StopSO

Preventing Sexual Offending
Through Therapy

StopSO's Report about The Government Consultation on Mandatory Reporting of Child Abuse & Neglect 2016: Thoughts for Psychotherapists and Counsellors

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ABSTRACT:

This article looks at the government consultation process on mandatory reporting, from the perspective of psychotherapists and counsellors, including a pros and cons table at the end. StopSO explores the implications of mandatory reporting from the perspective of those working with the perpetrators of sexual abuse.
StopSO recommends that:

1) Mandatory reporting should not include psychotherapists and counsellors in private practice, so they can continue to work with low level offenders and other sexual offenders, making decisions about reporting in consultation with experienced supervisors
2) The public is made aware that therapists in private practice are *not* included in mandatory reporting. Evidence supports that potential perpetrators will come forward to access therapeutic help if they know it is there. In some cases, this will prevent the first sexual offence from happening.
3) That government funding is provided to help perpetrators who want to stop and cannot afford to pay for themselves, to reduce the rate of sexual abuse

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before October 13th 2016 12.00 p.m.

We all agree that everything should be done to reduce child sexual abuse and keep children safe. Mandatory reporting at first glance would be the obvious direction to move in, in order to achieve this. Yet mandatory reporting is a complex subject, carrying the risk of unintended consequences. The government are currently carrying out a consultation process "Open Consultation: Reporting and Acting on Child Abuse and Neglect" [i], to ask people their thoughts about mandatory reporting and responses are required by 13th October 2016. I have been thinking about how this affects psychotherapists and counsellors.

The main countries that currently use mandatory reporting are Canada, most territories in Australia and some USA states. Many other countries have some lesser form of mandatory reporting. However, as the UK Government report[i], indicates, it is very hard to evaluate the effectiveness of mandatory reporting for child protection, because each country implements it in different ways, making comparison difficult. For example, some places (such as New Jersey USA), require all citizens to report abuse, whilst others (such as the Yukon Territory in Canada) require a minimum group of professionals to report. Currently, in Australia there are debates about repealing mandatory reporting because of an overwhelming level of low level reporting which means they don't have the capacity to respond to the serious cases.

THE CURRENT LEGAL SITUATION IN THE UK AS IT APPLIES TO THERAPISTS

This will come as a surprise to many therapists, who mistakenly think they currently have a legal duty to report 'harm to self or other'. The consultation document 'Reporting and Acting on Child Abuse: Government Consultation' provides clear verification when talking about the current child protection system,

> There is currently no general *legal requirement* on those working with children to report either known or suspected child abuse or neglect. [my italics] [ii]

This clarifies that even teachers, child-minders, and those working with children, at present, do not have a *legal* duty to report child sexual abuse, general abuse or neglect – and nor do counsellors. The consultation document goes on to clarify,

> Statutory guidance, however, is very clear that those who work with children and families should report to the local authority children's social care immediately if they think a child may have been or is likely to be abused or neglected. While statutory guidance does not impose an absolute legal requirement to comply, it does require practitioners and organisations to take it into account and, if they depart from it, to have clear reasons for doing so.[ii]

This statutory guidance applies to psychotherapists and counsellors who work for the NHS, certain agencies, and all health and care professionals working in occupations that parliament has said must be regulated. This includes 'practitioner psychologists' who have one of the psychologists 'protected titles'[xxiii] that are regulated by the Health and Care Professions Council (HCPC) (see Appendix A below). What this means in practice is that whilst those therapists working for the NHS, certain agencies, psychologists regulated by the HCPC have no *legal* requirement to report child sexual abuse. They do have a duty, *under their contract of employment*, to report suspected child abuse to the authorities, as stated in the "Working Together to Safeguard Children[iii]" document produced by the government. To re-iterate, this is not a legal requirement. If a therapist working in the NHS fails to report child sexual abuse that would *not* constitute a criminal offence, but could lead to potential disciplinary action or sacking.

IT IS DIFFERENT FOR PSYCHOTHERAPISTS AND COUNSELLORS IN PRIVATE PRACTICE

Let's consider a therapist or counsellor in private practice, in England and Scotland. There is no statutory regulation for psychotherapists and counsellors. Registration with UKCP, BACP or similar, is voluntary and optional. Thus a psychotherapist or counsellor in private practice is NOT bound by the statutory guidance. For them there is *no* current legal obligation to report child abuse to the authorities. Since they are self-employed, there is *no* duty under a contract of employment. This

means that they have *no duty* to report at all, though ethically they may choose to. But it remains a choice, with no sanction for failure to report a case of child sexual abuse.

