

Sexual Offences Report

Points covered below all refer to supporting evidence and are linked by number in brackets.

Health Issues

- There is overwhelming evidence that there are natural differences between boys and girls and the point of maturity. See (1)
- Evidence shows that Full sexual maturity for girls is reached at 16yrs of age whereas with boys it is 17 to 18yrs of age. BUPA also states that for boys, most late maturers catch up at 18yrs. They also go on to say that physical maturity does not necessarily reflect emotional maturity. See (2)
- There is also a major difference in vaginal and anal intercourse.
- As Vaginal intercourse is the only natural method for procreation.see (3)
- The practice of Anal intercourse is known to be one of the main ways Aids/HIV is spread and produces far higher Health risks than vaginal intercourse even if safe sex is practiced. See (4)
- Since the UK has lowered the age of consent from 18 to 16 and equally been more tolerant of under age sex, there has been a major increase in Sexually Transmitted Diseases. Teenagers are particularly at high risk. See (5)
- One of the arguments used is that having an different age of consent for homosexual boys might inhibit efforts to improve the sexual health of young homosexual and bisexual men, this hasn't been borne out by recent medical evidence. See (6)
- As a consequence there have been substantial implications on young peoples health and costs to the Public Health Service.
- Most medical evidence used to support a change in the Law is at least 8 years old. One surely should look at evidence subsequent to the UK changing it's law. See comments in P196 2005 Draft Sexual Offences (Jersey) Law 200-

Legal issues

- Under the current Jersey Sexual offences Law the absolute age of consent (where there is no legal defence) for girls, is 13.
See current practice and recent case laws.
- The same would apply to young boys if the law is amended as proposed.
- Evidence clearly shows that one third of girls under 16 yrs of age wish they had waited until they were able to properly consider all the implications of sexual activity. See (4)
- Some claim we are affecting the human rights of a gay boy however how do we protect the late developer. In a case like this it is impossible to generalise. See (8)
- As a consequence of the UK reducing the age of consent from 18 to 16 the

Government has been forced to rewrite their Sexual Offences Law to ensure sufficient protection for the young and vulnerable, Jersey has yet to do this. See (9)

- NSPCC have also recently expressed concerns over the implementation of the UK Sexual Offences Law and the need for further protection for children. See (10)
- In Ireland where the age of consent is 17 for both sexes, the law provides absolute protection for girls under 15. Furthermore anal intercourse is prohibited under the age of 17 whether or not it was consensual. See (11)
- Article 1 of the UN convention of the rights of a child classes a child as anyone under 18 years of age. This principal is applied to many of our existing laws where age limits are set such as alcohol, smoking, holding a passport, and voting. See (12)
- Interpol states that “ the future of the world is in the hands of tomorrows children. They are the most precious commodity the world has. They not only deserve but have a right to all the protection we can afford. See (13)

General Issues relating to the amendment.

- It should be recognised that unwelcome sexual attractions of a seriousness to warrant criminal prosecution are equally offensive whether the victim is a boy or a girl and warrant the same treatment. See (13)
- There is currently no consensus of opinion in other countries as to what the exact age of consent should be. See appendix of P196 2005.
- Article 8 of the Human Rights Convention provides, so far as is material ,as follows;
- Everyone has the right to respect for his private life.
- There shall be no interference by a public authority with the exercise of this right except such as in accordance with the Law and is necessary in a democratic society...for the protection of health and morals or for the protection of the rights and freedoms as others.
- It must follow that to legalise anal intercourse in the full knowledge of the health issues linked to this practice would actually go against the principal covered in Article 8.
- The European Commission found that in the case of Austria a measure that prohibited a male over the age of 19 from engaging in homosexual acts with a person of the same sex who was under that age, to be compatible with Article 8 of the Convention.
- Article 14 of the Convention clearly states that a difference of treatment is discriminatory for the purposes of Article 14 if it has no objective or reasonable justification, that is if it does nor pursue a legitimate aim or if there is not a reasonable relationship of proportionality between means employed and the aims sought to be realised.
- The aim of protecting morals and the rights of others according to the

Commission is a legitimate one.

