



Stop it Now! (NI) RESPONSE TO:

“HIDDEN CRIMES - SECRET PAIN” CONSULTATION PAPER ON A PROPOSED REGIONAL STRATEGY FOR ADDRESSING SEXUAL VIOLENCE IN NORTHERN IRELAND

1.1 Context and Background. How Stop it Now! UK & Ireland started.

The Stop it Now! concept originated in the United States. Founded by Fran Henry, a survivor of childhood abuse in her family, Stop it Now! US raised awareness of sexual abuse and asked abusers and potential abusers and their close family and friends to telephone a Helpline for advice.

Given their success, The Lucy Faithfull Foundation and the National Organisation for the Treatment of Abusers (NOTA) decided to explore whether the Stop it Now! approach could work in the UK & Ireland. The joint conference, held in 1999, brought together colleagues concerned about all aspects of child sexual abuse with the originators of Stop it Now! US. The enthusiasm that followed this event provided the impetus to create Stop it Now! UK & Ireland. Alliances have been fundamental to the success of the campaign to date; alliances that include the main children's charities, survivor and faith groups, statutory and government agencies

Stop it Now UK & Ireland is a campaign, managed by the Lucy Faithfull Foundation, which aims to prevent child sexual abuse by raising awareness and encouraging early recognition and responses to the problem by abusers themselves and those close to them. It does this through the establishment of regional and local projects, the dissemination of information and the provision of a Helpline.

1.2 Stop it Now! (NI)

In 2001 a steering committee was formed in NI which represented a number of organisations in the child protection and criminal justice field from the statutory and voluntary sector. The main aim for this group was to bring the Stop it Now! (NI) campaign to Northern Ireland.

Steering Group:

One of the core principles of the project emphasises the importance of a strong partnership approach and the development of alliances between voluntary and statutory agencies in the fields of child welfare, criminal justice, health and education. This has meant that the steering group have remained an integral part of the project and meet on a quarterly basis to:

- To support and advise on the development of Stop It Now! (NI) across Northern Ireland.
- To facilitate the involvement of a range of agencies in the work of Stop It Now! (NI).
- To act as a conduit of communication and liaison within individuals' own organisations and others.
- To contribute to the development and dissemination of information materials and media communications.

- To advise on the most appropriate method of evaluating the project.
- To support the work of the local co-ordinator. This may include representing the aims and objectives of Stop It Now! (NI) in public fora and the media.
- To read and comment on quarterly reports on the progress of the project.
- To ensure a wide dissemination of the annual report.

Funders:

In February 2005 a regional co-ordinator was appointed funded jointly by the Community Safety Unit, NIO and the DHSS&PS (Child Care Policy Directorate) for a three year period.

Host Agency:

The NSPCC agreed to manage the project which included employment of the co-ordinator.

The aims and principles behind Stop it Now! (NI) fits into the NSPCC's purpose which is to: "End cruelty to children"

In addition, a number of the NSPCC strategic objectives as outlined below also compliment Stop it Now! (NI) aims and objectives.

1. "To mobilise everyone to take action to end cruelty"
2. "To give children the help, support and environment they need to stay safe from cruelty"
3. "To find ways of working with communities to keep children safe from cruelty"
4. "To be, and be seen as, someone to turn to for children and young people"

**Part 2:
PREVENTION**

Q.2 What will be the most effective ways to increase understanding of the realities of sexual violence among the general public, including children?

A public health campaign that encourages the public to understand the scope (nature and extent) of sexual violence in a clear, non alarmist, accurate and factual way that can be easily understood. A variety of tools could be employed including

- Dissemination of informational material
- Marketing campaign
- Engaging community groups
- Engaging professional; groups
- Influencing the media

Stop it Now! (NI) raises awareness regarding CSA utilising the above methods. The target group is adults specifically:

1. Abusers and potential abusers, to seek help in order to take responsibility for their behaviour and seek help
2. Bystanders, friends and family of above group
3. Parents of young people engaging in sexually harmful behaviour.

Such public health efforts should explore public health and primary prevention as defining programme concepts. In this way adults conceive it as preventable not inevitable. It can focus on building resilience to stop a problem before it occurs rather than focussing on an intervention and addressing the problem after it has occurred.

Q.3 Which key target groups could contribute to supporting the process of increasing public understanding of the realities of sexual violence?

- Local Safeguarding Boards
- MASRAM or Public Protection professionals
- Child protection professionals (voluntary / statutory)
- Community based organisations
- Sure Start
- Health Professionals
- Media
- Stop it Now! (NI)
- Faith based organisations

Q.4 How best can children's attitudes to sexual violence be gathered?

