A public health approach to tackling child sexual abuse: Research on Stop it Now! UK and Ireland and Stop it Now! Netherlands

Overview of a study assessing the contribution of the Stop it Now! Helplines in the UK and the Netherlands to reducing the risks posed by people who have sexual thoughts, feelings or behaviour towards children, and improving the ability of a wide range of adults to contribute to protecting children from sexual abuse.

The research showed clear demand for these confidential Helplines providing information, advice, support and guidance to a range of people concerned about preventing child sexual abuse. It also showed that the Helplines can provide cost effective, quality advice and support to protect children directly, and to prompt behaviour change in adults and strengthen protective factors which can reduce the risk of offending.

The threat, scale and impact of child sexual abuse draw considerable public and policy attention. Responses typically focus on child protection and offender management, but a ‘public health’ approach has shown ways in which all members of the community can contribute to preventing child sexual abuse. Stop it Now! UK and Ireland and Stop it Now! in the Netherlands are based on a public health model. Anyone concerned about child sexual abuse can access information, advice, support and guidance to help prevent abuse occurring. At the core of the Stop it Now! programme is an anonymous telephone/email helpline.

The study had four stages and all study publications can be found on the research webpage.¹

- scoping work including a desk review and interviews with key stakeholders;
- interviews and questionnaires with a selection of Helpline users in the UK and in the Netherlands;
- an economic analysis of the costs and potential benefits of the Helplines in the two nations;
- the production of a Toolkit to support the establishment of child sexual abuse prevention helplines.

The Study had financial support from the Daphne III programme of the European Union² and was conducted by NatCen Social Research in the UK and de Waag in the Netherlands.³ It also drew on the perspectives and experience of Save the Children, Finland, which runs the Nettivihje hotline tackling online child abuse images, and the Prevention Project Dunkelfeld, Germany, which gives free therapeutic support to adults with sexual preference disorder (sexual preference for children). The Lucy Faithfull Foundation, which also contributed to the study runs Stop it Now! UK and Ireland, and is a child protection charity working exclusively to prevent child sexual abuse.⁴

¹ http://www.stopitnow-evaluation.co.uk/en
² http://ec.europa.eu/justice/grants/programmes/daphne/index_en.htm
³ de Waag has a research team in addition to its clinical provision, and it employed an additional researcher for this project.
Stop it Now! UK and Ireland and Stop it Now! Netherlands: Summary of key findings

The research on Stop it Now! UK and Ireland and Stop it Now! Netherlands is summarised below, from interviews, focus groups and questionnaires completed with Helpline users and administrative data. Data on users’ views of the Netherlands Helpline was less extensive because it is not as established as its UK counterpart. Nonetheless this study provided important evidence on the operation and effects of both Helplines.

Promotion: Both Helplines promote accessibility and reduce barriers to help for all user groups. This includes increasing awareness and understanding of child sexual abuse, as well as awareness of Stop it Now! The research affirmed that users could be reached through a range of promotional strategies, such as signposting by other agencies, online presence (such as splash pages, adverts and websites) and media coverage.

- In the UK, the most common sources of information about Stop it Now! in 2012 were the police service (nearly 34%) followed by the Stop it Now! UK and Ireland and Parents Protect! websites (19%).
- In the Netherlands, the most common way of finding out about Stop it Now! was from TV, radio or print media while in the UK this was the least common route. Differences between the two programmes may be due to limited resources for media promotion in the UK. Differences in the social, legal and policy contexts of each country will also have a bearing on how the Helplines are promoted. For example, the extent to which there is a willingness in the UK for mainstream discussion of child sexual abuse prevention.

Profile of users: A key step in tackling child sexual abuse is mobilising adults to seek help to: manage their feelings and behaviour; reduce the risk posed by someone else; or protect a child at risk. The research affirmed that both Helplines have successfully engaged a wide range of users:

- A significant proportion of calls have been from people concerned about their own sexual feelings or behaviour towards children: around 41% in the Netherlands and 56% in the UK and Ireland in 2013.
- These callers include people at risk of sexually abusing a child, but who had not acted on their feelings. The percentage of calls taken from this group was higher in the Netherlands (18%) than in the UK (7%). This group also formed a larger proportion of all users who were concerned about their own thoughts, feelings or behaviour in the Netherlands than the UK: in the Netherlands, 52% of people contacting Stop it Now! concerned about themselves had not acted on their feelings whilst in the UK, 18% of those concerned about themselves had not acted on their feelings.
- This raises two issues. First, the role of mainstream advertising; the Netherlands service is advertised on television whereas the UK service is not. Second, the influence of each nation’s legal and cultural context on when users engage. In the Netherlands, confidentiality laws mean that therapists are not allowed to disclose information about previous offending, although they are required to share

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5 http://www.stopitnow.org.uk
6 https://www.stopitnow.nl
7 Links to each: http://lucyfaithfull.org; http://www.dewaagnederland.nl/english
8 These figures are taken from the administrative data collected by the Stop it Now! programmes
9 The time periods over which this data was gathered did not align completely but were comparable, occurring in 2012/13.
concerns about specific risks of future abuse. This may encourage people to give up their anonymity in order to access further help, knowing that their confidentiality will be assured.

- The services have also been successful in engaging a range of adults who can play a role in protecting children from harm including people concerned about another person’s behaviour (whether an adult or young person/child) and people concerned about a child who may be at risk. A minimum of around a third of calls/emails to each Helpline in 2013 came from these groups. Professionals and other people also used the Helplines, supporting the public health ethos of involving a range of people in prevention.

**Demand:** Data from Stop it Now! in the UK indicates that many calls are being missed. Missed calls averaged 2,199 per month in the financial year 2013/14, with 2,963 missed calls in March 2014. In April 2014, as the new financial year began, Stop it Now! UK had 3,676 missed calls. Demand is clearly outstripping supply.

