

People hurt people: reconceptualising criminogenic need to promote trauma sensitive and compassion focussed practice

Jon Taylor and Kerensa Hocken

Abstract

Purpose – This paper aims to outline the human capacity for harmfulness and details the role of trauma and adversity in the consolidation of harmful capacities.

Design/methodology/approach – The paper is a theoretical overview and offers a rationale for developing more trauma sensitive practices.

Findings – The paper proposes compassion focussed therapy (CFT) as an overarching approach to organising interventions.

Practical implications – The paper invites practitioners to develop a holistic approach to forensic interventions incorporating a collaborative formulation and personal objectives for service users.

Originality/value – CFT and trauma informed approaches to working with risk are relatively new in the forensic field. This paper provides a rationale for the further development of such approaches within forensic settings.

Keywords Sexual offending, Violent offending, Harmful, Intervention, Trauma-informed practice, Compassion focussed therapy, Evolutionary psychology

Paper type Viewpoint

Jon Taylor is based at the Healthcare Department, HMP Whatton, Nottingham, UK and Community Forensic Mental Health Team, Derbyshire Healthcare Foundation Trust, Derbyshire, UK. Kerensa Hocken is based at HMPPS and Safer Living Foundation, Nottingham, UK.

Background

People hurt people. The causes and remedies for this have long been a focus of academic and clinical attention, yielding a multitude of explanatory theories and intense efforts to provide preventative and rehabilitative interventions. In contemporary forensic practice, interventions designed to reduce reoffending by men convicted of harmful offences have been characterised by cognitive-behavioural therapy (CBT) interventions with a marked leaning towards manualised group treatment protocols (Schumker and Losel, 2017). The growth of CBT-based interventions that have prevailed in forensic practice have been guided by the risk-need-responsivity model (Bonta and Andrews, 2016). The *risk principle* suggests practitioners should match the level of risk to a proportionate amount of intervention so that the most intensive services are reserved for people assessed as highest risk. The *need principle* specifies that intervention should target characteristics associated with reoffending. Finally, the *responsivity principle* identifies general and specific procedures for delivery. General responsivity states that intervention should use CBT procedures. These include functional analysis, identifying thinking patterns and teaching cognitive skills. Specific responsivity guides practitioners to attend to the circumstances of individuals to fine tune delivery to maximise learning. Despite the strengths of the risk-need-responsivity (RNR) model (Hanson *et al.*, 2009), the almost

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exclusive focus on direct criminogenic factors can overlook a holistic and formulation led consideration of an individual's life experiences and as a consequence may be unable to offer therapeutic support for important aspects of an individual narrative (for example, adversity, discrimination, trauma), and therefore, inevitably deny curative therapeutic opportunities.

In accordance with this observation, evaluation of interventions for men convicted of harmful offences shows that they are inconsistent in their ability to effectively reduce further harm. Several meta-analytic and systematic review studies (Gannon *et al.*, 2019; Henwood *et al.*, 2015; Schmucker and Lösel, 2015) have pointed towards a significant effect for men who completed a CBT intervention whilst others (Dennis *et al.*, 2012) have suggested that such interventions produce no differences in reconviction rates and in some cases an increase in recidivism has been observed (Mews *et al.*, 2017). A clear rationale for these inconsistencies has been elusive, though various factors have been cited, including methodological quality of evaluations (Walton, 2018), implementation factors, therapist skill and training and intervention content (Gannon *et al.*, 2019). Despite the plausibility of these factors, the inconsistent outcomes highlight the need for us to continually re-consider aspects of our practice to find the most effective ways of working alongside service users to reduce harmfulness.

We suggest that one area that is worthy of reconsideration concerns our understanding of human harmfulness. In current practice most established theories of harmful behaviour share a common assumption that they are looking to explain faulty or unusual/abnormal human behaviour, reflected in the pathologising language used to describe the observed causal factors (e.g. distorted thoughts, maladaptive schema, deviant fantasies) and the intervention philosophy (CBT) to repair or correct these abnormalities, via "treatment".