Their views can be gathered via existing child focussed services

- there4me, NSPCC
- Youth Groups
- Schools
- NICCY
- Include Youth

Q.5 What will be the most effective ways to (a) develop, deliver and evaluate initiatives aimed at encouraging the development of social attitudes that will support the prevention of sexual violence and (b) which key influencers could contribute most effectively to the process of dispelling myths and changing social attitudes?

(a) Development of models of adult and community responsibility for prevention will impact the social norms and community values that allow child sexual abuse to occur. This would require utilising a public health framework, application of social marketing principles, adult responsibility and collaboration.

Data collection and analysis could consider the following elements:

1. Is the collaborative effort serving as a catalyst for community/system change in order to prevent sexual violence?
2. What factors or processes are associated with the rate of community/systems change for preventing sexual violence?
3. How are community/system changes contributing to the efforts to prevent sexual violence?
4. Are community/system changes associated with improvements in population level outcomes related to sexual violence?

(b)

- Media
- Faith based groups
- Education
- Health Promotion agencies
- Community/voluntary/statutory groups
- Stop it Now!
- Politicians
- Local community leaders

Q.6 Should Government give a clear message ahead of public opinion, to stem the tide of normalising sexual violence in society?

Query whether there is a tide of normalising sexual violence. The following issues that contribute to sexual violence should be tackled:

- Sexualising childhood
- Lack of emphasis on sexual development and the promotion of healthy development
- Attitudes towards women
- Binge drinking culture

Q.7 What steps could the media take to support the process of increasing public understanding and awareness of the realities of sexual violence?

- Less sensationalism
- Re-framing of issues for example avoid demonising
- receptive to pro-active approaches that frame the issue in a responsible and open way
- Responsible use of language avoiding unhelpful terms e.g. Monster, pervert, paedophile, Kiddie porn

Q.8 What key messages should be promoted in relation to how healthy relationships and respect can help to prevent sexual violence?

Introduce the following concepts to parents, teachers, youth leaders:

- What is sex?
- Why do we need to know?
- How do children learn?
- Characteristics of sexual development
- Promotion of age appropriate healthy development
- Understanding consent/informed consent
- Non-acceptance of sexually, physically violent behaviour.
- Links between sexual and domestic violence
- Recognition of peer pressure

Q.9 In addition to the education and training sector, what other sectoral groups and influencers have a role in delivering relevant messages?

- Faith based orgs
- youth groups
- community groups
- voluntary groups
- survivors groups
- PSNI
- Community Safety partnerships

Q.10 What more could Government do to promote the importance of healthy relationships in society?

- School curriculum
- Funding public health initiatives
- Co-ordination of a multi-sectoral working group

Q.11 What mechanisms could be used for the ongoing collection of data?

(Refer to 5a)

Q.12 In what ways can consistent messages and guidance be developed about specific risk factors and how best could the task of co-ordinating the multi-sectoral aspects of addressing known risk factors be taken forward?

Target groups should be identified:

1. Abusers / potential abusers
2. Bystanders / friends and family of above
3. Parents of young people
4. Young People
5. Children

Social marketing conducted through surveys, focus groups. Specifically crafted messages in response to target group and social marketing information. Use of Local safeguarding boards / children services planning to co-ordinate the multi-sectoral groups.

Q.13 What practical measures could be developed to promote personal safety, generally, and to protect those most at risk, in particular?

Crime prevention strategies promoted through community safety partnerships such as personal alarms, safe transport, mobile phones, helpline provision.

Q.14 (a) How can we stop sexual violence happening to children (b) what actions can be taken to better protect young people from sexual assault and (c) what role can the media play in bringing this about?

(Refer to 2, 5, 7, 8, and 12)

Q.15 What type of protection under the law should children and young people have?

Human Rights Legislation, Children's Order, UN Convention on The Rights of Children illustrates the protection that they can / should have. Systems and procedures need to ensure that they are fully implemented. Therefore research into the high levels of attrition could be examined.

Q.16 How do we ensure that the legal system is better able to provide children with protection and justice when they have experienced sexual assault?

- High levels of attrition needs to be addressed
- Pre-trial therapy
- Unnecessary delay
- Use of intermediaries

Q.17 What additional actions are required to protect sexually active young people from abuse and exploitation?

- The Barnardo's project "Beyond the shadows" Project could be expanded province wide.
- ACPC policies and procedures relating to organised abuse needs to be implemented more often.
- Consistent support and guidance of professionals who come into contact with these young people.

