



**ACADEMY for
JUSTICE COMMISSIONING**
Inspiring dialogue and understanding

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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Monday, 29 February, 2016



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Academy for Justice Commissioning



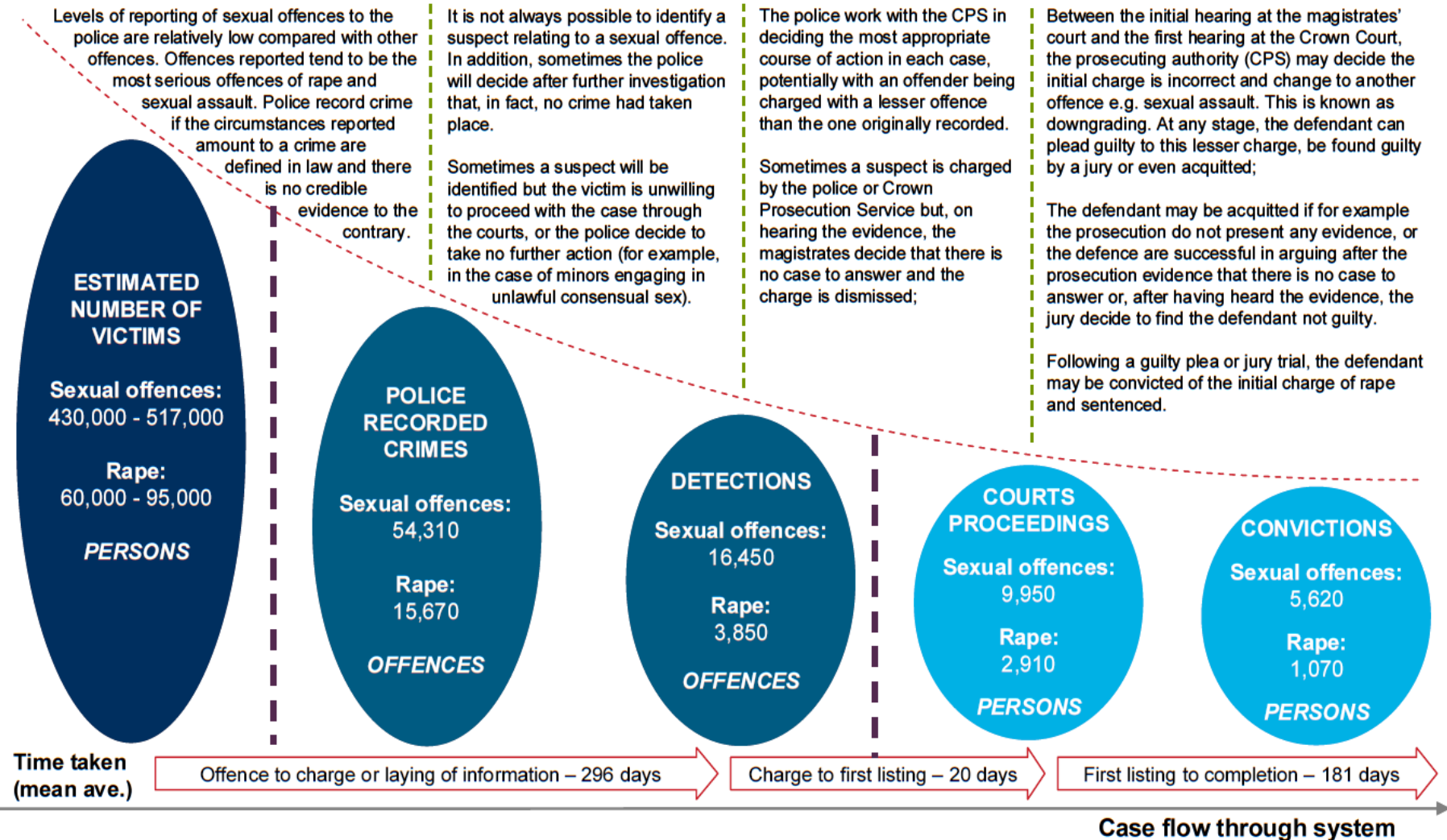
Background to the Academy

- 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

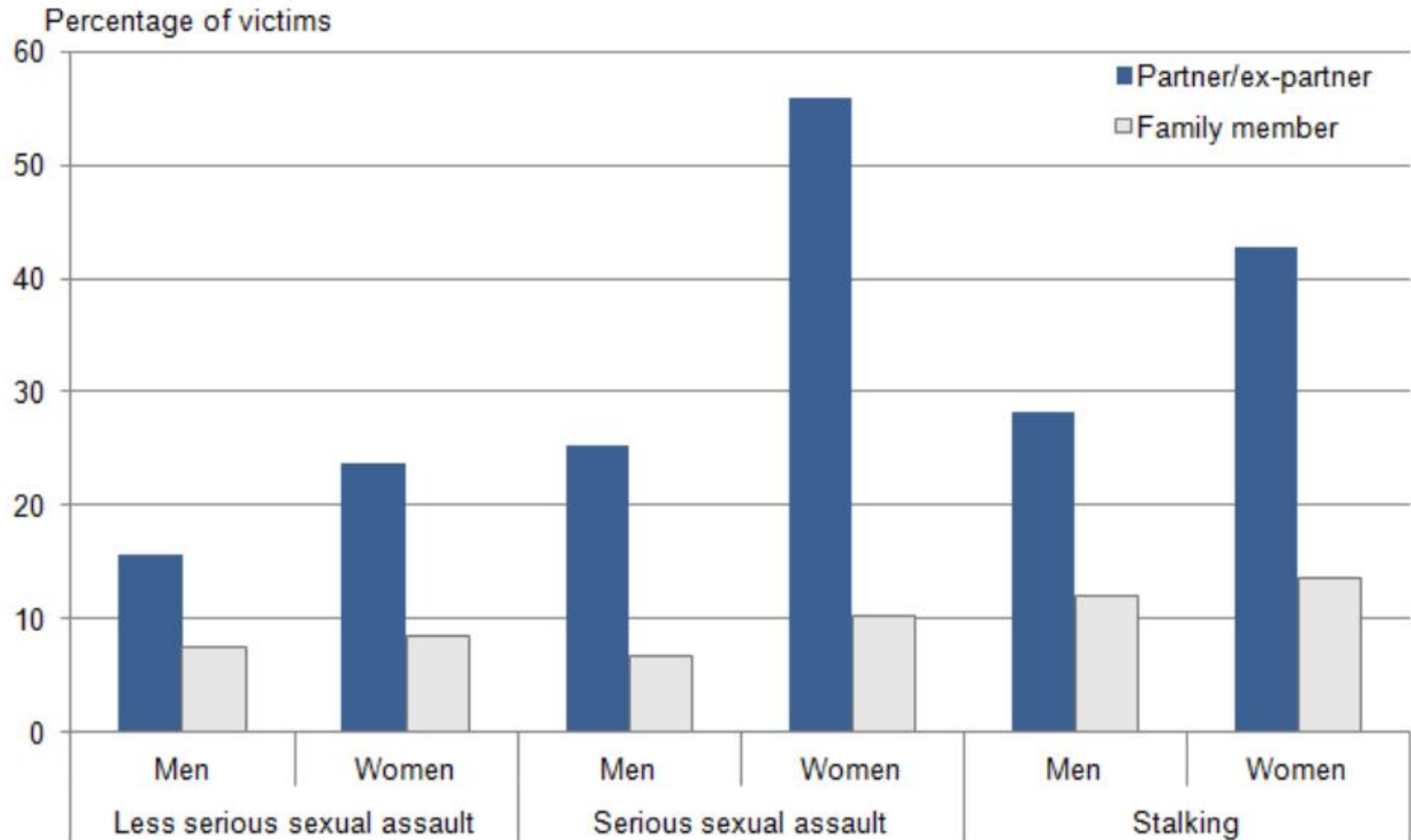
Rates and reporting of sexual harm in the UK

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.



Rates and reporting of sexual harm in the UK



Rates and reporting of sexual harm in the UK

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

Cost of sexual abuse

Victims

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

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

Perpetrators

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

Table 1: MAPPA-eligible offenders on 31 March 2015

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

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

Moving the paradigm

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

Moving the paradigm

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

A public health approach to sexual harm

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

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

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

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

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

Date: Thursday, September 17th 2013
Time: 6-7.30pm
Location: Greater Price Hall, Bradford Road, Sandy, Duxley 9
This is a FREE event

Who should attend?
• All those involved in the general public and support to your education, training or specialist knowledge on any of the above.

Why attend?
• To improve your understanding of sexual abuse and how we can all play a role in its prevention.
• To improve your awareness of current responses to sexual abuse.