This disease orientated approach to understanding and intervening with harmful behaviour has been questioned and an alternative conceptualisation of harmful behaviour as a means of meeting basic human needs has been proposed within the Good Lives Model (GLM) (Ward, 2002). This has seen a shift in intervention directed towards skill boosting, rather than "symptom" reduction (Ward, 2014; Ward and Beech, 2015). However, whilst the GLM represents a significant and welcome shift, it does remain a somewhat deficit-based model, with more contemporary interventions based on addressing these skill deficits without understanding what may have caused them or whether people possess the motivation to use them.

In contrast, we propose that the weakness of a paradigm that views harmful behaviour as abnormal should be given more credence and we argue that a reconsideration of three cornerstones of current intervention wisdom is necessary; the scientific paradigm that underpins the prevailing theory (RNR), the subsequent therapeutic approach (CBT) and the nature of criminogenic factors they hope to target. Evolutionary science offers an alternative, promising paradigm for understanding human harm and elucidating the origins of criminogenic needs. Evolution theory holds that behaviour arises out of survival need (defence, protection, reproduction, etc). and in every instance we need to ask what evolutionary biopsychosocial circumstances necessitate the need for a behaviour, harmful or otherwise. Through this lens, harmful behaviour is accepted as an inbuilt behavioural response from which humans can draw upon to meet their survival needs.

The remainder of this paper sets out our rationale for the application of evolutionary science to forensic practice with a primary focus on understanding the "how" and "why" of the human capacity for harm, without which we consider interventions to reduce harm perpetration will have limited effectiveness. We start with a consideration of the role of evolution in shaping human genetic material and behaviour and the evolved benefits that may be found in various forms of harmful behaviour. We then consider how early life experiences influence the expression of our genes and how certain experiences may

stimulate dormant genetic potentials. We then propose a holistic and trauma sensitive approach that takes direct account of our evolved capacities and genetic potentials, and thus provides a clear theoretical understanding of harmful behaviour.

Evolved minds: the platform for modern behaviour

Human beings have been shaped by natural selection, a process that selects genetic material that offers a reproductive advantage. Darwin's theory of evolution identifies three key aspects of this process (Buss, 2015). Firstly, traits vary amongst individuals with respect to their physiology and behaviour (phenotypic variation); secondly, different traits provide different rates of survival and reproduction (differential fitness); and thirdly, traits can be passed from generation to generation (heritability of fitness). Common human characteristics can, therefore, be understood to have benefits in relation to differential fitness and heritability (Walton, in the press, for an overview of genetics and the relevance for forensic practice). Differential fitness can be understood to be sensitive to context and indicates the potential for certain traits to offer certain advantages under certain conditions. Conversely, not all traits will carry the same potential advantage in all conditions. Similarly, phenotypic variation and our readiness to evolve our own behavioural characteristics within our lifetimes offer similar advantages; behaviour in one context may offer a survival value that the same behaviour may not offer in a different context. Learning to fight may be advantageous in one young person's household whilst passive acceptance may be a more effective survival strategy in another. The key point here is survival and our ability to adapt and to learn clearly offers some degree of evolutionary (reproductive) advantage, and therefore, will be coded for within our genes, increasing the likelihood that valued behaviour will be passed to the next generation (heritability of fitness).

As anthropologists have charted the evolution of human beings over time, we can trace many of the capacities and competencies that we demonstrate as modern humans. The nomadic lifestyle of hominids (our earliest ancestors) was replaced with a more stationary and settled way of life that was accompanied with the development of group living and the necessary capacities for group membership. The tasks of life began to be shared and hunter-gatherer communities provided a foundation for the division of labour and role creation. The language developed, art-work appeared, animals were domesticated and agricultural practices emerged. Whilst we had previously only been able to observe the power of fire, we learned how to make fire work for us; both as a benign complement to food preparation whilst also as a malignant complement to war. The *wise* and inventive mind of the *Homo sapiens* was evident in behaviour and continues to be the case in our most modern evolution today; *Homo sapiens sapiens*.

Inventiveness, however, did not stop with the bare essentials. Inventiveness stretched our ability for destruction and harm. Tools became weapons and by the time the Roman Empire spread across the globe human beings had left behind evidence of an imaginative array of machinery that was conceived, designed and built for the sole purpose of causing pain and suffering to other human beings. Furthermore, archaeological remains would suggest that this capacity of ours, to imagine how best to cause harm, is evident across cultures and whilst there may be variation in preferred methods – with some groups of human beings preferring *crucifixion* whilst others opted for an *Iron Maiden* (evidence of crucifixion dates back to 400 BC and has been found across both European and Middle eastern regions whilst the *Iron Maiden* has been described in Chinese and English history) – the consistent trait is our ability, readiness and willingness to hurt people (and other species).

