Guest editorial: Rewriting the forensic narrative: compassion focused therapy (CFT) as a pathway to change in forensic settings

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People hurt people. This is something history tells us has been a constant feature of humanity (Pinker, 2011). In this respect we are no different from other species: animals hurt other members of their species. Motivations for harmfulness are typified by survival necessities, including defence against threats and competition for essential resources such as food, mates, territory and status (Natarajan and Caramaschi, 2010). As humans, we are gifted with a knowing awareness that other animals do not have, which means we can be aware of our instincts and urges and exert conscious control over them (Damasio, 2010). Given this awareness, it might be expected that humans would be minimally harmful, however, that is not the case. Humans continue to be one of the most harmful species (Gilbert, 2005), observed in our capacity for incredible tortuous cruelty, directed at our own and other species (Milewski *et al.*, 2023). Although human violence is declining over time (Pinker, 2011), fundamental questions remain about why people continue to hurt people and how we can prevent or alleviate this.

Such questions are, of course, primary ones for people who work and research within the field of crime. Centuries of research have sought to find answers to understand and prevent harmfulness, yielding a range of theories and practices from many disciplines. This tells us that harmfulness is multifactorial, having diverse functions and forms and reflects the necessity for the study and prevention of harmfulness to be a societal, multidisciplinary effort. The work of forensic practitioners is to apply what is known about harmfulness to alleviate and prevent it at the individual level. A significant endeavour of forensic research, then, is to understand the factors that predispose people to harmfulness. These factors are more readily referred to "risk factors" or "criminogenic needs" and research consistently shows a relatively universal set of factors that predict offending known as the central eight (Andrews and Bonta, 2006). These have been a mainstay of forensic assessment and interventions, seeking to understand their presence and relevance for individuals so we may anticipate and manage risk of repeat harmfulness. This has been critical to developments in our practice since it has guided us away from attending to arbitrary factors that do not predispose to harmfulness and focused us on factors that we have more confidence are empirically demonstrable to harmfulness. Research shows that interventions to address offending are more effective if they target these factors (Hanson *et al.*, 2009) and have been a prominent guiding principle for the design of interventions (Risk, Need and Responsivity principles; Andrews and Bonta, 2007).

We have focused for many years on targeting these factors but had less regard for the origins of these factors for individuals. Tony Ward's work (see Ward and Brown, 2004) on the role of human needs began to change this narrative. He proposed that common human need factors such as the needs for agency, relationships and freedom from emotional turmoil are the motivational drivers for harmfulness. Ward highlighted the construct validity problems with dynamic risk factors and proposed that they are best viewed as signallers to harmfulness and not causal and thus rehabilitation efforts should address the need factors that underpin these "signals". Work around trauma-informed thinking and care, taken from non-forensic medical settings, further began to change the narrative about the causes and responses to harmfulness, guiding practitioners and systems to think about the origins of harmfulness and these being rooted in experiences of adversity (see Willmot and Jones, 2022). Gradually services have moved from questions of "what is wrong with you" to "what has happened to you". This no doubt has shaped a more compassionate approach to forensic work and supported the movement towards a humanising philosophy, consistent with those in mental health settings (Johnstone and Boyle, 2018). Perhaps one of the unintended consequences of this approach is that it has tended to view people in terms of their trauma or adversity experiences, which can neglect strengths. While it places people's responses to adversity in a context of normality, it may inadvertently neglect the acknowledgment that life is characterised by adversity and it is in the face of that challenge that all living things have evolved. It implies that adversity is "abnormal", pathologising it in its own right. Research shows that childhood trauma and adversity is commonplace in humanity and, is if anything, reducing over time (Ellis *et al.*, 2022). This is not the same as condoning or minimising peoples' adverse experiences but seeing these experiences as a tragic inevitable part of living.

