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Exploring potential `Extra-familial' child homicide assailants in the UK and estimating their homicide rate: Perception of risk – the need for debate.

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Summary

High profile child murders lead parents to fear for their children's safety, but perception of risk is often at variance with reality. We explore the numbers of potential `Extra-familial' child homicide assailants in the UK and estimate their actual murder rate to determine risk levels.

A South of England study, equivalent to a 4% sample of the UK population, of a decade of consecutive child homicides identified the characteristics of child homicide assailants, finding that the most frequent assailants, the `Intra-familial', were very different from `Extra-familial' assailants. `Extra-familial' killers were all males, aged 19-42, with convictions for Violent-Multi-Criminal-Child-Sex-Abuse (VMCCSA) offences and Multi-Criminal-Child-Sex-Abuse [MCCSA], whose victims were aged 7plus years. Projecting these characteristics onto the male UK population enables us to estimate the numbers of potential UK `Extra-familial' assailants, which are set against known UK child [5-14] homicides (WHO 2005). To account for any `hidden'

child homicides, deaths in the `undetermined' violent death category, designated `Other External Cause' [OEC], are calculated to provide a `maximum' child homicide rate.
There were potentially 912 VMCCSA and 886 MCCSA `Extra-familial' offenders in the UK, who could be responsible for the WHO reported UK 3year average `Extra-family' 15 child homicide and 17 OEC deaths p.a;. A homicide rate of 13,158 per million [pm] for VMCCSA and 4,619 pm for MCSA, i.e. 1.32% and 0.464%, however the VMCCSA homicide rate was 403 times greater than the all children accident and cancer death rates.
Though the vast majority of these potential assailants did not kill, comparatively they are extremely dangerous. Practice and ethical issues are debated, which considers active outreach for the `treatable' to possible `reviewable' custodial sentences for the VMCCSA.

Key words: children, homicide, Extra-familial, risk, perception

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Introduction

Public perception of the risk of violence against children, influenced by media stereotyping, is very much at odds with statistical reality (Zieglere & Mitchell, 2003), exemplified by public attitudes to mental disorder following the Hungerford killings (Appleby & Wessley, 1998). Indeed, other instances of just how far public misperception of violent death is at odds with reality, is found in the fact that there were more homicides in the USA during the Viet-Nam war than the numbers of American casualties in that war (Fast & Page 1997; Pritchard & Evans, 2001) and, compared to the September 11th 2001 tragic toll of 3,074 people, more people die annually from suicide in Britain (Pritchard & Wallace, 2006), whilst every two-weeks more people die in the USA from homicide, suicide and road deaths than died on 9/11.

Perception of the Child Assailant in the Community.

Perhaps the greatest public misperception is that children are at significant risk from `Extra-familial' murderers. Such anxiety is understandable given the terrible murders of Sarah Payne in 2001, and Jessica Chapman and Holly Wells in 2003. Yet national and international research shows that the majority of murderers of children (0-14) are not `Extra-familial' assailants, but `Intra-familial' assailants as between 80-90% of such murders are committed by family members, mainly parent-figures, the majority of whom are women (D'Orban, 1990; Pritchard & Bagley, 2001; Somander & Rammer, 1991; Romain et al, 2003). Hence the image of the sinister `Extra-familial' assailant i.e. committed by a non-family member or acquaintance, is far less common,

and the totally unknown stranger is even rarer (D'Orban, 1990; Somander & Rammer, 1991; Waterhouse et al, 1994; Pritchard & Bagley, 2001; Malphurs & Cohen, 2002; Romain et al, 2003; Moskowitz et al, 2005).

A recent UK paper appeared to contradict this earlier research as they reported that 46% of all child murders were victims of a `Non-Family' assailant (Cavanagh et al, 2005). However, this study focused only upon males convicted of murder, and included a number of `adolescent' assailants who killed other adolescents. A decade of consecutive child homicides [0-14] in Southern England however, found that the majority of assailants were the victim's parents, the majority were mothers, a significant number of whom were mentally ill, whilst all the natural fathers who killed their children then committed suicide (Pritchard &Bagley, 2001). Such assailants could not be included in the Cavanagh study of male murderers in prison and would therefore distort the proportions of `Intra' and `Extra' familial assailants. Nonetheless, this is a very important paper, as it demonstrated that these murderers had, and currently have, very chaotic and problematic backgrounds and, on a range of criteria, are significantly different from the general population (Cavanagh et al, 2005). This reflects the perennial ethical issue of the problem of the abused becoming the abuser (Hagen et al, 2001; Bentovim, 2002; Bierer et al, 2003; Stroud, 2004).

