



# TURN THE PAGE: MANUALISED TREATMENT PROGRAMME

## TECHNICAL REPORT

Emma Belton  
NSPCC Evaluation Department

February 2017

**NSPCC**

EVERY CHILDHOOD IS WORTH FIGHTING FOR

# Impact and Evidence series

This report is part of the NSPCC's Impact and Evidence series, which presents the findings of the Society's research into its services and interventions. Many of the reports are produced by the NSPCC's Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.

# Contents

Impact and Evidence series	2
Appendix 1: Description of standardised measures used	5
Appendix 2: Findings from programme integrity checklists	7
Engagement of young people	7
Usefulness of the manual	7
Covering the session material	8
Truncated programmes	9
Time taken to deliver sessions	10
Module length	11
Changes to sessions	12
Completion of home projects	12
Appendix 3: Percentage of young people scoring in the problem area at the start of the programme	14
Appendix 4: Results of change on standardised measures	15
Resiliency questionnaire	15
Sexual knowledge	18
Offence focused measures – younger children	18
Offence focused measures – peer HSB cases	19
Hypermasculinity questionnaire	19
Endorsement of violence questionnaire	20
Novaco anger scale	21
Appendix 5: Results of standardised measures for parents and carers	23
Appendix 6: Results from referrer survey	25
Appendix 7: Feedback from young people and parents/carers	28
Relationship with NSPCC worker	28
The extent to which participants engaged with the programme material	29
Perceived benefits of the programme	30
Motivating factors that influenced whether or not young people attended their sessions	31
Lack of progress made in sessions	32
Need for flexibility in the programme	33
External pressure	33

Appendix 8: Feedback from relapse prevention interviews	35
Safety plans	35
Recognising risk	36
Coping strategies	37
References	38

# Appendix 1: Description of standardised measures used

<b>Standardised measure</b>	<b>Domain in manual it measures</b>	<b>Description of measure</b>	<b>Who it is used with</b>
Thornton self-esteem questionnaire (unpublished)	Positive future vision and self-narrative	8-item questionnaire measuring self-esteem.	All young people
Russell emotional loneliness questionnaire (Russell et al, 1980)	Relationships	20-item questionnaire based on the UCLA Emotional Loneliness Scale and adapted by the Adolescent Sexual Abusers Project (ASAP).	All young people
Resiliency questionnaire (Prince-Embury, 2006)	Positive future vision and self-narrative; Relationships	Sense of mastery sub-scale has 20 items measuring optimism about life and confidence, self-efficacy in developing problem-solving attitudes and strategies, and adaptivity in being receptive to criticism and able to learn from one's mistakes. The sense of relatedness sub-scale has 24 items and measures four areas: sense of trust and perceiving others as reliable and accepting; perceived access to support to help deal with adversity; comfort with others without the individual feeling anxiety or discomfort, and tolerance of difference, the belief that you can safely express differences.	All young people
Personal reaction inventory (Greenwald and Satow, 1970)	Healthy vs. harmful sexual behaviour	This questionnaire measures the extent to which respondents are prone to socially desirable responding. It is used to determine how reliably young people have answered the questionnaires. The original version was adapted by ASAP and has 17 items.	All young people
Sex matters questionnaire	Healthy vs. harmful sexual behaviour	The sex matters questionnaire is based on the Multiphasic Sex Inventory (Nichols and Molinder, 1984) and has been adapted by ASAP.  The 35-item sexual openness sub-scale measures the extent to which young people are open about their sexual drives and interests.  The sexual knowledge sub-scale has 24 items.	Practitioner judgement on whether appropriate to use
Victim distortion questionnaire (Beckett and Fisher, 1994; Beckett et al, 1999, 2002; Beckett and Gehold, 2008)	Insight: impact of HSB on self and victim; Understanding and managing HSB; Taking responsibility	These scales assess the extent to which young people project blame on to victims of sexual abuse and whether they understand and accept the trauma a victim suffers as a short and long term effect of sexual abuse. There are different versions of the questionnaire for different types of HSB – peer version (34 items) and younger child version (28 items).	All young people – version tailored to offence

<b>Standardised measure</b>	<b>Domain in manual it measures</b>	<b>Description of measure</b>	<b>Who it is used with</b>
Children and sex questionnaire (Beckett, 1994)	Taking responsibility	<p>The 15-item cognitive distortions sub-scale measures four central distortions: that children are not harmed by sexual contact with older people; that they are able to consent to such contact; that they are sexually sophisticated; and seek sexual contact with older people.</p> <p>The 15-item emotional congruence sub-scale measures the extent to which young people can understand, relate to and identify what they believe to be the thoughts, feelings and concerns of children.</p>	Young people where HSB against a younger child
Novaco anger scale (Novaco, 2003)	Managing anger	The anger scale has 60 items to assess how an individual experiences anger. It produces scores for each sub-scale of cognitive, arousal, behavioural, anger regulation, and a total score. The provocation inventory has 25 items and focuses on the kind of situation that can lead to anger in five content areas: disrespectful treatment; unfairness; frustrations; annoying traits of others; and irritations.	Young people where HSB against peers
Hypermasculinity questionnaire (Mosher and Sirkin, 1984)	Healthy vs. harmful sexual behaviour	The original version of this 43-item questionnaire has been adapted by ASAP for adolescents. It has three sub-scales: violence (seeing violence as a strategy for solving problems), behaving in a dangerous or thrill-seeking manner, callous attitudes (acceptance of insensitive behaviour towards females) and adversarial attitudes that measure homophobic attitudes and/or attitudes that attribute manipulating intent to females.	Young people where HSB against peers
Endorsement of violence questionnaire (Burt, 1989)	Managing anger	This 23-item questionnaire has been adapted by ASAP for adolescents. It has three sub-scales: adversarial sexual beliefs (girls are cunning, manipulative and not to be trusted); the acceptance of interpersonal violence (attitudes that permit the use of violence against girls); and sex role stereotyping (attitudes placing girls in a subservient role to boys).	Young people where HSB against peers
Strengths and difficulties questionnaire (Goodman, 1997)	Relationships; Managing anger	This 25-item questionnaire has five sub-scales measuring emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour.	All parents/carers

# Appendix 2: Findings from programme integrity checklists

This section is based on the programme integrity checklists completed by practitioners after each session they delivered from the manual. It is based on 1,551 completed checklists covering 96 young people on the programme. It includes both quantitative and qualitative findings.