- The present application to the European Court of Human Rights ECHR, Small versus the UK was only instigated in June 2005. One of the criteria laid down by the ECHR prior to the application being considered is that an applicant “must have used all remedies of the State concerned that might have been able to redress the situation you are claiming about”. See (14)
- One must ask if the applicant has in fact met that criteria.
- The only definition for anal intercourse in the Readers Digest Universal Dictionary is under the heading Sodomy. And I quote; Sodomy. 1 Law Anal Sexual Intercourse. 2 Broadly, sexual intercourse between men, or any of various unnatural sexual acts, especially between humans and animals.
- One should ask ourselves if we continue to legitimise anal intercourse the question arises whether we are also legitimising other unnatural acts as described in the dictionary definition.

Summary

The Minister for Home Affairs was right to state in P196 2005, that there are three options available to the States of Jersey. These include;

- 1 To amend the Law as was done in England and Wales by reducing the age of consensual homosexual activity to 16 years of age.
- 2 To increase the age of consent for heterosexual consent to 18 years of age.
- 3 To fix the age of consent for both types of sexual activity at some other age perhaps 17 years.

What hasn't been proven is that the preferred option as promoted by the Minister is the right one.

No consultation has taken place including Parents and children alike including our own Youth Council.

No report has been provided from our own Medical Health department or indeed our local General Practitioners.

Agencies such as Brook and ACET, haven't been consulted.

No comments or supporting evidence have been provided by the Child protection Unit. Furthermore no covering papers have been provided on the implications of any of the proposed changes to the Law.

No comments have been provided from Education explaining what effect a change in the law will mean and the implications regarding sex education in schools.

And finally, no information has been provided on current and future funding and resource requirements relating to the existing Sexual Offences Law and the proposed

changes.

It is my view and that of others, the States of Jersey cannot treat altering the age of consent, the privacy definition and the legalising of anal intercourse as single issues. Rather, prior to amending the law we should ensure that the whole law is reviewed ensuring adequate protection to the young and vulnerable.

Sexual offences research

HEALTH ISSUES

(1) Definition of puberty

What is puberty?

Puberty is usually defined as the time when the onset of sexual maturity occurs and the reproductive organs become functional. This is manifested in both sexes by the appearance of secondary sexual characteristics - growth of the breasts and first [menstrual period \(menstruation\)](#) in girls, and a first ejaculation (release of semen from the penis) and deepening of the voice in boys.

How will a child's puberty affect the parents?

A year or two before reaching puberty, the child will change physically and emotionally. Their growth increases suddenly, before slowing and finally stopping around the age of 18. The accelerated growth that girls experience in puberty happens at an earlier age than for boys. http://www.netdoctor.co.uk/health_advice/facts/puberty.htm

(3) Homosexual Age of Consent (pp4-6)

Article by: *Trevor Stammers*

Equality is not always just. For example, should insurance companies treat smokers and non-smokers equally when it comes to assessing risk? Perhaps the fact that those same insurance companies always ask about **homosexuality** in assessing premiums confirms that **homosexual** and heterosexual intercourse do not pose equal risk.

There are three principal reasons why I believe the age of **homosexual** consent should not be lowered to 16:

Three truths to affirm

The health risks of homosexual practice are higher than heterosexual practice

Exclusively monogamous gay relationships are extremely rare[1] and 90% or more of gay men engage in anal intercourse.[2,3] These two patterns of behaviour lead to an increased risk of four types of physical disease: STIs, enteric infections, anal trauma and cancer, **AIDS**.[4]

In the UK 64% of **HIV** infections are acquired as a result of gay **sex**.[5]

Homosexual orientation is often a transient phase of adolescent development

Although the British Medical Association claims that **sexual** orientation is fixed by the age of sixteen, the Wellings survey and other studies clearly contradict this. Wellings concludes: 'The difference in prevalence between lifetime and current homosexual experience points to the likelihood that homosexual experience is often a relatively isolated or passing event'.[6] Another large study shows that **sexual** orientation is uncertain in many boys in their lower teens with an increasing number being more certain with increasing age.[7]

Homosexuality and paedophilia are linked

Freund and Watson, though careful to point out that their study should not be interpreted as indicating that gay men are more likely to be paedophiles, none the less conclude: 'homosexual development notably does not result in androphilia but in homosexual paedophilia'.[8] Freund's data also show that a) around 80% of the victims of paedophilia are boys molested by adult males and b) although most gay men are not paedophiles, 35% of paedophiles are homosexual whilst only 2% of adult men overall are homosexual.[9]

I also take issue with the three usual reasons given in favour of lowering the age of consent:

Three fallacies to dispute

(7) Men aged 16-18 are not in need of special protection from being 'recruited' into homosexuality

Few people realise that the absolute heterosexual age of consent (when there is no legal defence possible for the man) is actually thirteen, not sixteen, under current law. If equality is given for homosexual acts then older boys and men will be able, with impunity, to have **sex** with boys as young as thirteen.

