

Child Sexual Abuse Prevention: A Serious Case of Neglect

Presented by Sarah Nelson, Research Fellow, Department of Sociology, University of Edinburgh at the Open Secret Conference, Falkirk, September 2002 and subsequently in a shortened form to the X Party Group on Men's Violence against Women and Children, October 2002.

INTRODUCTION

What I want to do today is, first, to reflect on the fact that few people among national or local politicians, policymakers, and caring professions genuinely seem to believe that child sexual abuse can be prevented, or at least that its incidence can be significantly reduced. This is in contrast and sometimes in stark contrast to their attitudes to a range of other crimes, social evils and serious risks to physical and mental health. There is not and never has been a co-ordinated, coherent strategy to reduce the incidence of CSA at national or local level. Rather the emphasis in CSA has been on the ever- more rule-bound child protection guidelines, on intervention in high-risk families after abuse has become known, on the need for ever more research which may have little point or value, and on the need (though, as we know, too rarely the actuality!) for services which assist survivors of CSA to recover and heal from their trauma.

I go on to suggest how remarkable this inability to conceive of primary prevention actually is when we consider the seriousness of the damage CSA causes, and the huge financial and social costs of trying to repair it. I ask us all to think of reasons why this might be, when prevention is a key element in other strategies, for instance Scotland's National Strategy on domestic abuse.

I then illustrate with a few examples that many steps could already have been taken to reduce the incidence of CSA, but these have been considered politically unacceptable. I go on to suggest not only that it is time that from the Scottish Executive down, our society did begin to assume CSA could be reduced, but that prevention needs to be made the central plank of any national and local strategy on CSA. I propose some aims and objectives which might be drawn up, and some concrete measures for an action plan. These are not cast in stone, they are simply examples which could be followed, adapted or added to by a committed Scottish Parliament and Executive.

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GENUINE PREVENTION: BARELY A MENTION

I have been involved in writing and speaking about child sexual abuse for more than 20 years, and over that time I have noticed that prevention seems to be the area on which there has been least progress, and which many policymakers, professionals and academics seem to find especially hard to visualise. That is, prevention in the sense that abuse does not happen in the first place, that children are not assaulted, full stop. This is largely primary prevention, stopping a social evil from

happening in the first place; and among the libraries-full of research on CSA there has been remarkably little on primary prevention.

We should note however that sometimes the distinctions between primary and secondary (intervening to prevent further abuse) are difficult to draw, and that some measures may be valuable in both respects. For instance convicting a predatory abuser will both halt him from carrying on abusing certain children, and will halt him from abusing a whole new set of children.

The term "Prevention" has in practice tended to be used until now to mean one of three things:

- 1) An emphasis (especially in endless Government-sponsored research studies) on better ways of intervening in a minority of high-risk families where abuse has already happened
- 2) "Keep-safe programmes in schools. These are one useful tool in the armoury and I would not want to decry them. But by themselves they do not prevent CSA. Children don't have the power to stop abusers - and we don't rely on them to prevent any other sorts of adult crime.
- 3) "Prevention" through trying to make perpetrators change their ways in future, e.g. through "Change" programmes among convicted offenders. But again, while I believe it is better to run these programmes than not, a) convicted offenders are only a very small %age of offenders, perhaps 2-3% b) It is relying on the perpetrators to resist committing abuse; c) the programmes' true effectiveness is very hard to monitor, when so much of recidivism is likely to be concealed.

PICKING UP THE PIECES- IS PREVENTION NOT SIMPLER?

This difficulty in conceiving of grown-ups actually stopping abuse happening in the first place is especially odd when we think of the huge mental health and physical health costs of CSA, the damage to families, the energies expended on trying to "fix" abused people, the years and years of therapy they are said to need and which some indeed do need, the immense problems for themselves and other people experienced by sufferers of complex trauma, otherwise derogatorily labelled borderline personality disorder.

Would it surely not be simpler and cheaper to try and reduce its incidence? And if it is indeed true that a significant minority (though still, we should point out, a minority) of boys who are sexually abused go on to become victimisers themselves, would that not be still more reason to prevent them being abused in the first place? Surely that is less difficult, time consuming and expensive than trying to change these boys' obsessive and dangerous behaviour, or spending a lot of research time exploring what makes some abused boys become victimisers and others not?