• To become more aware of the consequences of sexual abuse for the young offenders that become, sometimes, and sadly in a lot of cases, adult offenders.
• To become involved in prevention, public health and education campaigns to address sexual abuse.

NOTA
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lieben sie kinder mehr als ihnen lieb ist?

mit hilfe kontakt und peter schweiger/ÖÖK, institut für sexualmedizin der charité, tel: 030/450 528 450, www.kelk-leiter-worde.de

CHARITÉ

Analytical Summary 2014

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

McCartan, K, Kamphal, K, Willemsen, S, Sallé, J, Mackenzie, G, Carter, J, and Palfrey, A. The University of Essex, England, De Montfort University and the Ministry of Justice

Key findings

- The CoSA pilot supported and complemented statutory interventions. They did not duplicate or fulfil the same function.
- The CoSA pilot supported risk management through proactive monitoring of behaviours and activities.
- The CoSA pilot helped to the social inclusion of CoSA Members, provided practical help to support compliance with treatment programmes, and enabled CoSA Members to develop appropriate pro-social activities.
- Whilst CoSA is a voluntary-led initiative, it is not cost free. The average cost of a CoSA, including member costs, was £7500 for a CoSA supported by the Local Faithful Foundation and £7200 for a CoSA that was managed by Helpasapuntti and Phoenix Valley Centre.
- There are no large, long term and independent evaluations that have investigated the impact of CoSA on recidivism in the UK or elsewhere.

Food for thought...

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

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

Conclusions

- **By shifting from a mainly criminal justice and reactive 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....**



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Any Questions ?



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