Children and young people with harmful sexual behaviour

Research Messages

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Contested area of policy and practice

- hidden nature of abuse makes recognition difficult
- stigma and shame may lead to under-reporting
- dual identities of perpetrator/victim can be conceptually challenging
- power of language
- currently no national strategy or overarching service delivery framework
Terminology

For the purposes of this presentation:

- **Children** – primary school age, pre-pubescent stage of development
- **Young people** – secondary school age, pubescent or adolescent stage of development
- Harmful sexual behaviours – umbrella term for both problematic and abusive behaviours
  - Sexually abusive – element of manipulation or control, subject is unable to give informed consent
  - Sexually problematic – may not include an element of victimisation but may interfere with the development of the child demonstrating the behaviour
# Problematic/harmful sexual behaviours

**A continuum of children and young people’ sexual behaviours** (Hackett, 2010)

<table>
<thead>
<tr>
<th>Normal</th>
<th>Inappropriate</th>
<th>Problematic</th>
<th>Abusive</th>
<th>Violent</th>
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</thead>
<tbody>
<tr>
<td>Developmentally expected</td>
<td>Single instances of inappropriate sexual behaviour</td>
<td>Problematic and concerning behaviours</td>
<td>Victimising intent or outcome</td>
<td>Physically violent sexual abuse</td>
</tr>
<tr>
<td>Socially acceptable</td>
<td>Socially acceptable behaviour within peer group</td>
<td>Developmentally unusual and socially unexpected</td>
<td>Includes misuse of power</td>
<td>Highly intrusive</td>
</tr>
<tr>
<td>Consensual, mutual, reciprocal</td>
<td>Context for behaviour may be inappropriate</td>
<td>No overt elements of victimisation</td>
<td>Coercion and force to ensure victim compliance</td>
<td>Instrumental violence which is physiologically and/or sexually arousing to the perpetrator</td>
</tr>
<tr>
<td>Shared decision-making</td>
<td>Generally consensual and reciprocal</td>
<td>Consent issues may be unclear</td>
<td>Intrusive</td>
<td>Sadism</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May lack reciprocity or equal power</td>
<td>Informed consent lacking or not able to be freely given by victim</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>May include levels of compulsivity</td>
<td>May include elements of expressive violence</td>
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Scale of the problem

- Estimated that between 20% and 33% of all child sexual abuse involves children or young people as perpetrators (Hackett, 2004)
- Some suggest even higher, 30-50% (Vizard, 2007)
- 8.2% of all criminal convictions for sexual offences were under the age of 18 (Ministry of Justice, 2013)
- Radford et al (2011) found 65.9% of contact sexual abuse reported by children and young people was perpetrated by under 18s
- Accurate figures are hard to establish but indicators suggest it is a considerable problem
Children with problematic sexual behaviours

- Diverse group with differing levels of need
- No population based data on prevalence of sexual behaviour problems in children
- More known about adolescents
- Retrospective studies into adolescents with harmful sexual behaviours often highlight development of earlier sexual behaviour problems.
- Children may engage in a range of normative “sexual” behaviours
Causes of problematic sexual behaviour in children?

- Own experiences of sexual abuse (e.g. Gray et al, 1999)
- Early onset of HSB is more likely to indicate own experience of sexual abuse
- **BUT...** Not all sexually abuse children exhibit such behaviour nor do all children with problematic behaviours have sexual abuse in their histories
- Other social, economic, familial, developmental factors need to be considered such as physical abuse, family violence, neglect, poor parenting and exposure to sexually explicit media (ATSA, 2006)
- There is no neat linear causal pathway – it’s complex and each child/YP’s trajectory will be different
Assessment of children

- Few specific assessment tools for children
- Assessments should include:
  - Thorough analysis of the problematic behaviour
  - Social history
  - Prior experiences of own abuse
  - Wider social functioning and relationships
  - Other behavioural issues
  - Family environment
  - Psychometric assessments
Interventions for children

- Intervention for children who have experienced sexual abuse:
  - Behavioural or cognitive behavioural but also multi systemic
  - Goal oriented
  - Structured
  - Teach specific skills

Intervention for children with harmful sexual behaviour:
- Healthy coping strategies
- Better self management skills
- Appropriate sexual behaviours
- Work with carers
Tips for communicating with children about *problematic* sexual behaviours

› Use clear, jargon free, age appropriate language
› Use of visual aids can be helpful
› Try to understand the child’s level of sexual development, speaking to parents and teachers can help with this
› Encourage the child to see the consequences of their behaviour
› Remember that sexual behaviour problems are indicative of underlying issues
› Remember that denial is a natural response

*true of harmful sexual behaviour too, but especially important with younger children*
Age Appropriate Resources

5 years

Books & Stories

17 years

Card sorts

Board Games

Source: The Junction
How much and how early?