A further paradigm shift in forensic settings is on the horizon, one which sees a broader perspective of human behaviour informed by evolution science (Hayes *et al.*, 2020). Compassion focused therapy (CFT) (Gilbert, 2010) is a theory of mind and integrative psychotherapeutic approach drawing on an evolution science. CFT understands and addresses human harmfulness, building prosocial and affiliative motivations and competencies, an ideal fit for forensic practice and it is perhaps surprising that its value has not gained more recognition up to now. The evolutionary roots of CFT view harmfulness not as a sign of abnormality but as part of the natural repertoire of behaviours all animals need for species success, supporting the primary motives for survival and reproduction. A foundational principle in CFT is that as well as harmfulness, humans are capable of significant capacities for care. We are group-living animals and rely on each other for survival but also for comfort and support. Combined with the human abilities for reasoning and self-awareness, these innate mammalian capacities for care transcend basic nurturing to become compassion: the ability to notice distress and act to help. Humans beyond other species will want to help those they do not know or even like and they are willing to help other species, but a striking feature of human caring is that we are prepared to sacrifice ourselves to help others. COVID was a clear example of this commitment to alleviate suffering. A central aim of CFT is to support people to develop this innate capacity for compassion and to be able to direct this capacity towards others, towards oneself and to be open to this from others. CFT then does not just seek to minimise harmful behaviour but also to build pro-social behaviour.

CFT builds on the work of Ward and colleagues by situating human needs in an evolutionary context and goes further by recognising that strategies deployed to meet these needs, although unhelpful and in some cases harmful, are not a sign of "deficit". In the context of their origin, they were helpful; avoidance of closeness and relationships is adaptive when living in the presence of people who harm or neglect you. Beyond that context these strategies may become unhelpful, leading to unintended consequences, such as lack of intimacy and inability to relate securely (or "problems with relationships" dynamic risk factor). It is not the fault of the individual that they learned to do that, but it is their

responsibility to meet their needs in non-harmful ways. CFT highlights that behavioural patterns learnt from threat experiences are necessarily persistent and resilient and are readily deployed in a context that resembles the original threat, as well as novel contexts that signal threat, such as change.

While this is an obvious target for people who harm, these capacities are also critical for forensic staff. Working in forensic settings is considered a critical occupation (Clarke, 2017), where there is exposure to distressing events, including physical violence (see MoJ, 2026 for assault on staff statistics); considerable responsibility for balancing public protection with human rights; and the distress of those in their care. The concept of "moral injury" (Morris *et al*., 2022) describes the psychological effects of working in such environments and highlights that staff support and wellbeing are central to rehabilitation. When staff feel supported, resourced and safe, the environment they work in is also safer for the service users. In some cases, this translates to reduced recidivism rates (Beijersbergen *et al*., 2016). Despite its name, CFT is not just a therapy and has application to supporting staff, something already established as beneficial in the healthcare sector (West, 2021).

CFT special edition

This CFT special edition of the Journal of Forensic Practice represents another step forward in the application of CFT to forensic work and builds on a previous forensic CFT special edition journal, Abuse (2022). This edition consists of six papers, covering three broad themes; the relevance and prevalence of CFT in forensic work; a staff support model and as a therapeutic approach.

The journal begins with a comprehensive outline of CFT and its relevance to forensic work by Jon Taylor. He reviews the theory base of CFT and its relevance to understanding harmfulness and makes a compelling case for its value with people who harm. This paper highlights the growing appeal of CFT as a trauma-informed guiding model in forensic services. Taylor reviews the development of forensic CFT (f-CFT) interventions and the outcome data, illustrating the applications to a range of settings and client groups. This reflects the diverse ways that CFT can be applied and the potential benefits that even the most basic psychoeducation components might have, meaning that it offers a flexible approach that could be adjusted according to the needs of the service. What is clear is that f-CFT shows promise as an intervention to address criminogenic need however, the evidence of any long-term benefit for risk can only be considered provisional due to the lack of robust evaluation strategies. With the exception of small-scale randomised control trials from the same group, the methodologies do not allow confidence in the outcomes. This is perhaps not surprising given f-CFT is a relatively new application, but it underscores the importance of attending to sound evaluation plans with any intervention. Beyond intervention, Taylor goes on to illustrate the application of f-CFT to staff support and culture setting in forensic services, highlighting the benefits it may have to staff wellbeing and to creating a rehabilitative culture.

Building on Taylor's review of the development and outcomes of f-CFT, Hannah Waite, Julia Wane and Carolien Lamers offer the first systematic review of the application and effectiveness of CFT in both forensic settings (health and justice) and non-forensic in-patient mental health services. The paper reviews studies, which have implemented CFT for services users and staff. They conclude that as well as being helpful for addressing mental health needs, indications are that CFT could address criminogenic needs in relation to psychopathic traits and emotional regulation. These findings are based on a small number of studies with methodological limitations but are nonetheless encouraging.

