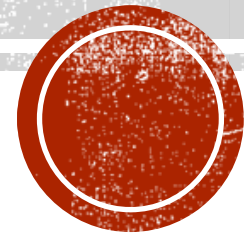


RESULTS OF THE CEP SEXUAL ABUSE STUDY

MCCARTAN, K., VAN DER BRUGGE, W., ŠPERO, J., INGE SVENDSEN, J., CUTLAND, M., MORICK, Y., NEGREDO, L., ZAVACKIS, A., ZAMMIT, M. A., & TEET KAJALA, T. (2022). *SURVEY OF CURRENT PRACTICES IN THE ASSESSMENT, TREATMENT AND MANAGEMENT ACROSS CEP AREAS*. CONFEDERATION OF EUROPEAN PROBATION



Professor Kieran McCartan, UWE Bristol

- Risk and needs assessment
- Management, interventions, and treatment in prisons
- Management, interventions, and treatment in probation
- Data collection, information sharing and work in partnership
- Victims and community support
- Staff selection and training
- Media and communications strategy
- Research, evaluation, and development



**Recommendation CM/Rec(2012)8
of the Committee of Ministers to member States
on the implementation of good governance principles in health systems**

(Adopted by the Committee of Ministers on 12 September 2012
at the 1149th meeting of the Ministers' Deputies)

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve greater unity between its members and that this aim may be pursued, *inter alia*, by the adoption of common principles in the health sector;

Recalling the Warsaw Declaration (2005) wherein it is stated that "effective democracy and good governance at all levels are essential for preventing conflicts, promoting stability, facilitating economic and social progress";

Having regard to its Recommendation CM/Rec(2007)7 to member States on good administration and its Recommendation Rec(2000)10 on codes of conduct for public officials;

Having regard in particular to its Recommendation CM/Rec(2010)6 to member States on good governance in health systems;

Considering that the governance of a health system plays an important role in the planning, management and performance of health systems;

Considering that all member States face similar challenges regarding the performance of health systems;

Considering that one of the objectives of the Council of Europe is to find common solutions to the challenges facing European society;

Recognising that a good governance system should contain built-in mechanisms for monitoring and evaluation, as well as performance assessment, of the health system based on clear objectives;

Considering the advisability for member States to develop appropriate tools for monitoring, evaluation and performance assessment to assist in the implementation of the principles enshrined in Recommendation CM/Rec(2010)6;

Recommends that the governments of member States use and promote the tools described in the appendix to this recommendation as a basis for the development of their own monitoring tools to assist in the implementation of the principles enshrined in Recommendation CM/Rec(2010)6;

In order to adapt tools to improve governance and further develop them within a country's context, member States could consider the following actions:

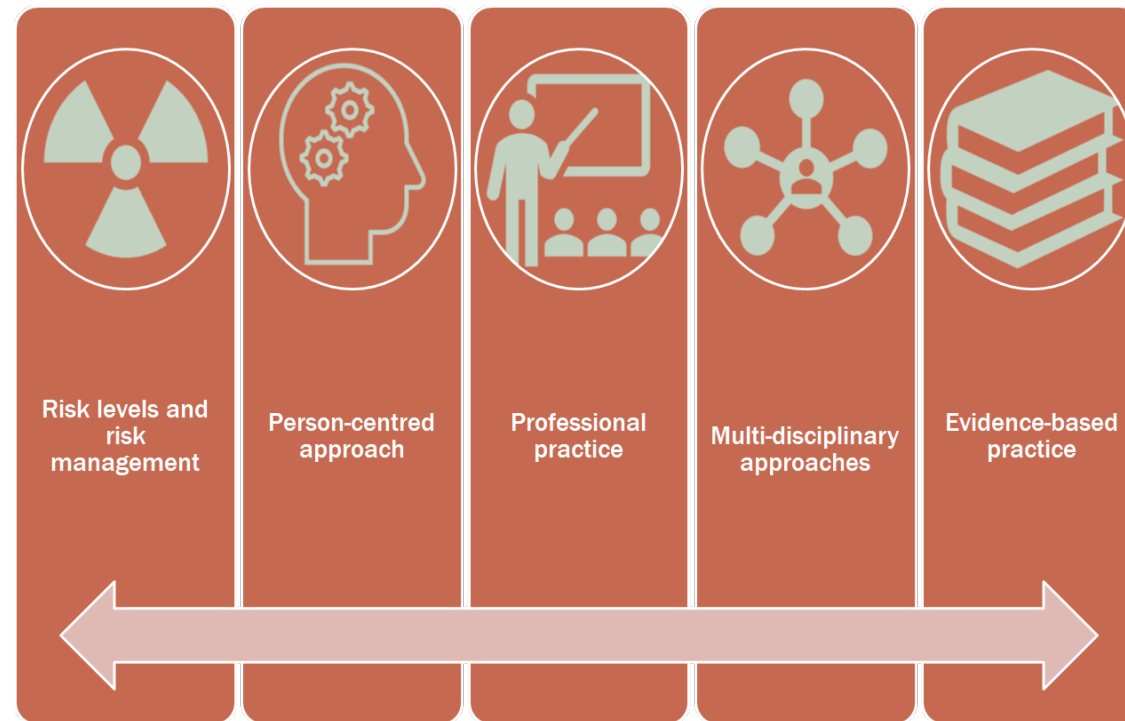
i. evaluate and monitor the implementation of the key principles of good governance, using Tool No. 1 in the appendix;

ii. assess the level of prevention and management of conflicts of interest in health systems, using the checklist in the appendix (Tool No. 2);

iii. review the level of development, implementation and monitoring of codes of conduct for different stakeholders and settings, using a checklist (Tool No. 3);

iv. carry out a health governance monitoring survey, for self-appraisal and monitoring (Tool No. 4);

