

NSPCC Response to 'Hidden Crimes Secret Pain – A Consultation Paper on a proposed Strategy for addressing Sexual Violence in Northern Ireland'.

April 2007

INTRODUCTION

1. The NSPCC welcomes the opportunity to respond to the strategy 'Hidden Crimes, Secret Pain'. This represents a significant cross government initiative in respect of a range of aspects of child sexual abuse and we welcome, in particular, the intention to centrally co-ordinate a series of measures from prevention through to protection, justice and support.
2. The NSPCC is the lead voluntary child protection agency in the United Kingdom. The Society is unique in having statutory powers under the Children (NI) Order 1995 and operates more than 20 projects in Northern Ireland offering a broad portfolio of services relating to child protection and prevention, safeguarding, working with victims, family support, training and consultancy, research and policy development and listening services. Among them, this includes three projects which provide post abuse therapeutic services to children and young people and one project which provides treatment and assessment for young people who display sexually harmful behaviour. Our Young Witness Service also provides advocacy and support for children and young people who are witnesses within the Northern Ireland Court system.
3. In responding to this document we have consulted widely with our staff group and ensured input from a wide range of functions and services. The document itself we found quite unwieldy to work with so, in the main, we have responded to the Consultation proposals and in doing so, some of the questions in the document. Where it seems appropriate and helpful, we have made further suggestions and recommendations outside of material in the document.

GENERAL

4. Overall the strategy reads as very adult-focused and the NSPCC would like to see a much stronger emphasis on child victims who comprised more than half of all sexual offence (56%) in Northern Ireland recorded by the PSNI between April 2001 and October 2006. Equally, there is a need for greater recognition of sexual violence against male children. Recorded PSNI statistics indicate that twice as many child cases involve male victims as in adult cases [18% V 9%] (Bunting, 2007). It is also important to recognise that while a majority of perpetrators are men women also commit sexual offences and it is estimated that they are involved in up to 5% of sexual offences committed against children (Bunting, 2005). This needs to be reflected in both overt references to female offenders and gender neutral language.

5. In listing the range of inter-related strategies and reports which are relevant to sexual violence it would be useful to reference the Bamford Review into mental health services and, in particular, the review of Child and Adolescent Mental Health Services (CAHMS).
6. We were also of the view that the strategy needs to be accompanied by detailed, measurable and achievable outcomes and indicators, as well as appropriate timescales.

PREVENTION

7. Public education and awareness raising is central to the prevention of sexual abuse. Research commissioned by the NSPCC in England (Opinion Leader Research, 2003) shows that adults have a lack of understanding about child abuse, how prevalent it is and how to recognise it. The research found that adults focus their attention on a narrow range of issues, such as child abduction, and assume that strangers represent the greatest threat to children and young people's safety. Similarly a recent survey of public attitudes towards sex offenders in Northern Ireland highlighted a significant lack of knowledge and misinformation about issues relating to sexual offences (NISOSMC, 2006). This report recommended the development of a major public education campaign to raise local awareness of sexual offences and of management processes and procedures.
8. As such NSPCC strongly supports the proposal **to raise awareness about sexual violence and examine social attitudes towards it**. There is a clear need for public education about the realities of child sexual abuse which shows children and adults where the risks are likely to lie and which prepares them to take protective action. Most sexual abuse occurs in families or with individuals in positions of trust to children; when offending does take place in the community it is rarely at random but rather usually works through a grooming relationship. Public education should also include education for children and young people about appropriate sexual behaviour and potential abuse within relationships and should form part of the curriculum.
9. In terms of mechanisms to achieve this we believe that initiatives such as Stop it now! (NI) have an important role to play. Stop it Now! (NI) is an innovative public health campaign focussing on the three levels of prevention: primary; secondary; and tertiary (See Box 1 for further details of Stop It Now! NI outcomes). It has moved into its third year of a three year pilot project funded by the DHSSPS and NIO and is managed by the NSPCC. Current aims of the campaign include:
 - Developing a Northern Ireland awareness raising campaign to

actively engage and influence the community, professionals and the target group audience to bring about the elimination of child sexual abuse in Northern Ireland;

- Influencing senior managers, policy makers and politicians to further this aim;
- Securing additional funding to progress the campaign beyond the initial three year period;
- Ensuring that all child protection concerns are dealt with in accordance with Regional ACPC policies and procedures; and
- Ensuring the diverse nature of the NI community is fully reflected in any plans that are made and work that is undertaken. (Stop it Now! (NI) strategic aims and objectives 2005 -2008, 2005).

