

# Children and young people with harmful sexual behaviours

Simon Hackett

**Quality Mark:**

This review has been peer-reviewed by a range of academics, practitioners and staff working in this field who are committed to the development of evidence-informed practice. Research in Practice is extremely grateful to Stephen Barry, Jon Brown, Nick Hindley, Helen Masson, Kate Mulley, Bobbie Print, Rowena Rossiter, Connie Smith, Eileen Vizard and Mette Whittaker for their help and assistance.

**Author's dedication:**

**Editor:** Steve Flood

**Research in Practice**

The Granary Dartington Hall  
Totnes Devon TQ9 6EE  
tel 01803 867 692  
email ask@rip.org.uk

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**Foreword**

This review deals with an issue that presents significant challenge to the sector, and yet has not received commensurate national attention or leadership. Official statistics highlight the scale of the problem of children and young people with sexually harmful behaviour. Children and young people account for approximately a quarter of all convictions against victims of all ages (Vizard, 2004) and a third of all sexual abuse coming to the attention of the professional system in the UK (Erooga and Masson, 2006).

The need for a coordinated service response to engage with children and young people as perpetrators as well as victims is clearly illuminated. The stigma and shame surrounding this issue can inhibit how children, young people and families engage with services. Studies show frequently harmful sexual behaviours are one factor in a range of predisposing experiences and vulnerabilities facing these children and young people - such as domestic violence, neglect and poor mental health.

Professional consciousness on this issue has steadily grown over the past twenty years. However, the picture across England remains patchy. Since the early 1990s in the UK, a range of specialist assessment and intervention services have developed piecemeal, whilst significant gaps in services remain. Knowledge and awareness amongst professionals also varies widely, with a lack of confidence evident across many disciplines.

Pockets of excellent practice do exist - with a number detailed in this review, offering a solid base upon which to develop effective local practice. Currently, though, at a national level no overarching strategy or service delivery framework exists. However, positive movements are being made in this direction, led by key players within the voluntary sector. We are pleased to be providing a timely review of the research to inform these discussions.

The findings of this review provide much needed evidence on what we know about effective interventions and the core elements of a good service response. This review highlights the need for holistic assessment approaches and tiered interventions that focus on broad-based behavioural and developmental goals. Services need to engage parents and carers to address the wider circumstances within which abuse develops. LSCBs have a key role in ensuring adequate local assessment and intervention services, and supporting the training and development of professionals.

We hope this review will be of real value to those involved in commissioning and designing services; to colleagues working in social care, health, education and criminal justice; and those involved in professional training and development. We are confident that if the determination and commitment of the sector can be matched by clear national leadership, significant progress can be made in identifying and supporting children, young people and families affected by harmful sexual behaviour.

**Dez Holmes**

Director, Research in Practice

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## Chapter One

### Introduction: The problem of children and young people with harmful sexual behaviours

#### The focus of the review

This review is concerned with children and young people who commit acts of sexual abuse or who harm others as a result of their sexual behaviours. This is a contested area of policy and practice. The largely hidden nature of child sexual abuse makes recognition difficult. The stigma and shame associated with victimisation may lead to under-reporting. The broader social context is one of hostility towards, and intolerance of, any individual responsible for acts of sexual abuse. All these factors make it difficult to measure accurately the true scale of the problem (Masson, 2001).

Nonetheless, official statistics and existing research suggest children and young people account for approximately a quarter of all convictions against victims of all ages (Vizard, 2004) and a third of all sexual abuse coming to the attention of the professional system in the UK (Erooga and Masson, 2006). In other words, any policy or practice response to the issue of sexual abuse and sexual offenders must deal with children and young people not merely as the primary victims of sexual offenders, but in many cases also as the *perpetrators* of such offences. All too often, however, policy and practice responses to sexual abuse have failed to recognise this key dimension.

Although the problem of young sexual abusers has been the subject of international commentary for over fifty years (Chaffin et al, 2002), most current knowledge has emerged since the mid-1980s following the establishment in the USA of a number of early intervention programmes to address adolescent sexual offending. It was only with publication of the *Report of the Committee of Enquiry into Children and Young People who Sexually Abuse other Children* (NCH, 1992) in the early 1990s that the existence of children and young people who sexually abuse others was brought to professional consciousness in the UK.

Progress since then has been steady, but not remarkable. A range of specialist assessment and intervention services has been established in the voluntary, private and statutory sectors across the UK, though there are areas where significant gaps in service remain (Smith et al, 2013; Hackett et al, 2005). Many Local Safeguarding Children Boards or Child Protection Committees across the four nations of the UK now acknowledge the issue of young people with harmful sexual behaviours in their interagency procedures and policy documents. Many also offer short courses on the topic of young sexual abusers as part of their interagency training programmes (Hackett et al, 2013a). However, despite previous attempts – including drafts commissioned by government – there is still no national strategy or overarching service delivery framework in relation to this issue across the UK. Nevertheless, the knowledge of specialists working in this field has developed considerably and there

are excellent models of practice, some of which are reflected as examples of promising practice throughout this review. There is evidence to suggest that knowledge and awareness is not evenly distributed among professionals more generally, however (Criminal Justice Joint Inspection, 2013; Deacon, 2013).

This review therefore seeks to provide an accessible review of key research studies and findings for policy and practice. As such, it is relevant to professionals working with children and young people with harmful sexual behaviours, managers and supervisors, commissioners and policy makers. In addressing a range of practice-related questions, it seeks to:

- > enhance professional understandings of the issue of sexual abuse perpetrated by children and young people
- > locate the issue of children and young people who present with harmful sexual behaviours in its social and environmental context
- > assist the development of appropriate practice and policy responses to such children and their families
- > aid the commissioning and evaluation of services in this area – and, thereby, reduce risk to victims and improve outcomes for children who present with sexual behaviour problems.

The review looks specifically at research addressing sexually problematic and abusive behaviours in childhood. However, a note of caution is needed here. In the past, children displaying such behaviours have been presented as if they are different from other children and young people who come to the attention of professional systems because of psychosocial and behavioural difficulties. Consequently, there have been professional uncertainties about where the issue of sexual abuse perpetrated by children and young people should fit within existing systems, most notably whether these behaviours and needs should be addressed through criminal justice or child welfare processes (Masson and Hackett, 2003).

However, as will be seen by the studies included in this review, children and young people with harmful sexual behaviours are a very diverse group and, in most cases, their sexual behaviours are merely one element of a range of predisposing experiences, underlying vulnerabilities and presenting problems in their lives. In many cases, children and young people are at the same time both perpetrator of abuse and victim of harm. There is, therefore, significant overlap between issues associated with sexual abuse by youth and, for instance, the broader fields of child sexual exploitation, domestic and intimate partner violence, neglect and mental health. Although a review of the literature in these and other related fields is beyond the scope of this review, addressing children and young people's abusive sexual behaviours also requires the application of knowledge and the mobilisation of professional services beyond those that are specifically badged 'sexual abuse'. As such, the issue of sexual abuse by children and young people should be considered not in isolation from, but as part of wide-ranging safeguarding children agendas, as well as in the broader social context of deep concern about the abuse of children and the presence of sex offenders in communities.

## How the review was developed

Research on the issue of sexual abuse perpetrated by children and young people has gathered pace in recent years alongside the surge of practice interest in the subject. Indeed, from a base of just a few studies prior to the 1980s, Finkelhor and colleagues (2009) report that well over 200 research articles have now been published internationally (Finkelhor et al, 2009). There is a developing body of UK publications (for example, Calder, 2001; Erooga and Masson, 1999 and 2006) but relatively little UK-based empirical research.

For example, the National Organisation for the Treatment of Abusers (NOTA) is a well-established professional association that brings together over 1,000 professionals from across the UK who work with sexual offenders, including many who specialise in work with young people. Its journal, the *Journal of Sexual Aggression*, is one of only two international peer-reviewed publications that focus specifically on the treatment of sexual offenders (both adults and young people). Now approaching its 20th year, the journal has published 285 articles of which 52 relate to children and young people with harmful sexual behaviours and only 25 describe UK-based material.

The study of sexual abuse perpetrated by children and young people is fraught with definitional problems and complexities. As a multidimensional and multifactorial phenomenon, it has not been possible to produce an agreed definition of sexual abuse across studies, nor has it been possible to identify one descriptor for all children and young people whose sexual behaviour is a cause for professional concern. Definitions also change over time and vary between professional disciplines, as well as between cultures. This means that comparison between studies and research populations can be problematic.

It has been suggested that the state of research in the sexual abuse field consists of a mixture of developmental and clinical studies that often use less rigorous methods than other areas of research (New et al, 1999). The sexual behaviour of children and young people within the general population is a sensitive topic, which may explain why clinical descriptions are so emphasised in the literature and why significantly less attention has been given to outcome studies and randomised control trials (Chaffin et al, 2002). To date, then, the effectiveness of different therapeutic approaches with sexually abusive children and young people has largely not been demonstrated (Seabloom et al, 2003).

Finkelhor and Berliner (1995) suggest that although a large body of clinical theory and expertise now exists about sexual abuse, little of this knowledge has been developed using the rigorous tools of treatment evaluation research. So, despite the increasing attention given to research in this area, we have what amounts to not so much as a knowledge base, as a knowledge pile.

Consequently, a broad approach was necessarily taken to the identification of research relevant to this review. A wide search of electronic databases, including Web of Knowledge, WorldCat, ArticleFirst, PsychInfo, International Bibliography of the Social Sciences and Social Care Online, was undertaken using a variety of key terms, both singly and in combination with other terms. The search strategy covered

variations in descriptors for ‘child’, ‘adolescent’, ‘young person’, ‘youth’, etc. Similarly diverse descriptors were used to search for the behaviours in question, such as ‘sexual abuse’, ‘sexual harm’ and ‘sexually problematic behaviour’ as well as variety in labels often used to identify the focus of research on the person responsible for that behaviour, such as ‘abuser’, ‘offender’ and ‘perpetrator’. In addition, indices of key journals focusing on the treatment of offenders, sexual abuse and/or child welfare were reviewed to find papers of relevance. In total, 860 relevant publications were identified from the international literature. These were then sorted into sub-themes – for example, research describing the general characteristics of young sexual abusers, studies of typologies of young offender, research into specific populations such as young women offenders, young people with learning disabilities who sexually abuse or evaluation studies.

These sub-themes guided selection of material for inclusion in the final review, with the emphasis being placed on empirical findings. As much of the published work on adolescent sexual abuse emanates from North America, findings include those from international studies. However, in order to be as relevant as possible to the development of policy and practice responses in the UK, domestic studies are given particular emphasis in the review. In addition to empirical findings, peer-reviewed reviews and programme descriptions are included where appropriate.

In broad terms, then, three major types of study are included. First, attention is given to *explanatory* or *descriptive studies* on the nature or characteristics of sexual abuse perpetrated by young people, as well as their backgrounds, previous experiences and family contexts. Such studies are useful in informing professional understandings of groups of young people who sexually abuse others and the underlying factors that may be associated with the development of their problematic behaviours. Although this is perhaps the area of research most commonly published internationally, until recently there have been relatively few British studies with sample sizes of any note.

Second, *comparative studies* are included that can cast light on what is known about young people with harmful sexual behaviours when compared to other groups. Typically, these studies compare adolescents presenting with sexually abusive behaviours with other non-sexually abusing offenders or clinical samples; only a few compare young sexual abusers with ‘normative’ community comparison groups. These studies are useful, however, in establishing the specific needs of young sexual abusers and in helping to answer questions about the similarities and differences between and within samples.

Third, *evaluative* or *outcome studies* are included that can help identify the most effective interventions for children and young people and inform judgements about the likelihood that sexually abusive behaviours will progress and escalate.

## The structure of the review

This review is structured into seven core chapters.

This **introductory section** sets the context for the review and examines the problem of children and young people with harmful sexual behaviours. Indicators of the scale of the problem are examined and definitions and debates about the nature of terminology are presented. The issue of harmful sexual behaviour by children and young people is placed in its developmental context and a continuum model is suggested that can distinguish between types and levels of behaviour. Guidance is presented to help distinguish between normative, problematic and abusive sexual behaviours across the age span.

**Chapter two** focuses on children who present with sexual behaviour problems. It examines studies relating to pre-adolescent children in order to examine what is known about their sexual behaviour and its causes and to establish the needs of such children and their families.

**Chapter three** considers young people who display harmful sexual behaviours in adolescence, including their background characteristics, harmful sexual behaviours and needs. Evidence is presented on subgroups and specific populations of young person, including young people with intellectual disabilities (often also referred to as learning disabilities), young women and young people who commit internet offences.

**Chapter four** outlines evidence on risk and recidivism in relation to children and young people and considers a range of approaches to and models of assessment.

**Chapter five** addresses interventions with children, young people and their families, including the efficacy and outcomes of a range of proposed models.

**Chapter six** discusses current levels of service provision and the state of policy in the UK, highlighting how these should be developed for more effective interagency practice.

**Chapter seven** concludes the review by summarising key points and offering a series of recommendations for the development of policy and practice responses for children, young people and their families.

Throughout the review, a series of eleven **promising practice examples** from different areas of the UK are presented to demonstrate some of the ways in which research and practice evidence is being used to improve responses. These practice examples have been generated purposively and specifically for the review. They are highlighted as indicative rather than representative of the range of service and practice developments in varying areas of the UK.

## Indicators of the scale of the problem

As indicated above, children and young people presenting with sexual behaviours that are outside developmentally 'normative' parameters are responsible for a significant minority of all sexual abuse coming to the attention of the criminal justice system in the UK. Reviewing the pattern of criminal statistics over a period of a decade, Hackett (2004) estimated that between one fifth and one third of all child sexual abuse in the UK involves other children and adolescents as perpetrators.

Some authors suggest the figure is even higher. Vizard et al (2007) reported that 30-50 per cent of sexual abuse is perpetrated by adolescents, mostly boys. Other more recent indicators appear to show a drop in the number of young people sentenced for sexual offences. An overview of sexual offending in England and Wales published by the Ministry of Justice (2013a) highlighted that of 5,977 offenders found guilty of sexual offences in 2011 in England and Wales, 491 were juveniles under the age of 18 (ie 8.2 per cent of all convictions). This represents a decrease of 11.9 per cent from the corresponding figure (20.1 per cent) in 2005. Of the 491 juvenile sexual offenders, the overwhelming majority (80.9 per cent) were given community sentences; only 13.8 per cent were sentenced to immediate custody.

Official criminal statistics record only the minority of cases involving sexual offences by young people that come to the attention of police and the courts, however. Little is known about young people who display problematic sexual behaviours that do not reach the level where it is regarded as warranting action through the criminal justice system. The few general population surveys that have considered the issue suggest that a high level of sexual abuse of children and young people is perpetrated by peers. In their study of child maltreatment in the UK using a randomly generated postcode sample of over 6,000 individuals, Radford et al (2011) found that 65.9 per cent of the contact sexual abuse reported by children and young people was perpetrated by under 18-year-olds, although the overall rate of coerced sexual acts under the age of 16 fell between 1998 and 2009.

Although it is difficult to establish accurate figures, indicators suggest that harmful sexual behaviours perpetrated by children and young people is a considerable problem that impacts both on victims and the children and young people who display those behaviours, as well as their families.



## Terminology

As a sensitive area of professional debate and a relatively recent field of empirical study, it is not surprising there is substantial variability and some ongoing uncertainty about the appropriateness of terminology and language used to describe the issue of sexual abuse perpetrated by children and young people. Many authors continue to use specific terms as if they are uncontested and without clarifying their use, which presents some challenges in comparing studies and samples.

As the studies cited in this review use a range of differing terminology, not only to describe behaviours but also to describe those displaying the behaviours, the approach taken here in presenting and discussing an individual study is to reflect the terms used by that study. Therefore, readers will note that a range of terms is used in the review. Wherever possible, distinctions are made between ‘children’ (indicating primary school aged children, largely in the pre-pubescent stage of their development, mostly under the age of criminal responsibility in the UK) and ‘young people’ (largely secondary school aged children, over the age of criminal responsibility and in the pubescent or adolescent stage of development).

Some further debate about the importance of terminology is warranted. For example, the NCH report (1992) debated a range of terms such as ‘adolescent sexual abuser’ or ‘adolescent sexual offender’ before agreeing the term ‘children and young people who sexually abuse’. Since its publication other labels have been suggested: ‘sexually aggressive children’ (Araji, 1997), ‘young abuser’ or ‘young sexual abuser’ (Vizard, 2002), ‘young people who sexually harm’ (NOTA, 2003) and ‘young people with harmful sexual behaviours’ (Hackett, 2004). Use of particular terms often says more about the specific cultural contexts and legal jurisdictions in which researchers, practitioners and policy-makers are embedded than it does about the nature of the behaviours being researched or considered.

Variation in the terminology not only makes comparability of findings between studies difficult, but it also reflects philosophical differences in practice approaches. Given their developmental status, there are concerns about the inappropriateness of applying to children criminal justice labels that are stigmatising and potentially life-changing. For example, Myers (2002) describes the changing terminology in the Barnardo’s Junction project. The project originally used the term ‘young sexual abusers’, but it became clear this language stood in stark contrast to the project’s emerging practice approach, which embodied a more positive and child-centred philosophy. Myers further suggests that terms such as ‘adolescent sex offender’ or ‘young abuser’ reflect a dominant perspective on young people as ‘mini’ adult sex offenders.

Elsewhere, I have similarly argued that other terms such as ‘young people who sexually abuse’, while better emphasising children’s developmental status, also bring with them some unfortunate implications, particularly as they imply (through the use of the present tense) that the sexual behaviours are likely to be persistent (Hackett, 2001; 2004).

The issue of appropriate language was addressed in a study of 78 experienced practitioners in the UK and Republic of Ireland working with children and young people with sexually abusive behaviours (Hackett et al, 2006). There was no consensus among the group that any single term was appropriate as a shorthand descriptor, either for the wide range of children and young people who have sexual behaviour problems or for the diversity of these behaviours. The statement that gained the highest degree of consensus (with 84 per cent of respondents strongly agreeing) was:

**‘The most important thing about terminology is that accurate descriptions of the physical acts committed are used, rather than any euphemistic or jargon-ridden phrases.’**

It is likely then that a range of terms is necessary to describe children’s sexual behaviour problems because the issues practitioners face when responding to children and young people with sexual behaviour problems are so diverse. For example, one of the most commonly cited definitions provided by Ryan and Lane in their early work (1991) defined the juvenile sex offender as: ‘a minor who commits a sexual act with a person of any age: a) against the victim’s will; b) without consent; and/or c) in an aggressive, exploitative or threatening manner’. Whilst this definition helpfully raises the important constructs of consent, equality and authority, it is hard to see how it would now extend to phenomena that have emerged in recent years, for example the downloading of child abuse imagery by young people.

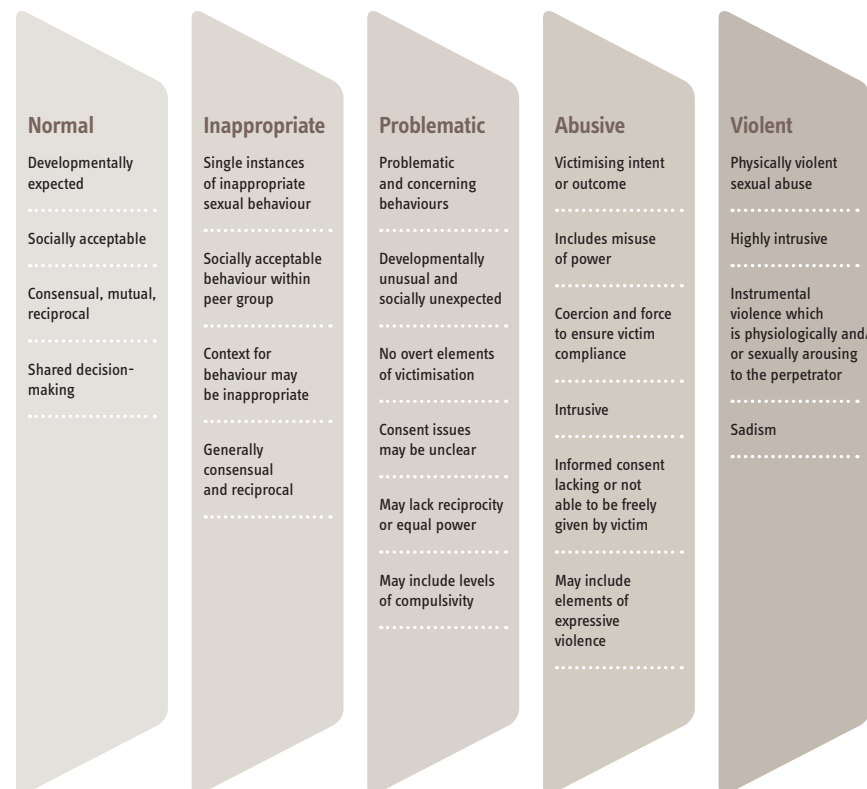
However, one helpful definitional distinction can be drawn between sexual behaviours that are ‘abusive’ and those that are ‘problematic’. The term ‘sexually abusive’ is mainly used to indicate sexual behaviours that are initiated by a child or young person where there is an element of manipulation or coercion (Burton et al, 1998) or where the subject of the behaviour is unable to give informed consent. By contrast, the term ‘sexually problematic’ is more often used to refer to sexual activities that may not include an element of victimisation but may interfere with the development of the child demonstrating the behaviour or which might provoke rejection, cause distress or increase the risk of victimisation of the child.

