



A PODCAST
BY PHYSICIANS
FOR PHYSICIANS

HOSTED BY DR. DAVID GRATZER

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Prevention and Sexual Abuse: Dr. Ainslie Heasman's *Talking for Change* program

[short musical intro]

Let's be blunt. This pandemic has dragged and we're all feeling a little bit more stressed and, perhaps, burnt-out. And that's why we're launching this series within the larger Quick Takes series where we focus on innovations and, frankly, some good news stories.

A reminder that mental health care continues to evolve and grows more sophisticated and creative every year. So, have a listen. This podcast is meant to be short and focused, and we hope you like. Thanks for listening.

[musical interlude]

David Gratzer: In mental health care, we often talk about the importance of prevention, but few programmes actually aim to prevent mental health problems. Very few aim to start before, in fact, the problems start. Dr. Ainsley Heasman from the Centre for Addiction and Mental Health, who's a clinical psychologist here, has a programme focussed on people at high risk of committing sexual abuse and thus aiming to prevent sexual abuse. Doctor Heasman joins us.

Dr. Heasman, thank you for joining us. Tell me about the programme you've been working on with your group.

Ainslie Heasman: Absolutely. Our programme is called Talking for Change and it's really one of the first of its kind in Canada. Our focus fundamentally is around preventing child sexual abuse before it happens. So moving prevention upstream, much further than has typically been the case, and providing a range of services, anonymous and non-anonymous services, to individuals who identify having a sexual interest in children; are concerned about offending sexually against a child; or are concerned about using or their potential use of child sexual exploitation material.

David Gratzer: How did you come up with the idea for this programme?

Ainslie Heasman: It's a great question. I mean, most of my career has been providing tertiary services to individuals who have offended sexually and helping them to prevent further offending. And more and more in my field the focus has been on how to move that upstream. And in truth, it's felt as the years have gone on and the older that I have gotten, that there's more I could do. There's more I could do to prevent offending in the first place. And a programme like this is rolling out in different ways across the globe, in various countries across the world. So, there's more and more focus around true prevention.

David Gratzer: First of its kind in Canada, what were some of the challenges in starting this up?

Ainslie Heasman: Well, certainly as with most projects, getting funding was always the challenge. A great idea is only so great in so far as you can implement it and fund it. So, we have secured funding for the moment from the federal government. That was the biggest challenge and then scaling it to a place where users would want to engage with the programme. So we know there's lots of barriers to individuals accessing service, which is why we've created anonymous services and support in addition to more traditional assessment and psychotherapy.

David Gratzer: And how has the pandemic influenced your delivery of care?

Ainslie Heasman: It's an interesting question. I mean, we have seen a fair bit of access to both our anonymous helpline and our more traditional non-anonymous therapy since we launched to the public in August of 2021. We always intended our service to be offered virtually — the psychotherapy offered through secure video platform. Given the geography of Ontario, which is where one of the programmes is located, we knew we needed to offer it virtually so that there were reduced barriers to individuals accessing service. So I think time will tell how the pandemic and how our move to a virtual world in many respects will impact the programme.

David Gratzer: What are some metrics you're using to measure how you're doing?

Ainslie Heasman: This is an important but challenging piece. So we have an anonymous help line, and of course I'm sure you can imagine measuring the benefit of a one-time anonymous brief intervention is really quite challenging, but we are doing our best. So we have metrics that we engage with the users before and at the end of either a call or a live chat. It helps to guide the clinical or support intervention in the moment, but it also helps to measure how valuable the service was to the user. They also have the opportunity to anonymously complete a survey after the fact regarding the utility of the service and how they went about implementing suggestions. And then with our more traditional assessment and psychotherapy, we have pre- and post-programme evaluations. We have session evaluations, so participants are evaluating the programme after the completion of each group programme. So we're measuring individuals on risk and protective factors. Factors that we know are relevant for individuals who have sexually offended because we don't have excellent risk measures in terms of determining what's likely to increase somebody's risk for the onset of a behaviour in terms of sexual abuse — the very first time. So we're using measures that have been established for individuals who have sexually offended and seeing if we can measure the same types of risk and protective factors and see if there's a change across the 16-week therapy programme. Certainly, the intention in the future is to engage in more traditional analysis and evaluation through RCTs.

David Gratzer: Based on the literature, can you speculate about how much prevention you're actually doing?

Ainslie Heasman: It's a good question, I don't think we know the answer yet. There are programmes throughout the globe that have started to look at the onset of sexual offending following completion of a programme and certainly showing very low numbers in terms of first-time offending. But it's a challenging thing to measure, but I think quite reasonably, we know the factors that contribute to individuals engaging in sexual abuse against children, and only about 50 percent of those would identify as having a primary sexual interest in children. Others are offending sexually against children for other reasons - antisociality, impulsivity, substance use. So targeting those factors, whether it be sexual interest or the other factors that contribute to the onset of offending, I think we have a responsibility, really. We have the ability to offer this type of service and intervention, and I think ethically we have a responsibility to try and intervene with the individuals who would ultimately be the ones responsible for engaging in abuse, as opposed to offering service to children or parents to learn about the signs of abuse for children to prevent their own abuse. It's fundamentally not their responsibility.

David Gratzer: What's been one of the biggest surprises in doing this programme?

Ainslie Heasman: I think it's been a pleasant surprise – I had hoped it would be true, and it has proven to be true – it's been a pleasant surprise no matter which agency I talk to, whether it's police, child protection, politicians, other social service agencies, social media companies, everyone is supportive of a programme like this. If they had not thought about the existence of a programme like this before, there's this unanimous sense that how could something like this not exist? It seems so logical and beneficial, and all of those agencies, again, whether it's police or child protection, we're all working towards the same goal. We all want to protect children and prevent child abuse and child sexual abuse. And going about it in these range of ways that we each are, only serves to prevent the abuse in the end.

David Gratzer: Dr. Heasman, if someone were interested as a clinician or perhaps as a possible participant in your study, how might they find out further information?

Ainslie Heasman: So we have a bilingual website at TalkingforChange.ca. And we're also all-over social media. So Instagram and Facebook @TalkingforChange, Twitter @Talking4Change [the number 4], everything about our programme, both the anonymous and non-anonymous services and ways to get a hold of us, either as a participant, user or clinician is on the website.

David Gratzer: Really appreciate this. Thank you. Cheers.

Ainslie Heasman: Take care.

David Gratzer: Bye now.

[Outro:] Quick Takes is a production of the Center for Addiction and Mental Health. You can find links to the relevant content mentioned in the show and accessible transcripts of all the episodes we produce online at porticonetwork.ca/web/podcasts. If you like what we're doing here, please subscribe.

Until next time.