



SEXUAL ABUSE

A public health challenge

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NSPCC 
Cruelty to children must stop. **FULL STOP.**

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Contents

1. THE VOICES OF CHILDREN AND YOUNG PEOPLE	5
2. THE RATIONALE FOR RESEARCH AND SERVICE DELIVERY BY THE NSPCC IN THE SEXUAL ABUSE THEME AREA	7
2.1 Key Principles	8
3. KEY DRIVERS	9
3.1 Prevalence	10
3.2 The External Environment	11
4. CURRENT KNOWLEDGE	13
4.1 What are the causes and consequences of child sexual abuse? Definition	14
4.2 Range and Circumstances	14
4.3 Gender	14
4.4 How and Why Sexual Abuse Occurs	14
4.5 Aetiology	16
4.6 What are the needs of children affected by sexual abuse?	16
4.7 What works to help children affected by sexual abuse?	18
4.8 Those who present a sexual risk to children and young people	21
4.9 The Voice of Children and Young People	22
5. SERVICE PROVISION	25
5.1 Work with Children and Young People who have been sexually abused	26
5.2 Work with Children and Young People with Harmful Sexual Behaviour	26
5.3 Work with Sexually Exploited and Trafficked Children and Young People	27
5.4 Work with Known or Alleged Adult Sex Offenders	28
5.5 Children Sexually Abused Online	28
5.6 Online Perpetrators of Child Sexual Abuse	28
5.7 Female Child Sex Offenders	29
5.8 The Development of a Public Health Approach to Sexual Abuse Prevention	29
5.9 Cross Cutting	30
6. CHILD SEXUAL ABUSE WITHIN MINORITY ETHNIC COMMUNITIES	31
7. WHAT ARE THE CURRENT GAPS IN PUBLIC POLICY THAT OUR LEARNING MIGHT INFORM?	33
7.1 England	34
7.2 Northern Ireland	41
7.3 Wales	42
7.4 Scotland	43
8. NSPCC ROLE	45
8.1 What would success ultimately look like?	46
9. PRIORITISATION, SUMMARY AND CONCLUSION	47

1. THE VOICES OF CHILDREN AND YOUNG PEOPLE



"He told me that no-one would believe me and that if I did tell anyone I would go into Care." (Sophie, 11)

"It wasn't the physical pain – I used to go to another place in my head – what I can't get rid of are the nightmares, the thoughts and pictures that just come into my head and the fact that I just sometimes freeze when my boyfriend wants to have sex; he says he understands but how can he? It's like part me died when I was six." (Janie, 18)

"I know I shouldn't have touched her and made her do those things; I know I need to get some help and to get this sorted. Sometimes these feelings just come over me – but I'm not a paedo. I think it goes back to what happened to me." (Carl, 14)

"I'd be walking to and from school and he'd make me get in and then drive me off to parks, back streets or a flat. I couldn't tell my family as it would bring such shame on my family, and he knew that." (Latifa, 14)

2. THE RATIONALE FOR RESEARCH AND SERVICE DELIVERY BY THE NSPCC IN THE SEXUAL ABUSE THEME AREA



The NSPCC is focusing on sexual abuse because of the high number of incidents that go unreported, undetected, unprosecuted and untreated and because of its broad and long lasting impacts. Within its new strategy the NSPCC will work to ameliorate the effects of sexual abuse and to prevent it by commissioning a range of services and research across the three public health prevention tiers.

The rationale for a focus on sexual abuse can be summarised under five key headings

Moral – significant numbers of children and young people continue to be sexually abused.¹ Its effects are many and varied and can lead to long term social, emotional and psychological problems.²

Children's Rights – Protection from sexual abuse is a child's right, as is their right to receive help when they have been sexually abused as enshrined in The United Nations Convention on the Rights of the Child.³

Recuperative – Child Sexual Abuse is fundamentally harmful to the victim; it is also harmful to the adult or young person committing it. The effects of sexual abuse on the victim can be ameliorated following assessment with cognitive and psychodynamic therapies. The NSPCC has significant knowledge and expertise in research and practice in this area.

Preventative – this is the key way in which steps can be taken to reduce the incidence of sexual abuse in the UK. A concerted and organised approach based on a public health model which includes a focus on work with adult sex offenders and children and young people with sexually harmful behaviour, as well as with victims offers the best prospect for prevention. The NSPCC has significant knowledge and experience in this area. Synergy in this area could be achieved through practice and research partnerships with other organisations with experience in primary sexual abuse prevention.

Economic – Current estimates are that child sexual abuse costs £84 million per annum. Co-ordinated and concerted research and practice efforts to reduce this significant public health problem would benefit the UK economy.⁴ Further cost benefit analyses could give a valuable insight into the true cost of sexual abuse and the long term savings that could be achieved through a focus on prevention.

2.1 Key Principles

Theme scoping, including planning for service delivery, policy development and research has been based on the principles that all activity should be:

- informed by, and consistent with, the organisational strategy and its four key principles: Focus, Prioritise, Learning and Leverage
- child and young person focussed
- children's rights focussed
- informed by the views and experiences of staff, in particular practitioners and first and second line managers
- outcome focussed and contain SMARTS⁵ objectives
- innovative, distinctive, inclusive and effective using the focus, test, analyse, respond, influence and review cycle
- consistent with the other theme⁶ planning
- informed by an analysis of the external environment
- outward facing
- readily transferable
- consistently communicated
- implemented using a project management approach

1 Pinheiro, P. (2006) *World Report on Violence Against Children*. Geneva: United Nations.

2 Finkelhor, D. (1984) *Child Sexual Abuse: New Theory and Research*. New York: Free Press.

3 www.unicef.org

4 NIESR (2009) *What are the consequences of child maltreatment and what do they cost?* NIESR 2009.

5 Specific, Measurable, Achievable, Realistic, Time Limited, Stretching.

6 Physical abuse in high risk families, abuse of children under one, neglect, abuse of looked after children, abuse of minority ethnic children, abuse of disabled children.

3. KEY DRIVERS



An estimated 150 million girls and 73 million boys under 18 worldwide have experienced forced sexual intercourse or other forms of sexual violence involving physical contact.⁷

A review of epidemiological surveys from 21 countries found between 7% to 36% of females and 3% to 29% males reported sexual victimisation in their childhood.⁸

In 2000, the NSPCC maltreatment survey found 16% of young people reported experiences of childhood sexual abuse.⁹ If this 16% figure is applied to the current UK population an estimated 2 million young people may have experienced sexual abuse.

the new NSPCC study of Child abuse and neglect in the UK today¹⁰ has found that 16.5% of 11–17 year olds reported sexual abuse by an adult or a peer.

While it is not known for certain how many children and young people are currently affected by sexual abuse there is evidence from many sources¹¹ which suggests that sexual abuse of children is still prevalent and that opportunities for abusers to access children through new technologies continue to increase.

Child sexual abuse is a public health problem which requires a co-ordinated, concerted and sustained response. There is widespread support for the use of a public health approach to address the sexual abuse of children.¹² Rather than suggesting a medical or disease based model, public health in this context is used to describe a co-ordinated range of multi faceted interventions designed to impact on a significant proportion of the population.

A public health approach involves a long-term strategy, emphasising the importance of prevention in ending child sexual abuse; it seeks

to involve the whole community in seeking solutions; it is multidisciplinary and encompasses a wide range of interventions, from prevention strategies to treatment approaches.

If similar proportions of children and young people were being affected by, for example, an environmental risk such as pollution, government led action would be taken to understand, quantify and reduce the risk and to treat its consequences. There is currently little such co-ordinated action by government to address the problem of child sexual abuse despite what is known about its damaging long term consequences and its cost to society.

By not addressing child sexual abuse as a public health problem we are failing our children.

3.1 Prevalence

Prevalence of child sexual abuse is notoriously difficult to estimate. Notwithstanding definitional problems, every methodology has significant limitations. Those using official records don't capture the majority of child sexual abuse incidents, as most are not disclosed for many years, let alone reported,¹³ and those using retrospective reports of survivors are subject to participants choosing not to disclose, forgetting abuse or reconstructing past experiences to make sense of current events.¹⁴ Overall the limitations to each of the methodologies lead to the conclusion that most prevalence figures are likely to be significant underestimates.

The incidence and prevalence of child sexual abuse is difficult to quantify in absolute terms. Using broad definitions some authors have estimated that between 30%-45% of adult women will have experienced sexual abuse during their childhoods.¹⁵

7 Pinheiro, P. (2006) *World Report on Violence Against Children*. Geneva: United Nations, p. 12.

8 Pinheiro, P. (2006), op. cit., p. 54.

9 Cawson, P., Wattam, C., Brooker, S. and Kelly, G. (2000) *Child Maltreatment in the United Kingdom: a study of prevalence of child abuse and neglect*. London: NSPCC.

10 Radford, Lorraine, Corral, Susana, Bradley, Christine, Fisher, Helen, Bassett, Claire, Howat, Nick and Collishaw, Stephan (2011) *Child abuse and neglect in the UK today*. London: NSPCC. www.nspcc.org.uk/childstudy

11 e.g. data: In 2005–6 11,995 children calling ChildLine (8% of all callers) spoke about sexual abuse in their call (NSPCC, 2007); police records on rape and sexual assault: 36% of all rapes recorded by the police are committed against children under 16 years of age (Home Office, 2006c).

12 Mercy, J. (1999) Having New Eyes: Viewing Child Sexual Abuse as a Public Health Problem, *Sex Abuse* 11: 317; Pinheiro, P. (2006) *World Report on Violence Against Children*. Geneva: United Nations; WHO (2006) *Preventing child maltreatment: A guide to taking action and generating evidence*.

13 Allnock, D. with Bunting, L., Price, A., Morgan-Klein, N., Ellis, J., Radford, L. and Stafford, A. (2009) *Sexual Abuse and Therapeutic Services for Children and Young People – the Gap between Provision and Need*. NSPCC, London.

14 Williams, L.M. (1994) 'Recall of childhood trauma: A prospective study of women's memories for child sexual abuse', *Journal of Consulting and Clinical Psychology* 62: 1167–1176.

15 Anderson, J., Martin, J. et al. (1993) 'Prevalence of childhood sexual abuse experiences in a community sample of women', *Journal of the American Academy of Child and Adolescent Psychiatry* 32: 911–919.

There is some evidence that the incidence of child sexual abuse may be declining, following a peak in the early 1990s. Jones and Finkelhor¹⁶ found a 39% reduction in substantiated child sexual abuse cases between 1992 and 1999. The 2010 NSPCC prevalence study provides valuable data in relation to prevalence of violence and abuse against children in the UK and some indications of a reduction in child sexual abuse.¹⁷ Despite these apparently encouraging indications from North America and from the new NSPCC prevalence study child sexual abuse remains a serious and pervasive public health problem, affecting millions of children worldwide.

3.2 The External Environment

Since the emergence of sexual abuse as a publicly acknowledged issue in the 1970s, and particularly during the last two decades, understanding of sexual abuse has developed significantly, from the vulnerability of particular children and impact on victims to the modus operandi of those who abuse children, their risk factors and what is effective in their treatment. However, policy, practice and service delivery has been relatively unstrategic, uneven and issue led. Whilst there is a validated and apparently effective¹⁸ suite of sex offender programmes for male sex offenders in the Criminal Justice System, the provision of therapeutic interventions for children and young people who have experienced sexual abuse is inadequate, as evidenced by 2009 NSPCC research.¹⁹ There are promising models for the assessment of children and young people with harmful sexual behaviour but no validated and rigorously evaluated community based treatment programme. There is still much that is not known, for example, in relation to therapeutic provision for child victims, what works with women who sexually abuse children, sexual abuse and learning disability and the efficacy of preventative approaches. It is also apparent from child protection registration figures and from the numbers of children being made the subject of Child Protection Plans for sexual abuse that the current focus on child sexual abuse is lower than it was a decade and certainly two decades ago. Whether this correlates with an absolute decline in the incidence of sexual abuse

in the UK is not clear and is an important issue that requires further analysis.

It is still not proven whether sexual abuse prevention works, although as noted above there are indications that sustained investment in prevention in some areas is impacting on and reducing the incidence of child sexual abuse.²⁰

Public and governmental understanding of sexual abuse is still polarised with the media playing an influential role in shaping views, particularly in relation to sex offenders and children and young people with harmful sexual behaviour. The economic climate is affecting investment in children, young people and family policy and having an impact on both the commissioning of services and on thinking in relation to longer term prevention.

Devolution is resulting in an increasing divergence of policy, and to some extent practice, across the four nations and the internet has brought great benefits as well as real challenges in relation to the facilitation of domestic and international sexual abuse. There has been a growth in online sexual offences and policy and practice has had to develop a new focus and to accelerate in an attempt to keep pace. The establishment of the Child Exploitation and Online Protection Centre (CEOP) has been a significant consequence of the concern about the need for an effective response in this area. Over recent months there has been an increased focus and government interest in child sexual exploitation and street grooming and the Office for the Children's Commissioner²¹ in England has recently (October 2011) announced an Inquiry into gang and group related child sexual exploitation, victimisation and abuse.

The voice of the child is stronger now than it was two decades ago with the establishment of Children's Commissioners across the UK and Local Authorities and the Voluntary Sector facilitating the increased participation of children and young people in decision making. However, the overall happiness and wellbeing of children in the UK is poor when compared to the rest of Europe according to UNICEF in 2007.²²

16 Jones, L., Finkelhor, D. (2001) 'The Decline in Child Sexual Abuse Cases', *Juvenile Justice Bulletin*, January 2001.

17 Radford, Lorraine, Corral, Susana, Bradley, Christine, Fisher, Helen, Bassett, Claire, Howat, Nick and Collishaw, Stephan (2011) *Child abuse and neglect in the UK today*. London: NSPCC. www.nspcc.org.uk/childstudy

18 Beckett, R., Beech, A., Fisher, D. and Fordham, A. (1994) *Community-Based Treatment for Sex Offenders: An evaluation of seven treatment programmes*. London: Home Office.

19 Allnock D. et al. with Bunting, L., Price, A., Morgan-Klein, N., Ellis, J., Radford, L. and Stafford, A. (2009) *Sexual Abuse and Therapeutic Services for Children and Young People – the Gap between Provision and Need*. NSPCC, London.

20 Jones, L. and Finkelhor, D. (2001) 'The Decline in Child Sexual Abuse Cases', *Juvenile Justice Bulletin*, January.

21 www.childrenscommissioner.gov.uk

22 UNICEF (2007) *Child Poverty in Perspective: An Overview of Child Wellbeing in Rich Countries*. UNICEF.

There is much to do in relation to practice, research and policy development in the field of child sexual abuse and this report will demonstrate the ways in which the NSPCC can make a significant contribution and positive impact on outcomes for children and young people within the framework of a public health approach to sexual abuse prevention.

4. CURRENT KNOWLEDGE



4.1 What are the causes and consequences of child sexual abuse? Definition

The World Health Organisation,²³ in association with the International Society for the Prevention of Child Abuse and Neglect, defines child sexual abuse in general terms as:

The involvement of a child in sexual activity that he or she does not fully comprehend is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society. Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust, or power over the victim.

More specifically child sexual abuse ‘involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities such as children looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children’.²⁴

For some young people sexual abuse is:²⁵

- Blurred boundaries.
- Spiked drinks.
- Speaking inappropriately
- Rape.
- Marriage rape.
- Sex without permission.
- When adults intentions are not ok.
- Baby sitters, boys, girls, friends, strangers, trusted adults, priests, family, child minders and people with disabilities.