Understanding the evolved nature of our minds allows us to appreciate that evolutionary forces help to shape our characteristics and our modern-day characteristics will have been preserved as a result of natural or sexual selection. In other words, although there is inevitable variation in the prevalence of characteristics amongst human beings, those that we continue to see will offer some benefits and the genetic material that provides their

template will be passed through the generations. Characteristics associated with hurtfulness will be selected just as readily as those that organise compassion, intelligence or physical resilience as long as the evolutionary criteria for success (survival and reproductive fitness) have been met. The bottom line then is that humans are not born with overriding programming to be caring to all others above everything, but caring and harmful behaviour are equally expectable if the survival circumstances call for it. The idea that some of us have some kind of harmful pathology and some of us do not is simply not accurate – we all need to be *delivered from evil* after all. This proposition fundamentally shifts the start point from which we view the harmful behaviour of forensic clients.

Epigenetics: responsivity to the environment

Whilst evolution offers a framework to understand how characteristics are passed through the generations, the role of the environment cannot be overlooked, both as an influence not only on what is advantageous or not but also on how genes are expressed. The shifting activity of genetic material, without changes in our basic deoxyribonucleic acid (DNA), is referred to as epigenetics. Epigenetic processes create modifications to DNA that turns certain genes on and other genes off, thus changing the way in which our cells “read” our genes. A comprehensive introduction on genetic and epigenetics aimed at forensic practitioners is provided by Walton (in press). However, for now, it may be sufficient to appreciate that each human cell contains DNA (and genes) in the nucleus but the way each cell “sees” the DNA/genes can vary (based on experience) and the different way that a cell sees or reads, the genes can change the way the cell works. Nessa Carey (2017) explains this complex process particularly well. She suggests that human life could be considered to be a film and each cell in the body is an actor. The DNA in the nucleus of each cell provides the script for the actors whilst specific genes (segments of the DNA) provide key instructions (exit stage left, for example). Epigenetics then takes on the role of the director. His or her interpretation of the script may vary and he/she may choose to emphasise one scene and omit another. The final outcome – what is read or seen or heard may change but the original script remains intact.

An illustration of this process can be found in the human stress response and our sensitivity to a stress hormone (cortisol). We now know that expression of the cortisol receptor gene in the hypothalamus is reduced in people who have a history of childhood trauma (Carey, 2012) meaning that they continue to produce cortisol even when blood levels are already high – the director (the early environment) has made the scene smaller (the gene is read less or even not at all) so it has less significance for the cells (the actor of the person in this instance). This suggests that the stress response becomes programmed, epigenetically, into our brains when we have been exposed to significant or prolonged childhood adversity (O'Connor *et al.*, 2018) – the nature of the scene has shifted despite the script remaining intact. As a consequence of this epigenetic change, we are able to maintain high levels of cortisol which, in turn, ensures that we sustain a readiness for fight or flight (the initial scene offered a calmer response). From an evolutionary perspective, this would be considered to have survival value – it makes sense to be ready to fight or to fly from a dangerous environment – and what forensic services may refer to as *emotional dysregulation* may, in fact, be a remnant of an earlier readiness to react and draw on the necessary emotions (anger and anxiety) that motivate our responses. Hardly a dysfunctional response when understood in this context.

In summary, evolution, as an overarching process that guides our survival and selects our genes, seems to have provided us with a range of competencies, some of which are designed to provide us with the ability to harm others. Simultaneously, evolution has provided us with a mechanism, epigenetics, which enables us to modify our genetic programme in response to our environment. The interplay of evolutionary and epigenetic processes has been explored in studies of twins and familial variation where there is some evidence that supports the role of

genes in determining the survival and expression of harmful characteristics, including sexual interests in children (Alanko *et al.*, 2013), sexual offending (Langstrom *et al.*, 2015), violence (Stetler *et al.*, 2014; Rosell and Siever, 2015) and more general anti-social traits (Ferguson and Beaver, 2009). In the context of forensic practice, where our aim is to support those who use services to manage these capacities, understanding how these harmful capacities are stimulated and nurtured in some (and indeed not in others) would seem to be a central aspect of intervention design and it seems critical that we consider how various capacities become necessary in any particular individual's lifetime. It is this understanding that we now turn our attention towards.

