limited academic research
 - Most research on men in the criminal justice system
 - Human sexuality and how it develops is complex - the mechanisms by which sexual attraction to children develops are unknown
 - Paedophilia versus child molestation/offending – thinking v behaviour
 - Anecdotal evidence suggests that many self-identified ‘paedophiles’ do not act sexually with children or adolescents, but it is not known how many do not.
 - What are the factors that lead to the crossing of the divide?
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Literature review

- Many 'sexual offenders' experience deviant sexual fantasies before their first arrest
 - **On average, almost a decade between the onset of deviant sexual fantasies and the first arrest for a sex crime**
 - Sexual thoughts and fantasies involving prepubescent children were positively related to sexual offending.
 - Sexual interest in children is recognised by the individual by late adolescence
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Sexual interest in children - research

- Research suggests that 20% of men exhibited some attraction to children or pubescent adolescents; and that for 0.5% to 5% of all males, this attraction is preferential and enduring. (*Abel & Harlow, 2001; Farella, 2002; Feierman, 1990; West, 1998*)
- Estimates non-trivial prevalence of a paedo-hebephiliac interest (prepubescent/pubescent children) in non-offending (or rather non-convicted) heterosexual men in the community to be approximately 5% (*Dombert et al., 2016; Seto, 2018 in Clayton and Hocken 2022*).



Plymouth – Local Estimates

- Plymouth population = 264,700
 - Aged over 17 and less than 75 years old = 78% population (206,466)
 - Male adult less than 75 years old = 49.1% population (101,375)
 - Heterosexual adult males less than 75 years old = 88.95% (90,173)
 - 5% of adult heterosexual males under 75 who have sexual interest in children = 4,500
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International Secondary Prevention Services



The PedoHelp® project



UK Secondary Prevention Provision

Stop it now



#STOPSO

Service User Consultation 2017/2023: Summary

- Signposting to other support opportunities
 - Graded approach – starting online and moving to F2F
 - Independent, safe, trustworthy, anonymous at start
 - MH professional/voluntary agency worker/psychologist
 - Peer support?
 - Flexible
 - Mental health focus
 - Early intervention
 - Changing public perception
 - Role of legal pornography in the escalation of behaviour
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Service user Consultation 2023

'I'm not that kind of person – I don't want to go down that road. Don't want to be a monster – feel worst person in world. No one will want me' (2023)

'Didn't realise was wrong till well after had started offending. Go through phases of stopping the thinking and masturbating but always drew me back' (2023)

'Mental health worsening – keeping secrets – disgusted at self – knew the secret was a bad one'. (2023)

HARP Prevention Programme

HARP: a strengths-based harm prevention programme for un-convicted adults with a self-identified, enduring sexual attraction to children.

The programme is designed to:

- Improve service users' self-management, preventing them acting on their attraction
 - Alleviate their mental distress and negative outcomes associated with such sexual thoughts and feelings
 - Deliver early prevention, improve community safety and facilitate safe community participation.
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HARP pilot project recommendation

- 18-month pilot project (+ 4 months set up / mobilisation)
 - 20 adult men, not known to CJS, live or work in Plymouth
 - Up to 20 x 1:1 sessions (90 minutes), in-person over 6-9 months, plus mentoring support
 - Intervention: psychologically informed individual programme
 - Delivery team: programme manager, clinical psychologist, project worker, volunteer mentors
 - Unit cost: £9,343 per service user (excludes mobilisation costs) (< 10 weeks prison)
 - No dedicated venue – use of community resources e.g. QMHs
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Eligibility and Suitability Criteria

Eligibility:

PRESENTING NEED	An enduring sexual attraction to children that causes negative thoughts and feelings, impacting the individual's mental health and ability to cope on a day-to-day basis
SEX	Men and those assigned as male at birth
AGE	18 years +
STATUS	Not known to the criminal justice system for harmful sexual behaviour No allegations or family court fact-finding relating to sexual conduct

Suitability:

MOTIVATION & ATTITUDE	Committed to no harmful sexual behaviour
LEVEL OF ENGAGEMENT	Willing and able to engage with HARP on a voluntary basis for 6-9 months
SITUATION	Lives or works in Plymouth and intends to do so for the next 6-9 months

Delivery Model

Level 1: Referral & Initial Contact	Self-Referral or professional referral via phone, email or website. If meets basic eligibility criteria invited to level 2
Level 2: Initial Assessment	Via phone, video call or in-person. HARP worker assesses fit with detailed eligibility criteria. If met, invite to stage 3
Level 3: Full (clinical) Assessment	Undertaken by Clinical Psychologist (CP) in person. CP recommends individual 'treatment' pathway and designs intervention
Level 4: Intervention*	Bespoke individual programme provided for 6-9 months, mentoring option

*Based on DBT (Dialectical Behaviour Therapy), CBT (Cognitive Behavioural Therapy), CFT (Compassionate Focused Therapy), GLM (Good Lives Model) and Desistance Theory

Key intervention targets

- Reinforce and strengthen commitment to an offence-free life
 - Address maladaptive thoughts/schemas surrounding child sexual abuse
 - Strengthen general self-regulation, emotion management, and coping with stress
 - Build self-efficacy and a prosocial identity and strengthen general empathy skills
 - Strengthen sexual self-regulation
 - Reduce sexual interest in minors (if interests do not exclusively relate to children)
 - Strengthen adult sexual interests (if interests do not exclusively relate to children)
 - Enhance understanding of minor-attraction and promote self-acceptance
 - Explore stigma and strategies to navigate stigma
 - Strengthen skills for adult intimate relationships
 - Good life planning'
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Intervention modules