- It happens in the woods in cars, at home, anywhere.

4.2 Range and Circumstances

Although child sexual abuse is generally referred to as a distinct or singular phenomenon, there are a wide range of circumstances and events that may constitute sexual abuse. Wide variations have been observed in the characteristics, circumstances and outcomes for victims and in the physical and social settings in which child sexual abuse occurs.²⁶

4.3 Gender

Criminal Justice statistics and victimisation surveys consistently identify males as responsible for the vast majority of all sexual offences, including those committed against children and females as being more frequently victimised than males. From an analysis of peer-reviewed prevalence studies of female sex offending in the US, the UK, Canada, Australia and New Zealand, Cortoni and Hanson²⁷ found an unweighted average of 3.8% across the five countries, indicating a low level of female sexual offending. There is some evidence that the actual rate may be higher. Awareness however appears to be growing, with the NSPCC Helpline reporting a 132% rise in reports of child sexual abuse by females over a five year period from 2004–09.

4.4 How and Why Sexual Abuse Occurs

The question of why someone sexually offends is complex, resulting from a number of factors operating at different levels. Finkelhor proposes four factors which comprise the elements of a framework in which to organise the various theories explaining child sexual abuse.

The four stage model attempts to explain the process by which a sexual offence can come to be committed. Interruption of the process at any stage will prevent the abusive act. The stages are:

Motivation to abuse sexually. In order for any sexual offence to occur the offender must be motivated to carry out such an act. The motivation is seen as arising from a number of sources which vary according to the individual’s experiences

23 World Health Organisation 2006.

24 Department for Children, Schools and Families (2010) *Working Together to Safeguard Children*.

25 PINGU (Participation in NSPCC Groups Unite) NSPCC Hastings participation group Participation Plan

26 Smallbone, S., Marshall, W.L. and Wortley, R. (2008) *Preventing child sexual abuse: evidence, policy and practice*, p. 1. Cullompton, Devon: Willan Publishing.

27 Cortoni, F. and Hanson, R.K. (2005) *A Review of the Recidivism Rates of Adult Female Sexual Offenders, Research Report no R-169*. Ottawa ON: Correctional Service of Canada.

and situation and which are addressed in the four factor framework outlined above.

Overcoming internal inhibitions. As is evident from the Freel²⁸ and Briere and Runtz²⁹ studies, there are a number of individuals who find the prospect of sexual activity with children arousing but who do not offend because of their own inhibitions to doing so. The vast majority of sex offenders know that their behaviour is illegal and hence regarded as wrong and in order to offend have had to overcome any such inhibitions. They may do this in a number of ways, such as developing distorted cognitions to justify and excuse their behaviour. They may also use alcohol or drugs as disinhibitors and then use cognitive distortions to blame the substances for the offending rather than seeing it as a way of allowing themselves to behave in a way that they already want to. Others may lack these inhibitions altogether.

Overcoming external inhibitions. Once any internal inhibitions against carrying out the offence are overcome, an individual must then establish a situation in which the abuse can occur and overcome any external obstacles that may arise. The grooming process (preparation of the victim and the environment)³⁰ is part of this stage.

Overcoming the resistance of the child. The final precondition focuses on the methods the offender employs to overcome any resistance by the victim. Grooming of the victim may include developing a friendship with the child, using bribes, affection and gifts, or involve threats or even physical force. Some offenders may target children who are perceived as being vulnerable in some way.

The model has been highly influential, and continues to provide a useful framework within which to consider sexual offending behaviour, therapeutic work with victims and potentially inform models of prevention. All these areas are the subject of proposed commissions.

The Pathways models

One of the more recent major developments, the multiple pathway model of the sexual offence process proposed by Ward and Hudson³¹ helps to illuminate something of the differing characteristics and motivations of different child sex offenders and the distinction between those who may seek out settings which will give the opportunity to abuse and those for whom the abuse is not a pre-planned goal.

In this model the predisposition to engage in sexually deviant activity is likely to have evolved from life experiences which result at some level in four distinct psychological mechanisms: intimacy and social skills deficits; distorted sexual scripts; emotional deregulation and cognitive distortions. It is these mechanisms which ultimately interact to cause a sexual crime.

There are other known models of offender behaviour and Smallbone and Wortley³² observe that most researchers agree sexual offending against children is a “multi-dimensional and multi-determined” phenomenon.

An adverse family environment, characterised by various forms of abuse and neglect is a factor contributing to the potential for sexual offending.³³ The lack of nurturing and guidance which is a feature of such a childhood leads to problems in social functioning, such as mistrust, hostility, and insecure attachment. These in turn are associated with social rejection, loneliness, negative peer associations and delinquent behaviour. In the context of these pervasive intimacy deficits, the individual's sexuality which develops is likely to be impersonal and selfish, and may even be adversarial, characterised by an aggressive approach to sex. Beliefs that permit non-consenting sex further contribute to the risk of sexual offending. Attitudes allowing non-consenting sex can develop through an individual's effort to understand their own experiences and by adopting the attitudes of their significant others, friends, family, and abusers.

28 Freel, M. (2003) 'Child sexual abuse and the male monopoly: An empirical exploration of gender and a sexual interest in children', *British Journal of Social Work* 33: 481–498.

29 Briere, J., and Runtz, M. (1989) 'University males' sexual interest in children: predicting potential indices of paedophilia in a nonforensic sample', *Child Abuse and Neglect* 13(1): 11.

30 Craven, S., Brown, S. and Gilchrist, E. (2006) 'Sexual Grooming of Children: Review of literature and theoretical considerations', *Journal of Sexual Aggression* 12(3): 287–299.

31 Ward, T., and Hudson, S. (1998) 'The construction and development of theory in the sexual offending area: A meta-theoretical framework', *Sexual Abuse: A Journal of Research and Treatment* 10: 47–63.

32 Smallbone, S. and Wortley, R. (2001) *Child Sexual Abuse: Offender Characteristics and Modus Operandi*, Trends and Issues in Crime and Criminal Justice, No. 193, Australian Institute of Criminology.

33 Hanson, K. and Morton-Bourgon, K. (2004) *Predictors of Sexual Recidivism: An Updated Meta-analysis*. Department of the Solicitor General Canada: Corrections Research Ottawa.

In their evaluation of seven UK treatment programmes for sex offenders comprising 59 men, Beckett, Beech, Fisher, and Fordham³⁴ report that those in treatment were "... typically emotionally isolated individuals, lacking in self-confidence, under assertive, poor at appreciating the perspective of others, and ill-equipped to deal with emotional distress. They characteristically denied or minimised the full extent of their sexual offending and problems. A significant proportion were found to have: little empathy for their victims; strong emotional attachments to children; and a range of distorted attitudes and beliefs, where they portrayed children as able to consent to, and not be harmed by, sexual contact with adults.... The men with the most problems in these areas tended to be the most serious offender".

However, this is by no means a comprehensive explanation and this description does not fit many of those who are known to sexually offend.

The field of offender assessment and treatment has continued to develop and a number of models proposed subsequent to Finkelhor (1984) provide new or different perspectives on the various components of the offending process; cognitive, emotional, behavioural and contextual (Ward and Gannon, 2006).

4.5 Aetiology

Drawing upon several established theoretical models Smallbone, Marshall and Wortley (2008) articulate a new comprehensive integrated theory of child sexual abuse. They propose that its causes are multi factorial and can be seen as dividing into four key areas³⁵: Biological, Developmental, Ecosystemic or socio-cultural and Situational.

Biological

The biological foundations of human behaviour provide a potential for both pro-social and anti-social behaviour, for male sexuality to involve both aggressive and nurturing motivations and for males both to be attracted to young sexual partners and to protect children from harm.

Developmental

Developmental experiences, in particular early attachment relationships, shape later attachment, care giving and sexual behaviour in two key

ways. Secure interpersonal attachments provide a foundation for secure social attachments and ultimately for establishing a secure stake in social conformity. Conversely, insecure early attachment experiences are likely to result in a reduced capacity for self-restraint and weaker social attachments. Situational cues that would otherwise trigger attachment or nurturing motivations may instead cue sexual motivations.

Ecosystemic or sociocultural

Child sexual abuse occurs within a broader social ecosystem comprising individual victims and offenders, families, peers, neighbourhoods, communities and the sociocultural systems in which they are embedded. The influence of these systems on individual behaviour varies.

Situational

Immediate situations are likely to exert the most direct, and therefore the strongest, effects and the presence of protective parents and carers can play a significant role in deterring child sexual abuse.

The development of thinking and understanding in relation to why sexual abuse occurs has and continues to be critical in informing research and the development of interventions for victims and perpetrators.

4.6 What are the needs of children affected by sexual abuse?

What children need to grow, develop and be healthy is well documented. Sexual abuse of a child will have a direct impact on this development. The impact may be psychological, social or behavioural. These impacts can be compounded when sexual abuse is combined with physical abuse and/or neglect. Emotional abuse can be seen as being implicitly present with all sexual abuse.³⁶ The impact of the associated emotional abuse is significantly mediated by the relationship between the abuser and victim.

When a child is the subject of sexual abuse their body is used by others to meet another person's need. The abuse means they are touched or treated in a way that is not consistent with their development or their own needs. Their world becomes unsafe, their reactions distorted and

34 Beckett, R., Beech, A., Fisher, D. and Fordham, A. (1994) *Community-Based Treatment for Sex Offenders: An evaluation of seven treatment programmes*. London: Home Office.

35 Smallbone, S., Marshall W. and Wortley, R. (2008), op. cit.

36 Whiffin, V. and MacIntosh, H. (2005) in *Trauma, Violence and Abuse* 6(1): 24–39.

their relationships with adults and others around them skewed. The child's internal working models, unlike adults are still being formed, and these become permeated with abuse related information about their self, the abuser and the world.

Child sexual abuse has a more negative impact on child victims if it involves a greater degree of contact, a higher number of perpetrators, the use of force or threats of death, and occurs more frequently and over a longer duration.³⁷ The most consistent finding in research is the link between adverse outcomes and the degree of contact involved in the abuse. Abuse perpetrated by a mother or father figure can also lead to more psychological problems.³⁸

The physical impact of sexual abuse can be sexually transmitted disease, pregnancy or infection and sterility in later life. Increased understanding of neuroscience has revealed the extent to which children's brain development and brain activity are affected by the associated trauma. It has been shown that core stress response systems are affected and startle reflexes are inhibited, impacting on the child's more general development affecting their capacity for learning and focusing attention. They may then come to live in 'a state of preparedness for negative emotions' which affects their general information processing.³⁹

An important part of a child's development is being able to form secure attachments. If their abuse is by a significant care giver the impact of the trauma on their developing mind may result in distorted cognitive schema (conceptual frameworks) and impaired coping abilities.⁴⁰ In seeking to sexually abuse a child the perpetrator may seek to interfere in the child's normal attachment relationships in order to abuse them, or indeed may spend time building their own attachment relationship, this is referred to as the grooming process. This can then lead to the formation of a 'trauma bond' an unhealthy unsafe attachment to the perpetrator.

A younger age at the onset of abuse is more likely to lead to sexualised behaviour, anxiety and hyperarousal in children⁴¹ whereas an older age of onset is associated with higher rates of Post Traumatic Stress Disorder (PTSD) and lower general psychological functioning.⁴²

During the abuse children may learn to block out the experience in the moment through dissociation and consequently may also tend to dissociate in other parts of their life. They may feel sexually aroused during abuse;⁴³ they may also seek arousal as a means of soothing their distress and to experience positive feelings. Research indicates that around 50% of children who develop harmful sexual behaviour have themselves been sexually abused.⁴⁴

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- 37 Caffaro-Rouget, A., Reuben, R.A. et al. (1989) 'The impact of child sexual abuse on victim's adjustment', *Annals of Sex Research* 2(1): 29–47.
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- Mullen, P.E., Martin, J.L., et al. (1993) 'Childhood sexual abuse and mental health in adult life', *The British Journal of Psychiatry* 163: 721–732.
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- Ruggiero, K.J., McLeer, S.V., et al. (2000) 'Sexual abuse characteristics associated with survivor psychopathology', *Child Abuse and Neglect* 24(7): 951–964.
- 38 Cosentino, C.E., Meyer-Bahlburg, H.F.L., et al. (1995) 'Sexual behavior problems and psychopathology symptoms in sexually abused girls', *Journal of the American Academy of Child and Adolescent Psychiatry* 34(8): 1033–1042; Trickett, P.K., Noll, J.G. et al. (2001) 'Variants of intrafamilial sexual abuse experience: Implications for short- and long-term development', *Development and Psychopathology* 13: 1001–1019.
- 39 Kagan, J. (1991) 'A conceptual analysis of the affect', *Journal of the American Psychoanalytic Association* 39: 109–130; Krystal, J.H., Kosten, T.R., Perry, B.D., Southwick, S., Mason, J.W. and Giller, E.L. (1989) 'Neurobiological aspects of PTSD: Review of clinical and preclinical studies', *Behaviour Therapy* 20: 177–198.
- 40 Wieland, S. (1998) *Techniques and Issues in Abuse-focused Therapy with Children & Adolescents: Addressing the Internal Trauma*, Sage.
- 41 McClellan, J., McCurry, C. et al. (1996) 'Age of onset of sexual abuse: Relationship to sexually inappropriate behaviors', *Journal of the American Academy of Child and Adolescent Psychiatry* 35(10): 1375–1383.
- Kaplow, J.B., Dodge, K.A. et al. (2005) 'Pathways to PTSD, Part II: Sexually abused children', *American Journal of Psychiatry* 162: 1305–1310.
- 42 Ruggiero, K.J., McLeer, S.V., et al. (2000) 'Sexual abuse characteristics associated with survivor psychopathology', *Child Abuse and Neglect* 24(7): 951–964.
- 43 Kordich Hall, D., Mathews, F., et al. (1998) 'Factors associated with sexual behavior problems in young sexually abused children', *Child Abuse and Neglect* 22(10): 1045–1063.
- 44 Jones, D. and Ramchandani, P. (1999) *Child Sexual Abuse. Informing Practice From Research*. DOH.

All these impacts of sexual abuse on children must inform and influence treatment design. The development and evaluation of a treatment manual, commissioned by the NSPCC for work with children who have been sexually abused will reflect this research and practice knowledge base.

Therapeutic work also needs to be explicitly informed by:

Safety- The primary immediate aim of intervening in child sexual abuse must be to stop the abuse and make the child safe. Securing their safety will only be the beginning of addressing their needs.

Protection- Children's ongoing protection and the ability of their carers or substitute carers to keep them safe need to be assessed. This happens as part of the child protection processes in the UK and assessment must be a continuous process not an event.⁴⁵

It is known that in order to abuse the child the perpetrator may have damaged their relationship with their parent/carer or may have isolated the child within the family system. Having been the victim of abuse, increases vulnerability and the likelihood of re-victimisation⁴⁶ and the identified risk factors all reinforce the need for an assessment which addresses the child's need for protection.

To be believed and supported

Children who have been sexually abused will be sensitive to the responses of adults when they disclose.⁴⁷ Retraction of an allegation is likely to be a result of the child's lack of support from the non-offending caregiver, and a desire to protect the perpetrator where they are a family member. Inappropriate adult responses will serve to reinforce any sense of guilt, shame and powerlessness they already feel.