The role of trauma and adversity in the genesis of harmful behaviour

As we have said, there is increasing awareness that our social environment can affect us at a genetic level (Walton, in press) and abusive, neglectful or tragic childhood experiences can have an adverse impact on a range of competencies including emotional regulation, interpersonal behaviour and our sense of safety within our social world. When we consider the prevalence of these difficulties amongst those who cause harm, it is perhaps unsurprising that we also find that many people who harm also have significant histories of childhood adversity. Indeed, men with convictions are four times more likely to have experienced adverse childhood experiences than people without convictions (Reavis *et al.*, 2013) whilst men with convictions for sexual offences are consistently found to have experienced a broad range of traumatic experiences (Levenson *et al.*, 2016) and traumatic sexual experiences in particular (Jespersen *et al.*, 2009).

Acknowledging the prevalence of trauma in the lives of people who commit harmful offences highlights the need for forensic practice to acknowledge and develop an understanding of the processes that mediate the link between early trauma and latter harmfulness. In other words, accepting that there will be individual variation, we need to develop an understanding of how criminogenic factors emerge within a lifetime (epigenetic influence) and integrate this knowledge into clinical practice. Although it is beyond the scope of this paper to consider this in detail, a number of authors have pointed towards the connections between adversity and criminogenic capacities. For example, the emotional dissociation or numbing that accompanies trauma has been linked to aggression in adolescents (Allwood *et al.*, 2011) and the development of callous-unemotional traits (Kerig *et al.*, 2012).

Similarly, Van der Kolk (2004) suggests that dissociated trauma will be re-enacted and, as with the experience of abuse, the re-enactment of abuse can generate shame and inhibit guilt. Whilst guilt depends on our ability to notice the impact of our behaviour, and therefore, sits within a broad compassionate social motivation, shame, as an evolved emotion, promotes subservience (to Gods, powerful leaders, etc.), and thus is more concerned with threat and social rank. Shame will motivate us to downplay any wrong doings to retain the social rank and remain connected to our social group. In this sense, shame can contribute to denial of harm (Walton, 2019), organises us to turn away from distress (Kerig *et al.*, 2012) and focusses on the preservation of social role rather than behavioural change, thus preserving harmful actions. Reduction of shame and the facilitation of guilt would, therefore, seem to be critical areas of focus for interventions.

On this basis, it would seem reasonable to suggest that harmful offending behaviour could be conceptualised as an enactment of harmful capacities or as a re-enactment of early trauma. Any intervention to reduce harm to others would, therefore, need to acknowledge our predispositions and similarly will require a significant trauma focus if the re-enactment of harmful (and traumatising) behaviour is to be interrupted. Understanding that *people hurt people* and *hurt people hurt people* strengthens the case for a sensitive and compassionate approach to working with people with convictions. Trauma sensitive and rehabilitative cultures would, therefore, be a critical foundation for intervention whilst direct interventions will need to offer the core conditions associated with psychotherapy and a clear

understanding of human nature and the repercussions of adversity – an aspect of forensic practice that we consider later. For now, however, we turn our attention to the fundamental aspects of the context that help to accommodate adversity and traumatic experiences.

Accommodating adversity and trauma within compassion focussed practice model for men convicted of sexual and violent offences

So far we have looked back and glimpsed our ancestry – primitive, raw, cruel and murderous at times. If we are willing, then we can notice our readiness to wage war, to cause harm and to inflict pain. Accepting our readiness to harm – albeit under specific, though common conditions – invites us to reconsider our understanding of harmfulness and shift our conceptual frame from one that defines deficits, deviancy and dysfunction into one that understands humanity, human potentials and the underlying function of behaviours. Fundamental to this paradigm shift is a consideration of the culture of the secure setting, including the culture of the therapeutic alliance, the role of adversity, trauma and learning across the course of a person's life, our understanding of the criminogenic need and the nature of the direct intervention that is used to address the potential for further harmfulness. We will address each of these, in turn.