The important distinction here is that while abusive behaviour is by definition also problematic, problematic behaviours are not necessarily abusive (Hackett, 2004). As both ‘abusive’ and ‘problematic’ sexual behaviours are developmentally inappropriate and may cause developmental damage, a useful umbrella term is ‘harmful sexual behaviours’.

## Disentangling normal, problematic and harmful sexual behaviours in children and young people

Difficulties in defining harmful sexual behaviours displayed by children and young people are compounded by a general lack of knowledge of childhood sexuality and what constitutes normal sexual development (Lovell, 2002). As depicted in Figure One, the sexual behaviours of children and young people exist on a continuum which ranges from normal and developmentally appropriate on the one hand, to highly abnormal and violent on the other.

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



It is important to place any assessment of a child’s sexual behaviour within a developmental context, not only because of the differing status of pre-adolescents and adolescents within the criminal justice system, but also because sexual behaviour may have substantially different motivations and developmental significance across these two developmental stages. As Ryan (2000) points out, some behaviours are normal if they are demonstrated in pre-adolescent children, but concerning if they continue into adolescence. Others, by contrast, are considered a normal part of the development of adolescents, but would be highly unusual in pre-adolescent children and so warrant referral for specialist help.

Making distinctions in individual cases about where on this continuum any given behaviour fits is a complex process, not least because the perceived appropriateness of sexual behaviours is culturally influenced and varies substantially across time, both between and within societies.

Researchers have attempted to describe models that can locate children and young people’s sexual behaviours at various levels of seriousness or concern. Ryan and Lane (1991) suggested a checklist distinguishing between normal behaviours, behaviours suggesting the need for assessment and limited monitoring, and behaviours warranting a legal response and treatment. Ryan (2000) developed this framework and others, such as Rich (2003), have produced similar models, although these have been largely derived from research in the USA. In the UK, young people’s sexual health charity Brook has recently launched an online sexual behaviours traffic light tool for professionals working with young people, which distinguishes between three levels of sexual behaviour in children and young people:

**‘Green’ behaviours reflect safe and healthy sexual development. They are:**

- > displayed between children or young people of similar age or developmental ability
- > reflective of natural curiosity, experimentation, consensual activities and positive choices.

**‘Amber’ behaviours have the potential to be outside of safe and healthy behaviour. They may be:**

- > unusual for that particular child or young person
- > of potential concern due to age, or developmental differences
- > of potential concern due to activity type, frequency, duration or context in which they occur.

**‘Red’ behaviours are outside of safe and healthy behaviour. They may:**

- > be excessive, secretive, compulsive, coercive, degrading or threatening
- > involve significant age, developmental, or power differences
- > be of concern due to the activity type, frequency, duration or the context in which they occur.

Using this distinction, Brook have identified a range of indicative behaviours across the lifespan between infancy and adulthood (see Table One) which may assist professionals and families in distinguishing levels of concern when faced with a range of behaviours being presented by children and young people.

**Table One:**  
Brook Sexual Behaviours Traffic Light Tool

	Green behaviours	Amber behaviours	Red behaviours
<b>0-5 years</b>	<ul style="list-style-type: none"> <li>&gt; Holding or playing with own genitals</li> <li>&gt; Attempting to touch or curiosity about other children's genitals</li> <li>&gt; Attempting to touch or curiosity about breasts, bottoms or genitals of adults</li> <li>&gt; Games, eg mummies and daddies, doctors and nurses</li> <li>&gt; Enjoying nakedness</li> <li>&gt; Interest in body parts and what they do</li> <li>&gt; Curiosity about the differences between boys and girls</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Preoccupation with adult sexual behaviour</li> <li>&gt; Pulling other children's pants down/skirts up/ trousers down against their will</li> <li>&gt; Talking about sex using adult slang</li> <li>&gt; Preoccupation with touching the genitals of other people</li> <li>&gt; Following others into toilets or changing rooms to look at them or touch them</li> <li>&gt; Talking about sexual activities seen on TV/online</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Persistently touching the genitals of other children</li> <li>&gt; Persistent attempts to touch the genitals of adults</li> <li>&gt; Simulation of sexual activity in play</li> <li>&gt; Sexual behaviour between young children involving penetration with objects</li> <li>&gt; Forcing other children to engage in sexual play</li> </ul>
<b>5-9 years</b>	<ul style="list-style-type: none"> <li>&gt; Feeling and touching own genitals</li> <li>&gt; Curiosity about other children's genitals</li> <li>&gt; Curiosity about sex and relationships, eg differences between boys and girls, how sex happens, where babies come from, same-sex relationships</li> <li>&gt; Sense of privacy about bodies</li> <li>&gt; Telling stories or asking questions using swear and slang words for parts of the body</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Questions about sexual activity which persist or are repeated frequently, despite an answer having been given</li> <li>&gt; Sexual bullying face to face or through texts or online messaging</li> <li>&gt; Engaging in mutual masturbation</li> <li>&gt; Persistent sexual images and ideas in talk, play and art</li> <li>&gt; Use of adult slang language to discuss sex</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Frequent masturbation in front of others</li> <li>&gt; Sexual behaviour engaging significantly younger or less able children</li> <li>&gt; Forcing other children to take part in sexual activities</li> <li>&gt; Simulation of oral or penetrative sex</li> <li>&gt; Sourcing pornographic material online</li> </ul>

<b>9-13 years</b>	<ul style="list-style-type: none"> <li>&gt; Solitary masturbation</li> <li>&gt; Use of sexual language including swear and slang words</li> <li>&gt; Having girl/boyfriends who are of the same, opposite or any gender</li> <li>&gt; Interest in popular culture, eg fashion, music, media, online games, chatting online</li> <li>&gt; Need for privacy</li> <li>&gt; Consensual kissing, hugging, holding hands with peers</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Uncharacteristic and risk-related behaviour, eg sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing</li> <li>&gt; Verbal, physical or cyber/virtual sexual bullying involving sexual aggression</li> <li>&gt; LGBT (lesbian, gay, bisexual, transgender) targeted bullying</li> <li>&gt; Exhibitionism, eg flashing or mooning</li> <li>&gt; Giving out contact details online</li> <li>&gt; Viewing pornographic material</li> <li>&gt; Worrying about being pregnant or having STIs</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Exposing genitals or masturbating in public</li> <li>&gt; Distributing naked or sexually provocative images of self or others</li> <li>&gt; Sexually explicit talk with younger children</li> <li>&gt; Sexual harassment</li> <li>&gt; Arranging to meet with an online acquaintance in secret</li> <li>&gt; genital injury to self or others</li> <li>&gt; Forcing other children of same age, younger or less able to take part in sexual activities</li> <li>&gt; Sexual activity, eg oral sex or intercourse</li> <li>&gt; Presence of sexually transmitted infection (STI)</li> <li>&gt; Evidence of pregnancy</li> </ul>
<b>13-17 years</b>	<ul style="list-style-type: none"> <li>&gt; Solitary masturbation</li> <li>&gt; Sexually explicit conversations with peers</li> <li>&gt; Obscenities and jokes within the current cultural norm</li> <li>&gt; Interest in erotica/ pornography</li> <li>&gt; Use of internet/ e-media to chat online</li> <li>&gt; Having sexual or non-sexual relationships</li> <li>&gt; Sexual activity including hugging, kissing, holding hands</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Accessing exploitative or violent pornography</li> <li>&gt; Uncharacteristic and risk-related behaviour, eg sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing</li> <li>&gt; Concern about body image</li> <li>&gt; Taking and sending naked or sexually provocative images of self or others</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Exposing genitals or masturbating in public</li> <li>&gt; Preoccupation with sex, which interferes with daily function</li> <li>&gt; Sexual degradation/ humiliation of self or others</li> <li>&gt; Attempting/forcing others to expose genitals</li> <li>&gt; Sexually aggressive/ exploitative behaviour</li> <li>&gt; Sexually explicit talk with younger children</li> <li>&gt; Sexual harassment</li> </ul>

## 13-17 years

(continued)

- > Consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability

- > Choosing not to be sexually active

- > Single occurrence of peeping, exposing, mooning or obscene gestures

- > Giving out contact details online

- > Joining adult-only social networking sites and giving false personal information

- > Arranging a face-to-face meeting with an online contact alone

- > Non-consensual sexual activity

- > Use of/acceptance of power and control in sexual relationships

- > Genital injury to self or others

- > Sexual contact with others where there is a big difference in age or ability

- > Sexual activity with someone in authority and in a position of trust

- > Sexual activity with family members

- > Involvement in sexual exploitation and/or trafficking

- > Sexual contact with animals

- > Receipt of gifts or money in exchange for sex

## Summary

- > Children and young people account for approximately a quarter of all convictions against victims of all ages and a third of all sexual abuse coming to the attention of the professional system in the UK.
- > There is a developing body of research into the issue of children and young people as the perpetrators of acts of sexual abuse, but to date UK-based studies are limited.
- > Professional awareness of children and young people with harmful sexual behaviours has grown, but significant variations and gaps in service delivery remain.
- > Children and young people's sexual behaviours exist on a wide continuum, from normal and developmentally expected to highly abnormal and abusive. Assessing where any reported behaviour fits on this continuum, can be a complex process.
- > It is important to place any child's sexual behaviour within a developmental context and recognise the key differences between the motivations and meanings of such behaviours at varying stages of development.

## Chapter Two

### Children with problematic sexual behaviours

#### This chapter investigates:

- > pre-adolescent children who present with problematic sexual behaviour and what is known about their behaviours, causes and motivating factors
- > findings from studies into the range of normal and problematic sexual behaviours in pre-adolescent children and a typology of sexually abused children to help distinguish between levels of needs
- > the family backgrounds of children and issues associated with family responses to problematic sexual behaviours.

#### A summary of key findings is set out at the end of the chapter.

Pre-adolescent children with sexual behaviour problems are a diverse group with differing levels of need. They display a wide range of problematic sexual behaviours that are beyond what is considered developmentally normal. Such children constitute a different population to adolescents with harmful sexual behaviours, given the aetiology and nature of the behaviours, their developmental histories and their legal status (Hackett, 2004).

There is no population-based data on the incidence or prevalence of sexual behaviour problems in children (ATSA, 2006). However, reports from service providers suggest the average age of children being referred for therapeutic intervention because of their sexual behaviour is falling and a significant minority of referrals now concern children in their pre-adolescent years (Hackett et al, 2003). However, it is not known whether increases in the number of pre-adolescents being referred represents an increase in the incidence of such behaviours, or is a consequence of changing definitions, increased professional awareness and more extensive reporting (ATSA, 2006).

Despite this, significantly less is known about pre-adolescent children with sexual behaviour problems than about adolescents with harmful sexual behaviours and research into younger children remains in its infancy. Vosmer et al (2009) found a lack of consensus about what constituted normal and inappropriate sexual behaviours in a sample of professionals who were experienced in this area of work. While professionals' views were informed by the professional literature and their personal values, the lack of empirical data to draw on made it difficult for professionals to make decisions in practice. Longo (2003) has suggested that there is a danger that models and practices seen as appropriate with adolescents with harmful sexual behaviours are falsely assumed to be suitable for work with pre-adolescent children.

Vizard et al (2007) suggest that children under the age of ten who exhibit 'sexually abusive' behaviours should be identified early to prevent a maladaptive developmental trajectory that could lead to later contact with the criminal justice system. This seems a very sensible recommendation. Evidence from retrospective studies into adolescents who present with harmful sexual behaviours often highlight the development of earlier, pre-adolescent sexual behaviour problems that grow in intensity and frequency following the onset of puberty. For example, in their review of 700 UK cases, Hackett et al (2013) found there were recorded accounts of unaddressed sexual behaviour problems in earlier childhood in a substantial proportion of case files of adolescents who went on to commit more serious and intrusive acts of sexual abuse.

#### Normal sexual behaviour in pre-adolescence

As indicated in Chapter One, young children may engage in a range of normative 'sexual' behaviours. Although it has been commonly assumed children are 'asexual', studies have found that even preschool-aged children exhibit many sexual behaviours, although they rarely simulate sexual intercourse (Davies et al, 2000).

There is wide variation with regard to sexual behaviours among children (Volbert, 2005) and gender and cultural differences are significant (Fitzpatrick and Deehan, 1995; Larsson and Svedin, 2001, 2002a, 2002b). Throughout childhood boys tend to engage in more sexual behaviours and at greater frequency than girls (Sandnabba, et al, 2003). In a comparative study, Swedish three to six-year-olds displayed more sexual behaviours and more behaviours related to nudity than American children (Larsson et al, 2000). Cultural context exerts a significant influence over which sexual behaviours are perceived by adults as normal or problematic (De Graaf and Rademakers, 2006).

Although children's behaviours are often referred to as 'sexual', the intentions and motivations for these behaviours are largely unconnected to sexual gratification and do not have sexual meaning for children as they do for both adolescents and adults (Chaffin et al, 2002). Normal sexual behaviours between children are usually spontaneous, mutual, consensual and exploratory in nature.

A number of authors have sought to describe expected sexual behaviours in pre-adolescents (for example, Cunningham and MacFarlane, 1991; Ryan et al, 1993) but, while helpful, the empirical basis for such frameworks is not yet clear. In this context, the work of Friedrich stands out (Friedrich and Luecke, 1988; Friedrich, 1997; Friedrich et al, 1998; Friedrich et al, 2001). Friedrich and colleagues (1998) reported on the sexual behaviours exhibited in a large sample (n=1,114) of children aged between two and twelve years old about whom there was no known history or suspicions of sexual victimisation. Data were collected from mothers of children who reported the observed sexual behaviours of their children using a standardised measure (the Child Sexual Behavior Inventory – Friedrich, 1997) at a number of primary health and day-care settings in the US. The authors found that children exhibited a wide range of sexual behaviours at varying levels of frequency across childhood. Those most frequently reported included self-stimulating behaviours, exhibitionism and behaviours related to personal boundaries. Less frequent were

sexual behaviours of a more intrusive or an adult nature. Thus, while touching of own sexual parts was reported in respect of over 60 per cent of boys aged between two and five, oral genital behaviours featured in less than one per cent of boys of this age.

The authors also noted an inverse relationship between sexual behaviour and age, with the overall frequency of sexual behaviours peaking at age five for both boys and girls and then reducing over the next seven years. This may support the idea that sexuality-focused behaviours early in infancy are largely exploratory and are part of the developing child’s normal curiosity about their own and other people’s bodies. As the developing child satisfies this sense of curiosity and develops more knowledge about social expectations and appropriateness of such behaviours, these behaviours may diminish in middle childhood before emerging strongly following the onset of puberty.

### Problematic sexual behaviour

By contrast, sexual behaviour problems displayed by pre-adolescent children go beyond what might be developmentally expected or socially acceptable. The ATSA Task Force on Children with Sexual Behavior Problems (2006) defines children with problematic sexual behaviours as those ‘aged 12 and younger who initiate behaviors involving sexual body parts (ie genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others’. Behaviours may be self-focused or involve others, with the most worrying often involving children of divergent ages and developmental abilities. Many children exhibit problematic and concerning sexual behaviours without any explicit aggressive elements.

Chaffin et al (2002) suggest a child’s sexual behaviour should be considered problematic if it:

- > occurs at a frequency greater than would be developmentally expected
- > interferes with the child’s development
- > occurs with coercion, intimidation or force
- > is associated with emotional distress
- > occurs between children of divergent ages or developmental abilities
- > repeatedly recurs in secrecy after intervention by caregivers.

Vosmer et al (2009) distinguish between children’s problematic sexual behaviours as:

- > self-directed (eg ‘compulsive’ masturbation)
- > non-contact (eg ‘exposure’, sexual talk)
- > contact behaviours (eg touching others, penetrating others against their will).

They note that a small percentage of young children of both sexes are reported to have engaged in severe and intrusive sexual behaviours (Bladon et al, 2005; Letourneau et al, 2004) that would be called ‘sexual offending’ if they were performed by adults (McMillan et al, 2008). However, they suggest such children have often been labelled ‘sexually aggressive’ without consideration having been given to the severity and frequency of the behaviour, the child’s developmental stage or the specific circumstances surrounding the sexual behaviour (Thigpen et al, 2003).

In a study of 127 children with sexual behaviour problems, Gray et al (1999) found that children demonstrated a wide range of sexual behaviours to a wide range of victims. Table Two summarises the differing types of sexual behaviour exhibited by the sample, as against the percentage of children engaging in them.

**Table Two:**  
Developmentally problematic sexual acts performed by 127 six to nine-year-old children (Gray et al, 1999)

Behaviour	Percentage of subjects engaging in this behaviour
Touching: grabbing, pinching, poking, rubbing	80
Fondling: protracted genital stroking	72
Statements: sexual invitations, graphic depictions	60
Gestures: graphic or threatening imitation of sex acts	59
Exposing	41
Public masturbation	37
Peeping or staring	33
Oral-genital sexual behaviour	25
Self-injury to genitals	23
Compulsive self-stimulation	21
Penetration	18
Drawings or photos	15
Sexual behaviour with animals	12
Stealing/hoarding intimate items, eg lingerie, tampons	11
Sexual behaviour with threat/use of weapon	4

Most studies in respect of pre-adolescent children with problematic sexual behaviours have focused on children aged six or over. However, clinical descriptions of programmes working with children (Araji, 1997) have suggested that children as young as three or four receive a therapeutic service as a result of concerns about problematic sexual behaviours. There is little empirical data for children identified this early in childhood. However, Silovsky and Niec (2002) investigated 37 young children aged between three and seven who had been referred to an assessment and treatment programme for children with sexual behaviour problems. In contrast to other studies, more of these children (65 per cent) were girls than boys (35 per cent). All but one of the total sample had prior involvement from the child protection system and 76 per cent had been investigated as victims of sexual abuse. For some, it was the expression of their problematic sexual behaviours that had raised professional suspicions about possible abuse and prompted the investigation. A substantial proportion of the children had experienced other non-sexual difficulties in their lives, including physical abuse (47 per cent) and witnessing domestic violence (58 per cent). Only four of the 37 children had no known history of sexual abuse, physical abuse or domestic violence.

Silovsky and Niec found that this sample of younger children had engaged in a particularly high frequency and severity of problematic sexual behaviours – most commonly, touching other children’s genitals after being told not to (54 per cent of cases), trying to undress other children against their will (43 per cent), attempting to simulate sexual intercourse with another child or adult (38 per cent) and oral-genital contact (27 per cent). The authors note that the range and intensity of behaviours is particularly striking and beyond normal expectations. Added to this was a complex mix of other emotional and behavioural problems, symptoms of PTSD, developmental delay and experiences of multiple stressful life events, including in many cases multiple moves. The authors found that the children’s caregivers also reported significant stress, both in relation to general parenting of the children and, in particular, high levels of distress relating to witnessing and responding to their child’s sexual behaviours.

A significant finding from this study appears to be the light it may shed upon the developmental processes involved in the progression of harmful sexual behaviours across developmental stages. As Silovsky and Niec note, in many cases this is seen as a linear progression from early childhood into adolescence and adulthood, but the findings of their study challenge this. While the majority of the sample in their study were girls, this is not the case in studies of children in middle childhood or in adolescence. Silovsky and Niec hypothesise that young girls with sexual behaviour problems ‘may be more responsive to environmental factors and reduce these problematic sexual behaviours once reaching school age’.