As one gay writer chillingly puts it, 'what will happen when the limit is reduced to 16? Won't there be a few precocious individuals of 14 or 15 who are tempted to experiment? Is it not likely that they too will escape prosecution for the very reason that 16 or 17 year olds escape it now? So the ratchet of permissiveness is given another deadly twist.'[10]

The risk posed by predatory older men is just as great whether the victim is a man or a woman

The comments on paedophilia above show that this is not so.

An unequal age of consent prevents the provision of safe-sex advice to those most at risk

This is the most astonishing argument of all! I regularly give sex education classes to 12-14 year olds and can give safe-sex advice without hindrance. Since the Gillick judgement doctors have been freely able to give both contraceptives and confidential advice to under 16 year olds who request it. A whole host of gay helplines and widely available leaflets already give explicit advice perfectly legally.

Furthermore, some leading gay writers are disparaging about safe-sex education anyway.

'The implicit goal of eradicating unsafe sex is unrealistic. It is neither a sustainable strategy nor an epidemiological necessity, but rather an unnecessary restriction on desire and action.' [11]

Finally, lack of knowledge is not really the issue in any case. Non-use of condoms is not because of lack of knowledge about HIV. As one **AIDS** specialist laments: 'What makes me despair is that 30% of my patients...went into a relationship knowing that their partner was positive. If people will do that, will have sex without a **condom** with someone who's openly positive, then how the hell are we going to persuade two people who are probably negative to use a **condom** "just in case"?'[12]

(8) A deaf Government

A brave minority of gay men do recognise the dangers of lowering the age of consent. 'As far as I'm concerned, 18 is a perfectly reasonable age of consent. Many teenagers who think they're gay turn out not to be and there should be clear guidelines to protect anyone who is young, unhappy and confused from those who would exploit the situation.'[13] The government, however, seems as deaf to their plea as to mine.

References

1. Johnson A, Wellings K et al. Sexual Attitudes and Lifestyles. Blackwell, 1994:213
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3. Weatherburn P et al. The Sexual Lifestyles of Gay and **Bisexual** Men in England and Wales. HMSO, 1992:13-14,29
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The Christian Medical Fellowship cmf.org.uk

(3) Gay Sex - the Health Risks (pp5-7)

Article by: **Neil Fisher**

Neil Fisher reviews a controversial issue in the light of recent legal developments.

In recent years homosexuality has rocketed up the political, medical and social agenda. On 30 November 2000 the Government invoked the Parliament Act to overrule the House of Lords and pass the 'Sexual Offences (Amendment) Bill', legislation that will lower the age at which males and females can consent to anal sex from 18 to 16.[1] The bill was not mentioned in the 1997 Labour party election manifesto, and the Parliament Act is very rarely used to overrule the Lords on conscience votes of **ethical** and moral importance. Supporters emphasise that the bill will bring the rights of young **homosexual** men in line with those of heterosexuals. However, the bill legalises anal sex in men and women at the age of 16, which carries significant medical risks whether practised by heterosexual or **homosexual** couples.

Health risks of anal sex

The rectum is lined with a delicate columnar epithelium, only one cell thick, in marked contrast to the stratified squamous lining of the vagina, which is much more resilient. This makes the rectum inherently more susceptible to infections, including **HIV**, hepatitis and other viral infections that may lead to anal cancer. A recent study found anal squamous epithelial lesions in 36% of **HIV** positive and 7% of **HIV** negative **gay** and **bisexual** men.[2] In addition there is an increased risk of other venereal diseases such as syphilis and gonorrhoea. Unless already breached the vaginal lining is much more resistant to such infection. The sphincter muscles of the anus can also be damaged by receptive anal sex, which may lead to incontinence. When practised on infants, this damage is more severe.

