

CHILD SEXUAL ABUSE: MOVING TOWARDS PREVENTION

BRISTOL SAFEGUARDING CHILDREN BOARD
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PROFESSOR KIERAN MCCARTAN
KIERAN.MCCARTAN@UWE.AC.UK



WHAT IS THE CURRENT NARRATIVE ON SEXUAL ABUSE?

- Sexual harm is a high profile issue, both nationally (UK Office of the Children’s Commissioner, 2015) and internationally (UNICEF, 2014).
- The number of perpetrators entering and being managed by the Criminal Justice System is continually increasing.
- These increases in the sexual offender population are the result of a “perfect storm” created by
 - increased social and traditional media reporting;
 - increased visibility of the offences;
 - increased trust in the criminal justice system to take victims seriously and respond appropriately;
 - the impact of high profile as well as historical cases;
 - and related government policies, practices and strategies.

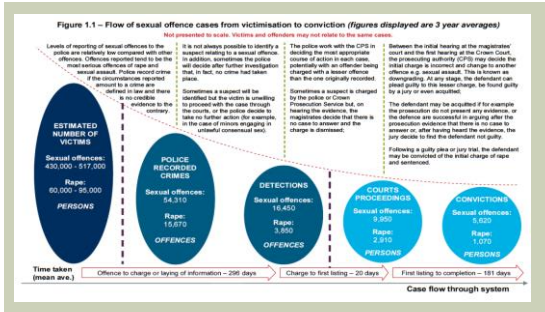
SCALE OF THE PROBLEM



	£ million	£ million
(2012/13 prices)	Central	Low
Health		
Child sexual health – expenses	£1.6	£0.8
Child sexual and self-harm	£1.9	£1
Adult sexual health – expenses and PTSD	£262.7	£81.4
Adult physical health – alcohol and drug misuse	£15.4	£7.7
Total health	£281	£91
Criminal Justice System		
Prisoners	£26.9	£20.9
Adult victims of CSA	£28.4	£7.1
Total CJS	£55.3	£28
Services for children		
Children social care	£35.9	£20.4
NSRCC service costs	£7.3	£7.3
Total services for children	£43.2	£27.7
Labour market		
Lost productivity	£1,700	£1,100
Total costs to Exchequer	£251 million	£237 million
Total costs	£3.2 billion	£1.6 billion

Saied – Tessier (2014)

THE REALITY OF NUMBERS

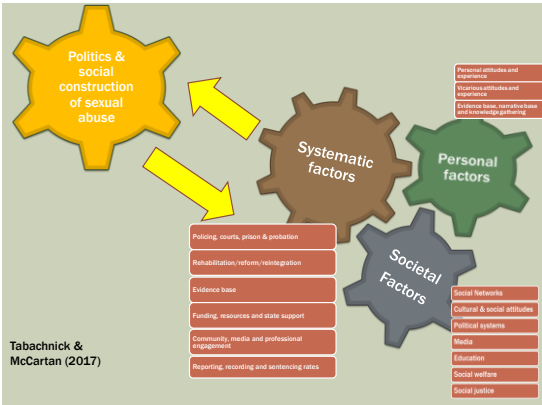


PUBLIC VIEWS ABOUT SEX OFFENDERS & RELATED POLICY

- Public views about sex offender policy in general.
 - The public hold punitive attitudes towards this group of offenders;
 - Support punitive and exclusionary policies such as sex offender registries, community notification, preventative detention, and residency restrictions, even in the absence of any evidence that these policies work;
 - Support harsher penalties for sexual than non-sexual offenders, and for child sex offenders than those who offend against adults;
 - Despite this, the research demonstrates that the public support treatment for sex offenders, including child sex offenders, despite being doubtful about its efficacy.
- (Richards & McCartan, 2017)

THE CURRENT NARRATIVE ON RISK MANAGEMENT

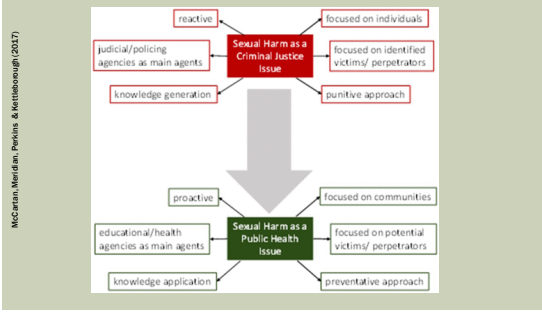
- The ever increasing sex offender population places additional pressure on existing risk management services (i.e., Police, Probation, Prison, etc.) already under financial, political and practical strain (Simon Bailey).
- Such strain ultimately means that sex offender risk management becomes about bureaucracy, cost saving, risk aversion and an audit culture rather than innovation and adaption.
- How can we think outside of the box?