### Causes of problematic sexual behaviour in children

For a long time it was assumed that children who exhibit sexually problematic behaviours were re-enacting or replicating aspects of their own sexual abuse (Friedrich et al, 2003). Indeed, it is the case that children who have been sexually abused do engage in a higher frequency of sexual behaviours than children who have not (Chromy, 2007; ATSA, 2006; Friedrich, 1993) and high rates of sexual abuse

histories have been found in children with problematic sexual behaviours (Johnson, 1988; 1989). For example, in their study of data of 127 children aged six to twelve who had engaged in ‘developmentally unexpected’ sexual behaviours, Gray and colleagues (1999) found histories of prior sexual victimisation for 84 per cent of the children, with a higher proportion of girls having been sexually abused (93 per cent) than boys (78 per cent).

There is also evidence to suggest that the younger the child identified as having sexual behaviour problems, the more likely it is he or she has been sexually abused (Johnson, 1988). Chromy (2007) found that sexually abused children presenting with problematic sexual behaviours had experienced victimisation at an earlier age than sexually abused children who had not developed such behaviours. Hawkes (2011) examined the onset of harmful sexual behaviours in a UK sample of 27 boys who had a recorded onset of sexually harmful behaviour before age ten. He found that a family history of cross-generational harm to children and a parental experience of unresolved harm in childhood generated inconsistent and insensitive parenting that was linked to high levels of maltreatment and insecurity of attachment in children. Sexualised reactions by the boys to their very high level of sexual victimisation were not responded to in a timely or appropriate way by parents, other caregivers or professionals so that sexually harmful behaviour continued without intervention for a significant period.

However, as Vosmer and colleagues (2009) point out, not all sexually abused children exhibit such behaviours. Many other factors are also correlated with such behaviours, including neurological, intellectual, biological, genetic, psychological, social and environmental features. Similarly, not all children who present with problematic sexual behaviours have themselves been sexually victimised (Silovsky and Niec, 2002). Additionally, Drach and colleagues (2001) found no significant relationship between a diagnosis of sexual abuse and the presence or absence of sexual behaviour problems in a sample of children referred for sexual abuse evaluation.

So, although sexual victimisation is a significant trigger for problematic sexual behaviour for some children, it is a poor single explanatory factor in all cases. Instead, current theories emphasise a combination of familial, social, economic and developmental factors, including the presence of physical abuse and family violence, neglect, poor parenting and exposure to sexually explicit media (ATSA, 2006).

Elkovitch et al’s review (2009) confirms the lack of a simple causal explanation for the development of problematic sexual behaviours, highlighting instead the dynamic relationships among risk factors both within and across ecological domains in children’s lives. They suggest the majority of studies have focused on the impact of both abuse and children’s immediate family environment, but point out the relative paucity of research to date that has examined factors such as gender, temperament and cognitive functioning. These factors are likely to be critical in understanding the development and persistence of problematic sexual behaviours in childhood, given that they are implicated in the development of other forms of child psychopathology. Elkovitch et al also highlight the critical need for more research on the impact of peer groups, schools and neighbourhoods in influencing the development of problematic sexual behaviours.

Given the extent of developmental vulnerabilities and prior experiences, the welfare of children with problematic sexual behaviours should be a primary concern. Cases involving younger children should be dealt with in qualitatively different ways to those involving adolescent sex offenders (Chaffin et al, 2002). Effective support for this group should not only target problematic sexual behaviours but should attend also to the child’s own unresolved experiences as a victim of abuse, as well as to broader concerns within the child’s family and the role of peer group and other wider influences.

### Typologies of children with sexual behaviour problems

As interest has developed in pre-adolescents with sexual behaviour problems, several authors have attempted to conceptualise different subgroupings or ‘typologies’ for the children involved (Berliner et al, 1986; Johnson and Feldmuth, 1993; Pithers et al, 1998; Hall et al, 2002). In 1998, Pithers and colleagues described an empirically derived typology for children aged six to twelve who have sexual behaviour problems. Building on this, Hall et al (2002) extended work on typologies through an empirical study of 100 sexually abused children (boys and girls) aged between three and seven, all of whom had been referred to one of two Canadian child abuse treatment programmes.

The sexual abuse histories of the children in Hall et al’s sample ranged from a single experience to persistent episodes of abuse over a number of years. As one would expect, by no means all children in the sample had exhibited interpersonal sexual behaviour problems. However, the authors were able to identify five distinct subgroups among the child victims, which they placed on a continuum of seriousness. At the ‘least problematic’ end were those whose sexual behaviour was consistent with what might be expected in children of their age (Type 1: developmentally expected, n=22). At the ‘most problematic’ end were children whose sexual behaviours were directed towards others and appeared to be planned and coercive (Type 5: interpersonal, planned coercive, n=21). Between these two were children whose sexual behaviours involved others but appeared unplanned and non-coercive (Type 2, n=5), children whose sexual behaviours were self-focused (Type 3, n=15) and children whose behaviours were interpersonal and planned, but not coercive (Type 4, n=13). Approximately one quarter of the children who demonstrated interpersonal sexual behaviour problems used force or coercion in the sexual acts. However, the use of force or threat of force was virtually unique to children in Type 5; all children in Types 4 and 5 were boys.

Hall and colleagues found three areas best differentiated children across the five groups. First, elements of the child’s own *sexual abuse experience* appeared to be important in determining the child’s response to abuse. In particular, children were more likely to develop inappropriate sexual behaviours if they had experienced a higher degree of sexual arousal in the course of the abuse, if they were forced by their perpetrator to be active participants in the abuse and if the abuse included sadistic elements introduced by the perpetrator. Second, the social modelling experiences of the child were significant. Those who witnessed other children being abused and who were involved in child-to-child sexual activity were served with powerful social models of behaviour that made it more likely they would replicate

these with other children. Third, *family variables* either inhibited or contributed towards the development of problematic sexual behaviour. Sexually abused children were more likely to develop problematic sexual behaviours directed towards others if they came from families where there were inappropriate sexual attitudes, poor patterns of interaction, parental violence and criminality, where parents had multiple maltreatment histories, and where parent-child roles were distorted.

Using these variables, Hall and colleagues (2002) were able to describe key elements of the five types, as depicted in Table Three.

**Table Three:**  
Hall et al (2002) outline typology of sexually abused children with sexualised behaviour

<p><b>Type 1:</b> <b>Developmentally expected sexual behaviour</b></p>	<p>Children who have been sexually abused do not exhibit any problematic sexual behaviour, either self-focused or directed towards others. These children are typically not ‘actively involved’ in their own abuse and do not become sexually aroused during their own victimisation. While in some cases siblings are also abused, in general children in this category are abused individually and child-on-child sexual behaviours are rare. Parental supervision is generally adequate, there is no harsh punitive parenting and parent-child roles are clear. There is a good prognosis for intervention to address these children’s own abuse experiences.</p>
<p><b>Type 2:</b> <b>Unplanned, interpersonal sexual behaviour (developmentally problematic)</b></p>	<p>While developmentally problematic interpersonal sexual behaviour is exhibited, it is spontaneous, sporadic and not entrenched. Their own victimisation tends not to be sadistic and does not lead to their sexual arousal. There are few child-on-child sexual acts as part of the abuse. Parental supervision is good and this limits access to other children with whom inappropriate sexual behaviours might develop. Families have healthy sexual attitudes and appropriate limits are set in response to children’s problematic sexual behaviours. There is no harsh or punitive parenting or violence. Outcomes in respect of both the experience of sexual victimisation and the problematic sexual behaviours exhibited are excellent.</p>



**Type 3:**  
Self-focused sexual behaviour (developmentally problematic)

Children are characterised by frequent and extensive masturbation and preoccupation with sexual matters, however they do not engage in interpersonal sexual behaviours. Their own abuse is typically not sadistic, but (in contrast to groups 1 and 2) has led to more sexual arousal. While some children are abused by multiple perpetrators, most children are abused by an individual perpetrator and siblings are not abused together. However, these children tend to blame themselves for their own abuse. Parental supervision tends not to be adequate, but there is no harsh or punitive parenting. There may be some problematic family attitudes in respect of sex, although there is no sexual interaction. Outcomes are less positive than for children in groups 1 and 2. Self-focused sexual behaviours are often resistant to treatment. The response should be to engage parents to address family attitudes, roles and functioning and to develop strategies to manage and contain sexual behaviours more effectively.

**Type 4:**  
Planned, interpersonal sexual behaviour (developmentally problematic)

Children engage in interpersonal sexual behaviours involving extensive adult sexual acts. The behaviours are planned, but not coercive. As with Type 3 children, these children demonstrate sexual preoccupation and problematic levels of masturbation. Their abusers have involved them as active participants in their sexual victimisation, which has involved discomfort, sadism and arousal. Half of the children in this group have been involved in multi-perpetrator and multiple victim contexts. Parental supervision is inadequate and children have access to other children. Most families show some elements of problematic functioning and sexual attitudes, though only in about a half is this accompanied by sexualised patterns of interactions. While parents can see the need to set limits on the child's problematic sexual behaviours, they seem unable to do this. Outcomes are less good as few are able to address their own victimisation issues and both interpersonal and self-focused sexual behaviours may persist.

**Type 5:**  
Planned, coercive interpersonal sexual behaviour (developmentally problematic)

Children demonstrate extensive interpersonal adult-type sexual acts which are resistant to adult limit setting. These behaviours are both planned and, in contrast to Type 4, coercive. Children show high levels of problematic masturbation, sexual preoccupation and sexualised gestures. Their own sexual abuse is characterized by sadism, arousal and abuse by multiple perpetrators, often with other children. There is frequent child-on-child sexual behaviour with siblings where the child is taught to act as a 'perpetrator'. The level of parental supervision is very inadequate and there tends to be easy access to other children both within and outside the family. Families appear to be entrenched in problematic sexual attitudes and sexualised interactions and family violence is commonplace. For these children sex and violence are paired from an early age. Treatment prognosis for this group of children is 'very poor' as few parents are able to make use of interventions offered and most deny or minimise their child's problematic sexual behaviours, therefore making it very difficult for them to place limits on their child's sexual behaviours.

Although such a typology is promising and may help to inform the need for differing levels of professional response to families at different points on this continuum of risk and need, more research is needed to test the validity of such models in larger samples and cross-culturally. And while the ATSA Task Force (2006) suggests there may be more diversity in the population of pre-adolescent children with sexual behaviour problems than among adolescents with harmful sexual behaviours or adult sex offenders, the authors caution that no distinct profile of children exists. They suggest that attempts to derive clinically distinct subtypes have, to date, merely produced empirical clusters with substantial overlap between them, and that there may not be distinct taxonomic subgroups (ATSA, 2006).

## Families of children with problematic sexual behaviours

A limited number of studies have focused specifically on the parents or families of children with problematic sexual behaviours (Pithers et al, 1998) despite growing awareness of the importance of engaging families in interventions designed to address sexual abuse. Descriptive studies of families are helpful in highlighting broader family factors that might influence and shape the development of abusive sexuality, both in early childhood and adolescence. However, existing research is limited in a number of ways. The propensity for professionals to place responsibility onto non-abusing mothers in cases of child sexual abuse has been widely reported in child protection practice (Calder, 2001). Similarly, the existing research on parents whose children have sexually abused is primarily restricted to studies of mothers. Indeed, New et al (1999) suggest there is virtually no published work on fathers or father figures in the sexual aggression field. Few studies of families have comparison or control groups and while it may be possible to describe a number of factors in the backgrounds and current functioning of parents of children with sexual behaviour problems, most parents in the general population are not subject to the same level of intense professional scrutiny. Additionally, the literature on families is mainly concerned with the identification of problems or deficits. Few researchers have considered the strengths and competencies of families (Hackett et al, 2002).

Nonetheless, some studies have explored the underlying issues in families where a child has displayed problematic sexual behaviours, as well as their difficulties in dealing with the consequences of those behaviours. For example, Pithers et al (1998) used data from pre-treatment assessments completed with 72 primary caregivers of children with problematic sexual behaviours aged between six and twelve. A total of 72 per cent of biological parents were living below the recognised poverty level and children in 70.2 per cent of biological families had witnessed violence between their parents. Almost two-thirds (62 per cent) of extended families also contained at least one additional person (other than the child) who had perpetrated sexually abusive behaviour. The authors conclude these families were 'multiply entrapped' (Pithers et al, 1998) and were experiencing practical difficulties and parenting stress. For many parents, this was exacerbated by the child's harmful sexual behaviours and parenting resources were stretched to their limit.

## Summary points

- > Normal sexual behaviours in infancy and early childhood are largely exploratory and are part of children's normal curiosity about their own and other people's bodies.
- > Pre-adolescent children may display a wide range of problematic sexual behaviours that are beyond what is considered developmentally normal.
- > Reports suggest that the average age of children being referred for therapeutic interventions as a result of their sexual behaviour is dropping and that a significant proportion of referrals concern children in their pre-adolescent years.
- > Such children differ in important ways from adolescents with harmful sexual behaviours given the aetiology and nature of the behaviours, their developmental histories and their legal status.
- > While rates of sexual victimisation are high in samples of children with problematic sexual behaviours, not all children who present with such behaviours have themselves been sexually victimised.
- > A range of neurological, intellectual, biological, genetic, psychological, social and environmental features may influence the development of problematic sexual behaviours in children, in addition to the experience of trauma and abuse.
- > Given the extent of developmental vulnerabilities and prior experiences, the welfare of children with problematic sexual behaviours should be a primary concern.
- > Cases involving younger children should be dealt with in qualitatively different ways to those involving adolescents with harmful sexual behaviours.
- > Effective support for this group of children should not only target the problematic sexual behaviours but should also address the child's own unresolved experiences as victims of abuse, as well as to broader concerns within the child's family and wider influences.

## Chapter Three

### Young people with harmful sexual behaviours

#### This chapter investigates:

- > young people with harmful sexual behaviours and what is known about their behaviours, their causes and motivating factors
- > findings that have described characteristics of young people, including their backgrounds and abuse histories
- > the range of young people's harmful sexual behaviours
- > evidence on categories and sub-types of young people, including attention to minority offender groups such as young people with intellectual disabilities (or learning disabilities), young women and young people who offend online
- > findings on families of young people who have sexually abused.

A summary of key findings is set out at the end of the chapter.

#### Characteristics of young people

As with children with sexual behaviour problems, young people presenting with harmful sexual behaviours in their adolescence are a highly heterogeneous group. There is diversity in their backgrounds, motivations, types of behaviour exhibited and age of onset, and victims targeted (Righthand and Welch, 2001).

A range of studies has described samples of young people with harmful sexual behaviours. These are an important contribution to the evidence base and can inform knowledge about young people's characteristics, family backgrounds, experiences and needs, and the nature of the harmful sexual behaviours. Until recently, studies commonly described only small clinical populations of relatively high-risk young people involved with specialist forensic settings. This led to questions about how representative their findings are for describing young people who remain in the community and whose behaviours present a lower level of concern. There are also problems with comparability between studies. As Zolondek et al (2001) have pointed out, few studies describing groups of young people with sexually abusive behaviours replicate measures used by other studies and many tend to rely on case-file analysis and subjective clinical judgement. This means a degree of caution is necessary in generalising from one group of young people to another. This difficulty is compounded by the fact that most studies with significant sample sizes described US samples, although three UK studies with larger sample sizes have now been published (Taylor, 2003: n=227; Vizard et al, 2007: n=280; Hackett et al, 2013: n=700). By far the largest demographic study published internationally is the US population-based epidemiological study of Finkelhor and colleagues (2009) with an overall sample size of over 13,000 juvenile sexual offenders.

#### Gender

In Finkelhor and colleagues' (2009) large sample, 93 per cent of all juvenile sexual offenders were male. In the UK, Hackett et al (2013b) found that 97 per cent (n=676) of children and young people referred to nine UK services over a nine-year period as a result of their harmful sexual behaviours were male; only 3 per cent (n=24) were female. This compares to 92 per cent males in Taylor's research (2003) and 91 per cent in Vizard et al (2007). The evidence therefore strongly supports the view that the vast majority of adolescents who engage in sexually abusive behaviours are male, even taking into account under-reporting and the lack of services for young women with harmful sexual behaviours. It has been suggested that males are more likely to externalise their trauma through aggression directed towards others, while females are more likely to internalise their feelings, for example through self-harm (Gonsiorek et al, 1994). Addressing the way in which misuse of male power is normalised in society should be a task of primary prevention strategies to prevent youth violence and sexual abuse.

#### Age and onset

In terms of their backgrounds and personality characteristics, young people with harmful sexual behaviours are typically portrayed as having a number of social skills deficits, a lack of sexual knowledge and high levels of social anxiety. It has been proposed that for some young people this combination of low social competence, low self-esteem, emotional loneliness and feelings of sexual inadequacy can be a developmentally damaging mix of factors. It leads to problems in establishing appropriate intimate relationships and attempts at abusive sexual interactions with children.

In Finkelhor et al's study (2009), the age of young people ranged from 6 to 17 years, with 86 per cent aged 12 or over. Hackett et al (2013b) found a mean age of 14 years and a modal age of 15 at referral, though the authors caution that age at referral does not necessarily correspond to the age at which harmful sexual behaviours were first identified. Similarly, Vizard and colleagues (2007) found a mean age of 13.9 years at the time of assessment, though they calculated an average age of onset of the sexually abusive behaviour in their sample as 9.5 years. Across studies, it appears the number of young people coming to the attention of professionals for harmful sexual behaviours increases sharply around age 12 and plateaus after age 14 (Finkelhor et al, 2009). Early adolescence, then, is the peak age for the emergence of harmful sexual behaviours against younger children, while sexual offences committed by young people against other teenagers, by contrast, appears to peak in mid to late adolescence (Finkelhor et al, 2009). For some young people, it appears the onset of puberty, with the significantly increased salience it brings to sexual feelings and behaviours, is a trigger for generalised conduct and interpersonal problems to become sexualised.

## Ethnicity

Ethnicity – both of young people with harmful sexual behaviours and their victims – is often not recorded in research studies. For example, Finkelhor et al's (2009) large sample does not include any details of race or ethnicity. In Hackett et al's (2013) retrospective study across nine services throughout England and Wales, including both rural and inner city areas, 93 per cent (n=427) of young people where ethnicity was noted were white. Only a very small proportion of the work done in any of the services related to young people from black or minority ethnic (BME) groups, with 1 per cent (n=7) of young people described as black, 3 per cent (n=12) as Asian and 3 per cent (n=13) as mixed race. The authors point out that although it may seem surprising that ethnicity was not recorded at all in 240 cases, such data were less routinely collected in the UK in the 1990s than they are now. An alternative hypothesis might be that the issue of diversity in the population of young people with harmful sexual behaviours is often seen as of secondary importance to the primary reason for referral – ie the sexually offending behaviour. Hackett (2000) has written about barriers to the recognition of diversity in sexual aggression work and how young people's identification as 'sex offenders' has been seen to override their needs as black or white young people, leading to inadequate responses to offenders from a variety of minority groups in Britain.

In one of the few studies of the experiences of black and Asian young people presenting with harmful sexual behaviours, Mir and Okotie (2002) explored the experiences of eight young people and four parents from BME backgrounds. They argue that orthodox Western approaches, models and tools should not be viewed as equally applicable to all offenders and highlight a range of complex factors that need to be considered in responses to BME young people with harmful sexual behaviours, including questions of language, culture, ethnicity of the worker, religion and spirituality. However, while such issues may be important, they must not be allowed to compromise or distract practitioners' attention from the primary focus of protecting children from harmful sexual behaviours.

## Background and attachment histories

Hackett et al (2013b) found that 42 per cent of young people were living at home with their families at the time of discovery of the abuse. Another 12 per cent were living with relatives, usually by professional arrangement in order to manage risk in the parental home without requiring the young person to move into care. A further 18 per cent were looked after under s.20 of the Children Act 1989 (ie they were in 'voluntary care') and 14 per cent were looked after under a care order. Only a small minority (six per cent) of children and young people were in secure accommodation as a result of their behaviours. Vizard et al (2007) report difficulties in the family circumstances for all young people in their sample, with only five per cent living with both biological parents at the time of assessment and with the overwhelming majority having experienced significant loss, carer inconsistency and other family adversities. Over half were also severely socially isolated. Taylor's (2003) community-based sample found strikingly high levels of generalised conduct and school problems in the children and young people's backgrounds: 70 per cent of young people had had at least one marked problem at school, 36 per cent had been

involved in the educational statementing process and 44 per cent had been referred for professional help before they were ten years old.