It is a different case in Northern Ireland. There, the law states that *all* citizens are bound to report illegal activity. There it is a criminal offence to fail to disclose any arrestable offence to the police[iv]. This would obviously include psychotherapists and counsellors in private practice, and would include offences against children.

Wales brought in mandatory reporting in April 2016, via section 130 of the Social Services and Well-being (Wales) Act 2014. Reporting is required when there is suspicion that a child is at risk of abuse, neglect or other harm. But this duty to report applies to public bodies and their relevant partners of a local authority and the youth offending team, namely police, ministers, probation services, NHS trust, and the Local Health Board[i]. It would apply to a therapist who works for the NHS. It does not apply to psychotherapists and counsellors in private practice.

New laws were passed in October 2015 with respect to female genital mutilation (FGM) in England and Wales. There is now a mandatory reporting duty which requires all ***regulated*** health and social care professionals, teachers, and police in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. Regulated means people working in occupations that Parliament has said must be regulated[v]. For example, doctor, nurse, pharmacist, paramedics and includes 'practitioner psychologists' registered with HCPC. Psychotherapists working within or employed on a contract through the NHS, certain agencies, and psychologists registered with HCPC would be bound by this duty to report. The duty to report FGM does *not* apply to psychotherapists and counsellors in private practice.

So, to summarise. Psychotherapists and counsellors who have a private practice in England, Wales, and Scotland, have no legal requirement to report female genital mutilation, child sexual abuse, general abuse or neglect. They can decide in consultation with their supervisor. This is an ethical decision. But at present, there is *no duty upon them to report* and *no legal requirement to repor*t.

WHAT OPTIONS ARE BEING SUGGESTED BY THE GOVERNMENT?

The proposals are for England.
Option 1: Do not introduce a new statutory measure at this stage
Option 2: Introducing a mandatory reporting duty in relation to child abuse: this duty could apply to specific groups of professionals, to organisations themselves, or to both. It may have professional or criminal sanctions attached to it.
Option 3: Introducing a 'duty to act' sanction in relation to child abuse: this could apply to a specific group of professionals and to organisations themselves. It may have professional or criminal sanctions attached to it.

Here is a summary, from the consultation document, of the differences between option 2 and option 3

Mandatory reporting	**Duty to act**
Focused on **reporting** child abuse and neglect	Focused on **taking appropriate action at all points in the system** in relation to child abuse and neglect
Action taken under the duty is limited to reporting	Action taken under the duty would cover a wider spectrum of safeguarding activity, reflecting the different types of issues that have been highlighted in past cases

Requires a report to be made in every case where there are suspicions or knowledge of child abuse or neglect (i.e. limited professional discretion)	Places responsibility with practitioners to decide what action is appropriate to protect children from harm. It would allow for the particular circumstances of each case and the child or children involved to be considered before determining next steps
The duty would be discharged once a report had been made	The duty would continue to apply after the report had been made. If further action is needed to protect a child, a duty to act would require this action to be taken
Sanctions relating to the duty would not be limited to cases of wilful, deliberate or reckless failures to report	Sanctions relating to the duty would apply only in relation to deliberate or reckless failures (although existing sanctions would continue to apply below this threshold for other failures as they do currently)

WHAT WOULD FALL WITHIN THE SCOPE OF MANDATORY REPORTING & THE DUTY TO ACT?

It looks like both mandatory reporting and the duty to act would apply to all forms of suspected and known child abuse and neglect (including online abuse and grooming). However, the duty would only apply to abuse encountered during the course of a practitioner's day-to-day role only. This means that if the therapist had evidence that their neighbour was sexually abusing a child, they would not have a duty to report. If they chose not to report their neighbour, they would not be liable to any sanctions or criminal prosecution. The duty would apply to present day abuse and neglect only, and would not apply retrospectively. So if a client in therapy admitted that they had sexually abused a child 3 years ago, the counsellor (whether working for the NHS or private practice) would not have a legal duty to report that. It would apply to all children under 18. So if the therapist had a 30 year old client who told them in therapy that he was planning to have sex with his sixteen year-old-girlfriend, then even though it is legal for her to have sex, there would be a duty to report that.

