

# National Competence Center

Issues Related to Unwanted Sexuality

and

Prevention of Sexual Violence

Karolinska Institutet and Karolinska University Hospital

PROPOSAL Summary

September 20 20



## Summary of proposal

Sexual violence and sexual assault are widespread societal problems afflicting many children, youths, and adults. Sexual violence causes extensive suffering and leads to both psychological and physical consequences for those affected, in both the short term and long term. Moreover, violence results in significant costs to society, such as costs for medical and healthcare, the judicial system, and loss of income for victims. The urgent implementation of strategies to effectively prevent sexual violence in society is required. An important group towards which preventive resources should be aimed is individuals with clinical conditions that constitute risk factors for committing sexual assault. Measures are required both for individuals with these risk factors who have not yet committed sexual assault as well as for those who have previously been convicted for sexual assault, to decrease the risk of recurrence.

Karolinska Institutet and Karolinska University Hospital propose, with broad support from a number of other stakeholders, a boost for preventive work against sexual violence at a national level, focusing on individuals with sexual medicine conditions that increase the risk of perpetrating sexual violence. Karolinska Institutet and Karolinska University Hospital suggest that the government resolve to (1) establish a national competence center for issues related to unwanted sexuality and the prevention of sexual violence, (2) bolster the national telephone support line PrevenTell in order to reach more individuals with risky sexual behavior and an increased risk of perpetrating sexual violence, and (3) prioritize research in order to expand the knowledge base in these fields.

### **There is a need for preventive measures aimed at individuals with risk factors for perpetrating sexual violence**

Sexual violence has a wide variety of underlying factors. Some sexual violence is perpetrated by individuals with specific risk factors for committing sexual assault. Included in this group are individuals with compulsive sexual behavior disorder and sexual deviations such as pedophilia and hebephilia, conditions referred to as *unwanted sexuality* in this report. For example, it is estimated that around half of perpetrators convicted of sexual crimes against children fulfil the diagnosis criteria for pedophilia or hebephilia (Seto, 2009). Studies have also shown that compulsive sexual behavior disorder is a risk factor for committing sexual assault, however there is a lack of studies on the number of individuals with this condition who actually perpetrate sexual assault and commit the crime of purchasing sex. According to a Swedish study, the prevalence of loss of control over sexual behavior is estimated at up to 12 per cent in men and 7 per cent in women (Långström & Hanson, 2006). Both sexual deviation and compulsive sexual behavior disorder are risk factors for sexual crime recidivism.

The risk of sexual assault, symptoms, and other negative effects of the conditions can be reduced with the help of psychotherapy and drug treatment. An important aspect of the preventive work against sexual assault is reaching a larger proportion of individuals with unwanted sexuality and providing them with knowledge-based and effective healthcare. It is therefore vital that individuals with risky sexual behavior and fantasies are identified and given early access to healthcare resources – before they risk committing an assault or downloading illegal sexual abuse material from the internet. Since a large proportion of those convicted of sexual crimes are first-time offenders and the number of unrecorded cases of sexual assault is large, early preventive measures unrelated to the judicial system are crucial.

### **The medical and healthcare sector must reach more individuals requiring medical care**

Only a small proportion of individuals with unwanted sexuality are currently identified and able to access medical care and treatment. Studies show that individuals who come into contact with healthcare providers are often willing to receive help and medical care when these are offered, although far from all in the target population are open to receiving medical care and treatment. Since the conditions are associated with considerable stigma, thresholds to access healthcare must be low and healthcare providers must be particularly effective at identifying individuals with unwanted sexuality who require medical care.

The report shows that healthcare professionals and other sectors of the community in contact with these groups need increased knowledge of sexual risk behaviors, how to identify individuals with unwanted sexuality, and what medical care is available.

There is also a need to develop the national telephone support line PrevenTell to which individuals who experience problematic behavior can ring anonymously. PrevenTell aims to provide a simple line of communication with the healthcare system so that individuals with risk behavior can be motivated to receive medical care and treatment. PrevenTell needs to undergo development in order to reach more individuals in the target group, such as young adults and women with risk factors. PrevenTell also needs to be more closely connected to healthcare providers in the entire country to ensure that patients who call PrevenTell and are subsequently referred to a healthcare provider actually establish contact. The follow-up of PrevenTell also needs to be developed further.

### **Access to knowledge-based medical care needs to become more equitable throughout the country**

Not all regions currently have access to knowledge-based medical care and treatment for individuals with unwanted sexuality. Specialist medical care facilities with the expertise in sexual medicine required to investigate, diagnose, and treat these conditions exist at only a small number of locations. Previous national surveys have indicated that some regions lack the capacity to provide medical care to these patient groups and there is a large variation in the care provided. This report also suggests that it is difficult to maintain the necessary expertise for medical care and treatment in all regions.