Body Part Snap – Private or Not?

Knee  Vagina  Ear  Penis
Knee  Vagina  Ear  Penis

Source: The Junction
Young People with harmful sexual behaviour

› Diversity in backgrounds, motivations, types of behaviours, age of onset and victims

› In the UK 97% of children and young people referred into services over a 9 year period were male (Hackett et al, 2013)

› Ethnicity is often not recorded. In Hackett’s (2013) study 93% were white, 1% black, 3% Asian, 3% mixed race (but no record in 240 cases)
Young people with harmful sexual behaviours

- Onset of puberty can be a trigger for conduct and interpersonal problems to become sexualised
- Low self esteem, emotional loneliness and sexual inadequacy can be factors
- Significant proportion with problematic family backgrounds, histories of adversity, loss, discontinuity of care and insecure attachments.
- Two-thirds of experienced at least one form of abuse or trauma (Hackett, 2013)
- Victim is usually known to them
Groups to consider

› Young women with harmful sexual behaviours
› Young people with learning disabilities who present with harmful sexual behaviour
› Young people who commit internet-related and technology facilitated sexual offences
› Young people who sexually abuse others in the context of groups and gangs
Parents

- Facing a child’s HSB can be a profoundly difficult experience and parenting competence and resources can be undermined.
- Many parents are lonely and isolated and face social stigma and hostility in response to their child’s behaviour.
- Attention should be given to identifying and building upon family strengths.
Assessment of young people

› Research suggests 3-14% sexual recidivism for adolescents
› More likely to be arrested for non sexual offences
› No current actuarial model to predict risk
› Current tools use research informed evidence and professional judgement, e.g.
  - J-SOAP II – juvenile sexual offender protocol (Prentky et al, 2000)
  - ERASOR – Estimate of risk of adolescent sexual offence recidivism (Worling, 2001)
  - AIM2 – Assessment and intervention manual (Print et al, 2001)
Assessment of young people should include:

- Family history
- Previous convictions
- School history
- Drug and alcohol use
- Peer group
- Sexual experiences and knowledge
- Strengths / resiliency factors
- Current behaviour
- Contact with family / professionals
- Offences
- Assessment report – recommendations
- The YP’s voice
Protective factors

- Most of research has focused on risk factors & not protective factors
- Contemporary work now attempts to focus on building protective factors & not just risk factors
- Protective factors used in new models are ‘theoretically proposed’ and not evidence-based or evidence-supported at present
- Examples are: good communication skills, positive realistic future goals, consistent positive relationship with at least one adult
Interventions for young people

- Abuse specific approaches
- Developmental and holistic approaches
- Multi-systemic therapy
- Rehabilitative approaches
- Resilience and desistance models
- The Good Lives Model
- Restorative justice
- Family support approaches
- Working with young people in residential settings
## Resilience-based versus deficit models (adapted from Hackett, 2006)

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<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Resilience-based</th>
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<tr>
<td><strong>Focus</strong></td>
<td>To prevent further abuse</td>
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<tr>
<td><strong>Approach</strong></td>
<td>Expert led. Individual young person seen as the problem or in pathological terms.</td>
<td>Collaborative. Focus on social and environmental influences underpinning and supporting abusive behaviours.</td>
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<tr>
<td><strong>Methods</strong></td>
<td>Standardised protocols, risk assessment tools, psychometric testing.</td>
<td>Conversation, emphasis on young person’s understanding of behaviours and their meaning, including social and environmental influences.</td>
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<tr>
<td><strong>Result</strong></td>
<td>Identifies key risks and deficits. Interventions emphasise containment and management of risk.</td>
<td>Mobilises/identifies key strengths and competences. Young person and family are central to the process of intervention and actively drive change.</td>
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Key Conclusions

- There is considerable diversity among C&YP with HSB
- Their histories are often – not always - characterised by multiple abuse and disadvantage
- Onset of puberty appears to be a peak time for development of harmful sexual behaviours in youth
- It is **not** inevitable that C&YP with HSB will go on to perpetrate sexual abuse in adulthood
- Holistic assessment gives as clear a view as possible of risk and need; interventions should be tailored to specific needs of the child/YP and family
- More extensive range of community based welfare responses needed
- Emphasis should be on positive, strengths-based interventions for C&YP and their families
- Good communication between professionals is key for effective assessment and intervention
Useful resources

› NICE guideline for CYP with HSB - https://www.nice.org.uk/guidance/ng55


› NSPCC & RiP strategic framework (inc audit) for HSB - https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/harmful-sexual-behaviour-framework/