Likewise, would spending time and resources on better prevention strategies not be simpler and more ethical than spending time and resources on those painstaking research studies, which investigate the so-called protective factors which make some abused children recover from their trauma much better than others? That risks becoming what I call a Well, That's All Right Then approach to child sexual abuse. (illustrate other exs)

The apparent inability to visualise prevention is most striking in the mental health field, and was most striking to me when I compiled my research report “Beyond Trauma” last year, on the mental health needs of women survivors of abuse. It is hard to imagine places more littered with traumatised survivors of child sexual abuse than our psychiatric hospitals, special hospitals and clinics; yet not only are there well-known difficulties in persuading the psychiatric system to take sexual abuse seriously as a causative factor in mental illness; even when it is recognised, there seems to be an attitude that nothing can be done about it except to provide services for healing and recovery.

It is as if CSA was some kind of thunderbolt from the sky which we were all powerless to prevent or reduce, rather than a crime deliberately committed by some human beings against others. Therefore, and in contrast to the huge resources ploughed into drug treatments and drug research, scarcely any mental health resources are put into investigating better prevention, even though in time good prevention could make a significant impact on the incidence of mental disorder.

A visible sign of this apparent difficulty in conceptualising the prevention or even reduction of CSA is that it is not subject to the kinds of planning and target-setting now seen in so many other fields, especially where Government and local authority policy is concerned. There have to be aims and objectives, targets and milestones and action plans for every social policy, and while this can all get a bit overdone, there is obviously a lot of sense in actually trying to ensure that policy changes are actually achieved.

So we have social inclusion milestones, e.g. we are going to reduce school exclusions by a third by the year... we have drug and alcohol strategies where we are going to increase by 10 pc a year the number of drug related arrests or catch X % more dealers, we have all kinds of targets for car crime and street crime, but I have never read that we are going to try to reduce CSA, let alone reduce it by X% or catch Y% more perpetrators, or find Z% more computer pornography. Why should that be, why should we as a society not have those thoughts and those ambitions?

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THE UNACCEPTABLE FACE OF ‘HEALING’

Concentration on saying we must have better services to help survivors recover from their ordeal is particularly bizarre when we try to imagine this attitude taken to other crimes or serious threats to physical and mental health. No one would suggest building more head injuries clinics to tackle the problem of street muggings, knifings by street gangs, racial assaults, or drunk driving. No one would suggest paying more visits to sanatoriums in Switzerland if you had inhaled dust from asbestos in a school building. We do not construct more fever hospitals to nurse people with serious infectious diseases but look to prevent those diseases or inoculate against them. We do not suggest women who have suffered domestic abuse should take a bit of counselling or recover in a traumatic stress clinic, there is a coherent national strategy in Scotland focussing on the three goals of prevention, provision and protection. The Scottish partnership on domestic abuse says it’s “totally unacceptable” and is working to “eradicate it” while services to abused women concentrate on helping them actually escape the violence.

Yet so many in society seem to be content to advocate healing and recovery for people who as vulnerable and sometimes extremely young children, have suffered horrendous rapes and other anal and oral assaults, sometimes on a daily basis for years, who have been deliberately degraded, used in large or small scale pornography or prostitution, and sometimes subjected to sadistic organised violence which amounts to no less than torture. How can this be?

How can it be sufficient to advocate healing and recovery for crimes which contribute to suicides, eating disorders, psychoses, severe depression, infertility, alcohol and drug misuse and the destruction of personal relationships? How can it be that such crimes and such effects are tolerable, so long as we provide a bit of counselling after the event?

To protest at the concentration on therapy and healing and recovery is difficult because it sounds like an attack on the kinds of services which are desperately hard pressed and under funded, and desperately needed because they are so thin on the ground, and which do the kind of fantastic work which Open Secret has carried out for many years.

It is not that. I believe all survivors of sexual abuse deserve as of right a service to help them work through their traumatic experience, not least if they have been abused by an agency of the State itself or by a major institution. They are very very far from getting it in most parts of Scotland. What I am saying is that services for healing and recovery are far from being enough in themselves, and they should not need to happen in the first place. Furthermore, I know from listening to many survivors that it is generally a comforting and rather insulting illusion to assume that people can make a full recovery from such experience. However much courage they have, most will always struggle in one way or another with the legacy they face.

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WHY DOES PREVENTION SEEM IMPOSSIBLE?