A relatively reliable finding is that currently 50% or less of mothers provide consistent belief, support and protection of their child following disclosure.⁴⁸ Reaction to a disclosure appears to be critical to the child's future wellbeing⁴⁹ but more longitudinal studies of the impact of disclosure and the effect of a variety of social reactions would be valuable.

To be relieved of any distress

Child sexual abuse is an event or series of events which happen to a child, rather than a mental health problem per se, and unattended to or unresolved the harm to the child may be compounded. One model which identifies the characteristics of the abuse experience identifies four areas: Betrayal, stigmatisation, traumagenic sexualisation and powerlessness.⁵⁰ The wide range of problems for the child, symptoms that may be exhibited and coping strategies which lead to behavioural problems all pose a challenge in assessing the impact of the abuse and the real distress of the child.

Since 2007 NSPCC therapeutic services have been required to assess the trauma symptoms of children who have experienced child sexual abuse. Any such assessment should include any symptomatic sexualised behaviour, which increases the risk for the child and the potential for harmful sexual behaviour to develop, thereby posing a risk for other children.

4.7 What works to help children affected by sexual abuse?

Over the last three decades there have been significant developments in understanding what works in the assessment and treatment of children and young people who have been sexually abused, the assessment and treatment of children

45 Department for Children, Schools and Families (2010) *Working Together to Safeguard Children*.

46 Jones, D. and Ramchandani, P. (1999), op. cit.

47 Malloy, L.C., Lyon, T.D., et al. (2007) 'Filial dependency and recantation of child sexual abuse allegations', *Journal of the American Academy of Child and Adolescent Psychiatry* 46(2): 162–170.

48 Everson, M.D., Hunter, W.M., et al. (1989) 'Maternal support following disclosure of incest', *American Journal of Orthopsychiatry* 59: 197–207; Leifer, M., Shapiro, J.P., et al. (1993) 'The impact of maternal history and behavior upon foster placement and adjustment in sexually abused girls', *Child Abuse and Neglect*, 17: 755–766.

Heriot, J. (1996) 'Maternal protectiveness following disclosure of intrafamilial child sexual abuse', *Journal of Interpersonal Violence* 11(2): 181–194; Elliott, A.N. and Carnes, C.N. (2001) 'Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature', *Child Maltreatment* 6: 314–331.

Pintello, D. and Zuravin, S. (2001) 'Intrafamilial child sexual abuse: Predictors of disclosure and protective action', *Child Maltreatment* 6(4): 344–352; Hershkowitz, I., Lanes, O., et al. (2007) 'Exploring the disclosure of child sexual abuse with alleged victims and their parents', *Child Abuse and Neglect* 31: 111–123.

49 Roesler, T.A. (1994) 'Reactions to disclosure of childhood sexual abuse: The effect on adult symptoms', *Journal of Interpersonal Violence* 9(3): 327–338; Everill, J. and Waller, G. (1995) 'Disclosure of sexual abuse and psychological adjustment in female undergraduates', *Child Abuse and Neglect* 19(1): 93–100; Bernard-Bonnin, A.C., Hebert, M., et al. (2008) 'Disclosure of sexual abuse, and personal and familial factors as predictors of post-traumatic stress disorder symptoms in school-aged girls', *Paediatrics and Child Health* 13(6): 479–486.

50 Finkelhor, D. and Browne, A. (1985) 'The traumatic impact of child sexual abuse: A conceptualization', *American Journal of Orthopsychiatry* 55(4): 530–541.

and young people with harmful sexual behaviour and of adult sex offenders.

In the 1960s and '70s with the development of feminism and the beginnings of a recognition of children's rights, the scale of sexual abuse, initially within the family, began to be recognised. The potential amenability of the treatment of adult perpetrators to cognitive behavioural therapy (CBT) and the key role of cognitive distortions also began to be recognised.⁵¹

Work by researchers and practitioners such as Bentovim⁵², Berliner⁵³, Briere⁵⁴, Finkelhor⁵⁵, Hanson⁵⁶, Laws⁵⁷, Marshall⁵⁸, Smallbone⁵⁹, Vizard⁶⁰, Ward⁶¹ and Wolf⁶² have been influential in developing knowledge about the aetiology of sexual abuse, the static and dynamic areas to assess when considering treatment need and risk and what works with treatment.

In 1999 the Department of Health, issued *Child Sexual Abuse: Informing Practice from Research*.⁶³ This noted the research evidence that for the sexually abused child, psychological treatments are more effective than the passage of time, but that treatment cannot work in isolation. Children must remain safe from further maltreatment in order to benefit from therapeutic interventions and treatments must involve the non-abusive parent or carer. It also noted that a variety of treatment approaches must be available to cover 'the disparate needs' these children will have.

The National Institute of Clinical Excellence⁶⁴ recommends trauma focused cognitive behavioural therapy (CBT) for sexually abused children. There is evidence of positive effects on some of those symptoms commonly experienced by sexually abused children. CBT treatment programmes typically include revisiting traumatic memories in order to both reduce the negative emotions surrounding them and challenging distorted beliefs (e.g. self-blame for the abuse); developing self-soothing skills and overcoming avoidance of trauma reminders. CBT may also involve sessions with non-abusing carers which may include teaching behavioural management skills, addressing maladaptive beliefs, and reducing the negative impact of the abuse on the family.⁶⁵

Within the NSPCC a trauma focused approach to victims of child sexual abuse has been supported since 2007 when a standardised measure, the 'Trauma Symptom Checklist for Children'⁶⁶ (TSCC) was introduced. An integrative trauma focused approach based on a therapeutic relationship combined with a mixture of psychodynamic and cognitive behavioural models has been similarly supported. Analysis of the TSCC data shows a significant improvement in reported difficulties between the beginning and end of service received.⁶⁷

There is evidence from other studies that other types of therapy may be helpful. Eye Movement Desensitisation Reprocessing (EMDR), involves

51 Mann, R. (2004) 'Innovations in sex offender treatment', *Journal of Sexual Aggression* 10(2): 141–152.

52 Bentovim, A. (1988) *Child sexual abuse within the family: assessment and treatment: the work of the Great Ormond Street Sexual Abuse Team* London: Wright.

53 Berliner, L. (1991) 'Effects of sexual abuse on children', *Violence Update* 1(10): 1, 8, 10–11.

54 Briere, J. and Scott, C. (2006) *Principles of trauma therapy: a guide to symptoms, evaluation, and treatment*. London: Sage.

55 Finkelhor, D. (1984) *Child sexual abuse: new theory and research*. New York: Free Press.

56 Hanson, K. and Morton-Bourgon, K. (2004) *Predictors of Sexual Recidivism: An Updated Meta-analysis*. Department of the Solicitor General Canada: Corrections Research Ottawa.

57 Laws, D.R. (ed.) (1989) *Relapse prevention with sex offenders*. New York: Guilford Press.

58 Marshall, W.L., Anderson, D., Fernandez, F. (1999) *Cognitive behavioural treatment of sexual offenders*. Chichester, West Sussex: Wiley.

59 Smallbone, S., Marshall, W.L. and Wortley, R. (2008) *Preventing child sexual abuse: evidence, policy and practice*. Cullompton, Devon: Willan Publishing.

60 Vizard, E., Hickey, N., French, L. and McCrory, E. (2007) 'Children and adolescents who present with sexually abusive behaviour: a UK descriptive study', *Journal of Forensic Psychiatry and Psychology* 18(1): 59–73.

61 Ward, T. and Marshall, W.L. (2004) 'Good lives, aetiology and the rehabilitation of sex offenders: a bridging theory', *Journal of Sexual Aggression* 10(2): 153–169.

62 Wolf, S. (1984) 'A Multifactor Model of Deviant Sexuality'. Paper presented at Third International Conference on Victimology, Lisbon.

63 Jones, D. and Ramchandani, P. (1999) *Op cit. Child sexual abuse: Informing Practice from Research*. DOH 1999.

64 NICE (2005) *The management of PTSD in adults and children in primary and secondary care: National Clinical Practice Guideline Number 26*. London: National Institute for Clinical Excellence.

65 Cohen, J.A., Mannarino, A.P., et al. (2000) 'Trauma-focused cognitive behavioral therapy for children and adolescents: An empirical update', *Journal of Interpersonal Violence* 15(11): 1202–1223.

66 Briere, J. (1996) *Trauma Symptom Checklist for Children*, Psychological Assessment Resources, Inc, Odessa, Florida.

67 Cotmore, R. and D'souza, P. (2010) 'Report on the implementation of TSCC in the NSPCC and preliminary analysis of data'. Unpublished report, NSPCC.

processing traumatic memories whilst moving one's eyes to bilaterally stimulate the brain.⁶⁸ Individual or group psychotherapy⁶⁹ and non-directive, supportive sessions appear to facilitate positive change.⁷⁰ With younger children there is sparse and conflicting evidence about best approaches.

Parental support has been correlated with a positive outcome for sexually abused children⁷¹ and as noted parental distress and disbelief can have a negative impact. A number of studies have reported positive changes in parents participating in CBT alongside their children, such as a reduction in blame of the child, and improvements in their parenting.⁷²

The NSPCC is currently engaged in long term research (funded by Private Equity Foundation) to contribute to the evidence base on therapeutic approaches to child sexual abuse: *Therapeutic Services for Sexually Abused Children and Young People: Developing the Evidence Base*. The aim is to evaluate an approach to intervention and support to facilitate better outcomes for children and young people who have been sexually abused. An evidence based guide to support work with the child and the non-abusing parent will be developed and robustly evaluated.

Questions that still need to be addressed include: For how long are positive changes maintained following therapy? Is therapy beneficial for sexually abused boys as well as girls, for those with multiple difficulties, for victims of multiple forms of abuse, for those from a range of cultures, and for those with learning disabilities? Which therapies and therapeutic processes are most useful for reducing problems beyond PTSD, depression and anxiety? Can therapy be used to prevent problems before they emerge? Which children are most likely to benefit from which form of therapy? This commission will attempt to answer many of these questions with the production of a clinically robust and evaluated

model, informed by practitioners, survivors and service users.

There remains a serious shortfall in provision in the UK for any of the range of therapies or treatments. NSPCC research⁷³ found significant gaps in services and a system unable to meet and fulfil a child's right to help when they have been harmed. Resources were particularly inaccessible in some geographical regions and also inaccessible for those children with physical and learning disabilities.

Prevention

'Sexual abuse is both predicted by, and predictive of, more general child maltreatment and both are predicted by the same family environmental risk factors.'⁷⁴ While it is possible to identify a combination of factors which increase vulnerability in children placing them at higher risk of sexual abuse it is not possible to predict who will be abused. In a prospective study the majority of children predicted as high risk were not in fact sexually abused.⁷⁵ It is for this reason that work with those children potentially affected by sexual abuse has been focused at primary (broad focus prevention) or tertiary (treatment following victimisation) level.

Many prevention programmes have yet to prove their effectiveness and emerging information and trends require further analysis. Programmes aimed at self-protection (particularly those that are cognitive behavioural) do tend to increase knowledge and skills. Where there has been repeated input the knowledge is more sustainable in the longer term, however, the work is based on simulated scenarios and there is little evidence of transferring knowledge and skills to real life situations. There is currently no substantial evidence that such programmes help children protect themselves from intra-familial abuse or a situation of sustained abuse⁷⁶ and

68 Jaberghaderi, N., Greenwald, R., et al. (2004) 'A comparison of CBT and EMDR for sexually abused Iranian girls', *Clinical Psychology and Psychotherapy* 11: 358–368.

69 Trowell, J., Kolvin, I., et al. (2002) 'Psychotherapy for sexually abused girls: Psychopathological outcome findings and patterns of change', *British Journal of Psychiatry* 180: 234–247.

70 Deblinger, E., Stauffer, L.B., et al. (2001) 'Comparative efficacies of supportive and cognitive behavioural group therapies for young children who have been sexually abused and their nonoffending mothers', *Child Maltreatment* 6(4): 332–343.

71 Macdonald, G. (2000) *Effective Interventions for Child Abuse and Neglect*. Wiley.

72 Deblinger, E., Stauffer, L.B., et al. (2001), op. cit.; Cohen, J.A., Deblinger, E., et al. (2004) 'A multisite randomised controlled trial for children with sexual abuse related PTSD symptoms', *Journal of the American Academy of Child and Adolescent Psychiatry* 43(4): 393–402.

73 Allnock, et al. (2010) Op cit.

74 Smallbone, S., Marshall, W. and Wortley, R. (2008), op. cit.

75 Fergusson, D.M., Horwood, L.J., et al. (1996) 'Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse', *Journal of the American Academy of Child and Adolescent Psychiatry* 35: 1365–1374.

76 Zwi, K., Woolfenden, S., Wheeler, D.M., O'Brien, T., Tait, P. and Williams, K.J. (2009) *School-based education programmes for the prevention of child sexual abuse*. The Cochrane Library, Issue 1.

further evaluation is needed to test efficacy and determine which approaches are most effective.

The current Northern Ireland Department for Education funded NSPCC research project focusing on the efficacy of the development of a child abuse education programme for primary schools will provide useful data in this important area of prevention.

4.8 Those who present a sexual risk to children and young people

With regard to those who present a sexual risk to children Stephen Wolf's work in the 1980's was influential in helping to describe the habitual and cyclical nature of sexual abuse. Wolf's cycle was an accessible model which helped to inform the assessment and treatment of both victims and offenders. The notion of the cycle (developed from addiction theory) was further developed by Marshall and Ward who emphasised the role of insecure or interrupted attachment in informing sexually abusive and more general interpersonally violent trajectories as well as the different pathways⁷⁷ that people may take into sexual offending.

Bickley and Beech⁷⁸ make a key distinction between a "situational offender" as one who has adult sexual interests and is seen as turning to children as sexual surrogates. By contrast the "preferential offender", or 'approach goal abuser' is described as an individual with a longstanding exclusive preference for children, both as sexual partners and social companions. A paedophile, someone with an exclusive sexual interest in pre-pubescent children, fits within the preferential category.

The Good Lives Models

One of the most recent developments in theorising about sex offender behaviour is Ward and Gannon's 'Comprehensive Good Lives Model of Treatment for Sex Offenders',⁷⁹ based on a review and development of two earlier models, the Integrated Theory of Sexual Offending' (Ward and

Beech, 2005)⁸⁰ and the 'Good Lives Model' (Ward and Stewart, 2003).⁸¹ Ward and Gannon describe the concept of 'primary human goods', defined as "states of affairs, states of mind, personal characteristics, activities, or experiences that are sought for their own sake and are likely to increase psychological well-being if achieved" (p.79). They state that the primary goods are life (healthy living and adaptive functioning), knowledge, excellence in work and play, excellence in agency (self-directedness), inner peace (an ability to control stress and emotional turmoil), friendship (intimate and family relationships), community, spirituality (some feeling of purpose in life), happiness and creativity. Instrumental or secondary goods are concrete ways of securing these primary goods, through for example, certain types of work, relationships, or leisure activities.

The commonality between the population who sexual offend and those who do not can thus be seen. We all strive to attain 'primary human goods', in this model sexual offending reflects socially unacceptable and often personally frustrating attempts to pursue them. In earlier models (Finkelhor, 1984; Wolf, 1984), this is characterised as using sexual methods to meet non-sexual needs. Ward and Gannon suggest that the individual concerned lacks the ability to obtain important outcomes, or goods, in life, and that frequently they will use inappropriate means for obtaining primary human goods. This may not be a logical, consistent approach, but there may be incoherence or conflict between the ways that certain goods are pursued.

