NSPCC
Preventing Child Sexual Abuse
Towards a national strategy for England
Jon Brown and Aliya Saied-Tessier
June 2015

EVERY CHILDHOOD IS WORTH FIGHTING FOR
Contents

Executive Summary 4

1 Introduction 6
What do we mean by prevention? 7
A bit of history 7

2 Child sexual abuse is a public health problem 8
What is a public health problem? 8
Why is child sexual abuse a public health problem? 8
Implication of child sexual abuse being seen as a public health problem 9
Action is required 10

3 Theories of child sexual abuse 12

4 Effective prevention programmes 14
Programmes teaching children in schools 15
  Children and young people with disabilities 18
Programmes teaching parents and carers 18
Targeting professionals 21
Bystander interventions 22
Crime prevention strategies – Situational Crime Prevention 23
  A child sexual abuse situational prevention model 24
Media campaigns with a view to engaging the public 27
Online safety 28
  How children and young people are using the internet 29
  How the internet can negatively impact children and young people 29
Parents 30
  Offender’s traits and actions 30
What should society be doing? 30
Summary 31

5 What would a national strategy for England look like? 32
What are we, as a society, trying to achieve with a national strategy? 32
What should we do to get a national strategy? 32

Appendix 35
Definition of child sexual abuse 35
Theories of child sexual abuse for individuals 35
  Smallbone et al’s (2008) integrated theory 35
  Ward and Siegert’s (2002) Pathways model 37
Situational crime prevention 38

Bibliography 42
Executive Summary

For more than 15 years, child sexual abuse has increasingly been seen as a public health problem by people who work in the field. However, despite this, relatively little progress has been made by any country to deal with the issue by using a public health approach. In these times of constrained public expenditure, many are talking about prevention, and some organisations are doing excellent prevention work. However, currently in the UK there is insufficient action in the field of primary prevention. It may be that there is relatively little action because it requires spending more today to reap the benefits over decades, even generations. This cost recovery profile often does not fit neatly with our five-year political horizons. However, there is currently a body of good evidence about effective primary prevention that continues to grow. We, therefore, believe that the time for action is now.

Prevention requires behavioural change

Some argue that it is difficult to create social changes. But public health approaches have been successfully used to help with a wide range of issues, such as reducing the spread of HIV and encouraging the wearing of seatbelts in vehicles. There is no reason that we cannot stop child sexual abuse before it occurs by using a public health approach. It will require effort from all areas of society: from central government to local communities; from journalists to parents; from teachers to children. Every child, parent/carer, teacher, social worker, healthcare professional who works with children, family member, and friend should understand what child sexual abuse is and know how they can be part of preventing it. Those responsible for forming public opinion must urgently spread the message that all sexual abuse is wrong, and must promote the importance of healthy, equal and consensual relationships.

In 2011, the NSPCC argued that “By not addressing child sexual abuse as a public health problem we are failing our children”. We hope that this report will now lead to a national debate in England and, ultimately, to coordinated action to eradicate child sexual abuse.

Child sexual abuse is prevalent in the UK and we know that for many victims, the impact of this abuse can be devastating and endure into adulthood. Child sexual abuse also imposes substantial costs on society. This report is a call for increased action to prevent child sexual abuse before it occurs – this is known as primary prevention.

In this report we are referring to a national strategy for England only. This is because the policy areas involved are mostly devolved so they differ in the four nations, for example public health and social care. Therefore, throughout the report, ‘Government’ refers to the government in Westminster and ‘national’ refers to England only. Despite the focus on England, most of the report is still relevant to Northern Ireland, Scotland and Wales as it reviews the evidence about effective prevention strategies and discusses the merits of a public health approach. We recognise that there is a lot of good primary prevention work happening across all the nations in the UK.

Effective prevention programmes

This report outlines the wealth of knowledge about effective programmes and interventions aiming to prevent child sexual abuse before it occurs. There are encouraging examples of successful education programmes for children and parents – it is vital that we do not place all the responsibility of child sexual abuse prevention on children. We know that we need to do more to support professionals who want guidance about dealing with all aspects of child sexual abuse, including prevention. We are keenly aware that community engagement and local
action is vital to achieving the goal of stopping child sexual abuse, and we want to see more community-level programmes, such as bystander interventions. We also know that there are adults and young people who are struggling with their feelings who have not yet committed abuse. If support is only available once they have become perpetrators and are in the criminal justice system then this is too late and is effectively consigning children to abuse when it could be prevented.

Based on the evidence presented in this report, we want to start an active discussion about what a national strategy in England for child sexual abuse prevention should look like, so that we can all work together to eradicate child sexual abuse.

No more victims

Sarah’s story

I suffered from sexual abuse in my own home when I was very young. It had a really significant impact on my life…I was only eight and I was confused and afraid…The abuse affected everything in my life. I snapped at my family, became withdrawn and spent a lot of time in my room. My studies suffered. It really altered my relationships with men around me…I was living in constant fear and shame. As a teenager I suffered from clinical depression, and I used to comfort eat a lot. At times I was suicidal.

When I was 17 years old I finally found the courage to tell a high school counsellor…I was referred for counselling and, although it still took a long time to talk about what happened with the counsellor, I gradually came to terms with what happened to me.
Child sexual abuse can have enduring consequences for those it affects (Felitti et al, 1998; Kendler et al, 2000; Widom, 1995). For many victims, these impacts are significant (Finkelhor and Browne, 1985; Kendall-Tackett et al, 1993; Putnam, 2003). The adverse consequences of child sexual abuse can include acute feelings of betrayal, powerlessness, stigmatisation, guilt and traumatic sexualisation, as well as difficulties forming and maintaining relationships, mental health-related problems resulting from trauma and physical health problems (Meadows et al, 2011). Society has a moral obligation to eliminate this offence and ensure that all children can grow up safely. Supporting the moral case for child sexual abuse prevention is the economic one; NSPCC research recently estimated that the cost of child sexual abuse to the UK in 2012 was between £1.6 billion and £3.2 billion (Saied-Tessier, 2014).

The NSPCC has been working on issues relating to child sexual abuse, including developing services for victims, raising awareness and increasing our knowledge about child sexual abuse and its effects. In the past few years, child sexual abuse has increasingly been in the public eye. After the disturbing revelations about Jimmy Saville, there have been a series of high profile historic cases widely reported in the media. Public awareness of child sexual exploitation (one aspect of child sexual abuse) has also grown following exposure about large scale abuse in Rotherham, Rochdale, Oxford, Northern Ireland and other areas. There is a greater understanding of the need to explicitly tackle online child sexual abuse as children’s internet access grows. **Given the public’s growing concern about keeping children safe from all forms of child sexual abuse, this report is a call for increased action to prevent child sexual abuse before it occurs.**

This report outlines why we believe that action is required, as well as discussing the evidence for effective interventions to prevent child sexual abuse. Finally, this report ends with a list of specific calls for key stakeholders who are involved in keeping children safe from sexual abuse. In this report we are referring to a national strategy for **England only.** This is because the policy areas involved are mostly devolved so they differ in the four nations, for example public health and social care. Therefore, throughout the report, ‘Government’ refers to the government in Westminster and ‘national’ refers to England only. Despite the focus on England, much of the report is still relevant to Northern Ireland, Scotland and Wales as it reviews the evidence about effective prevention strategies and discusses the merits of a public health approach. We recognise that there is a lot of good primary prevention work happening across all the nations in the UK. For example, Northern Ireland is taking a region-wide approach to its child sexual abuse strategic development work and delivery of services. Meanwhile, in Scotland there are calls for a national inquiry into child sexual exploitation and institution abuse, and lessons could inform prevention practice.

The NSPCC, in common with an increasing number of organisations and individuals, believes that child sexual abuse is a public health problem and, therefore, that stopping it will need effort across all levels of society. This includes parents, children and young people, experts and professionals, members of local communities – which is to say, everyone. To achieve the worthy but challenging goal of preventing child sexual abuse requires a collaborative, coordinated and determined national response.

One implication of viewing child sexual abuse as a public health problem is that priority should be given to its prevention, in particular before any abuse has happened. As Michael Seto, a researcher in forensic psychology wrote in Tabachnick (2013), “I’m swayed by the overwhelming evidence and logic behind the idea that it is better to intervene early than it is to intervene late, whatever the problem or target might be. Better in terms of more effective, more cost-efficient and morally superior (enhancing human potential instead of making the best of a bad situation).” Other academics support Seto’s beliefs, with Leventhal (1997) summarising four reasons for preventing child abuse:

---

1. For a definition of child sexual abuse, see the appendix at the end of this report
2. For more information about the definition of a public health problem, see Section 2 of this report
i) The magnitude of the problem
ii) The huge personal, social and economic costs associated with abuse
iii) It is harder to reverse impacts of abuse than to prevent it
iv) It is better to address and improve family interactions before they get locked into negative behaviours.

We discuss the prevalence and costs of child sexual abuse in Section 2 of this report.

Prevention is about changing behaviour. When sexual abuse prevention programmes started to become popular in the US in the 1980s, they often just focused on giving information to children. While educating children, parents and professionals about sexual abuse is important, to stop sexual abuse occurring will require more than just information alone.

What do we mean by prevention?
The meaning of prevention may seem obvious but there are different types of prevention and often terms describing prevention are used differently in academic and policy papers. It is important to be specific and define what type of prevention we have included in the scope of this paper.

There are two dimensions to most definitions of prevention:
1. When in the life of the problem the intervention occurs;
2. Who the intervention is aimed at.

Our aim is to provide recommendations and evidence about how to prevent child sexual abuse before it occurs. Some interventions will be aimed at the whole of society, for example social norms campaigns, which we refer to as universal primary prevention interventions. Others, meanwhile, will target specific risk groups, for example pre-pubescent children, which we refer to as selective primary prevention.3

Information about treatment for victims or perpetrators after abuse has occurred is beyond the scope of this report. Programmes that help victims of sexual abuse take steps to recover and interventions that work with child sexual abuse offenders to stop them re-offending are vital, but again this area is beyond the scope of this report.

A bit of history
A political shift in focus from treating often entrenched problems to intervening early in the life of a problem came in 2008 with a cross-party paper on early intervention. The paper provided the groundwork for two independent government reviews of early intervention by Graham Allen MP, published in 2011 (Allen and Duncan Smith, 2008; Allen, 2011a; Allen, 2011b).4 However, individuals and organisations had been designing prevention programmes long before these publications. For example, David Olds started running a pilot of the Nurse Family Partnership in the late 1970s, which aimed to improve health and development outcomes for children. In relation to child sexual abuse, researchers and practitioners in North America, such as David Finkelhor, William Marshall, Richard Laws and Joan Tabachnick, and in Australia, Stephen Smallbone, have significantly shaped and developed thinking in relation to prevention.

Today, there is much more of a focus on taking action early before problems occur. The moral and economic cases for intervening early in the life of a problem, preferably before it starts, are powerful. However, despite the increasing amount of good work that is being done, for example by local authorities, charities and voluntary organisations, more coordinated action is needed if to create a common framework of policies and high-quality evidence-based programmes to bring about social change and eradicate child sexual abuse in England.