I have tried very hard to work out why so many people, including our most influential policymakers, seem to find it so hard to visualise prevention or even a significant reduction in the incidence of CSA. I understand why abusers don't want to prevent what they are doing, but there are so many more of us than there are of them, yet that collective power to be a protective community barely seems to be used. Maybe after this talk you will contribute your own ideas about why thinking of prevention is so difficult.

I think as far as the major agencies are concerned, in the wake of the "backlash" of the last decade and following abuse scandals, there is a very apt quote from the National Commission of Inquiry into Prevention of Child Abuse (1996) (which by the way was not set up by Government and most of whose recommendations now seem to have sunk without trace). They write: "Public agencies, particularly local authorities and health authorities, wishing to make a shift towards prevention, find it very difficult to do so. Prevention is hard to measure. It is always easier to focus on problems that have already arisen and can be measured. General nervousness about the consequences of failure leads to over-prescription on the one hand, and over-bureaucratic responses on the other."

What of other and perhaps wider reasons for the failure to visualise prevention? Is it part of the reluctance to contemplate CSA at all because it's too uncomfortable? Is it that so many people feel helpless to know what to do about it? Is it part of the denial that it's actually happening on the scale which requires a major effort at prevention? Is it the persistent belief that CSA is committed by "the other", by people who have nothing to do with us and are impervious to our understanding? Those last two points seemed to be a factor in the extraordinary and remarkably selective media and public outpouring at the deaths by sex crime of Holly Wells, Jessica Chapman and Sarah Payne.

If only we could harness one tiny fraction of that immense and passionate public concern, if only we could get donated one tiny fraction of all that money spent on flowers and candles - or promised by tabloid newspapers - to meaningful prevention strategies for all our children. If only there had been any indication that all those people who mourned or those people whose faces were twisted with hate or glee as they kicked at the vans, could actually take on board the complexity of the fact that a police officer who enjoys child pornography by night while presenting a different and caring front by day is sadly a far more squalidly common feature of sex crime against children in this country. One which in that case was being solved not by soundbites, lynch mobs or £1 million bribes by tabloid newspapers, but by slow painstaking investigation across Britain by those police officers' own colleagues.

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REDUCTION IS POSSIBLE- BUT IS IT ACCEPTABLE?

But it IS possible to reduce the incidence of CSA, and I believe it is possible to reduce it substantially. It is not that measures cannot be taken, but rather that influential people have to be in the mind-set to think they are possible, and the measures themselves have to win political acceptance.

To illustrate this point let me give a few specific examples of measures which would undoubtedly have reduced the incidence of CSA long before now, but which were not politically acceptable. Some of these examples may never prove acceptable, others may, yet it's interesting to reflect that none is actually as drastic (nor as expensive, in the case of life sentences) as those "solutions" seriously and regularly canvassed in the media and supported by many of the public, such as capital punishment for convicted sex murderers, along with castration or "life means life" sentences for convicted sex offenders against children. (Or at least, for the small percentage of offenders who have been caught!).

1) The strongest single predictor of likelihood that a person will be a sexual abuser is gender: men are more likely to abuse by a ratio estimated from 8:9 to 1 to 9:5 to 1. Therefore, it is simply a fact that an all-female caring staff, or a predominantly female staff with female managers, will reduce (though not, of course, eliminate) the risk of sexual abuse in settings, such as children's care homes or foster care, where the most vulnerable of all the country's children are placed. And it would have meant that a considerable number of serious and far reaching past scandals and network abuses would not have taken place.

However, such a change has been unacceptable and offensive to male managers and staff, and their feelings and career opportunities have been considered of greater importance than the safety of children. In addition, the ideal of the conventional two-parent family has dominated thinking on foster care- despite, we should note, continual difficulties in recruiting enough volunteers - with other possibilities, such as lone female parents, lone single women, or two women partners still struggling to gain acceptance.

2) Confidential 'phone lines, where people can give information anonymously about crime, are commonplace and longstanding: I recall 20 years ago in N Ireland the "Confidential Telephone" where people could pass on names and details of people committing political terrorism. Posters, even TV adverts, actively encourage us to inform on drug pushers and, in particular, on people who defraud social security, even if they're wretchedly poor and stealing a few quid a week. But there has been no confidential phonenumber, not even to my knowledge a pilot phonenumber, which children and adults are encouraged to use to reveal the names of sex abusers, or to confide their worries anonymously about individuals.

