



*SafeCare*  
Inc.

BREAKING THE CYCLE OF CHILD SEXUAL ABUSE

**VOTA 2009**

# **Treatment as Prevention**

**Christabel Chamarette  
Clinical Director  
SAFECARE  
(1997 – 2008)**

# Shape of Presentation

- Prevalence of Child Sexual Abuse
- Impact of Child Sexual Abuse
- ‘Best Interests of the Child’
- Current Responses
- The SafeCare Approach
- Treatment as Prevention

# Prevalence of CSA

- Conservative Estimates:
  - **Girls:** 1-in-4 seriously sexually abused
  - **Boys:** 1-in-5 seriously sexually abused
- Over 80% of CSA occurs within the family network.
- 50% of intrafamilial offenders are adolescent boys

# Impact of CSA

- Underlying issue in a whole range of childhood and adult problems:
  - Low self esteem
  - Difficulties at school
  - Addictions and substance abuse
  - Deliberate self harm
  - Depression
  - Mental Illness
  - Suicide
  - Further victimization
  - Next generation of offending

# From Victim to Offender

- Only some victims of CSA become offenders as adolescents or adults
- Almost all child sex offenders have been victims of CSA
  - “93% of convicted of child molesters had been sexually abused in childhood”  
Briggs, F., Hawkins M.F. and Williams M. (1994)
  - SafeCare experience suggests an even higher proportion

# 'Best Interests of the Child'

- How do we measure what is in the best interest of the child?
  - Protecting them from abuse
  - Healing of trauma
  - Restoration of healthy relationships
  - Meaningful consultation
- How do we achieve it?

ARE YOU  
SURE YOU  
WON'T Do it again  
DAD!

# Current Responses

- **CHILD FOCUS**
  - ‘Protective behaviours’ training for children
- **CRIMINAL JUSTICE FOCUS**
  - Stigmatization of offenders
  - Harsh penalties
  - Break-up of family unit
  - Paedophile registers
  - Mandatory reporting

# Current Response Limitation

- Children not protected by being focus of prevention
- Stigma contaminates whole family
- Harsh penalties impact on family and victim
- Break-up of family hurts the child
- Registers promote secrecy and non-disclosure
- Mandatory reporting inhibits disclosure
- Prevents offenders and families seeking help
- Lack of treatment continues cycle of offending

**TREATMENT / PREVENTION RESPONSE NEEDED**

# SafeCare's Approach

- Offender taking responsibility
- Whole of family approach
- Voluntary rather than coercive participation
- All family members receive treatment and support
- Community-based
- Treatment of childhood abuse for children and adults (offenders and partners) is critical
- Breaking the cycle

# Benefits - SafeCare Approach

- Early intervention prevents further offending
- Family supported rather than isolated or fragmented
- Open disclosure improves healing and promotes early intervention
- Offender taking responsibility removes child guilt
- Gives hope for change to offenders and family
- Breaks the cycle of offending and victimisation

## SafeCare works with families where:

- The offender is willing to acknowledge their offending and is willing to come into a treatment program
- A young person has either been a victim of abuse or has begun to offend within the family network

*“... we were struck by the consistency with which offenders stated that they would have sought help when they first offended if there had been somewhere for them to go”* Les Harrison, A Secret Life

# SafeCare Inc.

- Community-based
- Successfully operating in WA from 1989 to 2009
- Over 700 families
- Known re-offending under 2%

# The SafeCare Program

Four case management streams:

- Offender Program
  - Voluntary Engagement
  - Conditional Confidentiality Contract
- Partners Program
- Children's Program (under 12 years)
- Young Peoples' Program (12-18 years)

# Conclusion

- Intergenerational nature of CSA
- Gender patterns of victimisation & offending
- Fixated vs regressed offending
- Hypothesis
- Treatment of childhood abuse as primary prevention

