Child Sexual Abuse & Harmful Sexual Behaviours: LSCB Conference

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A Continuum of Children’s Sexual Behaviours and Children and Young People with Harmful Sexual Behaviours
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What we will cover:

• The extent of HSB displayed by children and young people

• Distinguish between ‘normal’ and harmful behaviours

• The reasons why children and young people develop HSB

• Assessments – models and approaches

• Interventions – therapy, treatment and systemic issues
Terminology

• Children and young people with
  – abusive sexual behaviour
  – problematic sexual behaviour

• Umbrella term: harmful sexual behaviour
A Developing Level of Knowledge

- Most knowledge has emerged since the late 80s – relative infancy
- Initially focus was adopting adult interventions
- Research and practice has shown there is a need for more developmentally sensitive approaches
- Large body of clinical knowledge, but small number of rigorous studies
- ‘Knowledge pile’ rather than ‘knowledge base’
- Indicative rather than conclusive
Scale of the Problem

- Young people who commit HSB are recognised as causing significant harm: high proportion of sexual offences committed.
- Studies differ – estimates from a fifth up to a half of all sexual abuse
- Nearly half of all adult sex offenders begin harming sexually in adolescence.
Overview of Sexual Offending (2013)

- 5977 offenders found guilty of sexual offences in 2011
- 491 were young people (8.2% of all convictions)
- In 2005 figure was 20.1%, so a decrease of 11.9%
- But overall figure has increased by 25% in that period
Scale of the Problem (2)

- Criminal statistics only record a minority of sexual offences

- A general population study found 65.9% of contact sexual abuse reported by children and young people was perpetrated by under 18 year olds
Evaluating Sexually Problematic/Abusive Behaviours

The boundary between what is abusive and healthy experimentation can be blurred. Sexual behaviour exists on a continuum.

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Problematic</th>
<th>Abusive</th>
</tr>
</thead>
</table>

Evaluation will hinge around the related concepts of **EQUALITY, CONSENT, AUTHORITY & COERCION**
## A Continuum Sexual Behaviours (Hackett, 2010)

<table>
<thead>
<tr>
<th>Normal</th>
<th>Inappropriate</th>
<th>Problematic</th>
<th>Abusive</th>
<th>Violent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally expected</td>
<td>Single instance</td>
<td>Developmentally unusual and socially unexpected</td>
<td>Victimisation</td>
<td>Physically violent</td>
</tr>
<tr>
<td>Socially acceptable</td>
<td>Socially acceptable in peer group</td>
<td>No overt elements of victimisation</td>
<td>Misuse of power</td>
<td>Highly intrusive</td>
</tr>
<tr>
<td>Consensual, mutual, reciprocal</td>
<td>Context for behaviour may be inappropriate</td>
<td>Consent issues may be unclear</td>
<td>Coercion and force used</td>
<td>Instrumental violence</td>
</tr>
<tr>
<td>Shared decision making</td>
<td>Generally consensual, reciprocal</td>
<td>May lack equal power</td>
<td>Informed consent lacking</td>
<td>Sadism</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Levels of compulsivity</td>
<td>Elements of expressive violence</td>
<td></td>
</tr>
</tbody>
</table>
Developmental context

• Sexual behaviours may have different motivations and developmental significance across developmental ages
• Perceived appropriateness of sexual behaviours is culturally and historically influenced
• Differing status of pre-adolescents and adolescents in CJS
Healthy Sexual Behaviours

(AIM Project, 2014)

- Mutual
- Consensual
- Choice
- Exploratory
- No intent to cause harm
- Fun
- Humorous
- No Power differentials
Problematic Sexual Behaviours
(AIM project, 2014)

- Not age appropriate
- One off incident/low key
- Peer pressure
- Spontaneous
- Self directed
- Lack of understanding
- Other children uncomfortable but not scared
- Carers concerned and supportive
Harmful Sexual Behaviours

(AIM Project, 2014)

• Not age appropriate
• Elements of planning, secrecy, force or coercion
• Power differentials
• Response of others, e.g. fear, anxiety
• Response of child, e.g. fear, aggression
• Child blames others
• Frequent / increasing incidents
• Compulsive / impulsive
• Other difficult behaviours
• Sexual health charity Brook have an online sexual behaviour traffic light tool:
Causes of HSB