**Use:** The design of the Helplines enables them to assist users with different support needs, from one-off support and guidance to being routed into face-to-face forensic therapy or psycho-educational programmes. The research found that both Helplines were greatly valued by users, especially:

- The quality of the advice and information;
- The anonymity and confidentiality;
- The approach and manner of the staff.

**Contribution to preventing child sexual abuse**

The research showed that both Helplines can contribute to tackling child sexual abuse by helping people who have sexual thoughts, feelings or behaviour towards children to understand and manage their behaviour, and by assisting all users to be informed about how to protect children and young people from risk of harm.

**In the UK:** Effects identified by participants aligned closely with its aims – improving users’ ability to:

- Recognise behaviour as risky or problematic. For example acknowledging that viewing child abuse images is an offence and harmful.

- Understand this behaviour is dynamic – it can change and be addressed. For example provide a better understanding of the triggers for viewing child abuse images.
- Implement techniques and advice on challenging and changing this behaviour. This includes: how to protect individual children from risks posed by an adult; how to assist young people in reducing their risk of sexually harmful behaviour; and how to manage their own risks for engaging in risky or abusive behaviour.

In addition, users concerned about their own or other people’s behaviour reported improved wellbeing and resilience after contacting the Helpline. These improvements in turn supported their ability to recognise and address problematic behaviour and assist in preventing further sexual abuse of children.

**In the Netherlands:** Similarly, adults concerned about their own sexual thoughts, feelings or behaviour who participated in the Dutch research also reported feeling more in control of their feelings and behaviour since using the first phase of the Helpline. Those who went on to have anonymous sessions with therapists from de Waag said they had a better understanding of their problems, and had learned more effective coping strategies.

Taken collectively the effects identified in this research align with the strengthening of recognised protective factors\(^\text{10}\) to support desistance from child sexual abuse.

“I’m not saying I’m ever going to be cured, but the strategies are in place to stop me re-offending now.”

(Stop it Now! UK user who had committed a child sexual abuse offence)

**Enhancing efforts to prevent child sexual abuse**

The research showed the Helplines have been successful in engaging and supporting adults who can play a role in preventing child sexual abuse. However, Helpline use could be constrained by a number of factors, including uncertainty about where to turn for help and difficulty getting through due to high demand for the service. Additionally, shame, anxiety and concerns about anonymity could inhibit users from accessing help early. Possible solutions to these constraints may include:

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• Improving public awareness of preventative actions using the mainstream media and addressing the stigma of talking about how to prevent child sexual abuse.
• Raising the profile of prevention services among the general public and professionals.
• Reviewing confidentiality processes, and ensuring the level of confidentiality is clearly communicated.
• Increasing investment in services for people who have offended or are at risk of offending, people concerned about another person (adults or children) and victims/survivors of abuse, to create a comprehensive, public health informed approach to prevention.

Economic analysis of the UK and Ireland Stop it Now! and Netherlands Stop it Now! programmes

• The research showed that expenditure on marketing and publicity was likely to account for a significant proportion of the costs of setting up a helpline. Staff are likely to account for the largest proportion of the costs of running a helpline.
• Comparing the costs of the Helplines indicated that the average cost per call was likely to be lower for those that are well established, as they generate a higher volume of calls. Helplines also should have sufficient call handling capacity to create economies of scale (such as Stop it Now! UK and Ireland).
• Estimating a monetary value for the contribution of these Helplines is a challenging task. A framework for measuring the benefits of child abuse prevention helplines was developed for this study, but further research is required before it can be used to robustly calculate the monetary value of these Helplines.
• However, an initial estimate considering only the UK Helpline’s work with users concerned about their own feelings or behaviour is that Stop it Now! generates benefits (in savings to the taxpayer) of at least £425k per annum – which amounts to a minimum of 120% of the Helpline’s costs of £355k in 2011-12.11
• In addition to showing that the Helpline generates savings in its work with people who have or might abuse, the framework also indicates that benefits would be even more extensive if the Helpline’s work with all its user groups were factored in – and if it included other benefits to individuals and wider society arising from the prevention of sexual abuse.

Preventing child sexual abuse: a Toolkit for establishing a helpline

A Toolkit to assist people across Europe to develop helplines which suits their specific national or local context has been developed from the research. The Toolkit does not set out a single model of operation, but outlines key points to consider in developing a suitable helpline for a particular nation, area or user group.

The Toolkit covers key stages of establishing and operating a helpline. This will vary according to the wider context; what else is available for people who need support; and available resources. Considerations for designing a helpline include:

• Mode: a helpline can be accessed using single or multiple routes such as telephone, email and web-chat.
• Content: it may offer one or more service such as information, advice and guidance; specialist counselling; or therapeutic support.
• Structure: a helpline can operate as a support in itself, act as a gateway to other resources or services, or do both of these things.
• Target groups: the Toolkit assumes that a helpline would be aimed primarily at people who pose a current or potential threat to children and young people. It may also aim to provide services for other groups affected by or concerned about child sexual abuse (in the same way as Stop it Now!)
• Promotion: how will the helpline be promoted so that the specific target groups are aware of it and know what it can offer them, and will this be combined with awareness-raising about sexual abuse?

In any setting, the stigma associated with child sexual abuse is likely to prove an obstacle to raising awareness of the helpline. The Toolkit provides examples of how this has been addressed by existing services and on mapping the specific legal, social and policy environment within which a helpline operates.

For more information and to access full publications: www.stopitnow-evaluation.co.uk.

11 Costs calculated by the independent consultant; further information in the full report on study webpage.