

# UNDERSTANDING AND RE-FRAMING SEXUAL ABUSE

CEP CONFERENCE ON SEX OFFENDER  
MANAGEMENT  
22-23 NOVEMBER 2018  
RIGA, LATVIA

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**UWE  
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**ATSA**  
MAKING SOCIETY SAFER

**NOTA**  
Supporting Professionals to  
Prevent Sexual Abuse

# SCALE OF THE PROBLEM

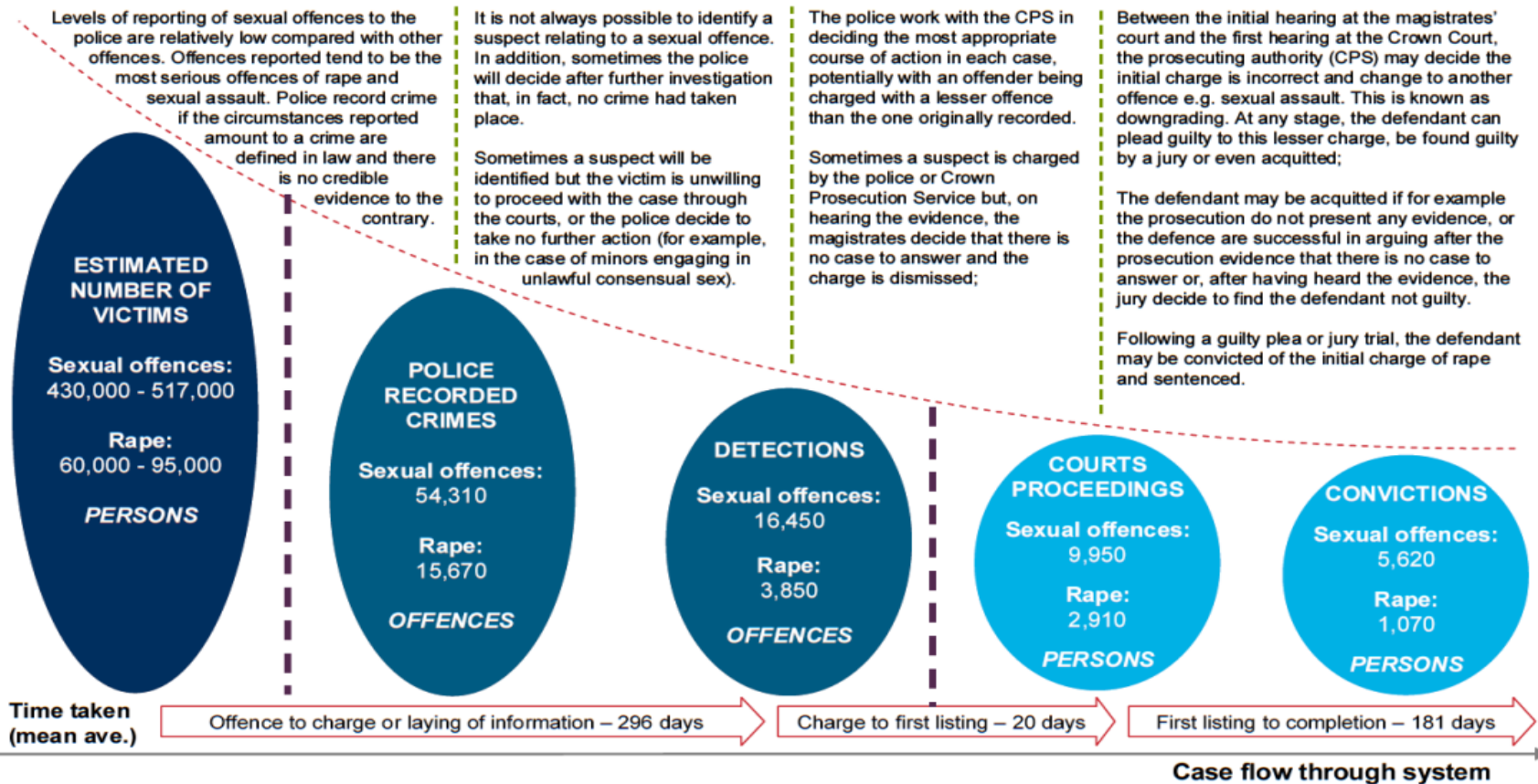
Sexual harm is a high profile issue, both nationally (UK Office of the Children's Commissioner, 2015) and internationally (UNICEF, 2014).



# THE REALITY OF NUMBERS

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

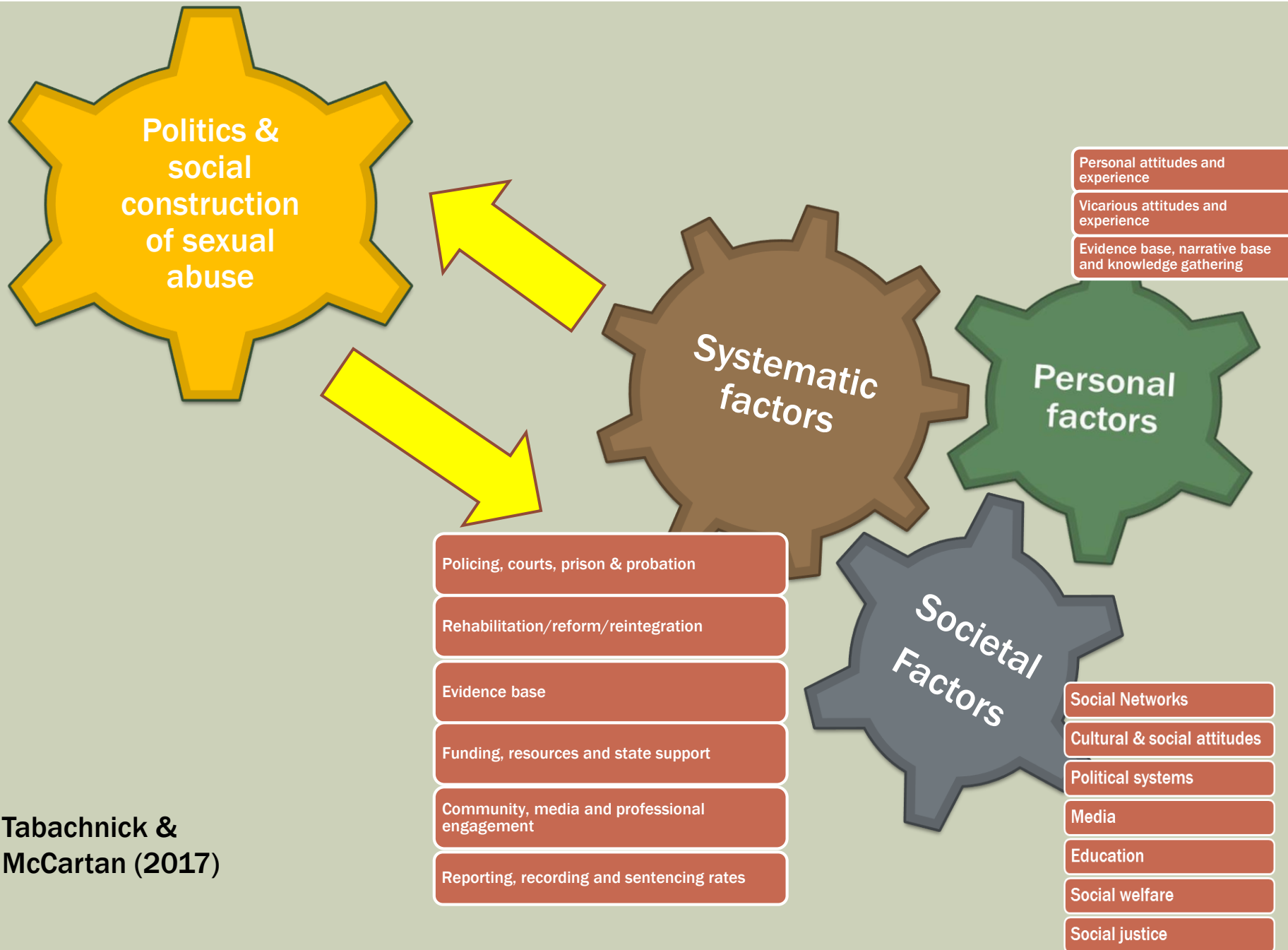
Not presented to scale. Victims and offenders may not relate to the same cases.