This current paper focuses entirely upon `Extra-familial' child assailants and seeks to identify the potential numbers of such people in the UK and explore how many children actually die at the hands of such assailants. It must be

stressed that we cannot offer definitive information, but by using police records of a decade of consecutive child homicides (Pritchard & Bagley, 2001) it is possible to project this data onto the UK population to provide a better understanding of the extent of the real threat from `Extra-familial' assailants.

It is hoped that this may continue the professional debate, in a balanced and objective way, about what to do with potential `Extra-familial' assailants in the context of the `Every Child Matters' agenda, in terms of safeguarding children, yet needing to consider the issues of wider prevention and seeking to offer an effective intervention for potential offenders (DfES, 2003).

Methodology

To explore these issues we drew upon two British studies based upon detailed police records from two Southern English counties, and to maintain confidentiality, designated here as `*Wessex'*. In addition some Social Service Department information was made available, covering a population of 1.61 million adults [18+ years], which was equivalent to a 4% sample of the total UK population (OPCS, 1993). The data for the `*Wessex'* studies were drawn from two sources, first, comprehensive police and Central Criminal Records Office data on a decade of child homicides, and, a two-year cohort of men charged with a sexual offence against children in `Wessex'. Second, data was drawn from a six-year regional suicide data-base, of all coroners' records, which enabled us to determine whether either victims or perpetrators of child sexual abuse, were latter involved in suicide (Pritchard & King, 2005). It would be reasonable to claim that this data, all confirmed via the court process, is as

hard a data-set as is possible to obtain in an area where subterfuge and secrecy are the norm.

The initial study was a consecutive analysis of convicted `Child Sexual Abusers' [CSA] over two years (Pritchard & Bagley, 2000). This enabled us to differentiate between types of CSA based upon offender's actual behaviour, confirming a number of other studies (Waterhouse et al, 1994; Fischer & McDonald, 1998; Sidebothom et al, 2001), clearly distinguishing between `Intra-familial' and `Extra-familial' offenders. As elsewhere, `Intra-familial' was defined as being a family member, including stepparents or/and cohabitee, who took the role of a parent, as opposed to `Extra-familial' who, whilst possibly being an acquaintance or known to the child, was outside the family (Waterhouse et al, 1994; Fischer & McDonald, 1998; Leventhal, 1998).

Half of all offenders (50%) had no other criminal offences other than sexual crimes against children, designated `*Sex Only Criminals* ' [SOC]. This consisted mainly of `Indecent Assault and Gross Indecency', crucially no violent offences against anyone. The remaining offenders had more non-sexual criminal convictions than sexual convictions, 26% described as `*Multi-Criminal-Child-Sex-Abusers*' [MCCSA], mainly consisting of theft and burglary. The remaining 24% of CSA offenders, also had an excess of non-sexual crimes, but in addition had at least one conviction for violence, hence designated `*Violent-Multi-Criminal-Child-Sex-Abusers*' [VMCCSA] (Pritchard & Bagley, 2000). Table [1] shows the annual average numbers of such offences in the region.

Insert Table [1]

Because many child homicide assailants are `mentally disordered' (Somander & Rammer, 1991; Reder & Duncan, 1999; Lipman et al, 2001; Pritchard & Bagley, 2001; Romain et al, 2003; Pritchard & King, 2005) it was also necessary to estimate the proportion of such people in the Wessex general population. Based upon the British psychiatric morbidity survey, it was estimated that 2.1% of all males and 2.9% of females, at any one time, have a `serious mental disorder' (Jenkins et al, 1998). Table [1] shows the numbers of the four categories of child assailants: the mentally ill, mothers on the `Child Protection Register' (CPR), men with previous convictions for violent offences, and, Child Sex Abuse [CSA] offenders and, based upon the numbers in the general population, their murder rate per million [pm].

Thus, out of 374 men convicted of a sexual offence against a child over the two years, it was possible to identify, by behaviour, the type of offenders. There was an average of 93 `Sex Only Criminal' (SOC) men, 49 Multi-Criminal-Child-Sex-Abusers [MCCSA] and 46 men with at least one conviction for violence, plus multiple other crimes, hence designated Violent-Multi-Criminal-CSA [VMCCSA] (Pritchard & Bagley, 2000).

The police found differentiating these types of offender very helpful, which led to the retrospective study of a decade of all consecutive child homicides.