We have two papers which explore the application of CFT to support staff working in high-security settings. Working with staff is a central aspect of forensic work; they are co-creators of culture, something, which is critical to rehabilitation, safety and recovery. However, it can

be a significant challenge in under-resourced and strained systems. Alice Bennett and Stephanie Singh discuss their experiences of applying CFT with prison officers in a high-security prison. They illustrate how compassion-focused concepts can be simply introduced into existing staff supervision structures to support reflective practice and compassionate ways of working. In particular, the three circles model of emotion regulation and motivation (see Moloney-Gibb *et al.*, 2026) offered staff an accessible means of understanding the prison environment and their emotional reactions to it and a shared language by which to discuss them. They conclude with an applied illustration of how the three-circle model could be used in staff support processes and suggest it is considered as a model which can be integrated into support and supervision practices.

Catrin Williams, Aimee Cook and Leanne Beadsmore propose a 10-step theoretical model of CFT-based staff supervision in high-security mental health settings. They discuss the concept of moral injury for staff in forensic mental settings, illustrating the reverberating effects this can have on staff wellbeing, patient care and public protection. They propose that CFT is well placed to prevent and alleviate moral injury, offering a supervision structure based on the compassionate mind training element of CFT. Their supervision model includes a psychoeducation phase and teaching skills for self-awareness and emotional regulation. Their proposed model also includes a strong evaluative component using pre-post supervision measures such as compassion, moral injury and the social climate of the work context. Williams *et al.* emphasise the importance of the organisational culture for mitigating distressing outcomes for staff and argue that themes from the evaluation should be shared with senior managers to influence broader organisational culture.

Our final papers discuss the application of CFT in forensic interventions. Leanne Hanley outlines the utility of CFT for working with criminogenic needs and enhancing processes critical to effective psychological change, such as the therapeutic relationship. She documents the integration of CFT into an existing custodial accredited offending behaviour programme for people with sexual convictions and paraphilic interests. The paper describes the relevance of CFT for working with paraphilia and provides a commentary about the large-scale implementation of a CFT-informed intervention across several UK prisons. Hanley emphasises the importance of clinical fidelity and integrity, including thorough training and supervision processes, in the success of integrating CFT into established offending behaviour interventions. This paper is a clear illustration of the integrative nature of CFT, meaning it is well placed to enhance existing interventions and complements other therapeutic modalities such as cognitive behavioural therapy.

Complementing Hanley's paper on the integrative nature of CFT, Leanne Tomlinson and Adam Mahoney examine the experiences of therapists delivering a group-based compassion-focused intervention for women in prison. Their paper briefly discusses the development of CFT intervention (CFTi) designed to meet the needs of women who have offended and experience psychological distress associated with previous trauma. The focus of the paper is a qualitative exploration of the experience of therapists who deliver this intervention. A central theme revolves around the therapist's investment in CFT and the group members, modelling compassion and creating safety as being driving forces in the effective implementation of the intervention. Tomlinson and Mahoney offer a hierarchical practical framework, illustrating the therapeutic process derived from the therapist's experiences, that therapists can apply when preparing for and delivering a CFT intervention. They also stress the importance of clinical integrity and ongoing organisational support and foundational aspects of a CFTi.

Concluding remarks

CFT represents a new paradigm in forensic practice, marking a pivotal shift towards a more humane and comprehensive understanding of harmful behaviour. Collectively, the six

papers offered in this special edition illustrate the promising capability of CFT to enhance forensic practice across a diverse range of applications. More than just a therapy, CFT benefits staff as well as people in forensic services, placing compassion theory and practice as a core mechanism for both rehabilitation and staff well-being. Integrating a CFT-informed approach at all levels of forensic practice is likely to promote safer, more rehabilitative environments. To progress forensic CFT as a trusted and effective approach in forensic practice, its applications need to be robustly tested with well-designed evaluations, drawing on mixed methods to examine the human experiences of f-CFT and its outcomes for rehabilitation, such as addressing harmfulness and improving safety and distress for both staff and those in forensic services.

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