RISK MANAGEMENT

- Challenges of balancing public protection, risk management and community integration.
- The ever increasing sex offender population places additional pressure on existing risk management services already under financial, political and practical strain.
- Such strain ultimately means that risk management becomes about bureaucracy, cost saving, risk aversion and an audit culture rather than innovation and adaption.
- Need to consider how we integrate people who have sexually harmed back into the community in an effective way.

PREVENTION AND PUBLIC HEALTH APPROACHES



RISK MANAGEMENT & PREVENTION

Primary	Raise public awareness of the reality of sexual abuse and dispel common myths about victims and individuals that have committed a sexual offence. Which enables individuals and communities to be better at identifying sexual abuse, risky behaviors and be better able to support people impacted by sexual abuse. Increased education leads to increased awareness and more proactive behavior. For instance, public education campaigns, bystander intervention, Eradicating Child Sexual Abuse, etc.
Secondary	Enabling "at risk" populations to understand their potential risks, triggers and the potential outcomes of them. This means that they can seek appropriate support and be empowered to seek help. Individuals and communities better understand risk and therefore are better able to help people manage their own (potential) risk. For instance, Project Prevention Dublin/Fold, Stop 50, Safer Living Foundation, Lucy Faithful, Help Wanted!, Stop It Now!, The Global Prevention Project, etc.
Tertiary	Working with people convicted of sexual offences to hold them accountable for their past problematic behavior, get support and move forward, integrate back into their communities. These interventions move people towards an offense-free lifestyle and encourage desistance. They help people manage their own risk (i.e. treatment programs and interventions). For instance, treatment programs and interventions for people who have committed sexual abuse, etc
Quaternary	This enables people to successfully integrate back into the community by protecting people from collateral consequences or risk management policies and practices. This is done through supportive integration programs that help the person who has sexually abused, aid their re-entry and support them pro-actively to negate the range of policies and practices that negate their integration. For instance, Circles of Support and Accountability (UK, Circles 4 EU, Canada, & USA), etc.

McCann, Prescott & Gatch, 2019

REFRAMING 1: IMPORTANCE OF LANGUAGE

- Why should we refrain from calling them sexual offenders....
 - The power of labels.
 - Impact on integration back into the community.
 - First person language is helpful in understanding the sum of the individual is not their offence.
 - Can get in the way of changing policy and legislation.
 - It does not detract from the victims experience or narrative,
- What language should be used instead...
 - Person/individual that has committed sexual abuse ??
 - Harmful sexual behaviour

(Willis, 2018; Willis & Letourneau, 2018)

REFRAMING 2: ADVERSE CHILDHOOD EXPERIENCES & LIFE COURSE FACTORS

Adverse Childhood Experiences (ACEs) in Wales

ACEs are stressful experiences occurring during childhood that directly harm a child's mind or physical health or affect their development or growth (The NHS). It's something that happens with domestic violence.

How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT:
 Neglect about 30%
 Physical abuse 14%
 Sexual abuse 9%

CHILDHOOD HOUSEHOLD INCLUDES:
 Alcohol problems 26%
 Mental illness 15%
 Physical illness 12%
 Household substance use 11%
 Incarceration 7%

For every 100 adults in Wales 57 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.

0 ACEs 53%
 1 ACE 20%
 2-3 ACEs 13%
 4+ ACEs 14%

Public Health Wales (2015)

Compared with people with no ACEs, those with 4+ ACEs are:

- More likely to be a high-risk drinker
- More likely to have had or caused unintended teenage pregnancy
- More likely to smoke a cigarette or tobacco
- More likely to have had sex under the age of 16 years
- More likely to have smoked cannabis
- More likely to have been a victim of violence over the last 12 months
- More likely to have committed violence against another person in the last 12 months
- More likely to have used crack cocaine or heroin
- More likely to have been incarcerated at any point in their lifetime

Lifespan Impacts of ACEs

Adverse Childhood Experiences
 Development (Physical, Mental, Cognitive, Emotional)
 Adaptation (Personality, Resilience, Coping Skills)
 Health Outcomes: Chronic Diseases, Mental Health Disorders, Substance Use, Injury, Premature Death, Heart Disease, Diabetes, Fatty Liver, Obesity, Intergenerational Transmission, Disability

Public Health Scotland (2016)

REFRAMING 2: ADVERSE CHILDHOOD EXPERIENCES & LIFE COURSE FACTORS

Adverse Childhood Experiences and Arrest Patterns in a Sample of Sexual Offenders

JR S. Losenner and Kelly M. Scott

Adverse Childhood Experiences and Adult Criminality: How Long Must We Wait Before We Assess Our Own Lives?

RR S. Losenner

The Influence of Childhood Trauma on Sexual Violence and Sexual Deviance in Adulthood

RR S. Losenner and Michael D. Cusick

Adverse Childhood Experiences and Criminal Propensity Among Intimate Partner Violence Offenders

W. Zach Wilson, Tara A. Mori, and Phyllis M. Crowl

REFRAMING 3: TRAUMA INFORMED CARE

In the simplest terms, the concept of trauma-informed care is straightforward. If professionals were to pause and consider the role trauma and lingering traumatic stress plays in the lives of the specific client population served by an individual, professional, organization, or an entire system, how would they behave differently? What steps would they take to avoid, or at least minimize, adding new stress or inadvertently reminding their clients of their past traumas? How can they better help their traumatized clients heal? In effect, by looking at how the entire system is organized and services are delivered through a “trauma lens,” what should be done differently?

