Stopping Sexual Abuse:
The recent development of preventive treatment in Norway

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The introduction of preventive programs in Norway

1. **«BASIS»** – a treatment service for imprisoned high-risk/high-needs individuals
2. **«Det finnes Hjelp»** – a treatment service for minor-attracted persons
3. **Development and implementation** – challenges and lessons learned

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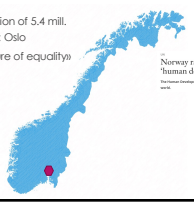
Facts at a glance

- Population of 5.4 mill.
- Capital: Oslo
- A «culture of equality»



Norway ranked world's top nation for 'human development'

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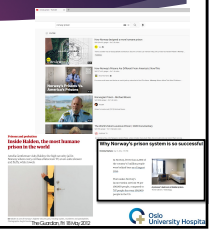
Some notes on Norwegian criminal policy

- A prison population of approximately 3.000 (57 pr. 100.000)
- «Scandinavian Exceptionalism» (Pratt, 2008)
  - Rehabilitation and reintegration focus, low recidivism rates
  - Principle of normality, welfare services are imported into prisons
- Maximum sentence of 21 yrs and preventive detention (including for sexual crimes)
- No sexual offending registration or notification (SORN) laws



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However…

- Are we moving away from our exceptional position? (see Shammas, 2016)
- Recent changes in criminal policy (2000 →)
  - raised sentencing levels for violent and sexual crimes
- The proportion of people convicted of sex offenses in Norwegian prisons has increased the past 20 years (and so has the focus on them as a group):
  - 2000: 6 %
  - 2018: 16 %
  - 2021: **25 %** → 1 in 4 prisoners

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BASIS – the background

- **Few structured treatment options** for imprisoned individuals who have sexually offended
- Access to treatment has depended on location and resources
  → differences in terms of target group, format, quality and intensity of treatment
  → not always RNR based (and not always an option)
- This has been **a growing concern**, also for prison staff
  → prisoners with a supposedly high risk of recidivism might be released into the community without having had proper (or any) treatment

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A bottom-up initiative to change our approach to treatment and rehabilitation

- In 2014 prison staff took an important initiative and described their concerns
- A formal request was sent from the Norwegian Correctional Service to the Norwegian health authorities:

«Treatment and other measures to prevent relapse for people convicted of sexual offenses are limited and poorly coordinated in the Norwegian Correctional Service and Health Service. (…) There is potential for better facilitation for this group in prison, but we need treatment rescources and guidance from the Health Service».

Criminal justice issue

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Health service issue

- So: How can we work towards a new practice and ensure that the ones who need it the most are prioritized and receives the treatment they need

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The backdrop: Working evidence-based

- **Recidivism rates are generally low**, but there is great variation and the higher-risk group will have the greatest benefit
- The treatment needs to be **RNR-adherent** to reduce recidivism risk
- **The Good Lives model (GLM)** represents a holistic and theoretically well-founded framework for treatment (combining risk management with strength-based focus)
- The GLM seems to appeal also to **individuals who initially lack motivation** for treatment (i.e. the higher risk group)
- Conclusion: **we need something new!**

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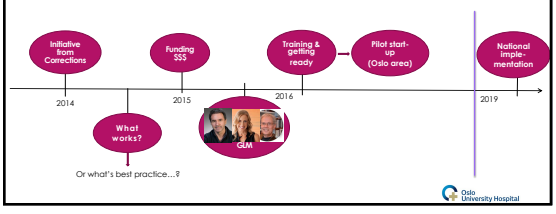
BASIS development timeline



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The pilot – «BASIS» (2016-2019)

- Aim: to increase knowledge about individuals convicted of sexual offenses and thereby be able to develop preventive treatment options
- Limited to **3 prisons** around Oslo (**21 patients**)
- 2 psychologists offering **individual treatment** every week
- **The Good Lives model** as practice framework
  → close collaboration with David Prescott & Gwenda Willis
- The pilot went well and patients were satisfied
- In fact, it went so well that authorities decided:

«all regions must establish a treatment service for people convicted of sexual offenses according to the three year pilot project BASIS»

David, Gwen, Christine & Ingeborg

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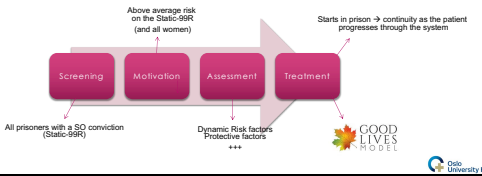
The BASIS model – now implemented nationwide

- **Risk screen** (static-99R) followed by **full risk/need assessment**



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Establishing «Det finnes hjelp» – Why?