Box 1: Stop It Now! (NI) Outcomes

Whilst a detailed evaluation report is currently being completed, the campaign is underway in terms of advancing the aforementioned aims. Key outcomes include:

- Dissemination of informational material for adults. This information is aimed at preventing child sexual abuse by providing adults with general information that explains what child sexual abuse is, signs to watch out for in children and potential perpetrators and what to do if they are concerned; a leaflet that provides adults with information about sexually harmful behaviour among young people and a new leaflet about the risks associated with internet related offending. A range of new leaflets are in development.
- Inclusion on a number of working groups aimed at policy development (Sexual violence strategy, NISOSMC research sub-committee, EHSSB sub group examining services for families of perpetrators, and Children at risk or risky children group that contributed to the current research commissioned by the DHSSPS.)
- Engagement of professionals (local Community Safety Partnerships, ethnic minority groups, voluntary and statutory organisations)
- Development and successful rollout of training material which seeks to breakdown the secrecy, silence and taboo surrounding sexual abuse. Positive evaluations reinforce the need for such inputs.
- Community engagement
- Increased calls from NI to the Stop it Now! UK & Ireland confidential helpline
- Positive media coverage.

Stop it Now! UK & Ireland confidential helpline.

In June 2002 Stop it Now! UK & Ireland began operating the helpline. An evaluation report has been produced that details calls from 2002-2005. It outlines achievements in reaching abusers, potential abusers and their families. Some want advice but choose to remain anonymous. After repeat calls, others come forward for face to face contact and work with us and other

child protection agencies towards a safer future for themselves and for children around them. The Helpline is proving to be of value to others, for example young people worried about their own thoughts and behaviour. There has been an increasing number of calls from professionals, including Police, children's services, schools and Non-Government Organisations (NGOs) such as Relate and Samaritans, who are using us as an expert advice line to help them with sexual abuse related issues. By May 2005 the helpline had taken over 4000 calls and helped more than 2000 individual callers and had helped 250 individuals via email. A report detailing the calls since 2005 is pending.

10. The proposal to commission benchmarking research which will **allow for targeted initiatives to be put in place to develop public awareness** recognises the importance of a strong evidence base. We believe that this research should also include the identification of messages for potential perpetrators. Research to this effect has been completed by Stop it Now! Minnesota (2005) [see Box 2 for brief details on research method and outcomes].

Box 2: Stop It Now! Minnesota Research

Aim: To establish the key messages that should be developed in Minnesota that have the potential to influence a person concerned about their own behaviours decision to get help.

Methods, Procedures and Participants of the research

- Individual interviews conducted with adults who were in treatment—or had completed treatment for sexual behaviours towards children.
- Project oversight was provided by the University of Minnesota Institutional Review Board.
- The research team received training in the protection of human research subjects in advance of the interviews.
- 33 people participated in interviews; the interviews lasted approximately 90 minutes.

Outcomes

The research helped inform marketing efforts by developing messages that:

- Appealed directly to their remorse and own desire to stop “to stop being miserable, to stop hurting children, to do the right thing”;
- Messages that persuade them treatment is available and desirable;
- Messages that convince them that they can stop, that others have successfully changed, and that others like them will help them change
- Messages appealing directly to those who are thinking there’s nothing wrong with the behaviour that emphasize that the behaviour is harmful; and

- Messages aimed at those who are contemplating abuse but have not yet harmed a child.

In addition, marketing can be used to deliver:

- Messages appealing to mental health treatment providers, social workers, social service agencies and others to improve screening and referrals to specialized treatment for sexual behaviour problems (since some adults with sexual behaviours towards children are seeking treatment for issues other than sexually abusing a child);
- Messages appealing to family, friends, and other “bystanders” to raise awareness of the availability and value of the helpline and/or treatment; and
- Messages appealing to change societal norms to a belief that people who sexually abuse children are successfully receiving treatment and ending the behaviour.

