

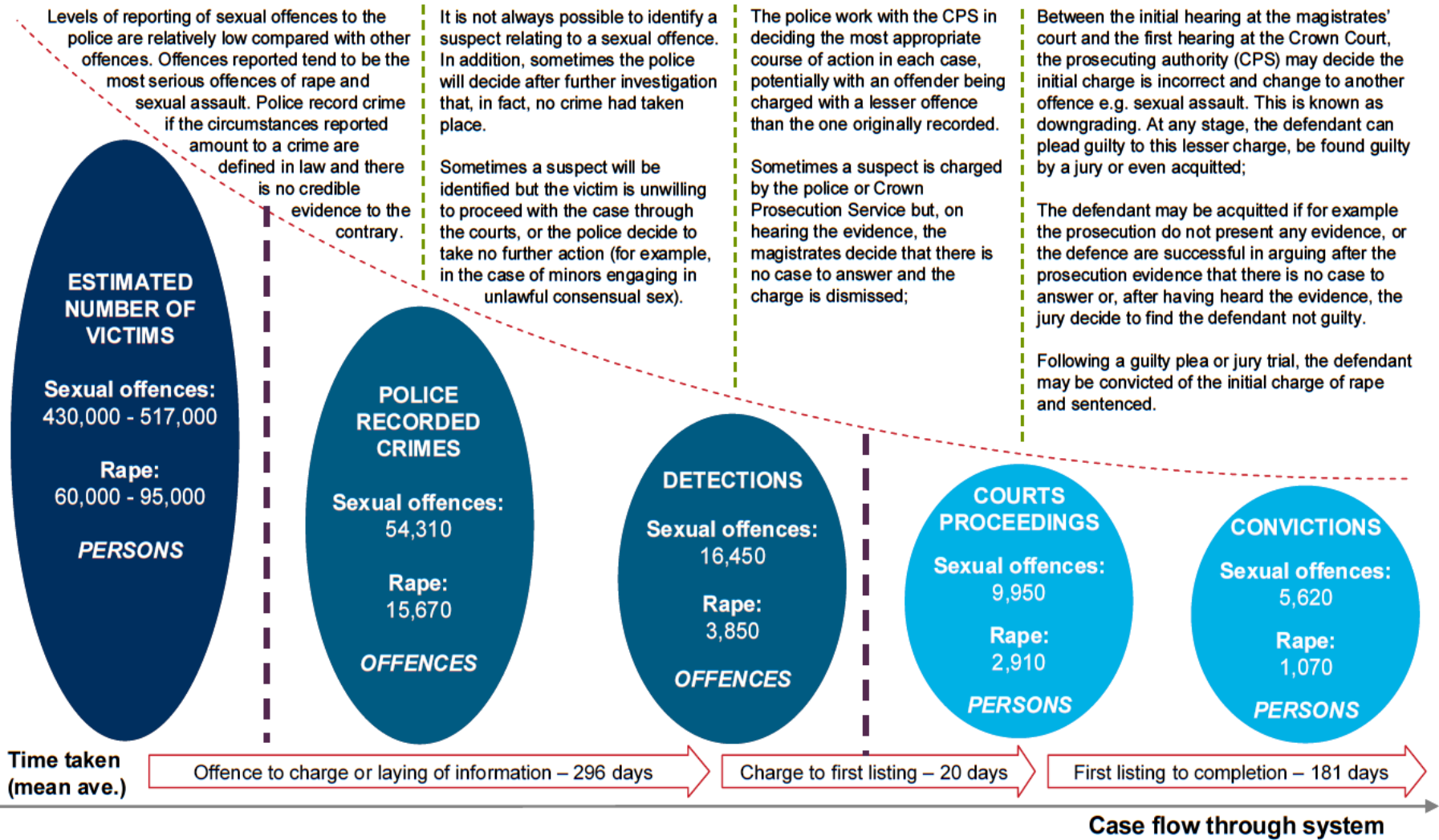
Kieran McCartan
(UWE, Bristol)
&
Jon Brown
(NSPCC)