Mechanical damage to the rectum will happen regardless of safe sex measures. Whilst the use of condoms is advocated to reduce the infectious risks of anal intercourse, there is a breakage rate of up to 32% in anal sex and a slippage rate of 21% (respectively six and three times higher than for vaginal sex). Extra strength condoms, designed to overcome the extra demands placed on a sheath by anal sex, are frequently not used because of decreased sensation and discomfort.[3] Research commissioned by the British Psychological Society showed that the rate of unprotected anal sex is on the increase.[4] A survey of about 10,000 homosexual men in the UK found that 45% had had unprotected anal sex; more than two-thirds of these did not know the **HIV** status of the partner.[4] Even if a condom is used without breakage, inherent flaws in latex condoms are up to fifty times larger than the **AIDS** virus (which is 450 times smaller than the human sperm). Therefore the effectiveness of condoms for **AIDS** prevention is much worse than for **contraception**. [5]

Despite the evidence, doctors are reluctant to highlight the dangers of gay sex for fear of fuelling prejudice or being labelled homophobic. However, the same doctors would consider it negligent not to warn their patients about the health risks of smoking, poor diet, excessive **alcohol** consumption or lack of exercise. Isn't this a dangerous concession to political correctness?

Teenage sexual ambiguity

There has been much debate about the age at which sexual orientation is fixed. Approximately 25% of 14 year olds are ambivalent about their sexual orientation, yet the overwhelming majority of them will not be homosexual as adults. Despite the BMA's claim that sexual orientation is fixed by the age of 16, this is not supported by large studies.[6] Furthermore, the Wellings Survey of sexual behaviour in Britain found that 'the difference in prevalence between lifetime and current homosexual experience points to the likelihood that homosexual experience is often a relatively isolated or passing event'.[7]

Do we really want to expose young teenagers, male and female, to the inherent health risks of ano-receptive sex? The absolute heterosexual age of consent (where there is no legal defence possible for the man) is actually 13, not 16 under current law. Therefore, if we were to show true equality for homosexual acts, older boys and men would be able to have sex with boys as young as 13. This also opens the door for paedophiles to escape prosecution. Around 80% of the victims of paedophilia are boys molested by adult males. Although most gay men are not paedophiles, 35% of paedophiles are homosexual whilst only 2% of adult men overall are homosexual.⁸ Thus by lowering the age of consent we are removing older **children's** protection from a significant proportion of paedophiles. As one gay writer warned, a combination of precocious individuals of 13 or 14 who are tempted to experiment, and older men ready to take advantage will 'give the ratchet of permissiveness another deadly twist'.[9]

References

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4. *Times* 2000; 20 December
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(4) BUPA gives this advice

While most young people have sex education at school, many of them say it is too little, too late and too biological. They want to know more about relationships and how to manage feelings. one-third of under-16s experiment with sex. By the age of 17, half of boys and well over a third of girls will have had sexual intercourse.

While around a third of girls are sexually active by the age of 16, most of them say, with hindsight, that they wish they had waited.

(5) Safe sex

It is important that young people are made aware of the risks of pregnancy and sexually transmitted diseases. Talk to your teenager about contraception and safe sex long before he or she becomes sexually active - half of girls use no contraception the first time they have sex. Teenagers are at high risk of contracting a sexually transmitted infection, even with just one act of unprotected sex

Talking to your children about sex factsheet provides good advice.

- (1) BUPA advice on puberty

When does puberty start?

The age at which puberty starts varies from person to person but on average it begins between 8-13 in girls and 10-15 in boys. However, there is enormous variation for this, dependent on many things, such as heredity, nutrition and individual variation.

Girls

Some girls begin to develop as early as age nine, although it's more common for puberty to begin at 10 or 11 and for girls to grow most quickly at age 12. Almost all girls will have begun puberty by 13. Full sexual maturity is usually complete by 16.

Boys

Most boys begin to develop by the age of 14, and are usually sexually mature by 17 or 18.

