Stop it now

PREVALENCE OF ADULTS WITH INTELLECTUAL DISABILITY OR NEURODIVERSE CONDITIONS USING STOP IT NOW! SERVICES FOR THE PREVENTION OF CHILD SEXUAL ABUSE IN THE UNITED KINGDOM AND IRELAND

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LUCY FAITHFULL FOUNDATION

Stop it now

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Background to project

Introduction to Stop It Now

Prevalence of people with ID/Autism accessing Stop It Now Project

Discussion and Future Steps

INTRODUCTION

Sexual victimisation of children is a significant issue in societies worldwide.

Prevalence of child sexual abuse (CSA) is challenging to measure, and there is no source providing the current prevalence of child sexual abuse (Office for National Statistics, 2019).

In the UK, one source of data is the Crime Survey for England and Wales (CSEW), which measures the prevalence of adults who experienced sexual abuse before the age of 16 years and includes sexual abuse perpetrated by adults or children (Office for National Statistics, 2019).

In the year ending March 2019, the CSEW estimated that approximately 3.1 million adults aged 18 to 74 years experienced sexual abuse before the age of 16 years, which is equivalent to 7.5% of the population.

INTRODUCTION — HOW MANY PEOPLE WITH ID HAVE CONVICTIONS FOR CSA?

Within forensic and prison services, some of those convicted for sexual offences are diagnosed with intellectual disabilities or autism.

Within forensic services for people with intellectual disabilities, around 20% of those treated have an index offence of a sexual nature, and 50% have a history of sexual aggression recorded within their clinical notes (Alexander et al., 2011).

Of the 66 forensic inpatients with intellectual disabilities in the "long stay" study (Chester et al., 2018), which examined the characteristics of the longest staying 20% of offenders in medium and high secure care, 10.6% had convictions for sexual offences. It is unclear how many of these recorded offences are against children.

INTRODUCTION - HOW MANY PEOPLE WITH ID HAVE CONVICTIONS FOR CSA?

Callahan et al. (2024) compared individuals with and without ID in prison in the U.S. for sexual offenses. The most common offense was molestation of a minor child, and rates were similar among those with ID (74.4%), and those without (72.6%).

Arbanas et al. (2022) presented data from a psychiatric forensic assessment centre in Croatia over 9-years. Out of the 72 cases of sex offenses, 37 (51%) were child victims. Those who were accused of sex offences against children were more likely to have been sexually abused as a child and treated psychiatrically as inpatients. Additionally, they were diagnosed with narcissistic and antisocial personality disorder, dementia and pedophilic disorder.

As offence types/rates tend to be similar between ID and non-ID populations (Alexander et al., 2012; Chester et al., 2018), we can get some insight from this data.

SEX OFFENDER TREATMENT

We know that many inpatients with intellectual disabilities or autism are within forensic services for reasons of sexual offending, including offences against children.

Whilst within forensic services, inpatients are typically offered offence specific rehabilitative programmes which aim to reduce the likelihood of future re-offending:

- SOTP
- ASOTP
- SOTSEC-ID

OUTCOMES FROM SEX OFFENDER TREATMENT

These treatments are typically only available to those who have already offended.

One or multiple victims.

Criminal records for offender, and associated outcomes.

NEED FOR PREVENTATIVE INTERVENTIONS

Equivocal outcomes from sex offender treatment

The need for preventative and early intervention programmes targeting sexual offending among individuals with intellectual disabilities and autism has become evident.

One such service is the Stop It Now UK & Ireland Helpline and website which offer support and advice to anyone with questions or concerns around child sexual abuse.



Helpline

We give anonymous support and advice to anyone with concerns about child sexual abuse, whether this is your own or someone else's behaviour. Our helpline is a safe space for callers to talk about their concerns and questions.

Read more

Self-help

Our completely anonymous and free of charge self-help resources to help you explore, understand and address your sexual thoughts and behaviours towards children. They are divided into four sections, and you can work through them at your own pace.

Read

Support and advice

Knowing the signs of harm or inappropriate behaviour and where to get help keeps children safe. If someone you know has been arrested for child sexual abuse offences, including viewing sexual images of children online, it's crucial to act.

Read more

Online offender behaviour programmes

help people stop offending online. We work with people who have been arrested, cautioned or convicted for internet offences involving indecent images of children or sexual communications with children

Group work programme

Supports partners, ex-partners, relatives and friends of anyone who has been arrested, cautioned or convicted for internet offences involving indecent images of children or sexual communication with children

Educational programme

Programme for young people in trouble with the police, their school or college for inappropriate use of technology and the internet including behaviour such as sexting, indecent images of children and porpography.

STOP IT NOW FILM

AIM OF PROJECT

This project explored the question:

How many people with intellectual disabilities or other neurodiverse conditions are accessing Stop It Now services? This includes the website and the helpline.

METHOD

The setting for this study was the Lucy Faithfull Foundation Stop It Now Service.

The Stop It Now service provides support for anyone with a concern about child sexual abuse and its prevention via the provision of self-help resources, programmes and helpline.