A high proportion of young people across all three studies, therefore, had extensive prior involvement with health and social care professionals prior to the emergence of their harmful sexual behaviours, as well as extensive histories of adversity, loss, discontinuity of care and insecure attachments. From the findings of these studies (and many others like them: for example, Richardson et al, 1995; Davis and Leitenberg, 1987; Awad et al, 1984; Becker et al, 1986; O'Callaghan and Print, 1994) it is reasonable to conclude that a significant proportion of young people with harmful sexual behaviours are from highly problematic family backgrounds and have experienced multiple disadvantages and adversities in their childhoods.

Theorists have proposed the importance of attachment difficulties in the development of harmful sexual behaviours and the role of attachment-based interventions designed to challenge such behaviours (Rich, 2006; Longo et al, 2013; Creeden, 2013). This is a promising area of practice but more research is needed on this specific topic. As Creeden (2013) highlights, research has not yet directly determined the presence or absence of secure attachment relationships in distinguishing those individuals who will engage in harmful sexual behaviours from those who do not. However, he points out that many models which seek to explain the development of harmful sexual behaviour in youth pinpoint early parent-child relationship problems as aetiologically significant. If secure attachments are linked to the development of emotional and behavioural self-regulation, then the presence of attachment insecurity can be seen as a key risk factor in the development of dysregulated and harmful sexual behaviour.

## Abuse histories

Hackett et al (2013b) found two-thirds of the children and young people in their sample were known to have experienced at least one form of abuse or trauma, including physical abuse, emotional abuse, sexual abuse, severe neglect, parental rejection, family breakdown and conflict, domestic violence, or parental drug and alcohol abuse. Excluding sexual abuse, there was evidence that 50 per cent of young people had been victimised. In only 34 per cent (n=215) of cases was there no known abuse or trauma in the background of the young person referred. Vizard and colleagues (2007) also found high rates of victimisation in their sample, with an overall rate of 92 per cent of the sample having experienced some form of abuse or having been exposed to neglect or domestic violence.

Creeden (2013) highlights how trauma and exposure to persistent stressors may impact on a child's neurobiology, leading to developmental problems that can include attachment difficulties, academic problems, poor peer relationships, developmental delays, and significant deficits in self-regulatory functioning and inhibitory control (Creeden, 2013). Prolonged exposure to multiple stressors and adversities is linked to increased developmental damage. Indeed, Creeden (2013) argues that although not every child or young person with harmful sexual behaviours has experienced prior abuse, those who present the greatest level of concerns and risk for future offending are adolescents who have experienced significant levels of abuse, neglect or exposure to family violence.

The particular issue of whether young people with harmful sexual behaviours are likely to have been sexually abused themselves has been a persistent matter of debate. The significance of this question is related to the way in which it supports (or not) the idea of a 'victim-to-offender cycle' whereby individuals abused in childhood go on to 'complete the cycle' by in turn victimising others. One of the unfortunate side-effects of this notion has been the incorrect implication that all victims of abuse are at risk of developing into sex offenders.

Prior sexual victimisation has been a consistent finding across juvenile sex offender literature, but rates vary substantially across studies. Such variance is likely to be due to a range of factors, including the definition of sexual abuse used and the methods used to determine abuse histories, as well as the nature of the different (usually small) clinical samples. For instance, Dolan et al (1996) found a quarter of young people had either a documented or self-reported history of sexual abuse, Manocha and Mezey (1998) report a figure of 29.4 per cent and Taylor (2003) 32 per cent. In the recent study by Hackett et al (2013b) there was clear and documented evidence that 31 per cent of young males with harmful sexual behaviours had been sexually victimised earlier in their childhoods. And in another 19 per cent of cases, there was strong professional suspicion of sexual victimisation but no documented evidence (eg there had been an allegation but this had not led to any criminal justice response, or the young male concerned had made unclear statements about his experiences). At 69 per cent, the rate of documented and suspected sexual victimisation in the smaller sub-sample of 24 young women was even higher. Almost two-thirds (63 per cent) of the 19 young women in Taylor's (2003) study were found to have been sexually abused, while Vizard et al (2007) found an even higher rate (71 per cent) of sexual victimisation in their sample, with half having been abused by the age of seven and a third having experienced prolonged and highly intrusive acts, such as anal penetration.

It is reasonable to conclude that for some young people there is a strong element of replication of their own experiences of sexual abuse in the expression of their harmful sexual behaviours. In their empirical review of a sample of 74 adolescent male sex offenders with histories of sexual victimisation, Veneziano et al (2000) found close parallels between young people's own abuse characteristics and their subsequent sexually aggressive behaviours. In particular, they found young men who were themselves abused under the age of five were twice as likely to select victims who are younger than five. Those who were abused by males were also twice as likely to abuse males themselves. More significantly, they found a close correlation between types of victimisation experience and types of abusive behaviour. Young men who had experienced anal abuse as victims were 15 times more likely to anally abuse their own victims than adolescents who had not been abused in this way. Similarly, if their own abuse had involved fondling, they were seven times more likely to abuse their victims in this way.

Burton (2000) explored the relationship between trauma and perpetration in three groups of incarcerated adolescent sex offenders: the first group was made up of those who admitted to sexual offending before the age of 12 only; the second those who admitted to sexual offending after the age of 12 only; and the third group comprised continuous offenders, ie those admitting to sexual offending both before

and after age 12. While he found that victimisation and subsequent perpetration were significantly correlated in all three groups, the continuous offenders had both higher trauma and perpetration scores. Burton concludes that many sexually aggressive young people are highly traumatised and suggests this 'validates the movement in the field toward resolution of that trauma as an important and relevant factor in treating child and adolescent sexual offenders' (Burton, 2000).

The evidence therefore suggests that by no means all young people with harmful sexual behaviours have themselves been sexually abused. Even where this is the case, the sexual abuse experience alone may be a poor single explanation for why a young person goes on to victimise others. Nonetheless, there is evidence of a subgroup of young people who have such a dual sexual abuse experience (Bentovim, 2002). Suggested mechanisms underlying this link include:

- > the re-enactment of the abuse (Longo, 1982) and a replication of parallel dynamics of own victimisation (Veneziano et al, 2000)
- > an attempt to achieve mastery over conflicts resulting from the abuse (Watkins and Bentovim, 1992)
- > subsequent conditioning of sexual arousal to assaultive fantasies (Hunter and Becker, 1994)
- > a reactive or learnt behaviour response (Ryan et al, 1987).

## The nature of young people's harmful sexual behaviours

### Range of behaviours

Although it is sometimes assumed that young people's harmful sexual behaviours are experimental or of a minor nature, this is not borne out in empirical research. Vizard and colleagues (2007) found that 93 per cent of young people had committed contact sexual offences, although many had also engaged in non-contact sexual behaviours, and 72 per cent had either vaginally or anally penetrated their victims. In Taylor's (2003) study, 31 per cent of children and young people had penetrated their victims and a further 15 per cent had attempted penetration. Hackett et al (2013b) also found a high level of intrusive sexual offences with over 80 per cent of their sample having inappropriately touched others' genitals and just over half having penetrated or attempted to penetrate another individual. Sexual abuse involving the use of physical, often expressive, violence was a feature of the behaviour of nearly one in five of the sample. They also found that many young people (46 per cent) displayed more than one type of sexually abusive behaviour. In addition, a broad range of non-abusive, but nonetheless problematic, sexual behaviours was recorded, including wearing or hiding others' underwear, stealing panty liners and hiding photographs of children, as well as other non-sexual behaviours such as self-harm, soiling and cruelty to animals.

Similarly, in a self-report study describing a large sample of 485 US and Canadian male juvenile sex offenders, Zolondek and colleagues (2001) found that young people were engaged in a wide range of unusual and concerning sexual behaviours in addition to the referred offences, including masochistic and sadistic behaviours, making indecent phone calls and frottage. The authors conclude that many of the harmful sexual behaviours of juvenile sex offenders go undetected and that there is a need for detailed attention to young people's sexual development and sexual histories and their broad experiences of sex and sexuality (abusive and otherwise) in order to understand their overall sexual motivations, rather than an approach which focuses primarily on the 'index offence'.

### Victims

Most young people with harmful sexual behaviours target victims known to them, in many cases members of their immediate or extended family. Taylor (2003) found that only three per cent of a total of 402 alleged incidents of sexual abuse involved victims unknown to the adolescent perpetrator. As a group, young people with harmful sexual behaviours are more likely than adult sex offenders to target young children (Finkelhor et al, 2009). Hackett and colleagues (2013) found that in 75.2 per cent (n=452) of cases where the victim's age was known, young people had abused children aged ten or under; 44.9 per cent of young people (n=259) had abused victims aged 11-17; and 17 per cent (n=98) had committed offences against adults. The overwhelming majority of the sample (76 per cent or n=382) had offended against only one age category of victim, with a further 20 per cent (n=102) having abused victims from two age categories. Only in four per cent (n=22) of cases had an individual abused victims whose ages spanned all three groups. Most frequently, young people had only one victim and three-quarters of the sample had three

victims or fewer. However, in 36 cases the individual's problematic behaviours were so frequent and pervasive that it was not possible to calculate a precise number of victims (in these cases, the number of victims was greater than ten, often considerably greater). Often, these multiple instances of inappropriate behaviour had occurred either in school or in a residential care setting.

Taylor (2003) found that the mean age of victims was just over eight years old, with a bi-modal distribution in relation to the age of victims with peaks at the ages of five and twelve. This might suggest there are developmental stages in which children are particularly vulnerable to young sexual abusers, with early childhood and the onset of adolescence key risk periods.

Young people with harmful sexual behaviours abuse females at a higher rate than males. Hackett et al (2013b) found that just over half of their sample (51 per cent) had abused females only, 19 per cent of young people had abused males only and around one-third (30 per cent) had abused both males and females. This means just under half the young people (49 per cent) had abused a male. Dolan et al (1996) found young people had abused victims of both sexes in only 7 per cent of cases, while Manocha and Mezey (1998) found they had done so in only 5.9 per cent of cases. The presence of male victims and victims of both genders has been proposed as an indicator of a higher risk of recidivism in both adolescent and adult sex offenders (Worling, 2002).

Finkelhor and colleagues (2009) found a relationship between the ages and genders of both adolescent perpetrators and victims. The majority of male victims were younger than 12. The researchers also found a marked peak reflecting 12 to 14-year-old offenders targeting four to seven-year-old males. When the victims are female, by contrast, the researchers found a greater link between the rise in age of the offender and the victim, with a peak among 15 to 17-year-olds targeting 13 to 15-year old females. Finkelhor et al suggest that when teen offenders target boys, they tend to focus on much younger and sexually immature boys rather than peers, whereas when older teen offenders target girls, they tend to focus more on sexually mature females.

## Categories and sub-types of young people with harmful sexual behaviours

Concerted effort has gone into the identification and differentiation of subgroups of young people demonstrating sexually abusive behaviours (Knight and Prentky, 1993), including distinctions made on the basis of young people’s personality differences, types of offence, offending patterns and victim differences. One of the most important and widely explored is the difference between young people who abuse pre-pubescent children and those who victimise peers or adults. According to Chaffin and colleagues (2002), young people displaying harmful sexual behaviour towards children are generally younger than their peer abuser counterparts, have lower levels of self-esteem and increased levels of social withdrawal, lower levels of social competency and less peer sexual experience.

In their UK multi-site study, Beckett and Gerhold (2003) isolated personality and offence data concerning 111 adolescents who had raped peers and adults from their wider sample of young people with harmful sexual behaviours. Adolescent rapists typically had higher levels of general delinquency and prior criminality, including sexual offences, than the adolescent child abusers, but lower levels of own victimisation experience, as Table Four indicates. Additionally, the profile and nature of the offence (such as where it was committed and the degree of force used, etc) and victim characteristics (such as gender of victim, relationship with the victim, etc) are markedly different across the two groups.

One implication of this distinction is that young people across these groups may require substantially different responses. In particular, traditional models of adolescent sex offender treatment that focus on, for example, addressing adolescents’ cognitive distortions about children may be ineffective and counter-productive with adolescents who have assaulted peers. In contrast, the higher proportion of delinquency and general conduct problems in the adolescent rapist sample suggests an approach that targets criminogenic factors associated with general offending behaviour in young people may be appropriate (McGuire, 1998).

Focusing also on offence type, Parks and Bard (2006) investigated differences between three groups of male adolescent sexual offenders (n=156): offenders against children, offenders against peers or adults, and mixed-type offenders. Results supported the existence of differences among the three groups: mixed-type offenders were more likely to present with high levels of risk, less likely to complete treatment successfully, and their levels of sexual preoccupation were more pervasive and extended to a wider variety of location, social situations and potential victims.

**Table Four:**  
Summary of offender and victim characteristics comparing adolescent ‘rapists’ with ‘adolescent child abusers’ (Beckett and Gerhold, 2003)

	Adolescent rapists	Adolescent child sexual abusers
<b>Offender characteristics</b>		
Age	16.7 (2.08 SD)	15.4 (1.57 SD)
Prior offences	45% (8% sexual)	21% (3% sexual)
Conduct disorder	54%	37%
Delinquency	39%	23%
Substance abuse	34%	15%
Experience of sexual abuse	27%	48%
Experience of physical abuse	32%	38%
Experience of emotional abuse/neglect	38%	49%
Experience of multiple abuse	32%	42%
<b>Victim characteristics</b>		
Victim age	19.48 (11.71 SD)	6.44 (2.62 SD)
Victim sex	83% all female, v. 17% any male	55% all female, v. 44% any male
Victim number	26% more than one victim	45% more than one victim
Relationship	Family member 6% Acquaintance 52% Stranger 33%	Family member 61% Acquaintance 31% Stranger 4%
Duration	72% one-off	30% one-off
Severity	100% penetration	49% penetration
Location	Abuser’s home 29% Victim’s home 18% Public 42%	Abuser’s home 65% Victim’s home 19% Public 9%

Pullman and Seto (2012) further investigated the distinction between generalist offenders whose harmful sexual behaviours form only a part of their anti-social and criminal behaviour and specialist offenders who commit only sexual offences. Using data from Seto and Lalumière's earlier meta-analysis of 59 studies (2010), they conclude there is evidence to support the generalist versus specialist distinction, reflecting likely different developmental trajectories. Generalist offenders, they propose, are in the majority and more at risk of other forms of future delinquency, whereas a minority of adolescent sexual offenders are specialists and at risk primarily for further sexual offending. They highlight how assessment measures and intervention approaches designed for one group are less effective for the other, hence the importance of the distinction in guiding practice responses.

Almond et al's (2006) UK study investigated differences in the background characteristics of 300 young people with harmful sexual behaviours. It found the majority (71 per cent) could be categorised in one of three dominant background themes: 'abused', 'delinquent' or 'impaired'. 'Impaired youth' was the most common (88 cases: 29 per cent), closely followed by 'abused youth' (85 cases: 28 per cent) and finally 'delinquent youth' (42 cases: 14 per cent). The authors suggest their findings support the proposition of three distinct 'syndromes' underlying harmful sexual behaviours in young people. They suggest:

- > 'Abused' young people have experienced frequent physical and sexual abuse, should be classified as young people in need and are harming others as part of a response to their own abusive experiences. For these young people, the task for practitioners is to address the young person's experience of victimisation, issues of confusion over sexuality and sexual attraction to children, as well as focusing on the personal and situational factors that increase the likelihood of offending.
- > 'Delinquent' young people do not 'specialise' in sexual offending, but their harmful sexual behaviours occur in conjunction with a wide range of other deviant behaviours such as property offences, previous offences against a person, anti-social behaviour and fire-setting. These young people are therefore harming others as part of an overall pattern of delinquency. The authors suggest these young people have a broader propensity to violate the rights of others and engage in other anti-social behaviour and are high risk for re-offending (Butler and Seto, 2002). Practitioners should therefore target general delinquency risk factors with this group that address the individual, familial and social influences on their anti-social behaviour, as well as assisting with any drug and alcohol problems.
- > Young people in the 'impaired' group represent a wide continuum that includes emotional, psychological and physical impairment (including speech or hearing impediments), behavioural problems, educational difficulties, ADHD and learning disabilities. However, practitioners need to be aware of the enormous variation in socio-emotional, cognitive and physical development between youths of the same age. Specialist assessment frameworks are required for these young people that can identify problems with general literacy, speech and communication deficits, conceptual understanding and suggestibility. Practitioners may also need to improve these young people's social skills, as

characteristics within this impaired theme included poor social skills, low self-esteem, bullying and social isolation.



## Young women with harmful sexual behaviours

While there is increasing recognition of the small proportion of young women who sexually abuse others, empirical studies are rare. Calder (2001) suggests few credible studies of adolescent females have been conducted and therefore it is not possible to ascertain how similar or different their treatment needs are to adolescent males. A number of authors have considered why there is less reporting of sexual abuse by both adult and younger females (Hickey et al, 2008; McCartan et al, 2011). This may reflect either genuinely low rates or a tendency to deny or minimise such abuse because of cultural norms and attitudes, leading to assumptions that females are incapable of such behaviour and that their primary status is that of a victim – any abusive behaviours are therefore downplayed as ‘play’ or ‘experimental’. Nonetheless, studies have consistently reported that sexual abuse by females remains a small proportion of the total of sexual abuse by children and young people, ranging from 2.6 per cent up to between 8 and 12 per cent depending on the study cited (Ryan et al, 1996; Kubik et al, 2003; Taylor, 2003; Johansson-Love and Fremouw, 2006; Hickey et al, 2008; McCartan et al, 2011).

Literature focusing specifically on the characteristics and circumstances of young women is limited, with a modest flow of papers from North America (Cavanagh-Johnson, 1989; Bumby and Bumby, 1997; Lane with Lobanov-Rostovsky, 1997; Mathews et al, 1997; Kubik et al, 2003), the UK (Hickey et al, 2008; McCartan et al, 2011) and Europe (Hendriks and Bijleveld, 2006). The samples studied tend to represent young female abusers who have been convicted of a sexual offence or who are involved with specialist community or residential facilities because of the seriousness of their sexual and other behavioural problems. This means caution should be applied as this limited data may not represent the wider population of girls and young women with such behaviours.

Nonetheless, the existing data does suggest that as a group, girls and female adolescents with abusive sexual behaviours come from particularly chaotic and dysfunctional family backgrounds, with higher levels of sexual victimisation than males, higher levels of other forms of abuse, frequent exposure to family violence and often very problematic relationships with parents. In common with young men with harmful sexual behaviours, young women are often reported to have difficulties in school and to have relatively high levels of learning difficulties (Scott and Telford, 2006; McCartan et al, 2011). It has also been suggested that sexual abuse by females may start at a younger age compared with males, but the range of their abusive behaviours is similar to young male abusers, although females are less likely to penetrate their victims (Hendriks and Bijleveld, 2006; Hickey et al, 2008).

Kubik et al (2003) compared young women with age-matched adolescent males with sex offence histories. They found few differences between the groups in terms of other anti-social behaviours and other characteristics, but the females had experienced more severe and pervasive abuse. It is possible, therefore, that the trauma of their own victimisation may have particular relevance in understanding the behaviour and treatment needs of female sexual abusers (Strickland 2008).

Taylor (2003) reports data on 19 girls and young women within a broader UK study of 227 young people with harmful sexual behaviours. None of the females had been

cautioned or convicted and the vast majority (74 per cent) were the subject of one complaint only. All victims were known to the young women concerned and the overwhelming majority (80 per cent) were younger children. In contrast to findings on gender of victim in the whole sample, 58 per cent of the young women had victimised only males, as opposed to 32 per cent whose victims were exclusively female. Only two of the young women had victims of both genders. Taylor concludes that while it would be unwise to draw firm conclusions on the basis of such small numbers, it may be that girls and young women with harmful sexual behaviours are more inclined than males to select victims who are younger and known to them.