Gaining an understanding, therefore, of how an individual derives their sense of psychological well-being, their 'primary human goods' may be indicative of their overall emotional functioning and of indicators, which in conjunction with other relevant factors, might indicate potential risk.

This development in thinking in relation to offender behaviour, cognitions, constructs and schema is significant and will inform the proposed commissions relating to work with those who present a sexual risk to children and young people.

77 Bickley, J., and Beech, A. (2002) 'An Investigation of the Ward and Hudson Pathways Model of the Sexual Offence Process With Child Abusers', *Journal of Interpersonal Violence* 17(4): 371–393.

78 Bickley, J., and Beech, A. (2002) 'An Investigation of the Ward and Hudson Pathways Model of the Sexual Offence Process With Child Abusers', *Journal of Interpersonal Violence* 17(4): 371–393.

79 Ibid.

80 Ward, T. and Beech, A. (2006) 'An integrated theory of sexual offending', *Aggression and Violent Behavior* 11(1): 44–63.

81 Ward, T., and Stewart, C. (2003) 'The treatment of sex offenders: Risk management and good lives', *Professional Psychology, Research and Practice* 34: 353–360.

Thought Processes and Cognitive Distortions

Cognitive distortions can be defined as assumptions, sets of beliefs and self-statements that abusers use to deny, minimise, justify and rationalise their actions which serve to maintain their behaviour.⁸² They can thus serve to minimise the seriousness or extent of the offence – “I didn’t really do anything”; move blame away from themselves and so allow a denial of responsibility for their actions – “I wouldn’t have done anything he didn’t want to”; view children as holding similar sexual interests or desires as their own – “Kids enjoy sex with an experienced adult” and misconstrue their victim’s behaviour to indicate sexual desire or intent – “When a child smiles at you it means they want to have sex.”⁸³

Abusers use a variety of methods to gain access to children, to maintain secrecy, and (sometimes) to increase the child’s distress. These strategies exploit the child’s vulnerability that exists as a virtue of their developmental stage and social context.

Most child sex offenders know their victims before they abuse them, and choose those that they perceive to be relatively easier to abuse, for example, those that are quiet, small, overly trusting, lonely, or lacking in confidence and self-esteem.⁸⁴ They use their relationship with the child to prepare the child for the abuse; the grooming process. This often involves the offender gradually desensitising the child to sexual activity during routine activities (for example, through ‘accidental’ touching and exposure to sexual material and low level sexual talk). In this progressive pathway it becomes difficult for the child to know at which point s/he should protest. Whilst the behaviour is less overt, children tend to feel confused and in disbelief, often not trusting their sense that something is not right. Incomprehension is encouraged by the abuser typically remaining silent about the abuse. By the time the sexual activity has clearly entered the illegal realm and children recognise it as abusive (if they do), they have often also begun to feel guilty and to fear that they will be blamed because they have ‘allowed’ it to continue for that length of time.

Abusers will similarly use grooming strategies to gain the trust of and undermine carers and more widely professionals and other community members.

Before the abuse begins offenders may also isolate the child, create ‘special secrets’, so that secrecy is normalised and made to seem attractive, and provide the child with affection, presents and treats so that the child feels indebted. All these strategies help to ensure the abuse occurs and remains hidden.

During or after the abuse, offenders frequently threaten children so that they allow the abuse to continue and do not disclose. They may threaten the loss of affection, physical punishment, the pain of the child’s family member, or unspecified ‘dire consequences’.⁸⁵ The more a child is dependent on the perpetrator, the more successful these threats are likely to be.

Abusers are in a particularly powerful position in situations in which a child has been deprived of their basic needs. For example, a child who has not received love from other sources is especially likely to co-operate with and actively participate in the abuse, in an attempt to garner some of this much needed affection and nurturance.

With the growth of the internet, the recording and sharing of images of abuse has become more widespread. Dynamics specific to recorded abuse include the use of threats by the abuser to share, self-record and post images and so attempt to doubly shame and confuse the victim and the greater potential for the involvement of multiple perpetrators in the abuse. This can involve ‘commissioning of abuse’, whereby abusers remotely request the performance of specific abusive acts, frequently leading to those that are increasingly severe and sadistic. This knowledge is key in informing the assessment and treatment of both victims and perpetrators

4.9 The Voice of Children and Young People

The views and experience of young people are increasingly being drawn upon to inform planning, service development and research both within the NSPCC and within the social care sector more generally. In order to develop services that have meaning and resonance and are effective for children and young people it is vital that they inform their development.

82 Craven, S., Brown, S. and Gilchrist, E. (2006), op. cit. 83.

83 Murphy, W. (1990) ‘Assessment and modification of cognitive distortions in sex offenders’ in W. Marshall, D. Laws and H. Barbaree (eds) *Handbook of Sexual Assault* (pp. 331–342). New York: Plenum Press.

84 Elliott, M., Browne, K., et al. (1995) ‘Child sexual abuse prevention: What offenders tell us’, *Child Abuse and Neglect* 19(5): 579–594.

85 Berliner, L. and Conte, J.R. (1990) ‘The process of victimization: The victim’s perspective’, *Child Abuse and Neglect* 14: 29–40.

During the summer of 2010, 58 young people aged between 10 and 21 were consulted⁸⁶ as well as a group of young women at the NSPCC Child Trafficking Advice and Information Line as part of the theme scoping work. The children and young people talked about not being believed or understood; not always realising at the time that they were being sexually abused; feeling betrayed and let down by those close to them and then by the “system”; the need for local services that meet their needs and that recognise the impact of sexual abuse on the whole family; the fact that they are more than just children or young people who have been sexually abused; the need for Social Workers and Police Officers to have more training in working with sexual abuse; the need to be supported and enabled to speak out and to campaign themselves and for the NSPCC to campaign alongside them; the need for people to understand that sexual abuse affects people differently – “we are not just victims”.

“Just be me for 1 day so to see how I feel”

“There need to be more places and people for young people to talk to”

“The police need to take action once you disclose as the whole process takes too long until a court date is set”

“Longer sentences for perpetrators”

“Making cuts will have an impact on children”

“Children will suffer throughout their lives if they can’t access therapy”

“Sexual abuse should be talked about like domestic violence and neglect but no-one wants to talk about it!!!”

More specifically some key themes arising from the consultation were:

Need for closure – as part of the therapeutic process young people need a level of closure normally sought through the court process. But if a court process does not happen or if the case is dropped this can have a significant impact on therapy

Similar and different needs – the young people talked about their similarities as well as some of the differences in their experiences. In particular trafficked and sexually exploited children and young people can have additional and different needs.

An Advocate – the young people felt that an advocate for them from the process of disclosure onwards would be very valuable. Young people from the Wedgewood Steering Group⁸⁷ amongst other groups of young people have talked specifically about services and planning for service development. These young people highlighted:

Worker relationship – the level of connection and trust with the worker is extremely important and if that is not there the therapeutic process may fail

Creative/Play therapy – the young people felt that a combination of creative and play therapy combined with talking was extremely helpful

Pace and agenda of sessions – the young people felt that their therapy was enhanced where they felt in control of the pace and content of the sessions

Taboo subject – Young people felt that sexual abuse is a subject that is not highlighted in the media as much as other types of abuse. Young people felt that if sexual abuse was in the media arena more, more young people would disclose. NSPCC campaigning and advertising were suggested as ways to help this process

Control/Power – the young people felt that the main reason why so much sexual abuse goes unreported is the amount of control and power the abuser has over the victim

Can’t be stopped – the young people felt that sexual abuse can’t be stopped because abusers can’t be stopped. They felt that efforts should be focussed on awareness raising and securing convictions

Becoming a mentor – the young people felt that once their therapy has ended some of them would be interested in being a mentor for other young people. They also talked about the groups they are attending being valuable as ongoing sources of safe support after formal therapy has ended.

86 As part of this consultation 10 young people [aged 13–19] were consulted who had received an NSPCC therapeutic service around sexual abuse in York [3], Derby [3], Bath [2] and Doncaster [2]. All of these projects are therapeutic services. In addition another 48 young people [aged 10–21] were consulted as part of the Listen Ere residential around their views on sexual abuse. These young people will predominantly have received an NSPCC service although very few will have received a therapeutic service for sexual abuse.

87 NSPCC (2009) Wedgewood Steering Group PINGU Plan.

In relation to preventing sexual abuse the young people expressed the view that children and adults should be more educated about sexual abuse so that it can be stopped earlier. They felt that:

- Children need to be educated at a younger age about what sexual abuse is.
- Sexual abuse needs to become more transparent as it's such a taboo subject in the media and within NSPCC advertising.
- There should be longer sentences for perpetrators.
- There need to be more therapeutic services for more young people.
- Young people who have been through the therapeutic process should be enabled to become mentors for other children and young people.
- There need to be services where young people can make the choices about regularity and length of contact.
- There should be services to address all issues and not just sexual abuse.
- There need to be Counsellors within all schools.
- There should be post therapy group sessions.

Quotes from young people:

"We should have more services like the NSPCC and if children know that there is a lot of help out there they won't be so scared to tell"

"I want the time to talk about all of my issues and not just address sexual abuse"

"I want a safe place to discuss with other young people with similar experiences what I have been through"

The young people talked about a number of ways in which the NSPCC could address the issue of sexual abuse:

- The NSPCC should increase their advertising and campaigning to include a greater focus on sexual abuse.
- Get a celebrity to front a sexual abuse campaign to begin to break down the taboos.

- Don't force children and young people to get help and let us go at our own pace.
- All children should have access to help.
- Children and young people find it difficult to disclose information.

The young people also felt that addressing the issue with government was very important and a real opportunity for them to say how they feel about the entire process; they see the government as being partly responsible for their experiences. Their quotes included:

Quotes from young people:

"Get Russell Brand to front a campaign – he would be fab"

"It's difficult for young people to tell other people what's been going on and how they feel"

These powerfully articulated views resonate with some key proposals and themes within this scoping study, in particular the need for improved therapy for victims, the need for a preventative approach to prevention with increased public awareness and the need for a government focus on and strategy for sexual abuse.

The NSPCC continuing to develop its participatory work with young people; Theme Ambassadors have been appointed for each of the seven themes with three young people appointed as Ambassadors for the sexual abuse theme.

5. SERVICE PROVISION



This analysis of service provision has been informed by:

- a literature review of the field
- consultation and discussion with practitioners and managers within the NSPCC, in particular a theme workshops held in June 2010 and June 2011
- an invitation to forward and post ideas for services and research
- consultation with children and young people
- consultation and discussion with key external individuals and agencies in the field (appendix 11)

An internal Sexual Abuse Theme Advisory Group has been established. It is intended that this group will continue as a point of expert reference and consultation within the NSPCC.

An initial external stakeholder event has also been held to harness the views, expertise and experience of key organisations and individuals. It is intended that representatives from this group will meet periodically with the internal Sexual Abuse Theme Advisory Group.

From the work undertaken to date it is evident that there remain key questions which need to be answered as well as service delivery gaps that remain. There is of course a clear policy context for these identified gaps, referenced in the relevant section of this report.

5.1 Work with Children and Young People who have been sexually abused

There is an estimated shortfall in provision of between 51,000 and 88,000⁸⁸ places for therapeutic support; a huge gap between need and service provision for children and young people who have been sexually abused and are in need of therapeutic intervention to aid their recovery. Furthermore services are often provided too late or are less accessible for particular groups of children and young people, for example those with disabilities and those living in rural areas.

There is a lack of comprehensive information on the specific need for services and on what service interventions, in particular post assessment treatment, are effective. There is similarly insufficient research data on the efficacy of work with non-abusing carers and with children where

there are concerns about sexual abuse but no clear disclosure. The NSPCC's work with child and young witnesses, a significant proportion of who have been sexually abused, has demonstrated the value of pre-trial therapy and appropriate support in preparation for children and young people as witnesses. The NSPCC's work in this area has been influential in the establishment of remote video links, the adaption of elements of court proceedings to make them more child friendly and the recognition of the value and importance of pre-trial therapy in securing better outcomes for children and young people.

Further work remains to be done to achieve a comprehensive UK-wide child and young witness provision and to understanding on a longitudinal basis the outcomes for children and young people who have been supported and/or received pre-trial therapy as recommended in *Achieving Best Evidence*.⁸⁹

The picture in Europe and North America is similar with provision tending to be better in those countries that have (a) smaller populations and (b) a higher per capita expenditure in health and social care services.

The NSPCC, other Children's Charities, some NHS Child and Adolescent Mental Health Services (CAMHS) and private providers offer much needed community based and residential therapeutic services. However, such provision is patchy and insufficient, as the figures above illustrate and is under increased risk with current and forthcoming public spending reductions. Sexual Abuse Referral Centres (SARCS) are now providing some additional resource although their remit is tight, they are new and are currently few in number. Further research is required to understand the efficacy of a range of therapeutic interventions. Cognitive Behavioural Therapy is known to be effective with some children and young people,⁹⁰ however, a range of other promising approaches require robust evaluation.

5.2 Work with Children and Young People with Harmful Sexual Behaviour

Service provision for children and young people with harmful sexual behaviour is patchy across the UK. Through the work of centres of good practice such as GMAP (Greater Manchester Adolescent Project) and the AIM Project, both

88 Allnock, D. et al (2009), op. cit.

89 Home Office (2002) *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses*. London.

90 Wethington, H.R., Hahn, R.A., et al. (2008) 'The Effectiveness of Interventions to Reduce Psychological Harm from Traumatic Events Among Children and Adolescents: A Systematic Review', *American Journal of Preventive Medicine* 35(3): 287-313.

based in Manchester and the NSPCC managed multi-disciplinary NCATS (National Clinical Assessment and Treatment Service) based in London understanding of what constitutes a good assessment of a child or young person with Harmful Sexual Behaviour (HSB) has improved significantly with the development of the AIM2 (Assessment, Intervention, Moving on)⁹¹ and more recently the MEGA (Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children (Ages 19 and Under)⁹² assessment models. Less is known about what comprises effective intervention (treatment), notwithstanding work undertaken at specialist centres such as Glebe House in Cambridgeshire and there remains a need for further research into which intervention approaches are most effective.

Work with learning disabled children and young people with harmful sexual behaviour is also an area that requires further analysis and understanding. Assessment and intervention approaches require adaptation and modification to take account of the specific needs of this group of children and young people in order that their risk can be effectively managed and reduced.⁹³ Service provision for learning disabled children and young people is particularly sparse and anecdotal feedback from service providers indicates that referrals of children and young people with learning disabilities is increasing.

5.3 Work with Sexually Exploited and Trafficked Children and Young People

The sexual exploitation of children is known to be an issue for many communities, and to have a devastating long-term effect on its young victims and their families. Although there is some developing good practice, for example by the NSPCC and Barnardo's the response remains fragmented. As a result many children and young people remain at serious risk of harm and offenders operate with relative impunity. There is no established system for collecting and recording reliable data on the prevalence of

sexual exploitation, few initiatives at a local level to ensure full multiagency work to protect children and disrupt or prosecute abusers and a piecemeal approach to training staff to raise awareness and improve practice.⁹⁴

The International Centre for the Study of Exploited and Trafficked Young People, a leading research and practice development centre in this area has examined the extent to which LSCBs have responded to the 2009 Guidance. This research and its implications will report in October 2011.