• The majority of children who are sexually abused do not go on to sexually abuse
• But a significant proportion of young people who sexually harm have been sexually abused (25-65%)
• Sexually abusive experience alone is a poor single explanation
• Other forms of victimisation – emotional and physical abuse – are as significant
• Significant proportion have multiple disadvantages
• ‘the etiologically significant factor in the emergence of sexually abusive sexuality is the exposure to trauma not sexual abuse per se’ (Gray and colleagues 1999)
Risk assessment and tools

• Clinically based assessments
  – Subjective view of the practitioner about an individual, within the practitioner's broader experience of work with other similar individuals

• Actuarial models of assessment
  – Predicting behaviour on the basis of statistical evidence about how others have behaved in similar situations
Assessment Tools

• No empirically validated model
• But promising developments
• J-SOAP-II, ERASOR
• AIM2 & AIM for U12s
  – Research guided clinical judgement model
  – Strengths and concerns assessed
  – Static and dynamic
Four key domains of AIM2

• **Offence specific factors**: offending history, nature of sexual behaviour, previous offence history

• **Developmental history**: child’s own abuse and trauma, early life experiences, behavioural issues

• **Family**: family attitudes and beliefs, sexual boundaries, parental competence

• **Environment**: opportunities for further offending, degree of community support/hostility
  - **An holistic assessment**
Static and dynamic factors

- Static:
  - Features of child’s presentation which are unchangeable and historical: e.g. whether abused themselves, gender, age at which first abused
  - Useful in predicting longer term risk but cannot be used to assess changes in level of risk
• Dynamic:
  – Features of child’s presentation which are open to change: e.g. impulsivity, self-esteem, degree of social isolation, attitudes and beliefs
  – These are the factors which interventions seek to target and change
Predictive of Recidivism (young people)
(Griffin and colleagues, 2008)

• Previous contact abusive behaviour
• Abused a stranger
• Threatened / used violence during abuse
• Any general conviction
• Peer group is pro-criminal
• Impulsive behaviours
• Difficulties emotionally regulating
• Most important person in young person’s life has not addressed their own traumatic /problematic background
Predictive of Desistance (young people)
(Griffin and colleagues, 2008)

- Healthy physical development
- Above average intelligence
- Positive talents / leisure activities
- Protective attitude of the most significant adult
- Positive emotional coping strategies of most significant adult
- At least one emotional confident
- Positive evaluation from school/work
- Positive relationships with professionals
Parental Responses

• Disbelief & denial, shock & alarm, anger & rage, guilt & anguish, depression & loss.

• The challenge for workers is to enable parents to manage the transitions from shock, disbelief, denial to acceptance and responsibility taking.
Child/Young Person’s Response

- Shame
- Anger
- Fear
- Disempowerment
- Avoidance
- Hostility
• ‘The young person may anticipate his time in the intervention programme as yet another chapter in the list of his experiences of injustice and marginalisation…’

• ‘So we should not be surprised if they appear irresponsible and unmotivated.’

• (Jenkins 2007)
Interventions

• Interventions should
  – follow on from assessment
  – respond holistically
  – be sensitive to child’s developmental stage

• They should target abuse-specific and wider aspects of functioning, and family and social circumstances
Interventions

• **Cognitive behavioural**
  – Interconnection between thoughts, feelings and behaviours
  – Structured, goal focussed, collaborative

• **Multi-systemic**
  – Link between identified problems and their broader family, educational, peer and social context

• **Strengths based and focus of resilience**
  – Develop broader life skills and social competence
  – Good Lives Model and restorative justice
Key implications for practice.

1. Children and young people account for a significant proportion of sexual abuse coming to the attention of professionals.

2. Children’s sexual behaviour exists on wide continuum.

3. Children and young people who display harmful sexual behaviours need to have their behaviours placed into context and holistically understood.
4. Interventions should balance holding the young person to account for their own actions on the one hand and being sensitive to their past experiences on the other.

5. Interventions need to be focused on the child’s living and social environment as much as on individual treatment.
Safeguarding is Everybody’s Business