There is thus a great need for a national agent that can work with information support and training in these fields for healthcare providers. Such an agent can also function as a platform for information exchange and learning, which are specifically prioritized because specialist expertise is currently concentrated to a small number of geographically dispersed individuals.

## **Increased research and a strengthened knowledge base are required**

There is a weak knowledge base regarding effective treatment methods aimed at individuals with unwanted sexuality. Reports and research compilations indicate the need for more and larger studies in the field as well as the need for international research collaborations. During recent years, research at Karolinska Institutet and others have described successful trials of treatment for compulsive sexual behavior disorder and pedophilia. This research has been made possible by clinical services and the opportunity to recruit patients for research studies via PrevenTell. Due to this and other factors, Swedish research is well equipped to take a leading position internationally in these areas; in many other countries it is difficult to even carry out studies in these fields.

Reinforcement of the knowledge base regarding effective and evidence-based treatment methods and other early preventive measures is dependent on increased interdisciplinary research in these fields, strengthened collaboration between different research environments, and the development of the follow-up of the results of medical care. A national function is required to coordinate national research, develop international research collaboration in these fields, coordinate the development of a national quality register, and capture current research questions in order to strengthen preventive efforts.

## **Collaboration between different stakeholders must be developed in order to reach individuals in risk groups and provide medical care and other resources**

Many stakeholders outside the medical and healthcare sector play important roles in the preventive work against sexual violence: by identifying and motivating individuals with specific risk factors to seek medical care, offering other preventive resources at an individual level, and also through violence prevention work at the group and population level.

Police, the Prison & Probation Service, and forensic psychiatry have already established collaborations with outpatient medical and healthcare in some regions. These collaborations must be formalized and strengthened. There is also great potential for the healthcare sector to reach more individuals in risk groups through increased collaboration between healthcare providers and other stakeholders such as social services, various parts of civil society, and schools. A stakeholder that can provide a platform for collaboration between professionals in various parts of the community who are in contact with individuals with unwanted sexuality is needed.

## **Preventive work against sexual violence requires bolstering at a national level as well as a unifying hub**

The Swedish Agency for Health and Care Services Analysis evaluated PrevenTell in 2019 and established that there is a continued need to create opportunities to prevent and decrease the prevalence of sexual crime in Sweden. On this basis, amongst other things, the agency recommended that the government establish a national competence center for preventive work aimed at the target group for PrevenTell. The interviews and dialogs we have conducted during this process demonstrate a broad support for the establishment of a national competence center with this focus area. A center that can become a hub for research, development, and the distribution of knowledge to the medical and healthcare sector as well as other stakeholders is needed. The importance of the center having both close clinical ties to the medical care provided to such patients as well as academic connections has been made clear in interviews and dialogs. The report has also revealed a broad support for the national low-threshold service provided by PrevenTell and the further development of PrevenTell.

## Karolinska Institutet and Karolinska University Hospital intend to commence preparations for a competence center

Against the background of the results of the report, Karolinska Institutet and Karolinska University Hospital intend to commence preparations for the establishment of a competence center focused on issues related to unwanted sexuality and the prevention of sexual violence.

An initial version of the center's vision and mission statement, overall goals, target groups, and organizational branches has been developed based on the dialogs carried out within the framework of the current report. Below we present the vision towards which we consider the center's work should strive, the mission statement upon which we consider the center should base its work, and seven overall goals of the center's activities.

### Vision

A society free from sexual violence, in which sexuality is a positive force

### Mission statement

We strive for individuals with sexual risk behaviors to seek and receive good, effective, and knowledge-based medical care in order to prevent sexual violence. We achieve this through research and development as well as the use and distribution of knowledge to the medical and healthcare sector as well as other stakeholders nationwide.