3 For more information on types of prevention, see Section 2 of this report
4 Note that early intervention is not the same as prevention. While part of early intervention concerns taking action before problems occur, it also involves intervening early in the life of a child.
2 Child sexual abuse is a public health problem

Those who work in the field of eradicating and treating child sexual abuse are probably familiar with thinking about this crime as a public health issue. Academic papers have been referring to child sexual abuse as a public health problem for at least 15 years (McMahon and Puett, 1999; Mercy, 1999). The World Health Organization stated that sexual violence was a public health problem in 2002, saying that “Much more needs to be done... to prevent it” (World Health Organization, 2002, Chapter 6, p.172). More recently, when talking about child sexual abuse and exploitation, the Deputy Children’s Commissioner said “I think we are facing a public health problem here.”\(^5\) This section of this report explains what we mean by a public health problem and the implications for framing child sexual abuse as a public health problem.

What is a public health problem?

There are many definitions of a public health problem. The common parts of the descriptions involve: i) protecting the health of a large number of people, and ii) achieving this by collective action of society. For example, the UK’s Faculty of Public Health defines public health as the “science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society” (Faculty of Public Health, 2010).

There is a broad overall approach about how to deal with public health problems, often referred to as a public health approach. The Center for Disease Control in the US defines the public health approach as a four-step process (Center for Disease Control, 2014)\(^6\):

- **Step 1: Define and monitor the problem**
- **Step 2: Identify risk and protective factors** – where risk factors are those that increase the likelihood of a person becoming a victim or perpetrator of child sexual abuse, and protective factors are those that decrease those likelihoods.
- **Step 3: Develop and test prevention strategies** – this step involves implementing and evaluating interventions that prevent the public health problem.
- **Step 4: Assure widespread adoption of successful interventions**

These steps show that a public health approach is grounded in evidence-based decision making.

**Why is child sexual abuse a public health problem?**

We believe that child sexual abuse is a public health problem for the following reasons:

1) **Prevalence** – it is difficult to know the exact prevalence of child sexual abuse, since so much abuse is unreported, and there are methodological differences in how child sexual abuse is defined and how prevalence is measured. The most recent NSPCC study on the prevalence of child sexual abuse (Radford et al, 2011) found that 11–17-year-olds reported that 16.5 per cent of them had experienced sexual abuse, of which 4.8 per cent had experienced contact child sexual abuse. These figures rose to 24 per cent and 11.3 per cent when 18–24-year-olds were asked if they had experienced sexual abuse as children. Lampe (2002) looked at the prevalence of child sexual abuse across Europe and found overall prevalence rates of 6–36 per cent in girls and 1–15 per cent in boys under 16. The Council of Europe states that “available data suggest that 1 in 5 children in Europe are victims of some form of sexual violence” (Council of Europe, 2014). Despite the uncertainty surrounding prevalence statistics, many studies exist that point to the message that child sexual abuse is a public health problem.

---


\(^6\) Many academics and organisations also use similar versions of the four-step process, such as the Violence Prevention Alliance (a network of members of the WHO), Satcher and Higginbotham (2008), McMahon and Puett (1999).
abuse affects a significant proportion of the population.

2) Preventable – there is a growing evidence base about interventions and strategies that shows that child sexual abuse is preventable. This implies that, as a society, we should be focusing our efforts into ensuring that child sexual abuse is prevented before any abuse occurs and people at risk of abusing become offenders, and potential victims become actual victims.

3) Cost to society – a recent NSPCC report estimated that child sexual abuse costs the UK between £1.6 billion and £3.2 billion in 2012, and these costs will continue in every year that the abuse occurs. Society has a moral obligation to eradicate child sexual abuse, and the economic case works to strengthen the moral argument.

Implication of child sexual abuse being seen as a public health problem

A key implication of defining an issue as a public health problem is that it should be dealt with by focusing on prevention.

Smallbone et al (2008) explained that the public health model gives us a useful and robust conceptual framework for distinguishing interventions by talking about primary, secondary and tertiary prevention – terms that are frequently used when discussing public health problems.

The definitions of these terms shown below are taken from the Munro Review of Child Protection (Munro, 2011).

• Universal primary prevention – addressing the entire population and aiming to reduce the later incidence of problems, for example, the universal services of health, education and income support;

• Selective primary prevention – focusing on groups that research has indicated are at higher than average risk of developing problems, for example, offering additional support services to teenage mothers;

• Secondary prevention – aiming to respond quickly when low-level problems arise in order to prevent them getting worse. This area of multi-agency work has been the focus of policy development since the last Conservative government’s ‘re-focusing’ policy in 1995 and the Labour government’s policy of ‘Every Child Matters’. In Northern Ireland, considerable efforts have gone into reframing services to focus on earlier intervention, including the development of family support hubs in all health and social care trust areas;

• Tertiary help/prevention – involving a response when the problem has become serious, for example, child protection, hospital care, criminal justice; and

• Quaternary help/prevention – providing therapy to victims so that they do not suffer long-term harm, for example, therapy for victims of sexual abuse or therapeutic help for looked after children.

A word of caution on the definition of primary, secondary and tertiary prevention from Smallbone et al (2008) – often authors have slightly different definitions for these terms and can use them interchangeably with universal, selected and indicated prevention respectively. This is difficult as they do not have exactly the same meaning. We use Munro’s definitions as they are more specific and clear. Note when we refer to primary prevention that this includes both universal and selective primary prevention.
Another helpful framework often used when discussing child sexual abuse as a public health problem is the social-ecological model (Krug et al, 2002). There are a number of versions of the social-ecological model but broadly it states that there are four levels of intervention for prevention programmes and policies.7

To influence the health of the whole population, as is needed with public health problems, interventions are needed that can reach every area of society. Tabachnick (2013) succinctly explained that “for true social change we need interventions at every level”. This model also implies that interventions at one level will affect all other levels, and Tabachnick stresses that “the effects of interventions felt at every level are ultimately necessary for success”.

**Action is required**
For more than 15 years, child sexual abuse has increasingly been seen as a public health problem by people who work in the field. However, despite this, relatively little progress has been made by any country to deal with the issue by using a public health approach. In these times of constrained public expenditure, many are talking about prevention, and some organisations are doing excellent prevention work. However, currently in the UK there is insufficient action in the field of primary prevention. It may be that there is relatively little action because of the time it takes to get quality evidence about the effectiveness of primary prevention interventions. Another factor could be the issue of spending relatively more today to reap the benefits over decades, even generations. This

---

7 Different versions of the model have different names for the four levels but they broadly share the same meaning
cost recovery profile often does not fit neatly with our five-year political horizons. However, there is currently a body of good evidence about effective primary prevention that continues to grow. We, therefore, believe that the time for action is now.

Some argue that it is difficult to create social changes. But public health approaches have been successfully used to help with a wide range of issues, such as reducing the spread of HIV, warning the public about drink driving and encouraging the wearing of seatbelts in vehicles.

There is no reason that we cannot stop child sexual abuse before it occurs by using a public health approach. It will require effort from all areas of society: from central government to local communities; from journalists to parents; from teachers to children. Every child, parent/carer, teacher, social worker, healthcare professional who works with children, family member, and friend should understand what child sexual abuse is and know how they can be part of preventing it. Those responsible for forming public opinion must understand the importance of spreading messages that all sexual abuse is wrong, and must promote the importance of healthy, equal and consensual relationships.

In 2011, we argued that “By not addressing child sexual abuse as a public health problem we are failing our children” (NSPCC, 2011). We hope that this report will now lead to national debate in England and, ultimately, coordinated action to eradicate child sexual abuse.

David’s story

When I was nine years old my family moved back to England…I liked staying with Gran and I was pleased when I got my first ever job in a candy shop…One day in the shop, I was caught stealing my favourite candy bar…he told me to put the candy back, and as I did this he hit me on the head and I fell down hard. He kicked me and I was sent sprawling on the floor. Then the man raped me. It was sudden, horrific and very painful.

The abuse from the shop keeper continued over several months until our family moved away… On visits back to the area to see my Gran, the abuse occurred again, even once when he came to our Gran’s home. To my horror, I wasn’t even safe there.

My teenager years were tumultuous. I turned off my emotions, rebelled and had low self-esteem. My relationships suffered and I often found I was pushing people away that I loved. My feelings of worthlessness grew as I couldn’t make any sense of what happened so I suffered in silence.
3 Theories of child sexual abuse

Viewing child sexual abuse as a public health problem gives us a range of theories and frameworks/models that can help us design effective programmes to prevent it. Smallbone et al (2008) explained that theory is important in designing effective prevention strategies because theory allows us to understand the causes of child sexual abuse, the motivations behind it and how those motivations interact with situations. If we understand how and why child sexual abuse happens in the first place, we can design programmes and policies to prevent it.

The frameworks outlined in the public health section of this report are about all of society. However, there are also a number of theories about what makes a person at risk of becoming a perpetrator of child sexual abuse. The appendix in this report outlines two such theories; Smallbone et al’s (2008) integrated theory of child sexual abuse, and Ward and Siegert’s (2002) Pathways Model, which explains adults who sexually abuse children.

One size does not fit all

Both theories describe different types of child sexual abuse offender and the corresponding different drivers that can cause a person to become a perpetrator, though not all people suffering the problems identified by the theories are at risk of committing child sexual abuse. The different types of offender pathways imply that different interventions are required for preventing individuals from committing child sexual abuse. However, there are also some common themes that are true in many of the possible paths that lead to becoming an offender, for example attachment problems.

The two theories above allow us to draw out some implications for what a national prevention strategy for England should include. These findings are high level and more details about specific programmes/interventions are discussed in the next section of this report.

• Parenting classes to establish secure early attachment.
• Educating children both at school and home about healthy relationships and how to manage negative emotions – best practice supports including parents and the wider community (a whole-school approach/setting model).
• Community-wide education about spotting signs of potential situations of abuse and how to intervene to limit opportunities for abuse.
• Support to people at risk of committing sexual abuse to stop them making the decision to offend – for example, using helplines, online splash pages, dedicated website that appears in searches.
• Change cultural norms about sexualised youth and unequal relationships through large-scale media campaigns.
• Regular reinforcing classes (since more recent influences are more powerful, and theories of teaching and learning suggest reinforcing learning makes for improved understanding and retention) – healthy sexual relationships and preventing sexual abuse should be an integrated and ongoing part of the curriculum, not a one-off event.

Early programmes aimed at preventing child sexual abuse were usually not derived from any theory. Consequently, they were often based on outdated, inaccurate views about the characteristics of abusers (for example, a stranger lurking in an alleyway) and placed the majority of the burden of child sexual abuse prevention on children rather than across all members of society. Today we know better – we have an ever-growing evidence base about theories of child sexual abuse. All future prevention programmes should be grounded in theory and the best available evidence.
4 Effective prevention programmes

For each level of society in the social-ecological model (individual, relationships, communities, society), you can target different areas of prevention. For example, programmes that focus on individuals could be aimed at children who are potential victims, or adults at risk of committing abuse, or to parents. Programmes that target relationships could be aimed at bystanders, or peers, or parents.