Taking a public health, preventive
approach to sexual harm

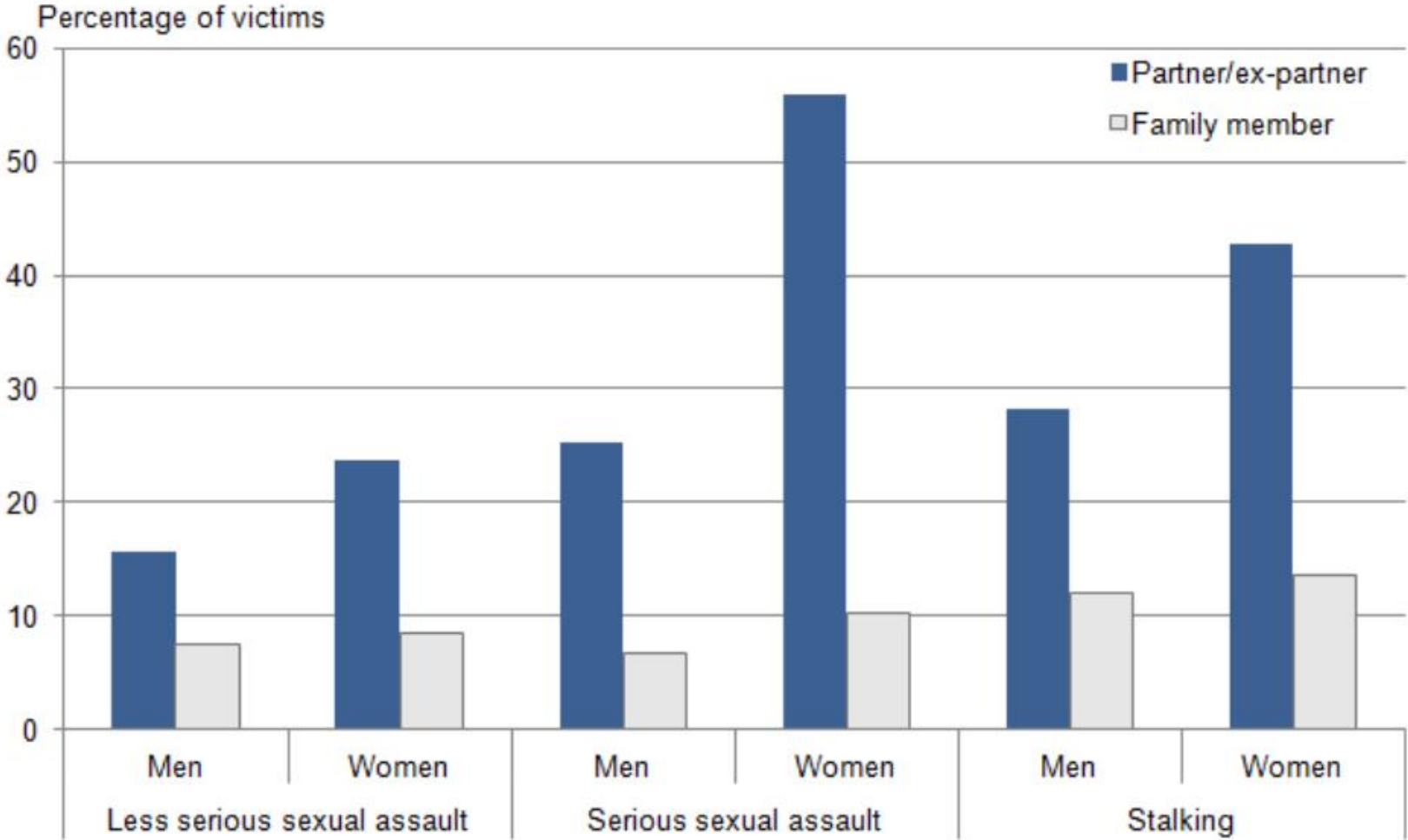
Rates and reporting of sexual harm in the UK

Figure 1.1 – Flow of sexual offence cases from victimisation to conviction (*figures displayed are 3 year averages*)

Not presented to scale. Victims and offenders may not relate to the same cases.



Rates and reporting of sexual harm in the UK



Rates and reporting of sexual harm in the UK

- This means that there is no reliable baseline to start from in measuring the reality of sexual violence either nationally or internationally.
- Shame, fear, and threats of physical violence are among the many reasons why victims do not report these crimes (London et al., 2005; UNICEF, 2014).
- Given the number of cases that are unreported to authorities the scope of sexual violence is almost certainly much larger than these numbers indicate (Ministry of Justice, 2013).