## Engagement of young people

Practitioners felt that the majority of young people engaged well with the sessions (see Table A2-1).

Table A2-1: Practitioner rating of young people's engagement

How well the young person engaged in the session	Rating
Very good	49%
Good	44%
Poor	6%
Very poor	2%

However, practitioners commented that young people found some of the exercises difficult or struggled with the material, which could affect their engagement. There were examples of young people becoming restless by the end of the session or losing interest in the session. The material in the sessions could also be quite emotionally difficult for some young people and so practitioners had amended sessions to address this.

Some young people had difficulties processing information or struggled to express their thoughts and views, and there were some compliance problems with young people arriving late for sessions, refusing to do the full session or refusing to do the exercises or discuss the issues on the agenda. If the young person was in denial of their HSB or unable to acknowledge the impact on their victim, this also affected the extent to which they could engage in some activities.

## Usefulness of the manual

The material in the manual was rated as useful in helping practitioners to cover the aims of the session by the majority of the staff delivering the programme (see Table A2-2). Practitioners also made a number of positive comments about the manual in terms of how useful they found specific activities and how they benefitted the young person involved in the session. However, practitioners commented that for some sessions the material in the manual was confusing and complicated or difficult to follow.

Table A2-2: Ratings for usefulness of the manual

<b>Usefulness of the material in the manual for helping you cover the session aims</b>	<b>Rating</b>
Very good	34%
Good	61%
Poor	5%
Very poor	1%

In order to make the manual more relevant to internet offenders or young people without an abusive background, practitioners suggested having more narratives that fitted young peoples' experience better. Some young people had struggled with the vignettes, which were sometimes not considered age-appropriate, and practitioners had substituted real-life examples instead. Some practitioners have also used a more child centred sex education book rather than the sex factsheets in the manual as these were viewed as too adult focused.

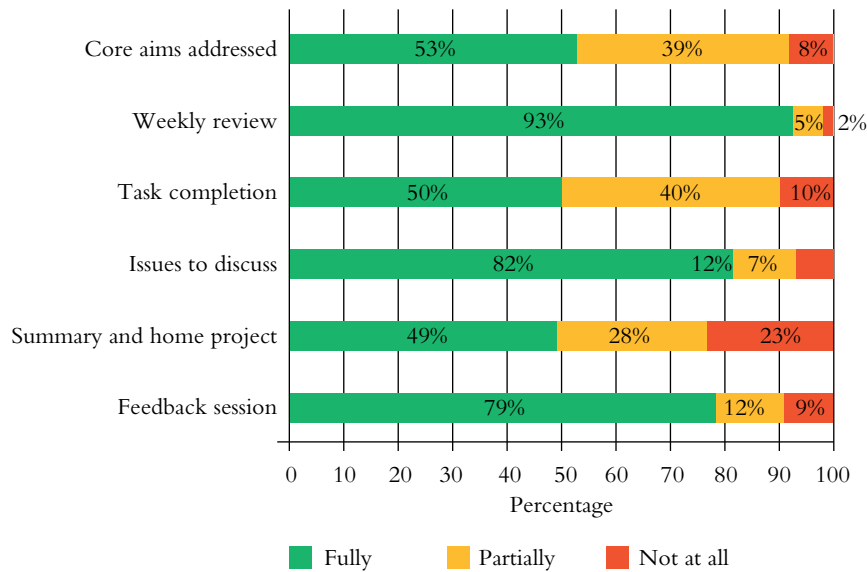
Other suggestions included improving the facial expressions in the character library so that it was clearer what emotions they were meant to portray, and finding other media (such as pictorial methods or more discussion) to deliver the material rather than it being based on written material. It was also suggested that young people could create an age-appropriate 'relapse prevention plan' to reduce the risk of them reoffending. Some practitioners felt that more time should be spent preparing young people for when the programme came to an end and, in particular, to help them cope with no longer having contact with the practitioners.

## Covering the session material

Figure A2-1 below shows the levels of compliance with the different elements of the sessions. The manual is not being fully adhered to, particularly for the task completion as listed for a session (50 per cent fully completed in sessions) and for addressing the core aims of the session (53 per cent were addressed fully in sessions). However, in most cases, practitioners had at least partially covered the material and, often, the missing material was covered in subsequent sessions. Later sections of the briefing outline the reasons for why the manual was not implemented more fully.



Figure A2-1: Elements addressed in each session of the manual



## Truncated programmes

One of the most significant changes to the programme was cases where the young person received a truncated version of it. This usually happened when young people started to disengage with the programme and so practitioners shortened the number of sessions as a way of preventing the young person from dropping out and ensuring that they at least covered some of the material with them. In these instances, practitioners selected elements of the manual that were considered most relevant to the young person and missed other sections. In some cases, practitioners changed the session order as they feared that the young person was going to drop out of the programme and they wanted to ensure that the sessions considered most important were completed.

There were also some cases where practitioners felt that the young person did not require the full programme, because they had already covered some of the work in earlier interventions. These young people also received a truncated version of the programme. From October 2013, practitioners have had the option of working with young people as part of an extended referral criteria intervention, and so have had other treatment options available if the manualised programme was not suitable for a young person. This had reduced the number of truncated programmes delivered.

## Time taken to deliver sessions

Practitioners' comments about the reasons for not all elements of the session being delivered focused on the time taken to cover all the planned material. Practitioners felt that sometimes there were too many exercises to fit into one session and they needed more time to catch up with the young person and get to know them better before starting specific exercises.

One reason practitioners said they were not able to cover all of the material was because they ran out of time for all the planned tasks or to cover them in enough depth for them to have an impact on the young person. The timeline and relationship map exercises were considered particularly challenging to complete within the time, along with some of the sessions in the relationships module.

There were a number of factors that impacted on the time taken to deliver sessions:

**Working at the pace of the young person.** Some young people had learning difficulties, which required practitioners to work at a slower pace, and there were other factors, such as the mood and motivation of the young person, which could affect the rate they worked through exercises. If the young person was in a negative frame of mind, or appearing restless, this could also result in activities being missed out, such as the feedback at the end of the session.

**Additional work completed in sessions.** One element of the intervention involved young people undertaking home projects between sessions. However, these projects were often completed in the sessions if they had not been completed by the young person at home. Evaluation questionnaires were sometimes completed by young people in the sessions. Sometimes, practitioners spent time discussing issues that had come up for the young person between sessions (for example, problems at school or with foster carers or dealing with issues arising from the young person's previous experience of abuse), which did not get much coverage in the manual. This additional work could all add to the number of sessions delivered.