There is a project underway called Eradicating Child Sexual Abuse (ECSA), run by the Lucy Faithfull Foundation, that is working towards a comprehensive database of prevention approaches across the prevention continuum from around the world. It uses the framework below.

We do not intend to replicate the detailed work of the ECSA Project; however, it is helpful to use similar frameworks when thinking about child sexual abuse prevention. This report combines the social-ecological framework with the ECSA framework to categorise the broad types of interventions we have considered. We believe that the combined framework illustrates both the target level of intervention in the social-ecological model as well as the specific area of focus of that particular prevention activity, in a way that is consistent with other organisations who work on preventing child sexual abuse.

The aim of this section is to:

i) List the characteristics of effective programmes at all levels of society

ii) Show the gaps in our knowledge base where further investigation is required

This information will inform the final section of this report, which will outline the aims of a national prevention strategy for England and explain the actions needed to achieve the goal of focusing resources on preventing child sexual abuse before any abuse occurs.

Eradicating Child Sexual Abuse (ECSA) framework

<table>
<thead>
<tr>
<th></th>
<th>Primary prevention</th>
<th>Secondary prevention</th>
<th>Tertiary prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders and potential offenders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and young people (victims)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families and communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Lucy Faithfull Foundation
This section is structured as follows. We examine the evidence for each broad type of intervention, looking at the programmes’ aims, the evidence for their effectiveness, the specific characteristics that make programmes work and the gaps in our knowledge. We consider the following types of intervention, following our prevention matrix above:

**Individual**
- Programmes teaching children in schools, including children with disabilities
- Programmes teaching parents and carers
- Targeting professionals

**Relationships**
- Bystander interventions

**Community**
- Situational crime prevention

**Society**
- Media campaign with a view to engaging the public

There is also a separate section about online safety, which cuts across a number of programme types.

**Programmes teaching children in schools**

**Brief description and aim**
Programmes teaching children in schools about sexual abuse prevention are the most prevalent type of prevention programme. Therefore, the evidence on the effectiveness of school-based prevention programmes is relatively strong, though most evidence is not from the UK.

School-based programmes usually aim to teach children personal safety skills, develop their ability to recognise potentially harmful situations, teach them strategies to get out of these situations and encourage them to disclose abuse to a trusted adult (Wood et al, 2010).

While programmes aimed at teaching children are an important strand of prevention interventions, we cannot expect the responsibility of preventing child sexual abuse to rest solely on children.

**Do these programmes work?**
There have been a number of reviews of school-based, child-focused programmes, assessing their effectiveness.

Finkelhor (2009) looked at the evidence about educational initiatives. He found that, in general, programmes were successful in terms of teaching children skills to help them “identify dangerous situations and prevent abuse” (p179). International meta-analysis found that children of all ages were six to seven times more likely to demonstrate protective behaviour in simulated situations than counterparts who had not attended programmes. He also found that most studies showed either very few or no negative consequences or reactions to participating in these programmes.

Zwi et al (2008) reviewed school-based programmes for the prevention of child sexual abuse, considering only studies that had used randomised control trials or quasi-randomised control trials. They noted that the majority of studies they considered did report “significant improvements in knowledge measures and protective behaviours in simulated at-risk situations”. The authors urged caution regarding their findings, stating that some studies had methodological problems and other studies reported negative impacts on children (though many of these are addressed in Wurtele, 2009). They conclude that school-based programmes should be done in conjunction with broader community initiatives that promote child safety.

Topping and Barron (2009) found that children who had participated in school prevention programmes “appeared to” score higher on paper tests of prevention skills than children who had not taken part in a programme. They also noted that children from middle class families with “active parental involvement” and with teachers who made safety knowledge part of their regular teaching, progressed the most.

Finkelhor (2009) acknowledged that “No studies based on strong research designs have looked at the question of preventing abuse” (p181). Many papers outline research by Gibson and Leitenberg (2000) who interviewed over 800 female university students in the US and found that women who had taken part in school-based prevention programmes were half as likely to have been abused in childhood. While the research is based on an unrepresentative
sample, it is preliminary evidence that these programmes may help to actually reduce abuse.

**What makes these programmes effective?**

**Content** – Programmes should teach:

- Healthy relationships, including consent and power differentials – it is vital to teach young people at risk of committing abuse what healthy relationships look like
- Core concepts, such as body ownership, saying no/being assertive, trusting their intuition, using support systems (for example, knowing a trusted adult), good and bad secrets, good and bad touch
- Where to go for advice and support – both for potential victims and children at risk of committing abuse
- Skills about how to respond to a range of scenarios
- Online safety (see separate section in this report)
- How to make informed choices about disclosing sexual abuse

**Design** – Programmes should:

- Include a variety of teaching methods, including active child participation
- Be four sessions or longer, spread over time
- Involve regular reinforcement of concepts and techniques throughout primary and secondary education
- Be comprehensive by involving parents and carers – informing parents/carers about the content of the programmes so that they can reinforce messages at home is vital
- Staff delivering the training should be well trained and teachers at the school should be involved in planning the specific programme content to enhance ownership
- Consider the children’s feelings
- Be age and culturally appropriate
- Include evaluations that are built in to programmes to measure their success
- Ensure that child protection agencies are alerted to programmes so that they can plan a response to disclosures
- Include training teachers in how to respond to disclosures of abuse.

**Example programmes**

The Hedgehogs programme is an education initiative that was developed as part of a European pilot. The programme aims to increase awareness of child sexual abuse among school staff and parents/carers, teach children child sexual abuse prevention rules and principles, and ultimately to reduce the prevalence and incidence of child sexual abuse for those who participate. Hedgehogs has been delivered to children in years 5 and 6 (age 9–11). The programme consists of five lessons delivered by an external facilitator. The teachers were told in advance about the lessons content and were present during the lessons. The programme involves lots of active child participation including discussion of a range of real life scenarios. The programme has been positively evaluated, with comments like: “It has stimulated conversations and helped our relationships” from a parent and “Since the programme they [the children] have been better at expressing and communicating concerns and problems” from a teacher.

Another school-based prevention programme is the NSPCC Schools Service, which involves trained volunteers from the local community going into primary schools. The service aims to:

- ensure that children have an understanding of abuse in all its forms, including bullying, and an ability to recognise the signs of abuse
- ensure that children know how to protect themselves from all forms of abuse
- make children aware of how to get help and of sources of help (including ChildLine).

The NSPCC Schools Service is about empowering children by giving them information about abuse in an age-appropriate manner. The programme has two stages: i) an assembly and ii) a workshop where messages from the assembly are reinforced and children actively participate. Although the programme covers all forms of child maltreatment,
there is usually a focus on sexual abuse and neglect in the workshops, as children tend to understand these forms of abuse less well. Teachers are briefed about the content of the programme and are present in the sessions. Parents are also informed about the programme before it takes place. Once the programme is complete, feedback is sought from children, parents and school staff. We discuss the community aspect of the NSPCC Schools Service in the subsection of this report about community programmes.

Where are the gaps in our knowledge base?
While the evidence around school-based, child-focused sexual abuse prevention programmes is relatively good compared with other programme types, there are some key gaps in our knowledge.

Further information is needed about how to deal with intra-familial abuse. We know that in a sample of ChildLine callers, almost 60 per cent of those who reported sexual abuse told ChildLine that the abuse was committed by family members. Many teachers and parents/carers feel less comfortable discussing this form of abuse with children. The Office of the Children’s Commissioner (OCC) inquiry will shed light on this issue, which needs to be part of any prevention programme.

School-based programmes need to deal with the fact that young people may be thinking about/committing harmful sexual behaviour. We know that a third of sexual offences are committed by children and young people so we need to deal with this area head on.9 Programmes should be changed to also educate about these issues and provide information about where children at risk of committing abuse can get advice and support. Tabachnick (2013) noted that this can be done relatively easily and cheaply, for example by expanding the material in school-based programmes to teach children and young people what harmful sexual behaviour looks like and how to get help if they are worried.

The NSPCC is already working to fill some gaps by developing a whole school ‘Keeping Safe’ programme across primary schools in Northern Ireland (NI) in partnership with the Department of Education NI, using a randomised controlled trial design. This project, which runs until 2018, aims to build schools’ capacity to engage and embed effective preventative education in all aspects of school life; the formal and informal curricula, partnership with parents and community-based professionals and agencies. The project will learn whether the programme improves 4–11-year-olds’ knowledge and skills to keep safe in situations of sexual and relationship abuse, as well as outcome data on the confidence and skills of teachers and parents to effectively communicate with children on sensitive issues.

NSPCC campaigns like the Underwear Rule www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/ and Fight Against Porn Zombies www.childline.org.uk/Explore/OnlineSafety/Pages/fapz-fight-against-porn-zombies.aspx have also played a recent role in enabling children and young people, and their parents and carers, to have difficult but necessary conversations about sexual abuse and online pornography.

Views of specific target group
At a conference in 2014, children and young people were asked what they would do to prevent sexual violence. Below is a selection of their ideas, which capture the overall messages that they shared:

“Educate and spread the word that this [sexual violence] is not okay”
“Strive for gender equality – this is the root cause”
“We must educate more kids in schools so they can be aware and make a difference”
“Educate about consent, respect and equality”
“Provide honest sex education”
“People should be encouraged to be more open when discussing it [sexual violence]”
“Teach boys and girls from a very young age to respect their body and each other through open discussion”
“Educate [young people] so they know when they are in danger, where to go with this knowledge and to build their confidence so they come forward”

Children and young people with disabilities

Messages about preventing child sexual abuse need to be understood by all children. We know there needs to be a particular focus on children and young people with disabilities, since they are three times more likely to be the victim of sexual abuse (Sullivan and Knutson, 2000).

Schools should ensure that their programmes are accessible for any children with disabilities or learning difficulties. Information for disabled children about staying safe is often not available in accessible forms, for example easy read, audio or British Sign Language (Miller and Brown, 2014). The teaching methods required will vary depending on the needs of the disabled children and young people in classes, and it is the responsibility of schools to ensure that all children understand the content of child sexual abuse prevention lessons.

There is some evidence on personal safety skills programmes for disabled children. Briggs (2006) found that the disabled children who had finished the course were much more likely to understand that it is wrong for adults to perform sexual actions on children. The report also found that boys were substantially less knowledgeable than girls about abuse and issues relating to sex.

The NSPCC Schools Service is currently running a series of pilots with Pupil Referral Units and specialist schools to see how best to deliver safety messages to children with learning difficulties.

In terms of the views of children with disabilities, Briggs (2006) reported that almost all the students questioned thought that personal safety skills should be taught in schools.

Programmes teaching parents and carers

Brief description and aim

Parents and carers are often the first source of information for children when it comes to education about their bodies, safety and sex. Due to their close relationship and the influence they have on their children’s lives, parents and carers should play a key role in child sexual abuse prevention (Wurtele and Kenny, 2010).

Interventions aimed at parents and carers should give them information about the numerous ways that they can be involved in child sexual abuse prevention. These include spotting whether their children display symptoms of abuse, reinforcing learning about prevention that children gain at school, creating a safe environment in the home, teaching children how to minimise risks of situations that can lead to abuse, and knowing what to do if a child discloses abuse (Wurtele and Kenny, 2010).