Additional messages aimed at potential perpetrators should include:

- Messages raising awareness that child sexual abuse is not inevitable. It’s preventable;
- Messages raising awareness that treatment is available and successful;
- Messages raising awareness that child sexual abuse is widespread and that sometimes otherwise good people sexually abuse children;
- Messages raising awareness of the helpline, web site and warning signs.

Source: Stop It Now! Minnesota (2005)

11. There are a range of initiatives aimed at awareness raising which we can learn from and apply to the NI context. For example, in 2006 the Home Office ran a communications campaign which was aimed at making men think about the issue of consent. The tracking results were positive and another campaign aimed at helping young women stay safe and warning about the dangers of sexual violence and abuse is planned. Similar campaigns which not only address sexual violence between peers but deal with the issue of the sexual abuse of children by adults will be an important step in educating the public. The NSPCC has used high profile media campaigns such as “Don’t Hide It” in Spring 2006 to communicate key messages about the nature of abuse and how children can seek help. The campaign incorporated extensive media activity and targeted online presence tailored towards children and young people. Work was also carried out to make adults more aware of the issues faced by children and young people with regards to sexual abuse. These have been evaluated very positively reaching 24.7m adults in the UK an average of 6.1 times. The NSPCC plans to repeat the exercise in Spring 2007.
12. The NSPCC welcomes the proposal in this strategy to prevent sexual violence by encouraging **the development of healthy relationships**

and respect through the curriculum delivered by schools and further colleges of education. In 2000, the NSPCC recognised the importance of working in the school setting as a means of ending cruelty to children and established an education programme. Not only are children and young people very accessible within this setting, their age, stage of development and learning capacity is such that they are laying the foundations for the development of protective behaviours e.g. coping skills, help seeking, resiliency and self-efficacy which help them stay safe.

13. This strategy recognises in 2.11 - 2.21 the importance of the Personal Development Curriculum becoming a statutory entitlement for children and young people aged 4-16 in Northern Ireland from September 2007. We note however that the areas outlined in 2.15 provide examples of issues which may be addressed in the curriculum. The Revised Northern Ireland Curriculum provides for flexibility about the specific issues to be addressed as part of the Personal Development Curriculum. It is our experience that in these circumstances, schools and individual teachers choose not to address issues such as sexual violence for a number of complex reasons including:

- *Staff insecurity* – they don't feel they have the specialist knowledge/ skills to deal with issues or the aftermath of delivering sessions.
- *Parental involvement* – there is a fear of broaching the subject because of the possible backlash from parents. Parents sometimes feel that this type of work would destroy the 'innocence' of childhood and are resistant to its incorporation into the curriculum. Some schools do not feel equipped to allay such fears or to engage the parents in the discussion.
- *Lack of resources* – Many resources for the primary classroom do not tackle these issues explicitly. In 2004 the NSPCC produced a reading list for teachers. There was a lot of fictional material available for use in the classroom but staff need to be supported in using it effectively.
- *Internal support for staff* – There is a lack of internal support for staff who deal with issues of abuse.

14. Some schools address the issue of sexual violence only in the context of 'stranger danger', which gives a false impression, as we know that most abuse happens within families or is carried out by those known to the victim. It is the belief of the NSPCC that if the issue of sexual violence is to be effectively engaged with in the school setting there should be an explicit requirement to do so within the curriculum appropriate to the developmental stage of the children. In order for children to be effectively protected they need to:

- Understand what abuse is and who may abuse them (peers, adults and virtual);