Q.18 How can awareness about sexual exploitation be raised among children and young people?

(Refer to 8) Awareness could be raised at this stage. For those at risk of sexual exploitation a multi-sectoral group could establish appropriate guidelines and support.

Q.19 What are the key messages to be developed in relation to early intervention with (a) adult perpetrators and potential perpetrators and (b) with young people who display sexually harmful behaviour?

Key messages need to be delivered after Social Marketing Research has captured the attitudes and views of the proposed target audience.

Research to this effect has been completed by Stop it Now! Minnesota (2005, research project). Their aim was 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.

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. (Stop It Now! Minnesota Research Summary: Adults at Risk of Sexually Abusing Children)

(b) The same strategy could be employed to deliver messages to young people engaged in SHB. Main messages could include:

- Young people with SHB are not mini-adults
- With help the prognosis is good
- Help is available and young people can change
- Peer to peer bullying / abuse is harmful

**Part 3:
PROTECTION AND JUSTICE**

Q.20 How can the policy and practices of the different criminal justice agencies be improved when addressing the needs of victims of sexual violence?

- Transparency
- Accountability
- Lowered rates of attrition
- Inclusion of views of survivors
- Lack of delay
- Pre-trial therapy
- Training and awareness raising for staff

Q.21 What areas should the criminal justice system prioritise when addressing cases of sexual violence?

- Plea bargaining
- Delay
- Attrition
- Consistent sentencing

Q.22 What types of improvements are required in the statistical information available within the criminal justice system?

- Differentiating child and adult cases
- Joined up systems

Q.23 What might be included in the terms of reference for an Inspection by the Criminal Justice Inspectorate of the handling of cases involving sexual violence?

**Part 4:
SUPPORT**

Q.24 What will be the most effective way to identify necessary support services and models for resourcing and delivering them?

UK wide and international research is needed to scope alternative services and models that have evidenced effectiveness.

Q.25 What key services would contribute most to victim/survivor care and support?

- Practical support
- Crisis intervention
- Therapy and counselling
- Housing support
- 24 hr Helpline
- Medical services

Q. 26 Is there a need to develop different services for different cohorts of victims/survivors, for example, due to gender, age or sexual orientation?

Yes

Q.27 How can services provided by HSS Trusts and the PSNI be better co-ordinated with those services provided by voluntary sector organisations to achieve the best outcomes for victims/survivors?

The re-organisation due to RPA should avoid duplication. Multi-sectoral working groups under the local safeguarding board's umbrella should identify what is required and what is available. Increased secondments etc may improve knowledge of other agencies.

Q.28 Which organisations could benefit victims/survivors by having clear protocols for joint working?

- HSS Trusts
- PSNI
- PBNI
- NGOs
- Community Groups

Q.29 What are the advantages of developing a uniform model of assessment (to complement the DHSSPS model) for assessing the risks of young people who present with sexually harmful behaviour?

The current model should be evaluated in terms of its applicability to NI. If appropriate it should be consistently applied and a working group involving those who use it should convene in order to share and learn from each other.

Other agencies who may be involved with the young person and/or their family should receive training in the model. Mentoring support could be offered and the roll-out piloted within a smaller area.

Q.30 Taking account of existing help-line facilities already in place, is a 24 hr sexual violence regional help-line needed in Northern Ireland?

Q.31 What will be the most effective ways of increasing awareness about services that are available?

- Directory of resources
- Through agencies information systems
- Web sites
- Marketing
- Knowledge of services disseminated throughout communities
- Primary Health Care facilities
- Public Libraries

Q.32 To which services should regional standards apply and how should standards be monitored?

For therapeutic / counselling services for adult and child victims and treatment services for adults offenders and young people with SHB.

Investigative services for detection of crime and prosecution of criminal offences.

Q.33 What (a) skills and training and (b) support, do people working directly with victims/survivors of sexual violence need?

- Skills
- Therapeutic
- Counselling
- Listening
- Empathy
- Training
- Therapeutic Intervention
- Counselling skills
- Child Protection
- Healthy Relationships
- Prevention
- Support
- Vicarious Trauma support
- Supervision
- Peer support

Q.34 How best could a Training Strategy feed into existing multidisciplinary training plans in statutory and voluntary sector agencies?

The overall agreed training needs should be incorporated into the training plans of the relevant voluntary, statutory agencies and be available across agencies.

Q.35 Should training about the nature, incidence, impact and response to sexual violence be incorporated into pre-qualification training for relevant health professionals?

Yes and it should be integrated into ongoing professional development courses.