However, eight cases from the decade had to be excluded: one murder, because the assailant was undetected and it was unknown whether the assailant was Intra- or Extra- familial, and, seven cases of child `corporate manslaughter' deaths, resulting from an accident where the event organisers had been found to be negligent. Murder and manslaughter verdicts are not differentiated in mortality statistics (WHO,2005) and are categorised as `homicide', that is an unlawful killing.

Of the five `Extra-familial' assailants, four had some known previous contact with their victim, but were not in any type of `familial' relationship with the children.

Over the decade there were 33 victims, aged 0-14, with 27 assailants, some killing more than one child, yielding 22 individual `Intra-familial' events and 5 `Extra-familial assailants. The `Intra-familial' assailants consisted of 8 `Mentally-Ill-Mothers', killing at a rate of 100 per million [pm], 4 mentally ill fathers, a rate of 30pm, 4 male cohabittees all of whom had a previous conviction for violence and killed their partner's child, a rate of 440 pm, and, six mothers who were on the `Child Protection Register' [CPR], who killed at a rate of 830pm. These results highlight the child protection-psychiatric interface, as two of the mothers and all four of the natural fathers killed themselves after killing their children (Pritchard & King, 2005).

The five `Extra-familial' assailants killed one child each. One man was a Multi-Criminal-Child-Sex-Abuser [MCCSA] and the remaining four were Violent–

Multi-Criminal-Child-Sex-Abusers [VMCCSA]. Whilst the number of `Extra-familial' assailants was far lower than the number of `Infra-familial' assailants, because there were substantially fewer known convicted CSA in the general population, an average of 187pa, their rates of killing were far higher than `Intra-familial' rates. The MCCSA murderer killed at a rate of 2,040pm, the Violent MCCSA rate was 8,690 pm. i.e. more than eighty times higher than the rate of the most frequent assailant, the `Mentally-Ill-Mother'.

It is important to note than none of the `Extra-familial' assailants killed a child under five and of the 28 `Intra-familial' victims, only four were aged 5 or older (two were seven-year olds and two were eights-year olds, of whom three were part of a multiple killing) indicating different patterns in the assaults.

These numbers of victims may appear surprisingly low, even though drawn from a sample of 1.61 million people, over ten years. This highlights the statistical infrequency of child homicide, which is far less than the frequency of children killed on our roads (Pritchard & Butler, 2004).

The `*Wessex'* child homicide rates were equivalent to 6 per million [pm] of the population of children aged 0-14years. This rate was similar to the UK child homicide rate of 5pm (WHO, 2005), and therefore may be considered as a reasonably representative of child homicide in the United Kingdom.

Consequently this appears to be a reasonable justification to project the *Wessex* characteristics of victims and assailants onto UK data to explore the

numbers of potential `Extra-familial' child homicide assailants in the general population and contrast these estimates with the numbers of children actually killed.

Victims Age & Extra-familial' assailant.

A key finding was that all `Extra-familial' victims were children aged seven plus, indicating a very different dynamic between `Intra' and `Extra' family assailants. Consequently, it was assumed that all Baby [<1 year}, and Infant [1-4 years] homicides were `Intra-familial' victims and that `Extra-familial victims were children aged 5-14 [Child]. Whilst it is appreciated that `Intra-familial' assailants do kill older children, and that `Extra-familial' assailants may kill under 5s, the evidence both from the Wessex study and national research, show that this is extremely rare (Waterhouse et al, 1994; Firestone et al, 1998; Pritchard & Bagley, 2001; Maphurs & Cohen, 2002; Romain et al, 2003; Moskowitz et al, 2005). Nonetheless, this means that assuming Child [5years+] deaths are all `Extra-familial' will slightly over-estimate of the numbers `Extra-familial' victims, which needs to be borne in mind when exploring the results.

Characteristics of Wessex/UK `Extra-familial' Assailants.

The characteristics of the Wessex` Extra-familial' assailants to be projected onto the UK population are as follows. They are male, aged between 19-42 years old, who only killed children 5years and over. The majority of them, 80%, will be Violent-MCCSA type murderers and 20% Multi-Criminal-CSA type assailants. Their high previous criminality reflects the very chaotic and

criminal background of men who have been found to kill children (Stroud, 2004; Cavanagh et al, (2005).

Estimates of possible `hidden' homicides.