There is a National Working Group for Sexually Exploited Children and Young People, on which the NSPCC is represented, which has links with CEOP and the UK Human Trafficking Centre. A recent decision has been made to make CEOP the operational Government lead on child trafficking and missing children as well as the online sexual abuse of children.

The NSPCC's Child Trafficking, Advice and Information Line (CTAIL) is a specialist service, partly funded by the Home Office and Comic Relief, for any professional working with children who may have been trafficked into the UK. Through CTAIL we know that the existing system in the UK is inadequate at providing appropriate child protection and safeguarding procedures for children who have been trafficked. CTAIL has status as being a 'First Responder' that can make referrals in to the National Referral Mechanism, a framework for identifying the victims of human trafficking and ensuring they get appropriate care, and which is designed to make it easier for all the different agencies that could be involved in a trafficking case to co-operate; to share information about potential victims and facilitate their access to advice, accommodation and support. Authorised agencies, who encounter a potential victim of human trafficking, can refer them to the Competent Authority. The initial referrer is known as the 'First Responder'.

Government interest in the issue of child sexual exploitation (CSE) has increased in recent months with the Inquiry by the Office of the Children's Commissioner in England (noted above). The increased focus on this aspect of child sexual

91 www.aimproject.org.uk

92 Miccio-Fonseca, L.C. (2006a, August) *Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Youth (Ages 19 and Under) (MEGA)*. San Diego, CA.

93 Balogh, R., Bretherton, K., Whibley, S., Berney, T., Graham, S., Richold, P., Worsley, C. and Firth, H. (2001) 'Sexual Abuse in children and adolescents with intellectual disability', *Journal of Intellectual Disability Research* 45(3): 194–201.

Fyson, R. (2005) *Young people with learning disabilities who show sexually inappropriate or abusive behaviours*. Nottingham: The Ann Craft Trust.

O'Callaghan, D. (1998) 'Practice Issues in Working with Young Abusers who have Learning Disabilities', *Child Abuse Review* 7(6): 435–448.

94 Pearce, J., *Breaking the Wall of Silence: Practitioners Responses to Trafficked Children and Young People*, NSPCC 2009.

Fyson, R., Eadie, T. and Cooke, P. (2003) 'Adolescents with Learning Disabilities who show Sexually Inappropriate or Abusive Behaviours: development of a research study', *Child Abuse Review* 12: 305–314.

abuse, prompted in part by high profile cases in, for example, Derbyshire and Torbay is welcome. It will be important that CSE is seen as part of a wider child sexual abuse challenge. A cross departmental government child sexual abuse strategy would enable this to happen and would facilitate a common language in relation to “new” aspects of child sexual abuse. Similarly the Scottish Government announced in February 2012 that it had commissioned research by the University of Bedfordshire which will examine the extent and nature of child sexual exploitation in Scotland.⁹⁵

5.4 Work with Known or Alleged Adult Sex Offenders

The majority of adults who pose a sexual risk to children are not in the Criminal Justice System. Assessment and intervention services for this group of offenders are patchy and local authority Children’s Services Departments often struggle to identify the necessary skills and experience to undertake this important work. There are some beacons of good practice, for example the Sexual Behaviour Unit in Newcastle and some private providers. The knowledge base in relation to the assessment and treatment of adults who pose a sexual risk to children is relatively good; what is missing in this important area of child protection work is an evidence based, accessible good practice guide for practitioners and managers.

Work with adults who have a learning disability is also an area that requires further research. Assessment and treatment models appropriate for non-disabled offenders require adaptation, particularly where learning disability is moderate or severe. Service provision and expertise in this area is sparse. In Plymouth the NSPCC SHEALD service for learning disabled child sex offenders, delivered in partnership with the local Health Trust is a good example of current innovative work adding knowledge to the field.

Circles of Support and Accountability, originally developed in Canada, have been shown to be effective in the UK in containing and maintaining reduced risk for adults who have sexually abused children and who have already undergone a period

of assessment and treatment.⁹⁶ COSA is also now piloting a similar service for young people. There is an identified need for the model to be extended to include the engagement of non-abusing partners who can play a key role in helping to maintain reduced risk. These areas are all subjects of proposed NSPCC commissions.

5.5 Children Sexually Abused Online

The Byron Review progress report⁹⁷ observes that:

“New technologies are integral to the lives of all children, young people and their parents. They inspire children to be creative, communicate and learn. It is essential that children and young people tap into the potential of the digital world if they are to enjoy their childhood and succeed in life. In educating children and young people we should empower them to learn how to use digital technology responsibly, not simply block what they can access. We must give them the information and skills they need to be digitally literate and savvy users. This enables them to take advantage of the opportunities that new technologies can offer, as well as being able to deal with any risks that arise.”

Notwithstanding these clear opportunities the internet also poses a real danger to children and young people. The trauma of being a victim of sexual abuse is difficult to live with but for victims of internet offending there are added complexities in trying to make sense of what has happened. They are often “directed” by the offender to perform sexual acts on themselves and/or others which creates huge confusion for the victim in terms of even using the common language of perpetrator/offender. Furthermore, victims have the knowledge that images of their abuse may be available online for many years.⁹⁸

Providers of treatment for victims of online sexual abuse report the need for, amongst other things, more training, particularly in relation to diagnostic assessment, the provision of specialised therapy for this group of victims and awareness raising about this issue.⁹⁹

95 <http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=6832&mode=pdf>

96 Wilson, R.J., Cortoni, F., McWhinnie, A.J. (2009) ‘Circles of Support and Accountability: A Canadian National Replication of Outcome Findings’, *Sexual Abuse* 21(4): 412–430.

97 Byron, T. (2010) *Do we have safer children in a digital world? A review of progress since the 2008 Byron Review*. DCSF

98 Leonard, M.M. (2010) “‘I did what I was directed to do but he didn’t touch me’: The impact of being a victim of internet offending’ *Journal of Sexual Aggression* 16(2): 249.

99 Von Weiler, J., Haardt-Becker, A., Schulte S. (2010) ‘Home Office Care and Treatment of Child Victims of Child Pornographic Exploitation’, *Journal of Sexual Aggression* 16(2): 221.

5.6 Online Perpetrators of Child Sexual Abuse

The growth of the internet has seen an exponential rise in the availability of online child abuse images and a similar increase in the numbers of (mainly male) people accessing this material. There is evidence to support the view that accessing both legal hard core pornography and illegal child abuse images can be addictive, particularly for some more predisposed young people and adults, and that, as with other addictive behaviours it can affect brain function.¹⁰⁰ Some offenders will only view child abuse images, some will share the material (most commonly now through file sharing technology) and some will be actively involved in producing images of children being abused.

Recent research¹⁰¹ tends to support earlier findings that an interest in child abuse images is strongly correlated to an interest in active sexual abuse. Online imagery of child sexual abuse appears to play a key role in motivating and triggering grooming behaviours as a precursor to contact offences. An NSPCC analysis of court cases involving convictions for making, possessing or distributing indecent images of children reported in local and national media over a six month period in 2010 found that one in three of those convicted had also committed other serious sex offences against children, including indecent assault and gross indecency. Recent research and the work of CEOP¹⁰² also highlights the fact that child abuse images are increasing in severity whilst the age of the children being abused is decreasing.

The provision of assessment and treatment programmes for online perpetrators of child sexual abuse tends to mirror those for offenders known or alleged to have committed contact offences. There is a National Offender Management Service accredited programme for internet offenders within the Criminal Justice System (CJS), for those who have been imprisoned for (usually) over four years and for those who are the subject of community

supervision by the Probation Service. There is little and very patchy provision for those not in the CJS.

5.7 Female Child Sex Offenders

The official prevalence of child sexual abuse by females remains low. However, anecdotal reports from victims and the data on calls to the NSPCC Child Protection Helpline¹⁰³ indicate that its prevalence may be significantly higher than official figures suggest (in common with male sexual abuse of children). Bunting¹⁰⁴ observes that whilst relatively rare, females are involved in up to 5% of sexual offences against children, a significant minority. The abuse of babies and very young children is more strongly correlated¹⁰⁵ with caregivers than abuse of older children and young people. There have been recent quite highly publicised cases where women as caregivers are known or alleged to have sexually abused babies or young children, both in conjunction with men. (Plymouth and Southport).

There are a lack of validated assessment tools for female perpetrators of child sexual abuse and a lack of treatment programmes, particularly in the community. Styal Prison in Cheshire has, for example, developed some experience and expertise in assessment and treating women and the Lucy Faithful Foundation has provided community based assessment and treatment for some years. Much work, however, remains to be done in understanding the scale of the problem, its impacts, the key differences and similarities in assessment and treatment when compared to male sexual abusers of children and the efficacy of interventions. Gannon, Rose and Ward¹⁰⁶ have recently developed a descriptive model for female sexual abusers which identifies three pathways that women can take into sexually abusive behaviour; explicit approach (clear and independent motivation to abuse), directed avoidant (male influenced) and implicit disorganised. This work represents a clear step forward in informing the assessment and treatment of women.

100 Elliot, I., Beech, A.R., Mandeville-Norden, R. (2009) 'Psychological profiles of internet sex offenders: comparisons with contact sexual offenders', *Sexual Abuse: A Journal of Review and Treatment*, 21.

101 Buschman, J. Wilcox, D., Krapoh, D., Oelrich, M. and Hackett, S. (2010) 'Cybersex offender risk assessment: An explorative Study', *Journal of Sexual Aggression* 16(2): 197.

102 Child On Line Protection Centre.

103 Calls to the NSPCC Child Protection Helpline between 2003–2008 reports of child sexual abuse by women increased by 132%.

104 Bunting, L. (2007) 'Dealing with a problem that doesn't exist? Professional responses to female perpetrated child sexual abuse', *Child Abuse Review* 16: 252–267.

Grayson, A.D., De Luca, R.V. (1999) 'Female Perpetrators of Child Sexual Abuse: A Review of the Clinical and Empirical Literature', *Aggression and Violent Behaviour* 4: 93–106.

105 Bunting, L. (2007), op. cit.

106 Gannon, T., Rose, M.R., Ward, T. (2008) 'Pathways to female sexual offending: approach or avoidance?', *Sexual Abuse: A Journal of Research and Treatment* 20: 352–374.

5.8 The Development of a Public Health Approach to Sexual Abuse Prevention

During the last decade in particular the work of Finkelhor Laws, Marshall Smallbone, and the World Health Organisation¹⁰⁷ amongst others in promoting a public health approach to sexual abuse prevention has attracted increasing interest. Drawn from the Primary, Secondary and Tertiary prevention approaches used in public health in many countries to control and reduce endemic disease and adding to this the criminological model of situational prevention a public health approach focuses attention on both decreasing risk and bolstering protective and resilience factors and argues that interventions must be taken ‘upstream’ to a primary level in addition to interventions at a secondary and tertiary level. Comparatively little attention has been given to alternative prevention strategies, in particular those aimed at preventing sexual abuse before it occurs.¹⁰⁸

A public health approach involves a long-term strategy, emphasising the importance of prevention in ending child sexual abuse, it seeks to involve the whole community in identifying solutions; it is multidisciplinary and encompasses a wide range of interventions, from prevention strategies to treatment approaches. These well-known terms are used in varying ways:

- i) **Primary prevention:** is often used to refer to *universal interventions*, campaigns or services aimed at the general population or specific groups (e.g. schoolchildren) without consideration of risk level. It can also refer to approaches that aim to prevent a problem before it starts, for example parenting support.
- ii) **Secondary prevention:** this category is perhaps the most widely used with different meanings. In terms of target-groups it denotes *selected interventions* aimed at those at heightened risk of being a perpetrator or victim of abuse. Developmentally it refers to interventions in a setting where abuse is a high risk, or interventions aimed at someone who is behaving in a way likely to precipitate abuse, for example an adult who is aware of a sexual interest in children or a young person beginning to display sexually inappropriate, but not yet abusive, behaviour.
- iii) **Tertiary prevention:** this refers to prevention activity with those already committing the behaviour, for example public protection

measures for sexual offenders and comprehensive treatment programmes for those harmed and affected by sexual abuse, as well as those who have committed sexual offences. Its aim is to minimise future harm after the fact.

Jones and Finkelhor¹⁰⁹ argue that in the U.S. preventative approaches as well as increased incarceration for sex offenders appear to have contributed to a decline in the incidence of sexual abuse over the last two decades. These data remain the subject of some controversy, however, it appears that other factors that could account for a decline have been controlled for and that prevention in its broadest interpretation has played an influential role. A reasonable working hypothesis, therefore, would be that a concerted, comprehensive and evidence based and evaluated preventative approach based on Smallbone, Marshall and Wortley’s clearly articulated and evidenced model could make a real long term impact on the rates of child sexual abuse in the UK. This proposal is central to the conclusions of this scoping study.

5.9 Cross Cutting

The cross cutting nature of child abuse must always be taken into account in the identification of need and of what most needs to be known. From an analysis of current sexual abuse service provision and from discussions with Theme Lead colleagues it is apparent that there are key gaps in the following cross theme areas:

- The assessment and treatment of **disabled children and young people** with harmful sexual behaviour
- The assessment and treatment of **children abused within the care system**
- The clear identification of the links between and services needed to address **neglect** and sexual abuse
- The specific aspects of the sexual abuse of **babies and children under one** both online and within family settings
- The specific links and causal factors between **domestic and sexual abuse**
- The treatment needs of **disabled children and young people** who have been sexually abused
- The assessment and treatment of **learning disabled adults** who pose a sexual risk to children and young people

107 World Health Organisation (2002) *World report on violence and health*. Geneva: WHO.

108 Smallbone, S., Marshall, W. and Wortley, R. (2008), op. cit.

109 Jones, L., and Finkelhor, D. (2001), op. cit.

6. CHILD SEXUAL ABUSE WITHIN MINORITY ETHNIC COMMUNITIES



Separate scoping work focuses on the wide area of child abuse within minority ethnic communities. It is nevertheless relevant to note some key issues in relation to child sexual abuse within minority ethnic communities. The precursors and drivers to child sexual abuse within these communities are essentially the same as in predominantly white communities¹¹⁰ and there is no evidence to suggest that its prevalence overall within predominantly minority ethnic communities is significantly greater or less. However, assessment, treatment and community awareness raising and education need to be informed by a knowledge and understanding of culture and attitudes whilst retaining a clear child protection focus.

Some minority ethnic communities, in common with some mainly white communities have relatively high levels of denial in relation to aspects¹¹¹ of child sexual abuse. Issues, for example in relation to shame and dishonour should be taken into account when developing interventions and collaborative approaches. There is undoubtedly awareness of sexual abuse in Asian communities; however it can be seen as 'taboo'. There can be a reluctance to discuss sexual abuse and Gilligan et al¹¹² make the point that there is a lack of appropriate vocabulary in relation to sexual abuse in South Asian languages as spoken in Britain. There can also be a need to overcome the view that it is a 'western' problem, found largely, if not exclusively, in white communities.

It is also of note that relatively fewer minority ethnic children and adults access sexual abuse treatment services and fewer black adult and juvenile abusers access treatment programmes. This relative lack of provision can serve to compound feelings of isolation and denial¹¹³. Engagement and building of trust in partnership with existing minority ethnic organisations and groups as well as differentiated interventions resourced beyond the status and stage of a demonstration project are critical if child sexually abuse is to be successfully addressed and prevented within minority ethnic communities.