**Exercises that raised new issues or offences.** Sometimes, an activity or discussion revealed an issue that needed further discussion, or in some cases new instances of HSB were revealed, and so the rest of the session material was not covered. Where this happened, practitioners delivered the session material over several weeks, so some sessions could take two to six weeks to deliver.

**Young person being in denial about the HSB.** Exercises that assumed the young person had at least partially accepted responsibility for their HSB needed to be adapted when the young person was in denial. This could involve more discussion and explanation with the young person and the use of hypothetical scenarios, all adding to the time taken to deliver the material.

**Large number of HSB incidents.** As each HSB incident often needed to be dealt with separately, if the young person had several HSB incidents then the time it took to complete exercises was obviously affected.

## Module length

Although the factors described above added to the overall length of the programme for some young people, others managed to complete the modules faster than anticipated. For example, practitioners sometimes shortened the engagement module if they felt they had already covered these issues in the assessment. Table A2-3 below shows the average length of each module in addition to the range and number of sessions suggested in the manual. This shows that although the average length of the sessions was slightly lower than suggested, (which may be partially accounted for by the truncated version of the programme completed by some young people, or practitioners not always completing a checklist for each session of the manual), the range in number of sessions was very wide. For example, the number of sessions completed for the relationships module was as high as 25, much higher than the suggested number of sessions for this module.

Table A2-3: Module length

Module	Suggested number of sessions in the manual	Average number of sessions	Range	Number of young people attending module
Engagement	4	3.6	1 to 12	85
Relationships	9	7.2	1 to 25	96
Self-regulation	8	5.5	1 to 16	60
Road map	5	3.16	1 to 8	43

The qualitative evaluation looked at the barriers and facilitators to young people engaging with the programme. It found that some young people struggled with the length of the programme and could start to disengage from the work. This could result in them dropping out of the programme or practitioners truncating the work as a way of keeping young people engaged and avoiding unplanned ends to the programme (ibid). The length of time taken to deliver some of the sessions may be adding to this problem.

## Changes to sessions

There was a range of reasons detailed by practitioners that led to changes to the planned session:

**Sessions repeating previous material.** Practitioners reported that some material felt repetitive and subsequently left this out. For example, certain activities that had been covered during assessment, such as the introduction exercise, were left out of the engagement module.

**Focusing on the needs of young people.** Sessions sometimes needed to be tailored to the specific needs of the young person. Some sessions were not always relevant to the young person's circumstances, for example if their HSB was purely internet related and an exercise assumed contact HSB then this activity would be altered or left out. Sometimes, the young person responded well to some activities but not others, for example some were not comfortable with participating in role-play and would not engage with the exercise, so the practitioner would adapt exercises to suit their learning style. The qualitative evaluation found that practitioners felt that having the flexibility to adapt the programme to individual young people or use more creative methods to deliver the material was important in maintaining the motivation and engagement levels of young people (ibid). Additionally, some of the young people encountered significant life events (reported in 14 per cent of the sessions), such as the death of a parent or the breakdown of a foster care placement, that required the practitioner to focus on the more immediate needs of the young person.

**Young person took responsibility for HSB.** There were instances where a young person who previously denied the HSB began to take responsibility for their actions. This meant that activities they had previously undertaken relating to their HSB were revisited.

## Completion of home projects

There were problems with young people completing the home projects set at the end of each session, with this not being completed at all in over half of sessions (see Table A2-4).

Table A2-4: Completion of home projects

Did the young person complete the home project set in the previous session?	Rating
Fully	30%
Partially	13%
Not at all	57%

The completion of the home project was considered by some practitioners to be an unrealistic expectation; therefore, they suggested removing this element.

The reasons given for the home projects not being completed were as follows:

**The practitioner did not set the home project.** There were some instances where practitioners had not set home projects. This could be because the young person had not completed the previous week's work, or because more of the session material needed to be covered for the home project to make sense to the young person. Sometimes, the material was considered too sensitive or challenging for the young person to complete outside of the session. Additionally, the young person's living arrangements were not always considered appropriate for a home project around HSB to be set, for example if they were in prison or did not have enough support at home to facilitate this work.

**The young person did not want, or feel able to complete the home project.** Reasons young people gave to practitioners for not completing the home project included not understanding it, feeling upset or angry about its content, or being worried about taking it to school. Sometimes, practitioners sent the home project to the young person's address with a self-addressed envelope so that the young person did not have to take the home project into school if they were returning to school after completing a session.

Part of each planned session was a discussion of the home project, so if it was not completed, this discussion could not take place. Sometimes, young people brought several completed home projects into one session, which did not allow time to discuss them all. If young people had not completed the home project, practitioners tried to do them as part of the session or put additional support in place for young people to do the home projects outside the session. However, there was not always capacity to do this with every young person that did not complete the home projects and so this work was sometimes omitted. This meant that one of the opportunities for reinforcing the messages from the programme was lost.

## Appendix 3: Percentage of young people scoring in the problem area at the start of the programme

<b>Measure</b>	<b>% scoring in problem range</b>
Self-esteem	16%
Emotional loneliness	20%
Resiliency – self-efficacy	17%
Resiliency – adaptivity	36%
Resiliency – optimism	24%
Resiliency – comfort with others	50%
Resiliency – sense of trust	39%
Resiliency – access to support	24%
Resiliency – tolerance of difference	21%
Sexual knowledge	48%
Child victim distortion	20%
Children and sex – cognitive distortions	43%
Peer victim distortion	86%
Hypermasculinity – adversarial attitudes	15%
Hypermasculinity – violence	38%
Hypermasculinity – thrill seeking	15%
Hypermasculinity – callous attitudes	7%
Endorsement of violence – acceptance of interpersonal violence	7%
Endorsement of violence – sex role stereotyping	36%
Endorsement of violence – adversarial beliefs	36%
Novaco anger scale – total score	29%
Novaco anger scale – behavioural	29%
Novaco anger scale – arousal	50%
Novaco anger scale – cognition	21%
Novaco anger scale – anger regulation	14%
Novaco anger scale – provocation inventory	43%