In a further UK-based study, Masson et al (2012) report on a sample of 24 young females aged 8 to 16 who were referred to specialist services in England during the 1990s because of harmful sexual behaviours, and compare them to young men in a larger sample. There were two peak ages for referral among the female group: ten and thirteen years. The youngest female at referral was eight years old and the oldest sixteen, with a mean age for referral of 12.3 years. Compared with the young men, females were likely to be referred at a younger age and much less likely to have any criminal convictions at the point of referral. They also had higher rates of sexual victimisation in their own histories and tended to have fewer victims drawn from a more narrow age range. However, young women displayed similar kinds of sexually abusive behaviours as young men. They were also quite likely to abuse male and female victims and, in most cases, their victims were known to them, whether related or not. Rates of sexual violence or the use of physical force during the commission of the abuse was relatively rare.

Mathews and colleagues (1997) compared a sample of 67 young females (mean age 14.3 years) and 70 young males who had displayed sexually abusive behaviours, taking into account their developmental and victimisation histories as well as their abusive behaviour. A significant proportion of the total sample had histories of victimisation but there were significant differences between young women and men. Specifically, 78 per cent of the young women reported sexual abuse and 60 per cent said physical abuse had been a feature of their background, compared with 34 per cent of young men who reported sexual abuse and 45 per cent who had been physically abused. The authors conclude that the young women had typically experienced more chronic and extensive maltreatment in their childhoods, had been sexually abused at an earlier age and were more likely to have been abused by more than one abuser.

Although tentative, Mathews and colleagues suggest their findings indicate a number of preliminary subgroups of young women with sexually abusive behaviour. Firstly, they suggest a distinct group is identifiable whose sexually abusive behaviour is primarily exploratory in nature and curiosity driven. The behaviour is usually either an isolated incident or a few instances of mainly touching or oral sex, generally within the context of babysitting. The authors found that young women in this group were least likely to report past histories of victimisation or extensive family problems. By contrast, a second group of young women was in evidence for whom the sexually abusive behaviours emerged very shortly after, and were triggered by, their own victimisation experiences. Many of these young women replicated their own sexual abuse very directly in the behaviours they directed towards others. A third group of

young women had experienced very high levels of abuse and neglect, including intra-familial sexual abuse, when they were very young and demonstrated high levels of individual and family psychopathology. The authors suggest many of these young women had attempted to cope with their abuse by developing a sexualised presentation, which for some had included deviant patterns of sexual arousal. Many of these young women had high levels of depression, anxiety and symptoms of Post-Traumatic Stress Disorder (PTSD).

Overall then, it appears from the few empirical studies able to comment on this issue that a small proportion of all young people with harmful sexual behaviours are young women and that they may have backgrounds which differentiate them from their male adolescent abuser counterparts. This would call for an approach in practice that acknowledges their difference and, in particular, works to address directly young women's unresolved victimisation histories, as these seem to be so significant in the development of their harmful sexual behaviours.

## Promising practice example 1

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### Developing assessment tools and intervention resources for girls who display harmful sexual behaviour

Sharron Wareham, Barnardo's Taith Service

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#### The project

**Barnardo's Taith Service provides assessment, treatment and training services for children and young people with sexually harmful behaviour, their families and professionals. Its Girls Project is an ongoing three-year project, funded by The Big Lottery. The primary aim is to develop standardised assessment tools and intervention resources for girls who have engaged in sexually harmful behaviour in order to reduce risk and allow them to move toward healthy adult relationships.**

Much of the literature published on adult female sexual offenders in recent years has concluded that women offenders are different to male offenders in several ways. They are believed to abuse under different circumstances, as a result of different needs and are influenced by different psychological processes. As yet, however, there is no such research to suggest that girls who sexually harm are the same as adult women who do so. Utilising existing measures that have been standardised either with boys or adult women may not be fully effective in considering risks and needs of girls with harmful sexual behaviours.

To date, we have developed several measures which focus on personality as well as sexual and victim attitudes. These are designed to help establish needs and to help identify young women of high concern and potentially high risk. The measures were developed based on information gained via focus groups held with adolescent girls and young adult women, as well as discussions with practitioners.

#### Underpinning evidence and evaluation

We have administered the assessment measures with girls in education settings as well as with girls known to have displayed sexually harmful behaviour. Early findings suggest that, compared to non-offending girls, those known to have displayed sexually harmful behaviour were not significantly different with regards to self-esteem, emotional loneliness, fantasy, distortions regarding children and sex, or their ability to manage personal distress. Areas where significant differences were found included their lower ability to gain perspective and to display general empathic concern for others.

As well as developing the measures, we are also beginning to progress areas to be included in the practice resource and to pilot this with girls attending the Taith Service.

## Challenges and learning points

The use of standardised assessment measures with girls who have displayed sexually harmful behaviour will increase our understanding and ability to assess. By the end of the project, we hope to be in a position to offer practice guidance covering assessment and intervention suggestions, including a selection of research-based standardised measures focusing on personality traits and sexual attitudes. The development of a professional resource for girls with sexually harmful behaviour that is grounded in practice and research will represent a major advance in the UK. It is hoped this will result in more effective identification of girls with sexually harmful behaviour, increased availability of appropriate support and increased focus on such young people.

## Young people with intellectual disabilities who present with harmful sexual behaviours

A key change over the last decade has been the rapid increase in the number of young people with intellectual disabilities (often also referred to as learning disabilities) being identified and referred for intervention. For example, 38 per cent of the sample of 700 young people with harmful sexual behaviours in Hackett et al's (2013b) UK study were identified as intellectually disabled. It is not clear whether the increase in referrals is matched by the development of appropriately tailored professional responses, however. For example, a review of interagency policies and protocols across the UK found that almost no local area policies referred to this group explicitly, let alone provided advice about their particular needs and vulnerabilities (Hackett et al, 2003). It is of concern that children and young people with intellectual disabilities may continue to be overlooked in policy terms and have their distinct needs unmet through the provision of generic interventions for young people with harmful sexual behaviours. Although some positive developments are in evidence – for example, the establishment in 2012 of the ySOTSEC-ID group at the University of Kent as a collaborative of practitioners and researchers working with children and young people with intellectual disabilities who behave in ways that are sexually harmful – research in this specific area remains under-developed.

O'Callaghan (1998) suggests that intellectually disabled young men who are sexually aggressive are particularly visible within professional systems. He agrees with Thompson and Brown (1997) who caution against a view that individuals with a learning disability have a greater propensity to sexually abuse others. At the same time, empirical research does suggest that young people with learning disabilities are a distinct subgroup of the wider population of young people with harmful sexual behaviours. Fortune and Lambie (2004) examined the demographic and abuse characteristics of 24 adolescent sexual offenders with 'special needs' in New Zealand and compared them with a group of 131 male adolescent sexual offenders with no special needs. Those with special needs had high levels of all forms of abuse in their backgrounds, including significantly higher rates of sexual and physical abuse and more social skills deficits than their non-disabled counterparts. The 'special needs' sexual offenders were also more likely to have excessive behavioural problems, especially in the areas of social functioning, thought processing and attention. Similarly, Almond and Giles (2008) compared 51 young people with learning disabilities with harmful sexual behaviours to a further 51 non-learning disabled adolescent sexual abusers. The non-disabled young people had experienced domestic violence more often at home and had a more extensive history of property offences than those with learning disabilities, supporting previous suggestions of more generalised criminality among the non-learning disabled group.

In terms of behaviours and abuse dynamics, there is some support for a view that the sexually abusive behaviours of young people with intellectual disabilities are often less sophisticated, involve fewer grooming strategies and are more opportunistic than those of non-learning disabled groups (Timms and Goreczny, 2002; O'Callaghan, 1998). Almond and Giles (2008) found young people with learning disabilities did engage in 'nuisance' behaviours, such as indecent exposure, but they also engaged in a wide range of offence behaviours involving trickery and

coercion. However, those without learning disabilities exhibited an even wider range of offence behaviours.

Additionally, Timms and Goreczny (2002) suggest young people with learning disabilities who commit sexually abusive acts are often unaware of the social taboos around sexual behaviours. O'Callaghan (1998) highlights how some young people with learning disabilities may relate on a psychosocial level to younger children whose functional age is similar to theirs. He cites the work of Fairburn and colleagues (1995) who have suggested the concept of 'abuse without abuser' to describe sexual behaviours in which the person initiating the sexually abusive interaction does not understand the nature of consent or the impact of the behaviour on others. It is also important to highlight how the persistent lack of appropriate sex education, and the lack of appropriate opportunities for sexual relationships and sexual expression, may be important in the aetiology of sexual aggression in this group of young people. O'Callaghan (1998) describes a balanced approach to practice with this group that both understands their differential life opportunities and developmental processes, but also takes the abusive behaviours seriously. Timms and Goreczny (2002) note there is almost no empirical research addressing the particular treatment needs of learning disabled adolescent sex offenders.

## Young people who commit internet-related and technology-facilitated sexual offences

Internet-related sexual offending includes the viewing, trading or production of child abuse imagery online, or the use of the internet and social media platforms to make contact with a child, adolescent or other vulnerable person for inappropriate sexual interactions. Interactions may be restricted to the online environment, such as when an offender causes a child to view or produce indecent sexual images, or may involve grooming the victim to meet face-to-face for the purpose of committing sexual offences. Criminal justice data suggest significant increases in the number of cases of internet sexual offending brought to the attention of law enforcement agencies in the US and the UK (ATSA, 2010; CEOP, 2012), as well as an increase in the number of referrals of such offenders for treatment. However, the predominant emphasis of work in this area to date has concerned adult offenders and their targeting of children online.

A particular point of contention is the extent to which offenders who engage in online offences, such as the downloading or sharing of indecent images of children (IIOC), also present a risk of contact sexual offending against children. Research comparing adult sex offenders who commit internet offences with the overall population of sexual offenders suggests that internet offenders may be a distinct subgroup with somewhat different underpinning risk profiles and characteristics. For example, it has been suggested that adult sex offenders identified because of IIOC offences are less anti-social, present a lower level of risk for future offences than contact sex offenders, and have lower levels of offense-supportive attitudes, intimacy deficits and emotional problems. At the same time, IIOC offenders have been shown to have higher levels of deviant sexual arousal to children when compared with contact sex offenders (Seto and Eke, 2005). Data from the Ministry of Justice indicates that between January 2002 and September 2012, 11,932 offenders in England and Wales were convicted of making or possessing IIOC. Of this group, 232 offenders have since gone on to be cautioned or convicted of a contact sexual offence (Ministry of Justice, 2013b). A review by CEOP (2012) concluded that there is a link between IIOC possession and contact sexual abuse of children, either prior to IIOC exposure or subsequently, but that at present the frequency of this link cannot be quantified precisely.

Relatively little research has been published about the incidence, characteristics, motivations and needs of children and young people who engage in technology-facilitated harmful sexual behaviours. Indeed, the area is fraught with conceptual and practical dilemmas. Young people's use of the internet, social media and mobile technology is routine and now represents an intrinsic part of normal adolescent development, including sexual development. Young people frequently access online pornography, engage in 'sexting' (the sending or receiving of a sexually explicit text, images or videos on a mobile device) and use social media to communicate about sex with individuals both known and unknown to them. There are legitimate concerns about the impact of early sexualisation of children through exposure to developmentally inappropriate materials online and about the potential for young people to be harmed and exploited through their online behaviours. The need for education for both children and parents on these issues is clear and the campaigns

and support services provided by ChildLine and CEOP are excellent examples of positive responses to these challenges.

Given the frequency with which young people use the internet and social media platforms to meet their sexual needs or for sexual self-expression, young people whose sexual behaviour online causes them to come into contact with law enforcement agencies as offenders are relatively rare. For example, in the calendar years 2010 and 2011 in England and Wales, 51 young males and only one female aged between ten and seventeen were given a reprimand or warning as a result of offences of possession of indecent photographs or pseudo-photographs or prohibited images of children (Ministry of Justice, 2013c). Eleven young people were found guilty for these offences and only two given immediate custodial sentences, with the others receiving non-custodial sentences.

In one of the few international studies to examine the circumstances of young people who come to the attention of services because of their online sexual behaviours, Moultrie (2006) described a UK sample of seven young men referred for downloading IIOC and compared them to a larger group of young people who had engaged in contact sexual offences. The number of abuse images of which the young men were found in possession varied from 15 to 'several hundred'. The majority were also charged with distribution, either sending images via email or making them available to others on 'peer to peer' networks. Ages on referral ranged from 13 to 16 years. Compared with the larger group of contact offenders, the IIOC-downloader group presented with little evidence of abuse or trauma in their backgrounds, tended to come from stable and economically advantaged family backgrounds and were achieving well educationally. They presented with adequate social skills, though four of the seven were socially isolated or found it hard to engage with peers. Approximately half of the young people said they had initially used the internet to view adult pornography or began using chatrooms to explore their sexual orientation. Conversations with others became increasingly sexual and over time they turned to younger adolescents and children. It appears that for these young men, exposure to online material and contacts provided a stimulus for the development of inappropriate sexual interests, attitudes and behaviours in the offline world. Five of the seven IIOC downloaders admitted to sexual arousal to children they knew and two were also known to have abused children known to them in their family or community.

Moultrie concludes that the demographic profiles of adolescent internet offenders do not fit easily with those young people with harmful sexual behaviours with whom child care and youth justice professionals are routinely involved. She cautions against the inappropriate labelling of such young people as 'victim' or 'perpetrator' and advocates the development of specific strategies and interventions to address their needs and risks. An example of one such approach to this specific group is offered in the following Promising Practice Example provided by the Lucy Faithfull Foundation.

## Promising practice example 2

### The 'Inform Young People' Programme

Lisa Saint, the Lucy Faithfull Foundation

#### The programme

Reports from a wide range of sources indicate concern about young people coming to the attention of professionals because of inappropriate online sexual behaviour, as well as concern at the lack of services for this group. The Lucy Faithfull Foundation has developed the 'Inform Young People' Programme for young people who have used the internet or new media in a way that may be harmful to themselves or others. It is an educative programme for 16 to 21-year-olds in contact with the police or other professionals following inappropriate use of technology, such as 'sexting' or the possession or distribution of indecent images of children, as well as other risky online behaviours. It aims to provide information, advice and support to young people and their parents, to help them devise strategies to prevent reoccurrence of concerning behaviours, and to promote safe and responsible use of technology.

The programme comprises an average of one assessment and five intervention sessions per family, and includes attention to:

- > Internet safety – what are the risks for young people and how can we help them to stay safe in the future?
- > Why might young people get into trouble with new media and how can we prevent this from happening?
- > Why might young people access sexual material online and what are the risks of this behaviour?
- > The law – if the police have been in contact, we can provide information about 'what will happen now'.
- > Practical advice for young people and their parents on staying safe when using new media.
- > Helping young people and their parents to start communicating about the use of new media and keeping safe, as well as increasing their ability to discuss sex and relationships together.
- > Helping young people to explore areas such as healthy relationships, consent and sexuality.

## Underpinning evidence and evaluation

A pilot ran from autumn 2011 until March 2012. Eleven young people engaged in a minimum of five sessions: in nine cases there was contact with the young person's parent(s) and in one case a tutor; one person was aged 19 and lived alone. All participants engaged in all sessions. Feedback was very positive, including the following indicative comment from the mother of a 17-year-old young man who had been arrested for downloading indecent images:

*'For me this was such a time of shock and devastation. Very professionally the practitioner took me through various stages of understanding, and how we could move forward supporting our son, being very realistic about what had happened and be confident that communication was open between us. I cannot stress enough how these sessions helped us to rebuild our lives.'*

## Challenges and learning points

Following positive feedback from participants, the Lucy Faithfull Foundation continues to provide the Inform Young People Programme. Sustaining the programme relies upon continued funding of the Stop it Now! helpline to provide a gateway for referrals and for delivery of the service. A comprehensive evaluation process is being developed and feedback is being sought from the police, which will help to develop future practice and provide evidence on effectiveness.

## Young people who sexually abuse others in the context of groups and gangs

As highlighted earlier, most harmful sexual behaviour by young people occurs in the family environment where victims are known to the perpetrator and therefore frequently in a context of secrecy and isolation. This has been termed 'single perpetrator' sexual abuse. However, recent attention has been given to 'multiple perpetrator' abuse situations where young people present with harmful sexual behaviours in peer groups or networks. Such behaviours may occur in a school environment or in the context of other peer group activities.

A two-year inquiry into the nature of child sexual exploitation in gangs and groups convened by the Office of the Children's Commissioner in England (Berelowitz et al, 2013) highlighted nearly 2,500 known victims of child sexual exploitation in gangs and groups, with a further 16,500 children at risk of victimisation. Just under a third (29 per cent) of the known cases concerned peer-on-peer exploitation in which the perpetrators were under 19 (the youngest was 12). Compared with single-perpetrator sexual violence, the authors suggest that group-based sexual offending is committed more frequently by offenders in their teens and early twenties. The harmful sexual behaviour was diverse and included offenders with higher group status ordering younger members of the group to offend and offenders instigating sexual abuse in which other group members then took part. The authors also suggest that multiple-perpetrator sexual abuse involves greater levels of physical violence. The inquiry highlighted examples of sexual bullying and assault in schools or in public places within neighbourhoods. It found 433 cases of gang-associated child sexual exploitation and the majority of these concerned peer-on-peer (as opposed to adult-on-child) perpetration.

Through interviews and focus groups with 188 young people, Beckett and colleagues (2013) found significant levels of sexual victimisation within gang environments. Sexual violence was mostly perpetrated by young men against young women with most incidents taking place between young people known to one another in the gang context. The range of behaviours included pressuring and coercing young women to have sex, sex being used in return for goods, status or protection in the gang, individual and multiple-perpetrator rape, or young women being exploited to have sex with gang members in order to gain group membership. Young people involved in such gang-related sexual exploitation and violence rarely reported their experiences or sought access to any formal support service. Many young people viewed sexual violence as normal and inevitable. The authors also highlight the often blurred boundaries between young people's experiences of being either a victim or a perpetrator of sexual violence, with many young people experiencing both.

## Families of young people with harmful sexual behaviours

Families of young people with sexually abusive behaviours are widely described in the literature as multiply troubled and dysfunctional. For example, in their British study Manocha and Mezey (1998) found that more than half of the 51 young people with harmful sexual behaviours in their sample came from families where parents had separated (50.9 per cent) and a substantial minority (37.3 per cent) had families that were reconstituted in some way. More than one in five (21.6 per cent) no longer had contact with their natural father. Discordant and problematic intrafamilial relationships were also reported for a third of all families. Domestic violence was recorded in 19 families (37.3 per cent) and regular parental violence towards children in a further 12 families (23.5 per cent). Parental criminality (27.5 per cent), a lack of sexual boundaries in the family (25.5 per cent), history of sexual abuse in the family (35.3 per cent) and a history of substance misuse or parental mental health problems (23.5 per cent) added to this interlinking catalogue of family problems.

Similarly, Thornton and colleagues (2008) examined the families of intra-familial adolescent sex offenders attending a community-based treatment programme. Families were characterised as disorganised, uncommunicative, adversarial and conflict ridden. The authors suggest their findings emphasise the need for treatment to target parents as well as the adolescent offender. Parents are likely to experience a range of emotional responses following discovery of their child's abusive behaviour, which means their usual parenting competence and resources are further undermined. Duane et al (2002) conducted semi-structured interviews with parents (covering their responses to the discovery of their son's sexually abusive behaviour) and reported that parents experienced a process that included shock, confusion, self-blame, guilt, anger and sadness. The authors suggest that parents experience these powerful emotions in varying order and to different levels of intensity, but that shock, confusion, disbelief and minimisation are all common reactions. This response is often a defence mechanism which serves to protect parents from the negative personal implications of total acceptance of their son's actions.

Hackett and colleagues (2014) investigated the nature and impact of parental responses to their child's harmful sexual behaviours in 117 cases. Parental responses were varied, ranging from being entirely supportive of the child, through to ambivalence and uncertainty and, at the other end of the continuum, to outright rejection. Parents were more likely to be supportive when their child's victims were extra-familial and condemnatory when the victims were intra-familial. The need to engage with parents of children and young people who have displayed harmful sexual behaviours is therefore indicated strongly by the few specific studies of families that currently exist. While families of children and young people with sexually abusive behaviours have been shown to have a wide range of needs and problems, attention should also be given to identifying and building upon family strengths and competencies. Hackett (2004) suggests that the child welfare and criminal justice system often makes most demands of parents at a time when they are least able to meet them and is prone too easily to 'write off' parents as failing or label them simply as 'in denial' in such situations. Finding out about the sexual abuse can be an isolating and profoundly difficult experience for parents and may lead to secondary post-traumatic responses. Practical advice is often necessary.

