Evening Seminar

Reframing the commissioning of services for child sexual abuse: moving from a “criminal justice” to a “public health” approach

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Background to the Academy

- The Academy’s mission is to bring people together to share knowledge and best practice and to promote excellence in social justice commissioning.
- The Academy was created in 2007 and now has over 2,900 cross sector members.
- Services are designed to support the development of social justice commissioning and include nationwide events, elearning, commissioning themed learning groups and a website offering commissioning information.
Rates and reporting of sexual harm in the UK

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

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

Levels of reporting of sexual offences to the police are relatively low compared with other offences. Offences reported tend to be the most serious offences of rape and sexual assault. Police record crime if the circumstances reported amount to a crime as defined in law and there is no credible evidence to the contrary.

It is not always possible to identify a suspect relating to a sexual offence. In addition, sometimes the police will decide after further investigation that, in fact, no crime had taken place.

Sometimes a suspect will be identified but the victim is unwilling to proceed with the case through the courts, or the police decide to take no further action (for example, in the case of minors engaging in unlawful consensual sex).

The police work with the CPS in deciding the most appropriate course of action in each case, potentially with an offender being charged with a lesser offence than the one originally recorded.

Sometimes a suspect is charged by the police or Crown Prosecution Service but, on hearing the evidence, the magistrates decide that there is no case to answer and the charge is dismissed.

Between the initial hearing at the magistrates’ court and the first hearing at the Crown Court, the prosecuting authority (CPS) may decide the initial charge is incorrect and change to another offence e.g. sexual assault. This is known as downgrading. At any stage, the defendant can plead guilty to this lesser charge, be found guilty by a jury or even acquitted.

The defendant may be acquitted if, for example, the prosecution do not present any evidence, or the defence are successful in arguing after the prosecution evidence that there is no case to answer or, after having heard the evidence, the jury decide to find the defendant not guilty.

Following a guilty plea or jury trial, the defendant may be convicted of the initial charge of rape and sentenced.

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**ESTIMATED NUMBER OF VICTIMS**

Sexual offences: 430,000 - 517,000

Rape: 60,000 - 95,000

PERSONS

**POLICE RECORDED CRIMES**

Sexual offences: 54,310

Rape: 15,670

OFFENCES

**DETECTIONS**

Sexual offences: 16,450

Rape: 3,850

OFFENCES

**COURTS PROCEEDINGS**

Sexual offences: 9,950

Rape: 2,910

PERSONS

**CONVICTIONS**

Sexual offences: 5,620

Rape: 1,070

PERSONS

Time taken (mean ave.)

- Offence to charge or laying of information – 296 days
- Charge to first listing – 20 days
- First listing to completion – 181 days

Case flow through system
Rates and reporting of sexual harm in the UK

• This means that there is no reliable baseline to start from in measuring the reality of sexual violence either nationally or internationally.

• Shame, fear, and threats of physical violence are among the many reasons why victims do not report these crimes (London et al., 2005; UNICEF, 2014).

• Given the number of cases that are unreported to authorities the scope of sexual violence is almost certainly much larger than these numbers indicate (Ministry of Justice, 2013).
Cost of sexual abuse

Victims

<table>
<thead>
<tr>
<th>Table 3: Annual costs of child sexual abuse in the UK</th>
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<tbody>
<tr>
<td>(2012/13 prices)</td>
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<tr>
<td>Health</td>
</tr>
<tr>
<td>Child mental health – depression</td>
</tr>
<tr>
<td>Child suicide and self-harm</td>
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<tr>
<td>Adult mental health – depression and PTSD</td>
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<tr>
<td>Adult physical health – alcohol and drug misuse</td>
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<tr>
<td>Total health</td>
</tr>
<tr>
<td>Criminal Justice System</td>
</tr>
<tr>
<td>Perpetrator</td>
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<tr>
<td>Adult victim of CSA</td>
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<tr>
<td>Total CJS</td>
</tr>
<tr>
<td>Services for children</td>
</tr>
<tr>
<td>Children social care</td>
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<tr>
<td>NSPCC service costs</td>
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<tr>
<td>Total services for children</td>
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<tr>
<td>Labour market</td>
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<tr>
<td>Lost productivity</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Table 1: MAPPA-eligible offenders on 31 March 2015</th>
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<tr>
<td>Management Levels</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Level 1</td>
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<tr>
<td>Level 2</td>
</tr>
<tr>
<td>Level 3</td>
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<tr>
<td>Total</td>
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</tbody>
</table>

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

Perpetrators

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

0 The current paradigm: Sexual harm, in the main, is a criminal justice issue.

  0 This means that there needs to be a victim and an offender.

  0 It’s a reactionary process.

  0 It embeds sexual harm in the victim-offender paradigm discussing the personal impact that the offence which gives the impression of isolated instances of sexual violence rather than a more systematic, embedded culture present in society.
A new paradigm: Sexual harm as a public health issue

- This means that there would be a societal perspective that can be preventative rather than just reactive.

- It looks at the impact of the offence, or possible impact, holistically on the victim and offender.

- Recognizes that sexual harm is societal as well as a individualistic issue.
A public health approach to sexual harm

- Public health offers a unique insight into ending sexual violence by focusing on the safety and benefits for the largest group of people possible.

- Most of our resources are focused on tertiary prevention, we could invest more at the primary and secondary stages as it would have the potential to prevent the sexual abuse from occurring; therefore reducing victimization as well as the related emotional, psychological and social costs.
Primary Prevention – general deterrence (bystander intervention; public education campaigns)

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

Tertiary prevention – preventing relapse (SOTP; MAPPA/PANNI; Register)
## Food for thought...

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<thead>
<tr>
<th>Targets</th>
<th>Primary prevention</th>
<th>Secondary prevention</th>
<th>Tertiary prevention</th>
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<tbody>
<tr>
<td>Offenders</td>
<td>• General deterrence</td>
<td>• Interventions with at-risk children and adolescents</td>
<td>• Early detection</td>
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<td></td>
<td>• Developmental prevention</td>
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<td>• Treatment</td>
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<tr>
<td>Victims</td>
<td>• Personal safety training</td>
<td>• Resilience building with at-risk children and youth</td>
<td>• Ameliorating harms</td>
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<td></td>
<td>• Resilience building</td>
<td></td>
<td>• Preventing re-victimisation</td>
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<td>Situations</td>
<td>• Opportunity reduction</td>
<td>• Situational interventions in at-risk places</td>
<td>• Safety plans</td>
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<td></td>
<td>• Extended guardianship</td>
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<td>• Organisational interventions</td>
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<td>Communities</td>
<td>• Community education</td>
<td>• Responsible bystander training</td>
<td>• Interventions with “problem” families, peers, organisations, and communities</td>
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<td></td>
<td>• Community capacity building</td>
<td>• Enabling guardianship</td>
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Comprehensive prevention framework
(Smallbone & Rayment-McHugh, 2013)
Conclusions

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