Despite the agreement that parents and carers should play a lead role in child sexual abuse prevention, it is surprising that there has been little progress in the area of having more prevention programmes/interventions that involve parents and carers (Wurtele, 2009). We are fortunate to have a number of quality sources of information for parents from both UK and international organisations, such as Parents Protect! in the UK (explained later in this section) and Darkness to Light in the US.

To effectively prevent sexual abuse, parents and carers need to have knowledge in order to contribute to this goal. Research on parents’ knowledge about sexual abuse and prevention shows that the majority of parents obtain their information about sexual abuse from the media (Babatsikos, 2010). Walsh et al (2012) found that very few parents surveyed had any education themselves about child sexual abuse or prevention strategies. Given that the media often does not
correct common misconceptions about child sexual abuse, we should perhaps expect research findings that parents who do talk to their children about sexual abuse can often perpetuate myths. For example, parents tend to underestimate how prevalent child sexual abuse is, which may in part explain why many choose not to discuss the issue with their children (Wurtele and Kenny, 2010). Many parents do not know the signs and symptoms of abuse (Pullins and Jones, 2006); for example, the majority of adults believe that child sexual abuse leads to physical injuries, which is often not the case (Wurtele and Kenny, 2010). When parents do discuss child sexual abuse with their children, there is often a focus on strangers as potential abusers. Indeed many parents believe that strangers are the greatest threat to their children (Babatsikos, 2010). However, this view is at odds with the evidence about child sexual abuse, which shows that most children who are victims of abuse know their abuser – NSPCC research found that over 90 per cent of children who experienced sexual abuse were abused by someone they knew.

Do these programmes work?
There are notably fewer programmes aimed at teaching parents and carers, which is surprising given the influence they can have on keeping children safe directly and by educating their children. There are very few evaluations of parenting programmes that aim to prevent child sexual abuse. However, the evidence that does exist shows that by using both web based and print based information, adults can significantly increase their knowledge and attitudes about sexual abuse and how to prevent it (Bennett, 2005). Note that this evaluation focused on a programme called 7 Steps to Protecting Our Children, provided by the organisation Darkness to Light. The programme is aimed at adults as opposed to parents and carers exclusively, though they are a key target group.

What makes these programmes effective?
While there is relatively little evidence evaluating specific interventions that focus on parents and carers, academics have noted factors that they believe are important for these programmes to be effective:

Content – Programmes should teach:
- Key facts about child sexual abuse including prevalence, who commits abuse, and the type of children who are more at risk of being victims of sexual abuse
- The signs and symptoms indicating possible child sexual abuse
- How to spot whether a child or young person may be displaying harmful sexual behaviour
- Suggestions about how to discuss sexuality and personal boundaries with children
- How to increase confidence and resilience in children
- How to develop strong attachments with children (needs to be delivered when children are very young)
- How the home can be made safe for children
- How children can keep themselves safe in public and in other people’s homes
- How to talk to children about intra-familial abuse
- Information about how to respond to disclosure, remembering that disclosure is often a process that takes time, rather than a one-off event.

Design – Programmes should:
- Be delivered using a range of methods so that all parents can access the information, for example online training, print information, community safety programmes in children’s centres.
Example programmes

Parents Protect! is an online resource for parents and carers containing information about child sexual abuse and its prevention. Parents and carers can find key facts about child sexual abuse, information on warning signs to look out for and what to do if a child discloses that they have been sexually abused. Parents and carers can also watch a video that gives an overview about how to protect children. There is a wealth of other useful information on the site.

The NSPCC already runs a number of prevention campaigns. For example, earlier in the year we ran a national information campaign called the Underwear Rule, which encouraged parents to discuss the issue of sexual abuse with children aged 5–11 in an age-appropriate manner (and without having to mention sexual abuse). The campaign has received very positive feedback from parents and has resulted in a number of arrests following disclosures of abuse.

Where are the gaps in our knowledge base?

Wurtele (2009) stated that current programmes aimed at parents were poorly attended, and asked how to get those who really need the help to attend. The evaluation of the Hedgehogs programme mentioned earlier found that most parents who responded to their questionnaire wanted more information about the school-based prevention programme. Though giving parents too much information before the programme may cause anxiety, so there is a question about how much information to provide beforehand. Meetings were arranged both pre and post the programme to give parents information; however, the majority of parents did not attend these meetings. The report recommends the following:

- Setting a minimum standard for schools to work to in the communication of information to parents and carers;
- Ensuring some information is available to parents and carers should they be unable to attend meetings; and
- Delivering Parents Protect! child sexual abuse prevention awareness seminars with parents and carers of children involved in the programme, tailored to also provide relevant information about the programme, and delivered after completion of the programme to enhance knowledge and capabilities to support and protect their children.

As with programmes that focus on children, programmes for parents and carers should also give advice on how they can talk to their children about sexual abuse being usually committed by people known to the child.

Views of specific target group

It is natural for parents and carers to want to protect their children and teach them how to be safe. Published research shows that the majority of parents want their children to learn about preventing sexual abuse in school (Deblinger et al, 2010; Wurtele and Kenny, 2010), and many parents want more information themselves about how to discuss these issues with their children (Walsh et al, 2012). We note that this research is from the US, Canada and Australia – while these are not the UK, they are countries similar to the UK.

In terms of research into parents’ attitudes in the UK, the NSPCC was commissioned by the Department of Education in Northern Ireland to engage parents in a needs assessment research about being involved in teaching personal safety messages in primary schools (McElearney et al, 2011). Their survey found that the majority of parents “reported very positive attitudes to their children being taught ‘keeping safe’ messages through preventative education. They considered that stopping their children from accessing these messages would be foolish, irresponsible and harmful.” (p17) Most parents felt positive about supporting their children with the school-based

11 36 per cent of all parents of children aged 5–11 recognised the campaign. The proportion of parents who felt quite/very confident about talking to their child about keeping safe from sexual abuse rose from 68 per cent pre-campaign to 81 per cent post-campaign. The proportion of parents who have ever spoken to their child about keeping safe from sexual abuse rose from 46 per cent pre-campaign to 64 per cent post campaign – this represents around 400,000 additional parents having conversations with their children.

Effective prevention programmes

programme, for example by helping them with homework activity.

McElearney and colleagues found that parents were less positive about involvement beyond supporting school-based programmes. While there are issues in drawing out messages for the whole of the UK from a relatively small survey of 248 parents from Northern Ireland, it is important to understand the barriers to parental involvement in prevention programmes. Understanding what stops parental engagement would allow for information to be provided in a way to maximise the number of parents who are actively involved in preventing child sexual abuse.

Targeting professionals

Brief description and aim

We know that staff who work in schools, childcare providers, social workers, health professionals and staff working in the criminal justice system often play a vital role in identifying abuse and/or responding to disclosure. Many professionals do outstanding work to keep children safe. We also know that across all groups of professionals, there are some who would benefit from increased knowledge of how to contend with child sexual abuse issues.

Programmes for professionals should aim to:

• Improve understanding about the nature and dynamics of child sexual abuse, including how to prevent it before it starts

• Include how to spot the signs and symptoms of those at higher risk of both being victims of child sexual abuse and committing child sexual abuse

• Cover what to do if there is a concern that child sexual abuse may be committed

• Stress the importance of regular quality supervisions

• Cover effective collaborative multi-agency working and information sharing (including what kind of seemingly small details could be useful to share more widely across professional groups)

• Outline the importance of working to local child protection procedures.

Rather than investigating specific programmes that aim to impart knowledge and skills about sexual abuse prevention to professionals working with children and young people, the evidence seems to focus on emphasising that key groups of professionals need training in dealing with child sexual abuse.

The NSPCC commissioned Coventry University to research Social Worker Knowledge and Confidence in working with child sexual abuse. This research, published in November 2014, concluded that confidence varies and is particularly influenced by the quality and availability of training, management supervision, peer consultation and support to manage the personal impact of investigating, assessing and working with sexual abuse.

A few papers outline how health professionals could play a greater role in child sexual abuse prevention. Wurtele (2009) described paediatricians as an “untapped resource” to educating children and parents/carers about a number of issues, such as how to communicate about sexual issues, guidance on handling young people’s sexual behaviour, encouraging parents to provide personal safety education, and strengthening parents’ awareness of situations that may increase risk in children. Diaz and Manigat (2000) found that adolescents were more likely to report that they had been a victim of sexual violence if they were asked directly by a health care provider, which indicates that young people are willing to discuss potentially difficult sexual issues with health care professionals.

Do these programmes work?

There are a few examples of research focusing on interventions aimed at professionals. The Darkness to Light organisation describes assessments of the impact of prevention interventions on child care professionals and teachers. In a three-year study of child care professionals, Rheingold et al (2014) found that those receiving the training made “significant changes in their child-protective behaviours over the long-term”. An evaluation of teachers taking the Stewards of Children programme found that it led to increased knowledge, improved attitudes and a positive change in child-protective behaviours (Center for Child and Family Studies College of Social Work).
These programmes were both implemented in the US and more information is needed about the effectiveness of training programmes for groups of professionals in the UK.

Since only a few programmes have been reviewed, we will not describe characteristics of effective programmes for this section.

Where are the gaps in our knowledge base?
We need more evaluations of training programmes for different groups of professionals in the UK. It is likely that specific local authorities, schools, police forces etc may have carried out effective training – learning about what training is effective and sharing best practice will be an important next step.

Views of specific target group
Speaking to teachers and teaching representatives, we learned that they value high-quality external support when it comes to both healthy sexual relationships education and classes about preventing child sexual abuse. Two issues were highlighted – first, sourcing guidance and advice, and, second, information about the quality of support available – for all children, including children with additional learning needs. We know that there is a lot of expertise in these areas from organisations and individuals who work in the field of healthy sexual relationship education and child sexual abuse prevention. We need a way of disseminating good quality information to all schools. The National Child Sexual Abuse Prevention Database discussed in Section 5 of this report may be a useful forum. Political will and determination will also be necessary to drive change; for example there is currently no obligation on schools to teach healthy sexual relationships – and a growing number of schools are not required to follow the national curriculum. This aspect of Sex and Relationship Education (SRE) is not a high priority for many schools, who are currently assessed against more narrow education outcomes. We need to convince policymakers of the importance of teaching healthy sexual relationships and how to keep children safe from all forms of child abuse, including child sexual abuse.

Bystander interventions

Brief description and aim
Earlier in the report, we highlighted that to prevent child sexual abuse from ever occurring, everyone needs to play a role. Most people who are bystanders to abuse are unaware of their effect on the situation, but we know that bystanders do indeed have an impact. Staub (1993) found that passive bystanders who do not act in a troubling situation encourage perpetrators to continue their actions. Joan Tabachnick has championed bystander interventions and this section of the report draws heavily on her work. Bystander interventions are most often used for preventing sexual violence against women but could also be applied to child sexual abuse prevention.