## Summary points

- > Young people display a wide variety of types of harmful sexual behaviours that are beyond normative developmental parameters.
- > Most young people coming to the attention of professionals because of harmful sexual behaviours are male.
- > The onset of puberty appears to be a peak time for the development of sexually abusive behaviours in adolescents.
- > While it is possible to identify some characteristics that appear to be particularly prevalent in the backgrounds of adolescents with harmful sexual behaviours, they comprise a very diverse group.
- > This diversity extends to the nature of the behaviours exhibited by young people, their motivations, meanings and the choice of victims.
- > It is likely that there are a number of subgroups within the total population of young people presenting with harmful sexual behaviours, each of which has distinct needs. Research suggests that young people who 'specialise' in sexually abusing children can be distinguished from 'generalists' whose sexually abusive behaviours occur alongside other criminal and anti-social behaviours.
- > Young learning disabled people with harmful sexual behaviours are a particularly vulnerable and neglected group and may need discrete intervention responses.
- > High rates of victimisation and trauma are reported in the backgrounds of young people with harmful sexual behaviours. While victims of sexual abuse are over-represented in populations of young people who sexually abuse others, experiencing sexual abuse is a poor single explanation for, or predictor of, adolescent sexual offending.
- > Young women with harmful sexual behaviours comprise a small minority of the population of juveniles who sexually abuse. They have high rates of victimisation in their childhoods.
- > Considerable concern has grown about young people's sexual behaviours online and the potential for young people to commit internet offences. Young people who present with these behaviours may not share the typical backgrounds and risk profiles of young people who commit contact sexual offences.
- > Gang and group-related sexual exploitation and violence is often perpetrated by young men on young women. Addressing such behaviours requires action not only at an individual, but also at community and societal, levels.
- > Many families of young people with harmful sexual behaviours are described as multiply troubled. However, facing up to a child's harmful sexual behaviours can represent a profoundly difficult parenting experience and parenting competence and resources can be undermined. Attention should be given to identifying and building upon family strengths.

## Chapter Four

### Assessment

#### This chapter investigates:

- > the nature and content areas for assessments of pre-adolescents with problematic sexual behaviours
- > what is known about risk factors and risk assessment for children
- > how approaches to assessing children with sexual behaviour problems should differ from approaches to adolescents
- > evidence on rates of reoffending and reoffending trajectories in young people with harmful sexual behaviours
- > the necessary components of assessments of young people
- > the most promising tools developed to assist professionals in the assessment of young people.

A summary of key findings is set out at the end of the chapter.

#### Assessment of pre-adolescent children with problematic sexual behaviours

In contrast to the significant literature that has emerged about assessment of adolescents with harmful sexual behaviours, there are few specific assessment tools designed for pre-adolescents and few descriptions of assessment approaches for work with this group. As seen in Chapter 2, sexual behaviour problems in childhood are often symptomatic of a range of other psychosocial and abuse experiences. Although the sexual behaviour problems may in some cases cause the highest level of concern among professionals and carers, there may be a danger that assessments focus too heavily on these to the exclusion of broader factors in a child's life. Chaffin et al (2002) note it is more important to assess children's environment, gaining a broad picture on the child's overall social ecology and potential risk situations, than it is to focus on intrapersonal or psychological variables. In this case, the use of a standardised and holistic assessment framework such as the *Framework for the Assessment of Children in Need and their Families* (DH, 2000) provides a very useful core model in order to identify needs and issues. However, drawing upon the work of Chaffin and colleagues (2002), where specific concerns exist about a child's problematic sexual behaviour, assessments should also include:

- > a thorough analysis of the problematic sexual behaviours including their onset, motivating factors, types of behaviour exhibited, changes in the behaviours over time and the child's responses to attempts by caregivers to correct or distract the child away from such behaviours

- > a detailed social history of both the child and the family, with specific attention given to significant family losses or other traumatic events, child moves and episodes of substitute care
- > a detailed exploration of the child's prior experiences of victimisation: this should not be limited to the question of whether a child has been abused, but should include as much information as can be gathered about the dynamics of any abuse and, especially if the abuse was sexual in nature, the abusive behaviours that the child was involved in, as these can cast light upon the child's subsequent sexualised behaviours
- > an analysis of the child's wider social functioning, relationships and interactions, including both strengths and competencies, as well as risks and deficits
- > other behavioural issues which may be related to the problematic sexual behaviours, such as conduct problems, ADHD, or post-traumatic responses exhibited by the child
- > the family environment, including how sex and sexuality is viewed and expressed by parents in the home, parenting styles and competencies, disciplinary practices in the home, the level of supervision afforded to children in the home and the carers' previous attempts to manage and respond to the child's sexual behaviours.

Chaffin et al (2002) also suggest that a thorough behavioural and social history of this nature is often an adequate basis for the development of an intervention plan with children displaying problematic sexual behaviours. They recommend, in addition, the use of a number of psychometric measures and questionnaires, including the *Child Behavior Checklist* (Achenbach, 1991). They also suggest that the *Child Sexual Behavior Inventory* (Friedrich, 1997) is the most useful measure produced to date.

The question of risk assessment of pre-adolescent children is problematic. There has been little research into the likelihood that younger children's problematic sexual behaviours will persist and escalate through childhood and into adolescence or into adulthood, so little is known about base rates for continued problematic sexual behaviours in the population against which it would be possible to assess children in individual cases. While incidents of more intrusive interpersonal sexual behaviours, such as those listed in the *Child Sexual Behavior Inventory*, may raise concern about the possibility of victimisation of other children, as yet there is no empirically validated risk assessment tool developed for use with children with sexual behaviour problems (Chaffin et al, 2002). Several tools have been proposed such as the US-derived 'Latency Age-Sexual Adjustment and Assessment Tool' (LA-SAAT), a structured clinical instrument designed to assess the risk for continued sexually problematic behaviour in pre-adolescent males aged eight to thirteen, or the UK 'Assessment and Intervention Manual for Under 12's' produced by the AIM Project (Carson and AIM, 2007).

Prentky and colleagues (2010) have examined the predictive validity of the J-SOAP-II risk assessment protocol using samples of 336 pre-adolescent and 223 adolescent boys who had displayed harmful sexual behaviours. Although the J-SOAP-II was



developed for adolescents, the authors report it was able to predict sexual recidivism in pre-adolescents over a seven-year period. Interestingly, 83 pre-adolescent boys (24.7 per cent of the sample) 're-offended' sexually, compared with only 31 adolescent boys (13.9 per cent of the sample). Four-fifths (80 per cent) of repeat incidents of harmful sexual behaviour in the pre-adolescent sample occurred within 24 months of the follow-up period. The authors caution against an endorsement for the use of J-SOAP-II with this younger age group, however, and further research is needed to develop measures that are more specifically tailored to pre-adolescents, including girls.

Chaffin and colleagues warn against managing risk involving children with problematic sexual behaviours in the same way as cases involving adolescents with harmful sexual behaviours. They suggest that in most cases such children can be managed in the home and that the level of risk does not warrant the removal of the child unless:

- > the child concerned displays highly aggressive sexual behaviours which persist despite adequate intervention and close supervision
- > the child is actively suicidal or homicidal
- > the level of the child's severe behavioural and emotional problems is so severe that he or she is unable to function in the community
- > adequate supervision cannot be realised in the home
- > demonstrable harm or emotional distress is being inflicted to a victim in the home
- > the child has severe symptoms that have not responded to intensive community-based, family-based or medical interventions (Chaffin et al, 2002).

If removal is necessary on these grounds, they stress the inappropriateness of placing such children in residential placements with juvenile sexual abusers, due to the child's vulnerability.

## Assessment of young people with harmful sexual behaviours

### Recidivism and risk factors

Policy makers and practitioners should focus carefully on data concerning risk and recidivism. It is of vital importance to know whether young people with harmful sexual behaviours are likely to grow out of sexually abusing others in adulthood in the same way as many juveniles grow out of non-sexual offending, or whether they are likely to grow into escalating patterns of increasingly sexually abusive behaviour. This is particularly important because it is still widely assumed that young people with harmful sexual behaviours are at risk of becoming adult sex offenders, though the data does not support this view (Chaffin et al, 2002). There is also a suggestion that practitioners persistently over-estimate the level of risk presented by young people (Chaffin et al, 2002).

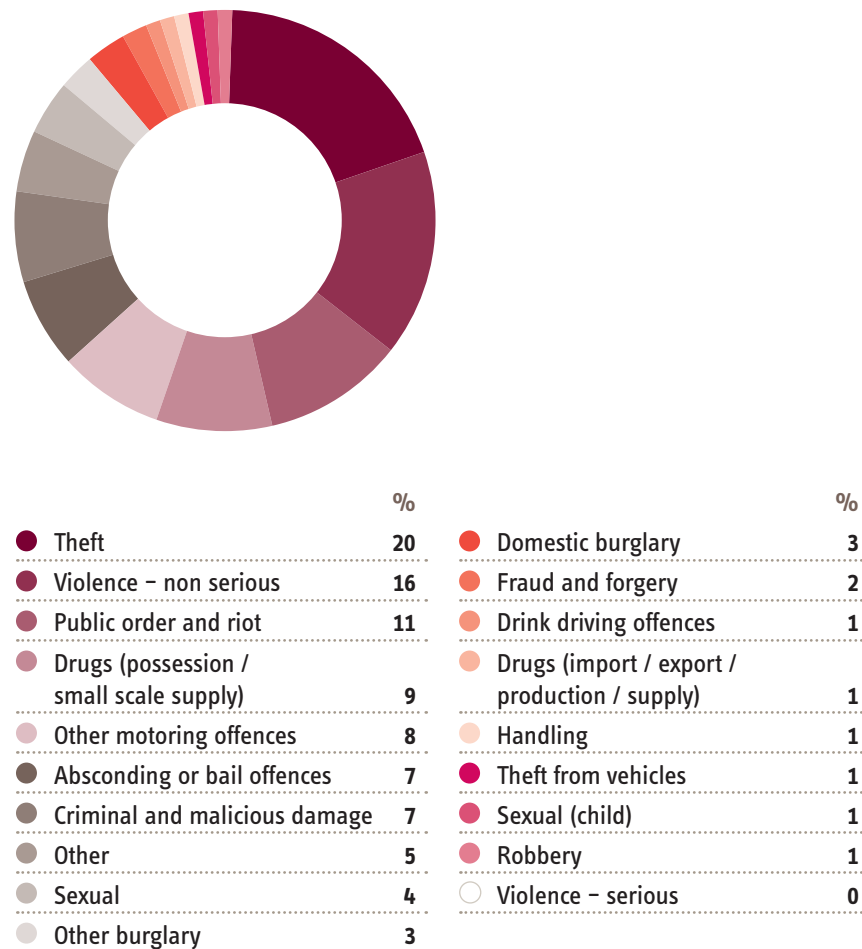
Although caution should be applied to findings of recidivism studies (due to the methodological challenges that researchers face in establishing accurate recidivism data), studies typically indicate average sexual recidivism rates of between 3 per cent and 14 per cent (Prentky et al, 2000). Caldwell (2002) indicates that adolescent sexual abusers are six times more likely to be rearrested for non-sexual crimes than they are for sexual offences. This appears to be borne out by available UK crime data. Ministry of Justice reoffending statistics for the period April 2010 to March 2011 include 4,632 adult offenders in England and Wales who had previously committed sexual offences as juveniles (Ministry of Justice, 2013d). This data helpfully highlights the range and type of offences that juvenile sexual offenders presented if they continued to offend in adulthood. As can be seen in Figure Two, sexual reoffending comprised only a small proportion of the wide range of offending identified.

International studies suggest a similar profile of reoffending. McCann and Lussier (2008) conducted a meta-analysis to analyse recidivism rates and assess the role of antisociality and sexual deviancy in sexual reoffending in 3,189 juvenile sex offenders across 18 studies. Consistent with other studies, young people were more likely to reoffend non-sexually than commit further sexual crimes. On average, 53 per cent of the young people included in the meta-analysis reoffended, but of these only 12 per cent reoffended sexually. Risk factors related to victim characteristics were the strongest predictors of sexual recidivism, specifically: having a stranger victim, a child or adult victim and a male victim were all significantly related to sexual reoffending.

Nisbet and others (2004) examined risk and recidivism in a sample of 303 Australian adolescent male sex offenders, tracking recidivism through adolescence and into adulthood over an average follow-up period of 7.3 years. Seventy-five (25 per cent) received further convictions for sexual offences prior to their 18th birthday. As adults, 25 (nine per cent) came to the attention of the police for further alleged sexual offences, including 14 (five per cent) who received convictions for these and of whom 11 (79 per cent) also received additional convictions for non-sexual offences. The rate of sexual recidivism for offenders against peers/adults was significantly higher than for those who had victimised children. Overall, 61.3 per cent of subjects received

convictions for non-sexual offences as adults. The findings of this study suggest there is considerable diversity and persistence in delinquent and criminal behaviour among young people with harmful sexual behaviours, but they challenge assumptions about high transition rates from adolescent to adult sexual offending.

**Figure Two:**  
Offences committed by adults (n=4,632) who had previously committed sexual offences as juveniles, England and Wales, April 2010 to March 2011 (Ministry of Justice, 2013d)



Parks and Bard (2006) compared differences in recidivism and risk factors among three groups of male adolescent sexual offenders (n=156): offenders against children, offenders against peers or adults, and mixed-type offenders. They found that the peer/adult offender group reoffended sexually at more than twice the rate of the child offender group (9.8 per cent vs. 4 per cent). There was no significant difference between child offenders and peer/adult offenders for general recidivism, but mixed-type offenders scored highly across all risk scales. The authors conclude that general delinquent behaviour in young people with harmful sexual behaviours is associated with increased risk for both sexual and non-sexual recidivism. Therefore, they recommend that in assessments of young people risk factors related to general anti-social behaviour should be targeted in addition to risk factors specific to sexual offending, particularly for those exhibiting higher risk on measures of anti-social behaviour.

Seto and Lalumière’s (2010) meta-analysis of 59 studies concerning young people with harmful sexual behaviours suggests that two primary risk dimensions are associated with different trajectories of risk and recidivism in juvenile, as in adult sex offenders: (1) general anti-social orientation (criminal history, anti-social personality, anti-social attitudes and beliefs), and (2) sexual deviance (atypical sexual interests, excessive sexual preoccupation). Their findings suggest that both general delinquency risk factors and deviant sexual interests are important in the prediction of recidivism among young people (McCann and Lussier, 2008), with those who are high in sexual deviance being more likely to sexually reoffend and those who are high in general anti-social orientation at greater risk of both sexual and non-sexual offending.

In summary then, recidivism studies suggest that a significant number of young people committing sexual abuse do not continue to offend sexually into adulthood. Indeed, the overall risk for non-sexual offending appears to be higher than that for future sex offences. Although there is some inconsistency between studies about specific risk factors for reoffending, young people who target children are generally shown to present a lower risk of reoffending than those who target peers or adults. Young people who are generalist offenders are at risk for other further forms of non-sexual offending, including general delinquency and violence as well as sexual offences, whereas young people who are ‘specialist’ offenders are primarily at risk for further sexual offending. Additionally, there appears to be a relatively small subgroup of young people with harmful sexual behaviours who are at higher risk of sexual and non-sexual recidivism. Factors such as general delinquency and anti-social behaviours, violence, psychopathy, impulsivity and conduct disorder, in addition to sexually deviant attitudes and interests, appear to be significant risk markers for this group (Prentky et al, 2000; Rasmussen, 1999).

## Assessment frameworks and models

A wide range of assessment frameworks and models have been proposed for use with both adult sex offenders and young people who have displayed harmful sexual behaviours. Frameworks have suggested a number of core content areas that should be included in assessments with young people. For example, as early as 1990 Becker suggested that an effective assessment should cover:

- > the juvenile's sexual behaviour and fantasies, both consensual and deviant
- > the exact nature of the sexual abuse and the details of events that preceded and followed the abuse
- > whether the juvenile was a victim of physical, sexual or emotional abuse
- > intelligence and cognitive ability
- > history of alcohol and substance abuse
- > history of prior behavioural problems or hospitalisations
- > history of non-sexual norm-violating behaviour
- > sexual knowledge, peer relations, social skills, empathy, and ability to deal with stress and anger
- > the abuser's family.

Hackett (2004) suggests assessments should be broader than merely examining the level of risk presented by a young person and should contain five distinct elements:

- > *problem explanation*: understanding a young person's sexual behaviour and its meaning within the young person's overall psychosexual, emotional and social functioning
- > *risk formulation*: identifying the features in an individual's presentation that are relevant to considering levels of risk
- > *risk management*: locating the degree of control, restriction or supervision required to manage assessed levels of risk
- > *intervention planning*: identifying areas of change necessary to support the young person in a non-abusive lifestyle and looking at how these areas of change can best be achieved
- > *evaluation*: establishing how changes will be evaluated and progress measured.

A major debate in recent years has focused on the relative merits of actuarial models of risk assessment on the one hand and clinically based assessment on the other (Craig et al, 2003). Actuarial models seek to predict an individual's behaviour on the basis of statistical evidence about how others have behaved in similar situations. Such approaches are based on empirical findings and make use of risk scales and instruments. By contrast, 'unaided clinical judgement' (Barlow et al, 2012) draws solely on the professional judgement of the practitioner, taking into account their

knowledge of the subject alongside their broad experience of work with other similar individuals. Hackett and Taylor (2013) analysed 100 assessments of children and families conducted by 50 social workers using the *Framework for the Assessment of Children in Need and their Families* DH (2000) and found that in all cases, decision-making was primarily based on clinical judgement alone; more analytical approaches, including the use of actuarial tools, were restricted to a minority of cases under quite specific case conditions.

Craig and colleagues (2003) suggest the major criticism of assessment approaches based on unaided clinical judgement is the likelihood of bias. They note there is often a tendency to over-predict risk and over-estimate dangerousness in sex offenders, with the result that relatively low-risk offenders are unnecessarily placed in extensive and prolonged treatment programmes. At the other end of the spectrum, however, is the possibility that clinical assessment of an offender will produce an under-estimate of the level of risk, that appropriate support and risk prevention strategies will be limited and that sexual recidivism will follow. One example is provided in the 'DM' case (Dent and Jowitt, 2003) where a range of empirically supported high-risk factors was not taken into consideration in care planning for 'DM', in favour of the clinical impressions of those who had worked with him. Craig et al (2003) emphasise that there is consistent evidence from a wide range of sources to indicate that actuarial risk assessment is more accurate than clinical judgement. Despite this, the accuracy of different actuarial models varies significantly (Craig et al, 2003). Moving on from an either/or debate, Barlow and colleagues, in their systematic review of models of analysing significant harm, advocate a 'third generation approach ... in which, evidence-based actuarial tools are used alongside professional judgment' (Barlow et al, 2012: 23).

In addition to the debate on actuarial and clinical assessment, a further important distinction needs to be made between 'static' and 'dynamic' risk variables. *Static* factors are those features of a user's presentation that are unchangeable and historical, such as whether they have been abused themselves, the age at which they began to abuse others and their gender. As Craig and colleagues (2003) highlight, such factors are useful for predicting longer-term risk but, as they cannot be changed, they 'cannot be used to assess changes in levels of risk over time'. *Dynamic* factors, by contrast, are those features of an individual's presentation that are open to change, such as the degree of openness shown, attitudes and beliefs, self-esteem or degree of social isolation.

At present, while a number of promising actuarial based models have emerged in the adult field – for example, Static-99 (Hanson and Thornton, 1999) – such models are uncommon in the adolescent field. The low base rate of sexual recidivism among young people with harmful sexual behaviours (discussed above) means it is difficult to produce an actuarial model that accurately predicts risk in such a diverse population. Therefore most current tools proposed for the assessments of young people with harmful sexual behaviours rely on the use of research-informed evidence combined with a substantial element of guided professional judgement.