Social culture and therapeutic alliance

The inter-personal dynamic of secure settings will influence the lived experience for all of those who live or work into that setting (Ford *et al.*, 2012). Anti-social climates, often dominant in secure settings (Perrin, 2018), are likely to undermine attempts to foster pro-social attitudes and motives (Ware *et al.*, 2009). To counter this, the milieu of secure settings will need to promote the motivation for social acceptance and the competencies that create compassion (Elisha *et al.*, 2013). Within a locked residential environment this social acceptance will flow or not, from the social and professional relationships that populate the setting and organisations will need to take deliberate and strategic action to encompass the residential culture as an important aspect of rehabilitation. Social acceptance in this context refers to a culture that tolerates the expression of difficulties whilst holding social boundaries, thus encouraging reflection and learning rather than stimulating shame-based responses.

An accepting milieu lays a strong foundation for the growth of a similarly strong set of therapeutic alliances. The quality of the relationship between a therapist and their client/patient has been widely cited as a core factor that determines the outcome of psychotherapy (Westerman *et al.*, 1995). Characteristics of the therapist, including warmth, empathy and acceptance can facilitate disclosure and reduce inhibitors to engagement. In the context of forensic work, the nature of this alliance can become strained as a consequence of the somewhat unique circumstances that impact on the relationship (for example, the therapist may also have some direct influence over their client's liberty) and there is a strong potential the therapeutic alliance may mimic attachment histories (Beech and Mitchell, 2009). Trauma sensitive interventions propose that therapists will need to explore the nature of their relationship with the people they work alongside and consider transference and self-conscious emotions that may emerge in therapy. By exploring these dynamics the potential for a holding context that is necessary for trauma-based therapeutic work is enhanced, thus increasing the potential for healing and personal growth.

Trauma sensitivity

Although we have highlighted the innate capacity that we possess for harmfulness, the high rates of adversity in the lives of people who use forensic services orientates practitioners towards the impact and repercussions of traumatising experiences. If we are to support our service users to develop compassion for others and manage their behaviour, then we would

assert, with some conviction, that it is essential that we pay equal attention to their distress as we do to their hurtfulness. Indeed, it could be argued that a failure to do so would repeat patterns of neglect and indifference that were features of early adversity (Williams and Winship, 2018).

To do this it is necessary to explore sources of distress and although there can be multiple sources of suffering we have grouped these into three areas (Table 1).

Life experiences. Our discussion earlier indicated that sexual and physical abuse are both common experiences amongst forensic service users whilst emotional abuse and neglect are often pervasive. Bullying, poverty, discrimination, social exclusion and disadvantage all shape lives and organise learning and are a recurring experience for many people who have forensic needs. On the basis of the model we are proposing, we recognise that these experiences can shape us. They can stimulate evolved defensive strategies that seek to manage threats and promote safety. These strategies range from dissociative processes and submissive strategies to suspiciousness, hostility and violence. Whichever strategy is deployed may be influenced by inherited characteristics and the viability of any particular strategy within the specific adverse context. In our experience, people (as children) may draw in a number of strategies until they find one that maximises their well-being. Strategies used during early years may also develop over time into more assertive and externalising behaviours as muscle mass and physical stature increase, thus offering fight potentials that may not have been feasible during earlier stages of development.

Offence-related trauma. A further source of trauma that is unique to forensic populations relates to the individual's response to the specific nature of the offence that they committed. Most of the research that has looked into this area seems to focus on the experience of those who offend whilst psychotic and thus face the impact of their actions as their minds return to a more collective experience of reality. However, there is similar evidence (Crisford et al., 2008; Evans et al., 2007) that highlights the presence of trauma when people are faced with the consequences of their actions (from memories of the events, crime scene photographs, victim and/or witness accounts). The high rates of shame amongst people who have been convicted of various offences indicates the impact on social rank, social inclusion and self-relating and points towards the fear of isolation and rejection that is associated with certain behaviours. We would argue that interventions will need to address this trauma as readily as other types of trauma.