# COST OF SEXUAL HARM

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
	<i>Total health</i>	<i>£182</i>	<i>£91</i>
Criminal Justice System	Perpetrator	£89.9	£89.9
	Adult victim of CSA	£58.8	£7.1
	<i>Total CJS</i>	<i>£149</i>	<i>£97</i>
Services for children	Children social care	£93.9	£49.4
	NSPCC service costs	£7.7	£7.7
	<i>Total services for children</i>	<i>£124</i>	<i>£57</i>
Labour market	<i>Lost productivity</i>	<i>£2,700</i>	<i>£1,350</i>
<b>Total costs to Exchequer</b>		<b>£424 million</b>	<b>£237 million</b>
<b>Total costs</b>		<b>£3.2 billion</b>	<b>£1.6 billion</b>



**Tabachnick & McCartan (2017)**

# PUBLIC VIEWS ABOUT SEX OFFENDERS & RELATED POLICY

- Public views about sex offender policy in general.
  - The public hold punitive attitudes towards this group of offenders;
  - Support punitive and exclusionary policies such as sex offender registries, community notification, preventative detention, and residency restrictions, even in the absence of any evidence that these policies work;
  - Support harsher penalties for sexual than non-sexual offenders, and for child sex offenders than those who offend against adults;
  - Despite this, the research demonstrates that the public support treatment for sex offenders, including child sex offenders, despite being doubtful about its efficacy.

(Richards & McCartan, 2017)

Tabachnick &  
McCartan (2017)

Politics &  
social  
construction  
of sexual  
abuse

Bad policy, knee jerk  
reactions and  
problematic responses  
which exasperate the  
issue

Driven by  
misconception, fear,  
poor engagement,  
lack of  
understanding and  
stereotypes

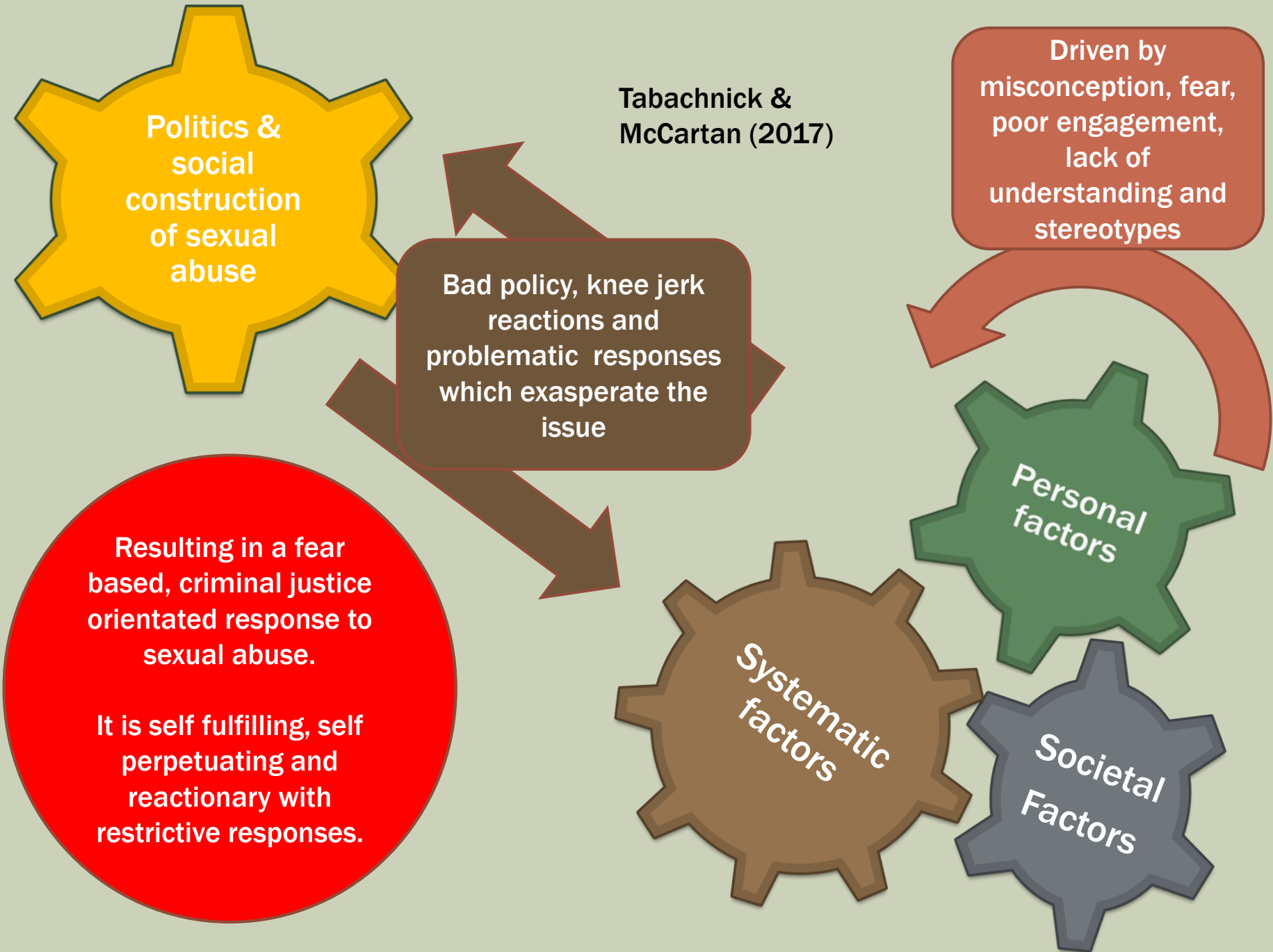
Resulting in a fear  
based, criminal justice  
orientated response to  
sexual abuse.

It is self fulfilling, self  
perpetuating and  
reactionary with  
restrictive responses.

Personal  
factors

Systematic  
factors

Societal  
Factors



# WHAT IS THE CURRENT NARRATIVE ON SEXUAL ABUSE?

- Sexual harm is a high profile issue, both nationally (UK Office of the Children's Commissioner, 2015) and internationally (UNICEF, 2014).
- The number of perpetrators entering and being managed by the Criminal Justice System is continually increasing.
- These increases in the sexual offender population are the result of a “perfect storm” created by
  - increased social and traditional media reporting;
  - increased visibility of the offences;
  - increased trust in the criminal justice system to take victims seriously and respond appropriately;
  - the impact of high profile as well as historical cases;
  - and related government policies, practices and strategies.