## Appendix 4: Results of change on standardised measures

Table A4-1: Change in self-esteem questionnaire with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below range (low self-esteem)	Within range	Above range	
Scores at T2	Below range (low self-esteem)	1 (13%)	3 (9%)	0	4
	Within range	6 (75%)	20 (59%)	0	26
	Above range	1 (13%)	11 (32%)	8 (100%)	20
Totals		8	34	8	50

Statistically significant change (p=0.000)

Table A4-2: Change in emotional loneliness questionnaire with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below range	Within range	Above range (high emotional loneliness)	
Scores at T2	Below range	3 (100%)	8 (24%)	1 (11%)	12
	Within range	0	22 (67%)	5 (56%)	27
	Above range (high emotional loneliness)	0	3 (9%)	3 (33%)	6
Totals		3	33	9	45

Statistically significant change (p=0.007)

### Resiliency questionnaire

Table A4-3: Change in Resiliency questionnaire – adaptivity sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Above average	Average	Below average	
Scores at T2	Above average	0	4 (18%)	3 (23%)	7
	Average	1 (100%)	17 (77%)	6 (46%)	24
	Below average	0	1 (4%)	4 (31%)	5
Totals		1	22	13	36

Statistically significant change (p=0.004)

Table A4-4: Change in Resiliency questionnaire – self-efficacy sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Above average	Average	Below average	
Scores at T2	Above average	1 (100%)	7 (27%)	0	8
	Average	0	17 (65%)	5 (56%)	22
	Below average	0	2 (8%)	4 (44%)	6
Totals		1	26	9	36

Statistically significant change (p=0.008)

Table A4-5: Change in Resiliency questionnaire – sense of optimism sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Above average	Average	Below average	
Scores at T2	Above average	0	8 (27%)	0	8
	Average	0	17 (61%)	7 (78%)	24
	Below average	0	3 (11%)	2 (22%)	5
Totals		0	28	9	37

Statistically significant change (p=0.003)

Table A4-6: Change in Resiliency questionnaire – comfort with others sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Above average	Average	Below average	
Scores at T2	Above average	3 (75%)	3 (20%)	1 (5%)	7
	Average	1 (25%)	6 (40%)	10 (53%)	17
	Below average	0	6 (40%)	8 (42%)	14
Totals		4	15	19	38

Not statistically significant (p=0.102)

Table A4-7: Change in Resiliency questionnaire – sense of trust sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Above average	Average	Below average	
Scores at T2	Above average	0	5 (23%)	0	5
	Average	1 (100%)	12 (55%)	5 (33%)	18
	Below average	0	5 (23%)	10 (67%)	15
Totals		1	22	15	38

Not statistically significant (p=0.317)



Table A4-8: Change in Resiliency questionnaire – access to support sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Above average	Average	Below average	
Scores at T2	Above average	1 (50%)	4 (15%)	1 (11%)	6
	Average	1 (50%)	20 (74%)	3 (33%)	24
	Below average	0	3 (11%)	5 (56%)	8
Totals		2	27	9	38

Not statistically significant (p=0.197)

Table A4-9: Change in Resiliency questionnaire – tolerance of difference sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Above average	Average	Below average	
Scores at T2	Above average	3 (60%)	4 (16%)	0	7
	Average	2 (40%)	18 (72%)	5 (63%)	25
	Below average	0	3 (12%)	3 (37%)	6
Totals		5	25	8	38

Not statistically significant (p=0.285)

Table A4-10: Change on the personal reaction inventory

		Scores at T1			Totals
		Fake good	Questionable	Within range or below	
Scores at T2	Fake good	6 (75%)	2 (9%)	2 (11%)	10
	Questionable	2 (25%)	13 (59%)	6 (32%)	21
	Within range or below	0	7 (32%)	11 (58%)	18
Totals		8	22	19	49

Not statistically significant (p=0.549)

Table A4-11: Change in sexual openness questionnaire

		Scores at T1			Totals
		Low (not sexually open)	Questionable	Within range	
Scores at T2	Low (not sexually open)	8 (80%)	3 (30%)	0	11
	Questionable	1 (10%)	3 (30%)	2 (10%)	6
	Within range	1 (10%)	4 (40%)	18 (90%)	23
Totals		10	10	20	40

Not statistically significant (p=0.593)

## Sexual knowledge

Table A4-12: Change in sexual knowledge questionnaire with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below average	Average	Good	
Scores at T2	Below average	5 (46%)	0	0	5
	Average	3 (27%)	8 (89%)	2 (27%)	13
	Good	3 (27%)	1 (11%)	1 (33%)	5
Totals		11	9	3	23

Not statistically significant (p=0.059)

## Offence focused measures – younger children

Table A4-13: Change in Victim Distortion younger child scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	16 (100%)	2 (50%)	18
	Above range	0	2 (50%)	2
Totals		16	4	20

Not statistically significant (p=0.157)

Table A4-14: Change in Victim Distortion younger child – ‘don’t know’ answers given with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	11 (73%)	2 (50%)	13
	Above range	4 (27%)	2 (50%)	6
Totals		15	4	19

Table A4-15: Change in Children and Sex cognitive distortion subscale with cases scoring as low for sexual openness removed

		Scores at T1			Totals
		Below range	Within range	Above range (high distortion)	
Scores at T2	Below range	3 (60%)	3 (38%)	1 (10%)	7
	Within range	0	5 (62%)	3 (30%)	8
	Above range (high distortion)	2 (40%)	0	6 (60%)	8
Totals		5	8	10	23

Not statistically significant (p=0.346)

## Offence focused measures – peer HSB cases

Table A4-16: Change in Victim Distortion peer scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	1 (100%)	1 (17%)	2
	Above range	0	5 (83%)	5
Totals		1	6	7

Table A4-17: Change in Victim Distortion peer scale – ‘don’t know’ answers with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	5 (100%)	1 (100%)	6
	Above range	0	0	0
Totals		5	1	6

## Hypermasculinity questionnaire

Table A4-18: Change in Hypermasculinity questionnaire – adversarial attitudes scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	11 (100%)	0 (0%)	11
	Above range	0 (0%)	2 (100%)	2
Totals		11 (100%)	2 (100%)	13

Table A4-19: Change in Hypermasculinity questionnaire – violence scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	8 (100%)	3 (60%)	11
	Above range	0 (0%)	2 (40%)	2
Totals		8 (100%)	5 (100%)	13

