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Towards Social Transformation

Let's talk about CSA

The Silence is Deafening

NCH & UNICEF FORUM TO PROMOTE CHILD FRIENDLY BUDGETING
IN THE BRITISH OVERSEAS TERRITORIES

'Invest in Our Children Today. . . Change Our Tomorrow'

Barbados, September 2008

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University of Huddersfield, UK

Adding in the costs of CSA

- ***Intangible Costs***

- Low self-esteem
- Interpersonal relationship difficulties
- Family dysfunction

- ***Direct Costs***

- Psychological trauma
- Early sexual initiation - teen pregnancy
- HIV- transmission
- Family disruption

- ***Indirect Costs***

- Crime
 - Violence in society
 - Poverty
 - Lost productivity
-

Key Questions

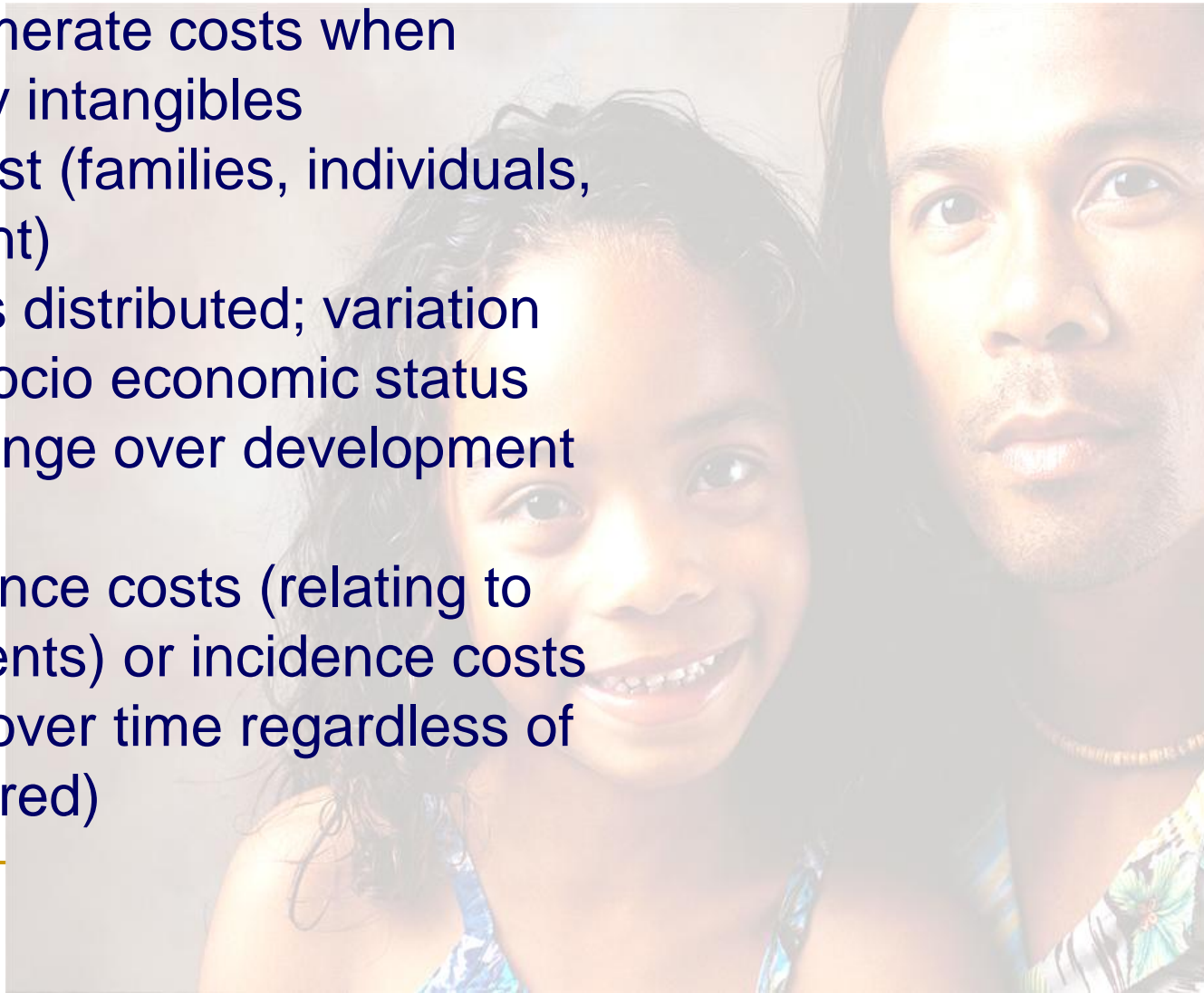
How can we enumerate costs when there are so many intangibles