Bystander interventions focus on training members of the community. They teach participants: i) that everyone has a role to play in preventing sexual violence, ii) skills about how to intervene in situations that could lead to sexual violence, and iii) information about the prevalence of sexual violence. Any intervention that aims to engage a community needs the programme design to be community specific.

Foubert et al (2010b) described that bystander interventions were beneficial because they taught individuals to change the all-too-common attitude that sexual abuse “does not apply to me”. These interventions are also equally relevant to both sexes. They provide a positive way of engaging males in preventing sexual violence instead of targeting them as potential perpetrators. They also empower women who want to learn how to protect friends and family.

Do these programmes work?
The evidence on bystander interventions is split between research looking at the factors that influence people’s willingness to intervene and research on the effectiveness of specific programmes, with much more evidence in the former group.

The factors that affect people’s willingness to intervene were outlined by Foubert et al (2010b), who summarised the evidence in this area. These factors include being aware of a situation where someone is being victimised, making a prior commitment to help, having a sense of
responsibility for helping, believing the victim has not caused the situation, believing that they have the skills to take action, and seeing others modelling similar prosocial behaviour.

In relation to the effectiveness of specific programmes, Banyard et al (2007) evaluated a bystander intervention, which they described as “a sexual violence prevention program [sic.] based on a community of responsibility model that teaches women and men how to intervene safely and effectively in cases of sexual violence”. They found that taking part in the programme increased the skills and knowledge of participants, compared with a control group who did not do the programme. The treatment group showed a reduction in rape myth acceptance, increases in prosocial bystander attitudes, increased bystander efficacy and an increase in self-reported bystander behaviours. The authors tested the efficacy of a one-off session compared with three sessions and, while both sessions led to significant changes, more significant changes occurred with the longer intervention.

There is a fairly good understanding of the factors that affect people’s willingness to intervene in a situation, and some evidence that bystander interventions lead to positive changes in individuals’ knowledge and skills. However, this applies to preventing sexual violence against adults. Adapting these interventions to prevent sexual abuse against children is relatively new.

Example programmes
One example of a bystander intervention programme is the One in Four women’s programme run in the US. One in Four aims to prevent rape or attempted rape, with the use of different interventions that have been designed based on research. The women’s programme is a 45-minute class that teaches women to recognise the characteristics of high-risk perpetrators, enables and empowers women to intervene in potentially high-risk situations and equips women to support rape survivors by knowing what information to give them. The programme involves class discussions, including scenarios, and providing information. An evaluation of the programme showed that women who took part in it reported “significantly greater increases in their bystander efficacy over time” than the control group of women who did not complete the programme (Foubert et al, 2010a). For other examples of bystander interventions, see the US Government website called Not Alone.

**Where are the gaps in our knowledge base?**
We need more research on specific bystander programmes aimed at preventing sexual abuse against children, including how to engage community members to participate in these interventions. Improving our understanding of how the bystander’s relationship with the perpetrator/potential perpetrator affects their willingness to engage with programmes and intervene would also be beneficial.

**Crime prevention strategies – Situational Crime Prevention**

**Brief description and aim**
The aim of situational crime prevention (SCP) is to change the physical environment in order to reduce crime – changing the environment as opposed to changing an individual who may be at risk of committing a crime.

“SCP is about creating safe environments rather than creating safe individuals.”

Wortley and Smallbone (2006)

Situational crime prevention involves changing the environment to make crime more risky, more difficult, less rewarding and/or less appealing. To implement it, information is needed about “where, when, why and how a particular crime occurs” (Wortley and Smallbone, 2006). For example, analysing the timing and location of crimes
can show police where to place officers to make committing crimes more risky.

Wortley and Smallbone (2006) outlined proposals for applying situational crime prevention to child sexual abuse:

1) **Increasing effort** – make carrying out abuse more difficult. This can be done by controlling access to facilities, obstructing offenders – for example, teaching children to be assertive and to say no (this is called target hardening) – and using controlling tools.

2) **Increasing risk** – make it more likely that offences will be detected. A technique called extending guardianship involves encouraging people to be aware of crimes, for example parents and neighbours can be trained in effective supervision and protection. The authors note this is the most important factor in potential offenders’ decision making.

3) **Controlling prompts** – identifying and removing situational triggers for offenders. This category is often the responsibility of the person at risk of sexually abusing a child. For example, taking overnight trips with a child or helping a child have a bath may be triggers. Programmes exist to teach people at risk of committing abuse how to understand their triggers and manage their behaviour.

4) **Reduce permissibility** – this involves clarifying the offender’s role in their behaviour. For example, we know that offenders often watch television before committing abuse, so there could be media adverts setting out how sexual abuse harms children. Also, many offenders misuse alcohol (67 per cent of offenders, according to Looman et al [2004]), so they could learn how alcohol affects their behaviour.

Terry and Ackerman (2008) showed how these techniques could be applied to the Catholic Church using detailed evidence about priests who had sexually abused children in the US.15 First, they noted the following characteristics about priests committing abuse:

- Late onset of behaviour – on average the gap between a priest being ordained and committing abuse was 11 years.
- Little chronic sexual offending – over 55 per cent of priests who had abused had one allegation of abuse (though the 3.5 per cent who had over 10 allegations of abuse were responsible for over a quarter of sexually abusive acts).
- Low incidence of stranger abuse.
- Abuse location – over 40 per cent of sexual abuse occurred in the parish residence or cleric’s home (the authors note that the average onset of abuse is correlated to the time many priests move into parish residences). Almost 20 per cent of sexual abuse took place on trips where the victim was travelling with the priest.

Given the detailed information about the crime, Terry and Ackerman then applied situational crime prevention techniques to child sexual abuse by Catholic priests. Below are a couple of examples of interventions that follow from this technique (for the full list of interventions, see Table A1 in the appendix of this report):

- Screening priests for potential high-risk behaviour – this is an example of the situational crime prevention technique increasing effort by controlling access.
- Establishing times for interactions with priests and children/young people, then increasing security/ensuring other staff were present at those times – this is an example of the situational crime prevention technique control prompts by identifying and removing triggers.

**A child sexual abuse situational prevention model**

Kaufman et al (2006) described a child sexual abuse situational prevention model, stating that the aim of the model was “to describe the situational factors that influence opportunities for child sexual abuse”. The model also linked the situational factors to external factors, such as those relating to the offender.

---

15 The research was called the John Jay Study – for more information see Terry and Ackerman (2008)
Kaufman et al explained that opportunities for child sexual abuse were influenced by: i) the victim, ii) locations for the crime, and iii) facilitating factors, for example alcohol and drugs. They referred to these factors as the Crime Opportunity Structure. Note that while some factors in the model are related to the victim, we should be clear that victims are never responsible for their abuse. These factors combined are affected by characteristics about the physical environment and routine activities of potential victims and their families. The model also includes an interaction between the Crime Opportunity Structure and offender specific factors (often referred to in the literature as the offender’s “modus operandi”).

This model provides a framework for assessing what factors contribute to child sexual abuse, how offender factors may interact with them and, therefore, what prevention strategies should we employ.

The full model is illustrated in the appendix in this report.
Based on the model, the authors note a number of situational risks and suggest prevention strategies that could deal with these risks. For example:

For a full list of prevention strategies and risks, see Table A2 in the appendix of this report.

<table>
<thead>
<tr>
<th>Lifestyle/routine activities</th>
<th>Physical environment</th>
<th>Victims</th>
<th>Locations</th>
<th>Facilitators</th>
<th>Offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to the environment</td>
<td>Have children close bedroom door when changing</td>
<td>Create safe private spaces in home, for example lock bathroom door.</td>
<td>Children changing route home to busier streets</td>
<td></td>
<td>Have an offender move to location further from schools</td>
</tr>
<tr>
<td></td>
<td>Add outside lights to dwellings</td>
<td></td>
<td>Create play spaces in the home that are easy to monitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community organisation and advocacy</td>
<td>Organise groups of children walking together. Organise groups of parents to share supervision responsibilities</td>
<td>Advocate for safe/secure dwellings. Encourage development of safe public play areas</td>
<td>Empower community members to watch out for children</td>
<td>Organise neighbourhood watch. Advocate for more organised activities</td>
<td>Advocate for stricter gun control. Stronger penalties for child pornography</td>
</tr>
<tr>
<td></td>
<td>Advocates more after school activities</td>
<td></td>
<td></td>
<td>Advocate more community meetings</td>
<td></td>
</tr>
</tbody>
</table>


Do these programmes work?
Terry and Ackerman (2008) noted that abuse in the Catholic Church started to decrease steadily after 1985, which coincided with policies being put in place by the Church to tackle abuse. They cite evidence that the decrease in abuse is real and not related to issues of reduced reporting.

While evidence about the effectiveness of situational crime prevention in the area of child sexual abuse is limited, there is evidence about the effectiveness of its techniques in other areas of crime. Cozens et al (2005) reviewed the evidence about crime prevention using environmental design. They found that preventing crime using these techniques was “effective in reducing both crime and the fear of crime in the community”. Guerette and Bowers (2009) reviewed situational crime prevention evaluations to see whether crime moved areas after situational crime prevention strategies were implemented. They found evidence that crime does not generally relocate after such techniques are used but does fall.

What makes these programmes effective?
A solid understanding about the nature of child sexual abuse in an area is vital in designing situational crime prevention strategies. As Terry and Ackerman (2008) wrote, a one size fits all approach will not work. Having local information about the timing, locations, motivations of potential perpetrators and types of child sexual abuse crimes committed is a necessary first step.

Where are the gaps in our knowledge base?
Further evidence about situational crime prevention applied to child sexual abuse would be helpful. Piloting local situational crime prevention interventions in the UK would create a UK evidence base in this area, which would be desirable, for example in communities through local authorities.

Media campaigns with a view to engaging the public

Brief description and aim
There have been a number of programmes with two broad stages: first, a media campaign to promote the programme message and services and, second, a helpline that provides advice and support to community members, for example the families of offenders, and usually leads to service provision for people at risk of offending and those who have already offended.

The programmes considered here all aimed to reach offenders and people at risk of becoming offenders, for example those with sexual thoughts about children who have not acted on their thoughts. Currently in the UK, help for those with distorted sexual thoughts is more readily available once people have committed a sexual offence and are in the criminal justice system, for example sex offender treatment programmes in prisons. The status quo needs to change if we are ever going to eradicate child sexual abuse.

These programmes aim to: i) reach large numbers of people to raise awareness that help is available, ii) act as a point of contact for families, concerned community members and offenders and those at risk of sexually abusing children, and iii) increase service use for those who need it, for example therapy to teach people who have sexual thoughts about children how to manage their thoughts and behaviours.

As with other community programmes, for example bystander interventions, the community engagement needs to be tailored to the specific communities involved.

Do these programmes work?
Chasan-Taber and Tabachnick (1999) evaluated the Stop It Now! programme in Vermont in 1999. The programme was a public health campaign to target adults to prevent child sexual abuse using a broad media campaign and a free helpline for adults. They found that the media campaign did change the knowledge of community members about sexual abuse issues, for example people were aware that they were likely to know someone who had been sexually abused. They also learned that the media campaign could encourage people to call the helpline (their target groups were adult male abusers, friends and families of abusers, and parents of young people with harmful sexual behaviour).