AS A PSYCHOTHERAPIST OR COUNSELLOR WILL YOU BE INCLUDED IN THE CATEGORIES OF PROFESSIONALS AFFECTED BY MANDATORY REPORTING?

The new duty of mandatory reporting would apply psychotherapists and counsellors working within the NHS, a school, an early years provider, an agency setting, and 'practitioner psychologists' who are registered by HCPC. This means that the they would be required to report information related to child sexual abuse, child abuse or child neglect.

A psychotherapist or counsellor who is in private practice will fall outside the professional roles that will be included in the mandatory reporting requirement.

NSPCC THOUGHTS ON MANDATORY REPORTING

I find it thought provoking to know that in their document Strengthening Duties On Professionals to Report Child Abuse the NSPCC say,

> The NSPCC does not support the introduction of universal mandatory reporting whereby all professionals are required to report all concerns. However, it is clear that the current system is failing to ensure that child abuse or suspicions of child abuse within an institution is reported and

> responded to appropriately. This is unacceptable and in response the NSPCC has updated its policy on reporting child abuse.[vi]

In the NSPCC Policy Document: Mandatory Reporting of Child Abuse they say,

> We have looked at other countries and have not seen convincing evidence that this [mandatory reporting] automatically keeps children safer. Indeed, there is evidence that such systems can lead to over reporting, which makes identification of children at risk harder and action to protect them less swift.[vi]

In the conclusion of a report called "An examination of local, national and international arrangements for the mandatory reporting of child abuse: the implications for Northern Ireland" they suggest three recommendations, one of which is to *stop* mandatory reporting in Northern Ireland. In another policy document[vi], the NSPCC say they do not call for *widespread* mandatory reporting, but they do recommend it for people who are working in "closed" institutions like boarding schools and care homes. They say,

> We propose two changes to the reporting requirements on professionals in relation to the behaviour of others within the institution in which they work:
> 1. The introduction of a criminal offence to cover-up, conceal or ignore known child abuse. This would mean that all professionals working with children would be subject to a duty to report known child abuse and if they fail to do so criminal sanctions could be brought to bear. Such sanctions would make it clear that the protection of children is paramount and a failure to respond to abuse is not an acceptable option.
> 2. The introduction of a restricted form of mandatory reporting relating to concerns or suspicions about abuse conducted by those within the institution. This would remove the option of 'dealing with concerns in-house' from the senior professional, by requiring them to report the concern to an external body and take advice regarding appropriate investigation and response. Should the professional choose to ignore this requirement, criminal sanctions could be brought to bear. This would help prevent the perceived conflict of interest between protecting the child and protecting the institution's reputation.

WHAT IS STOPSO

StopSO is the Specialist Treatment Organisation for the Prevention of Sexual Offending. Rather than working to report abuse, StopSO is working to prevent sexual abuse in the first place, by going 'upstream' and working with the perpetrators.

StopSO acts as an agency, connecting people who have committed a sexual offence, with a therapist who is willing to work with them. StopSO therapists go a step further, also working with those who feel at risk of committing an offence, but have not yet done so. This includes what are known as 'non-offending paedophiles.' What this means is that StopSO is helping not only to prevent re-offending, but also to prevent the first sexual offence from being committed.

STOPPING THE FIRST OFFENCE

In order to stop the first offence, people need to feel confident that they can ask for help and that they will get it. Prevention is better than cure, for everyone, especially for the potential victims, who

will never become victims. We do not want child-abusing paedophiles in our society, yet we have done nothing to prevent paedophiles from becoming child abusers. If non-offending paedophiles do not feel safe enough to reach out for help, then they get no help managing their urges. StopSO is set up to work with paedophiles, as well as other kinds of sexual offenders. However, if the perpetrators fear being reported, they are less likely to come forward. This is our biggest concern about mandatory reporting, that potential (and actual) perpetrators will not feel safe enough to come forward to ask for help, fearing the consequences of an investigation.