Table A4-20: Change in Hypermasculinity questionnaire – thrill seeking scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	11 (100%)	1 (50%)	12
	Above range	0 (0%)	1 (50%)	1
Totals		11 (100%)	2 (100%)	13

Table A4-21: Change in Hypermasculinity questionnaire – callous attitudes scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	11 (92%)	1 (100%)	12
	Above range	1 (8%)	0 (0%)	1
Totals		12 (100%)	1 (100%)	13

## Endorsement of violence questionnaire

Table A4-22: Change in Endorsement of violence questionnaire – acceptance of interpersonal violence scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	9 (69%)	0 (0%)	9
	Above range	4 (31%)	1 (100%)	5
Totals		13 (100%)	1 (100%)	14

Table A4-23: Change in Endorsement of violence questionnaire – sex role stereotyping scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	9 (100%)	3 (60%)	12
	Above range	0 (0%)	2 (40%)	2
Totals		9 (100%)	5 (100%)	14

Table A4-24: Change in Endorsement of violence questionnaire – adversarial sexual beliefs scale with cases scoring as low for sexual openness removed

		Scores at T1		Totals
		Within range	Above range	
Scores at T2	Within range	9 (100%)	3 (60%)	12
	Above range	0 (0%)	2 (40%)	2
Totals		9 (100%)	5 (100%)	14

## Novaco anger scale

Table A4-25: Change in Novaco anger scale – total score with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below range	Within range	Above range	
Scores at T2	Below range	1 (50%)	3 (38%)	0	4
	Within range	1 (50%)	5 (62%)	3 (75%)	9
	Above range	0	0	1 (25%)	1
Totals		2	8	4	14

Table A4-26: Change in Novaco anger scale – cognition sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below range	Within range	Above range	
Scores at T2	Below range	0	3 (30%)	0	3
	Within range	1 (100%)	7 (70%)	2 (67%)	10
	Above range	0	0	1 (33%)	1
Totals		1	10	3	14

Table A4-27: Change in Novaco anger scale – arousal sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below range	Within range	Above range	
Scores at T2	Below range	1 (100%)	2 (33%)	0	3
	Within range	0	4 (67%)	5 (71%)	9
	Above range	0	0	2 (29%)	2
Totals		1	6	7 (100%)	14

Table A4-28: Change in Novaco anger scale – behavioural sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below range	Within range	Above range	
Scores at T2	Below range	1 (100%)	3 (33%)	0	4
	Within range	0	6 (67%)	2 (50%)	8
	Above range	0	0	2 (50%)	2
Totals		1	9	4	14

Table A4-29: Change in Novaco anger scale – anger regulation sub-scale with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below range (problem with anger regulation)	Within range	Above range (good at regulating anger)	
Scores at T2	Below range (problems with anger regulation)	0	2 (18%)	0	2
	Within range	2 (100%)	5 (45%)	0	7
	Above range (good at regulating anger)	0	4 (36%)	1 (100%)	5
Totals		2	11	1	14

Table A4-30: Change in Novaco provocation index with cases scoring as fake good on the personal reaction inventory removed

		Scores at T1			Totals
		Below range	Within range	Above range	
Scores at T2	Below range	1 (50%)	1 (20%)	0	2
	Within range	1 (50%)	4 (80%)	4 (67%)	9
	Above range	0	0	2 (33%)	2
Totals		2	5	6	13

## Appendix 5: Results of standardised measures for parents and carers

Table A5-1: Change on the SDQ peer relationships sub-scale

		T1 scores			Totals
		Normal	Borderline	Abnormal	
T2 scores	Normal	10 (83%)	2 (50%)	5 (33%)	17
	Borderline	0	1 (25%)	2 (13%)	3
	Abnormal	2 (17%)	1 (25%)	8 (53%)	11
Totals		12	4	15	31

Table A5-2: Change on the SDQ hyperactivity sub-scale

		T1 scores			Totals
		Normal	Borderline	Abnormal	
T2 scores	Normal	14 (88%)	2 (40%)	2 (20%)	18
	Borderline	1 (6%)	0	2 (20%)	3
	Abnormal	1 (6%)	3 (60%)	6 (60%)	10
Totals		16	5	10	31

Table A5-3: Change on the SDQ emotional symptoms sub-scale

		T1 scores			Totals
		Normal	Borderline	Abnormal	
T2 scores	Normal	20 (87%)	3 (100%)	1 (20%)	24
	Borderline	2 (9%)	0	1 (20%)	3
	Abnormal	1 (4%)	0	3 (60%)	4
Totals		23	3	5	31

Table A5-4: Change on the SDQ total score

		T1 scores			Totals
		Normal	Borderline	Abnormal	
T2 scores	Normal	12 (86%)	3 (75%)	5 (42%)	20
	Borderline	0 (0%)	0 (0%)	1 (8%)	1
	Abnormal	2 (14%)	1 (25%)	6 (50%)	9
Totals		8	4	12	30

Table A5-5: Change on the SDQ pro-social behaviour sub-scale

		T1 scores			Totals
		Normal	Borderline	Abnormal	
T2 scores	Normal	17 (74%)	2 (67%)	1 (20%)	20
	Borderline	3 (13%)	1 (33%)	2 (40%)	6
	Abnormal	3 (13%)	0	2 (40%)	5
Totals		23	3	5	31

Table A5-6: Change on the SDQ conduct problems sub-scale

		T1 scores			Totals
		Normal	Borderline	Abnormal	
T2 scores	Normal	11 (73%)	4 (57%)	0	15
	Borderline	3 (20%)	3 (43%)	2 (22%)	8
	Abnormal	1 (7%)	0	7 (78%)	8
Totals		15	7	9	31



# Appendix 6: Results from referrer survey

**This section is based on a survey completed by 18 referrers.**

Table A6-1: What agency do you work for?

<b>Response</b>	<b>Number and percentage</b>
Children's services	11 (65%)
Youth Offending Service	6 (35%)

Table A6-2: Did the young person complete the programme?

<b>Response</b>	<b>Number and percentage</b>
Yes – full programme	10 (62.5%)
Yes – truncated version	4 (25%)
No	2 (12.5%)

Table A6-3: What level of involvement do you have with the young person?

<b>Response</b>	<b>Number and percentage</b>
Weekly	7 (44%)
Fortnightly	3 (19%)
Monthly	4 (25%)
Less than monthly	2 (13%)

Table A6-4: How well do you think the programme meets the needs of individual young people attending?