Cost of sexual abuse

Victims

Table 3: Annual costs of child sexual abuse in the UK

		£ million	£ million
(2012/13 prices)		Central	Low
Health	Child mental health – depression	£1.6	£0.8
	Child suicide and self-harm	£1.9	£1
	Adult mental health – depression and PTSD	£162.7	£81.4
	Adult physical health – alcohol and drug misuse	£15.4	£7.7
	Total health	£182	£91
Criminal Justice System	Perpetrator	£89.9	£89.9
	Adult victim of CSA	£58.8	£7.1
	Total CJS	£149	£97
Services for children	Children social care	£93.9	£49.4
	NSPCC service costs	£7.7	£7.7
	Total services for children	£124	£57
Labour market	<i>Lost productivity</i>	<i>£2,700</i>	<i>£1,350</i>
Total costs to Exchequer		£424 million	£237 million
Total costs		£3.2 billion	£1.6 billion

Perpetrators

- There are 85,679 people in prisons and young offender institutions in England and Wales. The male prison population is 81,861 and the female prison population is 3,818 (12/2/2016)
- At an average annual cost per prison place of £36,237- approximately over £40 per year for every UK taxpayer.
- Prison has a poor record for reducing reoffending- 45% of adults are reconvicted within one year of release.
- Reoffending by all recent ex-prisoners costs the economy between £9.5 and £13 billion a year.

Table 1: MAPPA-eligible offenders on 31 March 2015

Management Levels	Category 1	Category 2	Category 3	Total
	Registered Sexual Offenders	Violent Offenders	Other Dangerous Offenders	
Level 1	48,784	17,857	-	66,641
Level 2	645	582	225	1,452
Level 3	37	54	30	121
Total	49,466	18,493	255	68,214

Note: ** is used because Category 3 offenders are only managed at Level 2 and Level 3.

Moving the paradigm

- o **The current paradigm: Sexual harm, in the main, is a criminal justice issue.**
- o This means that there needs to be a victim and an offender.
- o It's a reactionary process.
- o It embeds sexual harm in the victim-offender paradigm discussing the personal impact that the offence which gives the impression of isolated instances of sexual violence rather than a more systematic, embedded culture present in society.

Moving the paradigm

- o **A new paradigm: Sexual harm as a public health issue**
- o This means that there would be a societal perspective that can be preventative rather than just reactive.
- o It looks at the impact of the offence, or possible impact, holistically on the victim and offender.
- o Recognizes that sexual harm is societal as well as a individualistic issue.

A public health approach to sexual harm

- Public health offers a unique insight into ending sexual violence by focusing on the safety and benefits for the largest group of people possible.
- Most of our resources are focused on tertiary prevention, we could invest more at the primary and secondary stages as it would have the potential to prevent the sexual abuse from occurring; therefore reducing victimization as well as the related emotional, psychological and social costs.

Primary Prevention – general deterrence (bystander intervention; public education campaigns)

Secondary Prevention – working with “at risk populations” (Stop it Now helpline; troubled families working; therapy for self-identified pedophiles)

Tertiary prevention – preventing relapse (SOTP; MAPPA/PANNI; Register)

Let's talk about... Understanding sexual abuse: Causes, consequences and prevention

This event aims to bring together professionals, practitioners, academics, researchers and public to discuss sexual violence. The objective is to learn a little more about the different types of sexual violence, its various consequences, responses to it and how to identify it as well as prevent it.

The event will involve:

- A panel about 10 minutes with a range of experts
- An information stall
- A chance to meet and discuss practice, theories and research groups who work in the field of sexual violence.

Topics will include:

- What are the causes and effects of sexual abuse and how can it best be prevented?

Theme 1: Refreshing Sexual Abuse Policy

- Dr. Patricia J. Langhinrichsen, PhD, Director, Phoenix Centre for the Prevention of Child Sexual Abuse, USA
- Dr. Nicola Smeets, Director of Child Protection, Northern Ireland

Theme 2: Sex Offender 101

- Dr. Richard Day, Director, Research Against Abuse, Centre for Applied Health Research, Cardiff
- Dr. David G. Ladd, Director, Centre for Child Protection, Republic of Ireland

Who should attend?