PROJECT PREVENTION DUNKELFELD

In Germany they have an interesting culture, which is at the opposite end of the spectrum from mandatory reporting. In Germany it is *illegal* for a therapist to break confidentiality. This enabled them to set up Project Prevention Dunkelfeld. Perpetrators are offered free therapy in a setting that guarantees complete confidentiality. Dunkelfeld means 'dark fields'. The aim was to work with all those sexually attracted to children, including those people who were unknown to their criminal justice system. Germany had a big media campaign, including TV adverts (sponsored initially by Volkswagen) to let people know that therapeutic help was offered to people who had committed sexual offences against children, without fear of prosecution, even for those who were still committing child abuse. At March 2016, 6,412 people seeking help, from all over Germany had contacted the project[vii].

As Kate Connolly wrote in a Guardian article about their work:

> Those who run Dunkelfeld insist that the confidentiality clause is central to the unique project's success and also accounts for its popularity. "According to the German legal code, therapists are forbidden from revealing anything that happens in the context of treatment," said Laura Kuhle, a clinical psychologist and one of Dunkelfeld's therapists. "If people mention anything in therapy that could make them criminally culpable, they are protected. In other countries, that's not the case."
>
> Kuhle is convinced that, if patients were not guaranteed that confidentiality, most would not turn up at all and those that did would not be truly honest. "We need them to be completely open about what has happened in their pasts, so that we can work with them as effectively as possible. What situations have they found themselves in? What were the individual events that led up to what's happened to them until now? You can't answer questions like that if you are afraid," Kuhle said[viii].

THE RE-OFFENDING RATE FOR SEXUAL CRIMES

Contrary to the impression that the media puts out, the re-offending rates for sexual crime is very low. It is clear that however low it is, this is still too high. But if the re-offending rate is *low,* then it makes it even more important that attention is given to stopping perpetrators *before* they commit a crime, or at the very least, early in their offending history.

What would you estimate the re-offending rate is for serious sexual crimes? To help you, the re-offending rate[ix] for theft in the year to June 2013 was 40%. According to government figures, for sexual crime in the same year it was 12.1%[ix]. A for a serious violent and or serious sexual crime[ix] it was 0.4%. Does that surprise you?

What this indicates is that there is something that is more important than stopping *re*-offending, i.e. the second and third offence. That is, to stop the *first* offence. Almost forty per cent of the people approaching StopSO for help in the last 3 years, have *never* come to the attention of social services or the police[x]. They are contacting StopSO early in their journey. Our fear is that if mandatory reporting includes therapists in private practice, this figure will drop. This was the case in Baltimore[xi] Maryland, USA, a long-standing clinic that treated sexual abusers. They saw a significant decrease in self-referrals over a ten-year period going from 73 to 0, once mandatory reporting laws of previous sexual abuse were put into effect – an unintended consequence. On the contrary, in countries where there were new assurances of confidentiality, the self-referrals from abusive parents asking for help, rose from 2% to38%[xii].

MORE ABOUT STOPSO

StopSO works with all sex offenders, including those who look at illegal images (child abuse, bestiality etc.), those who commit contact offences against children or adults, voyeurs, and exhibitionists etc. We work with people at any stage: from those with troubling thoughts who have not offended, those who have been arrested and are on bail, through to those who come out of prison and want support to ensure they do not re-offend.

StopSO started in 2012, and gave therapy to the first client in June 2013. StopSO's initial task was to build a network of therapists. across the UK, willing to work with perpetrators. Then we needed to provide specialist training to give them the skills to do this. StopSO is open to qualified, and experienced counsellors or psychotherapists, who then undergo a minimum of three days of specialist training, give a detailed account of their qualifications and experience, and provide two references. The training prepares them to work with 'lower level' offenders. StopSO offers further training for therapists willing to work with more complex clients, who have committed serious sexual offences. To date, 189 therapists who have applied to join StopSO[x]. With minimal publicity, StopSO has had 288 enquiries from clients wanting help[x]. Sometimes StopSO has been given a grant to be able to provide subsidy for those clients who cannot afford to pay for their own therapy. The vast majority of clients pay for their own therapy with a StopSO qualified and registered therapist

ACCESS TO SPECIALIST SUPERVISION

StopSO recognises that not everyone will have access to a supervisor who has worked in this field. StopSO offers access to short term of one off supervision sessions, with supervisors who are very experienced in working with sexual offenders, to support StopSO therapists who are working with this client group. One of the issues that can be raised in supervision is whether to report a client, whenever new information has been given to the therapist.

