Scottish Parliament Cross Party Group

on Adult Survivors of Childhood Sexual Abuse

Virtual Meeting 7th June 2022

Minutes

In attendance

Fulton MacGregor MSP Convener, Daniel Johnson MSP Depute Convener, Collette Stevenson MSP

Anne Macdonald, Co Convener, Janine Rennie, Wellbeing Scotland, Co Convener, Sandra Brown, Moira Anderson Foundation, Treasurer, Stuart Allardyce, Stop It Now! Scotland, Emma Bryson, Speak Out Survivors, Ellie Forgan, KASP, Ewan Law, Fife College, Dr Adam Mahoney, Napier University, Dr Sarah Nelson, Researcher, Dr Eric Swanepoel, Writer & Researcher

Apologies

Lynn Burns, Break the Silence, Katy Clark MSP, Ross Greer MSP, Dr Javita Narang, International Consultant, Trauma Care, David Whelan, FBGA Quarriers, Brian Whittle MSP.

Approval of Minutes 20th April 2022

Approved: Janine Rennie Seconded: Emma Bryson

The Cross Party Group for the Prevention and Healing of Adverse Childhood Experiences: Commission of Inquiry into the delivery of 70/30 Campaign, excluding childhood sexual abuse

Our meeting was convened due to the above Campaign, as in its proposed Terms of Reference it excludes childhood sexual abuse because ' research has indicated that the causal pathways to sexually abusive behaviour is less clear cut, more resistant to change, and will require different approaches over a longer time scale to achieve the desired outcomes'. It goes on to say the Commission may include recommendations to reduce sexual abuse if means to achieve that are identified as part of its Inquiry

We wanted to hold a meeting to discuss this action and decision as a matter of concern on several levels. Firstly, we wondered why another group with the remit for vulnerable children would not have contacted our CPG for discussion on its proposals for such an Inquiry.

Fulton opened the discussion acknowledging that we had legitimate concerns and that we would align with proper parliamentary procedures and for the group to arrive at an agreement on what steps we take next in a transparent and respectful way.

We also agreed that due to the potentially distressing nature on the content of this discussion, we openly acknowledge this, particularly for survivors present. We will also allow time between contributions to check everyone is okay and demonstrate fairness by enabling everyone who wishes to speak has their voice heard.

Stuart Allardyce, Director of Stop It Now! Scotland was invited to open our discussion and spoke to the following slides:

International policy context

- Child sexual abuse prevention is typically an aspect of international violence prevention initiatives
- UN Sustainable Development Goal 16.2: ending **all** forms of violence against children by 2030 includes child sexual abuse and exploitation
- Tackling CSA is part of End Violence Against Children Partnership strategic aims
- Relevant World Health Organisation policy documents and resolutions on tackling child maltreatment and violence include child sexual abuse (e.g. WHA50.19)

Nature of CSA in the UK

- Conservative estimates suggest 15% of girls and 5% of boys experience some form of CSA in UK by age of 16. Only a minority of cases reported at time (I in 8)
- Almost ½ of CSA involves exploitation and abuse of children aged 12-16.
- One in 4 care experienced children have experienced CSA
- Children with disabilities twice as likely to experience CSA
- 4 different domains – family, community organisational settings, and online. Family is likely to be largest.
- Covid had significant impact in increasing online harm
- More than 90% perpetrators male. Around 1/3 of perpetrators under 18. Considerable proportion of abuse opportunistic rather than driven by paedophilia.

Radford et al. (2015)

- Three types of prevention strategies to tackle sexual abuse and exploitation were found: those aimed at mobilization to change social norms, attitudes and behaviour; situational prevention; and prevention by reducing risks. It is likely that all three approaches are needed for an effective prevention approach.

- Few prevention interventions have been evaluated experimentally and only a small number have been evaluated at all. Most examples found in LMICs and emergency contexts are based on evidence from the field.
- Many prevention responses are not directly targeted at child sexual abuse and exploitation but take a wider focus on preventing gender-based violence, violence against women and girls, interpersonal/ dating violence or HIV and AIDS prevention.

Causal pathways leading to the sexual abuse of children are as well understood as in other forms of child maltreatment, with pathways often determined by interplay of factors such as emotional and behavioural regulation problems, need for intimacy and control, offence-supportive cognitions and deviant arousal. Factors such as these need to occur alongside situational factors such as victim access.

The literature on treatment effectiveness with sex offenders is well established and suggests that pathways are typically open to change. With the right investment of resources, significant reductions of sexual abuse of children are therefore very possible by 2030.

The Scottish Child Abuse Inquiry took evidence on the psychology of child sex offenders earlier this year from a range of experts on this subject. A report is being compiled by the Inquiry evaluating the evidence provided. Witness statements from invited experts covering what is known about prevention of sexual harm in childhood can be found at https://www.childabuseinquiry.scot/research/roundtables-past-events/. Although some sections relate to abuse in organisational settings, the evidence also includes information about abuse in family and online contexts.

ACE studies identified CSA as one of the most significant factors in adverse childhood experiences. CSA does not exist in isolation from physical, psychological and emotional harm, child abuse is a continuum.

Several letters outlining concerns have been sent to Fulton, these have been made available to the membership. There were questions on how the exclusion of csa could be justified and what research was used. That by excluding csa was re traumatising for survivors, and in fact was silencing them yet again. Deep concerns were raised by everyone in attendance. One survivor felt shaken and upset about the exclusion of csa and that if we have to create an environment for children to be able to tell what has happened to them

In summary, we believe the exclusion of childhood sexual abuse is unethical and indeed harmful. To exclude an area of abuse because it will be more difficult to achieve suggests it is somehow of lesser importance and diminishes the horrific long term physical and emotional effects survivors of CSA endure.The distress this has already caused survivors of childhood sexual abuse who have become aware of this exclusion and those who will become aware as the Inquiry proceeds is an appalling situation for survivors to feel silenced once again.

Eradicating abuse of children should be everyone’s priority and it has been our goal since we were convened in 2001.

It was agreed we draft a letter which Fulton, Daniel and Collette are happy to send to the Convener of the Cross Party Group for the Prevention and Healing of Adverse Childhood Experiences outlining the above and requesting what evidence was used in arriving at the exclusion of childhood sexual abuse in their Campaign.

AOCB

The CPG was contacted by a survivor who raised some serious concerns. She had read the papers of our group and felt we would be interested in the issues that she had faced.

Freedom of Information responses on 2nd July 2021 and 4th May 2022 highlighted that a very low number of staff in HIS were training in trauma informed practice (N42, 7.58%). Of further concern is that HIS were awarded £600,000 to improving services for people who have experienced trauma: including many of those with a diagnosis of personality disorder. It is widely recognised that personality disorders are the diagnoses received by trauma survivors. Updated research and knowledge is reframing these diagnoses as Complex PTSD or Complex trauma.

For an organisation not to have had the required specialist training is very worrying. To carry out work of this nature would require trauma specialist training. Staff working in healthcare should in any case have trauma enhanced or specialist training.

The survivor also raised the issue of the move towards online resources for mental health and that this could be retraumatising.

It was agreed to discuss further at our next meeting

Date of Next Virtual Meeting AGM

Wednesday 29th June at 1.00 pm