(8) Late development

These boys and girls may become very self-conscious and anxious. It's a good idea to consult your doctor if:

- there is no sign of a growth spurt by 13 for girls or 15 for boys
- a teenage girl has no breast development by 15 or no periods for five years or more after the first appearance of breast tissue
- no testicle development by 14 in boys.

Your doctor will probably test to check whether there are medical reasons for the delay. Very occasionally there are hormonal problems, which can be successfully treated with hormone therapy. Most late maturers catch up by 16 (girls) or 18 (boys).

Puberty and sex

Puberty is the process through which we grow into sexual maturity. A boy will start to experience erections and ejaculation as his penis begins to work sexually. For a girl, menstruation is a sign that her body is physically capable of becoming pregnant. However, teenagers need to know not just the physical practicalities, but also the emotional effects of sex long before they feel drawn to do it themselves.

(2) How will puberty affect my son or daughter?

Remember that physical maturity doesn't automatically reflect emotional maturity. All pubescent children feel anxious, needy, and confused by their desires and fears. Most are moody. Often what is actually self-consciousness may appear as self-centredness. When so much has changed about your child, how does he know who he is?

(6) Sexually transmitted infections

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In recent years, there has been a big rise in the number of sexually transmitted infections (STIs) in the UK. During 2001, there were 1.5 million visits to genitourinary medicine (GUM) clinics in the UK (excluding Scotland), up 15% on the previous year.

Prevention of STIs

Simple measures can reduce the risk of catching STIs. "Safer sex" methods involve using condoms for vaginal, anal and oral intercourse. This can help prevent the spread of HIV and reduce the risk of most other STIs for men and women. Reducing the number of partners also reduces overall risk. Abstinence from sex represents the lowest risk of all.

The Law

Comments on the law.

(11) Sexual offence laws in Ireland

<http://www.interpol.com/Public/Children/SexualAbuse/NationalLaws/csaIreland.asp>

'Sexual intercourse with persons U.17'

Sexual Intercourse with girls under the age of seventeen (17) years is rendered criminal by the following legislation:

(i) Section 1 of the Criminal Law Amendment Act, 1935 provides that it is an offence punishable by a maximum penalty of imprisonment for life to have unlawful carnal knowledge of a girl under the age of fifteen (15) years.

(ii) Section 2 of the Criminal Law Act, 1935 provides that it is an offence punishable by five (5) years imprisonment on first conviction and ten (10) years imprisonment on second conviction, to have unlawful carnal knowledge of a girl aged between fifteen (15) and seventeen (17) years.

In both these cases neither consent on the part of the female or mistake on the part of the male as to her age will afford any defence.

Section 3 of the Criminal Law (Sexual Offences) Act, 1993 provides that it is an offence to commit an act of buggery with any person under the age of seventeen (17) years. Consent does not provide a defence to a charge of buggery with a person under this age.

(13) Interpol has this to say;

Sexual Abuse

► [National Legislations](#)



The vast majority of children who are sexually abused are the victims of people that they know; parents, step parents, relatives, teachers etc. However, there are a considerable number of sex offenders who are prepared to spend a significant period of their lifetime infiltrating organisations or orchestrating opportunities to work with children or qualify in professions which afford them substantial access to children and young persons in order that they are able to abuse them.

People who sexually offend against children operate in different ways and fit into different categories. They come from all Countries, all cultures and all religions. They are anonymous to the general population and work and live alongside colleagues and neighbours who generally accept them as 'normal' people.

The general conception is that all sex offenders are predatory offenders who will covertly target a victim abduct them and sexually abuse them. This type of offender is the exception rather than the rule, however, they are the most dangerous and are often reported in the media as abductions which can and often do lead to murder of a child.

In general predatory child sex offenders tend to be male, less than average intelligent and are incapable of undertaking any prolonged period of grooming. They generally fit into a stereotypical offender profile, living alone or with a parent, unemployed or in low paid work and unable to form adult relationships.

Their cycle of offending is also typical and begins with the basic attraction and sexual arousal by thoughts of children. He (the vast majority are men) will typically be in possession of either child erotica or child pornography with which he will fantasize and masturbate. At this stage he can certainly be described as, and fits the definition of, a paedophile. However, other than possessing child pornography, which is not an offence in many countries, he does not commit any offences. The reason why this type of person does not proceed beyond this stage is as a result of internal and external inhibitors or both.