- Understand that abuse is wrong and they all have a right to be protected; and
 - Know who they can tell if they (or someone they know) are being abused – local and national helplines, on-line services (as well as how to contact them).
15. In order to achieve this, parents need to be consulted and have an understanding of the curriculum. To ensure positive support the curriculum also needs to be culturally sensitive. Guidance materials and Training programmes for teaching staff need to specifically address the issue of sexual violence. Such material would need to be thoroughly piloted and evaluated to ensure they address the needs of the staff and the parents/ carers. It is crucial that staff feel safe in delivering any curriculum and that it is supported by parents/carers to enhance its effectiveness. This type of training should be integrated into training programmes from initial teacher training to those with more experience in pastoral care issues.
 16. Until such resources and training is developed and delivered there is recognition in the Revised Northern Ireland Curriculum that “some of the issues in Personal Development are sensitive and may require teachers to call upon outside agencies to assist in tackling issues with confidence.” Delivery of programs on such materials is core to the work of the NSPCC Schools’ Fundraising team. This team talks directly to children and young people in the school setting and relays key NSPCC messages about staying safe and seeking help from child protection services: this can often lead to the team being involved in handling disclosures of abuse. Schools’ Fundraisers also disseminate information leaflets and packs to ensure child protection messages are relayed to wider audiences which include teachers, parents and extended families.
 17. As stated above schools also have an important role to play in the safeguarding of children and young people from sexual abuse. It is our experience that the full implementation of the school child protection procedures would be facilitated by whole school approaches to staff training. All personnel need to recognise abuse and pass on relevant concerns to the Designated Teacher for Child Protection in the school setting. In the light of child protection developments in the recent years there is now a pressing need for DE to revisit the document “Child Protection-Pastoral Care in Schools” so that updated guidance is available to schools.
 18. The NSPCC is supportive of proposals around **identifying and supporting the establishment of practical measures to promote personal safety and promote best practice to protect those most at risk are clearly important tasks.** However, the NSPCC believe that this needs to be treated with a degree of caution as there is an inherent danger in appearing to make victims responsible for their own victimisation. This is a particular concern in relation to child sexual abuse where power imbalances between adults and children, coupled with the

grooming behaviour of many offenders, make personal safety especially difficult.

19. The NSPCC believes that a wide range of professionals have a role to play and that inter-agency working and communication are key to success. There are a number of protocols being considered or in development which would assist this and could be referenced as outcomes in the final strategy:
 - a. Revision of HSSC 3/96;
 - b. Roll-out of the draft information sharing protocol between social services, NSPCC and the PSNI around sharing of information when there are concerns about an individual; and
 - c. Regional ACPC guidance in respect to children who sexually harm

20. **The development of measures to prevent inappropriate and sexually harmful behaviour and develop best practice in targeting those who are at risk of assaulting or who have a history of sexually inappropriate behaviour** is a vital element of prevention. Research by the Risky Children, Children at Risk Group (Yiasouma, Gossrau & Leonard, 2007) has highlighted lack of staff training in Northern Ireland, inconsistent definitions of what constitutes sexually harmful behaviour and low levels of referral to specialist therapeutic projects for this group of children and young people (Yiasouma et al, 2006). The English Cross Government Action Plan on Sexual Violence and Abuse (Home Office, 2007) proposes to develop a national (E&W) strategy on young people who display sexually harmful behaviours, a common screening framework and national policy on how and where and by whom treatment is provided. The NSPCC believe that we need a similar action plan for dealing with this issue in Northern Ireland.

PROTECTION AND JUSTICE

21. The NSPCC is pleased that concerns around protection and justice are prominent in the strategy. The way in which allegations of child sexual abuse are dealt with and progressed through the criminal justice system forms an integral part of how we respond to the sexual mistreatment of the most vulnerable within our society. Successful prosecution and conviction enables perpetrators to be brought to justice and punished appropriately, as well as helping to prevent further abuse by the removal of the offender from society. The provision of Home Office accredited sex offender treatment programmes for convicted offenders in both prison and community settings, and the use of multi-agency assessment and management of these offenders upon release, can further act to reduce the risk of re-offending. Low conviction rates, on the other hand, mean that justice is achieved in only a small number of cases, leaving the voices of a majority of children and young people who fall victim to these

crimes unheard and many potential sex offenders untreated.