110 Smallbone, S. et al. (2008), op. cit.

111 Gilligan, P. and Akhtar, S. (2006) 'Cultural barriers to disclosure of child sexual abuse in Asian communities: What women say', *British Journal of Social Work* 36(8): 1361–1377.

112 Gilligan, et al. (2006).

113 Gilligan, P. and Akhtar, S. (2006), op. cit.

7. WHAT ARE THE CURRENT GAPS IN PUBLIC POLICY THAT OUR LEARNING MIGHT INFORM?



7.1 England

Data Collection

As detailed earlier it is difficult to identify the numbers of children who have been sexually abused. A current NSPCC policy call is that the Westminster Government should collect and publish annual data from police forces showing the number and ages of victims, and to clearly link this with the number of convictions, and other penalties, resulting from the recorded offences. In addition we are calling for data to differentiate between whether the offender was an adult or a child, and information on the age gap between the offender and the child, their gender and their relationship with the child. Further data is also needed on any re-offences, including the category and timescale of the offence, and whether the offender had successfully completed a sex offender treatment programme.¹¹⁴

We will continue to call for a clear and detailed breakdown of the levels of recorded sexual crime against child victims and their ages and will seek to influence the Westminster Government and other relevant local and national agencies to ensure that data collection which has an impact on child protection systems is improved.

In the future, questions about crimes against 10–15 year olds will be included in the British Crime Survey (BCS). The resulting data will be incorporated into the headline statistical releases on crime. We will monitor this extension of the BCS by the Office of National Statistics to ensure that questions are included which are relevant to the sexual abuse of children and young people. This includes crimes related to peer abuse and crimes committed online.

Identification and awareness of professionals

In March 2010, the report of child sexual abuse sub-group of the Department of Health's Taskforce on the Health Aspects of Violence Against Women and Children¹¹⁵ reported that there were a number of children who had disclosed abuse but had either not been heard or believed. It recommended awareness raising and training on child sexual

abuse to ensure that professionals have the skills to identify warning signs, manage a disclosure and appropriately identify and assess need. We will continue to lobby for the implementation of this recommendation.

Access to Therapeutic Services

Recent NSPCC research¹¹⁶ identified the current shortfall in therapeutic support for children who have been sexually abused. It identified three key policy issues to be addressed: the lack of access to services; the critical delays experienced by children and the lack of evidence about what improves outcomes for children. We will work to ensure that the abolition of Children and Young People's Plans and the removal of the requirement for Children's Trusts does not leave a policy gap at a local level. We will continue to call for all children who have been sexually abused to have access to the therapeutic help and support they need. This should be available when they need it, and in a location which is accessible to them. We will also consider what policy steps could be taken to improve practice in this area.

Rape Crisis Centres

The Government has committed to using **proceeds from the victim surcharge to give existing rape crisis centres stable, long-term funding, and to establish new centres where there are gaps in provision**¹¹⁷ We will consider how we position ourselves with regard to this development as it could provide an opportunity for funding to be redirected to therapeutic support services targeted at some children.

Harmful Sexual Behaviour

A cross government service delivery framework offers the opportunity to influence government policy so that there is a coherent, consistent, multi-agency response to children and young people who display harmful sexual behaviour. We will call for the coalition government to develop and publish a service delivery framework for harmful sexual behaviour, and for this to sit within a cross departmental strategy on sexual abuse.

114 For further information please see the NSPCC Response to the National Statistician's Review of Crime Statistics (2011) at http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/review_of_crime_statistics_wdf81277.pdf and the NSPCC Consultation Response on the Improvements to Ministry of Justice Statistics (2011) at http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/improvements_to_MoJ_statistics_wdf81275.pdf

115 See http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118263.pdf

116 Allnock, D. et al. (2009), op. cit.

117 Home Office, Call to End Violence Against Women and Girls: Action Plan (2010) at <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan?view=Binary>

Children in the criminal justice system

The current age of criminal responsibility in England and Wales is 10 years, so when a child or young person is convicted of a serious sexual or violent offence they can be subject to Multi Agency Public Protection Arrangements (MAPPA).

We will ensure that our policy development work includes influencing government initiatives that will impact on young people caught up in the criminal justice system. The coalition government's Structural Reform Plan for the Ministry of Justice committed to a review of sentencing policy. This will be followed by legislation on sentencing in November 2011, which will include youth sentencing policy. This provides us with an opportunity to raise the specific needs of young people with HSB in the criminal justice system.

Child Sex Offender Disclosure Scheme

The NSPCC was heavily involved in influencing the Child Sex Offender Review 2006/7. The findings of the Child Sex Offender Review were published in June 2007 and recommended piloting a process of public disclosure of sex offenders' details in response to specific requests and specific concerns by members of the public made to the police.

These pilots began in September 2008 and national roll out of the scheme in all 43 police forces in England and Wales was completed in April 2011. The NSPCC has taken the stance of 'critical friend' and works closely with Barnardos, Stop it Now! and Action for Children on the Home Office's disclosure scheme advisory group.

A key policy priority is to ensure that following national roll out, monitoring systems are in place to review whether the scheme is being implemented consistently and correctly, and to ensure that there are no unintended consequences, such as encouraging registered sex offenders to 'go underground.' The NSPCC has also asked for regular independent evaluation of the scheme so that consideration can be given as to whether it is offering protection to children.

Engagement / treatment of adult sex offenders

In the UK, treatment programmes which have been thoroughly evaluated are provided for convicted sex offenders in prison and subject to Probation Service supervision. The number of offenders and the resource intensive nature of the treatment mean that it is in limited supply. A 2010 joint inspection report showed that over 50 per cent of offenders convicted of a sexual offence were not required to attend a Sex Offender Treatment Programme.¹¹⁸

Recent research demonstrates the positive results of treatment outcomes with sex offenders¹¹⁹ and we support these programmes, which reflect the latest research on effective practice.¹²⁰ However, we are concerned that demand for accredited sex offender programmes has outstripped their provision.¹²¹ We are also concerned that service provision remains undeveloped for learning disabled offenders, female offenders, minority ethnic offenders and for those at risk of offending who are outside the criminal justice system.

The NSPCC raised these concerns over the lack of service provision in its response to the Ministry of Justice Green paper on rehabilitation.¹²² In addition, to ensure that all sexual offender treatment programmes are of the highest quality, the NSPCC called for all programmes to be:

- nationally accredited
- specifically designed for sexual offenders
- take into account dynamic as well as static risk factors
- consistently delivered
- thoroughly researched and evaluated
- adequately resourced.

Risk Assessment

The NSPCC believes that all decisions about the ways that offenders are managed in the community should be based on an accurate assessment of risk similar to the Risk Management Authority in Scotland (see below for further detail).

118 Criminal Justice Joint Inspection report (June 2010) *Restriction and Rehabilitation: Getting the Right Mix an Inspection of the management of sexual offenders in the community*. A joint inspection by HMI Probation and HMI Constabulary, page 6.

119 Hanson, K., Gordon, A., Harris, J.R., Marques, J.K., Murphy, W., Quinsey, V.L., Seto, M.C. (2002) 'First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders', *Sexual Abuse: A Journal of Research and Treatment* 14(2): 169–194.

120 Home Office (2002) *The treatment and risk management of sexual offenders in custody and in the community*. London: Home Office. The Correctional Services Accreditation Panel is an advisory Non-Departmental Public Body. Members are drawn from international experts, appointed according to Public Appointment principles and procedures.

121 http://www.publications.parliament.uk/pa/cm200506/cmhansrd/cm060302/text/60302w31.htm#60302w31.html_spnew7

122 NSPCC Consultation Response Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders (2011) at http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/breaking_the_cycle_wdf81276.pdf

Multi Agency Public Protection Arrangements

The NSPCC supports the MAPPA model as a framework for managing offenders in the community and a number of our managers are members of MAPPA Strategic Management Boards.

We consider that the MAPPA need more active leadership and dedicated resources in order to ensure their effectiveness and drive further improvements. Research also suggests that a high number of cases are being reviewed in a single MAPPA meeting and that this may compromise the attention given to each case.¹²³

Notification requirements

In April 2010, the Supreme Court found¹²⁴ that indefinite notification requirements for sex offenders with no opportunity for review, as stipulated in section 82 of the Sexual Offences Act 2003, was incompatible with both section 4 of the Human Rights Act 1998 and Article 8 of the European Convention on Human Rights. This has led to changes to changes to the notification periods under Scottish law by means of the Sexual Offences 2003 (Remedial) (Scotland) Order 2011¹²⁵ and a consultation in Northern Ireland on similar proposals.¹²⁶

Given the government's obligation to respond to this finding, our view is that the recommended policy option set out in the Sexual Offences Act 2003 (Remedial) Order 2011 responds to the Supreme Court's Ruling in a comprehensive and proportionate way, and in a manner which strikes a balance between individual human rights and public safety and protection.

We welcomed the government's reassurances that 'Sex offenders who continue to pose a risk will remain on the register and will do so for life, if necessary',¹²⁷ and that it intends to 'make the minimum possible changes to the law in order to comply with the [Supreme Court's] ruling'.¹²⁸ From

our own practice experience with sex offenders who have abused children, we know that there are some offenders who, despite all attempts at rehabilitation, can remain a significant risk for the duration of their lives.

In relation to young people with harmful sexual behaviour, the Supreme Court ruled that the immaturity of the offender must be taken into account and that this made it even more important to review their indefinite notification requirement.¹²⁹

Currently, the duration of notification requirements and linked supervision arrangements are dependent on the length of the sentence rather than being risk based assessments. Any method of review of indefinite notification requirements needs to consider the challenge of accurate and consistent risk management. From the NSPCC's child protection stance, key elements which need to be considered are:

- the thresholds that are set for sex offenders to prove they no longer pose a risk
- the frequency of the reviews
- how the treatment of young people with HSB should differ from that of adults
- who is involved in undertaking the reviews.

In June 2011 the Home Office issued a consultation on four proposals to reform the notification requirements for registered sex offenders in England and Wales. They propose that registered sex offenders will be required to notify the police:

- of all foreign travel
- on a weekly basis where they are registered as having 'no fixed abode'
- when living in a household with a child under the age of 18
- of passport, bank account and credit card details and provide the police with proof of identification at each notification

123 Kemshall, H., Mackenzie, G., Wood, J., with Bailey, R. and Yates, J. (2005) *Strengthening Multi-Agency Public Protection Panels (MAPPA)*. London: Home Office, RDS, paper 145.

124 In the case of R v Secretary of State for the Home Department [2010] UKSC17.

125 <http://www.legislation.gov.uk/ssi/2011/45/contents/made>

126 <http://www.dojni.gov.uk/index/public-consultations/current-consultations/consultation-on-sex-offender-notification-and-violent-offender-orders.htm>

127 Written Ministerial Statement by Lynne Featherstone, Parliamentary Under Secretary of State for Equalities and Criminal Information, 14th June 2011. See: <http://www.homeoffice.gov.uk/publications/about-us/parliamentary-business/written-ministerial-statement/amend-sexual-offences-act-wms/>

128 The Secretary of State for the Home Department (Mrs Theresa May), statement to the House of Commons, Hansard, 16 Feb 2011: Column 959.

129 http://www.supremecourt.gov.uk/decided-cases/docs/UKSC_2009_0144_Judgment.pdf

The NSPCC strongly supports these proposed reforms. They are proportionate measures which will help to protect vulnerable children from sexual abuse. However, we continue to be concerned that children who have committed a sexual offence should not be subject to the same notification requirements as adults, and that there are no notification requirements for sex offenders who enter the UK from abroad.

Vetting and Barring

The coalition Government's proposed changes to the vetting and barring scheme and criminal records regime are contained in the Protection of Freedoms Bill, which at the time of publication is making its passage through Parliament. One aim of the Bill is to reform and simplify the existing system. The broad direction of the Bill and the proposals to maintain key protective provisions in the Safeguarding Vulnerable Groups Act 2006 (and corresponding Safeguarding Vulnerable Groups (NI) Order 2007), and the aim of simplifying the arrangements are positive. However details of the proposed arrangements are more concerning, such as the definition of 'regulated activity', the disclosure of barring information to employers about those who work with children and young people in non-regulated activity, CRB checking of children under the age of 16 and the practical issues that need to be ironed out in order to ensure that checks are portable.

We will continue to influence and lobby on the provisions contained in this Bill as it makes its way through Parliament.

Unconvicted and potential child sex offenders

It is the NSPCC's view that there needs to be a greater focus on the prevention of child sexual abuse. This includes encouraging members of the public to seek the information they need to protect children and encouraging abusers and potential abusers to seek help in order to prevent them offending. It is also important that treatment is offered to all sex abusers, not only those who are convicted.

Child Sexual Exploitation

Children and young people involved in commercial sexual exploitation are at risk of persistent and high levels of sexual and physical violence. Sexually exploited children and young people under the age of 18 should never be criminalised for prostitution. In reality they have been groomed for sex and are victims of commercial sexual exploitation. Children and young people need

education about the dangers of commercial sexual exploitation and support to overcome the impact of their involvement.

There is also a growing concern about children who are internally trafficked for sexual exploitation and the numbers of missing children who are sexually exploited. There is need for primary prevention mechanisms such as awareness raising about sexual exploitation in schools delivered through Personal, Social, Health and Economic education (PSHE) and Sex and Relationships Education (SRE) in which all children are given the opportunity to learn about positive relationships and how to keep themselves safe. There is a need for targeted prevention by professionals and agencies for children and young people specifically vulnerable to sexual exploitation, for example those who are looked after.

In March 2011 the NSPCC contributed a substantial body of evidence to CEOP's thematic assessment about the issue of child sexual exploitation. We hope that this will help to establish a better nationwide picture of how many children are exploited, what the risk factors are and what the profile of the adults involved is, so that prevention activities can be targeted at them. The NSPCC runs a specialist child sexual exploitation service called Street Matters, which is based in east London. In May 2011, the Children's Minister, Tim Loughton, announced the launch of an action plan to tackle child sexual exploitation, due for publication in Autumn 2011. This presents a good opportunity to influence and lobby on issues of child sexual exploitation, building on our recent attendance at Ministerial roundtable events about this issue.

Child Trafficking

Trafficking occurs for a variety of purposes including sexual exploitation, domestic servitude, exploitative labour, benefit fraud, and criminal activity. Trafficking has physical, psychological and behavioural effects on children and consequences can also include children being prosecuted for crimes they are coerced to commit.

The Council of Europe Convention on Action against Trafficking in Human Beings came into force in the United Kingdom on 1 April 2009. The implementation of the Convention forms part of the UK's comprehensive Action Plan on Tackling Human Trafficking and demonstrates a commitment to combating trafficking.

The EU Directive on preventing and combating trafficking in human beings and protecting victims was formally adopted by EU member states on the 17 March 2011. The NSPCC believes that

a co-ordinated and consistent EU approach is essential to tackle child trafficking, alongside international and national action. In May 2011 MPs in the Houses of Parliament voted to support the government's decision to opt in to this Directive. The UK has therefore now formally opted into the Directive. Opting in to the Directive will strengthen the UK's existing measures for protecting and supporting child victims of trafficking. The political process in both the UK and the EU is now complete and the Government has two years to implement the Directive.

We will monitor the implementation of the EU Directive in the UK to ensure that the provisions contained in it will be implemented in full.