This event is aimed at the general public and requires no prior education having an specific knowledge on any of the topics.

Why attend?

- To improve your understanding of sexual abuse and how we can all play a role in its prevention
- To improve your awareness of current responses to sexual abuse
- To become more aware of the consequences of sexual abuse for the victims/offenders, their families, communities, and society as a whole
- To become involved in prevention, public health and education campaigns to reduce sexual abuse.

Date: Thursday, September 17th 2014
Time: 6-7.30pm
Location: Cinema Plaza Hotel, Northwood, Searcy, Dublin 9
This is a FREE event

5 spots are reserved in monthly phone contact

Dr. Karen McCarroll
k.mccarroll@nota.ie

Register:
http://www.nota.ie/sexual_abuse_prevention_september_2014

Logos: NOTA, SBNi, ombudsman

lieben sie kinder mehr als ihnen lieb ist?

mit hilfe kontakt und oster schweigefeld. institut für sexualmedizin der charité.
fax: 030/450 528 450, www.kalit-leiter-wort.de

Logos: CHARITÉ, oster schweigefeld, institut für sexualmedizin der charité

Analytical Summary 2014

Circles of Support and Accountability (CoSA): A Case File Review of Two Pilots

McCarroll, K., Kamphal, M., Viveinwood, S., Sale, J., Markkula, G., Carlin, J., and Pithon, A. The University of East Anglia, UK; De Montfort University and the Ministry of Justice

Abstract: Circles of Support and Accountability (CoSA) is a community-based initiative that aims to prevent further offending and recidivism by sexual offenders, who are referred to as 'Case Members' within CoSA.

Key Findings:

- The 16 UK-based CoSA pilots supported and complemented statutory interventions. They did not duplicate or bulk the existing provision.
- The CoSA pilots supported risk management through proactive monitoring of behaviours and activities.
- The CoSA pilots reduced the social isolation of Case Members, provided practical help to support compliance with treatment programmes, and enabled Case Members to develop appropriate pro-social activities.
- While CoSA is a voluntary-led initiative, it is not cost-free. The average cost of a CoSA involving multiple pilots, with 10-150 CoSA in a Circle reported by the Local Pathfinders Foundation and £7,000 for a CoSA that was managed by Helpswatch and Phoenix Valley Centre.
- There are no large, long-term and independent evaluations that have investigated the impact of CoSA on recidivism in the UK or elsewhere.

Logos: Ministry of Justice, Analytical Summary 2014

Public Health and community engagement

Targets	Primary prevention	Secondary prevention	Tertiary prevention
Offenders	<ul style="list-style-type: none"> • General deterrence • Developmental prevention 	<ul style="list-style-type: none"> • Interventions with at-risk children and adolescents 	<ul style="list-style-type: none"> • Early detection • Treatment
Victims	<ul style="list-style-type: none"> • Personal safety training • Resilience building 	<ul style="list-style-type: none"> • Resilience building with at-risk children and youth 	<ul style="list-style-type: none"> • Ameliorating harms • Preventing re-victimisation
Situations	<ul style="list-style-type: none"> • Opportunity reduction • Extended guardianship 	<ul style="list-style-type: none"> • Situational interventions in at-risk places 	<ul style="list-style-type: none"> • Safety plans • Organisational interventions
Communities	<ul style="list-style-type: none"> • Community education • Community capacity building 	<ul style="list-style-type: none"> • Responsible bystander training • Enabling guardianship 	<ul style="list-style-type: none"> • Interventions with “problem” families, peers, organisations, and communities

Comprehensive prevention framework
(Smallbone & Rayment-McHugh, 2013)

Conclusions

- **By shifting from a mainly criminal justice and reactive model to a public health (and preventative) one we can:-**
 - Prevent sexual harm – reducing the impact and consequences of it.
 - Effectively use limited funding in a proactive manner.
 - Increase the amount of tools and techniques available to engage communities on sexual harm.
 - Emphasise the role of stakeholders and key decision makers.
 - Raise awareness of and reframe the debate surrounding sexual harm.
 - Link together various organisations (NHS, MoJ, Social Care, etc) and existing programmes and policies together more efficiently (Troubled Families, Predictive Analytics, etc)
- **Think about the work that you do and how it fits into a public health framing of sexual harm....**