Incarceration trauma. Finally, it can be a challenging but important aspect of service delivery to recognise that secure settings can often cause further disadvantages by exposing service users to recurring distress (Taylor, 2017). For many people who reside in secure settings their daily life can leave them witness to violence, self-harm, restraints, forced medicating and various other challenging experiences. Incarceration also inevitably removes people from their social support systems leaving people bereft of attachments whilst the language, procedures and protocols can often amplify the lack of agency that is available to residents of secure settings (consider, for example, the construct of *mental disorder* that is a central tenant of the Mental Health Act). The long-term effects for those

Table 1 Sources of trauma and adversity

<i>Source of trauma and adversity</i>	<i>Key considerations</i>
Life experiences	Adverse childhood experiences, poverty, discrimination and oppression
Offence-related trauma	Dissociative state at the time of offence, remorse, reparation barriers, impact on self and kin
Incarceration trauma	Exposure to violence, loss of power and agency, oppressive policies and procedures, identity formation (<i>offender, personality disordered</i>)

released from long sentences has been observed to be similar to those of post-traumatic stress (Liem and Kunst, 2013). An imperative for secure services will be the need to acknowledge (with service users) and address the relational and environmental stressors that re(traumatise).

Reconceptualisation of criminogenic need

Criminogenic needs have been conceptualised as areas of human dysfunction. In particular, they have been construed as aspects of dysfunctional individuals – the deviant, disordered and maladaptive parts of *offenders, patients* and *prisoners*. Parts that are not within us – the therapists and service providers. The marriage between the RNR model and CBT took forensic practice away from psychological theories that recognise our more sinister parts – Freud's id (Freud, 1923) and Young's shadow (Jung, 1944) were cast aside whilst the presence of our (human) harmfulness across history was somewhat marginalised. Whilst the RNR model has undoubtedly supported clinicians to focus attention on those aspects of human functioning that appear linked to harm, the function of these aspects of the human repertoire has been lost as criminogenic needs have been presented as symptoms of *deviancy* that need to be targeted. Indeed, Ward and Beech (2015) caution that criminogenic needs are in effect "symptoms" not etiological factors and it is critical for successful intervention to explain and address their occurrence and links to offending.

In the basis of the discussion so far there are three key themes that challenge the pathologising approach to forensic interventions. Firstly, our brains (prisoners, patients, psychologists, therapists, nurses and prison officers) have evolved over time and we have retained capacities that enable us to cause harm to other human beings (and indeed other species). Secondly, our basic biology has the capacity to modify the expression of our genes in response to environmental conditions and thirdly, we are built to learn and absorb information that privileges survival and safety. In essence, this suggests that we are designed to have the capabilities that can enable us to cause harm, that we can modify the expression of our inherited characteristics when our context creates the need to do so and that we are designed to absorb the culture and values of our social environment to promote attachment, group belonging and safety. In forensic practice, our current understanding of criminogenic needs does not sufficiently account for the role of these processes in the emergence of harmful behaviour and continues to cast criminogenic vulnerabilities into the realm of deviancy and disorder. Although some theories of sexual offending clearly acknowledge and aim to explain the link between adverse childhood experiences and sexual offending (Grady *et al.*, 2017) and whilst the GLM (Ward, 2002) represents a clear shift towards human needs (and therefore, a commonness in our humanity), we do not believe that this goes far enough and rather suggest that forensic practice needs to explicitly acknowledge and accommodate some key points as follows:

- Understanding our innate readiness to cause harm to others;
- Understanding the origins of criminogenic need, e.g. what contexts necessitated their emergence and their initial function; and
- Understanding criminogenic needs in the current context (how they came to be manifest as harmful rather than or, as well as safety seeking).

We would suggest that these key points form the basis of a reconceptualisation of criminogenic need (Table 2) and orientate practice towards a more evolved and compassionate understanding or risk.