One such model is the J-SOAP-II (Prentky and Righthand, 2003), a model of assessment for young men aged 12 to 18 who have been prosecuted for sexual offences, as well as young men who have not been prosecuted but who have a

history of sexually coercive behaviour. J-SOAP-II is not an actuarial scale but is described as an empirically informed guide for the systematic review and assessment of a uniform set of items that may reflect increased risk to reoffend. It includes both static and dynamic risk factors. The static factors are made up from two scales: the 'Sexual Drive/Preoccupation Scale' (including items such as number of charged prior offences and duration of sex offence history) and the 'Impulsive/Antisocial Behaviour Scale' (including items such as school behaviour problems, charges/arrests before age 16, multiple types of offence). The dynamic factors are similarly organised into two scales: the 'Intervention Scale' and 'Community Stability/Adjustment Scale'. Prentky and colleagues (2010) examined the predictive validity of the J-SOAP-II using samples of adolescent and pre-adolescent boys and found it was effective in predicting sexual recidivism in both groups. The sexual drive/preoccupation scale has been found to predict sexual recidivism significantly better than chance (Hecker et al, 2002) and high scores on the impulsive/anti-social behaviour scale have been found to significantly predict non-sexual offending (Parks and Bard, 2006).

Hempel and colleagues (2013) further reviewed the literature on the predictive accuracy of six well-known risk assessment instruments used to assess risk in young people with harmful sexual behaviours:

- > Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II)
- > Juvenile Sexual Offence Recidivism Risk Assessment Tool-II (J-SORRAT-II)
- > Estimate of Risk of Adolescent Sexual Offence Recidivism (ERASOR)
- > Juvenile Risk Assessment Scale (JRAS)
- > Structured Assessment of Violent Risk in Youth (SAVRY)
- > Hare Psychopathy Checklist: Youth Version (PCL:YV).

A review of 19 studies showed differences in these instruments' predictive accuracies for general, violent and sexual recidivism; none of the tools showed unequivocal positive results in predicting future offending.

In the UK, young people with harmful sexual behaviours are likely to be assessed variously, and with very different models of assessment, depending on whether they come into contact with the child welfare, mental health or criminal justice systems. From the perspective of children's services, the DH (2000) *Assessment Framework* is used routinely to identify overall welfare needs and safeguarding concerns, but this generic tool may not be adequate in order to assess specific risks and needs arising from the young person's harmful sexual behaviours. (Although in England the government's revised statutory guidance *Working Together* (HMG, 2013) has superseded that which originally accompanied the Assessment Framework in 2000, the model itself is retained in the new guidance.) Although it is not specific to the assessment of sexual offending, the Asset assessment is commonly used by youth offending agencies to establish general criminogenic risks and needs for 10 to 18-year-olds, including empirically established risk factors.

In order to bridge the potential gap between systems and inconsistencies in assessment practice, concerted effort has gone into producing AIM (Print et al, 2001; Morrison and Henniker, 2006), a UK-derived initial assessment tool for young people with harmful sexual behaviours that can be used across professional systems and between local and regional safeguarding bodies. AIM, and its more recent AIM2 iteration, offer a clinically adjusted actuarial model of assessment that takes empirically supported factors and adds in those factors that are clinically supported by practitioners. Combining static and dynamic factors, the model builds in the use of guided clinical judgement across four key domains: sexual and non-sexual harmful behaviours; developmental factors; family; and environment. Strengths and concerns are addressed in each key domain. The development of the model is described in the promising practice example overleaf.

Griffin and colleagues (2008) describe the initial testing of AIM2 with 79 practitioners who offered widespread support for the model, including the usefulness of its domains and its ability to guide intervention planning. As part of the refinement of AIM2, it was retrospectively applied to case file data relating to 70 young people who had been referred to G-map Services as a consequence of harmful sexual behaviours. Following the completion of the assessment, recidivist data was examined. Seven young people had reoffended over an average follow-up period of six years. Comparisons between the recidivist and non-recidivist groups revealed 15 items (both risk and strength factors) that were significantly able to differentiate the two samples. Seven items were significantly predictive in the recidivist group:

- > any general conviction
- > abused a stranger
- > threatened or used violence during sexual offending
- > impulsive behaviours
- > most important person in the young person's life has not addressed their own traumatic/problematic background
- > maintains contact with pro-criminal peers.

Conversely, eight items were significantly predictive of non-recidivism for young people who had not reoffended:

- > positive leisure interests
- > above average intelligence
- > positive talents/interests
- > positive attitude from significant adults in the young person's life
- > positive emotional coping from significant adults in the young person's life
- > at least one emotional confidant
- > positive evaluations from work/education staff

> positive relationships with staff.

The resultant model offers an initial assessment tool that is grounded in evidence about risk and incorporates both static and dynamic strengths and concerns. The authors also propose that in bringing together the most significant elements of current youth offending (Asset) and children's assessments (DH *Assessment Framework*), AIM2 offers a model that can be used easily across disciplines and agencies (Griffin et al, 2008).

More recently, Griffin and Vettor (2012) compared the predictive accuracy of the AIM2 assessment, which was developed with populations without intellectual disabilities (also often referred to as learning disabilities), with a version of the AIM assessment adapted for this group. The sample consisted of 46 young people with intellectual disabilities who had sexually offended, of whom nine were known to have sexually reoffended, 19 reoffended non-sexually and 18 presented with no further offence behaviour. Both assessments were found to predict intellectually disabled adolescent sexual re-offenders with significantly greater accuracy than chance and both predicted sexual reoffending significantly better than non-sexual offending. The authors state that the findings suggest adolescents with intellectual disabilities may not require distinct risk assessment tools, but some adaptation to existing tools may be necessary to take into account the specific cultural and professional system context in which many young people with intellectual disabilities live.

In summary, the AIM assessment model (now commonly used across the UK) provides an excellent example of an approach to assessment of young people with harmful sexual behaviours that facilitates interagency collaboration and brings together information from a wide range of sources. The model is holistic: it focuses both on the specific risks presented by young people for reoffending but extends also to their more general needs and strengths at individual, family and community levels. While there are no risk assessment tools that have to date been fully validated with young sexual abusers, there is a developing body of evidence in support of a number of promising models. Overall, assessments of young people with harmful sexual behaviours should, therefore, include the use of a credible assessment framework such as AIM2, J-SOAP-II or the ERASOR. The use of such models can support practitioners in identifying appropriate management plans and intervention strategies for young people and can help distinguish those high-risk young people who require an intensive professional response from others whose risks and needs are less extensive.

## Promising practice example 3

### Developing the AIM2 Initial Assessment Model

Bobbie Print, G-map Services

#### The model

G-map is an independent service based in Greater Manchester that specialises in working with young people who display harmful sexual behaviour. AIM2 is an initial assessment model first produced by G-map in 2007. It is an evidence-based tool to inform professional responses to young men with harmful sexual behaviours. The model comprises four domains – harmful behaviours, young people's development, family and environment – and offers a research-guided framework for clinical judgement, grounded in knowledge of risk and strengths.

#### Underpinning evidence and evaluation

Prior to development of AIM2, the most commonly used assessment tools for young people with harmful sexual behaviours in the UK were North American models or those intended for use with adult sex offenders. Knowledge of the differences between adult and adolescent offenders and cultural differences between British and North American youth highlighted the need to develop an assessment tool applicable to young people in the UK.

The clinical experience of G-map suggested that the prognosis for young people is influenced not only by negative factors but also by resilience and strengths that can mitigate the risk of further harmful sexual behaviours. Together with Professor Tony Beech at the University of Birmingham, we set out to develop and test the incorporation of strengths into a model of risk assessment. We hoped it would help practitioners consider a young person's risk of committing further sexually harmful behaviours and help also with problem formulation and intervention planning.

AIM2 was produced as a refinement of the original AIM model, developed in 2004. A study using the original model to compare the strengths and concerns of young people who had reoffended and those who had not, found that 15 items differentiated the two samples in terms of risk and that a group of protective factors acted to reduce the likelihood of further sexually harmful behaviours (Griffin et al, 2008).

The AIM2 model has been piloted by professionals working in children's services, criminal justice agencies, child and adolescent mental health services, education services, G-map and the NSPCC – a total of 250 cases involving young males with

harmful sexual behaviours aged 12 to 18 years. Practitioners reported that the model provided a rich platform to guide interventions and planning. Its four domains informed judgements on whether resources should focus on the young person's offence-specific area, developmental areas, family or environment.

## Challenges and learning points

Since its development, the AIM2 model has become widely used throughout the UK. Further research has shown that the model has some promise for young females and young people with learning disabilities, although further refinement for these groups is recommended (Griffin and Vettor, 2012). We are currently undertaking a large prospective study to examine the scientific validity of the model and its further development. It is hoped this next stage will be completed in 2015.

G-map has produced guidance manuals for AIM2 that are available for purchase from the AIM Project ([aimproject@msn.com](mailto:aimproject@msn.com)). We recommend that practitioners are trained in the use of the AIM2 model. Training is available from G-map: [office@g-map.org](mailto:office@g-map.org)

## Summary points

- > There are few specific assessment tools designed for pre-adolescents with problematic sexual behaviours but approaches which address the children's developmental and abuse histories, as well as their social ecology, are important.
- > There are more tools available for the assessment of juveniles who have displayed harmful sexual behaviours, though to date there are no fully validated models.
- > Assessment approaches and models designed for adolescent sexual offenders should not be used with pre-adolescents.
- > Little is known about base rates for continued problematic sexual behaviours in pre-adolescents.
- > The overwhelming majority of young people with harmful sexual behaviours do not reoffend sexually, though the rate of non-sexual recidivism is substantially higher than the rate of sexual recidivism.
- > Two specific risk trajectories are evident in samples of young sexual abusers: general anti-social behaviours and sexual deviance.
- > A number of promising risk tools have been produced for assessments with young people.
- > The Sexual Drive/Preoccupation and Impulsive/Anti-social Behaviour drives of the J-SOAP-II have been found to predict sexual and non-sexual reoffending respectively.
- > AIM2 is the best established UK model of assessment and helpfully brings together elements from the more general approach to assessment outlined in the *Assessment Framework* (DH, 2000) and the Youth Offending Asset assessment.

## Chapter Five

### Interventions

#### This chapter investigates:

- > evidence on effective interventions for children with sexual behaviour problems
- > the components of abuse-specific work proposed for work with young people with harmful sexual behaviours
- > the role of developmental and holistic interventions with young people
- > the use of Multisystemic Therapy
- > how theories of resilience and desistance can inform work with young people and their families
- > the use of rehabilitative approaches, including the Good Lives Model
- > the value of family support interventions.

A summary of key findings is set out at the end of the chapter.

#### Interventions for children who have experienced sexual abuse

As many pre-adolescent children with sexual behaviour problems are themselves recent victims of sexual abuse, the use of interventions that have been demonstrated to be effective with child victims of abuse may be justified. For example, NSPCC has recently implemented a new intervention called 'Letting the Future In' for children who have experienced sexual abuse across 18 teams throughout England, Wales and Northern Ireland. Designed primarily for children who have been victimised, the intervention may be appropriate for sexual abuse victims under age ten who are displaying sexualised behaviour that is harmful to others. An ongoing evaluation of the intervention, including a randomised control trial, is underway, led by the University of Bristol.

In a review of intervention models for child physical and sexual abuse, Saunders et al (2003) suggest that empirically supported interventions are based on behavioural or cognitive behavioural approaches but are multisystemic in nature, intervening at both the level of the child and the child's wider family. The authors identify a range of factors that appear to be common to these empirically supported approaches to child victims of abuse. Generally, such interventions:

- > are **goal-oriented** and designed to address specific, measurable problems identified;
- > are **structured** and geared around a sequential range of intervention stages, using specific techniques in order to achieve a reduction in the level of assessed

problems and to meet overall intervention goals;

- > emphasise the teaching of **specific skills** which can be used by children to manage their thinking, emotions and behaviours. Such skills are rehearsed repeatedly in therapy to enable children, over time, to generalise and apply them in their broader environment and life context. A similar process is also used with parents and carers, with an emphasis on the development of skills to assist in the appropriate management of their child.

Trauma-Focused Cognitive Behavioural Therapy (Cohen and Mannarino, 1998) has been shown to have a strong level of empirical support for work with sexually abused children. Cohen and Deblinger (2003) set out the following components of this approach:

- > psycho-education about child abuse, typical reactions, safety skills and healthy sexuality
- > gradual exposure techniques including verbal, written and/or symbolic recounting of abusive event(s)
- > cognitive reframing consisting of exploration and correction of inaccurate attributions about the cause of, responsibility for, and results of the abusive experience(s)
- > stress management techniques such as focused breathing and muscle relaxation exercise, thought stopping, thought replacement and cognitive therapy interventions
- > parental participation in parallel or conjoint treatment including psycho-education, gradual exposure, anxiety management and correction of cognitive distortions
- > parental instruction in child behaviour management strategies
- > family work to enhance communication and create opportunities for therapeutic discussion regarding the abuse.

Such treatment goals and interventions are likely to be warranted, especially in cases where children with sexual behaviour problems are highly traumatised as a result of their own victimisation.

## Interventions for children with sexual behaviour problems

Araji (1997) describes ten programmes in the United States that specialise in work with pre-adolescent children with sexual behaviour problems. Most work to re-socialise children with sexual behaviour problems to more pro-social behaviours, using positive reinforcement to encourage the development of healthy coping strategies, developmentally appropriate sexual behaviours and better self-management skills. Araji suggests no one theoretical perspective has been able to address adequately the complex nature of children's sexually problematic behaviour, hence the adoption of perspectives derived from a biopsychosocial framework into the primary cognitive behavioural framework. In each case, individual or group work with the child was accompanied by work with carers. There appears to be overwhelming consensus that family work is essential, irrespective of the exact nature of the therapeutic response to the child.

A small number of rigorously conducted studies on the outcomes of specific interventions for children with problematic sexual behaviours have been conducted. Pithers and Gray (1993) compared the effectiveness of a 32-week focused relapse prevention group for children with sexual behaviour problems with a less structured 32-week expressive therapy group-work programme. They found evidence to suggest that a highly traumatised subgroup of children with sexual behaviour problems benefited more from the structured relapse prevention programme at the mid-point of intervention. However, this difference was not maintained over time, with both intervention approaches ultimately yielding comparable levels of decreased sexualised behaviours.

Bonner et al (1999) compared the efficacy of a psycho-educative, cognitive behavioural (CBT) group intervention and a play therapy group which drew on psychodynamic and person-centred principles in a sample of 110 children with sexual behaviour problems and their parents/caregivers. Children were randomly assigned to either group. The CBT intervention taught children simple sexual behaviour and boundary rules, involved parents in monitoring and supervision activities and taught the children basic impulse control skills. In the play therapy group, the children's problematic sexual behaviours were not directly brought up by the therapists. Each group-work programme comprised 12 weeks of one-hour children's sessions, followed by a one-hour parents' session.

## Promising practice example 4

### An evidence-based cognitive behavioural therapy psycho-educational programme for children with problematic sexual behaviours and their parents/carers

Stephen Barry and Mel Turpin, Be Safe Service, Bristol

#### The service

The Be Safe Service is a multi-agency, multi-disciplinary partnership funded by NHS Bristol, Bristol City Council Children and Young People's Service and Bristol Youth Offending Team. It delivers services to children and young people who have harmed sexually and their families in the Bristol area.

The 'Be Safe-Stay Safe Children's Programme' is a manualised cognitive behavioural, psycho-educational group-work programme for children with sexual behaviour problems aged between eight and twelve and their carers (the upper age limit may be extended to 14 for young people with learning disabilities). It is based on the intervention model developed in the US by Silovsky (Silovsky and Niec, 2002).

The programme aims to eliminate/reduce problematic sexual behaviour and includes ways to improve:

- > children's behaviour via better safety planning and parental supervision
- > parent-child interaction and communication
- > resilience through the development of coping, self-control and social skills
- > parent/carer understanding of problematic and appropriate sexual behaviour, sexual behaviour rules and safe boundaries, sex education, apology and empathy.

We consider referrals where:

- > there are concerns with regards to a child's problematic/harmful sexual behaviour
- > the child is supported by a significant adult who is willing to participate in the programme
- > the child is considered to be in a safe environment
- > any criminal proceedings with regards to the child are concluded.



The programme is provided over 18 one-hour weekly sessions, seven of which are conjoint between children and carers.

## Underpinning evidence and evaluation

Carpentier et al (2006) report on a randomised control trial involving 135 children aged five to twelve with sexual behaviour problems, which compared a 12-session cognitive behavioural therapy (CBT) group with a same-length play therapy group. The CBT group was shown to be more effective. The CBT group also had similar results to general clinical treatment for 156 children with non-sexual behaviour problems. Ten-year follow-up data demonstrated that the CBT group had significantly fewer future sex offences than the play therapy group (two per cent vs. ten per cent) and did not differ from the general clinic comparison (three per cent), supporting the use of short-term CBT.

In collaboration with Dartington Social Research Unit (consortium partner), Dr Jane Silovsky and Jimmy Widdifield (University of Oklahoma Health Sciences Center) we have agreed a number of pre and post measures to monitor and evaluate the outcome of the programme.

## Challenges and learning points:

Challenges we have faced in delivering to programme include:

- > the anxiety from some referrers and carers about a group intervention for this population of children
- > the need to modify our assessment process to focus on suitability for the intervention
- > responding to safeguarding concerns
- > ensuring capacity to provide the group as well as the family interventions where indicated
- > engaging parents who themselves may have complex needs
- > ensuring responsivity to specific needs while maintaining fidelity to the manualised programme
- > maintaining a systemic perspective within the framework of a CBT programme.

Our learning includes the value of groups that combine parents and foster carers. Delivering the groupwork programme has been time intensive, but including staff from different professional backgrounds, including volunteers and trainees, has been invaluable.

Children receiving both interventions showed significant positive change over the course of the interventions. This was reflected both in a significant decrease in their sexual behaviour problems, as well as in improvement in assessed emotional and behavioural problems and levels of social competence. No significant differences were found between the two interventions in the short term. However, a ten-year follow-up study (Carpentier et al, 2006) found that children who had been randomised to the CBT intervention had significantly lower arrest rates or reports of further sexual offences (two per cent) than children who had received play therapy (ten per cent). Indeed, the rates of further problematic sexual behaviours for the children who had received the CBT intervention were not significantly different from those of a general clinic comparison group of children with non-sexual behavioural problems. The findings of this study therefore support the use of short-term, focused, educative CBT for children with sexual behaviour problems and their caregivers and challenge the assumption that a large proportion of such children will become adolescent or adult sex offenders. The promising practice example on the previous page highlights how findings from this research are currently underpinning the development of one service for pre-adolescent children with sexual behaviour problems in the UK.

St Amand et al's (2008) meta-analysis of 11 treatment outcome studies that evaluated 18 specific treatments of sexual behaviour problems in children highlights further the shift of practice away from models that were originally designed for adolescent or adult sex offenders, such as relapse prevention, the sexual assault cycle or arousal reconditioning techniques. Only two of the tested interventions included these practice elements, and they were not significant in reducing sexual behaviour problems. Moreover, the primary agent of reducing childhood sexual behaviours was found to be the parent or caregiver. Specifically, it was the parenting/behaviour management elements that most strongly predicted successful outcomes for reducing problem sexual behaviours. The authors conclude that interventions that do not include caregiver involvement are not supported and they question the practice of treating such children in either inpatient or residential care facilities without significant caregiver involvement during the intervention or in aftercare.

## Interventions for young people with harmful sexual behaviours

Early practice responses to young people with harmful sexual behaviours were largely based on adult sex offender models, with adaptations for use in work with young people. According to Longo (2003) this 'trickle down effect' has been highly destructive in the way it influenced work with children and young people. Speaking of the state of the field in the USA, he suggests that 'unfortunately, we continue to erroneously view these children as mini-adults, mini perpetrators, sexual predators and the like' (2003).

The call for approaches that are more child-focused and developmentally sensitive has grown substantially in recent years (Rich, 1998; Ryan, 1999; Hackett, 2004; Chaffin and Bonner, 1998; Chaffin et al, 2002) and appears to have contributed to a change in focus in the adolescent sexual aggression field in the UK. There is now consensus about the necessity of child-focused and holistic work (Hackett et al, 2006), targeting both the harmful sexual behaviour and addressing more general areas of unmet need. The highly confrontational and punitive methods traditionally used in treating adult sex offenders have been rejected in the adolescent field. Along with this has come the realisation that it is as important to address issues within the young person's broader social existence, including family relationships and context, as it is to work individually with the young person (Ryan, 1999, Hackett 2001; Masson and Hackett, 2003).