The Prevention Project Dunkelfeld (PPD) is a prevention programme that has used a media campaign to reach people who identified themselves as having sexual interest in children and offered them diagnosis and support. Its evaluation showed that a media campaign could reach the target group and that many choose to seek help.
The research indicated that many people with sexual thoughts about children and young people want help, as the average distance travelled to the clinic for assessment was over 200km (almost 130 miles). Another project with similar stages (a media campaign and a helpline that could lead to treatment of people with sexual thoughts about children) called Stop It Now! in the Netherlands also found that people could be reached with media and that many would seek help (Eisenberg et al, 2014).

The Stop It Now! project in the UK and Ireland offered a helpline for offenders, people at risk of becoming an offender and their families/friends. Demand for the helpline was high among those who were aware of it, but there were problems raising awareness as they did not have funding for a large-scale media campaign (Brown et al, 2014). They also taught offenders and those at risk of committing sexual abuse to: i) recognise problem behaviour, ii) understand that their behaviours can change, iii) be more aware of their triggers for viewing child abuse images, and iv) learn techniques for how to challenge their behaviour (Brown et al, 2014). They also found that their services led to an increase in factors that lower the risk of offending – called protective factors.17

What makes these programmes effective?
The findings from the programmes above show that the following factors are important in effective programmes:

- Targeting the campaign based on who you want to reach (this may be multiple groups with different groups of individuals). It helps to talk to similar individuals to find out how they would like to be communicated with, for example Stop It Now! in Vermont spoke to offenders.
- Have well-trained, non-judgemental helpline staff – often people call helplines after a period of "turmoil" (Brown et al, 2014). That first contact is very important.
- Confidentiality as far as possible is key – for this report, we are talking about people before abuse has been committed so there should not be any legal issues with confidentiality here – though extending services for those who have offended becomes more difficult.
- Have services ready for those who are ready to use them (this will require partnership working, for example with mental health services).
- Include skills-based programmes that teach people how to take actions to deal with situations of child sexual abuse, for example how to confront suspicions and how to seek help if concerned about a family member.

Where are the gaps in our knowledge base?
We need more evidence on the impact of the services offered to those who have sexual thoughts about children but have not yet acted on them.

Online safety
Recent academic and policy papers agree that programmes focusing on preventing child sexual abuse need to include a component about online safety. However, the evidence about precisely how best to provide up-to-date information about online safety information and education to children, parents and teachers is still debated, given the fast pace of change in this area. It is also crucial to

---

17 de Vries Robbé, M et al (2015) An exploration of protective factors supporting desistance from sexual offending. (Sex Abuse Vol. 27) pp16-33 list the following protective factors: healthy sexual interests, capacity for emotional intimacy and satisfying relationships with other adults, constructive social and professional social network, capacity to set goals and work towards their achievement, good problem solving, engagement in constructive and rewarding employment/other activities, abstention from drug/alcohol misuse and hopeful, optimistic and motivated attitude to desistance.
develop prevention programmes targeting online offenders and people at risk of committing online offences. Schools, families and law enforcement all need to play a role. Technology moves quickly and there is an issue with developing up-to-date evidence about how children can get the most out of new technologies in a way that lets them stay safe while enjoying the positive benefits of the internet.

How children and young people are using the internet

We know that children are using the internet regularly. According to research from Livingstone et al (2011), which analysed findings from a large survey of child internet use across the EU, 70 per cent of children aged 9–16 in the UK say that they use the internet every day or almost every day. According to research by Ofcom, the estimated weekly internet use was 6.5 hours for 3–4-year-olds, 6.7 hours for 5–7-year-olds, 9.2 hours for 8–11-year-olds and 17.0 hours for 12–15-year-olds (Ofcom, 2013).

Children are often unsupervised when they use the internet. Of the children who access the internet at home (the most popular location for using the internet), over half in the UK are in their own rooms (Livingstone et al, 2011). This is likely to be linked to the ownership of smartphones. Ofcom’s 2013 *Children and parents: media use and attitudes* report noted that 62 per cent of 12–15-year-olds owned a smartphone (p25). There has also been an increase in children owning tablet computers – another portable internet device (p25). The change in how the internet is accessed can affect the threats to child online safety. For example, the Child Exploitation and Online Protection Centre (CEOP) note that live video chat is now more widely available thanks to smartphone ownership, which will lead to new threats from these applications (CEOP, 2013).

Most young people use social networking sites and instant messaging. Almost 70 per cent of children aged 9–16 in the UK have a profile on social networking sites and around 10 per cent of these children say their profile is public (Livingstone et al, 2011). Ofcom research showed that, on average, 12–15-year-olds have not met 30 per cent of their friends on their social networking site profiles.

How the internet can negatively impact children and young people

In the EU-wide survey conducted by Livingstone et al (2011), children and their parents were asked about whether they/their children/other children their age had been ‘bothered’ by something they had seen online. In the UK, while only 13 per cent of children said they had been bothered by something online, almost half of children asked believed that there are things online that bother children their age. Only 10 per cent of parents reported that their children had seen something that had bothered them online. The EU-wide results showed that accessing risky material online (for example, pornography, bullying and sexting) increased with age, with over 60 per cent of 15–16-year-olds reported having seen one or more risks.

Little is known about the impact of online risks on children. For example, Thornborough and Lin (2004) in Dombrowski et al (2007) noted that there was no “clear scientific consensus” on the impact of sexual material on young people’s development. However, some potential negative impacts on children and young people who access pornography online include misinformation, exposure to developmentally inappropriate material and potential development of sexually compulsive behaviour or sexual addiction (Freeman-Longo, 2000, in Roberts, 2008). Roberts (2008) also cites research that looks at the impact of exposure to pornographic images of underage-looking models on individuals. The findings show that viewers of this material are then more likely to associate sexuality to non-sexual images of youth (Paul and Linz, 2008).

More academic evidence about the impact of online risks, for example pornography, bullying and sexting, on children and young people would be welcome. However, in the absence of such research, we believe that it is vital to keep children and young people safe online. The Universities of Bath and Birmingham are conducting research with CEOP and the NSPCC to better understand and explore

---

18 “Bothered” was defined as something that “made you feel uncomfortable, upset, or feel that you shouldn’t have seen it.”
the impact of online child sexual abuse compared with contact cases of child sexual abuse. This work will be complete in 2015 and will help shape the responses to working with those children and young people who are abused through online methods.

Parents
Livingstone et al (2011) noted that the majority of parents wanted information and advice about internet safety. Currently, over half of parents say that their main source of information and advice is from friends and family, with almost a third saying that they get information mainly from their child’s school and only around 1 in 5 using internet service providers (ISPs) and websites as their main source of advice. Less than 1 in 3 parents reported filtering the websites that their children visit. It is important that parents, especially of younger children, are confident enough to effectively monitor and control their child’s actions online and support them to develop positive online habits and behaviours. The fact that technological actions are used by relatively few parents shows that industry should do more to support parents in keeping children safe.

Offender’s traits and actions
Wolak et al (2004) studied surveys of law enforcement agencies and found that the majority of online offenders were open about the fact that they were adults who were looking for sexual relationships online. Three-quarters of their victims were females aged 13–15 years. Wolak et al (2013) also noted that most offenders took time to build relationships with their victims – 64 per cent had communicated online with victims for over a month.

Looking to UK information, CEOP’s 2013 TACSEA found that, similar to the US research, the largest victim group were 13–14-year-olds who made up 35 per cent of the reports CEOP received. By contrast, 11–12-year-olds accounted for about 25 per cent of reports and 15–16-year-olds made up 22 per cent of reports. The most common method for offending was social networking (almost 50 per cent of reports), with instant messaging making up just over 30 per cent.

CEOP also found that offenders were changing their approach when they groomed children and young people online. They noted that, in 2012, unlike the US evidence, perpetrators were now giving small amounts of time to large numbers of potential victims. CEOP stated that instead of more subtle influencing of a child over a period of months, they were seeing a significant increase in the use of threats and coercion.

We know from CEOP reports that: i) there is little information about a large amount of online offenders and even less knowledge about people at risk of committing online offences, and ii) the behaviour of online offenders changes over time in terms of how they attempt to access victims. Due to the fast changing nature of technology, it is vital that regular monitoring of offenders is used to inform prevention policies.

What should society be doing?

• Children – continue to educate children from a young age about keeping safe online and respecting the rights of others. This recommendation implies that children need to learn about the consequences of negative actions online, such as cyberbullying and posting images of other children without consent. Teaching should be balanced so that children and young people continue to access the internet for its many positive uses.

• Government – in order to ensure that all children get the required knowledge and skills about online safety, e-safety should be included in compulsory PHSE lessons from Year 1–Year 11. We believe that this should be taught in PSHE as opposed to IT, as online safety is about digital literacy and judgement rather than just computers only.

• Industry – as technology continues to evolve, so must the technological solutions available to keep children and young people safe. Existing technology, such as parental control software, needs to be as user friendly as possible.

• Parents – should keep monitoring the internet usage of younger children and teaching children and young people about being safe online and behaving appropriately online.
Currently, there are a number of useful information sources about online safety. The NSPCC produces guides for parents about how to keep children safe online, information about cyberbullying and sexting, and tips about what to say and do if a child has seen pornography online.\textsuperscript{19} CEOP has information and videos online for parents and carers about advice and tools for children who are in primary or secondary school.\textsuperscript{20} ChildNet is an organisation that has information to promote safe internet use, with guides for children and young people, parents and carers, and teachers and professionals.\textsuperscript{21}

\section*{Summary}

We have seen that there is a wealth of knowledge about effective programmes and interventions aiming to prevent child sexual abuse before it occurs. We have seen encouraging examples of successful education programmes for children and parents. We know that we need to do more to support professionals who want guidance about dealing with all aspects of child sexual abuse, including prevention. We are keenly aware that community engagement and local action is vital to achieving the goal of stopping child sexual abuse happening and we want to see more community-level programmes, such as bystander interventions. We also know that there are adults and young people who are struggling with their feelings who have not yet committed abuse. This group needs to access information, advice and treatment (where necessary), focusing on how to manage and control their feelings to stop them ever sexually abusing any children. If support is only available once they have become perpetrators and are in the criminal justice system, then this is too late and is effectively consigning children to abuse when it could be prevented. We also stress that interventions need to be targeted – people at risk of abusing are not the same, for example a teenager showing signs of harmful sexual behaviour is not the same as an adult online offender and should not be treated as such.

Based on the evidence presented in this section, we want to start an active discussion about what a national strategy for child sexual abuse prevention in England should look like. We want to be specific about policies and practices that should be included and about the areas where more information is needed, and we want to collaborate and work in partnership to fill these knowledge gaps.

Having quality information on which to base decisions is important in all policy areas. We need to ensure that providers conduct good quality evaluations of primary prevention programmes. DeGue et al (2014) stated that quality evaluations should compare one treatment group to a control group (experimental or quasi experimental design), including testing skills as well as knowledge and ideally with follow up testing (not straight after the intervention).