Who bears the cost (families, individuals, public, government)

How are the costs distributed; variation by gender, age, socio economic status

How do costs change over development transitions

Are these prevalence costs (relating to recent/current events) or incidence costs (relating to costs over time regardless of when event occurred)



Certainties - prevalence

- Canada – estimated 61% of the population of children have experienced CSA
 - Columbia – Approximately 11,000 children sexually abused annually
 - Nepal – Between 13-18% of children have experienced CSA
 - Nicaragua – Police records show 60% of sexual violence crimes are committed against children
 - Spain – 23% of girls and 15% of boys under the age of 17 have been sexually abused
 - Uganda – Estimates 75.8% of children have experienced CSA
 - England – 10% of the recorded 570,200 child maltreatment incidences were sexual abuse
 - Australia – 10% of the 198,355 recorded child maltreatment incidences were sexual abuse
(NSPCC, 2004)
-



***Worldwide consensus – CSA
under-reported***

***Worldwide consensus CSA
affects children, destroys
families and contributes to
violence, crime, ill-health and
societal dysfunction in
multiple ways***

***No single pathway for
the experiences and
outcomes of CSA – there are
multiple pathways and
multiple social and economic
costs***

Psychosocial Costs - Young Person A

- Repeatedly sexually abused by step-father
 - Fearful of disclosure (he is a policeman, family financially dependent, close relationships with his children, fear of disbelief)
 - Dropped out of school, history of depression & self-harm
 - Using drugs – boyfriend supplies – has been drawn into drug/crime subculture
 - Became pregnant at 15
 - Neglect & poor parenting of her two children aged 3 & 5
 - Currently serving a prison sentence for drug-related crime
 - Discovered one of her children was abused by *her* boyfriend – this was followed with a suicide attempt
 - Children being cared for by maternal grandmother (still lives with the stepfather)
-

Economic Costs

- What %age of mental illness is associated with CSA, what does MI cost your societies
- What does teen pregnancy cost you (what are the outcomes for children of teen parents in your communities)
- What are the costs of drug use & addiction - is drug use linked to CSA in your communities?
- What are your prisons & justice systems costing you – what % of prisoners have experienced CSA & what % of crimes are linked to CSA

Can these costs be reduced by better CP prevention & protection systems?

Probability

- What are the statistical probabilities of these events really happening to this young person?
- How can we know that it is CSA and not some other variable that is the cause of, for instance, her drug abuse?
- What are the chances of improving the outcomes for her own children?

Statistical probabilities are not the same as truths

The smallest offer of help for a child being abused can reduce the probability of a negative outcome in some instances and equally, the most sophisticated & costly interventions might not

*Let us explore some truths about the effects of
CSA...*

Likelihood of 'A' having mental health problems

CSA can increase susceptibility to a wide variety of mental health and destructive behavioural problems. Repressed memories, feelings of guilt, internalised shame and low self-esteem are all contributing factors towards mental illness (Spilla et al., 2008).

Likelihood of 'A' abusing drugs

Drugs, alcohol and prescription medication are consumed as a solution to anaesthetize feelings of despair and to shut out painful past memories of molestation and, or, rape. (Fergusson et al., 2008).

Links with teenage pregnancy

Early unplanned pregnancy for young girls who have a history of CSA is twice that of female adolescents who had a childhood free of sexual abuse (Erdmans & Black, 2008).

In a US study an estimated 60% of teenage mothers were sexually abused during their childhood (Martin et al., 2004).

The path from sexual abuse to teen pregnancy follows a familiar trajectory:

Sexual abuse as a child



Overly sexualised behaviour and risky sexual behaviour as an adolescent



Withdrawal from school



Abuse of alcohol and drugs



Pregnancy and adolescent motherhood

(Erdmans & Black, 2008)

Likelihood of 'A' being involved in crime

- *Victims of CSA are at increased likelihood of adult criminality. CSA has a long term impact on anti-social behaviour (Cernkovich et al., 2008)*
 - *Up to 50% of women prisoners in one UK study report being victims of childhood abuse or domestic violence (HM Prison Service 2008)*
-

Likelihood of 'A's children being abused

- *Male sex offenders with a history of sexual abuse throughout childhood more liable to sexually abuse children than those who have not been abused (Whittaker et al., 2008).*
 - *Study of women sex offenders showed recurrent incidences of sexual abuse as children, more than non-sex offenders (Christopher et al., 2007).*
-

Caution!