Internal inhibitors are personal factors which control a persons behavior. The knowledge that it is morally wrong to sexually abuse a child or that sexual activity with a child can seriously damage the mental welfare of his victim in the future.

External inhibitors are far more basic and evolve around the fear of being caught and going to prison linked with the knowledge that their personal lifestyle would be seriously effected if it became public that they were sexually attracted to children.

Once the internal and external inhibitors have been removed, possible by a period of stress or boredom then the paedophile moves into the cycle of offending. He begins by going out to places where children frequent, a play park or swimming pool for example.

He then identifies a child who is either alone or appears vulnerable and begins to make contact, possibly offering gifts, a cigarette or a ride in a car. At this time nothing further may happen, the offender will go home and masturbate thinking of the child and what might have happened.

These initial stages of the cycle are then followed by a period of guilt as a result of the internal and external inhibitors and a personal promise that it will never happen again. As time passes the inhibitors are broken down and the cycle starts one again continuing until the paedophile offends against the child. There are many paedophiles in society who we do not know the identity of who fit these criteria but have never offended.

The majority of sex offenders groom their victims, this can take many months, even years, and often begins with the process of grooming the parents of the child.



The paedophile may recognize that a family were having difficulty in managing the logistics and finances of the household and befriend them with offers of assistance, both financial and in kind. Eventually having gained the trust of the parent the offender then offers to baby sit or take the child on outings during which time he then moves on to begin the process of grooming the child victim.

This part of the grooming process is the most crucial. The paedophile knows that he has to be able to control the child to the extent that he can sexually abuse him or her with the knowledge that the child will not disclose to another adult the fact that they have been sexually abused.

This control is obtained in many different ways, fear, oppression, favours, threats against either the child or their parent, making the child feel guilty about what has happened or by using a combination of these methods.

A typical example of how a paedophile operates would be the initial identification of a vulnerable parent who has either one or a number of children. It may be a single mother who having gone through an acrimonious divorce has had to move to accommodation that is smaller or of a lesser standard than her and the children are used to residing in. Family finances are stretched and there is less money available in the household for food, clothing and leisure activities.

Once the new family unit is stable, the paedophile will then make his move, typically he may as part of his grooming process slowly introduced the family into accepting communal nudity within the home by, for example, leaving bathroom doors open whilst in use.

Eventually the paedophile will sexually abuse his victim, he will have perfected a strategy to ensure their silence utilizing one or a number of the methods previously outlined.

In this example it isn't difficult to comprehend the dilemma that the child has been put in. Her mother has found a new partner in life, she is very happy, the paedophile will have told his victim that if she 'tells' then he will go to prison, there will be no extra money coming into the household, there will be no more nice holidays for her and her mother. Her mother won't believe her and will not love her anymore as a result. In order to protect her mothers happiness and the new family the victim remains silent.

This example is typical of how a paedophile may identify and ultimately abuse a child anywhere in the world, however, there are many other scenarios which could be used to describe how paedophiles infiltrate families, communities or organizations with the sole intent of sexually abusing children.

(13) Interpol has recently increased the number of Specialised Officers directly involved in combating child sexual abuse and intends to continue to raise the growing awareness to the international problem surrounding the sexual exploitation of children throughout the world, the eradication of which is the responsibility of all governments and all law enforcement agencies. Let us not forget, the future of the world is in the hands of tomorrow's adults who are today's children. They are the most precious commodity that the world has. The not only deserve, but have a right to all the protection which we can afford.

Last modified on 10 Oct 2000



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(12)

[1] Article 1 of the United Nations' Convention on the Rights of the Child states that: "For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier." The same approach is taken in Recommendation 1286 (1996) *On A European Strategy For Children* by the Parliamentary Assembly of the Council of Europe in 1996.

(14) European Court of Human Rights Application advice.

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What are the conditions relating to me personally?

- You do not need to be a national of one of States bound by the Convention. The violation you are complaining of must simply have been committed by one of those States within its "jurisdiction", which usually means within its territory.

- You can be a private individual or a legal entity such as a company or association.
- You must have directly and personally been the victim of the violation you are alleging. You cannot make a general complaint about a law or a measure, for example because it seems unfair; nor can you complain on behalf of other people (unless they are clearly identified and you are their official representative).