# THE CURRENT NARRATIVE ON RISK MANAGEMENT

- The ever increasing sex offender population places additional pressure on existing risk management services (i.e., Police, Probation, Prison, etc.) already under financial, political and practical strain (Simon Bailey).
- Such strain ultimately means that sex offender risk management becomes about bureaucracy, cost saving, risk aversion and an audit culture rather than innovation and adaptation.
- How can we think outside of the box?

Politics & social construction of sexual abuse

Realistic and connected policy, thoughtful reactions and responses that look to prevent as well as respond to the issue

Driven by knowledge, understanding, engagement and a multi-faceted evidence base

Resulting [potentially] in a proactive, multi-faceted, holistic response to sexual abuse.

It is positive, inclusive, informed and achievable.

Personal factors

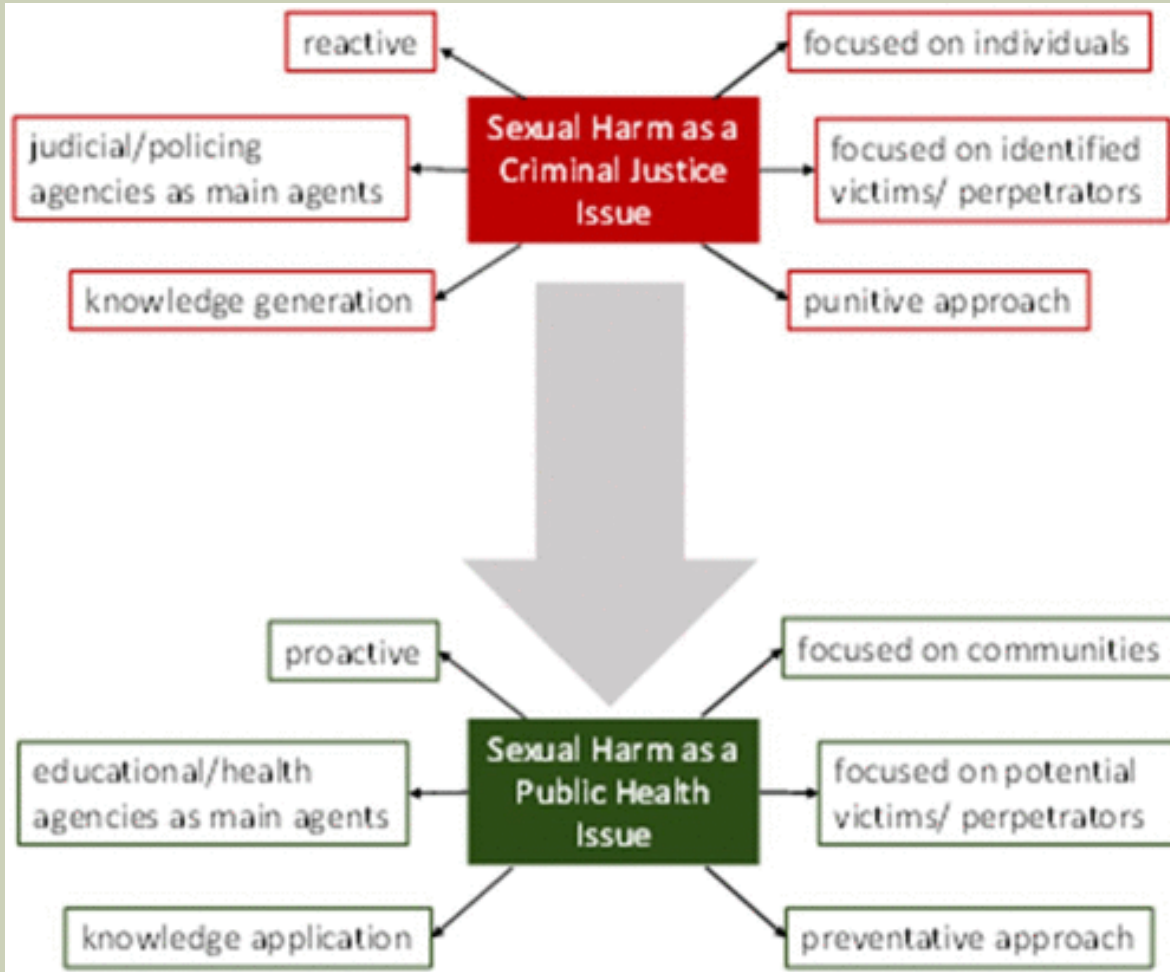
Systematic factors

Societal Factors






Tabachnick & McCartan, (2017)

# PREVENTION AND PUBLIC HEALTH APPROACHES

McCartan, Meridian, Perkins & Kettleborough (2017)



# PUBLIC HEALTH APPROACHES

Type of prevention	Definition	Links to sexual abuse
Primary	Broader approaches that take place before sexual abuse has occurred in order to prevent initial perpetration or victimization	
Secondary	Targeted approaches with “at risk” populations	 
Tertiary	An immediate response after sexual violence has occurred to deal with the immediate consequences of sexual abuse	
Quaternary	Action taken to protect individuals (persons/patients) from medical interventions that are likely to cause more harm than good	

(McCartan, Uzieblo & Smid – under review)

# PERCEIVED UNDERSTANDING OF PREVENTION

Country of residence	Governments attitude to sexual abuse is preventive			Do colleagues understand the prevention of sexual abuse			Do the public understand the prevention of sexual abuse		
	Agree	Neither agree or disagree	disagree	Yes	No	Not sure	Yes	No	Not sure
Australia	0	1	5	4	0	2	0	4	2
Belgium	2	0	3	4	0	1	1	3	1
Canada	4	2	7	11	1	1	2	7	4
Denmark	1	0	0	1	0	0	0	0	1
Germany	1	1	0	2	0	0	0	1	1
Ireland	0	1	0	0	0	1	0	0	1
Israel	0	1	1	1	0	0	0	1	0
Italy	0	1	5	4	0	4	1	3	4
Japan	1	0	0	0	0	1	0	0	1
Netherlands	1	1	1	2	0	0	0	1	1
New Zealand	2	1	1	4	0	0	0	2	2
Puerto Rico	1	0	1	0	1	0	0	1	0
Singapore	0	1	0	0	0	1	0	0	1
Sweden	0	1	0	1	0	0	0	0	1
Switzerland	1	0	0	1	0	0	1	0	0
UK	2	1	0	2	0	1	1	1	1
USA	2	1	3	5	1	0	1	3	2
Total	16	15	25	42	3	11	7	27	22