Dangers of sensationalism
Limitations of taking one individual case and producing generalisations
How can we possibly know that the cause CSA is directly linked to the outcomes
What accounts for the children whose lives *don't* follow this pattern



<i>Abuse</i>	<i>Child</i>	<i>Abuser</i>	<i>Family</i>
Source	Age	Age	Make-up of family
Type	Gender	Gender	Gender roles relationships
Measures used	Place in family	Relationship to child	Economic circumstances
Frequency	Disability	Views about sex	History of abuse
Where When	Status in family	Status in family	Social status
Effects of abuse	Resilience factors	Risk factors	Social (risk) factors
Use of CT	Personality	History of abuse	Protective factors

Changing Outcomes

Responses on Disclosure

- Response of non-abusing parent/care-giver
- Response of wider family
- Response of perpetrator
- Mandatory reporting
- Policy requires/facilitates inter-agency cooperation
- Locus of responsibility clearly understood
- Agencies work effectively together
- Society capacity to deal appropriately with fall-out
- Skilled sensitive response by professionals

Protection & Post-disclosure Responses

- Effective counselling services
- Accountability for CP
- Treatment services for perpetrators
- Balance re: criminal justice/support
- Family/community-based prevention & support services address wider social factors
- Training (professionals, parents & communities)
- Professionals supported
- Local/national cooperation
- Skilled sensitive policing

Societal Factors

- **Gender inequality**
 - **Policy gender informed & child-centred**
 - **Societal taboos - sexual abuse hidden**
 - **Status of children**
 - **Imbalance in policy/legislative approach (systems loaded towards criminal justice rather than child protection)**
 - **Migration trends**
 - **National disasters/events**
-

Developing effective CP Systems – *Learn from the West?*

(CP System: laws, protocols, procedures, assessment tools, inter-professional agreements, guidance, services)

- Costly and overly complex to administer. In the USA the child protection 'industry' costs over \$US100 billion annually, yet child abuse is said to be increasing. Similarly in the UK, the cost of maintaining child protection systems is over a £1 billion a year
- CP systems increasingly being seen as ineffective at best and at worst, sometimes simply substitute one form of abuse for another – the subjection of children to invasive and insensitive institutional procedures which themselves may be harmful

***Bankrupt economically and in terms of helpfulness to children
& families***

(Lonne et al 2009)

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- Investigation & surveillance driven
 - Procedure-led, overly bureaucratic and complex to administer
 - Focus on risk rather than on beneficial outcomes for children
 - As ideas run thin there is an increasing emphasis on risk assessment tools - reduces professional skills to the ticking of boxes
 - Spend our resources searching for perpetrators and have little left for victims and healing families
 - Procedure led, institution-based approach fuels adversarial relationships
 - Children feel failed by the system not protected – often the outcome is worse than the situation the child was in
-

Making Economic Sense of CSA

- *Business Partners* – if your business is the protection of children then your partners are children and families
- *Accounting* – this is about accountability – we are accountable to children when we fail them
- *Cost-effectiveness* – should be determined by beneficial outcomes for children
- *Deficit* – abused children carry a heavy deficit that can roll over year on year
- *Maximising Resources* – children and families are resources too – utilise their knowledge and strengths
- *Savings* - there will be savings by putting effective CP systems in place but these may seem distantly removed from the outlay – the effects of CSA are often only apparent over time, be provide to take the time to see the benefits of investing in CP
- *Financial Crisis* – don't be diverted – children are in crisis
- *Balancing the Books* – balance the future with the present (future social capital & healthy societies vs. present inactivity on abuse and consequent costs)

Transforming Child Protection

1. Convince the public that protecting children is necessary (avoid punitive, blame-laden language)
 2. Secure families embedded in secure communities provides the greatest source of CP
 3. Design your CP systems based on the inclusion of children, parents, community organisations and FBOs
 4. Collectively craft the values & principles
 5. Make sure your solutions are culturally relevant
 6. Ensure that your CP systems maintain children's connections with families & help to heal families
 7. Involve the media proactively
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8. Don't only focus on CSA (neglect is the most common form of child maltreatment)
 9. Think carefully about the role of mandatory reporting in your system
 10. Accept that the court is not the only form of justice for CSA – retribution or restoration?
 11. Where you can, identify the most harmful & persistent paedophiles – isolate them from children but treat them humanely
 12. For the many other child abusers look to principles of restorative justice for solutions
 13. Learn from what works in your own communities and from examples in the region
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Some approaches to consider