EU Directive on combating sexual abuse, sexual exploitation and child pornography

In March 2010, the European Commission announced its intention to replace the 2004 Council of the EU's framework decision about the issue of child sexual abuse on the grounds that sexual crime against children was increasing in the EU and member states needed stronger powers to combat it. The EU Directive on combating sexual abuse, sexual exploitation and child pornography is that replacement.

The NSPCC welcomes the creation of this Directive, and the acknowledgement that robust action is necessary to combat all forms of child sexual abuse. We welcome the further harmonisation of member state legislation to criminalise the most serious forms of child sexual exploitation and pornography and to provide extraterritorial jurisdiction for the prosecution of these crimes when committed abroad by nationals of EU member states. We are strongly supportive of the majority of the principles which underpin the Directive, though at this early stage in the negotiations there are many issues on which agreement about the specific Articles has yet to be reached. This Directive is subject to a co-decision procedure and at the time of writing this Directive was in the trialogue stage of negotiations between the European Commission, the European Parliament and the Council.

The areas covered by the Directive include: the prosecution and treatment of perpetrators, the assistance, support and protection of victims, the reporting of abuse, the jurisdiction of prosecutions, measures to combat the availability of child pornography, vetting and barring mechanisms and measures to strengthen the

prevention of sexual abuse, sexual exploitation and child pornography.

The NSPCC considers that the Directive will help reinforce existing policies in this area, and contribute to building a common basis for joint action against abuse by European countries. It is hoped that it will support further improvements in the protection provided to children by European governments including the UK, and lead to more exchange of learning and expertise across borders. We hope that Governments will go further than the minimum requirements set out in the Directive in order to make a real contribution to implementing children's right to protection from abuse. The NSPCC will work on a European level to lobby for the amendments to the Directive which we consider necessary in order to achieve this.

Internet Safety

NSPCC and CHIS (Children's Charity for Internet Safety) policy in this policy area has been elaborated in detail in the Children's Charities Coalition on Internet Safety Digital Manifesto.¹³⁰ The Digital Manifesto has over 50 key policy recommendations that relate to child protection concerns. These can broadly be clustered under concerns about Content, Contact and Conduct.

The establishment of the UK Council for Child Internet Safety (UKCCIS), was a key recommendation of the Byron Review.¹³¹ It was launched in October 2008 and aims to draw together a wide range of stakeholders from industry, public authorities, police and NGOs. UKCCIS has an executive board that provide the overarching agreements and direction in relation to strategy. UKCCIS currently has seven priority workstreams which it is focussed on: parental controls and age verification; an annual summit; improving the understanding of parents and children; resources for schools and the children's workforce; leaflets at the point of sale; evidence and research; self regulation. Members of NSPCC staff sit on several of these workstreams.

The Child Exploitation and Online Protection Centre is a UK law enforcement agency whose remit includes tracking those who commit child sexual abuse online and bringing offenders to account either directly or in partnership with local and international forces. It is recognised internationally as a centre of excellence for the protection of children from sexual abuse. The NSPCC is an active and committed partner of CEOP. We lobbied for its establishment in

¹³⁰ <http://www.chis.org.uk/2009/06/14/press-release-launch-of-digital-manifesto-june-2009>

¹³¹ Byron, T. (2008) *Safer Children in a Digital World*, DCSF.

recognition of the need for a co-ordinated and holistic approach to the risks children face online. Technological developments and increasing globalisation have a well documented impact on child sexual abuse. A number of NSPCC child protection social workers are seconded in to CEOP, and their work offers us organisational insight into a number of areas of current and emerging child sexual abuse risks in the online environment. In May 2011 it was announced that CEOP will become part of the National Crime Agency when it begins work in 2013. It is currently part of the Serious Organised Crime Agency. Whichever agency the centre is part of, the NSPCC hopes that it will maintain a multiagency partnership approach which is victim led and child centred and in which its operational independence and funding are protected.

The NSPCC is also an active member of the European NGO Alliance for Child Safety Online (eNACSO). eNACSO is a coalition of children's rights NGOs from European Union Member States. It is involved in various activities at a European level. For example, in October 2011 we will hold a workshop at the European Commission's Safer Internet Forum on the topic of 'sexting'.

'Sexting' is an emerging phenomenon which involves young people using new technologies to generate images of themselves and then share them with others via the internet. They may or may not have been coerced into producing these images. The prevalence and accessibility of these images can make it easier for adult perpetrators to target, groom and potentially abuse young people using new technologies. Children and young people should not be prosecuted for sending sexually explicit pictures of themselves by text or email. It would be detrimental for the label of 'sex offender' to be applied to a child or young person convicted of such offences. As Department for Education guidance states, 'The focus of police investigations and of prosecutions should be on those who coerce, exploit and abuse children and young people.'¹³² Investigations should also attempt to remove the images from the online environment.

Priorities for policy development include continuing to call on the Government to review progress on the take up and use of child safety

software on all computers and internet enabled devices. One recommendation contained in 'Letting Children be Children: the Report of an Independent Review of the Commercialisation and Sexualisation of Childhood' (the Bailey Review)¹³³ was that internet service providers (ISPs) should make it easier for parents to block adult and age restricted material from the internet. It said that 'the internet industry should ensure that customers make an active choice over what sort of content they want to allow their children to access. To facilitate this, the internet industry must act decisively to develop and introduce effective parental controls'. We strongly support this recommendation and the voluntary commitment already made by the four main consumer ISPs to meet it. We will work with the main ISPs towards the implementation of this commitment to ensure that any 'active choice' systems introduced have child protection as their primary goal, and hope that these ISPs will do all they can to ensure that all ISPs follow their lead. If the voluntary uptake of safety software does not improve the Government should consider making it a legal requirement that such software is automatically pre-set and pre-installed.

Children's access to pornography

The Papadopoulos' review on the Sexualisation of Children¹³⁴ identified that pornographic websites constitute 1.5 per cent of all web sites. Pornhub, Youporn and Redtube are among the top 65 most viewed websites in the UK. These sites also offer the opportunity for viewers to upload their own material. This, combined with the proliferation of sexualised images in online advertising, shows that both pornography and sexualised images are becoming more widely available and easily accessible. The Bailey Review was also clear that the increasing number of media channels through which we receive sexualised images mean that we are under ever increasing exposure to sexualised content and imagery, often referred to as the 'pornification' of society.

Rates of deliberate consumption of internet pornography among minors in international studies appear to vary from around one tenth to one third of the child population.¹³⁵ A 2008 survey of young people aged 14–17 found that 27 per

132 Department for Education; Working Together to Safeguard Children, Safeguarding Children and Young People from Sexual Exploitation; Supplementary guidance 'Responsibility for Criminal Acts', paragraph 2.9.

133 Bailey, R. (2011) *Letting Children be Children: the Report of an Independent Review of the Commercialisation and Sexualisation of Childhood*. Department for Education, London.

134 Papadopoulos, L. (2010) *Sexualisation of Young People Review*. Home Office. London.

135 Flood, M. (2007) 'Exposure to pornography among youth in Australia', *Journal of Sociology* 43(1): 45–60.

Livingstone, S., Bober, M. and Helsper, E. (2005) *Internet literacy among children and young people: findings from the UK Children Go Online project*. 4. OFCOM/ESRC, London, UK [Online] <http://eprints.lse.ac.uk/397/>; Livingstone, S. and Bober, M. (2004) *UK children go online: surveying the experiences of young people and their parents*. 2. London School of Economics and Political Science, London, UK. [Online] <http://eprints.lse.ac.uk/395/>

cent of boys were accessing pornography every week, with five per cent viewing it every day.¹³⁶ Modern technology makes pornography easily accessible: mobile internet and browsing access from games consoles means that children have much greater opportunities to actively search or accidentally encounter sexually explicit content online. Another study, this time of 9–19 year-olds, showed that a quarter had received unsolicited pornographic junk mail or instant messages while almost one in eight had visited pornographic websites showing violent images.¹³⁷ We hope that the introduction of ‘active choice’ systems for parents by ISPs as outlined above will go some way to addressing this concern and that as Bailey said, the industry takes greater responsibility for controlling access to adult material online. As well as the introduction of ‘active choice’s systems, this should include using age verification systems which are as robust as possible.

The proliferation of legal adult pornography and the ease of access to pornographic images means that many children are learning about sex, at least in part, through pornography. Many children access pornography before they are sexually active. The messages and images children obtain from pornography are shaping how they develop their ideas about sex and relationships. The effects of children’s exposure to pornography will inevitably differ according to a range of variables, including age, stage of development and vulnerability. We are concerned about a number of different ways in which exposure to pornography can affect children and young people, including the objectification of women and girls, attitudes towards sex and sexual behaviour, vulnerability to abuse, sexual violence and peer pressure.

We will continue to call for Personal Social Health Education (PSHE) to be a statutory part of the curriculum in schools, and for this to include Sex and Relationships Education (SRE), including education about the impact of pornography.

Sexualisation of Children

The sexualisation of children is not a new concern, but modern technology and mass media are beginning to normalise it. There is evidence that the rate of occurrence of such images is increasing, largely driven by marketing goals and societal perceptions of gender roles. Although

there has been little research to investigate the effects of the sexualisation of children in terms of risk of abuse, similar studies involving the attitudes of adults in response to pornography suggest that there may be an increased risk for children.

To help us develop policy responses to sexualisation the NSPCC ran three seminars in early 2011 to bring together academics, practitioners and policy makers with particular expertise in this area. The purpose of these events, each of which focused on a different aspect of the issue, was to share and deepen our understanding of the real risks associated with premature sexualisation, and discuss what might be done to better protect children from harm.¹³⁸ NSPCC findings were fed into the Bailey Review on the commercialisation and Sexualisation of Childhood.¹³⁹ The NSPCC has welcomed the recommendations of the Bailey Review Report and is urging the government to ensure that PSHE plays a key role in increasing children and young people’s resilience to commercialisation and sexualisation.

Teen Partner Sexual Violence

Research conducted by the University of Bristol on behalf of the NSPCC into partner exploitation and violence in teenage intimate relationships¹⁴⁰ explored young people’s experiences of sexual physical and emotional violence in their partner relationships. Key findings in respect of sexual violence were:

- 1 in 3 girls and 16% of boys reported some form of sexual partner violence.
- 70% of girls and 13% of boys stated that the sexual violence had negatively affected their welfare.

These findings raise serious concerns about young people’s expectations and acceptance of sexual violence. This is echoed by the report on the child protection impact of gangs which detailed how sexual violence is used against girls in relation to gang activity. This issue was picked up in the work of the Home Office Violence against Women and Girls strategy, and the Government’s Violence Against Women and Girls Action Plan¹⁴¹ committed to launching a youth prevention campaign to tackle teenage relationship violence.

136 Sex Education Survey, You Gov, 2008.

137 Livingstone, Bober et al. (2005) Internet Literacy among children and young people. Findings from the UK Children Go Online Project.

138 http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/premature_sexualisation_pdf_wdf81574.pdf

139 http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/bailey_review_wdf81521.pdf

140 Barter, C. et al. (2009) *Partner exploitation and violence in teenage intimate relationships*. NSPCC.

141 HM Government, Call to End Violence Against Women and Girls: Action Plan, page 4, para 2. See <http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan?view=Binary>

This campaign will begin on 1st September 2011 and the NSPCC will support it as much as possible.

is anticipated that the numbers of children and young people who access the SARC will be relatively small.

7.2 Northern Ireland

The NSPCC has recently launched a detailed analytical report of the PSNI's reported crime database in relation to sexual and violent offences against children.¹⁴² Key trends identified included:

- Sexual offences against children accounted for 56% of all sexual crime reported in 2008/10 in Northern Ireland;
- Although teenagers were the predominant victim group more than 1 in 5 sexual offences involved 0–9 year olds;
- Younger teenage girls were found to be at most risk of victimisation.

The report examines a number of emerging themes from the statistics including the importance of early reporting to ensuring successful case outcomes and the role of preventative education in school. In this regard NSPCC NI has carried out extensive research for the Department of Education which identified considerable gaps in children's understanding especially around keeping safe from sex abuse.¹⁴³

The policy landscape – Key Strategies

'Tackling Sexual Violence & Abuse: A regional Strategy 2008–2013' is a cross departmental strategy involving the Department of Health, Social Services and Public Safety (DHSSPS) and Department of Justice (DoJ). The strategy which is currently being revised and amalgamated with that of Tackling Violence at Home has three key strands, prevention, justice and support. Actions plans have been developed in relation to all three and are taken forward by the sub-groups of the Inter-departmental Group on Preventing Sexual Violence (the NSPCC is represented on all of these).

A major element of the support component of the strategy is to provide a sexual assault referral centre (SARC) for Northern Ireland. It is planned that this new facility will be located in the Antrim Area Hospital and will provide services to children and young people as well as adults, however given that the focus will be on acute cases it

Public Protection Arrangements and Sexual Harmful Behaviour

NI has one regional interagency body to manage sexual and violence offenders PPANI.¹⁴⁴ The arrangements are very different to MAPPA in E&W, for example PPANI assess and risk manage those subject to a Risk of Sexual Harm Order and use regionally the Stable and Acute risk model¹⁴⁵ on a cross border basis (and with Scotland) for dynamic risk assessment.

Currently there is no provision for Violent Offender Orders in Northern Ireland and the NSPCC is continuing to press the Department of Justice for these. The NSPCC is also campaigning for extension of abuse of trust provisions in respect of 16 and 17 year olds to cover sports coaches.

NSPCC has continued to highlight the need for a comprehensive procedural framework for handling the assessment and risk management of under 18s who sexually harm. There is on occasions not consistency about when children are treated as 'children in need', prosecuted or diverted into the Youth Conferencing system NI's restorative justice process.

The DoJ are planning to amend the Sexual Offences Act 2003 to require sex offenders entering with a qualifying offence from outside the UK to notify the authorities. This will bring Northern Ireland into line with arrangements with the Republic of Ireland. The Department will be amending the legislation to deal with lifetime notification requirements from a ruling from the UK Supreme Court but the Department has consulted on the introduction of positive Sex Offender Prevention Orders and special arrangements for notification of travel to the Republic of Ireland.

Criminal Justice system

In 2003, Achieving Best Evidence (ABE) guidance was published in NI, this did not, however, include detailed guidance on using special measures, and procedures to be followed for witness support and preparation. Pre-trial therapy guidance to assist practitioners in supporting adult and child witnesses was also not produced. The Victim and

142 Sexual and Physical Violence against Children in Northern Ireland: A Statistical Overview of Recorded Crime 2008–10. Lisa Bunting, NSPCC 2012. http://www.nspcc.org.uk/Inform/policyandpublicaffairs/northernireland/sexual_physical_abuse_statistics_wdf86001.pdf

143 http://www.nspcc.org.uk/Inform/research/findings/keeping-safe-ed-ni_wda85970.html

144 <http://www.publicprotectionni.com/>

145 Hanson, R.K. and Harris, A.J.R. (2000) Dynamic Risk Assessment with Sex Offenders.

Witness Task Force (VWTF) recently issued revised guidance for practitioners on interviewing victims and witnesses, using special measures and the provision of pre-trial therapy in order to achieve best evidence in criminal proceedings. The Justice Committee of the Northern Ireland Assembly has also been conducting an Inquiry into Victims and Witnesses¹⁴⁶ and this is advance of the publication of further proposals by the Department of Justice into further special measures. A key issue for NSPCC is the potential role that could be played by Independent support advocates similar to Independent Sex Violence Advisors

NSPCC has also published extensive research with the Queens University on the Young Witnesses¹⁴⁷ and a series of recommendations to government about improves processes, systems and their experiences.