By its nature homicide is a covert activity. It had been argued that some homicides may be `hidden' amongst deaths that were `undetermined' (Creighton, 1993), i.e. where "either the legal or medical authorities had insufficient information to determine whether it was an accident, self-harm or an assault" (WHO, 1992 pp 1095). Such deaths, therefore, are categorised in the mortality statistics as `Other External Causes' (OEC) and include methods of dying such as by `poisoning, drugs or gases; hanging; suffocation; handguns; fire; steam; blunt or sharp instruments; drowning; falls', but all occurred "with undetermined intent" (WHO,2005 pp1096-1101 coded Y16-35 and Y86-89). Thus it was not known whether the child's death was an accident, self-harm or there was an assailant, hence designated `Other External Causes' (OEC) (WHO,2005). Consequently, to avoid under-estimating the extent of possible `Extra-familial' homicide rates, OEC deaths were explored alongside confirmed child `homicides' [5-14 years]. Nonetheless, it is stressed that while an OEC death might be a `hidden' murder, equally, it might be a `hidden' suicide, especially with children 12+ (Stanistreet et al, 2001; Pritchard & Hansen, 2005), rather than a violent accident of unknown cause. Therefore, not wishing to under-estimate child homicides, OEC deaths and confirmed homicides were explored, which will produce a minimum and maximum estimate of the numbers of `Extra-familial' assailants who might go on to kill.

The data set we explored was from the World Health Organisation [WHO, 2005] and not the Home Office statistics because whilst the Home Office collate all crime figures, they admit that annual homicide rates are difficult to determine (Home Office, 2005) mainly because final decisions regarding whether the death was murder or manslaughter may cross calendar years. Conversely, WHO data is uniformly collected and whilst 3 or more years behind the publication data, the data is more reliable because any of the ambiguities have been resolved. Thus the data set used was up to 2002. Nonetheless, though WHO data provides more reliable information, the essential fact is that we do not know how many children die each year, as some deaths may not come to the attention of the authorities. Nevertheless, the results will be closest to reality as is possible to obtain in this problematic area. Deaths rates vary between years, so `Homicide' and OEC deaths for the previous five years (1998-2002) were averaged to provide a firm baseline against which to calculate potential `Extra-familial' assailants against the actual numbers of deaths.

Relative Risks The relative risk between the `Extra-familial' and the most frequent `Intra-familial' assailant, the mentally ill mother (MIM), is known. To place this risk in a wider context, the estimates of `Extra-familial' child homicide rates were compared with relatively common death rates, namely `All Accidents' and `Cancer' deaths of children, taken from the latest WHO data for the United Kingdom (WHO, 2005). This enables us to differentiate between relatively high and very low frequency of deaths, by expressing them

as rates, which highlight relative risks between the lethality of children with `Cancer' and `Extra-Familial' assailants.

Findings

Identifying Potential Extra-familial Child Murderers

Based upon the characteristics of the `Wessex' `Extra-familial' assailants, there were 398,000 men, aged 19-42, containing an annual average of 35 Multi-Criminal-Child-Sex-Abuser [MCCSA] and 36 Violent-Multi-Criminal-Child-Sex-Abuser [MCCSA] `Extra-familial' offenders. This is a ratio of 1 MCCSA to 11,371 and 1 VMCCSA men to 11,056 men in the general population.

Extrapolating this finding to the UK male 19-42 year old population of 10,079,807 gives an estimated 886 MCCCSA and 912 VMCCSA, in the UK at any onetime. Table [2] shows the results.

Insert Table 2 about here

These 912 VMCCSA and 886 MCCSA men became the `denominators' to calculate proportional child homicide rates stemming from each group's actual event. Table 3 shows the UK annual and 5year average child homicide and OEC deaths by numbers and rates per million [pm].

Insert Table 3 about here

Over the 5-year period, annual average children's [0-14] homicide **numbers** ranged from a low of 30p.a. to 48 pa', an average of 40 homicides a year (1998-2002). The numbers of OEC deaths ranged from 35pa. to 61pa., averaging 50pa. In terms of **rates**, it was `Babies' [<1 years] who had the highest annual average homicide rate of 16 pm and 30 pm. for OEC deaths, whilst the lowest rates were for the `Child' age band [5-14] at 3pm for both Homicides and OEC deaths, and All Aged children [0-14- homicide rates of 4pm and 5pm for OEC deaths.

Crucially what these numbers show is that based upon the victim's age and extrapolating from the *Wessex* results, on average, there were 24 baby and infant homicides [<1-4] and 32 baby and infant OEC deaths, which were highly likely to be `Intra-familial' deaths. This leaves 16 homicide and 18 OEC deaths probably committed by `Extra-familial' assailants. Table 4 summarises these results.

Insert Table 4 about here

This estimate assumes that no Baby or Infants were victims of `Extra-familial' assailants. Thus, there are an average 14 child homicides a year carried out by an `Extra-familial' assailant, and another possible 15 OEC deaths, which **may** be related to an `Extra-familial' assailant.