The next section of this report starts to consider what a national strategy for preventing child sexual abuse before it occurs may include.

\textsuperscript{19} www.nspcc.org.uk/preventing-abuse/keeping-children-safe/online-porn/
\textsuperscript{20} www.thinkuknow.co.uk/parents/
\textsuperscript{21} www.childnet.com/
What are we, as a society, trying to achieve with a national strategy?

Suggested aims of a national strategy to prevent child sexual abuse before it occurs include:

**Increasing knowledge and skills** – children, parents, professionals and community members should understand the prevalence of child sexual abuse and that anyone can be an abuser. People should know how to spot the signs of abuse and what risk factors can lead to a child becoming a victim.

**Increase action to tackle child sexual abuse before it occurs** – this report outlines many actions that need to be taken across society by all of its members. The section below describes what actions should be done by key groups. One area where many more resources, such as online help, helplines and follow on services, are currently needed relates to action available to support young people and adults who are at risk of committing abuse before it occurs.

**Continue to provide services for those affected by child sexual abuse** – both victims and perpetrators. While this report has dealt with the issue of preventing child sexual abuse before it occurs, it is important to encourage those who have already experienced sexual abuse to disclose when they are ready. This will ensure that they can access services to help them deal with the abuse that they have suffered.

Local authorities and healthcare teams must have services ready to support potential victims and people at risk of committing abuse, as well as resources for recovery services for victims.

Implementing actions that achieve these aims would represent an important step in working towards preventing child sexual abuse.

What should we do to get a national strategy?

Since child sexual abuse is a public health issue, we need to mobilise key groups across society to be able to bring about real change in its prevention. We have split the list into actions for different stakeholders. Readers should note that this section is not intended to represent a final national strategy, but rather a starting list of important actions that are grounded in evidence. Agreeing and implementing a national strategy will require significant collaborative working across organisations, which will be challenging – but with such an important goal, it is vital that we start now, building on some great work by a number of organisations and individuals.

**Government**

- The NSPCC wants all children to have high-quality age-appropriate sex and relationship education. We, therefore, call for statutory Sex and Relationship Education (SRE) as part of a statutory entitlement to Personal, Social and Health Education (PSHE) for all children and young people.
- The statutory SRE guidance needs to be updated to reflect the issues that are important to young people, particularly in today’s digital world, including a greater focus on topics like online safety, violence against girls and young women, and sexual exploitation.
- As a member of the Sex Education Forum, the NSPCC also supports the Forum’s call for PSHE, including SRE, to have parity with other subjects: taught by educators trained in the subject, with clear accountability in the Ofsted framework and adequate time within the timetable.
- Provide classes to promote secure attachments to all new parents and carers.
- Develop and expand local area child sexual exploitation action plans to become local child sexual abuse prevention strategies.
What would a national strategy for England look like?

- To commit to funding to meet the current and projected demand for a helpline for people concerned that they may abuse children or young people – an extension of the existing Stop It Now! helpline.
- More effective information sharing between agencies.
- Funding a national child sexual abuse prevention resource centre – this will be a national hub of resources and information about preventing child sexual abuse, similar to the national sexual violence resource centre in the US (see the Voluntary Sector section in this report).
- Implement the Child Protection All Party Parliamentary Group on Child Protection recommendation (NSPCC, 2014) that central government should ensure higher priority is given to specialised sexual abuse training for social workers and teachers – commenting on specific actions taken to date and those planned for the future.

**Schools**

- Regularly teach (age and culturally appropriate) child sexual abuse prevention classes throughout primary and secondary school. These classes should be part of the curriculum rather than just a one-off lesson. The classes should also start at an early age since there is evidence that very young children can learn protective skills.
- Support for young people in how to deal with negative emotions as part of the PSHE curriculum.
- Pre and post qualification training in identifying and responding to child sexual abuse, both for potential victims and those suspected of displaying harmful sexual behaviour, as core for all teachers.

**Parents**

- Know the signs and symptoms of child sexual abuse and what to do if abuse is suspected.
- Discuss keeping safe with children, for example using the Underwear Rule.

Professionals (including health professionals, legal professionals, social workers, teachers)

- Training and learning about dealing with child sexual abuse needs to be ongoing and part of a process rather than a one-off event, so that all feel confident in identifying and responding to potential child sexual abuse.

**Voluntary sector**

- Contribute to the national child sexual abuse prevention resource centre. We know that there is a wealth of skills and knowledge in the UK regarding primary prevention of child sexual abuse. However, there is an issue about disseminating this information to those who would benefit from it. By creating a national database in the style of the national sexual violence resource centre in the US, there would be a portal to all relevant information about child sexual abuse prevention that could be targeted to different key groups, for example parents, social workers or teachers. The NSPCC could host this portal.
- Partnership working to share ideas about a national child sexual abuse prevention strategy.
- Develop a code of conduct for the media when writing about child sexual abuse.
- Continue to provide and evaluate services for young people and adults at risk of committing abuse.

**Community**

- Active community members, such as trained NSPCC Schools Service volunteers, to help raise awareness about child sexual abuse and child sexual exploitation in the community, for example by running personal safety classes in community centres.
- Volunteer organisations supporting local communities to run bystander interventions.
- Development of prevention mentors in all communities who can be trained by the NSPCC and other organisations like Stop It Now!
Media

- Sign up to and follow a code of conduct when writing about child sexual abuse.

Online safety actions

- **Children** – continue to educate children from a young age about keeping safe online and respecting the rights of others. This recommendation implies that children need to learn about the consequences of negative actions online, such as cyberbullying and posting images of other children without consent. Teaching should be balanced so that children and young people continue to access the internet for its many positive uses.

- **Government** – in order to ensure that all children get the required knowledge and skills about online safety, e-safety should be included in compulsory PHSE lessons from Year 1–Year 11. We believe that this should be taught in PSHE as opposed to IT, as online safety is about digital literacy and judgement rather than just computers only.

- **Industry** – as technology continues to evolve, so must the technological solutions available to keep children and young people safe. Existing technology, such as parental control software, needs to be as user friendly as possible.

- **Parents** – should keep monitoring the internet usage of younger children, and teaching children and young people about being safe online and behaving appropriately online.

A final thought:

“Imagine a childhood disease that effects one in five girls and one in seven boys before they reach the age of eighteen; a disease that can cause erratic behaviour and even severe conduct disorder among those exposed; a disease that can have profound implications for an individual’s future health by increasing the risk of substance abuse, sexually transmitted diseases and suicidal behaviour, a disease that replicates itself by causing some of its victims to expose future generations to its debilitating effects.

Imagine what we, as a society would do if such a disease existed. We would spare no expense. We would invest heavily in basic and applied research. We would devise systems to identify those affected and provide services to treat them. We would develop and broadly implement prevention campaigns to protect our children. Wouldn’t we?

Such a disease does exist – it is called child sexual abuse.”

James A Mercy, Center for Disease Control and Prevention, Atlanta, US
Appendix

Definition of child sexual abuse
The HM Government guidance for professionals, Working together to safeguard children (Her Majesty’s Government, 2010), defines child sexual abuse as:

Forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

This would include prostitution and sexual exploitation of a child for commercial or financial gain. The guidance also recognises that other children, and women, may be perpetrators of child sexual abuse.22

Theories of child sexual abuse for individuals

Smallbone et al’s (2008) integrated theory
Smallbone et al (2008) outline an integrated theory that proposes that child sexual abuse happens due to: i) biological, ii) developmental, iii) ecosystemic, and iv) situational factors, which are all outlined below.

Biological – Evolutionary theory suggests that humans aim to achieve biological goals, for example to maximise reproductive fitness. Humans are flexible in how they achieve these biological goals – they can select from a variety of techniques, such as empathy, trust, deception, coercion and aggression.

Child sexual abuse is a form of anti-social conduct. Tendencies about whether humans are pro or anti-social depend on a person’s social cognitive development (see Developmental factor below). More positive social cognitive development usually constrains the biological potential for anti-social conduct.

Puberty is a time of significant biological change. When puberty begins, testosterone production in males increases rapidly. This increase is associated with “dramatic rises” in aggression and goal-directed sexual behaviour. The authors note that adolescence is the first of two peak risk periods for starting child sexual abuse offences.

Biological factors can be contradictory. For the same individual they can allow nurturing and protective behaviours towards children but also sexual attraction towards youthful partners.

(Biological factors imply that programmes to prevent child sexual abuse must start pre-puberty and be reinforced during adolescence. They should encourage positive social cognitive development.)

22 Radford et al, 2011, p22
Developmental – The relationship between a person’s biological potential to commit child sexual abuse and the behaviours that are associated with it is significantly affected by social cognitive development. Social cognitive development shapes an individual’s attachment, nurturing and sexual behaviour. These all affect how a person feels about close relationships in future stages of development.

Attachment is important in determining self-restraint. Secure early attachment gives the foundation for self-restraint, as well as building confidence about experiencing intimacy. Insecure attachment can be linked to later aggressive and opportunistic sexual behaviour, and weak self-restraint. Chronic attachment disorganisation is likely to lead to persistent problems with nurturing and sexual behaviour.

The authors explain how adolescents with secure attachments are more likely to show sexual behaviours that are “guided by mutual interests” and “involve emotional commitment”.

(EDevelopmental factors strongly emphasise that secure strong early attachment is a key step in healthy sexual relationships. All families who need help in building strong attachment with babies should have access to effective programmes.)

Ecosystemic – Ecology theory says that individuals influence and are influenced by their environment. Nurturing, attachment and sexual behaviour are all shaped by social cognitive development but they are also “highly situation dependent”. A person is part of a number of spheres of influence, such as family, peers, community, and their broader environment. The amount of influence each sphere has typically depends on how close they are to a person – physically and in time, so early experiences have less influence than recent ones – so the community will be less influential than a person’s family. The technical term for this is the proximal-distal continuum.

The social ecosystems in which potential perpetrators and victims live do three things:

1) Convey social/cultural norms
2) Influence availability of resources for child protection (formal and informal)
3) Present or restrict opportunities for child sexual abuse to occur

(Ecosystemic factors imply that we need to change cultural norms about sexualised youth, unequal relationships, teach parents/communities about restricting opportunities for abuse to occur – devoting more resources to closer influences, reinforcing classes [closer influence is more powerful] – do not just do one class in school and then nothing else.)

Situational – Situations can influence criminal behaviour by: i) providing opportunities for individuals to commit crimes, and ii) presenting social pressures/behavioural cues that affect offenders’ motivations.

The authors describe three types of child sexual abuse offender:

1) Antisocial predator – persistent offenders who create opportunities to offend. They are likely to commit non-family offences and succumb easily to temptation.
2) Opportunistic offenders – they do not create opportunities to offend so actively as antisocial predators. They mostly abuse in the family and have probably committed a non-child sexual abuse crime in adolescence. Most child sexual abuse offenders are likely to be in this group.
3) Situational offenders – often offend later in life and are largely law abiding apart from the child sexual abuse. They usually abuse because of behaviour cues/environmental stressors (their motivations), not from them creating situations.