STOPSO CASE STUDY 1

Chris was concerned about his sexual thoughts towards children. He was not sure where to go for help. Now in his twenties, he had been living with these thoughts for some ten years, since he was a teenager. He had never looked at illegal images of children. But he was starting to think about this more and more and wanted help to ensure that he didn't act out. He went to see his GP. His GP did not know where to turn for help, and was open with Chris that he would have to report him. The GP did not know where to get help for Chris, but he Googled 'sex offender help UK,' and he found StopSO: The Specialist Treatment Organisation for the Prevention of Sexual Offending. Chris was referred for therapy, but he could not afford to pay for himself. Luckily, StopSO had been given a small grant to subsidise therapy for those who couldn't afford to pay for themselves. Meanwhile, The GP completed a safeguarding referral to the local authority. The local authority held a strategy meeting which was attended by the GP, social services, local safeguarding children's board and the

police. The strategy meeting took the decision that there were insufficient grounds for any further investigation or action to be carried out. This was because he didn't have any contact with children and that there was no actual evidence that any offence had been committed.

Chris told me, "I know of an individual, much younger than me, who sought help in the same way as I did, in a different local authority, and he ended up being formally investigated by the police because of it. He had an horrific experience - to say the least - and I think if I had known his story beforehand I would never have gone to see my GP at all. If I had known there was somewhere to get help, where I would definitely not have been reported to anyone, I would have sought support much, much sooner. I waited until I was suicidal to ask the GP. Finding StopSO was, for me, what made the difference at the end of the day. I got access to a therapist who knew what they were talking about."

Chris went on, "Thinking about the mandatory reporting issue, once you accept the idea that there are people who want to seek help to stop themselves harming children - which can only be a good thing - logically you want to make that process of seeking help as easy as possible. Otherwise people aren't going to do it. Surely we want people to recognise that there is a potential problem and seek help at the earliest opportunity. It both minimises the risk of any harm occurring to anyone (the person themselves and their family is included in that) and also that the earlier intervention is more effective. It's difficult to see how imposing a mandatory duty to report - and therefore, in effect, criminalise - anyone who either comes forward seeking help, would help towards that aim." Chris found the therapy so helpful that he called Radio 4 P.M. programme, to talk about his experience. The link to listen to that 17 minute interview is on the StopSO website[xiii] . Chris does not feel at risk of acting out inappropriately any more. He also knows he can come back to StopSO if he ever needs to.

CASE STUDY 2

A non-offending paedophile, Mark was very concerned about his sexual thoughts of children. He had not acted out. One way he resisted temptation to offend was by talking openly to his partner, who was aware of his attraction to children. "Just talking about it seems to help it, to lessen it," he said. Recently though, things had changed for Mark. He was made redundant from his job as an accountant. Two months later his partner of twelve years left him. He was worried that, as he struggled with loneliness, and as his stress (and distress) levels rose that he might reach for his computer, and access child abuse images, as an escape. He was eager to get help, but had not heard of StopSO. He had read about the murder of a convicted paedophile by Sarah Sands[xiv]. He was very afraid of what would happen if he asked for help in the UK.

Mark became so desperate to get help that, having heard about Prevention Project Dunkelfeld, he moved to Germany so that he could access their confidential service. This is giving him information, tools and understanding to help him manage his sexual desires. "I am a paedophile," he told me, "which means that I am attracted to children and have sexual urges. But I don't have to act on those urges. I will never become a child molester, or look at child abuse images. Being a paedophile and being a child molester are two very different things. In Germany, they have helped me to understand that I am not guilty because of my sexual desire for children. But of course, I am completely responsible, and accountable for my sexual behaviour. If I could have accessed confidential help in the UK, I would have done that years ago."

CASE STUDY 3: An excerpt from a letter, written by 'a wife', which is on the StopSO website[xv].

When the police arrived at my house I was about to go to work. They were polite and did not ransack the house, but the assumption of the guilt of my husband was obvious to me. After two and

a half hours they left me with a piece of paper explaining that there is a significant risk that internet offending can lead on to contact offending against children. I disputed my husband's emotional capability to physically hurt a child, and I continue to do so. The written information also suggested a small number of organisations that may help us, including the Samaritans. I was bewildered and very shocked. I had no idea what was going on. Worse followed.