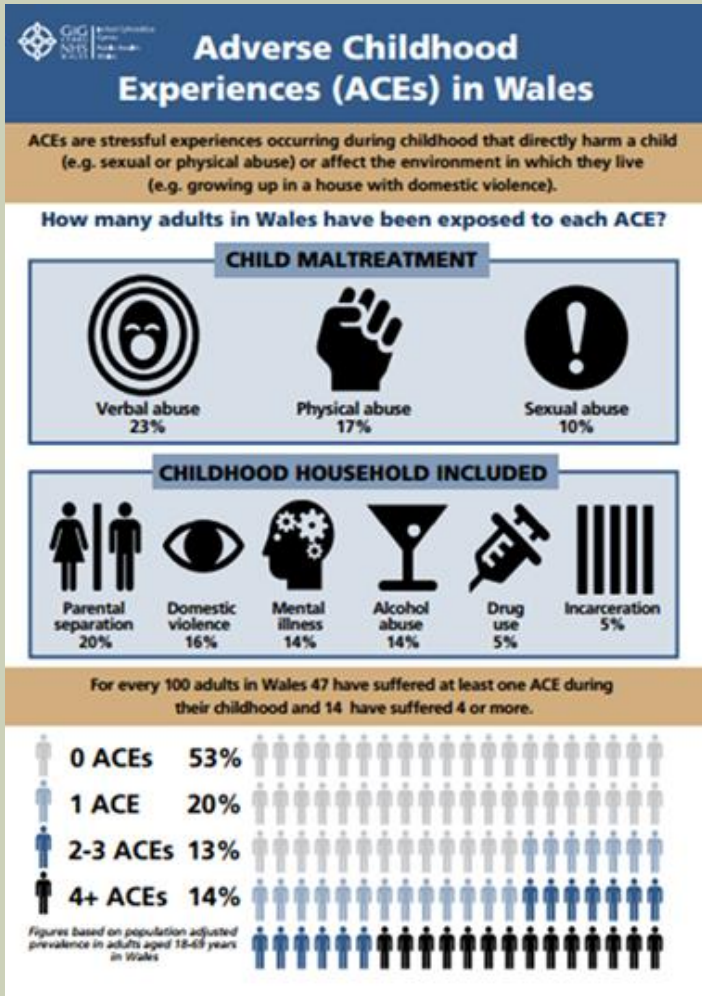
# REFRAMING 1: IMPORTANCE OF LANGUAGE



# REFRAMING 2: SERVICE USER VOICE

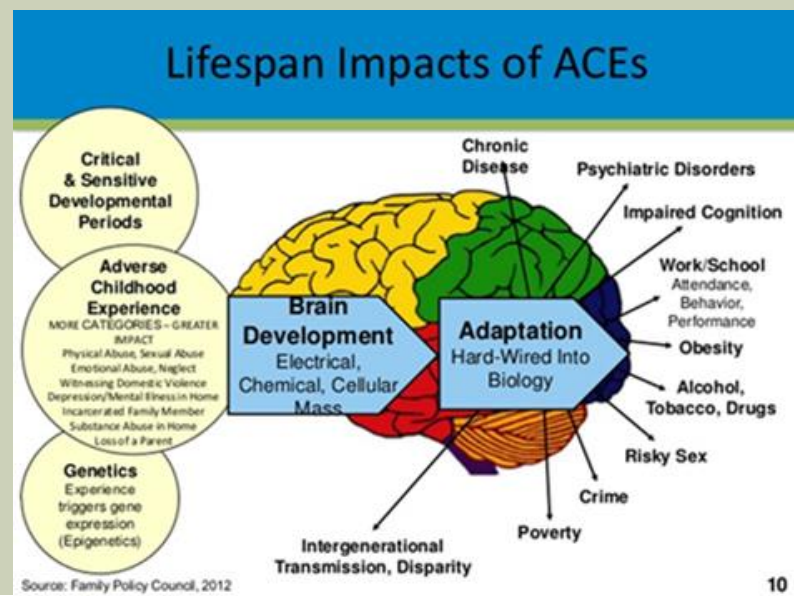
- User experience and client satisfaction is capturing more attention in the field of social services.
- The provision of treatment services to individuals convicted of sexual offenses in particular, has expanded exponentially over the last 20 years. This growing population is now interviewed, interrogated, investigated, assessed, managed, treated, supervised, and surveilled, while their perspective as “service users” is almost entirely absent from research.
- The service user journey:
  - (1) Interactions with the formal criminal justice system (police, courts, and custodial corrections),
  - (2) Interactions with community corrections (probation and parole), and
  - (3) Interactions with treatment (rehabilitation, therapists, and evaluators).

# REFRAMING 3: ADVERSE CHILDHOOD EXPERIENCES & LIFE COURSE FACTORS



Public Health Wales (2015)

- Compared with people with no ACEs, those with 4+ ACEs are:
- 4 times more likely to be a high-risk drinker
  - 6 times more likely to have had or caused unintended teenage pregnancy
  - 6 times more likely to smoke e-cigarettes or tobacco
  - 6 times more likely to have had sex under the age of 16 years
  - 11 times more likely to have smoked cannabis
  - 14 times more likely to have been a victim of violence over the last 12 months
  - 15 times more likely to have committed violence against another person in the last 12 months
  - 16 times more likely to have used crack cocaine or heroin
  - 20 times more likely to have been incarcerated at any point in their lifetime



Public Health Scotland (2016)

# REFRAMING 3: ADVERSE CHILDHOOD EXPERIENCES & LIFE COURSE FACTORS

Article

## Adverse Childhood Experiences and Arrest Patterns in a Sample of Sexual Offenders

Journal of Interpersonal Violence  
1-29  
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DOI: 10.1177/0886260515570751  
jiv.sagepub.com  
SAGE

Jill S. Levenson<sup>1</sup> and Kelly M. Socia<sup>2</sup>

### Abstract

Developmental psychopathology theories suggest that childhood adversity can contribute to antisocial conduct and delinquent activities. The purpose of this study was to explore the influence of adverse childhood experiences (ACE) on arrest patterns in a sample of sexual offenders ( $N = 740$ ). Higher ACE scores were associated with a variety of arrest outcomes, indicating that the accumulation of early trauma increased the likelihood of versatility and persistence of criminal behavior. Rapists of adults had higher ACE scores, lower levels of specialization, and higher levels of persistence than sex offenders with minor victims only. Child sexual abuse, emotional neglect, and domestic violence in the childhood home were significant predictors of a higher number of sex crime arrests. For measures of nonsexual arrests and criminal versatility, it was the household dysfunction factors—substance abuse, unmarried parents, and incarceration of a family member—that were predictive, suggesting that family dysfunction and a chaotic home environment contributed significantly to increased risk of general criminal behavior. Sex offenders inspire little sympathy in our society but may be among those most in need of trauma-informed models of treatment that recognize the influence of early adversity on maladaptive schema and self-regulation deficits related to criminal behavior.

## Adverse Childhood Experiences and Adult Criminality: How Long Must We Live before We Possess Our Own Lives?

James A. Reavitt, PsyD; Jan Looman, PhD; Kristina A. Franco; Britana Rojas

Item J 2013 Spring 17(2):44-48  
http://dx.doi.org/10.7812/jpp.12-072

### Abstract

**Background:** Empirical research associated with the Kaiser Permanente and Centers for Disease Control and Prevention Adverse Childhood Experiences (ACE) Study has demonstrated that ACE are associated with a range of negative outcomes in adulthood, including physical and mental health disorders and aggressive behavior.

**Methods:** Subjects from 4 different offender groups ( $N = 151$ ) who were referred for treatment at an outpatient clinic in San Diego, CA, subsequent to conviction in criminal court, completed the ACE Questionnaire. Groups (nonsexual child abusers, domestic violence offenders, sexual offenders, and stalkers) were compared on the incidence of ACE, and comparisons were made between the group offenders and a normative sample.