The service can help those worried about their own thoughts, feelings or behaviour, or those with concerns about the behaviour of another adult or young person.

There is no requirement to give Stop It Now any identifying information, so the service can be used anonymously.

The helpline is run by experienced and non-judgmental advisors.

This paper reports data from the 2022/23 and 2023/24 Stop It Now diversity survey.

The diversity data comprises two data sets

- (1) helpline diversity survey (n = 1164)
- (2) website diversity survey (n = 539)

SURVEYS

During the two years 2022/23 and 2023/24, Stop It Now systematically assessed diversity characteristics of helpline callers and users of the Stop It Now website (https://www.stopitnow.org.uk).

Both surveys assessed the reason for using the helpline/website, service users' age range, gender, disabilities (including intellectual disability and neurodiverse conditions), ethnicity, sexual orientation and religion.

All items included pre-defined answer options and the option for respondents to describe their reason for using the website, gender identity, ethnicity, sexual orientation and religion in their own words if they preferred.

The website survey also included an open-ended question asking how the website could be improved and made more accessible to respondents.

RESULTS — HELPLINE SURVEY

On the helpline survey, n = 40 (3.4% of all helpline survey respondents) service users reported a learning disability/cognitive impairment and n = 45 (3.9%) service users reported a neurodiverse condition, e.g. Autism, ADHD.

	Learning disability/cognitive impairment	Neurodiverse condition e.g. Autism, ADHD
Concerned about a child or young person]
Concerned about the behaviour of another adult	2	2
Concerned about your own thoughts and behaviour	38	42
Professional looking for advice	40	45
Total	40	45

WEBSITE SURVEY

On the website survey, n = 30 (5.6% of all website survey respondents) service users reported a learning disability/cognitive impairment and n = 89 (16.5%) service users reported a neurodiverse condition, e.g. autism, ADHD.

	Learning disability/cognitive impairment	Neurodiversity such as Autism or ADHD
Adult survivor of abuse	3	9
Concerned about a child or young person	2	2
Concerned about the behaviour of another adult		5
Concerned about your own thoughts and behaviour	15	48
Other (please specify)	6	17
Professional looking for advice	4	8
Total	30	89

RESULTS

Across both surveys, intellectual disability and neurodiverse conditions showed a significant association, with both disabilities often reported together ($\chi^2 = 37.4$, p < .001, Phi-coefficient = .15).

Both types of disabilities were more often reported in the website survey, with a small effect size for intellectual disability (χ^2 learning disability = 4.24, p = .04, Phi-coefficient = .05) and a moderate effect size for neurodiverse conditions (χ^2 neurodiverse conditions = 81.3, p < .001, Phi-coefficient = .22).

Intellectual disability and neurodiverse conditions were significantly associated with the reason for using the service across both surveys. Intellectual disability was more often reported in people who sought help because they were concerned about their own sexual thoughts or behaviour relating to children compared to other reasons for using the service; although, again, only a small effect size was found ($\chi^2 = 17.9$, p = .003, Cramer's V = .10).

DISCUSSION

Stop It Now! Services were regularly being accessed by people with learning disabilities and other neurodiverse conditions.

This is despite not being specifically targeted or marketed at this population.

These results indicate that Stop It Now service providers might benefit from training in intellectual disability, autism and ADHD, to better support this group.

Stop It Now written resources, including the website and online self help resources, may require some adaptation to be fully accessible to those with learning disabilities.

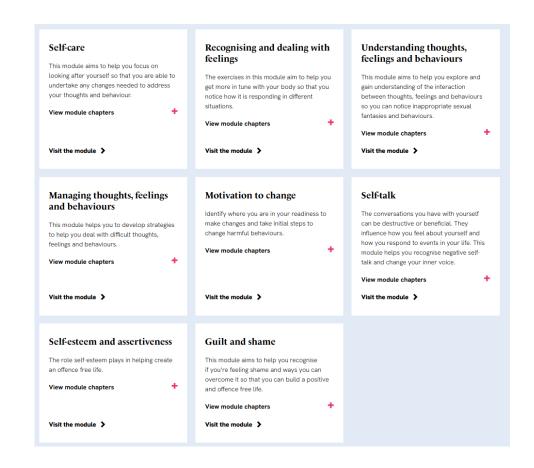
Further research should assess whether Stop It Now services could have a role to play in supporting those with ID, autism and/or ADHD to manage their sexual thoughts, feelings and behaviour towards children, and whether this could prevent admissions to, and support discharges from inpatient forensic services/prison.

FEASIBILITY IN COMMUNITY SERVICES?

Some questions for the Panel Discussion:

- Do you feel Stop It Now services could have a role to play in supporting people with ID/autism in the community who are worried about their sexual thoughts about children?
- If we were to begin using Stop It Now resources, such as the helpline, online help, or online self-help modules, should this be for:
 - Pre-offence
 - Post-offence (including after discharge from secure services, from a maintenance perspective)

Would community based staff/clinicians be comfortable supporting their cases to access Stop It Now services? What support would staff need?



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