<b>Response</b>	<b>Number and percentage</b>
Very well	9 (60%)
Fairly well	4 (27%)
Not very well	2 (13%)

Table A6-5: How well do you feel young people engage with the programme?

<b>Response</b>	<b>Number and percentage</b>
Very well	9 (60%)
Fairly well	4 (27%)
Not very well	2 (13%)

Table A6-6: How well do you feel the young person engaged with their NSPCC worker?

<b>Response</b>	<b>Number and percentage</b>
Very well	8 (50%)
Fairly well	8 (50%)
Not very well	0

Table A6-7: How well do project staff help young people feel comfortable about raising any concerns they may have?

<b>Response</b>	<b>Number and percentage</b>
Very well	9 (56%)
Fairly well	7 (44%)
Not very well	0

Table A6-8: How well do project staff help young people feel comfortable about discussing their behaviour?

<b>Response</b>	<b>Number and percentage</b>
Very well	7 (44%)
Fairly well	6 (38%)
Not very well	3 (19%)

Table A6-9: How understood by their project worker do young people feel?

<b>Response</b>	<b>Number and percentage</b>
Very well	9 (56%)
Fairly well	7 (44%)
Not very well	0

Table A6-10: How accepted by their project worker do young people feel?

<b>Response</b>	<b>Number and percentage</b>
Very well	9 (56%)
Fairly well	7 (44%)
Not very well	0

Table A6-11: How well did the project keep you updated about the progress the young person you referred was making?

<b>Response</b>	<b>Number and percentage</b>
Very well	13 (81%)
Fairly well	2 (13%)
Not very well	1 (6%)

Table A6-12: How much impact do you feel that completing the HSB programme had on the young people attending?

<b>Response</b>	<b>Number and percentage</b>
A lot	1 (6%)
A little	2 (13%)
None at all	5 (31%)
Too early to say	1 (6%)
Don't know/not able to judge	7 (44%)

Table A6-13: How well have NSPCC staff supported the parents/carers of young people attending the project?

<b>Response</b>	<b>Number and percentage</b>
Very well	9 (60%)
Fairly well	3 (20%)
Don't know	3 (20%)

## Appendix 7: Feedback from young people and parents/carers

This section is based on feedback surveys completed by young people and parents/carers at the end of the programme. Surveys were completed by 13 young people and eight parents/carers. For young people who dropped out of the programme, practitioners completed a feedback form on progress made and the reasons for drop out. These were completed by 13 practitioners.

### Relationship with NSPCC worker

Most parents/carers and young people indicated that they had a good working relationship with their NSPCC worker. Parents/carers were also particularly pleased with their NSPCC worker for keeping them updated on their child's progress and for helping them come to terms with the young person's behaviour. As well as addressing their own concerns, all parents and carers (13) felt that staff responded particularly well to issues their child was experiencing.

Six out of eight parent/carers indicated that NSPCC workers were extremely supportive in helping them understand the reasons for their child's behaviour and some of the challenges their child may be facing as a result. In addition, five out of eight parent/carers felt that their NSPCC worker considerably helped to equip them to deal with their child's harmful sexual behaviour.

Young people responded just as positively about their relationship with their NSPCC worker. Most young people (11 out of 13) revealed that they felt comfortable discussing any problems with their NSPCC worker; and 10 out of 13 young people felt that their NSPCC worker made time for them when they had any issues to discuss.

Respondents suggested that NSPCC staff helped to make young people feel comfortable about discussing their sexual behaviour. At the start of the programme, six out of 13 young people felt very comfortable speaking about their sexual behaviour; at the end of the programme, this figure rose sharply to 11 out of 13 young people. The number of young people who did not feel at all comfortable with discussing their sexual behaviour at the beginning of the programme also reduced by the end of the programme, from six to two out of 13.

## The extent to which participants engaged with the programme material

Young people's attitudes towards the sessions they attended were mixed. Most young people felt that the issues they discussed in their sessions made sense. However, there was less agreement on the usefulness and enjoyment of some of the tasks involved. Over half (nine out of 13) of the young people found the sessions very interesting and all young people felt to some degree that they had learnt new ideas about how to deal with their problems. However, some young people (four out of 13) either were undecided on whether the sessions were interesting or did not consider the sessions interesting at all.

Some of the exercises included in the sessions, such as quizzes and timelines, did appear to help the young people think about their behaviour differently. However, findings indicate that young people did not find the home project tasks as helpful. Just under half of young people (five out of 12) were unsure if they understood what they had been asked to do for the home project tasks; four young people indicated that they did not understand the tasks and only three out of 12 were confident completing the tasks. This raises questions as to the quality of the work completed.

Young people were also unsure as to whether the home project tasks helped them understand their behaviour. Over half (9 out of 12) of the young people did not know if the tasks were making a difference in helping them understand their behaviour, or felt that they were making a little or no difference at all. Interestingly, parents and carers appeared to be much more positive about the home project tasks compared with young people. Six out of eight believed that home project tasks were very important in helping the young person build on what they had worked on in their sessions.

Further work with young people is recommended to design engaging project tasks that young people feel confident completing during the programme and independently at home. Parents and carers can also play a key role in reminding the young person about home project tasks. Notifying parents/carers when home project tasks have been set and providing guidance on how they can support their child to complete it could help the young person to reinforce the messages outside of the sessions.

## Perceived benefits of the programme

Since completing the programme, some young people had developed a greater understanding of why they exhibit harmful sexual behaviour, were more aware of the triggers to harmful sexual behaviour and had learnt strategies for managing these:

“I can manage my [thoughts and feelings] better.”

(Young person)

“[The programme has helped me] find the real reason why [the HSB] happened [and to] get to know the strategies to help (prevent) anything happening again.”

(Young person)

The majority of the young people (11 out of 13) also revealed that they felt happier with their life, and nine out of 13 noticed that they were getting on better with their parents/carers, brothers, sisters and friends. Just over half of the young people (7 out of 13) also thought that the programme made a positive impact on their performance at school.

All parents and carers were confident that the programme had considerably helped young people to come to terms with their own behaviour and understand the impact of harmful sexual behaviour. In addition, parents and carers had also noticed recognisable changes in the young person’s relationships with their peers, siblings and parents.

The table below details how much young people believed the programme to have helped them make changes to their behaviour, and feel more positive and confident that they will stay problem-free in the future.