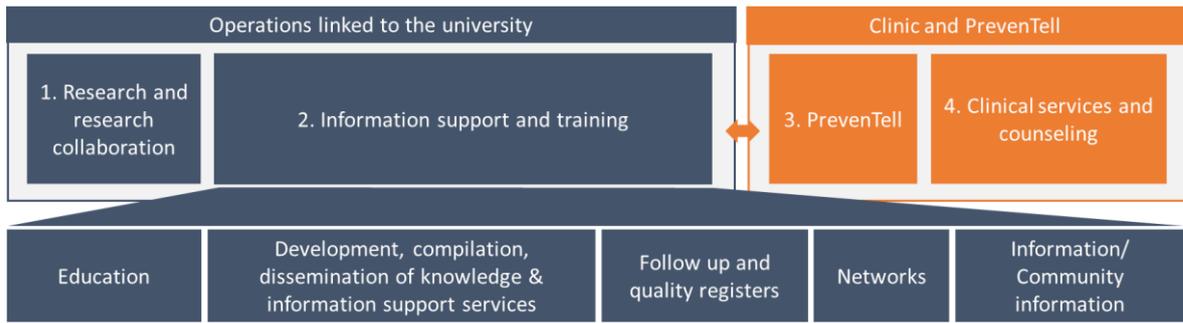
### Overall aims

1. Decreased prevalence of sexual violence in the community
2. Lowered thresholds to access medical care and treatment for individuals at risk of perpetrating sexual violence, regardless of their place of residence, sex, ethnicity, age, or language
3. Increased knowledge among relevant community stakeholders with regards to unwanted sexuality, risk factors, reception of at-risk individuals, and availability of medical care
4. Improved access to good, effective, and knowledge-based medical care and treatment for individuals with unwanted sexuality, with no unmotivated differences between groups or geographic regions
5. Enhanced medical and healthcare follow-up of individuals with unwanted sexuality, for quality development, statistics, and research
6. National and international dissemination of strengthened, high-quality research within the center's fields of expertise
7. Improved access to current knowledge and expertise about unwanted sexuality and sexual violence for the center's target groups

A national competence center should include a university-linked section associated with Karolinska Institutet and a medical care-linked section associated with Karolinska University Hospital, with joint, central management. The university-linked section is intended to conduct research and training, as well as work for the distribution of knowledge to the center's target groups (healthcare professionals and other stakeholders) through training, networking, etc. The clinical section will provide medical care to the patient group (adults and adolescents aged 16 years and above), run and develop PrevenTell, and also provide consultations to healthcare providers for individual cases.

The expertise within the clinical services and PrevenTell are a requirement to be able to conduct the training and information support services in a knowledge center for these issues. The diagram below shows the intended branches of the organization within the university-linked section and the medical care-linked section, respectively.

National Knowledge Center for Issues Related to Unwanted Sexuality and the Prevention of Sexual Violence



The target groups for the university-linked section and the medical care-linked section are illustrated in the diagram below.



The core expertise and primary focus of the center should be in the field of sexual medicine conditions that entail an increased risk of perpetrating sexual violence. Staff at the center will therefore need to consist largely of psychiatrists, endocrinologists, psychologists, and nurses with specialist expertise in sexual medicine and the medical care of this patient group. In addition, the knowledge center needs to engage further competence within fields such as forensic psychiatry, epidemiology, sociology, pedagogy, criminology, law, statistics, project management, and communication. In order to be able to conduct research as well as make research compilations and perform analyses of the current state of research, a large proportion of staff must have research expertise.

The primary focus of the center should be adults and youths aged 16 and older with these conditions.

## Proposition to the government

Karolinska Institutet and Karolinska University Hospital propose that the government resolve to:

- instruct Karolinska Institutet to establish a national competence center for issues related to unwanted sexuality and the prevention of sexual violence in close collaboration with Karolinska University Hospital.
- award the center a founding grant of 13.3 million SEK for 2021 during which the center will be in an establishment phase, including 4.2 million SEK for running costs, ongoing development, and the spreading of information about PrevenTell during 2021. From 2022 and beyond, an annual base grant of 22 million SEK per year is proposed, including 6.2 million SEK for running costs, ongoing development, and marketing of PrevenTell. In addition, a time-limited grant of a total of 4 million SEK is suggested for the years 2021–2024 in order to make necessary investments in PrevenTell.
- instruct appropriate research funders to announce the competitive provision of specific funds to boost research in these fields. The venture should comprise a total of 30 million SEK for the years 2021–2025.

In annex 1 to this report a proposed description of the national knowledge center mandate is presented. The proposed mandate is designed according to the same principles as the mandate for the National Competence Center in Child Abuse (*Barnafriad*) at Linköping University.

### **Brief information about the method and procedure**

The report is based on a combination of methods. We have, amongst other things, used relevant research literature, studied similar knowledge centers, and interviewed and conducted a close dialog with stakeholders such as:

- Specialist healthcare units within the medical and healthcare sector, including forensic psychiatry
- Expert organizations within child rights and the Swedish Association of Women's Shelters
- Authorities such as the National Board of Health and Welfare, the Police, the Prison & Probation Service, and the Gender Equality Agency
- The National Centre for Knowledge on Men's Violence Against Women (NCK, *Nationellt centrum för kvinnofrid*) and the National Competence Center in Child Abuse
- Regional knowledge centers in Malmö and Göteborg
- Swedish Association of Local Authorities and Regions and the National Mental Health Program
- Expert researchers
- Other stakeholders providing support to individuals experiencing problems with their sexuality