A lot of attention has been given to the process by which cases drop out of the Criminal Justice system.¹⁴⁸ Fifty per cent of all cases are 'detected' by police and only 20% of all recorded sexual crimes against children result in some kind of formal sanction by police. In 15% of recorded sexual offences against children the victim chooses not to proceed and in 10% the Police or Public Prosecution Service (PPS) decide not to proceed. The NSPCC in NI has identified the need to research further the issues of victim withdrawal and support to victims to facilitate engagement with the system and to reduce levels of attrition. There also appears to be significant variation in detection rates across NI (as in England and Wales) which points to variation in practice. Further research in conjunction with the Police Service for NI examining this would also be valuable.

Internet safety

Northern Ireland through representation of the Department of Health, Social Services and Public Safety is a member of the UKCCIS. Internet safety has appeared as a an issue on the agenda of Inter Ministerial Sub Committee on Children and Young People but the Office of the First And Deputy First Minister (OFMDFM) has yet to develop an interagency/intergovernmental e-strategy. Key issues include file sharing and grooming on line and there is a clear cross border element to this issue.

Trafficking and sexual exploitation

The UKBA has increased its presence in NI within the last two years in response to changing patterns of immigration on both sides of the border. The National Referral Mechanism reported 7 referrals of children from Northern Ireland in 2011 and although the numbers are small, the trend is upwards. NSPCC in partnership with Barnardo's in NI recently produced a policy paper highlighting the issues associated with separated and trafficked children in Northern Ireland. This paper¹⁴⁹ recommends an inter-agency approach to training and awareness of trafficking for front-line officials and suggests revisions to the "Co-operating to safeguard children" guidance.

Gaps / Opportunities

In common with the rest of the UK there are insufficient treatment services for children who have been sexually abused or for children with harmful sexual behaviour in Northern Ireland.¹⁵⁰ Equally decision-making processes in relation to HSB cases which define whether or not cases enter the criminal justice system is variable. The particular border issues in NI may make this a good place to test out further policy development on the protection of trafficked children we may want to progress. Internet safety remains a significant issue in NI.

Transferable issues There is interest in England in the use of Restorative Justice (RJ) with HSB cases and the experience in NI may be a useful area for the NSPCC to explore further, possibly in conjunction with the experience of RJ in Scotland to review possible models for introducing RJ more widely in other parts of the UK.

7.3 Wales

The policy landscape – key strategies

The Welsh Government (WG) currently does not have an all Wales Strategy for the prevention of child sexual abuse which sets out a vision and priorities for addressing the issue. The WG considers child sexual abuse as part of the wider issue of safeguarding. This is a crucial gap as this does not take into account the very specific action which is needed to address sexual abuse.

146 <http://www.niassembly.gov.uk/Assembly-Business/Committees/Justice/Inquiries/Inquiry-into-Victims-and-Witnesses-of-Crime-/>

147 The Experience of Young Witnesses in Northern Ireland http://www.nspcc.org.uk/Inform/policyandpublicaffairs/northernireland/northernireland_wda48642.html

148 Bunting, L., Child Victims in Contact with the Criminal Justice System, NSPCC Belfast 2011

149 http://www.nspcc.org.uk/Inform/policyandpublicaffairs/northernireland/separated_children_child_trafficking_wdf84819.pdf

150 http://www.nspcc.org.uk/Inform/research/findings/sexual_abuse_therapeutic_services_ni_wda69617.html

In 2011 the WG published a white paper 'Sustainable Social services for Wales: A framework for action' which laid out how it intends to transform social services in Wales. In March 2012 the WG will commence a 12 week consultation on the Social Services (Wales) Bill which will provide the legislative framework for social services and safeguarding in Wales in the future

Stop it Now! Wales

Funded by the Welsh Government's Children and Families Organisations Grant, the Stop it Now! Wales campaign is a campaign solely dedicated to preventing child sexual abuse. A public consultation indicated a concerning lack of understanding among the Welsh public about identification of child sexual abuse, preventative action and accessing further information, advice and support. Between April and October 2010, Stop it Now! Wales carried out a review of services and resources available in Wales, and what services professionals believe should be available, identifying gaps. The review employs a comprehensive approach to child sexual abuse prevention framework developed by Stephen Smallbone and colleagues.¹⁵¹ It examines the current responses in Wales to prevention and identifies priority areas for improvement and need, highlighting the current challenges to effective child sexual abuse prevention. In partnership with the University of Wales, Swansea and the NSPCC Cymru Wales, Stop it Now! Wales held semi-structured interviews and focus groups with a range of individuals with insights and perspectives to offer, including:

- young people
- adults who had sexually abused children and young people in the past
- parents and carers
- multi-agency professionals such as the police, social workers and education professionals

The review findings and recommendations for development will be published in 2012.

Children who display Harmful Sexual Behaviour

NSPCC Cymru/Wales campaigned to improve responses to this group of children and young people. Consequently the Minister for Health and Social Services, commissioned a task and finish group which reported in 2008. The report made 11 recommendations which were agreed

by the Minister, but there has been little activity in terms of taking forward these recommendations. One recommendation was for LSCBs to develop protocols for managing children who display harmful sexual behaviour and in 2011 the WG commissioned Barnardo's to draft an all Wales protocol. NSPCC Cymru/Wales was involved in reviewing the draft protocol and we await the All Wales Child Protection Procedures Group's publication of the final protocol .

Anti-trafficking coordinator

Wales has recently appointed the first UK Anti-trafficking Coordinator. This follows a recommendation from the National Assembly Cross Party Group on the Trafficking of Women and Children. Responsibilities include coordinating concrete evidence of the scale of the problem in Wales and coordinating services and support to those affected. The role will also bring together a number of agencies including the police, local authorities, health service providers and voluntary organisations to identify and support victims and bring those responsible to justice.

Gaps / Opportunities

In Wales there are significant gaps in services: there are insufficient treatment services for children who have been sexually abused or for children who display harmful sexual behaviour and there are insufficient treatment programmes for the perpetrators of sexual abuse of children. There needs to be universal education for children, young people and parents/carers to raise awareness of and better prevent sexual abuse and education and support for the families of the survivors of child sexual abuse. An All Wales Child Sexual Abuse Strategy is needed to address this significant public health issue and coordinate action in Wales.

Opportunities to progress this agenda are available with the future publication of the Social Services (Wales) Bill and the future rewriting of Safeguarding Children: Working Together under the Children Act guidance.

7.4 Scotland

Public Protection

MAPPA in Scotland is based on the systems in place in England and Wales, with a few minor differences. The most noticeable of these is that in England and Wales the "responsible authority"

151 Smallbone, et al. (2008) *Preventing Child Sexual Abuse: Evidence, Policy and Practice*.

comprises the Probation Service, the Police Service and HM Prison Service, whereas in Scotland they comprise the Police Service, Local Authorities, Scottish Prison Service and NHS Health Boards.

The arrangements are much newer than in England and Wales and while they have the policy in place to take Category 2 offenders, they do not yet do so. New MAPPA guidance published in 2012 states that this category is subject to ongoing development work.¹⁵²

The Risk Management Authority in Scotland

The RMA was formed as an independent Non-Departmental Public Body (NDPB) in 2005 to develop and promote best practice in risk assessment and management in relation to high risk offenders. It also has an operational role in overseeing risk assessment and management of individual offenders subject to the Order for Lifelong Restriction (OLR).

In addition, the RMA employs a research team to develop resources intended to promote a best practice approach to risk management. Resources already developed include RMA's Standards and Guidelines, The Risk Assessment Tools Evaluation Directory (RATED), and evidence of best practice through research, events, training and seminars.

Since its inception the RMA has exercised considerable influence on the way in which risk management is approached in Scotland. However, with much of its influence drawn from psychology and psychiatry, anecdotally a number of practitioners from outside those disciplines have felt that their experience and opinions are not taken into account when decisions affecting practice are made.

Harmful Sexual Behaviour

National guidance on child protection was published in December 2010. Within the guidance, a specific section is included on 'Children and Young People who display harmful or problematic sexual behaviour'.

The guidance states that all Child Protection Committees should have clear guidance in place to support staff working with children and young people who present harmful sexual behaviour, and should ensure that appropriate training is provided. Similarly, local areas should have an agreed risk management framework based on research and best practice supported by training. The guidance directs practitioners to the Criminal Justice Social Work Development Centre (CJSW) website,¹⁵³ and highlights that the National Development (Champions) Group on Working with Children and Young People with Sexually Harmful Behaviours (CHIPS group) plans to add more detailed materials and guidance for practitioners. The guidance also points to the *Handbook of Clinical Interventions with Young People who Sexually Abuse* [Edited by O'Reilly, G. (2004)]

Sex Offender Community Disclosure Scheme

Following a successful pilot in Tayside police, in March 2011 a Community Disclosure Scheme was rolled-out across Scotland. Under the scheme, anyone can register an interest about an individual and/or a child with the police, but only the parent, guardian or carer will be informed of any relevant information about the individual. The police will run priority checks and undertake a full risk assessment on an individual, working with other agencies including social work and those involved in local multi-agency public protection arrangements (MAPPA).

Gaps / Opportunities

In common with the rest of the UK there are insufficient treatment services for children who have been sexually abused or for children with harmful sexual behaviours, particularly those held in custody (the secure estate).

Transferable issues

The RMA is a potentially promising concept; whilst anecdotally it has never functioned in Scotland as it was initially intended, the concept is certainly one worth considering as a policy call elsewhere.

152 <http://www.scotland.gov.uk/Publications/2012/01/12094716/0>

153 www.cjsw.ac.uk

8. NSPCC ROLE



The NSPCC has a key role to play in the protection of children, the prevention of child sexual abuse and the amelioration of its effects and impacts. We have considerable skills and experience in working in this area which, when appropriately targeted and deployed in concert with other organisations can achieve considerable leverage. In determining those areas within sexual abuse on which the NSPCC should focus the following questions have been taken into account:

- Where can we achieve maximum leverage and impact?
- Where are the key gaps in service provision?
- Which of these gaps can the NSPCC most effectively and appropriately fill?
- What opportunities are there to meet these gaps in partnership with other organisations?
- What research questions most need to be answered?

8.1 What would success ultimately look like?

Success for the NSPCC in the sexual abuse theme can be summarised within the following five top line outcomes and five sub outcomes which are in turn informed by the outcomes for each of the prioritised areas for development:

Through service delivery and research the NSPCC has:

1. Contributed to a measurable improvement in the protection of children and young people
2. Measurably enhanced the voice of children and young people and their ability to inform the development of service provision
3. Made a measurable contribution to the development and transfer of knowledge

These outcomes can be further defined and given greater specificity by the following theme specific outcomes:

Through the commissioning and implementation of the proposed service delivery, research and public policy initiatives the NSPCC has:

- Measurably improved sexual abuse prevention through the collaborative implementation and promotion of a public health approach to sexual abuse prevention and a government sexual abuse strategy
- Made a measurable improvement in the quality and availability of therapeutic services for children and young people who have been abused
- Made a measurable improvement in the quality and availability of treatment provision for children and young people with harmful sexual behaviour
- Made a measurable improvement in the quality and availability of assessment and intervention services for known or alleged sex offenders not in the Criminal Justice System
- Made a measurable improvement in understanding the long term impacts of child trafficking and sexual exploitation and what constitutes best practice in this area

9. PRIORITISATION, SUMMARY AND CONCLUSION



This report has provided a rationale for our work with sexual abuse; The NSPCC should focus on sexual abuse because of the high number of incidents that go unreported, undetected, unprosecuted and untreated and because of its broad and long lasting impacts. Within its new strategy the NSPCC will work to ameliorate the effects of sexual abuse and to prevent it by commissioning a range of services and research across the three public health prevention tiers.

The report has provided an overview of the current state of knowledge in the field and its development over recent decades, including the key theories and models underpinning this knowledge and an overview of the current state of services and public policy. The report has demonstrated and identified the key service delivery, research and policy gaps that exist within the sexual abuse theme area as well as the NSPCC's role in achieving improved outcomes in the protection of children and young people, including an outcomes based summary of what success would ultimately look like. In determining the areas on which we should focus the following criteria for Executive Board approval have been taken into account:

1. Potential impact on children
2. Potential learning impact
3. The relevance of the commission to problem solving in child protection
4. Appropriateness and feasibility for the NSPCC leading on this issue
5. Cost/use of staff capacity
6. Number of children to be helped or the potential indirect reach of the activity
7. Risk

In summary, it is proposed that within the overall framework of a public health approach to sexual abuse prevention a range of services, research and public policy initiatives are commissioned that meet the prioritisation criteria and which, critically and most importantly will improve outcomes for children and are congruent with the organisational strategy.

Five initial sexual abuse theme service delivery commissions have been agreed which focus on:

- Therapeutic work with children and young people who have been sexually abused and identifying which approaches are most effective
- Treatment of young people with harmful sexual behaviour and the testing of a manualised approach to this work

- The effectiveness of a multi disciplinary approach to work with, particularly high risk children and young people with harmful sexual behaviour at the NCATS (National Clinical Assessment and Treatment Service) based in London
- The effectiveness of a Good Practice Guide in the assessment and treatment of adult men, not in the Criminal Justice System who pose a sexual risk to children
- The effectiveness of an Offence Prevention Line for adult sex offenders with the purpose of containing and reducing their risk

All these services are now operational.

Sexual abuse covers a significant part of child protection; it has also been shown that if it is to be effectively addressed and prevented thinking, planning, research and service delivery must relate to, and in some areas cut across, other theme areas.

The proposed areas for development and commissioning clearly represent gaps that need to be addressed, and questions that need to be answered if the protection of children and young people in the UK is to be improved. The NSPCC is well placed through organisational knowledge, skills and position as the leading child protection charity in the UK to lead on bridging these gaps and to identify and transfer the knowledge accrued as a result of this work. These proposed areas fall within the following five areas:

- sexual abuse prevention through the collaborative implementation and promotion of a public health approach
- therapeutic services for children and young people who have been sexually abused (focus of an early commission)
- treatment services for children and young people with harmful sexual behaviour (focus of an early commission)
- assessment and treatment of adults not in the Criminal Justice System who pose a sexual risk to children and young people (focus of an early commission)
- children and young people who are trafficked and sexually exploited (focus of proposed research)

It is recommended that the NSPCC does not prioritise areas of work within the theme:

- that are currently being led and addressed by government and/or other organisations
- that do not demonstrably lead to improved outcomes for children and young people

- where the key research questions have already or are in the process of being answered

The NSPCC will support and facilitate but not lead in work areas such as the assessment and treatment of adult sex offenders within the Criminal Justice System and the assessment of young people with harmful sexual behaviour; the monitoring and identification of those who sexually harm children and young people online (our support and collaboration in this area will continue through our strategic and operational partnership with CEOP).

The impacts and consequences of child sexual abuse are profound and far reaching, it is a public health problem which requires a co-ordinated, concerted and sustained response if it is going to be effectively addressed. The areas identified for focus and prioritisation will make a significant contribution to achieving the outcomes identified in this report and most significantly to the enhanced protection and wellbeing of children and young people.