Table 1: Young people’s attitudes towards the effects of the programme

	<b>A lot</b>	<b>Quite a bit</b>	<b>A little</b>	<b>No change</b>	<b>Made things worse</b>	<b>Don’t Know</b>
How much has the programme helped you make changes to your behaviour?	8	3	1	0	0	0
How much has the programme made you feel more positive about the future?	8	3	0	1	0	0
How much has the programme made you feel more confident that you will stay problem-free in the future?	8	3	0	0	0	1

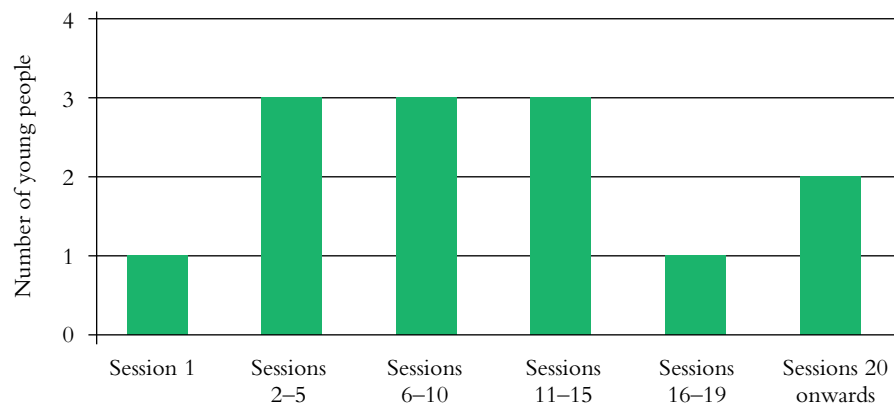
Missing = 1

Results show that almost all young people noticed some change in themselves since completing the programme. For instance, 11 out of 12 (92 per cent) of the young people were extremely confident that the programme had helped them make changes to their behaviour. The majority of the young people (11 out of 12) also recognised that the programme had at least helped them ‘quite a bit’ to feel more positive and confident that they will stay problem-free in the future. However, two young people indicated that the programme had not changed their attitudes towards the future or impacted on their confidence to stay problem-free.

## Motivating factors that influenced whether or not young people attended their sessions

Feedback from practitioners reveal that the largest number of young people dropped out towards the middle of the programme during sessions 2–5, 6–10 and 11–15, with three people dropping out at each stage. Only one person dropped out during session 1 and sessions 16–19.

Figure 1 – The stage at which young people drop out of the programme



There did not appear to be a pattern to the stage at which young people dropped out of the programme as there was little difference between the numbers of people dropping out at different stages of programme completion.

### Lack of progress made in sessions

The majority of practitioners felt that young people who had dropped out of the programme had made little progress in terms of understanding or changing their sexually harmful behaviour. For instance, seven out of 13 practitioners believed that young people who left the programme had made little or no progress at all in understanding the reasons for their HSB; only three practitioners were certain that the young person had made progress before leaving.

Most (eight out of 13) practitioners also indicated that there had been little or no change in the young person's HSB. However, some practitioners (five out of 13) did notice the young person starting to think and behave differently, but it is uncertain whether these young people were aware of any change in themselves.

In addition, practitioners highlighted how external factors like a young person's personal circumstances can impact on attendance despite the progress the young person is making. Practitioners suggested that more flexibility in the programme could allow for young people who experienced a change during the course of the programme or had problems fitting attendance around other commitments to attend the sessions.



## Need for flexibility in the programme

Practitioners suggested that at times the content and delivery of sessions was not suitable for young people with special needs, as shown in these examples:

“The [young person] experiences the work as too structured. He has issues around school that affect his ability to concentrate or engage in anything that reminds him of a formal school setting.”

(Practitioner)

“The programme was unsuitable for the [young person] as his developmental needs need working on before he is able to fully access any work around his HSB.”

(Practitioner)

Practitioners stressed the importance of being aware of a young person’s needs before they begin the programme and the need for flexibility in the programme to be able to adapt sessions for those with special needs.

## External pressure

Practitioners drew attention to the importance of external support from parents/carers in motivating the young person to attend the sessions, and for parents/carers to be aware of the benefits of the programme.

However, external pressure to attend the programme from parents/carers did not always result in meaningful engagement from the young person. Nine out of 13 practitioners indicated that young people who did not complete the whole manual had in fact received large amounts of support from parents/carers or other family members.

Practitioners revealed that although external support encouraged young people to attend the sessions, the lack of personal commitment from the young person meant that the level of engagement could be very superficial. This resulted in the young person not feeling motivated to complete all the work and completing a truncated version of the programme.

“From the outset of treatment [young person] was indicating that he did not want to be here and was only here because it was what his mother wanted...Throughout the treatment phase of the work [young person] made references to not wanting to be here and stating his view that he had nothing to learn or gain from working with us...Ultimately we had to accept his decision not to continue the work, although we are of the opinion this was not a good decision for him to make.”

(Practitioner)

For around half of the cases where young people had dropped out, the programme ended early for the young person in a planned way, for example a clinical decision was taken to stop. Information or more constructive advice on how parents/carers can complement the work the young person undertakes in the session could possibly result in more meaningful engagement from young people, and a reduction in the number of decisions taken to end the programme.

# Appendix 8: Feedback from relapse prevention interviews

This section is based on the relapse prevention plans completed by young people and their parents/carers at the end of the programme. Eighteen relapse prevention interviews were completed by young people and nine by parents/carers.

## Safety plans

Most young people (11 out of 18) and parents/carers (six out of nine) indicated that they/their child had developed a safety plan to help them to avoid future HSB. Interviewers rated the quality of these plans fairly highly with a mean score of 7.5 out of 10 in the young people interviews (range 5 to 10) and 7.4 in the parent/carer interviews (range 5 to 9). Practitioners rated the plans well when the young people had identified risky situations and described how they would avoid these in the future using a variety of strategies.

Examples of positive strategies described in the plans included keeping busy, maintaining healthy peer relationships, thinking about the consequences of further HSB and talking to parents or carers. Practitioners felt that young people showed better understanding of healthy relationships following the programme, which was reflected in the plans.

“Young person is able to recall strategies identified (in plan) to avoid situations where he may be alone with young children and how to respond should he experience inappropriate sexual thoughts. He demonstrates good understanding of appropriate and safe relationships.”