Recommends that governments of member States learn from and build on national and international experience, conduct periodic updates of the tools in the light of lessons learnt and support the exchange of good practices.



Recommendation CM/Rec(2021)6

of the Committee of Ministers to member States

regarding the assessment, management and reintegration of persons accused or convicted of a sexual offence

(Adopted by the Committee of Ministers on 20 October 2021)

https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=0900001680a4397a



- The Confederation of European Probation (CEP) has always focused on sexual abuse and people who sexually offend as part of their core work over the last 10-15 years clearly evidenced through the topic being the focus of a working group, and being the subject of many of their conferences, workshops, and training events.

- Following on from this the CEP working group on sexual offences decided to have a closer look at the different practices and policies in the assessment, treatment and integration of people convicted of a sexual offence across the countries involved in CEP, this gives us the opportunity to develop some general themes as well as drill into the core challenges and good practice in each country.





SURVEY OF CURRENT PRACTICES IN THE ASSESSMENT, TREATMENT AND MANAGEMENT ACROSS CEP AREAS.

- The research ran across late 2021 (October) and into mid 2022 (August) and was accessible via Qualtrics.
- 24/39 countries and regional members of CEP completed it

Albania	Finland,	Jersey	Norway	England & Wales	Estonia
Belgium - Flemish Community	France,	Latvia	Republic of Moldova	Spain	Catalonia
Croatia	Germany	Luxemburg	Romania	Italy	Sweden
Czech Republic	Ireland	Malta	Scotland	Northern Ireland	Ukraine



QUALIFICATIONS

- Most of the countries that took part (18 out of 24 countries) stated that they required a degree level qualification or higher to work with people convicted of a sexual offense, with only five countries not requiring this but instead needing employer-based training.



- Over 50% of the country's that took part in the research, 13 out of the 24, stated that it was difficult to find material on assessment, treatment, & management of people convicted of a sexual offence in their mother tongue/language, which was especially true in respect to evidence and research-based materials (i.e., journal articles, books, reports).

ACCESS TO RESOURCES



- The countries sampled indicated that there was a broad spectrum of support being offered by employers to enable staff who worked with people convicted of a sexual offence.
- Some countries, a small minority, offered a full array of activities; others, a majority, offered very little or none. In general, the type of activities offered often included (1) financial support to attend conferences, CPD and training, and/or (2) supervision, psychological support, and reflective practice.
- Most participants said that in their countries if additional training (Personal and professional development) to work with people convicted of a sexual offence was supplied by their employer (15 out of 24), with a small number stating that they had to locate and pay for it themselves (3 out of 24).

TRAINING, SUPPORT AND DEVELOPMENT



CHALLENGES IDENTIFIED IN RESPECT TO WORKING WITH PEOPLE CONVICTED OF A SEXUAL OFFENCE

- Staff burnout and poor retention.
- The need for more and better developed staff training.
- A better more co-ordinated approach to understanding and applying risk management strategies in helping people convicted of a sexual offence to integrate back into the community.
- A greater need for better and more engaged “service user” approach from staff specifically and the system more broadly.
- Clearer and more nuanced community understanding of sexual offending behaviour and the need for better community/public support in the integration of people convicted of a sexual offence.
- The need for a more rounded evidence base. It is important to note that in some countries there was no country wide evidence base for them to use, whereas in other countries it was that there was no evidence base on certain long standing (e.g., risk assessment or treatment effectiveness) and/or emerging issues (i.e., Trauma informed Practice, Prevention, etc)



ABUSE SOCIETAL VIEWS OF SEXUAL

- Most participants (20 out of 23) stated that sexual offending was a high-profile issue in their country, it was in the press a lot and this coverage was mainly negative.
- The majority (18 out of 23) stated that negative and problematic language was often used to discuss people convicted of a sex offense, and only 6 participants stated that their press, policy, and the public in their countries had only started to sparingly use 1st person language
- Additionally, participants stated that most stories related to sexual offending in the press were mainly negative (risk, reoffending, failures of the state), with a small number of stories being positive (prevention, rehabilitation, desistence).
- Although you had negative news stories across the board, you saw more positive, engaged, and rational pieces in Western and some northern European countries.
- When asked what they thought would make the most difference at a practice and policy level in response to sexual offending moving forward, the participants stated across the board,
 - an increase in financial resources;
 - better-developed evidence base;
 - more focused and up-to-date research and training;
 - pro-social and positive media narratives and engagement;
 - better policy and practice dialogues and planning;
 - more partnership working; and
 - clearer service user narrative.