**Results:** Results indicated that the offender group reported nearly four times as many adverse events in childhood than an adult male normative sample. Eight of ten events were found at significantly higher levels among the criminal population. In addition, convicted sexual offenders and child abusers were more likely to report experiencing sexual abuse in childhood than other offender types.

**Conclusions:** On the basis of a review of the literature and current findings, criminal behavior can be added to the host of negative outcomes associated with scores on the ACE Questionnaire. Childhood adversity is associated with adult criminality. We suggest that to decrease criminal recidivism, treatment interventions must focus on the effects of early life experiences.

presence of 10 risk factors—smoking, obesity, physical inactivity, depression, suicide attempts, alcoholism, drug abuse, parental drug abuse, sexual promiscuity (50 or more partners), and a history of contracting a sexually transmitted disease—associated with morbidity in the US. They additionally examined 7 disease conditions—ischemic heart disease, cancer, stroke, chronic bronchitis or emphysema, diabetes, hepatitis or jaundice, and skeletal fracture—associated with mortality. The authors compared scores on the ACE Questionnaire (1 “point” given for each category of self-acknowledged adverse experience) to patients’ reports of risk behaviors and disease. A graded relationship was found between the number of adverse experiences reported in childhood and all 10 risk behaviors. In addition, subjects who reported 4 or more categories of adverse experiences

## Adverse Childhood Experiences and Criminal Propensity Among Intimate Partner Violence Offenders

Journal of Interpersonal Violence  
1-25  
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DOI: 10.1177/0886260516674943  
jiv.sagepub.com  
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N. Zoe Hilton,<sup>1,2</sup> Elke Ham,<sup>2</sup> and Michelle M. Green<sup>2</sup>

### Abstract

Adverse childhood experiences (ACEs), defined as exposure to abuse and adverse household events, are prevalent among certain offenders including those who commit intimate partner violence (IPV). However, it is not clear how ACEs relate to criminal propensity among IPV offenders, who have been shown to exhibit less antisociality and institutional violence than other offenders. We compared 99 male offenders with a current or previous offense of IPV with 233 non-IPV violent offenders and 103 nonviolent offenders undergoing institutional forensic assessment. This convenience sample allowed for use of extensive psychosocial records as well as study of institutional violence. IPV offenders had the highest mean ACE score and more extensive criminal propensity on some measures (violent and nonviolent criminal history and psychopathy) than both other groups. ACEs were associated with most measures of criminal propensity in the whole sample but with only one (actuarial risk of violent recidivism) in the subsample of IPV offenders. Finding that ACEs are prevalent among IPV offenders even in this sample with extensive mental illness demonstrates the robustness of this phenomenon. IPV offenders, though, are similar to other

## The Influence of Childhood Trauma on Sexual Violence and Sexual Deviance in Adulthood

Jill S. Levenson  
Barry University

Melissa D. Grady  
The Catholic University of America

The purpose of this study was to determine the influence of various types of childhood adversity on later sexual deviance and sexually violent behavior. Data were collected from more than 700 convicted sexual offenders in outpatient and confinement-based treatment programs throughout the US. Using the 10-item Adverse Childhood Experiences (ACE) Scale, participants were surveyed about childhood maltreatment and family dysfunction. For male sex offenders, factors that significantly predicted sexual deviance included childhood sexual abuse, emotional neglect, and having unmarried parents. Factors that significantly predicted violent sexual offending included child physical abuse, substance abuse in the childhood home, mental illness in the home, and having an incarcerated family member. ACE scores were significantly higher for generalist offenders than for those specializing in sexual crime. The results underscore the need for clinicians to assess the existence of early adversity, to understand the role of traumatic events in the development of criminality and abusive behaviors, and to utilize trauma-informed counseling practices. In terms of policy, investing in prevention services for maltreated children and at-risk families is an important step in disrupting the cycle of interpersonal violence and crime in our communities.

**Keywords:** ACE, adverse childhood experiences, sex offender, sexual deviance, sexual violence, trauma-

# REFRAMING 4: TRAUMA INFORMED CARE

*In the simplest terms, the concept of trauma-informed care is straightforward. If professionals were to pause and consider the role trauma and lingering traumatic stress plays in the lives of the specific client population served by an individual, professional, organization, or an entire system, how would they behave differently? What steps would they take to avoid, or at least minimize, adding new stress or inadvertently reminding their clients of their past traumas? How can they better help their traumatized clients heal? In effect, by looking at how the entire system is organized and services are delivered through a “trauma lens,” what should be done differently?*

*Wilson, Pence, and Conradi (2013)*

<http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-1063>

# REFRAMING 4: TRAUMA INFORMED CARE

## Risk and Outcomes: Are Adolescents Charged with Sex Offenses Different from Other Adolescent Offenders?

Amanda M. Fanniff<sup>1</sup> · Carol A. Schubert<sup>2</sup> · Edward P. Mulvey<sup>2</sup> · Anne-Marie R. Iselin<sup>3</sup> · Alex R. Piquero<sup>4</sup>

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© Springer Science+Business Media New York 2016

**Abstract** Juveniles who have committed sexual offenses are subject to specialized treatment and policies based on their assumed unique dangerousness, despite contradictory evidence. Limited information is available regarding risk factors and their relationships to outcomes in this population. The comparative frequency and predictive utility of empirically supported risk factors for general delinquency were examined using data from the Pathways to Desistance study. Adolescent males who committed sexual offenses ( $n = 127$ ) were compared to adolescent males who committed non-sexual offenses ( $n = 1021$ ). At the start of the study, the sample ranged in age from 14 to 18 ( $M = 16.00$ ,  $SD = 1.12$ ) and self-identified as primarily African American (44 %), Latino (29 %), or White (25 %). Outcomes were measured over 7 years and included general and sexual recidivism, involvement in school and work, and positive relationships with peers and adults. The results indicated a few small differences in the presence of risk factors and their relationship to outcomes, with many similarities. Juveniles who have committed sexual offenses had equivalent general recidivism but higher sexual

recidivism, though this rate was low (7.87 %, or 10 of the 127 adolescents who had committed sexual offenses). New clinical and policy approaches may be needed given the similarities between groups.

**Keywords** Juvenile delinquency · Juvenile sex offenders · Risk/need factors · Recidivism · Juvenile justice

### Introduction

Juveniles who have committed sexual offenses are subject to a variety of unique clinical and policy practices, in theory designed to improve outcomes for and to protect the public from a distinct and high-risk group (e.g., Letourneau and Caldwell 2013). Children and adolescents are referred to the juvenile justice system for the full range of sexual crimes seen in adulthood, ranging from exhibitionism to child molestation to rape. Clinically, the types of specialized assessments used with these youth include polygraphs, sexual interest measures (McGrath et al. 2010), and risk assessment tools designed to predict sexual recidivism.