Within 3 hours of the police leaving our home my husband had killed himself. After 30 years of living together, bringing up a family as a respected and loving couple, I was alone. My beautiful young adult children suddenly had no father. He was witty, sensitive, caring, loving; an admired, kind, moral, loving, protective, conscientious, reliable hands-on dad as they grew up. I had to unpick the extreme psychological trauma of realising that the man I loved so much had been looking at images of teenage girls and behaving inappropriately on chat lines. I never ever thought he would do anything like that.

I discovered subsequently he had been trying to find professional help. He was an ex addict and had remained abstinent from alcohol for 40 years. I feel sure he would have actively and successfully engaged with treatment had he been able to access it in time.

It is so obvious to me that therapeutic and practical (possibly financial) help needs to be easily available and accessible to people who need it BEFORE the police arrive – and the world collapses for families. People do respond to treatment. This crime is not understood in wider society and needs to be. Offenders are not monsters. Apart from a need for greater compassion there is also a need for public information to educate people and signpost them to help and support.

STOPSO POLICY ON REPORTING A CLIENT TO THE LOCAL AUTHORITY CHILDREN'S SOCIAL CARE

Each case has to be assessed individually. Our advice to StopSO therapists is to discuss the case with their supervisor, and where they feel reporting is necessary that they should report to children's services. Where there is a current contact offence involving a child, then the need to report is clear, and that should be done without hesitation. But where there is concern about an offence in the distant past, or in the future, StopSO recommends a proportionate response. We are not the 'thought police'. and if a client arrives who does not have access to children, and is asking for help for worrying thoughts, we would recommend working with them, whilst keeping a dynamic risk assessment model in mind throughout the work.

THERAPISTS ALWAYS HAVE THE RIGHT TO REPORT

Even if mandatory reporting is not brought in, or does not apply to counsellors and psychotherapists in private practice, they will always have the right to report instances of child abuse. That will not be taken away. The question is whether there will be sanctions brought in (criminal or professional) for those who choose not to report. If those sanctions are brought in, will it make therapists *more* likely to have a disproportionate response to risk, to protect themselves from criminal prosecution, and most therapists will not want to work with this client group.

WHAT WILL HELP PERPETRATORS TO COME FORWARD AND ASK FOR HELP?

The question is, what is going to reduce child abuse the most? The follow-up question that StopSO asks, is how can we make it safe enough for people who have committed an offence, or feel at risk of committing an offence, to ask for the therapeutic help they need, to enable them *not* to act out again. Helping paedophiles to cope can only be a good thing. By working with perpetrators who are motivated and asking for help to stop, we feel we can reduce sexual offending. If we can offer the

potential offender rapid access to treatment, how many offences might be avoided? At StopSO we are dedicated to preventing harm, reducing the sexual abuse of adults and children, and creating a safer society.

THE UK COULD REDUCE CHILD SEXUAL ABUSE BY FUNDING WORK WITH THE PERPETRATORS

The NSPCC estimated the cost of child abuse to the UK, for one year, in 2012 at £3.2 billion[xvi]. This calculation was based on costs for health, criminal justice service, services for children and loss of productivity to society. There are three organisations in the UK working directly with sex offenders in the community. The Lucy Faithfull Foundation, Circles UK and StopSO. Both Circles UK and the Lucy Faithfull Foundation have received substantial government funding. To date StopSO has had no government funding. StopSO provides individualised therapy by a trained therapist, local to the offender (or potential offender), often within a few days of being asked for help. The perpetrator-client generally funds their own therapy. StopSO was given two small grants totalling £7024 to subsidise therapy in 2014 from Gwent Police and Crime Commissioners Partnership Fund, and from the Network for Social Change. This has now been spent, which means there are times when StopSO has to turn someone away because they cannot afford to fund their own therapy. StopSO needs funding so that no perpetrator who asks for help is refused for financial reasons.