Intervention frameworks

So far we have proposed an understanding of human nature that recognises that we have an innate ability to cause harm to others. We have also argued that the expression of this

Table 2 Trauma and adverse origins of criminogenic need

<i>Criminogenic need (unintended consequence)</i>	<i>Traumatic origins</i>
Harm minimisation, rationalisation	No one was held responsible for what I went through
Resistance to rules	The rules hurt me. The rules are different to the ones that I learned
Emotional congruence with children	Adults hurt me. Children didn't
Emotional dysregulation	Mum was too high to take any notice of me, epigenetic changes
Hostile attributions	I never knew if dad was ready to hit me or not
Empathy inhibitors/callousness	When I cried I got hit (or worse)
Intervention attendance	My needs don't matter
Intervention engagement	I don't trust these people
Addictions	Reliance on external regulation (for containment or excitement)
Sexual preferences	Sexually focussed developmental period, genetic drive
Sympathy seeking/appease	Group rejection/shame/disgust

ability may be mediated by experience and by the context that we find ourselves in at any particular time. Here behaviour is not considered to be pathological (faulty) but is viewed as being functional, though potentially also harmful, in the context that it emerged. In terms of intervention design, we would suggest that compassion focussed therapy (CFT, Gilbert, 2010) offers a promising intervention approach because of the evolutionary paradigm on which it sits and its explicit account of harmful behaviour. From this perspective, there is an understanding that the human brain evolved outside of our control and our internal experiences (thoughts, feeling, memories, urges, etc). are shaped by a complex interaction between evolution, genetics and biology and life experiences. All of these are unchosen and in this sense, our internal experiences are not our fault, though remain our responsibility to manage without harm.

CFT aims to support individuals to develop insight into their life experiences, the learning that they gained from these experiences and the consequences of this learning in their recent life. Within forensic services, there is increasing recognition that many people who develop criminogenic needs have experienced significant trauma and adversity in their early lives and that these types of experiences can have a profound impact on learning and development, shape attachment capacities and impact on our sense of identity and belonging. It is hypothesised that chronic trauma and adversity block the development of our capacities for care giving and compassionate motivations whilst stimulating threat-based competencies to fight and defend ourselves. The cumulative effect of these learning processes is, therefore, hypothesised to directly contribute to the growth of criminogenic factors and ultimately harmful behaviour.

CFT also recognises that human behaviour is directed by a combination of competencies and motivations and that difficulties in either of these areas can inhibit relationships and interfere with human needs. Developing competencies (for example, problem solving, empathy or reflective thinking) can offer an individual new skill, but the way that the individual chooses to use these competencies will vary depending on their motivations. The ability to figure out how someone may be feeling is only a positive attribute if we are moved by that person's emotions and motivated to help. If we can recognise that they are feeling distressed but feel indifferent or even gratified by their distress then this ability alone does not lead to a positive outcome. Essentially, therefore, the focus rests on the motivation that organises emotions, cognitive processes, etc., to drive behaviours.

A fundamental aim of CFT is the importance of developing people's capacity to stimulate and direct their affiliative emotions and motives to manage our (harmful) evolved capacities and promote psychological health and affiliative (or pro-social) behaviours. A therapeutic approach that explicitly acknowledges the innate capacity of humans to be harmful and addresses this as a core aim, has obvious benefits for forensic work. We suggest these properties situate CFT as a good candidate for forensic intervention to reduce harmful behaviour.

Conclusions

Evaluations of interventions designed to reduce harmful behaviour have been variable, and therefore, necessitates the need to explore alternative approaches for intervention. To do so fruitfully we propose that new approaches should move beyond the prevailing paradigm that views harmful behaviour as unusual or abnormal and rather acknowledge our innate capacity to cause harm to one another. We suggest that evolutionary science offers such a promising alternative. Conceptualising harmful behaviour from an evolutionary stance provides a means to understand the functional context for the origins of criminogenic need and harmful behaviour and with it a non-shaming, trauma sensitive narrative for individuals to understand their own harmful behaviour. In addition, we suggest that intervention for harmful behaviour should look to develop our evolved motivational capacities for affiliation and care towards others and oneself. CFT offers the therapeutic modality to achieve these aims.

Implications for practice

- Forensic interventions need to develop a more holistic understanding of human harmfulness and locate risk in a broad understanding of each individual's life.
- Criminogenic needs can be understood in terms of the function and developmental origins.
- Forensic interventions need to provide opportunities for people to contribute to their formulation and personal goals for psychological therapies.
- Personal experiences of trauma and adversity should become legitimate areas for support and intervention alongside more criminogenic or risk-related areas of work.

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Corresponding author

Jon Taylor can be contacted at: j.taylor@nhs.net

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