Yet this might seem particularly valuable and a key weapon in the battle to secure better intelligence, given that most child and adult survivors find it very difficult to volunteer such information to agencies, especially if the abusers live within their own community or family. And given that many neighbours or carers are increasingly reluctant to report fears and worries about possible perpetrators to the authorities in person, because they may be drawn into a professional child abuse investigation.

I think we have to reflect hard on why such phonenumber do not exist, why society deems it more important to catch people working while they're on the sick, and what the furor would be about if such a line was set up. I think it would be an outcry that children and teenagers - and "embittered women", especially ex - partners of respectable men! - would invent lots of malicious stories about pillars of the community, just as they are said to "cry rape" or to accuse innocent teachers and youth leaders at the drop of a hat. Yet there is surely the same risk of malicious invention about other crimes for which phonenumber exist; and various safeguards, including a reasonable threshold for triggering investigations, could be built in if the subject was opened for debate. What is revealed instead is a familiar set of fears and prejudices about the truthfulness and motivations of children and women, which is mirrored all too graphically in the way our court processes deal (or fail to deal!) with sexual crime.

3) A much more active curiosity could have been taken towards girls between 11 and 14 who become pregnant (whether this leads to live birth or abortion) or who ask for contraception, and towards young women under 18 who present with repeat pregnancies or miscarriages. That could have ranged from distribution of information leaflets about help for abused young people, through gentle but repeated questioning about the reason for the need for contraception, or about the identity of the father in pregnancy, through various degrees of child protection investigation, up to DNA testing, which raises various civil liberties issues.

It is interesting that the whole debate between liberals and family- traditionalists about young people's sexual and reproductive freedoms has almost excluded issues of sexual violence and exploitation. So indeed has the whole sexual health agenda which currently dominates sexual and

reproductive information for teenagers. In defence of young people's freedom and self determination, and to counter traditionalist demands, which are either about not giving the young people what they want, or about insisting parents should be told (Parents who may, of course, be involved in abuse themselves) liberals have failed to consider possibilities that the youngsters are being sexually abused and exploited. Therefore any of the above measures would be seen as intrusion or a source of mistrust. Yet many young people may actually be hoping earnestly that someone asks them the question.

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CONSTRUCTING AIMS AND OBJECTIVES FOR SCOTLAND

I believe that we should be thinking in Scotland of designing as soon as possible a National Strategy for the prevention of child sexual abuse, perhaps along the lines of the Domestic Abuse Strategy, which was so impressively set up with a national partnership and steering group chaired by a Scottish Exec minister, and which developed an Action Plan, Good Practice Guidelines and Service Standards, and which has now has a number of dedicated funds. If the will can be found in one field, indeed in a related field, then why not in another?

I think that having nationally agreed aims and objectives not only gives the topic status, urgency and a coherent sense of direction, it also means that research can be driven or at the least guided by those priorities. While I have made some critical remarks about current research, as a researcher into sexual abuse myself I would be rubbishing myself and the work I do to suggest research was generally without point or value. What I do believe however is, first, that sometimes what we actually need is not academic research but a large scale police investigation. Secondly, that just like Commissions of Inquiry, research should not be a substitute for, or delaying tactic of, political change, Acts of parliament and legal reform. And also that it should either contribute to a prevention agenda or have the ability to make a significant difference to the lives of child and adult survivors. If everyone stopped to think whether CSA research was contributing to those goals before commissioning it or funding it I think the quality would improve and a lot of the dross would be weeded out.

So to prove that it is possible to think constructively about a national strategy on prevention, I have devised a set of aims and objectives for the Scottish Executive, for which they may if they like pay me a million pounds, and I have thought of various measures which could be taken to progress those objectives. There is nothing sacred about them and many people here could think of other objectives and milestones that would be equally useful. Indeed I am absolutely convinced that a think tank of a dozen people in this room today could if given an urban district, small town or rural area, reduce the incidence of CSA in that area by at least 20 pc and perhaps more in 5 years. A modest estimate. And all for nothing as nobody has offered to pay us anything yet. This is not because we are geniuses but because there are so many options to try, to pilot and to evaluate that the only mystery is they have not already been thought of.

After showing and discussing the following three overheads, I would like to throw this session open to the brains of the audience, and perhaps we can spend the last five minutes or so brainstorming about other objectives or milestones and fill this flipchart sheet here, which we will then send to the

Scottish Exec along with my overheads and a large bill, which should be paid to the Open Secret project!