STOPSO RESPONSE TO MANDATORY REPORTING

StopSO recommends that:

1) Mandatory reporting should not include psychotherapists and counsellors in private practice, so they can continue to work with low level offenders and other sexual offenders, making decisions about reporting in consultation with experienced supervisors
2) The public is made aware that therapists in private practice are *not* included in mandatory reporting. Evidence supports that potential perpetrators will come forward to access therapeutic help if they know it is there. In some cases, this will prevent the first sexual offence from happening.
3) That government funding is provided to help perpetrators who want to stop and cannot afford to pay for themselves, to reduce the rate of sexual abuse

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PRO MANDATORY REPORTING/ DUTY TO ACT	AGAINST MANDATORY REPORTING/ DUTY TO ACT
If you don't report you are happy about colluding with child abuse	There may be unintended consequences
Helps to identify abuse more quickly thus enabling swifter protective action	Increased volume of reports may overwhelm the child protection system[xvii]
Will save lives, and save emotional, physical and financial damage to many individuals in society, (and their families and friends)	Professionals may report to protect themselves from sanctions, rather than to

	protect the child. This is likely to lead to an increase of 'low level' reporting
Encourages a stronger reporting culture, giving the necessary encouragement to people who find it hard to summon the courage to report	International evidence suggests there will be an up to 78% increase in unfounded allegations [vi]
Shows the government takes child sexual abuse seriously	Resources will be diverted from provision of support and services for actual cases of child abuse, into assessment and investigation. Child protection services become investigators not safeguarders**Error! Bookmark not defined.**
Would prevent cover-ups in institutions who know that they have no legal duty to report child sexual abuse (such as Downside School)	Children and teenagers may be more reluctant to disclose incidents for fear of being forced into legal proceedings[vi]
Mandatory reporting exists in some USA states and Canada and most territories in Australia, and in some form in many other countries	Despite universal mandatory reporting laws there are significant instances of abuse within institutional settings in the USA, Canada and Australia with inquiries ongoing at present
	There is no clear evidence to show that mandatory reporting reduces child harm (as measured by child mortality)**Error! Bookmark not defined.**
	The failure is not in reporting, the failure has been in responding (e.g.Daniel Pelka case)[xviii]. Mandatory reporting will not help that
	Prosecutions of professionals for failing to report are low, or non—existent[vi] e.g. Canada. Why bring in a law that will not be used
	NSPCC do not support universal mandatory reporting as they do not think it makes children safer[vi above]
	Health and social care professionals perceived as prosecutors not therapeutic supporters
	Fear of being reported will stop perpetrators coming forward for help such as in Baltimore USA[xi] where the numbers of perpetrators coming forward for help dropped to zero
	The introduction of mandatory reporting legislation is unlikely to eradicate the problem of under-reporting[vi]

APPENDIX

Re Duty to report Female Genital Mutilation[xix]
Does it apply to counsellors and psychotherapists

On 31 October 2015 a new duty was introduced that requires health and social care professionals and teachers to report 'known' cases of FGM in girls aged under 18 to the police[xx]. The duty applies to all regulated professionals (as defined in section 5B(2)(a), (11) and (12) of the 2003 Act) working within health or social care, and teachers. It therefore covers a variety of professions, including Health and social care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care.

Their website[xxi] indicates that this includes Health and Care Professions Council (HCPC). Juliet Grayson, Chair of StopSO contacted the HCPC and asked if psychotherapists in private practice registered with a body such as UKCP would be bound by the HCPC code of conduct. Natasha Wynne from the HCPC Policy and Standards Department replied in an email[xxii] on 18th August 2016:

"I should first clarify that the HCPC registers and regulates practitioner psychologists, and therefore certain titles – such as psychotherapist – are not within our remit. To practise under one of the protected practitioner psychologist titles in the UK, a professional must be on our register and therefore must abide by our standards of conduct, performance and ethics, and our standards of proficiency for practitioner psychologists. These apply both to professionals practising under these titles who are employed by the NHS or those in private practice. There is more information about which titles we regulate on our website[xxiii]:

In a later email, she clarified,
"HCPC's standards apply only to those who practise under one of our protected titles, and therefore not to e.g. psychotherapists who can register with UKCP if they choose.

"It is worth noting that the UKCP hold a ***voluntary*** register, meaning that those who practise under the title psychotherapist ***do not have to be registered with them or agree to their standards.***" [my italics and bold]

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Prepared by Juliet Grayson, Chair of StopSO, 14 August 2016.

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