Are there any procedures that must be followed beforehand in the national courts?

- **Yes. You must have used all the remedies in the State concerned that might have been able to redress the situation you are complaining about** (usually, this will mean an application to the appropriate court, followed by an appeal, where applicable, and even a further appeal to a higher court such as the supreme court or constitutional court, if there is one).
- It is not enough merely to make use of these remedies. In so doing, you must also have actually raised your complaints (that is, the substance of the Convention violations you are alleging).
- You have only **six months** from the date of the final decision at domestic level (generally speaking, the judgment of the highest court) to lodge an application. After that period your application cannot be accepted by the Court.

Against whom can I lodge an application?

- Against one or more of the States bound by the Convention which, in your opinion, has/have (through one or more acts or omissions directly affecting you) violated the European Convention on Human Rights.
- The act or omission complained of must have been by one or more public authorities in the State(s) concerned (for example, a court or an administrative authority).
- The Court cannot deal with complaints against individuals or private institutions, such as commercial companies.

What can my application be about?

- Your application must relate to one of the rights set out in the European Convention on Human Rights. Alleged violations may cover a wide range of issues, such as: torture and ill-treatment of prisoners; lawfulness of detention; shortcomings in civil or criminal trials; discrimination in the exercise of a Convention right; parental rights; respect for private life, family life, the home and correspondence; restrictions on expressing an opinion or on imparting or receiving information; freedom to take part in an assembly or demonstration; expulsion and extradition; confiscation of property; and expropriation.
- You cannot complain of a violation of any legal instrument other than the European Convention on Human Rights, such as the Universal Declaration of Human Rights or the Charter of Fundamental Rights.

[How should I apply to the Court if I consider myself to be the victim of a violation of the Convention?](#)

[What can I hope to obtain?](#)

[What is the Court of Human Rights not able to do for me?](#)

Click [here](#) for information on how to contact the Court.

Part of the current Jersey Sexual offences law to be amended.

- (2) An act which would otherwise be treated for the purpose of this Law as being done in private shall not be so treated if done –
 - (a) when more than 2 persons take part or are present; or

- (b) in a lavatory to which the public have or are permitted to have access, whether on payment or otherwise.

The proposed amendment will remove part (a) leaving only part (b)

- (9) Evidence post ECHR ruling and the UK amending the law.

As a direct consequence of the ECHR ruling in the Sutherland/UK case and the UK amending its Law to remove discrimination against homosexuals the UK government has found it necessary to review its Sexual offences Law and how it was applied. The aim was to ensure that adequate protection be provided to children.

UK Sexual offences act 2003

<http://www.opsi.gov.uk/acts/acts2003/20030042.htm>

- (10) Comments from NSPCC/2004

<http://www.nspcc.org.uk/html/home/informationresources/welcomeannouncement.htm>

NSPCC calls for new measures to clamp down on adult sex with teenagers

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The NSPCC is calling on the Government to issue guidelines to social workers and other professionals to refer all allegations of adults having sex with under 16-year-olds to the police to look into. This should apply, even where the relationships appear 'consensual'.

The call comes before the publication of the Bichard report.

Guidance from the Government on this issue would send out a clear message to adults of all ages that any sexual activity with under-16's is wrong.

Evidence submitted to the Bichard inquiry outlined how police and social workers did not recognise the threat posed by Soham murder Ian Huntley despite numerous allegations of sexual contact with underage girls.

NSPCC Director Mary Marsh says: "Child protection professionals must not ignore cases where adults have sexual relationships with teenagers, however mutual these seem to be.

"We must never allow another Ian Huntley to slip through the net. The welfare of children must always be front of mind.

"A culture of vigilance and safeguarding must be present in all organisations and sectors that employ people to work with children and young people."

Prompted by the Bichard Inquiry the NSPCC is also recommending:

- improving employment practices including more thorough vetting of people applying to work with children

- improving processes for employers to report concerns about employees who are breaching code of conduct or other child protection policies
- setting up a task-force to look at 'soft intelligence' around concerns which do not currently warrant criminal convictions
- expanding the role of the Criminal Records Bureau (CRB); and
- a 'flagging system' for the police and agencies to identify patterns of allegations against particular individuals.