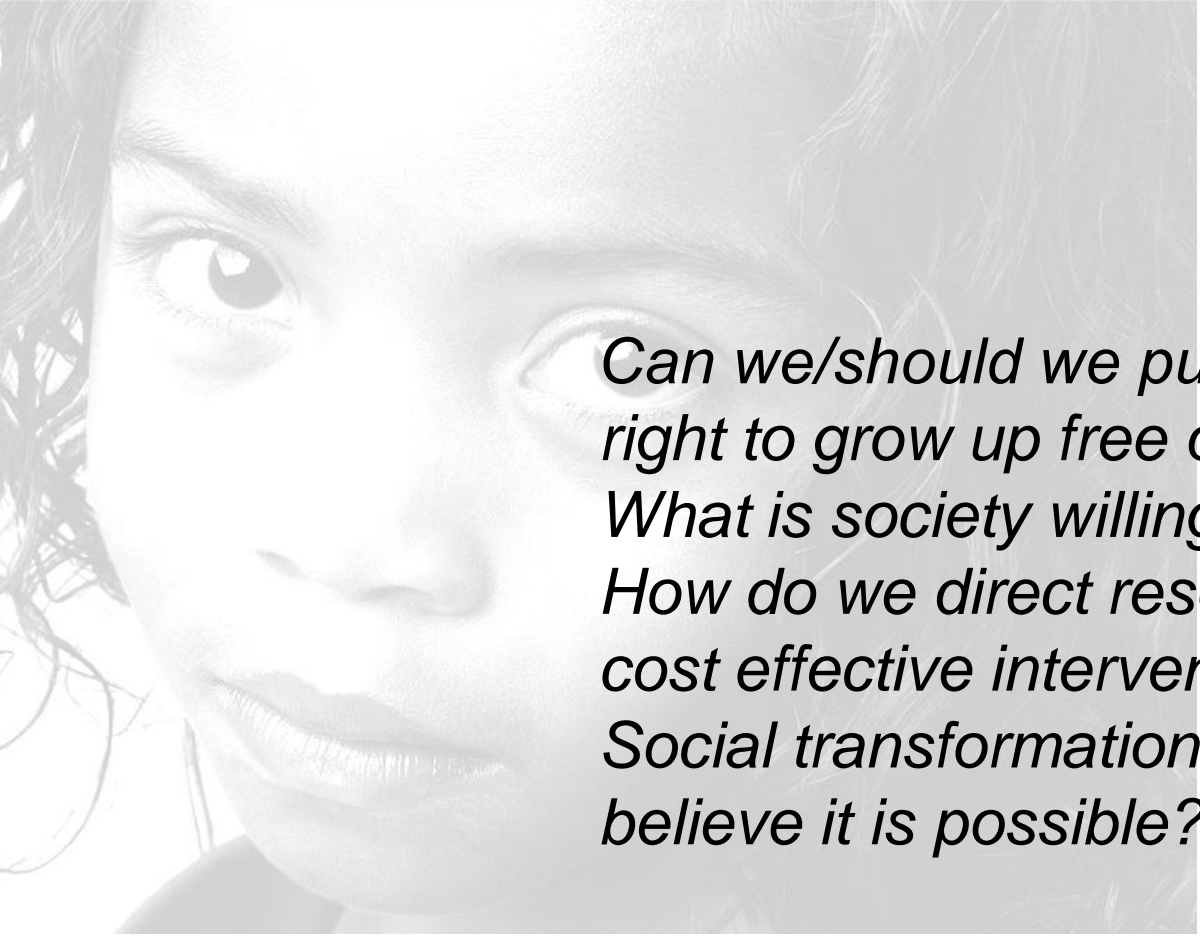
- Code of Conduct for Child-Safe Tourism (ECPAT)
 - Family Group Conference Model
 - Confidential Doctor System
 - Restorative Justice
-



Will the Child Protection System you envisage lead to children and families referring themselves for help?

If the outcomes of your system are not beneficial to children and families then question the input

Finally...



Can we/should we put a value on children's right to grow up free of sexual abuse
What is society willing to pay
How do we direct resources to more effective, cost effective interventions
Social transformation is imperative – do we believe it is possible?

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