## The Influence of Childhood Trauma on Sexual Violence and Sexual Deviance in Adulthood

Jill S. Levenson  
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Melissa D. Grady  
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The purpose of this study was to determine the influence of various types of childhood adversity on later sexual deviance and sexually violent behavior. Data were collected from more than 700 convicted sexual offenders in outpatient and confinement-based treatment programs throughout the U.S. Using the 10-item Adverse Childhood Experiences (ACE) Scale, participants were surveyed about childhood maltreatment and family dysfunction. For male sex offenders, factors that significantly predicted sexual deviance included childhood sexual abuse, emotional neglect, and having unmarried parents. Factors that significantly predicted violent sexual offending included child physical abuse, substance abuse in the childhood home, mental illness in the home, and having an incarcerated family member. ACE scores were significantly higher for generalist offenders than for those specializing in sexual crime. The results underscore the need for clinicians to assess the existence of early adversity, to understand the role of traumatic events in the development of criminality and abusive behaviors, and to utilize trauma-informed counseling practices. In terms of policy, investing in prevention services for maltreated children and at-risk families is an important step in disrupting the cycle of interpersonal violence and crime in our communities.

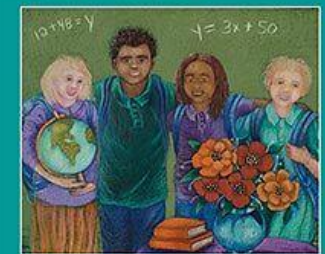
**Keywords** ACE, adverse childhood experiences, sex offender, sexual deviance, sexual violence, trauma-

## Helping Traumatized Children Learn

2

106 important learning environments that benefit all children

### Creating and Advocating for Trauma-Sensitive Schools



Trauma and Learning Policy Initiatives  
A partnership of Massachusetts Advocates for Children and Harvard Law School

HOME NEWS CLINICAL LEARNING U

NURSE EDUCATORS

### DISCUSSION

## Trauma-informed care in response to adverse childhood experiences

8 JUNE, 2018



COMMENT

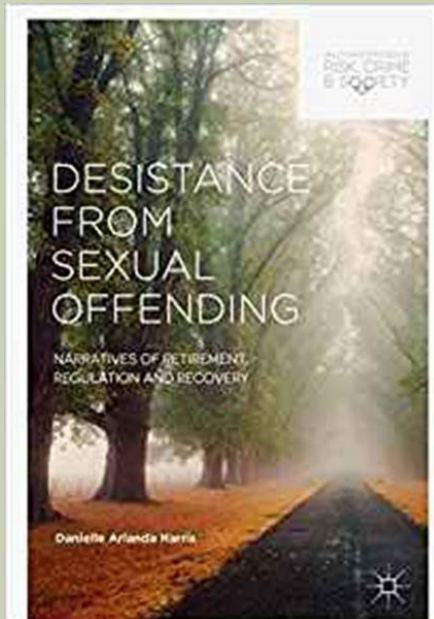
Adverse experiences in childhood have a negative impact on physical and mental health in later life. Using a trauma-informed model of care helps to support adult survivors, parents and children

### Abstract

Nurses in all specialties will be aware how common adverse childhood experiences (ACEs) are, but will often lack a framework that enables them to understand the effects of ACEs and how to support patients. In the 1990s, ground-breaking research in the US found strong links between ACEs and physical and mental health issues occurring later in life. Further research confirmed these findings and highlighted the neurodevelopmental damage caused by ACEs, the connection with attachment theory, and the role of resilience. This article summarises research findings on ACEs, describes the benefits of a trauma-informed care model as a framework for understanding them and supporting patients, and directs nurses to practical tools and interventions.

# REFRAMING 5: TREATMENT & MANAGEMENT

Cloud and Granfield (2009)



**Strengths based approaches, recovery capital, the service use voice & Desistence**

## **LONG-TERM RECIDIVISM STUDIES SHOW THAT DESISTANCE IS THE NORM**

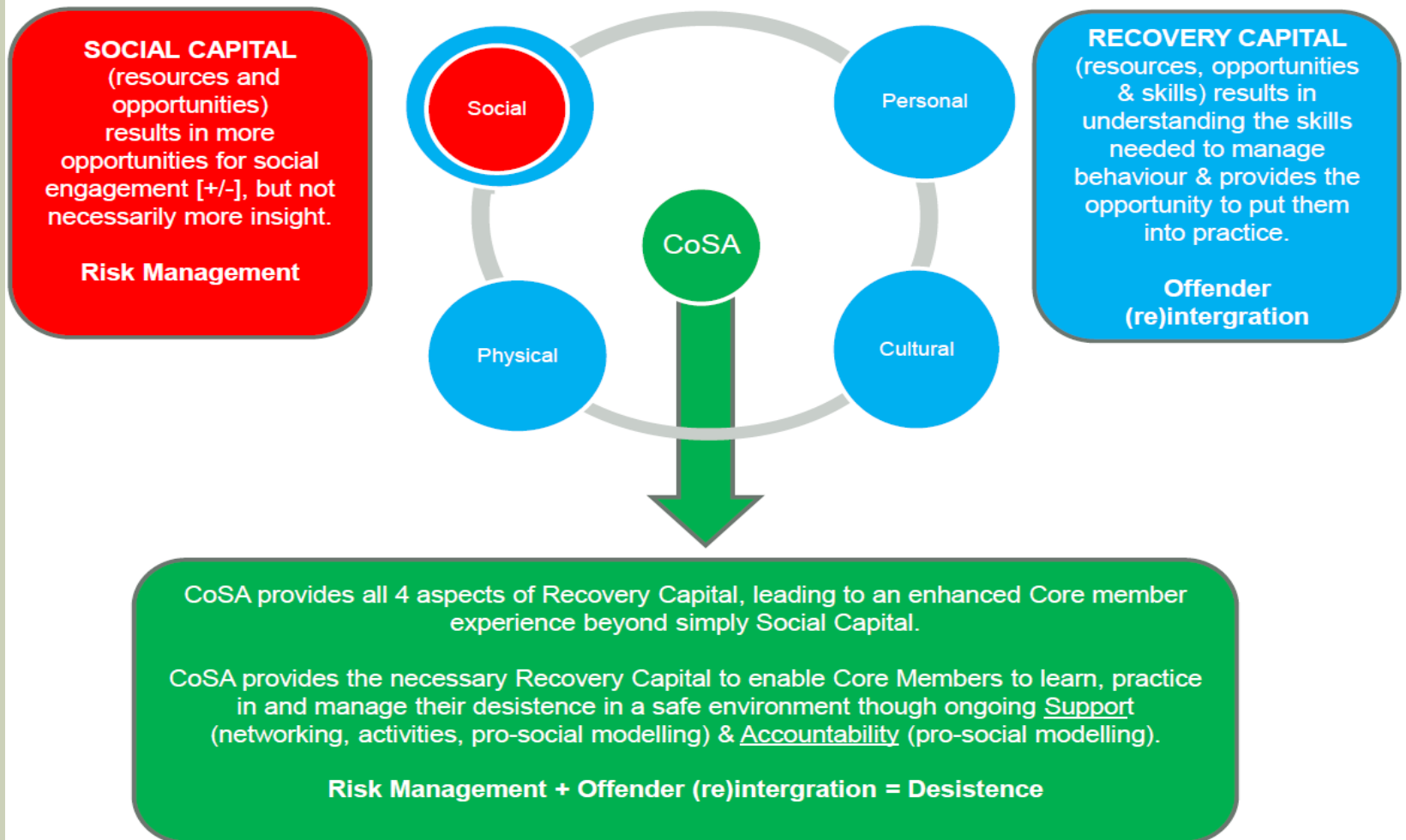
R. KARL HANSON  
*Carleton University*

A criminal history record is a valid indicator of the propensity for rule violation, and such records are rightly used in applied decision making both within and outside of the criminal justice system (e.g., employment screening). A criminal conviction, however, is a time dependent risk factor. During the past decade, researchers have examined desistance using statistical models of residual hazards. These studies find that after about 10 years offense-free (5 years for juveniles), the risk presented by most individuals with a criminal record is not meaningfully different from that of the general population. Similar time-free effects are found for both sexual and nonsexual offenses. Given that desistance is almost inevitable, record retention and access policies need to carefully consider the consequences of decisions being based on old records with little information value.