`Extra-familial' assailants' killing rates.

To determine the epidemiological death rates associated with these `Extra-familial' men, we calculated rates per million for each of the two types of CSA

potential assailants. Thus of all the 16 confirmed homicides, 12 would be VMCCSA and 4 MCCSA, and of the 18 OEC deaths, possibly 14 VMCCSA and 4 MCCSA assailants. Table 5 provides the epidemiological rates of violent death, comparing a `General Population rate with the two `Extra-familial' child sex abuser types.

Insert Table 5 about here

The General Population Rate [GPR] of male child killers was 7pm, or, 0.00071%, compared to the Violent MCCSA, homicide rate of 13,158pm, which was equivalent to 1.32% and 1.54% for OEC, more than 1,880 times that of the General Population [GP] child homicide rate.

The MCCSA rate was 4,619pm, for homicide and OEC rates, i.e 0.46% respectively, 660 times the GPR rates.

Minimum & Maximum Risk Level

Male VMCCSA offenders clearly pose the greater risk. With a `minimum' estimate of confirmed homicides of 1.32%, which IF in addition they were also responsible for the OEC deaths, this would account for a further 1.54% fatalities. This would represent the *maximum* rate of possible `Extra-familial' assailants at 2.86%. This means that whilst they are the most dangerous, the substantial majority of the VMCCSA did not go on and kill.

Whereas the combined MCCSA and the VMCCSA offenders' *homicide* rate, gives a *minimum* confirmed `Extra-familial' child sex abuser murder rate of 1.78%, such small percentages and numbers, need to be placed in context against other, more common problems deaths of children. Table 6 shows the VMCCSA homicide rates against `All Cause' and Accident and Cancer deaths of UK children.

Insert Table 6 about here

Within the UK, 5,079 children died out of a total population of 11 million, giving an `All Cause' rate of 462 per million, [0.046%]. There were 336 Cancer deaths, i.e 31 pm, or 0.003%, with Accident deaths at a very similar rate. Whilst this cannot be a direct comparison with the percentage of probable `Extra-familial' VMCCSA murderers, it does provide a context against which to compare the levels of VMCCSA murders. Thus `Extra-familial' VMCCSA homicide rates were more than 29 times `All Cause' death rates, and more than 440 that of `Cancer' and `All Accident' deaths.

Discussion

Limits to the Study

The first limitation of this study is the inevitable complex circumstances that surround most child homicides. Furthermore, whilst the research focused upon the extreme of example of `child abuse', a child homicide, we have no data on assailants who were involved in a physical but non-fatal attack on a child, so it is not possible to have a total risk picture of `Extra-familial'

assailant depredations. Moreover, it is not known exactly how many children died in this most covert activity, so even though it was assumed that `Extra-familial' assailants may have killed all children 5 years plus, thus possibly over-stating their homicide rate, these are still estimates and require caution in interpreting the results. The study remains an exploration.

Furthermore, considering Other External Cause deaths as possible `abuse' might be thought questionable, as the category was used because it was not possible for the "medical of legal authorities to determine" whether a death was an, "accident, self-harm or assault" (WHO,2005 pp1095), because of insufficient evidence to conclude there was an assailant. Therefore, to associate such deaths with potential `Extra-familial' assailants, risks over-estimating the extent to which they are involved in the murder of children. Hence the only `safe' estimates of `Extra-familial' homicides are when they are related to confirmed homicides, because all, or a majority of OEC deaths, may have nothing to do with `Extra-familial' assailants. To reiterate, OEC deaths might well contain `hidden' suicides, as much as `hidden' murders, as courts seek to protect families from the special distress associated with child and adolescent suicide (Stanistreet et al, 2001; Pritchard & Hansen, 2005).

Another qualification is the association between serious violence and age of the assailant, i.e. the younger the male, generally the greater the likelihood for violence, which needs to be considered when interpreting the results (Braithwaite, 2001; Home Office, 2005). The ages of the *Wessex* `Extra-familial' offenders ranged from 19 to 42 years, 60% of whom were aged 30 or

under, whilst the other recent British study of murders, had men with an age range of 15-59, but a quarter were aged 15-19 years old (Cavanagh et al, 2005). But in view of the small numbers, neither they nor we tried to calculate different mortality rates for narrower age bands.