- Background:
  - Treatment for sexual violence mainly/only available after a person has offended
  - Victims, professionals and minor attracted persons seemed united in their call:
    - Help before harm!
    - A new initiative is needed: Existing services are not fit to meet the needs of clients with sexual interest in children
      - Professionals feel inadequate
      - Clients experience shame and hopelessness

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2018: Formal start-up of service development

- 2018: The Norwegian Department of Health decided to develop and establish a service aimed at preventing child sexual abuse through the provision of mental health care to persons self-identified as sexually attracted to minors
- Requirements:
  - Low barriers throughout the service
  - Broad target group

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Service development 2019-2020:

- Establishment of a holistic mental health service covering four steps, illustrating the client's journey into and through treatment:
  - Media campaign
  - Web-page providing professional information about sexual attraction to minors
  - Anonymous chat service for general advice on how to get help
  - **Treatment at designated outpatient clinics**

DET FINNES HJELP

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Establishing «Det finnes hjelp» – How?

- Where to find «best practices»? A few existing services spread around the world

TROUBLED DESIRE

- At the same time, in New Zealand:
  - A pilot treatment service for persons attracted to minors: The Stand Strong, Walk Tall- initiative
  - Developed by:
    - Sarah Chrisjoffersen and Jacinta Cording, University of Canterbury
    - Gwenda Wills, University of Auckland
    - Waikaremoana Waitoki, University of Waikato

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«Det finnes hjelp» - outline of the service

- Intervention philosophy
  - Help before harm
  - Supportive and non-judgemental stance
  - Self-referral
  - Voluntary
- A research-informed intervention
  - RNR (risk-need-responsivity)
  - GLM (good lives model)
  - CBT (cognitive behavioural therapy)
  - TIC (trauma informed care)
- A module-based intervention focusing on targets such as
  - strengthening general and sexual self-regulation skills, emotion-management, coping with stress, address maladaptive thoughts surrounding child sexual abuse
  - Flexible application of modules
- The mode of service is face-to-face individual therapy

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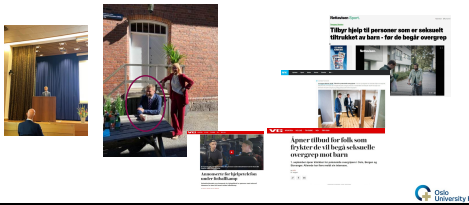
The service was launched in September 2020



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Two recent government funded treatment initiatives

- BASIS
  - Specialist mental health service
  - Aimed at persons serving a prison sentence for sexual violence and assessed as above average risk of recidivism
  - Individual treatment format
  - Ordinary referral through general health care
  - Based on the RNR principles and the Good Lives Model
- «Det finnes hjelp»
  - Specialist mental health service
  - Aimed at adults sexually attracted to children
  - Individual treatment format, modul-based
  - Self-referral
  - Built on the New Zealand «Stand Strong Walk Tall» treatment initiative

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Two recent government funded treatment initiatives

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Some implementation challenges

- **The belief that «we already do this»**
  (Scandinavian exeptionalism – what's new?)
- **The belief that «this is easy»**
  (again: «we already do this»)
- **The belief that "it's part of our broader program"/a simplified version**
  We've had many discussions on:
  - group vs. individual therapy, and
  - combine with, integrate or replace existing programs?
  (these are very different things and it is easy to slip on GLM principles)
- **Pressure to broaden the target group**
  Risk of undermining RNR principles

See Wills & Prescott 2021, «Using the good lives model (GLM) in clinical practice: Lessons learned from international implementation projects"

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Lessons learned

- **Example: Implementing BASIS nationwide**

- **Perceived needs and local conditions vary!**
  «We already do this» or «we didn't ask for this»

- **Get everyone «on board» before you start**
- **Management support and determination is key**
- **Forums to inform, meet and discuss → never enough!**

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Thank you for listening!

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