22. To this end, the NSPCC have welcomed previously government's intention to modernise the law on sexual offences to bring arrangements into line with England and Wales and have previously responded to the NIO consultation. However, we wish to highlight the lack of clarity as to how children can be protected when they are vulnerable whilst ensuring that older children engaged in consensual sexual activity are not criminalised, or put off from seeking medical and health advice. Currently in NI there is a tension between case law such as *Gillick v West Norfolk and Wisbech Area Health Authority* [1985], the ACPCs' Regional Policies and Procedures (see Para 9.47), Section 5 of the Criminal Law (Northern Ireland) Act 1967 and a general lack of child protection referrals relating to young children seeking advice on under age sexual activity. . While we welcomed NIO proposals to introduce new child sexual offences and stronger tariffs, we were unable to accept NIO's proposed construction of the law in relation to underage sexual activity. **The NSPCC recommend that clarity is brought to bear on these complex interfaces and would strongly suggest that a roundtable meeting is convened by NIO with key stakeholders to look at what construction of the law will best protect children.**
23. In terms of **current statistical information** the lack of integrated systems between the various criminal justice agencies means that it is not possible to track cases from the point of entry in the PSNI system through to court proceedings. As the strategy rightly notes, for a variety of reasons there are major difficulties in measuring recorded crime statistics against conviction statistics. Nonetheless, in the absence of integrated data, measuring recorded crime data against court data for the same year can provide a crude but useful overview of where we are in relation to conviction rates in NI. For example, analysis of PSNI and court data for the years 2002-2004 (Bunting, 2007) produces an overall conviction rate for all sexual assault in NI of 6-8%, a figure which is similar to that identified by Home Office research (Kelly et al, 2005) as well as official statistics in England (Office of Criminal Justice Reform, 2006). However, the inability of court data to capture statistics on those proceeded against and convicted for sexual offences against children means that it is not possible to produce conviction rates for sexual offences committed specifically against children. This is a key gap and progress towards developing this information would be very welcome.
24. Despite the obvious gaps in current information systems in NI, the NSPCC is of the view that the available information can tell us more about how cases of child sexual abuse are progressed through the NI CJS beyond the basics of sexual offences recorded and cleared by PSNI and persons proceeded against and convicted by the courts. Our own analysis of PSNI data relating to child sexual offences recorded between April 2001 and October 2005 (Bunting, 2007) highlighted significant differences between the characteristics of cases involving child and adult victims, confirming the need for the processes relating to child victims of

sexual abuse to be considered separately from that of adult victims. This analysis also revealed that only one in five cases of child sexual abuse reported to PSNI (21%) resulted in some kind of formal sanction with high rates of non-detection (48%), victim withdrawal (15%) and the police or PPS deciding not to proceed (12%) accounting for a majority of case attrition in NI. Significant variation in case outcomes across Police District Command Units was also apparent, suggesting variation in how CSA cases are responded to across the PSNI.

25. The NSPCC recognises that there the progression of sexual assault cases through the CJS is a complex issue and there are many, often valid, reasons why cases do not go further. Nonetheless, we feel that the current low conviction rates with regard to child sexual abuse is a key issue which needs to be addressed. In information terms, statistics relating to the type of clearance are much more useful in understanding how sexual assault cases are dealt with than overall clearance rates. As such we would recommend that these statistics, together with overall conviction rates, are routinely produced and used to monitor our response to reported cases of CSA. The English Cross Government Action Plan on Sexual Violence and Abuse (Home Office, 2007) contains a variety of measures of attrition (see Box 3) and it would be important to consider the applicability and appropriateness of introducing similar performance indicators in NI.

Box 3 : Measures of attrition (apply to adult and child offences)

- The proportion of victims of sexual assault who say that they have reported the crime to the police, as measured by the BCS IPV.
- The proportion of rapes that are 'no crimed' by the police.
- The proportion of rapes reported to the police that result in a sanction detection.
- The proportion of rapes cases where the victim withdraws between charge and the case going to court.
- The number of prosecutions for rape.
- The proportion of rape cases (post-charge) discontinued by the CPS.
- The proportion of rape trials resulting in a conviction.

Source: Home Office (2007)

26. The NSPCC welcomes the key proposal requesting that **the Criminal Justice Inspectorate undertake a thematic inspection of how sexual violence cases are handled by the Criminal Justice System and put forward recommendations for improvements**. Based on our own understanding and analysis of how cases of CSA are progressed in NI, the NSPCC feels that separation of child and adult cases is essential to developing our understanding in this area. We are of the view that the

experience of children and young people and their families is likely to be quite different from that of adults and that different attitudes and perspective are likely to influence professional responses in these cases. As well as considering child cases separately from adult cases, we believe that the terms of reference for the inspection should include an in depth process evaluation of how cases are managed at the different stages of the CJS (i.e. police, PPS, court).