23 Cognitive development is defined as the “developmental process by which an infant becomes an intelligent person, acquiring knowledge with growth and improving his or her ability to think, learn, reason, and abstract.” Mosby’s Medical Dictionary, 8th edition. © 2009, Elsevier.
Ward and Siegert’s (2002) Pathways model

Ward and Siegert (2002) bring together three influential theories of child sexual abuse to create the Pathways model, which aims to explain adults who sexually abuse children. The model suggests that there are multiple pathways that lead to the sexual abuse of a child. Different offence pathways are associated with different psychological and behavioural problems.

Pathway 1 – intimacy defects
People in this pathway have normal sexual scripts. They only offend at specific times, for example if a preferred partner is unavailable. They prefer to have sex with adults but will substitute a child if no adults are available. The inappropriate choice of partner comes from intimacy deficits – loneliness leads to a need to engage with sex. The intimacy deficits are likely to be caused by insecure attachment and subsequent problems establishing healthy relationships. They often attempt to create adult-like relationships with the child victim.

Pathway 2 – deviant sexual scripts
This group are also likely to have dysfunction in their attachment style. They are likely to see sex and intimacy as the same – they confuse sexual cues with those signalling affection. They have a drive for impersonal sex. Offending typically starts in adulthood and tends to be episodic (in periods of rejection, extreme loneliness). Their self-esteem tends to be low.

Pathway 3 – emotional dysregulation
Offenders in this group have difficulties regulating their emotions. They offend if they are unable to manage negative emotions (they either lose their inhibitions or use sex to soothe themselves). They may have lacked non-sexual means of increasing self-esteem and may have been chronic masturbators in early adolescence. They link sex to emotional wellbeing. They are likely to prefer age-appropriate partners and can offend at any time during adolescence or adulthood.

Pathway 4 – anti-social cognitions
These offenders have pro-criminal attitudes and beliefs. They have general anti-social tendencies and extensive criminal histories (not just for sexual offences). They disregard social norms forbidding sex with children and are expected to exploit opportunities for self-gratification if presented.

Pathway 5 – multiple dysfunctional mechanisms
These offenders have distorted sexual scripts – usually reflecting early exposure to sexual material or history of being sexually abused – they also have other pronounced psychological flaws. This group are “pure” paedophiles. Their ideal relationship is between an adult and child. They will only offend under certain circumstances: i) victim present, and ii) absence of conflicting goals. But even if they constrain the impulse to sexually abuse a child, they will have fantasies about it. They will have dysfunctional theories about children’s sexuality and their ability to make decisions about sex. They are likely to have intimacy problems and be unable to relate to mature adult relationships. Self-esteem is often high as they believe their preferences for children as sexual partners are legitimate and healthy.

The different types of offender pathways imply that different interventions are required for prevention, though there are also some common themes, such as insecure attachment.

The two theories above allow us to pull out some implications for what a national prevention strategy should include.
## Situational crime prevention

Table A1: Applications of situational crime prevention techniques to child sexual abuse by Catholic Priests

<table>
<thead>
<tr>
<th>SCP Technique</th>
<th>Explanation of Technique</th>
<th>Application of Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase effort</td>
<td>Controlling access</td>
<td>Screening priests for potential high-risk behaviour e.g. sexual attraction to children</td>
</tr>
<tr>
<td></td>
<td>Target hardening</td>
<td>Reduce opportunities for priests to be alone with children</td>
</tr>
<tr>
<td></td>
<td>Controlling tools</td>
<td>Education of protective strategies and assertiveness training for minors e.g. how to say no</td>
</tr>
<tr>
<td>Increase risk</td>
<td>Increase likelihood of detection through</td>
<td>Educate parents, priests, parishioners about CSA</td>
</tr>
<tr>
<td></td>
<td>extending guardianship</td>
<td>Increase formal (e.g. CCTV) and informal (e.g. observation by personnel) surveillance</td>
</tr>
<tr>
<td></td>
<td>strengthening formal surveillance</td>
<td>Provide information through easily accessible signs and pamphlets to all parishioners and employees</td>
</tr>
<tr>
<td></td>
<td>increasing natural surveillance using place managers</td>
<td></td>
</tr>
<tr>
<td>Control prompts</td>
<td>Identify and remove situational triggers</td>
<td>Priests should avoid intimate activities with minors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establish times for priest–minor interactions and increase security or other personnel at those times</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implement dress code for minors</td>
</tr>
<tr>
<td>Reduce permissibility</td>
<td>Reduce minimisation through</td>
<td>Reduce cognitive distortions in priests through education</td>
</tr>
<tr>
<td></td>
<td>clarifying responsibility</td>
<td>Create special codes of conduct that explain what behaviour is acceptable or unacceptable</td>
</tr>
<tr>
<td></td>
<td>personalising victims</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rule setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>clarifying consequences</td>
<td></td>
</tr>
</tbody>
</table>

---

24 This is a replication of Table 4 in Terry and Ackerman (2008)
Full version of child sexual abuse situational prevention model as outlined in Figure 1 in Kaufman et al chapter in Wortley and Smallbone (2006)

**Lifestyle and routine activities**
- Walking to and from school
- Employment demands
- Lots of acquaintance visitors
- Poorly defined family rules
- Limited adult supervision
- Frequent use of public transport
- Older siblings watching younger children
- Family structure
- Reliance on babysitters
- Hanging out after school
- Absence of concerned neighbours
- Involvement in organised activities

**Physical environment**
- Type of dwelling
- Others living in home
- Lack of defined play area in neighbourhood
- High crime area
- Lack of privacy at home
- Kids hang out on street

**Victims**
- Children of single parents
- Children from dysfunctional/disorganised families
- Children whose parents work long hours
- Children lacking supervision
- Isolated, lonely, needy children
- Cognitively impaired children
- Unwanted and neglected children

**Facilitators**
- Weapons
- Pornography
- Relationship manipulation
- Desensitisation to sexual contact
- Alcohol and drugs
- Bribes and enticements
- Threats and coercion

**Target locations**
- Offender and victim homes
- Overnight trips
- Community settings
- Vehicles
- Organisations and activity settings

**Subcultural influences**
- Traditional criminology theory
- Local judicial systems
- Offender supervision structure

**Knowledge/perceptions to opportunities**
- Motivation to offend

**Offender specific factors**
- Social factors
- Quality of offender supervision
- Freedom of movement
- Number in area
- Treatment quality
- Dynamic risk factors
### Table A2: Prevention strategies to replicate particular situational risks

<table>
<thead>
<tr>
<th>Prevention strategies</th>
<th>Lifestyle/ routine activities</th>
<th>Physical environment</th>
<th>Victims</th>
<th>Locations</th>
<th>Facilitators</th>
<th>Offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Babysitters, Organisations</td>
<td>Identify dangerous neighbourhood locations</td>
<td>Identify children with developmental disabilities</td>
<td>Child play areas, Teen hangouts</td>
<td>Homes of peers for pornography</td>
<td>Organisational background checks for volunteers and employees</td>
</tr>
<tr>
<td>Supervision</td>
<td>Babysitters, Older siblings, Checking-in process for teens</td>
<td>Neighbourhood locations requiring closer supervision, Crowded locations requiring greater supervision (such as the pool)</td>
<td>Provide greater supervision to latchkey children</td>
<td>Ensure that supervision is provided in homes of peers, Greater supervision in a home’s private areas</td>
<td>Teach parents to monitor their children’s money and purchases</td>
<td>Evaluate offenders based on dynamic risk factors on a regular basis</td>
</tr>
<tr>
<td>Rules</td>
<td>Walk to/from school in a group, For public transport, For computer use</td>
<td>Curfew based on neighbourhood, Parts of neighbourhood off-limits</td>
<td>Avoid situations where they are in neighbourhood alone</td>
<td>Create access rules to home when parents not home, Restrictions on playing in private spaces at home</td>
<td>Strict access rules for weapons, alcohol, drugs, pornography</td>
<td>Restrict access to child prevalent areas</td>
</tr>
<tr>
<td>Environmental modifications</td>
<td>Have children close bedroom door when changing</td>
<td>Create safe private spaces in the home (such as using bathroom locks), Add outside lights to dwellings</td>
<td>Children changing route home to busier streets</td>
<td>Create play spaces in the home that are easy to monitor</td>
<td>Put locks on weapons, Remove pornography from house</td>
<td>Have an offender move to a location further from an elementary school</td>
</tr>
<tr>
<td>Provide information on Modus Operandi</td>
<td>Offenders grooming pattern in daily activities</td>
<td>Role of the environment in facilitating offenders’ perpetration (such as dark building, corridors)</td>
<td>Intervene with lonely, needy, neglected children</td>
<td>Identify high-risk locations</td>
<td>Greater use of pornography by teen perpetrators and alcohol by extra-familial offenders</td>
<td>Using past offender patterns to develop parole restrictions</td>
</tr>
<tr>
<td>Prevention strategies</td>
<td>Lifestyle/routine activities</td>
<td>Physical environment</td>
<td>Victims</td>
<td>Locations</td>
<td>Facilitators</td>
<td>Offenders</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>----------------------</td>
<td>---------</td>
<td>-----------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Community organising and advocacy</td>
<td>Organise group of children to walk together to/from school</td>
<td>Advocate for safe and secure dwellings</td>
<td>Empower community members to watch out for children</td>
<td>Organise neighbourhood watch</td>
<td>Advocate for stricter gun control</td>
<td>Community notification</td>
</tr>
<tr>
<td></td>
<td>Organise group of parents to share supervision responsibilities</td>
<td>Encourage development of safe public play areas</td>
<td>Advocate for more organised activities</td>
<td>Advocate for more organised activities</td>
<td>Stronger penalties for child pornography</td>
<td>Community education as part of community meetings</td>
</tr>
<tr>
<td></td>
<td>Advocate for more after-school activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills training</td>
<td>Supervision skills for parents</td>
<td>Teach parents</td>
<td>Teach problem solving</td>
<td>Teach parents/children to recognise characteristics of high risk locations (such as isolated areas)</td>
<td>Teach drug refusal skills</td>
<td>Teach empathy, anger management, dating skills training</td>
</tr>
<tr>
<td></td>
<td>Teach dating skills for teens</td>
<td>Teach problem solving</td>
<td>Teach problem solving</td>
<td>Teach parents/children to recognise characteristics of high risk locations (such as isolated areas)</td>
<td>Teach drug refusal skills</td>
<td>Teach empathy, anger management, dating skills training</td>
</tr>
<tr>
<td></td>
<td>Non-violent problem solving skills</td>
<td>Teach problem solving</td>
<td>Teach problem solving</td>
<td>Teach parents/children to recognise characteristics of high risk locations (such as isolated areas)</td>
<td>Teach drug refusal skills</td>
<td>Teach empathy, anger management, dating skills training</td>
</tr>
</tbody>
</table>
Bibliography


Livingstone, S., Kirwil, L., Ponte, C. and Staksrud, E. (2013) In their own words: what bothers children online? With the EU Kids Online Network. LSE, London: EU Kids Online


Miller, D. and Brown, J. (2014) 'We have the right to be safe': Protecting disabled children from abuse. London: NSPCC


References