Wilson, Pence, and Conradi (2013)
<http://socialwork.oxfordre.com/view/10.1093/acrefore/978019975839.001.0001/acrefore-9780199975839-e-1063>

REFRAMING 4: UNDERSTANDING THE “SEX OFFENDER” AS THE SERVICE USER

- The criminal justice system rarely seeks out the perspective of those subject to it.
- Thus, it is impossible to apply a “one size fits all” approach to understanding who commits sexual offenses, why they do it, what services they need, or how those services can help.
- This is largely a product of the research that has, thus far, focused on the service itself not the lived experience of the actual users or the impact that the process has on the individual.
- Importance of the service user voice in:
 - Prevention
 - Management
 - Desistance
 - An evidence base
 - Effective policy & practice

Seen and Not Heard: The Service User's Experience Through the Justice System of Individuals Convicted of Sexual Offenses

Kieran E. McCann, Danielle A. Harris, and David S. Prescott

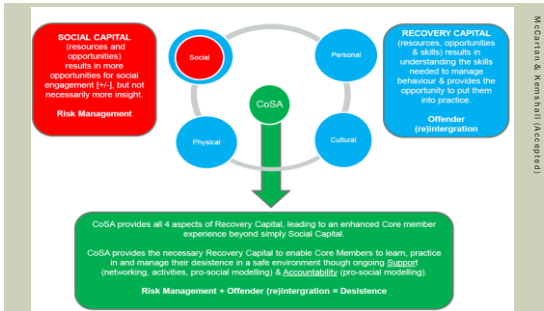
International Journal of Offender Therapy and Comparative Criminology

SAGE

REFRAMING 5: SECONDARY PREVENTION

Psychology of Self-reporting and Disclosure .	Working within the existing Legal, Social, and Professional Framework.	Scale and Type of Response .	Media, Public, and Political Hurdles
The management of help-seeking behaviours.	A change of direction and approach in the UK towards earlier prevention	The availability of online and offline services	A major challenge, was dealing with the public relations element of it
The tension between the offenders' need for support and managing the presented risk to themselves and others.	Issues of mandatory reporting	Ethics, safeguarding and the reality of online support.	Potentially easier with youth than adults?
Potential or current offenders had felt personally alienated.	the rights of (identified/ unknown) victims	Ethics, safeguarding and the reality of offline support.	"getting the right message across"
Effective secondary harm prevention efforts need to have a clear outreach plan	the issue of identifying suitable avenues for prevention	Who is the service provider?	The role of the professional in shaping the media, public and policy message.

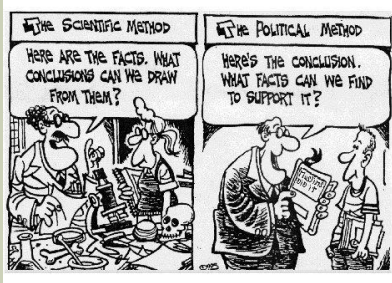
REFRAMING 6: RECOVERY CAPITAL



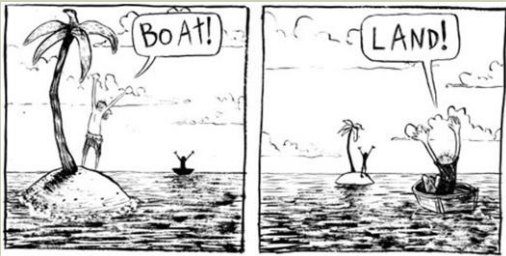
REFRAMING 6: MULTIAGENCY & PROFESSIONAL WORKING



REFRAMING 7: EVIDENCE BASED POLICY



REFRAMING 8: COMMUNICATION



MOVING FORWARD (1)

- The acts of sexual harm are real and tangible, but the why that we talk about sexual harm and respond to it is socially constructed.
- Changing perceptions and narratives to reframe experiences of harm, perpetrators of harm and how we move beyond harm.
- Recognizing the role of trauma & ACE's in the developmental pathways of people convicted of sexual harm.
- Reconceptualising sexual harm in a proactive, public health, multi-agency way.
- We need to work together more effectively & in a multi-disciplinary pre-CJS

MOVING FORWARD (2)

- We need to recognise & believe that prevention is the work of all.
- We need to utilise professional knowledge, expertise and good practice more.
- We need to engage with people convicted of sexual offences more so that we can better understand why people offend and when best to intervene.
- We need to pay attention to the service user journey so that we can engage with them so that they can integrate into society.
- We need to share our knowledge, good practices and skills effectively with the public and media, to improve societal understanding.