CONTENT OF OVERHEADS

EXAMPLE OF THREE MAJOR PREVENTION OBJECTIVES WHICH COULD BE ADOPTED BY THE SCOTTISH EXECUTIVE

OVERALL AIM: TO REDUCE SUBSTANTIALLY THE INCIDENCE OF CHILD SEXUAL ABUSE IN SCOTLAND.

OBJECTIVE 1: TO IDENTIFY MORE PERPETRATORS OF CSA, IN ORDER THAT THEIR RISK OF ASSAULTING CHILDREN IS REDUCED, & THAT AS MANY AS POSSIBLE ARE CHARGED & CONVICTED OF THEIR OFFENCES.

OBJECTIVE 2: TO STRENGTHEN THE ABILITY OF YOUNG PEOPLE, THEIR FAMILIES AND COMMUNITIES, TO RESIST THE SEXUAL VICTIMISATION OF CHILDREN AND TEENAGERS.

OBJECTIVE 3: TO CHALLENGE AND CHANGE ATTITUDES TO MALE-FEMALE RELATIONSHIPS, AND RELATIONSHIPS BETWEEN ADULTS AND CHILDREN, WHICH ENCOURAGE OR EXCUSE CHILD SEXUAL ABUSE.

SCOTTISH EXECUTIVE:

OBJECTIVE 1: TO IDENTIFY MORE PERPETRATORS OF CSA, IN ORDER THAT THEIR RISK OF ASSAULTING CHILDREN IS REDUCED, & THAT AS MANY AS POSSIBLE ARE CHARGED & CONVICTED OF THEIR OFFENCES.

(Changing to an "information and intelligence-gathering" culture, where the flow of information is much increased)

* Continue Scottish Executive progress on toughening safeguards against dangerous people working with children: "We will introduce...."

* Continue Scottish Executive progress on improving the court process in CSA cases, and protecting child witnesses: "We will introduce"...

* X more resources, Y more staffing year on year to police investigation of computer crime and child pornography: set target for seizures of child pornography in year 1, & for arrests & charges

* Intensive area-based "Searchlight" investigation of networks in one area (model: South Leeds) and explore lessons from it

* Pilot in two large hospitals police officer for wards where suicide attempters are sent (2000 admissions in Edinburgh alone) & in large psychiatric hospital

* Fund experienced voluntary organisations working with survivors to employ legal advice/criminal justice worker

* Pilot link worker and confidential phoneline for female/male prostitutes in Glasgow where they can feed info about abuse

* Pilot confidential phonelines in city, town & rural area

OBJECTIVE 2:

TO STRENGTHEN THE ABILITY OF YOUNG PEOPLE, THEIR FAMILIES AND COMMUNITIES, TO RESIST THE SEXUAL VICTIMISATION OF CHILDREN AND TEENAGERS.

(Creating informed, aware, educated families and communities and resourcing their safeguards)

* Pilot comprehensive neighbourhood mapping schemes in city, town and rural area

* Safe childcare becomes child protection issue- expansion to deal flexibly with local need & times of day

* Joint projects with lone parent orgs. to highlight dangers of predatory abusers via dating agencies

* Wee VIPs scheme for young children, working closely with parents, extended - and "keep safer" programmes in schools to be based on best practice

* Expand piloted "circles of accountability and support" scheme for known sex offenders living in the community

OBJECTIVE 3:

TO CHALLENGE AND CHANGE ATTITUDES TO MALE-FEMALE RELATIONSHIPS, AND RELATIONSHIPS BETWEEN ADULTS AND CHILDREN, WHICH ENCOURAGE OR EXCUSE CHILD SEXUAL ABUSE.

(To reduce future CSA: public campaigning, schools youth & community education progs, offender progs etc; largely adapt/amend domestic abuse models)

Healthy Respect prog to reduce teenage pregnancy and STDs needs amending so there is active anti-abuse element in strategy (overlaps with objective 1)

Expansion of offender "Change" programmes and expansion of work with young offenders

Amend/increase anti-abuse element in "Respect" programmes in schools, which explore respect, power relations and violence in relationships; amend/adapt existing innovative progs in schools dealing with domestic abuse issues, e.g. in Fife; expand VIP progs. for older children; no one leaves school unaware of damage done by CSA.

Bus campaign adverts, posters, TV adverts on lines of domestic abuse campaign - "there is never an excuse"

Handy info booklets for parents on lines of NSPCC Full Stop campaign or Fife's controversial booklets (overlaps with Objective 2)

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