27. Home Office funded research (Kelly et al, 2005) has also indicated that the attitudes of those employed within the CJS can be central to determining how cases are progressed, highlighting a negative focus on case/witness deficits rather than proactive case building and strengthening. The experiences of the NSPCC therapeutic teams in NI would also indicate that, despite many positive experiences, attitudes towards sexual crime can still be quite negative and unhelpful. As such, the NSPCC feels that examination of professionals attitudes towards cases of child sexual abuse and exploration of how potential child sexual abuse 'myths'¹ can negatively impact professionals responses should form an important component of the proposed criminal justice inspection.
28. The NSPCC also strongly supports the key proposal **'to identify and promote best policy and practice in the treatment of victims of sexual violence within the criminal justice system, encompassing arrangements for the provision of information relating to their cases.** We think that an overview of both national international developments in relation to treatment and support of child victims would be a useful resource for identifying and promoting best policy and practice. The Cross Government Action Plan for Sexual Violence and Abuse (Home Office, 2007) in England makes reference to a literature review of interventions, although it is unclear if this has been completed or, if so, whether or not it included NI or other international jurisdictions.
29. We are aware that a coherent body of literature from which to derive an overview of policy, support and intervention services may not be readily available. Work on establishing conviction and attrition rates across Europe and associated service provision for adult victims of rape has previously highlighted the lack of available data in this area (Kelly &

¹ Kelly (2001) highlights how rape and sexual crime differs from other crimes because of its gendered nature, the relationship between the victim and offender and personal and intimate nature of the crime itself. Unlike other crimes, however responses to rape are often distorted by a variety of non-factual presumptions which serve to deny and minimise the impact of this type of assault.

Prevalent rape myths outlined include:

- It is committed by strangers
- 'real rape' happens at night, outside and involves a weapon
- there are always injuries
- victims will resist
- women ask for it through their behaviour/dress
- all victims react the same way
- rape is perceived as worse than being killed or is one of the worst things that can happen.

These perceptions about rape, unsupported by the research evidence or accounts from both victims and perpetrators serve to fuel the concept of 'real rape' – sexual assaults which are accepted as such by professionals in the criminal justice systems and vigorously pursued, investigated and prosecuted.

Regan, 2001). To counter this, the researchers sent questionnaires to the criminal justice agencies in each of the member states included in the project in order to obtain a broad overview. There may be some merit in considering a similar approach as a means of identifying innovative policies and interventions which might usefully be adopted in NI.

30. Notwithstanding the lack a comprehensive overview of what works in this area, the available research and data point to a number of priority areas which require policy and service development in Northern Ireland. As the strategy acknowledges, the provision of case information is a key to including victims and their families and keeping them involved with CJS system. A lack of information and on-going contact with the CJS has been consistently identified as a reason for dissatisfaction with the CJS and withdrawal from the prosecution process (Kelly, 2001; Kelly et al, 2005). An example of good practice in this area is that of the STAR Sexual Assault Referral Centre which provides support and counselling to victims of sexual violence aged 14 -16 in West Yorkshire. One of the services offered by this SARC is a case tracker service which aims to keep survivors informed of the progress of their case through the criminal justice system through actively seeking information from the police and updating the client through telephone and/or postal contact.
31. Time delay has also been identified as a significant issue with the NI Criminal Justice Inspection (2006) finding the problem to be worse here than in England and Wales. This is a view echoed by NSPCC practitioners who have cited examples of cases in which children and young people have waited 2-3 years for their case to come to trial. This creates difficulties around the victim's ability to recall the incident as well impacting on perceptions of the victim during trial where they appear much older than they had been when the event occurred. Long delays often are viewed as a deliberate stalling strategy used by defence barristers in order to increase the likelihood of the victim withdrawing from the process. Delays were also noted in other aspects of the process with some cases taking one year or longer before the police passed the case file on to the PPS. However, it was acknowledged that there appeared to be very low levels of support for staff in the CARE units, many of whom were under continued pressure because of case loads and the length of time spent in court. **It is essential that proposed changes in Police structures deliver improved resources and greater support for CARE unit officers or the new arrangements that will take over this work.**
32. NSPCC strongly welcomes the lead taken by the Criminal Justice Board in relation to delay in the criminal justice system. Progress in relation to sexual violence must be cross referenced with the work of the Delay Action Team established by the Criminal Justice Board. The judiciary have an important role to play in this regard, particularly as they have a lead role in managing case progression once a case is at court. Sexual assault/abuse cases involving children inevitably involve issues of file disclosure from social services, schools and medical practitioners. Some

work has been done in relation establishing a clear protocol regarding third party disclosure but it is still some way from being completed. **The Lord Chief Justice should ensure that this work is completed and implemented as soon as possible.**

