

JSPG TASKGROUP RESPONSE TO “HIDDEN CRIMES SECRET PAIN”

BACKGROUND

The EHSSB, Children Services Planning established a sub-group entitled Family Support and Child Protection. From that sub-group a number of working groups were established, this group chaired by Val Owens formerly PBNI has focused on supporting families of Sex Offenders.

The group represents a number of agencies from the statutory and voluntary sector who have experience in this area including PBNI, Social Services, NSPCC, PSNI, Barnardo's, NIACRO and the Child Care Centre

The group has been tasked with scoping existing services in relation to supporting families of sex offenders and developing a model identifying best practice for services to families.

To date the group has undertaken the following tasks;

- Obtained relevant representation on the group
- Disseminated and analysed a survey to professionals
- Reviewed PBNI files of supervised sex offenders
- Liaised with GERALYN SMITH (a psychologist with significant expertise in the area)
- Begun to develop models of best practice for families of adult offenders and families of young people who engage in sexually harmful behaviour (SHB)

Key findings to date include;

- Families of offenders, young people who have engaged in sexually harmful behaviour do not appear to be a special group in their own right. They may receive services from a number of agencies by default for example if the offender or young person is receiving services related to their offending behaviour the family's needs, ability to protect may be addressed. There does not appear to be any service that offers a primary service to them.
- When there is a focus on the family it is usually centred on an assessment of protectiveness if the family intend to reunite with the adult offender, young person, little else by way of support is considered, offered.
- The potential role that families can play in relapse prevention and sex offender management has not been realised.

PART TWO - PREVENTION

The consultation highlights the role of preventing sexual violence occurring in the first place as a key priority for the regional strategy. This group welcomes the role of prevention as integral to the overall reduction of child sexual abuse.

As highlighted within the consultation, in many cases the abuser, young person engaging in sexually harmful behaviour is usually known to the victim and family. It also highlights that the families of sexual offenders are often stigmatised by the behaviour of their relative, and some family members may also have been direct victims and that known sexual offenders are less likely to re-offend if they are monitored and supported by appropriate family members.

Again this group endorses the planned support for the development across Northern Ireland of programmes for families of perpetrators, or potential perpetrators. Currently there is little or none primary support for families of perpetrators or young people presenting with sexually harmful behaviour. They may receive some support from an agency already working with the adult offender or young person as a secondary service. In this case the focus for the family is often centred on their ability to protect rather than their needs as individuals affected by the abuse, stigma.

Models of best practice need to be developed and endorsed to ensure that services to these groups are equitable, and effective. This group is currently working on models that highlight best practice in terms of addressing the needs for families of sex offenders or young people with sexually harmful behaviour

The potential role that families of offenders and young people with SHB can play in terms of helping to prevent re-offending can only be realised through the provision of effective and holistic services from identified agencies.

PART 3 - PROTECTION AND JUSTICE

The focus of this section of the report is on measures which seek to increase confidence in the criminal justice process and ensure the law offers protection and an effective response to victims of sexual violence. It is generally acknowledged that only a small proportion of sexual offences are ever reported and the commitment to enabling and encouraging victims in reporting offences is a development which is welcome by the J.S.P.G. Group. The consultation recognises that the law in respect of sexual offences in Northern Ireland is particularly complex and undertakes reform of the law which hopefully will result in strengthening protection for adults and children alike.

The recommendation to undertake an inspection of how sexual violence cases are handled by the criminal justice system would be strongly supported by this group and we would anticipate a range of improved outcomes as a result of this inspection. Such improvements could only increase the confidence of victims in reporting offences and is likely to lead to an increase in successful prosecutions.

The report recognises the valuable role of key organisations within the criminal justice system in ensuring a more effective response to victims of sexual violence and indeed in bringing perpetrators to justice and seeks to

enhance the mechanisms by which such organisations can deliver better outcomes for all involved. The report recognises the importance of training and professional development in enhancing the contribution made by such organisations.

The J.S.P.G. group endorses the focus on bringing perpetrators to justice and that the sentences available reflect the seriousness of their crimes and welcomes the proposals for the introduction of new legislation aimed at providing greater protection for the public. The improvements proposed in this section should result in greater accountability by criminal justice agencies and result in a more co-ordinated and improved service for victims.

Part 4 – SUPPORT

Support for families

This section of the report focuses mainly on establishing a regional Sexual Assault Referral Centre (SARC) which is broadly welcomed but needs further consideration in terms of child and adult victims as well as whether it will be medical or forensic led and located. The report also acknowledges the long term implications for other services of sexual abuse e.g. mental health where it is estimated that adult female survivors make up 50% of the psychiatric inpatient population.

Although it is acknowledged in the report that perpetrators of sexual violence have families and many have children of their own who are often the direct victims of abuse, a comprehensive assessment of need is required as well as identifying resources to address the needs. There is no specific and detailed reference to this. Like services for victims, there are a few committed individuals/ agencies working with families of sex offenders; but there is no coordinated arrangement and inter agency approach.

As well as often being the direct victims, family members of offenders suffer significantly in terms of stigmatisation, isolation, shock and denial, guilt, shame, rejection by family/friends/community. A range of therapeutic services could be put in place to address the needs of this group. It is the special circumstances of this (often overlooked) group that have been considered by JSPG task group and we have some useful ideas about the issues relating to and needs of families of sex offenders and families of young people with SHB.

Support for professionals

For many workers engaged in providing services to victims/survivors of sexual violence including the families of sex offenders and young people with SHB, they are often deeply affected by this work and agencies are often poorly prepared or unable to respond to this distress when it happens.

The *Professional Accommodation Syndrome* (Morrison 1991) offers a theoretical framework to understanding the damaging effects of this process on staff. It is based on an adaptation of Summit's (1983) *Child Sexual Abuse*

Accommodation Syndrome to explain the experiences of staff in terms of what we know about the process of victimisation. Front line staff need access to good quality supervision and consultation to be able to work effectively.

Training

Training at both undergraduate and post qualifying levels for relevant health professionals needs to incorporate more detailed information about the nature, incidence, impact and response to sexual violence if they are to go on to develop the necessary skills and knowledge to undertake very complex and very important work.

***EHSSB JSPG TASK GROUP SUPPORTING FAMILIES OF SEX OFFENDERS AND
YOUNG PEOPLE WITH SEXUALLY HARMFUL BEHAVIOURS 26 APRIL 2007***