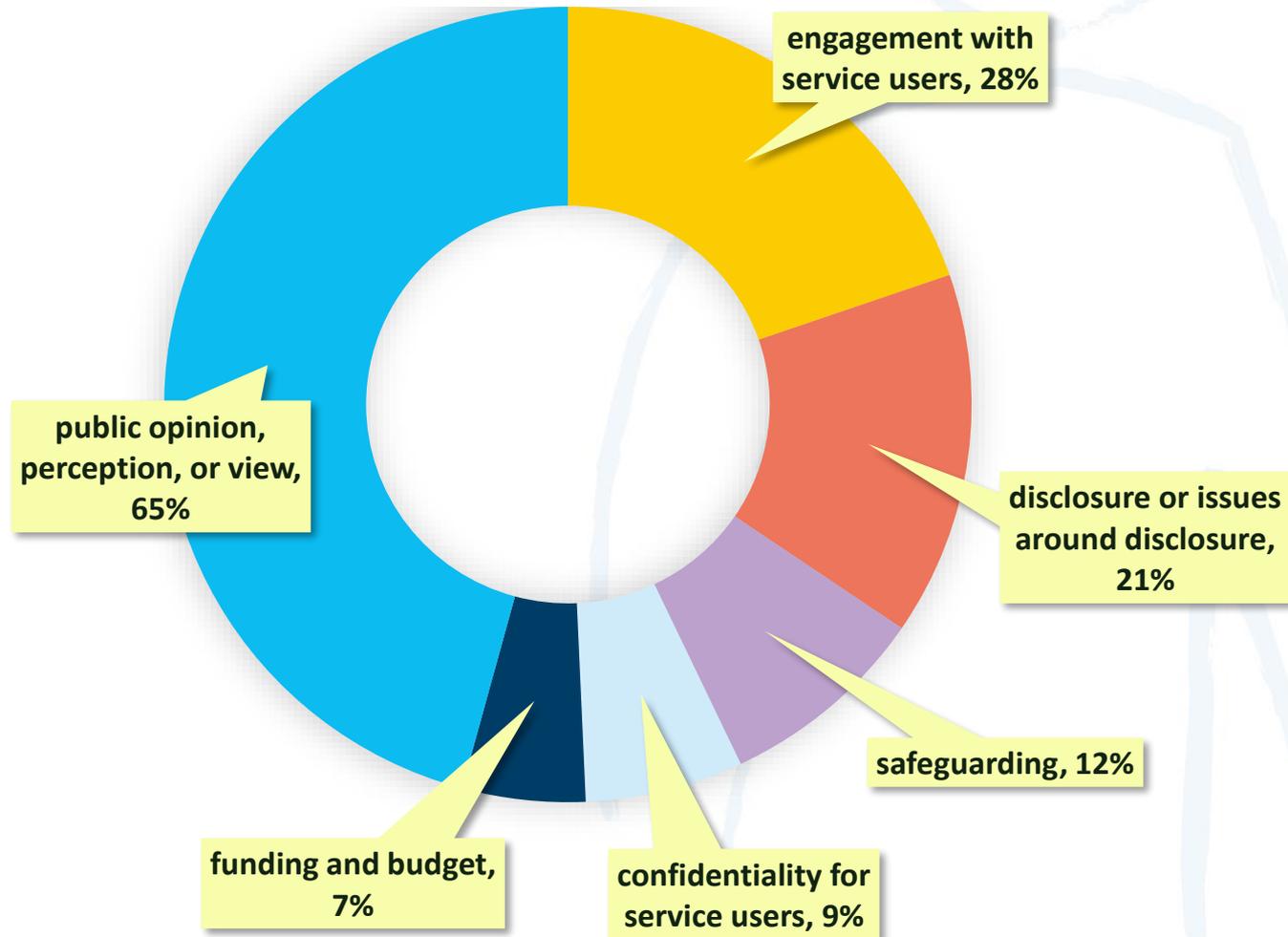
- Core: Assessment
 - Core: Collaborative Intervention Goal-Setting
 - Understanding and Living with My Attractions
 - Understanding Harmful Sexual Behaviour
 - Strengthening Skills
 - Managing my Sexual Attraction and Finding Pleasure
 - Strengthening Adult Sexual Interests (if non-exclusive)
 - Processing Grief (if exclusive)
 - Building Better Relationships with Adults
 - Core: Good Life Planning
 - Core: Post-intervention Assessment
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City Readiness

- Estimate 2700-4500 PSUs in Plymouth
 - Minimal public consultation to date – media and comms campaign critical –next phase summer 2025
 - Views of 3 local MPs sought
 - Consultation with 60 local professionals (June 2024)
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City Readiness: Workforce Consultation (2)

Challenges identified by professionals consulted:



Safeguarding and disclosure: further considerations

- Anonymity
 - GDPR
 - UK mandatory reporting
 - Safeguarding
 - Professional and organisational standards/procedures

 - Disclosure of behaviour linked to sexual thinking about children e.g. masturbation
 - Disclosure of historic v current offence; IIOC/CSAM vs contact
 - Working with 'professional' SUs – is this different and if so, why and how?
 - What information to report, to whom, when? What is recorded and how stored?
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Next Steps

TASK
Community consultation – summer 2025
Communication with key stakeholders who might influence Phase 3
Consideration of and decisions about eligibility, safeguarding and disclosure
Secure pilot-project core funding



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