Perhaps the main limit to this study was also a strength, namely, all the data was taken from official police and social service records, which means that our knowledge of these men was restricted to the kind of information usually contained in such records. Hence, for example, we know nothing about the offender's own psychosocial and possible abused backgrounds, which, in effect, ignores the ethical issue that a minority of these men would likely have been previous victims of child sexual abuse as children (Stroud, 2003; Pritchard, 2004; Cavangh et al, 2005; Petrunik & Weisman, 2005). The Canavagh et al study, for example, showed that 33% of their cohort experienced violence from carers as children, and 22% had been sexually abused. Thus, a substantial proportion of these men, were also victims. Nonetheless, all our data is based upon decisions of the courts and therefore is as reliable as is feasible in this problematic area.

Finally, there is the issue of the assailant being `Extra-familial'. This does not mean the assailant was totally unknown to the victim, a stranger, as was the case with the random killing of Sarah Payne. Often the child did know their assailant, as was the case of Ian Huntley who killed Jessica Chapman and Holly Wells, but who, by the virtue of his partner's position, was an adult

trusted by the children. Moreover, apart from one *Wessex* `Extra-familial' assailant, all the victims were at least acquaintances of their eventual killer.

Summarising the Main Findings

There are three main findings.

1] Based upon the earlier *Wessex* assailants, `Extra-familial' men had committed a minimum of 16 child homicides, out of an annual UK average of 40, and 18 of the 50 OEC deaths, i.e. 40% and 36% of homicides and OEC deaths respectively of children aged 5 and over. These are higher a percentage found in than most other studies of child homicide assailants, but none of the others had included OEC deaths in their calculations or had only included child victims, five and over (D'Orban, 1990; Somander & Rammer, 1991; Waterhouse et al, 1994).

2] Of the estimated 912 VMCCSA and the 886 MCCSA in the general population, the vast majority do not go on to kill a child. Only 1.32% and 0.46% respectively were possibly involved in homicide. However, these small percentages translate into relatively high epidemiological rates.

3] The estimated VMCCSA `Extra-familial' assailant rate was more than 440 times the rate of children dying from Cancer and Accidents, indicating that whilst statistically very infrequent, they are comparatively highly dangerous. Yet the ethical dilemma remains however, as the vast majority of offenders did not go on to kill.

***Implications and Conclusions*.**

At one level the results can offer a degree of comfort, in that in terms of frequency, `Extra-familial' assailants are statistically very, very rare, and kill fewer than those who die on our roads; 132 children in 2002 (WHO, 2005). Hence, the majority of `Extra-Family' offenders do not kill, whilst the majority of the OEC deaths may have little or *nothing* to do with `Extra-familial' assailants, and their inclusion, to avoid under-estimating `hidden' abuse deaths, may not have been justified. Thus public perception of numerous `Extra-familial' assailants is far from the actual reality, as is the case with other high profile deaths, as fear and perception of violence is so often disproportionately higher than the reality (Pritchard & Evans, 2001; Zieglere & Mitchell, 2003; Pritchard & Wallace, 2006). Conversely, contrasted against UK child cancer and accidents, the VMCCSA men are especially dangerous and perhaps pose an unacceptable level of physical risk to children? This is highlighted in the fact that to find one random male homicide killer from within the general population would require 251,995 men, whereas amongst 912 VMCCSA men, equivalent to 1 in 57 killed. Indeed if we added just **half** the OEC to the VMCCSA over 5year olds murders [18] then the ratio becomes 1 in 36.

The question is, despite their relative rarity, what should be done about these men, especially the Violent-MCCSA? Concepts of anti-oppressive practice pose the dilemma. While children have the right to be as safe as possible, the dilemma this study and others raise is the fact that many of these assailants have themselves been the victims of abuse (Leventhal, 1998; Grossman et al,

1999; Cavanagh et al, 2005; Petrunik & Weisman, 2005). So what of their rights? Moreover, can they be identified before they go on to develop behaviour which is both a physical and sexual assault, and can the new procedures of registering child offenders, plus active intervention/treatment significantly reduce the risk? These issues pose acute ethical dilemmas, and practitioners need to be able to balance `understanding' the potential assailant, but without appearing to exonerate their behaviour, and the primary task of safeguarding children.

At one extreme, it has been suggested that on conviction of child sex abuse, a man with a previous conviction for violence, should receive a `reviewable' sentence, that is, until the offender can establish he is safe to live amongst us (Pritchard, 2004). This can be seen as an extreme position as it, in effect, means a type of `preventative detention' which is hugely questionable ethically and has not proved effective for non-sex offences in the past, for no predictive models exist that can exclude either false positives or false positives (Honderich, 2005).

