ETHICS AND ISSUES OF SECONDARY PREVENTION EFFORTS IN CHILD SEXUAL ABUSE

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In the last few decades, there has been a growing recognition of the depth and extent of sexual violence globally (UNICEF, 2014).

Sexual violence reporting and conviction rates vary widely between and within countries, especially dependence on the size, culture and economic status of the country (Jewkes, 2012; UNICEF, 2014).

The increased global socio-political recognition of sexual abuse relates to a number of related factors (Tabachnick, McCartan, & Panero, 2016).

Internationally, studies of sexual violence found that lifetime prevalence of sexual violence ranged
  - from 6-59% if perpetrated by an intimate partner
  - from 1-12% (above 15 years)
  - 1-21% (below 15 years) if perpetrated by a non-partner (World Health Organization, 2014).
Cost of sexual abuse and imprisonment/responses to sexual abuse

Numbers of registered sex offenders

- 49,322 registered sex offenders in England and Wales (College of Policing, 2016),
- 1,465 registered sex offenders in Northern Ireland (PPANI, 2016),
- 4,787 registered sex offenders in Scotland (Scottish Government, 2016).
A public health approach

- focuses on prevention expands that response to address the health of an entire population and

- offers a unique insight into ending sexual violence by focusing on the safety and benefits for the largest possible group of people.

A public health approach allows drawing on multi-disciplinary knowledge and perspectives.
Public health offers a unique insight into ending sexual violence by focusing on the safety and benefits for the largest group of people possible.

Primary Prevention
- General deterrence.
- Bystander intervention; public education campaigns.

Secondary Prevention
- Working with “at risk populations”
- Stop it Now helpline; troubled families working; therapy for self-identified paedophiles.

Tertiary Prevention
- Preventing relapse
- Sex Offender Treatment Programmes, MAPPA, CoSA

Most of our resources are focused on tertiary prevention, we could invest more at the primary and secondary stages as it would have the potential to prevent the sexual abuse from occurring; therefore reducing victimization as well as the related emotional, psychological and social costs.
# Social Ecological Model of Sexual Harm Prevention (Smallbone & Rayment-Mchugh, 2013)

<table>
<thead>
<tr>
<th>Targets</th>
<th>Primary prevention</th>
<th>Secondary prevention</th>
<th>Tertiary prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders</td>
<td>• General deterrence</td>
<td>• Interventions with at-risk children and adolescents</td>
<td>• Early detection</td>
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<td></td>
<td>• Developmental prevention</td>
<td></td>
<td>• Sex offender treatment groups</td>
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<tr>
<td>Victims</td>
<td>• Personal safety training</td>
<td>• Resilience building with at-risk children and youth</td>
<td>• Ameliorating harm</td>
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<td></td>
<td>• Resilience building</td>
<td></td>
<td>• Preventing re-victimisation</td>
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<tr>
<td>Situations</td>
<td>• Opportunity reduction</td>
<td>• Situational interventions in at-risk places</td>
<td>• Safety plans</td>
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<td></td>
<td>• Extended guardianship</td>
<td></td>
<td>• Organizational interventions</td>
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<tr>
<td>Communities</td>
<td>• Community education</td>
<td>• Responsible bystander training</td>
<td>• Interventions with “problem” families, peers, organizations, and communities</td>
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<tr>
<td></td>
<td>• Community capacity building</td>
<td>• Enabling guardianship</td>
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</tbody>
</table>

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WHY SHIFT THE PARADIGM: CHANGING PERCEPTIONS, CHANGING POLICY

- To erode the traditional and misinformed stereotypes of child sexual abuse so that we can improve child protection, prevent sexual harm and manage perpetrators in the community more effectively.

- Politicians and policy makers might have a more realistic view which can better inform sex offender treatment, as well as community reintegration.

- Prevent sexual harm – reducing the impact and consequences of it.

- Effectively use limited funding in a proactive manner.

- Link together various organizations and existing programmes and policies together more efficiently.

- How, therefore, can professionals begin to educate and reformulate societal understandings of child sexual abuse across a range of publics?
Please introduce yourself to your neighbour and discuss what your role in the prevention of sexual abuse is.
EXAMPLES OF PUBLIC HEALTH APPROACHES - INTERNATIONALLY

- CoSA (International)
- Dunkelfeld (GER)
- Bringing in the Bystander (USA)
- Green Dot (USA)
- Safe Dates (USA)
- Help wanted! (USA)
- GYFS Neighbourhoods Project (AUS)
- Bodysafe (New Zealand)
EXAMPLES OF PUBLIC HEALTH APPROACHES - NATIONALLY

- Base 2
- Upstream
- Circles of Support & Accountability
- Engage/Engage+ (LFF)
- Stop it now! Scotland
- The Intervention Initiative
- Secondary prevention projects (Safer Living Foundations; Circles SW)
- Public engagement activities (NOTA; Clear Lines)
- Zero Tolerance
- AVA project
With the person beside you consider what you think are some of the issues, challenges and problems that taking a secondary prevention approach to sexual abuse could present?
Ethics and Issues of Secondary Prevention Efforts in Child Sexual Abuse

Kieran F. McCartan¹, Hannah L. Merdian², Derek E. Perkins³, and Danielle Kettleborough²

Abstract
This article discusses the ethical, practical, and moral issues surrounding secondary prevention efforts of child sexual abuse from a professional and practice-based perspective. Transcripts of a semistructured consultation event with n = 15 international experts on the secondary prevention of child sexual abuse were analysed using thematic qualitative analysis. The research identified four main critical areas linked to secondary prevention efforts, including: the psychology of self-reporting and disclosure; the interaction with and within existing legal, social, and professional frameworks; the scale and type of an appropriate response; and potential hurdles (i.e., within media, public, politics). The article outlines these areas, highlighting participant perspectives on risk-enhancing and mitigating factors for each domain.