**Keywords:** recidivism, desistance, criminal risk

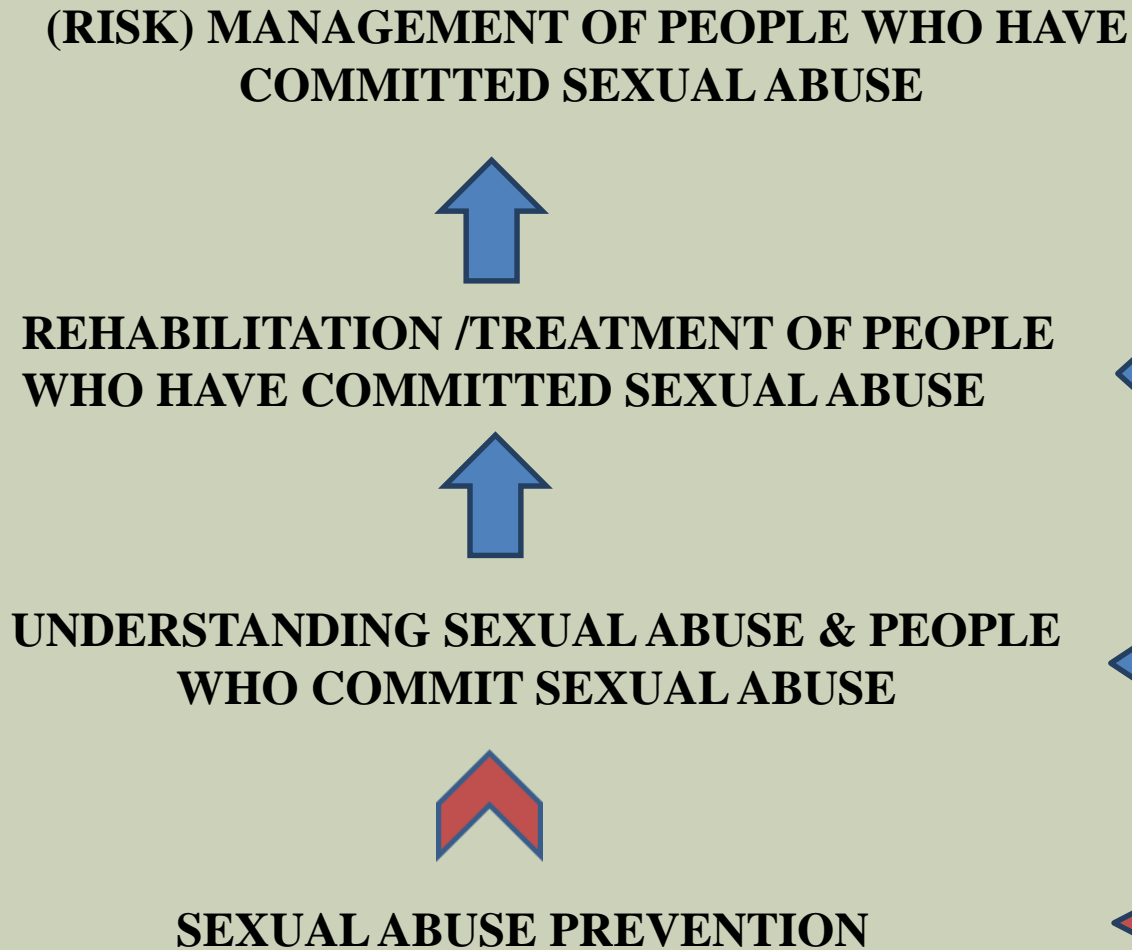
(McCartan & Kemshall, under review; McCartan, Harris & Prescott, Under review)

# REFRAMING 6: RECOVERY CAPITAL



# REFRAMING 7: MULTIAGENCY & PROFESSIONAL WORKING

McCartan, Kemshall & Hoggett (2017)