33. As mentioned above, research evidence and practitioner experience tells us that professional attitudes towards sexual violence can play an important role in how cases progress through the CJS. The provision of professional training and development is central to increasing professional knowledge and understanding of child sexual abuse and its impact on victims and their families. As such the NSPCC is very supportive of the proposal aimed at **identifying and supporting the introduction of appropriate professional development and skills programmes relevant to the treatment of victims and witnesses in sexual offence cases within the criminal justice system.**
34. Currently specialist training provided in Northern Ireland includes Joint Protocol Training and 'Achieving Best Evidence' procedures, for PSNI and Social Workers, together with mandatory training for all professionals investigating child abuse and offences against 'vulnerable adults'. In other parts of the UK initiatives have been, and continue to be, developed (CGAPSVA; 2007) and it would be clearly be of benefit to consider the introduction of similar arrangements in Northern Ireland. These include initiatives such as:
 - the provision of specialist rape prosecutors;
 - developing a manual for these prosecutors;
 - delivering training on providing proactive advice to the police on strengthening cases during pre-charge processes;
 - working with the Bar Council to deliver accredited training to all counsel who prosecute these cases; and
 - developing specialist training and occupational standards for the police in conjunction with ACPO.
35. However the NSPCC is of the view that if adults are to be offered specialist prosecutors in rape cases then, there is an even stronger case for this approach with young witnesses. We believe that in all cases of child sexual abuse there should be specialist training for all lawyers, defence as well as prosecution and that there should be greater emphasis on communicating with children and child development training in all cases involving children. Prosecution lawyers also need to be more proactive in child sexual assault/abuse cases to protect children from unduly hostile cross-examination, unfair questioning and to challenge defence assertions, particularly those made in pleas of mitigation at sentencing.
36. There is also a training issue for judges and magistrates dealing with young witnesses in general and those in child sexual assault/abuse cases in particular. Informal 'ticketing' arrangements in Northern Ireland where only jurists with appropriate skills/experience will hear child sexual

assault/abuse cases should be formalised in conjunction with a training strategy for jurists. This would include an emphasis on communicating with children and child development. This is vital because judges and magistrates set the tone for their courtroom and, as well as their fair trial duties towards the defendant, they have a duty to ensure that young and/or vulnerable witnesses are treated fairly in the courtroom and are able to give their best evidence.

37. The Cross Government Action Plan (Home Office, 2007) also makes reference to legislation allowing expert witnesses in rape trials. If expert witnesses are suitable for adult rape victims to dispel common myths and misconceptions about rape, then there is a very compelling argument for also taking this approach for cases involving young witnesses, particularly those who are the victims of abuse. We would like to see this new proposal extended further to cover all prosecutions for child abuse where vulnerable children and young people have to give evidence. The NSPCC has experience of the imbalance of power in the courtroom, as the defence counsel is able to manipulate the jury's assumptions about victim behaviour, and this can undermine and/or misrepresent the victim's evidence.
38. The NSPCC is supportive of the proposal in relation to **the strengthening of arrangements to place MASRAM arrangements onto a statutory footing and for the extension of arrangements to include violent offenders**. We are pleased that ongoing discussions are looking at best models for Northern Ireland and that this will include the role of social services as part of the statutory authority and a risk management model that is based on 'proportionality of risk' as opposed to sentence type or length. We are supportive of the proposals to also deal with unadjudicated offenders as part of the risk management process.