EXISTING AND EMERGING DATA

- Across all the countries questioned the most common forms of sexual abuse recorded were Rape, Child Sexual Abuse, as well as the creation, sharing and downloading of Child Sexual Exploitation Material.
- Additionally, the participants also highlighted the issue of data sharing and partnership working in this area, between and across countries, which was particularly concerning for Schengen Area countries where freedom of movement was an issue.
- In terms of emerging area of concern digital and online sexual offences was a concern across the board for many countries, but for a small amount (four countries) the increase in revenge pornography was seen as a challenging issue.



RISK ASSESSMENT

- The participants indicated that a range of risk assessment tools were being used by professionals across, and sometimes within countries, including OSP/Oasys, Risk Assessment System, risk of violence protocol, SA07, RNR – A, RRASOR, STATIC 2000, SERN, Stable/Acute, SVR-20, AIM 2 & 3, EROSOR, and the Youth Risk and Needs Assessment Scale (YRNAS).
- This highlights a lack of consistency in risk assessment and challenges in finding common ground, risk assessment was often country and/or locale specific.
- This is significant given that participants stated that risk assessment can play
 - a central role in judicial decision-making (17 out of 24),
 - a central role in the development of the individual's treatment program (19 out of 24)
 - a central role in the development of the individual's management/supervision program (20 out of 24).



TREATMENT

- In terms of treatment and management policies, most countries had a program for Adult Males convicted of a sexual offence (13 out of 24) and Juvenile Male convicted of a sexual offence (12 out of 24),
- but not for
 - Adult female convicted of a sexual offence (8 out of 24),
 - Juvenile Female convicted of a sexual offence (2 out of 24),
 - a BAME convicted of a sexual offence (1 out of 24),
 - online offence only (8 out of 24), a person with a mental health problem (3 out of 24), and
 - a person with a learning difficulty (7 out of 24).



- In respect to sexual abuse prevention, all the participants could identify it and discuss it, but a lot of them saw the practice playing out in different ways, with some seeing it as
 - Community engagement (focusing on bystander intervention and community upskilling)

or

 - Service user engagement (working with people at risk of re/offending).
- The participants believe that in their country of employment, their government (17 out of 24), criminal justice professionals (19 out of 24), and Treatment providers/Therapists (18 out of 24) all had a good understanding of and were committed to sexual abuse prevention.
- However, when asked about programs already in use and available across countries, participants could not name many, but highlighted Moving Forward Making Changes programme, Uusi suunta (A New Direction), and Sexual Offender Program with an Individual Focus (SEIF).



CONCLUSIONS

1. Risk assessment is inconsistent across Europe with different scales and approaches being used, while it operates at the heart of sentencing, treatment, and risk management.
2. Treatment for people convicted of a sexual offense is common across Europe and operates similarly. Additionally, more work must be done on bespoke treatment programs for certain populations (i.e., BAME. Mental health, Neurodiversity, and learning difficulty).
3. There needs to be better, more consistent, and evidenced-based staff training.
4. Social Policy linked to sexual offending is seen as a high priority in Europe.
5. There is a recognition that preventing sexual abuse is important, but this needs to be built on by policymakers and practitioners, with more interventions being developed, rolled out, and evaluated.
6. Better data-sharing procedures need to be developed within and across countries, especially those countries in the Schengen Area.
7. There is a common media and public narrative around sexual abuse and the people that commit it which is negative and problematic.



RECOMMENDATIONS

1. A co-ordinated research program that allows countries to develop, where needed, their research and share that in an accessible fashion internally and externally.
2. Transnational, coordinated approach to risk, risk assessment, and management with shared values, terminologies, and outcomes.
3. Greater co-ordination between frontline staff, policymakers and related organizations on fit-for-purpose policy development.
4. A coordinated effort to develop, roll out and evaluate sexual abuse prevention strategies more effectively.
5. .To develop better data sharing and partnership agreements between organisations nationally and internationally to respond to as well as prevent sexual abuse.
6. To raise the level of nuanced discussion about sexual abuse across Europe in general, as well as in member countries specifically, with more developed and creative media engagement as well as public exchange strategies.
7. A better developed and implemented staff training programs.
8. A more considered (Trauma-Informed Approach) to staff retention and support, recognizing the challenges that working with people who have a sexual conviction raises.
9. A greater coordinated focus on online sexual abuse and a more coordinated practice and policy approach to online safeguarding.





JRC TECHNICAL REPORT

Classification criteria for child sexual abuse and exploitation prevention programmes

Perpetration prevention initiatives

Di Gioia, R.
Beslay, L.
Cassar, A.
Pawula, A.

2022



JRC SCIENTIFIC INFORMATION SYSTEMS AND DATABASE REPORT

Help Seeker and Perpetrator Prevention Initiatives Child Sexual Abuse and Exploitation

A mapping update, towards a knowledge platform

Di Gioia, R.
Beslay, L.

2023



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It's time to talk about it. Child sexual abuse can be preventable.

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QUESTIONS