This suggestion raised serious difficulties between the authors, as one felt the core social work value of being `non-judgmental' continues to be important and to deny the possibility of people improving or changing, was questionable, although the imperative was the protection of children. Grossman et al (1999) asked the moral and practical question, are child sex abusers treatable. Or, put it another way, if they lack the motivation to change (Wood, 2000; Ward et al, 2002), and have a penchant for violence, are they safe to live amongst us?

Yet there is evidence that some child sex abusers can be effectively treated, especially via cognitive therapy for the `Sex Only Criminal' type (Becket et al, 1994; Lehne et al, 2000; Nurcombe et al, 2000; Maletzsky & Steinhauser, 2002; Ward et al, 2002), although for the others, as yet, there appears to be nothing in the treatment armoury that can guarantee making them safe (Becket et al, 1994; Bauriedi, 2002). `Sex Only Criminal' offenders are believed to be the most promising to treat because, relative to other abusers, their lives are less chaotic, as evidenced by having no other criminal convictions. In the USA, Paradise (2001) has showed that by getting a community to be more understanding about such men, it was possible to reach out to potential offenders, who gained confidence and more often sought help for their unacceptable proclivities, reducing their rate of subsequent abuse. The more chaotic abuser, however, the MCCSA, appears to need control and management, until there is a degree of maturity, whilst the Violent-MCCSA, the most dangerous, is the type of offender that, if treatment units are honest, as yet, can offer little to ensure that he is safe (Becket et al, 1994; Bauriedi, 2002).

It has been argued that if we are to further improve UK child protection, then we need to **differentiate** between types of child sex abusers and possible interventions, such as an active outreach programme to treat the `Sex Only Criminal ' men (Paradise, 2001), control the MCCSA, but have open-ended reviewable indeterminate sentences for the Violent-MCCSA. This position is argued reluctantly, not as punishment, but rather to protect children and the

potential offenders themselves from the extreme consequence of their possible actions (Pritchard, 2004).

Both authors are extremely uncomfortable with such a conclusion. Indeed one of us still remains uncertain about whether `reviewable' sentences, the old `preventable detention', should ever have a place in British penal policy (Honderich, 2005), though of course it would not be a social work decision, rather one for the courts, if ever Parliament took such a decision.

This is not a recommendation of despair. Rather it is an effort to reach out to the potentially responsive child sex abuser (Paradise, 2001), something which could gain public approval, if it was realised that the most physically dangerous were being effectively contained.

It is difficult for social workers to say that we can do nothing for a fellow citizen and in effect, exclude him from society, but can anyone really make the case against the Lord Chief Justice' s recommendation that Ian Huntley serve a minimum of 40 years for his actions in Soham? It is important that the general public can have confidence in practitioners and the system as a whole, otherwise the response to moral panics will continue and we will fail to reach the treatable.

That some child sex abusers deeply regret their orientation was found in a six year study of a regional suicide register [involving nearly 3 million people], as surprisingly, the Child Sex Abuser had a suicide rate six times that of the most

frequent suicide victim, the mentally disordered (Pritchard & King, 2005). This is a potential base from which to work, but all these men were `Sex Only Criminal' offenders. No suicides were found amongst the VMCCSA and MCCS, suggesting that they had little or no remorse, without which there is no effective treatment (Beckett et al, 1994; Wood, 2000; Nurcombe et al, 2000; Coleman & Milner, 2000).

However, it could be argued that the Extra-familial killer is predominately outside the scope of the ordinary multi-disciplinary child protection service, and they are essentially a special group of criminals and therefore primarily a matter for the law-enforcement agencies? However for the `Ian Huntleys' of this world, who have laid aside their humanity, perhaps for some crimes, such as the Holocaust and the murder of children, they are unforgivable (Pellegrino, 2005). Milton's dictum appears appropriate, "*they also serve who only stand and wait"* and for these extreme men, their prison service is a form of restitution?

It can be argued that in an effort to break the cycle of abuse to abuser and treat the majority of child sex abusers more humanely, if it is known that the dangerous minority of a minority are being contained safely, we can then actively search for new effective treatment methods to resolve the dilemma of more effective protection for children and not infringe the rights of some men, whom the system `failed' when they were children?

Fortunately these men are very, very, rare, almost `accidents waiting to happen'. However, if we had a system that effectively differentiated child sex abusers, then we would not require over-elaborate efforts to reach these rarities that disproportionately take away resources which might more effectively be used to reduce neglect and abuse within families. This means that in promoting child protection, tragedies should not be used as a means of scaring the public and gaining resources. Otherwise, we inadvertently collude with a sensationalist media, increase the unjustified parental fears for their children, whilst ignoring the research evidence that points to parental socio-economic and psychological `poverty' being the biggest link with serious and more frequent child neglect and abuse (Leventhal, 1998; Korbin et al, 2000; Lipman et al, 2001; Sidebotham et al, 2001; Pritchard, 2004; Hoskins & Walsh, 2005).