SUPPORT

39. The NSPCC welcomes **proposals to scope existing medical and counselling services and the development of regional standards**. However, as with other aspects of the strategy, we believe that this entails examination of services and identification of current gaps specifically in relation to child victims. Likewise separate standards are required for services which respond to child victims of sexual violence as their needs can often be different from those of adult victims. A good example is Key Proposal 9 for a 24 hour sexual violence helpline. It could be argued that in Childline this already exists for children and young people.
40. The experience of NSPCC in Northern Ireland suggests that current provision of post-abuse treatment services varies substantially across Health and Social Services Trusts. This issue was not addressed

adequately in the Bamford Review of Mental Health Services despite particular attention to Child and Adolescent Mental Health services. Our experience in supporting young witnesses still tends to suggest that children who do not remain in touch with social services post-investigation (i.e. there are no ongoing child protection or child care concerns) are not referred to appropriate treatment services. It is to be hoped that Trust reorganisation under the Review of Public Administration will create an opportunity to ensure more consistent provision of treatment services across the region. We are pleased to advise that the NSPCC will be undertaking a nation wide mapping of post sexual abuse therapeutic services for children and young people which will include England, Wales, Scotland and Northern Ireland. We hope that the findings from this project will provide a useful baseline for further service development and are keen to feed this into the strategy implementation where appropriate.

41. The NSPCC welcome the proposal **to provide guidance on therapeutic support for children pending criminal proceedings**. This has been a very confusing area of practice for those working with children with inconsistent application across Northern Ireland. Clarity in this area would be a major step forward. The provision of this guidance in a Northern Ireland format is inextricably linked to the development of similar guidance for adults and the production of a Northern Ireland version of Achieving Best Evidence Volume 2. The NSPCC welcomes the initiative by the Northern Ireland Office to take this forward through the Victims Vulnerable and Intimidated Witnesses sub group of the Criminal Justice Board. This highlights the importance of joined up working between the inter-departmental Steering Group on Sexual Violence and sub-groups of the Criminal Justice Board.
42. The NSPCC strongly supports the proposal of **a Sexual Assault Referral Centre (SARC) in Northern Ireland**. We have welcomed the opportunity to be involved in the initial stages of this process and look forward to developing this service in relation to children and young people at a future stage.
43. Earlier in our response we highlighted the need for a strategy in relation to children and young people who display sexually harmful behaviour. Overall, NSPCC feels that this issue is dealt with in the document in very little detail. Children who engage in sexually harmful behaviour do so for very complex reasons and multi agency treatment is regarded the most successful means of helping children over come difficulties. The Risky Children research (Yiasouma, Gossrau & Leonard, 2007) has highlighted the need for improved guidance for dealing with this group of children. The NSPCC would be of the view that while some interagency guidance exists in Co-operating to Safeguard Children (DHSSPS, 2003) this needs to be developed to include regional standards and multiagency practice which stipulate that all children should have a multi agency assessment.

44. The NSPCC have also campaigned for a clearly set out protocol in terms of children interfacing with the criminal justice and prosecution agencies. Currently these interfaces are far from clear and the creation of restorative justice processes add a further complicating factor to this. The consultation paper is silent on the role of the Youth Justice Agency and the Youth Conferencing Service. The NSPCC would suggest that a section of the strategy is set over to dealing with these issues in much more detail and proposes the development of specific guidance which sets out:
- That all children engaging in sexually harmful behaviour are subject to a multi agency assessment;
 - Treatment pathways for children who need specialist interventions;
 - Relationships between prosecution agencies and treatment; and
 - The role of diversionary alternatives and the specialist needs of this group of children.
45. We are very supportive of **the provision of advice, advocacy and service information in accessible multi-media formats** for children and young who are the victims of sexual violence and their families. The development of a directory of regional services would be valuable in gaining an overview of available services as well as acting as resource with which **to contribute to public information campaigns about available services.**
46. We are also of the view that **requiring appropriate management and professional support measures to be put in place for staff dealing directly with sexual violence cases** is extremely important. Working with victims of child sexual abuse can be a rewarding but stressful area of work. There is a strong need to consider the impact of such work on professionals and NSPCC research (Stephenson, 2005) in this area has highlighted the importance of develop and implement a range of supports such as supervision, peer support groups, secondment opportunities, paper days etc, for staff working in this area.
47. The NSPCC believes that it is essential that **appropriate training is available for all those providing services, to enable services to be delivered to required standards.** As mentioned previously we have a number of specialist areas of training in relation to joint protocol and the investigation criminal offences. However, suitable and on-going training for those professionals who deliver support services to children and young people who have been the victims of sexual violence and abuse is clearly necessary. Understanding the effectiveness of different therapeutic models and interventions is an important element in developing service provision, delivering appropriate training and monitoring standards. There is a real need to develop the evidence base in this area so that decision making is grounded in what we know about

what works for children and young people.

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