(Practitioner)

Some challenges in developing plans included the young person being in denial of their HSB and/or the allegations not being proven. One concern practitioners raised was that although the young person may be able to put together an adequate safety plan, they seemed to struggle to put this into practice in real life situations. There were also concerns that some young people did not have adequate support networks outside of the programme, which would make put them more at risk of future difficulties.

“Young person stated his intention to continue avoiding HSB. He wishes to have a healthy peer aged relationship. He has made steps to improve his social life and his self-confidence and esteem have improved. He has engaged well in treatment and appears to have been honest. The concern remaining is that he continues to be quite vulnerable because of previous social isolation and learning difficulties and he has very limited family support and social network.”

(Practitioner)

“Whilst young person can articulate a safety plan, our knowledge of his behaviour outside of session indicates that he may not be able to put these into practice.”

(Practitioner)

Parents and carers were asked to describe their child’s safety plan and some gave details of practical ways in which they and their child were applying aspects of the plan into their everyday lives. This included the young person keeping their parent/carer informed of their whereabouts, household rules about the young people not being alone with other young children and peers of the opposite sex, and encouraging the young person to form healthy peer relationships.

Most young people (13 out of 17) and parents/carers (five out of eight) felt that the plan was fair, but three young people and two parents/carers felt it was unfair. However, when asked to explain what was unfair about the plan there were very few responses, though one young man specified that it was unfair that he was not allowed to stay overnight at his friend’s houses. People who knew about the safety plan included the parents/carers, social worker, college tutor, the youth offending service and the NSPCC.

## Recognising risk

Most young people were able to identify situations that could put them at risk of further HSB that they needed to avoid in the future. Six out of nine parents were also able to identify one or two situations the young person should avoid in order to reduce the risk of future HSB. In most cases (14 out of 18), the practitioner felt the situation the young person identified was relevant to their offence. Examples of risky situations described included babysitting, drinking alcohol when children were around, and being alone with children or young people under 16.

However, a few young people did not identify any risky situations, and two out of nine of the parents stated that there were no situations that the young person should avoid in the future. This could be because participants perceive themselves or their child as no longer posing a risk, but based on the young person's past HSB this could be considered naïve and may be a concern. Four parents/carers were able to describe a range of potential reasons for the young persons' previous HSB.

However, one individual cited the victim as partially to blame for the HSB, which is also worrying as this suggests they may be justifying their child's past behaviour and may affect the way they perceive the risk he poses to others.

## Coping strategies

The majority (17 out of 19) young people described one or more strategies they would use if they were faced with a risky situation<sup>1</sup> and most (16 out of 18) gave one or more ideas about how they would deal with 'risky thoughts'<sup>2</sup>. Five of the young people indicated that they would not have these kinds of thoughts in the future. Only four of the nine parents/carers felt that they could identify behaviours their child may elicit that would cause them concern, with two indicating there was one specific behaviour that would worry them and two describing two or more behaviours that might cause concern.

Two-thirds (six out of nine) gave at least one appropriate way of responding should anyone report that their child had behaved in an inappropriate/concerning way; three of these gave two or more relevant strategies but three could only think of one. The other parents either indicated that this would not happen (n=1), said they did not know how they would respond (n=1) or did not answer this question.

The average ratings practitioners gave for the parent's awareness of risky behaviours was fairly low at 5.2 (range 3 to 9). Their rating for the strategies parents would use to respond to a concern about a child was also relatively low at 5.8 (range 2 to 9).

Most young people (16 out of 18) and most parents (seven out of nine) said that there was at least one person they could confide in if there were any future concerns about their own or their child's behaviour. One young person said that there was no one he could confide in about this, and another young person said that they did not know if they could confide in anyone. Two of the parents did not answer this question.

---

1 13 young people gave two or more relevant strategies; six only had one.

2 12 young people had two or more ideas; four could only think of one.

# References

- Beckett, R. C. (1994) Children and Sex Questionnaire. In: R. Beckett, A. Beech, D. Fisher & A.S. Fordham, *Community-Based Treatment for Sex Offenders: an evaluation of seven treatment programmes*. London: Home Office Publication Unit.
- Beckett, R. C., Brown, S. and Gerhold, C. (1999) *An empirically derived typology of adolescent sexual abusers*. 18th Annual Conference the Association for the Behavioural Treatment of Sexual Abusers (ATSA). USA: Florida.
- Beckett, R. C., Brown, S. and Gerhold, C. (2002) *Predicting recidivism in adolescent sexual; Findings from the UK Adolescent Sexual Abuser Project*. National Adolescent Perpetrator Network Conference. St Louis, USA, June 2002.
- Beckett, R. C. and Fisher, D. (1994) Victim Empathy Scales. In: R. Beckett, A. Beech, D. Fisher & A.S. Fordham (1994), *Community-Based Treatment for Sex Offenders: an Evaluation of Seven Treatment Programmes*. Home Office Occasional Paper. London Home Office. Crown Publications.
- Beckett, R. C. and Gerhold, C. (2008) *The Use of Psychometric Assessments in Targeting Treatment and Measuring Change*. 23rd Annual National Adolescent Perpetrators Network Conference. Portland, Oregon, May 2008.
- Burt, M. R. (1989) Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, 38, pp217–230.
- Goodman, R. (1997) The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, pp581–586.
- Greenwald, H. J. and Satow, Y. (1970) A short social desirability scale. *Psychological Reports*, Vol. 27, pp131–135.
- Mosher D. L. and Sirkin, M. (1984) Measuring Macho Personality Constellation. *Journal of Research in Personality*, Vol. 18, pp150–163.
- Nichols, H. R. and Molinder, I. (1984) *Multiphasic Sex Inventory Manual*. Available from Nichols and Molinder, 437 Bowes Drive, Tacoma, W.A. 98466, USA.
- Novaco, R. W. (2003) *The Novaco Anger Scale and Provocation Inventory*. Western Psychological Services.

- Prince-Embury, S. (2006) *Resiliency Scales for Children and Adolescents*. Pearson.
- Russell, D., Peplau, L. A. and Cutrona, C. A. (1980) The revised UCLA loneliness scale: concurrent and discriminative validity evidence. *Journal of Personality and Social Psychology*, 39, pp472–480.
- Thornton, D. (unpublished) *Thornton Self-Esteem*. London: HM Prison Service.

[www.nspcc.org.uk](http://www.nspcc.org.uk)

Registered charity numbers 216401 and SC037717.