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Table [1] Frequency of `Categories' in General Population and types of convicted Wessex Offenders & Assailants per annum [rates per million]

Type & age of Offenders & Assailants p.a.	**Males Population [numbers]**	**Females Population [numbers]**	**Homicide Assailants-Numbers-Rates**
`Intra-familial' Mentally Ill in General Population Males Aged 26-69 - 2.1% Females Aged 18-34 – 2.9%	13,419	8,022	4 = 30 p.m 8 = 100 p.m
Violent [non-sex] 901	901.	10	4 = 440 p.m
On `Child Protection Register 723 – without cohabitee with cohabitee	N/a	723.	2 = 280 p.m. 4 = 830 p.m.
`Extra-familial' Sex Only Criminal n=93	93	0	0 = 0
Multi-Criminal –CSA n=49	49	0	1 = 204pm
Violent-M.C.C.S.A. n=46	46		4 = 8,690pm

Table [2] Estimated numbers of Potential male Extra-familial Assailants in UK General Population pa.

Populations	**MCCSA**	**VMCCSA**
Wessex Population 398,000	35 = 1 in 11,371	36 = 1 in 11,056
Projected on UK Population 10,079,807	11,371 = 886 men	11,056 = 912 men

Sources: OPCS Census.

Table [3] Numbers & Rates of UK Child [0-14] Homicides & Other External Cause deaths 1998-20002 [rates per million [pm] *

Year.	**Homicide Babies <1**	**Homicide Infants 1-4**	**Homicide Child 5-14 - Total**	**OEC Baby <1**	**OEC Infant 1-4**	**OEC Child 5-14 - Total**
1998 No's Rates	7 10pm	9 3pm	14 - 30 2pm	24 34pm	17 6pm	16 - 57 2pm
1999 No's Rates	12 17pm	15 5pm	16 - 43 3pm	21 30pm	14 4pm	11 - 46 2pm
2000 No's Rates	14 21pm	12 4pm	22 - 48 3pm	30 44pm	7 2pm	24 - 61 3pm
2001 No's Rates	12 18pm	15 5pm	13 - 40 2pm	9 14pm	10 4pm	16 - 35 3pm
2002 No's Rates	8 12pm	13 5pm	14 - 35 2pm	14 21pm	13 5pm	22 - 49 3pm
5 year Total Numbers	53	64	79 - 196	98	61	89 - 248
Average No's	**11**	**13**	**16 - 40**	**20**	**12**	**18 - 50**
Average Rates	**16pm**	**4pm**	**3pm - 4pm**	**30pm**	**4pm**	**3pm - 5pm**

* All figures rounded-up to nearest whole. Sources: WHO (2005)

Table [4] Estimated Numbers of average Extra-familial Homicide & OEC victims.

Age & Family	**Intra Family Homicide**	**Extra Family Homicide**	**Intra Family OEC**	**Extra Family OEC**	**Totals Intra & Extra**
Baby <1	11	0	19	0	30 – 0
Infant 1-4	13	0	12	0	25 – 0
Child- 5-14	2	14	3	15	5 – 29
Totals	**26**	**14**	**35**	**15**	**60 – 29**

Table [5] Estimated `Extra-familial' death rates : General Population, MCCSA & VMCCSA rate per million & percentages

Category & no's deaths	Homicides rpm - %	OEC Rpm	Combined Deaths rpm]	Times Gen. Population **Homicide**
General population `Extra-familial' n=2,116,759	7 pm 0.00071%	8 pm 0.0008%	15.1m 0.0015%	1 x 1.0
Violent MCCSA N=912	12 deaths 13,158 pm 1.32%	14 deaths 15,351 pm 1.54%	26 deaths 28,508 pm 2.85%	1x 1,880
Multi-CCSA N=886	4 deaths 4,619 pm 0.46%	4 deaths 4,619 pm 0.46%	8 deaths 9,238 pm 0.92%	1x 660

Table [6] Annual UK Child Deaths Rates v VMCCSA Homicides.

Numbers & Cause of Death	**Rate per Million**	**Percentage**	**Times x VMCCCSA**
VMCCSA Homicide N= 12	13,158	1.32%	1: 1
All Causes N=5,079	462	0.046%	1 x 29
All Child Cancers N= 336	31	0.003%	1 x 440
All Accidents N=333	30	0.003%	1 x 440