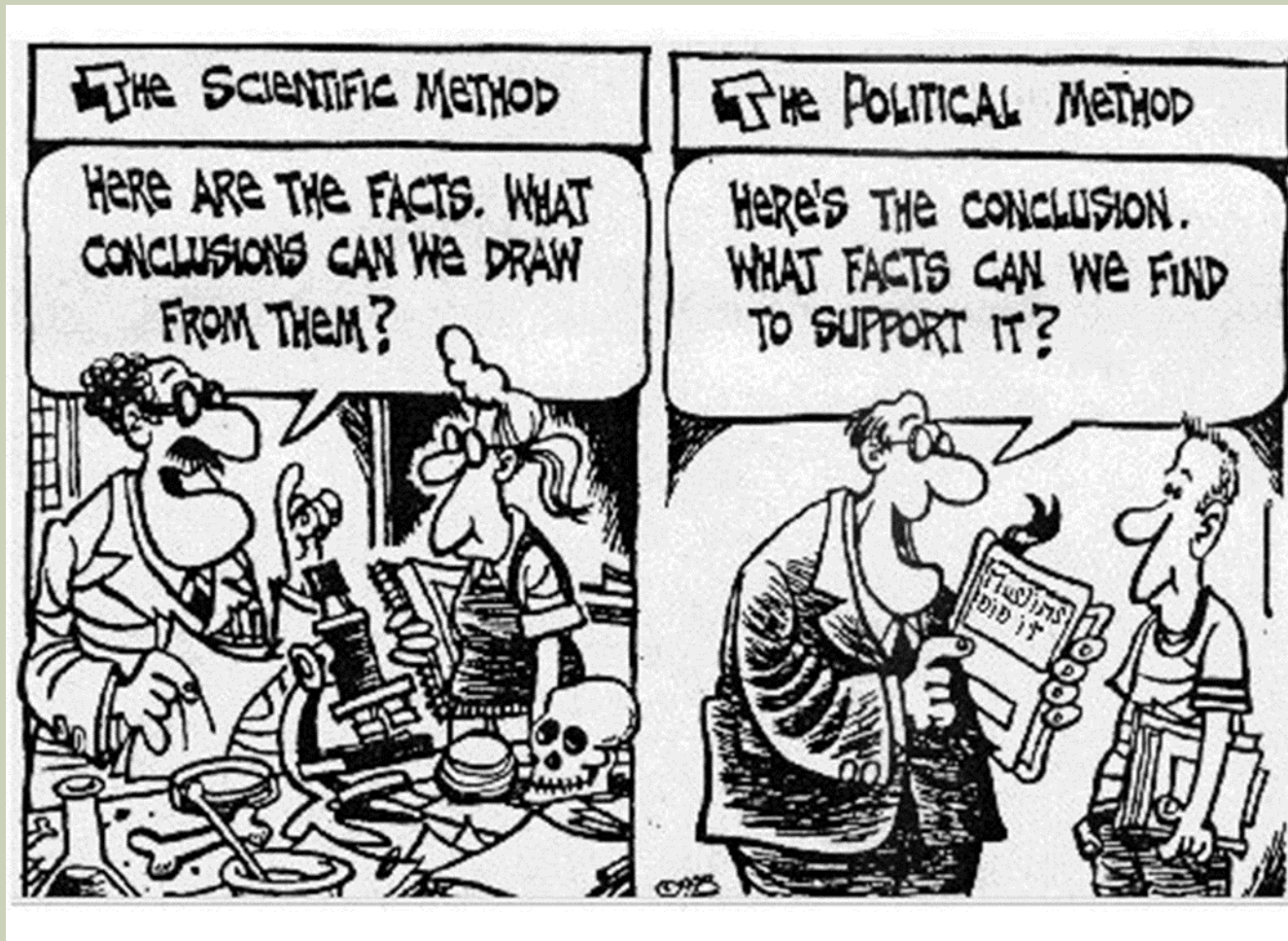
# REFRAMING 8: SECONDARY PREVENTION

<b>Psychology of Self-reporting and Disclosure .</b>	<b>Working within the existing Legal, Social, and Professional Framework .</b>	<b>Scale and Type of Response .</b>	<b>Media, Public, and Political Hurdles</b>
The management of help-seeking behaviours.	A change of direction and approach in the UK towards earlier prevention	The availability of online and offline services	A major challenge, was dealing with the public relations element of it
The tension between the offenders' need for support and managing the presented risk to themselves and others.	Issues of mandatory reporting	Ethics, safeguarding and the reality of online support.	Potentially easier with youth than adults?
Potential or current offenders had felt personally alienated.	the rights of (identified/ unknown) victims	Ethics, safeguarding and the reality of offline support.	"getting the right message across"
Effective secondary harm prevention efforts need to have a clear outreach plan	the issue of identifying suitable avenues for prevention	Who is the service provider?	The role of the professional in shaping the media, public and policy message.

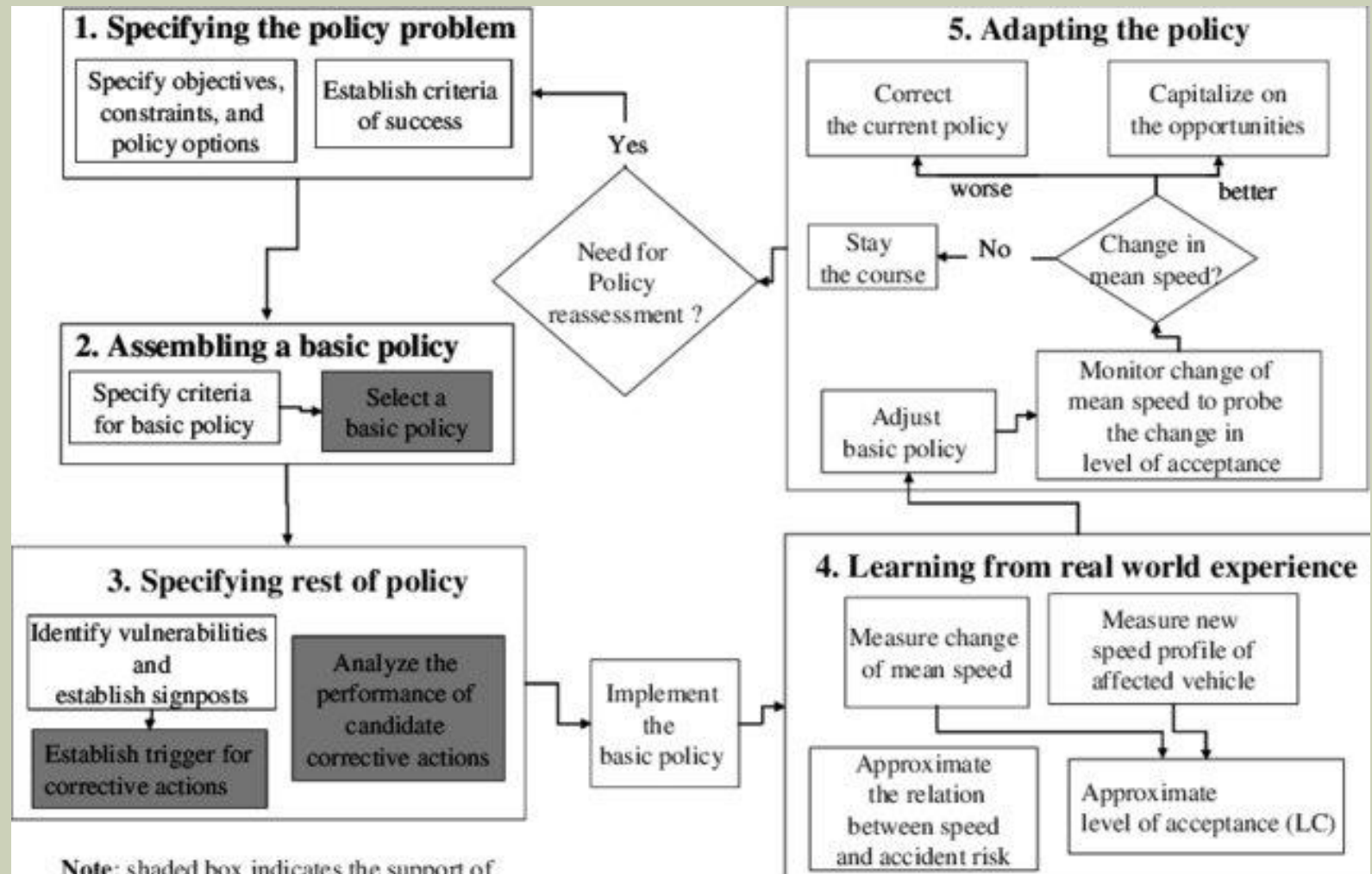
(McCartan, Merdian et al, 2017)



# REFRAMING 10: THE EVIDENCE BASE & POLICY



# REFRAMING 10: THE EVIDENCE BASE & POLICY



- What sorts of narratives do the media use.
- Who do they talk to... & why do they talk to them..
- Who are their target audience
- Who are “they”...
- Interested in newsworthiness, research, shock, interest, policy or sales...

- Evidence based policy or Policy based evidence
- Types of research
- Funding of research
- Who makes the decisions...
- Is the research “translatable”
- Government vs policymakers vs researchers

**MEDIA  
ENGAGEMENT**

**RESEARCH**

**How to reconstruct  
the societal attitudes  
surrounding Sexual  
Abuse**

**PROFESSIONAL  
ENGAGEMENT**

**PUBLIC  
ENGAGEMENT**

- How do professionals talk to different audiences?
- Who are the professionals and are they used well?
- The relationship with policy and government – accessibility and language
- Language, discourse and narratives...
- Research with impact

- Who are the public or “publics”
- How do they engage in stories..
- Feelings and attitudes to experts and “advice”...
- The role of trusted persons and local stakeholders

# CONCLUSIONS

- We need to work together more effectively & in a multi-disciplinary pre-CJS.
- We need to recognise & believe that prevention is the work of all.
- We need to utilise professional knowledge, expertise and good practice more.
- We need to engage with known sexual abusers more so that we can better understand why people offend and when best to intervene.
- We need to pay attention to the service user journey so that we can engage with them so that they can integrate into society.
- We need to share our knowledge, good practices and skills effectively with the public and media, to improve societal understanding.