Keywords
child sexual abuse, prevention, public health approach, treatment, ethics
METHOD

- **DESIGN**: Snowball sampling, exploratory, deductive, pragmatic & qualitative.

- **SAMPLING**: Purposive. N = 15 discussants from four countries (Germany, Ireland, UK, USA)

- **PROCEDURE**: A single roundtable table discussion (n = 15), followed by three smaller discussion groups (n = 5 each).

- **MATERIALS**: Statements from the four speakers talking on
  - working with populations at risk of perpetration;
  - current understandings of sex, sexuality and sexual abuse;
  - current national and international practices, & new developments, in preventing child sexual abuse;
  - practical considerations for professionals in the field of child sexual abuse prevention.
<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of process (Braun &amp; Clarke, 2006)</th>
<th>Description of process (current research)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Familiarising yourself with the data</strong></td>
<td>Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.</td>
<td>Notes where revised by the research team within 48 hours of the research taking place. The note takers at each table reviewed their notes, critiqued them and verified them with the small group participants where necessary; these notes where then shared, discussed, and agreed by the wider research team. This meant that we had a well-developed, coherent and fit for purpose data set. Additionally, we had also re-read and reviewed the notes starting to develop initial ideas.</td>
</tr>
<tr>
<td><strong>Generating Initial codes</strong></td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each other.</td>
<td>As outlined.</td>
</tr>
<tr>
<td><strong>Searching for themes</strong></td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme.</td>
<td>As outlined.</td>
</tr>
<tr>
<td><strong>Reviewing themes</strong></td>
<td>Checking in the themes work in relation to the coded extracts (level 1) and the entire set (Level 2), generating a thematic “map” of the analysis.</td>
<td>This happened the same way, but on a smaller scale. We initial identified a larger number of themes that we had to edit, coalesce and collapse down. This was made more challenging by the fact that we had top notes and shorthand, not detailed quotes.</td>
</tr>
<tr>
<td><strong>Defining and naming themes</strong></td>
<td>Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.</td>
<td>We agreed on four coherent themes; the themes made sense individually and in relation to each other. As we had no quotes to draw on we had to use discussion points as a steering to developing the richness of the data.</td>
</tr>
<tr>
<td><strong>Producing the report</strong></td>
<td>The final opportunity for analysis. Selection of vivid compelling extract examples, final analysis to the research questions and literature, producing a scholarly report of the analysis.</td>
<td>No adjustment made.</td>
</tr>
<tr>
<td>Psychology of Self-reporting and Disclosure</td>
<td>Working within the existing Legal, Social, and Professional Framework</td>
<td>Scale and Type of Response</td>
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<td>--------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
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<tr>
<td>The management of help-seeking behaviours.</td>
<td>A change of direction and approach in the UK towards earlier prevention</td>
<td>The availability of online and offline services</td>
</tr>
<tr>
<td>The tension between the offenders’ need for support and managing the presented risk to themselves and others.</td>
<td>Issues of mandatory reporting</td>
<td>Ethics, safeguarding and the reality of online support.</td>
</tr>
<tr>
<td>Potential or current offenders had felt personally alienated.</td>
<td>The rights of (identified/unknown) victims</td>
<td>Ethics, safeguarding and the reality of offline support.</td>
</tr>
<tr>
<td>Effective secondary harm prevention efforts need to have a clear outreach plan</td>
<td>The issue of identifying suitable avenues for prevention</td>
<td>Who is the service provider?</td>
</tr>
</tbody>
</table>
What do you think of these outcomes?
What would you add, remove or alter?
A standardised approach to secondary prevention across the UK:

- Standardised guidelines based on existing protocols with the public health sphere relating to working with at-risk populations.

- A clear disclosure protocol for individually disclosed information based on risk, level and type of disclosure, and accountability.

- A complementary approach of online and offline services to increase the likelihood of engagement, with system-appropriate variations on safeguarding, confidentiality, anonymity, and data sharing agreements.

- A guidance document for 3rd party organisations, the media, public, and policy makers, to communicate the narrative underlying this approach.
Can we develop clear ethical guidelines for working with, safeguarding around, treating and researching in respect to secondary prevention of Child Sexual Abuse?

Existing guidelines?
- NHS guidelines
- NICE
- HCPC
- BPS guidelines
- ATSA,
- NOTA
- IASTO clinical guidelines
How well equipped do you think you are, personally or organisationally, to deal with these ethical issues?

Please share good practice and/or concerns.
Focusing on individual safeguarding, protection, anonymity, and confidentiality;

Maintaining and updating professional ethical guidelines, standards, and protections;

Focusing on public protection and community risk management;

Engaging in public, media, and policy discourses as well as how best to discuss secondary prevention in the public domain;

Consideration of different at-risk groups in the implementation process;

Considering the types of secondary prevention offered, their location, accessibility, availability, and utility;

Integrating these efforts into the current legal frameworks, policy, practice, and professional standards, and considering whether they lend themselves to a public health, preventive approach.

Considering the interaction of all these aspects.
NOTA prevention committee -
http://www.nota.co.uk/resource/nota-prevention-committee/

Special Edition of “Journal of Sexual Aggression” on prevention -

NOTA prevention blog -
http://www.google.co.uk/url?
  sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwjA4MLj0ljVAhULB8AKHSRWBBkQFggrMAE&url=http%3A%2F%2Fwww.notaprevention.co.uk
  %2F&usg=AFQjCNFALz-uNqgS0ZC07DFqSVmeAbYB9Q

Public engagement events

Think pieces on sexual abuse prevention

PowerPoints for use with professionals and the public on prevention
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