### Abuse specific approaches

Chaffin and colleagues (2002) note a wide variety of treatment approaches reported in respect of young people with harmful sexual behaviours, including:

- > behavioural conditioning
- > pharmacological approaches
- > family systems approaches
- > rational-emotive therapy
- > 'cycle' based approaches
- > cognitive behavioural approaches
- > relapse prevention
- > ecological multisystemic approaches
- > psychodynamic psychotherapy.

Many treatment services often combine elements from these different therapeutic traditions, leading to a criticism that they often represent 'ad hoc combinations of potentially contradictory approaches' (Chaffin et al, 2002). In both North America and the UK, the majority of specialist therapeutic service providers have preferred cognitive behavioural interventions based on the relapse prevention model (Hackett

et al, 2005). Relapse prevention is an approach that focuses on the identification and management of high-risk situations that could lead to relapse, ie reoccurrence of the harmful sexual behaviour (Laws et al, 2000). This orientation has traditionally emphasised a number of discrete elements to specific areas of work with young people, such as:

- > detailed behavioural analysis of sexual abuse behaviours, including their triggers (antecedents), risk factors and consequences
- > identifying and changing cognitive distortions (eg that sex with a child is not harmful)
- > developing young people's level of empathic concern, both global and specific to victims
- > educative work on sexual values, attitudes, the nature of sexual abuse and issues of informed consent
- > anger management
- > social skills training
- > addressing deviant sexual arousal
- > the teaching of self-control skills, rehearsal and the management of risk situations.

Chaffin et al (2002) highlight the absence of any published studies comparing outcomes for juvenile sex offenders randomly assigned to CBT treatment versus no-treatment conditions. They suggest that, strictly speaking, it is therefore not possible to demonstrate empirically whether such 'treatment' is beneficial, harmful or has no benefit at all. Letourneau and Borduin (2008) further outline a range of reasons why standard models of relapse prevention might not represent the most effective interventions or care for young people with harmful sexual behaviours. They argue that, to be effective, interventions need to move beyond a focus on the individual young person to address the behavioural drivers that occur at the family, peer, school and community systems in which the young person is embedded. Letourneau and Borduin highlight how standard models are often delivered in settings that provide little consideration of the 'real world' contexts in which the young person develops. They are particularly critical of approaches that group delinquent young people together for treatment in an institutional context. They suggest this carries the risk of harmful side effects, such as making young people learn from each other about how to be even more delinquent and interfering with the attainment of normative developmental and social milestones.

### Developmental and holistic approaches

It is increasingly recognised, then, that programmes of work that focus solely on sexually abusive behaviours in young people are limited in value and should be supported by attention to enhancing the young person's broader life skills, addressing social isolation, opening up access to appropriate opportunities in the education system, addressing family problems and improving the young person's

relationships with parents or carers (Righthand and Welch, 2001).

Lambie and Seymour (2006) identify a number of trends in intervention responses in New Zealand towards developmentally sensitive practices, while in the UK Hackett et al (2006) found a high level of consensus among practitioners about the core components of developmental and holistic approaches. These can be summarised as follows:

- > As far as possible, **base interventions in a community context** so that treatment takes place in the least restrictive setting that manages risk, while enhancing at the same time the developmental needs of the young person.
- > **Provide placement stability**, as interventions are more likely to be successful when underpinned by a stable living placement. Specialist foster care is recommended for adolescents who cannot remain with their family, along with intensive specialist social work support attached to the home. Intensive training in parent management and regular supervision are also needed to increase the likelihood of success of placements.
- > Wherever possible **maintain a family focus**, including the use of family group conferencing, as the family has a powerful role in influencing a young person's motivation.
- > **Offer cultural support and culturally sensitive practice** by providing workers from the same cultural background and ethnic origin as the young person and incorporating culturally sensitive component elements into treatment, as this enhances outcomes for young people and their families from minority families.
- > **Focus on non-sexual offending problems and offer support for comorbid mental health problems.**
- > **Use a wide range of intervention approaches** flexibly to meet the needs of individual young people and their families, rather than adhere rigidly to a particular approach such as group work.
- > Recognise and **tailor interventions** to the specific needs of special populations of young people, such as young women or young people with intellectual disabilities (or learning disabilities), recognising their diverse and specific needs.

### Multisystemic Therapy

One holistic approach that has gained increasing attention is Multisystemic Therapy (MST). MST draws upon systems theory and the theory of social ecology (Bronfenbrenner, 1979) and its primary purpose is to understand the fit between identified sexual behaviour problems and their broader systemic context. MST is an intensive community and home-based approach that has generated a good level of empirical support in response to a broad set of adolescent problem behaviours, including sexually abusive behaviour (Borduin et al, 1990; Swenson et al, 1998; Henggeler et al, 2009; Letourneau et al, 2009). Henggeler et al (1998) identify a number of central principles to the approach as it applies to anti-social behaviours in children and young people.

- > Therapeutic contacts emphasise the positive and use systemic strengths as levers for change.
- > Interventions are designed to promote responsive behaviour and decrease irresponsible behaviour among family members.
- > Interventions are present-focused and action-oriented, targeting specific and well-defined problems.
- > Intervention targets sequences of behaviour within and between multiple systems that maintain the identified problems.
- > Interventions are developmentally appropriate and fit the developmental needs of the youth.
- > Interventions are designed to require daily or weekly effort by family members.
- > Intervention effectiveness is evaluated continuously from multiple perspectives, with providers assuming accountability for overcoming barriers to successful outcomes.
- > Interventions are designed to promote treatment generalisation and long-term maintenance of therapeutic change by empowering caregivers to address family members' needs across multiple systemic contexts.

Rather than focusing exclusively on sexually abusive behaviours, the approach engages with the young person's broader social ecology, including school and educational achievement, actively encourages family contributions to the young person's supervision as well as involving the young person's peer group.

Evidence from a ten-year follow-up study supports the effectiveness of this approach with sexually abusive youth. Borduin et al (1990) conducted a trial where young people with harmful sexual behaviours were randomly assigned to two treatment conditions: home-based MST versus outpatient counselling in a community-based mental health setting. At the point of three-year follow-up, significantly fewer MST participants were rearrested for sexual offences (one in eight as opposed to six of eight) and the frequency for non-sexual offences was also lower for those young people who had received MST. A further randomised control trial of the outcomes of MST with 127 juvenile sexual offenders and their caregivers (Henggeler et al, 2009) found that the intervention successfully reduced both anti-social behaviour and deviant sexual interests and that these effects were mediated by increased caregiver supervision and enhanced disciplinary practices.

Building on these previous trials, Letourneau and colleagues (2013) have recently conducted a further follow-up trial on the effectiveness of MST on a sample of 124 juvenile sexual offenders, comparing outcomes at year two between young people offered MST and others offered 'treatment as usual'. Relative to their counterparts in the comparison group, young people receiving the MST intervention remained at significantly lower risk of out-of-home placement and showed significantly greater improvement regarding problem sexual behaviour and self-reported delinquency through the second year of follow-up.

The results of these North American studies suggest that intensive, family and community-based interventions such as MST can reduce the risk of reoffending and protect young people who have sexually offended from disruptive and costly out-of-home placements.

### Rehabilitative approaches

Alongside growing support for holistic approaches has emerged a realisation that more traditional risk-identification and risk-management approaches, in and of themselves, may have under-emphasised the importance of the rehabilitation of young people into their families, schools, communities and wider society. This tendency is by no means restricted to the field of sex offender treatment, however. McNeill et al (2014) describe it as a feature of the development of criminal justice responses from the 1930s to the end of the 20th century, a period in which, they argue, there was hardly any use of desistance research to inform sentencing and correctional policy in any part of the criminal justice system.

In the field of sex offender treatment particularly, very little has been said about the nature of rehabilitation theory (Ward et al, 2007). This is a serious omission, particularly in the case of young people presenting with harmful sexual behaviours. Most young people, even those required to live in residential or secure contexts following their harmful sexual behaviours, will return to live with their families or independently in the community while still adolescents. Simply managing risk and equipping a young person with self-regulation skills are not enough to guarantee that he or she will achieve positive future life goals and outcomes. A number of approaches and models have now been proposed that re-emphasise the importance of positive, strengths-based and rehabilitative approaches with young people as an adjunct to the important task of protecting victims and risk management.

### Resilience and desistance models

The aim of a resilience-based approach is to identify ways in which strengths and competencies can be developed or bolstered in young people who have experienced significant adversity in their lives. Resilience researchers have consistently argued against the long-standing emphasis on service users' deficits and in favour of 'explicit attention to the strengths of risk-exposed individuals, both in terms of adjustment outcomes ... and in terms of characteristics which promote positive adaptation' (Luthar et al, 2000). Research has consistently demonstrated that those who do well in spite of adversity have a repertoire for dealing with things, rather than one particularly effective coping tactic.

## Promising practice example 5

### Multisystemic Therapy for Problem Sexual Behaviour (MST-PSB)

Peter Fonagy, Stephen Butler, Sarah Byford, Michael Seto, James Wason, Jessie Greisbach and Rachel Haley – (STEPS-B) (Services for Teens Engaging in Problem Sexual Behaviour) research trial, University College London

#### The trial

We are undertaking a randomised control trial comparing Multisystemic Therapy-Problem Sexual Behaviour (MST-PSB) with carefully documented Management as Usual (MAU) for adolescents who meet criteria for being at 'high risk' of requiring out-of-home care, specifically when this risk is associated with problematic sexual behaviour. The MST-PSB is an evidence-based, clinical adaptation of standard MST developed to address the multiple determinants of problematic juvenile sexual behaviour.

Our evaluation is funded by the Department of Health and supported by the Youth Justice Board and Department for Education. We aim to carry out a pragmatic trial to inform policy-makers, commissioners and professionals about the potential of MST-PSB in the UK context, investigating whether its provision could reduce the incidence of out-of-home placements for young people because of problematic sexual behaviour. The trial will take referrals of families with an adolescent aged ten to seventeen who is at risk of out-of-home placement due to problem sexual behaviour.

MST-PSB is delivered in the community (clients' homes, schools, neighbourhoods) to ensure ecological validity and treatment generalisation, incorporates treatment interventions that are strongly supported and informed by research, and places a high premium on approaching each client/family as unique. Adolescents are treated over a period of five to seven months with regular visits to the family home to meet with the young person and/or parents. There are approximately three visits per week at the beginning of the intervention and fewer as the intervention progresses. Telephone support is available to users throughout – 24 hours a day, 7 days a week. Extensive and detailed assessment underpins the individualised safety plan of every young person and family to ensure client, victim and community safety.

The intervention is delivered by child mental health therapists specifically trained and supervised at each site by a clinical supervisor, supplemented by weekly consultation with an MST consultant provided by MST Services. This quality assurance programme is meant to ensure the therapists deliver high-quality

interventions in line with the MST model. At all levels of supervision, attention to any risk issues that may arise with the young person are given priority.

### Underpinning evidence and evaluation

To date, MST-PSB is one of the few empirically-validated interventions for adolescents showing problematic sexual behaviour. MST-PSB is a promising intervention for treating problematic sexual behaviour in young people; its effectiveness needs to be carefully evaluated in a UK context.

The research team collect data across multiple domains, using multiple methods and sources to maximise the clinical validity of outcome assessments and minimise bias arising from any single source of information. Follow-up assessments are at 8, 14 and 20 months post-randomisation. The primary outcome measure will be the proportion of cases assigned to long-term placement in specialist residential provision at 20 months following randomisation. Secondary outcomes will include adolescent and family well-being and reconviction rates for sexual and non-sexual offences at 8, 14 and 20 months post-randomisation.

The MST-PSB team taking part in the trial is based in London and there are two further (non-trial) teams providing MST-PSB based in Cambridge and Sheffield. An MST-PSB intervention costs approximately £10,000 per case.

A tendency to exert planning in relation to life decisions has been shown to constitute a significant protective factor, whereas low self-esteem and low self-efficacy tend to undermine an individual’s ability to respond to difficulties. Herrenkohl et al (1994) identified four ways in which protective processes work to promote positive outcomes:

- > by generating positive self-esteem
- > by enhancing an internal locus of control
- > by increasing goal-setting abilities
- > by increasing planning behaviours.

Hackett (2006) used these four key protective processes to outline a framework for resilience-based interventions with young people with harmful sexual behaviours. Resilience-based and traditional deficit-oriented models share the same primary goal of preventing further victimisation, but the approaches and methods differ.

**Table Five:**  
Resilience-based versus deficit models (adapted from Hackett, 2006)

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

**The core elements of resilience-based approaches with young people who have displayed harmful sexual behaviours include:**

- > developing supportive relationships for young people with at least one key non-abusive adult in their lives
- > helping young people to build positive and reciprocal peer relationships
- > encouraging school success and educational achievement
- > nurturing young people's talents and interests
- > building family resilience by offering primary caregivers a safe person they can confide in
- > encouraging participation and planning so that young people and families are centre stage in the planning process
- > giving young people opportunities to set and achieve goals and pro-social ambitions.

(Adapted from Hackett, 2006)

As Hackett (2006) suggests, none of these processes and activities are incompatible with more orthodox programmes of offence-specific work with young people.

A further promising element of rehabilitative approaches to young people, and one which shares much with resilience theory, comes from the developing body of research into desistance from crime. As the vast majority of offenders stop committing crimes over the life course – and do so often in the absence of any professional intervention – the study of desistance concerns understanding the factors and processes that influence offenders to cease offending. If these factors can be identified, it may then be possible to emphasise the achievement of these processes in high-risk offenders.

To date, the relevance of findings on **desistance** have scarcely featured at all in the literature on young people with harmful sexual behaviours. Significantly more research has been undertaken to identify why young people start to sexually abuse than to understand why they stop. However, some useful landmark studies are beginning to emerge in related fields, including important frameworks offered by Maruna (2001) and McNeill (2003; 2006). Moffitt (1993) distinguishes between a small group of offenders who start early in childhood and persist in offending at every life stage, and a larger group who are anti-social during adolescence only. For the smaller group, neuropsychological deficits together with disrupted attachment relationships and academic failure drive long-term anti-social behaviours (Laub and Sampson, 2001). Moffitt proposes that the vast majority, by contrast, are adolescence-limited offenders for whom offending is situational and desistance is normative. McNeill (2006) suggests that desistance resides in the interface between developing personal maturity, the changing social bonds that occur alongside important life transitions and the individual narratives that offenders build around their key life events. In a briefing paper on desistance for the Ministry of Justice, Maruna (2010) summarises the key factors as:

- > getting older and maturing
- > good relationships, including the presence of strong and supportive intimate bonds with a spouse
- > sobriety and recovery from addiction
- > employment, especially if it offers a sense of achievement and satisfaction
- > hope and motivation to change and confidence in an ability to turn things round
- > feeling concern and empathy for others, in particular being able to contribute something positive to society, community and others
- > having a place within a social group, feeling connected within a (non-criminal) community of some sort
- > not having a criminal identity, not defining oneself purely as an 'offender'
- > being believed in, being strongly encouraged by someone else that they can and will change.

In order to examine the relevance of resilience and desistance in young people with harmful sexual behaviours, Hackett and colleagues (2012) investigated the experiences and current life circumstances of adults who, as children, were subject to professional interventions because of their sexually abusive behaviours: 87 former service users and their families were traced, in each case between ten and twenty years following initial referral for the sexually abusive behaviour. In-depth data was collected on 69 individuals who agreed to take part in the study. A wide range of long-term developmental outcomes was reported by the follow-up sample. As far as could be ascertained by self-report and official records, most participants had not reoffended. Only a small proportion had reoffended sexually, with three reconvictions for sexual assault and one for downloading IIOC, giving a six per cent sexual recidivism rate. General reoffending was more common, however. A small number of participants had been reconvicted for serious offences of physical assault, violence and, in one case, murder. It was possible to classify overall life outcomes as successful (26 per cent of cases), mixed (31 per cent) or unsuccessful (43 per cent).

Successful outcomes were associated with:

- > individuals who were able to have ambitions and optimism for their future
- > stable partner relationships or enduring carer and professional relationships (these were a feature of most adults with positive outcomes)
- > educational achievement and the ability to gain employment.

Poor outcomes, in contrast, were associated with:

- > individuals with poor body image and poor health
- > intimate partner relationship failure
- > chaotic or unstable living conditions

- > drug and alcohol misuse.

Professional interventions offered to children with harmful sexual behaviours were largely well regarded, but the lasting significance of the work appeared to be related to the quality of the relationship between the child and the professional concerned. Findings emphasise the vital importance of lasting ‘social anchors’ in the lives of children and adolescents at risk and suggest that achieving carer and family constancy should be an important part of professional interventions, as should general health promotion, though this is an area as yet under-developed in the sexual abuse field.

### The Good Lives Model (GLM)

Perhaps the best known strengths-based model of intervention proposed to date is the ‘Good Lives Model’ proposed variously by Tony Ward and others (see, for example, Ward et al, 2007) and based on the principles of positive psychology. The model conceptualises that individuals are predisposed to seek a number of ‘primary goods’ – ie states of mind, characteristics, activities or experiences – which, if achieved, will increase their well-being. Primary goods can include (but are not restricted to) healthy living and functioning, knowledge, inner peace, autonomy and self-directedness, friendship, community, happiness and creativity. The assumption is that people are more likely to function well if they have access to these various types of goods.

The GLM therefore (2007) proposes that the concept of psychological well-being should be central to interventions with sexual offenders, determining both the form and content of rehabilitation alongside that of risk management. This means that:

**‘a major aim is to equip the offender with the skills, values, attitudes, and resources necessary to lead a different kind of life, one that is personally meaningful and satisfying and does not involve inflicting harm on children or adults. In other words, a life that has the basic primary goods, and ways of effectively securing them, built into it.’**

(Ward et al, 2007)

Treatment of the offender is thus seen as an activity that should add to his or her skills and personal functioning, rather than one that simply removes a problem or is devoted to managing problems. Ward et al (2007) therefore suggest that sex offender treatment should aim to return individuals to as normal a level of functioning as possible and only place restrictions on activities that are highly related to the problem behaviour.

Although originally proposed for adult sex offenders, the positive emphasis of the GLM approach has attracted significant interest among service providers working with young people, not least because the attainment of ‘primary goods’ is integral to the developmental tasks of adolescence. The approach fits well conceptually with an emphasis on helping young people achieve broader life goals, such as the five Every Child Matters outcomes that were a significant part of the landscape of children’s services during the last government’s period in office.

This promising practice example describes use of the GLM in practice.

## Promising practice example 6

### Using the Good Lives Model with young people who display harmful sexual behaviour

Laura Wylie, G-map

#### The approach

**G-map first encountered the Good Lives Model (GLM) in 2004 and quickly recognised its potential to frame assessments and interventions, while also enhancing service user motivation and reducing shame. From point of referral, the GLM now informs all our services to young people and their support networks.**

The GLM serves as a framework but does not offer specific modalities of treatment or determine the sequence or end-point of intervention. Therefore, in the context of G-map, individual intervention programmes are devised and implemented in accordance with the principles of the GLM. In practice, therapy is undertaken via a number of modalities including trauma and attachment-focused work, CBT techniques and biologically driven approaches.

We have taken the principles of the original GLM and adapted them. Early changes included replacing the term ‘primary goods’ with ‘needs’, and ‘secondary goods’ with ‘means’, as well as initial refinement of the categorical descriptors of the Good Lives needs. G-map’s current classification of primary needs is as follows:

- > emotional health (self-esteem, emotional safety, managing feelings)
- > having fun (thrill/excitement, play)
- > achieving (status, knowledge, competence)
- > being my own person (independence, autonomy, self-management, control of others/situations)
- > having a purpose and making a difference (spirituality, fulfilment, hope and generosity)
- > physical health (sleep, diet, hygiene, physical safety)
- > sexual health (sexual knowledge, sexuality, sexual development)
- > having people in my life (attachment, intimate, romantic, family, social and community relationships).

The ecologically grounded GLM supports the use of a systematic approach to engaging the young person's family and other key systems in the process of change. This also ensures that a number of individuals and groups have a role in the intervention process, including: family, positive peer networks, youth workers and other professionals (mental health, social care, education, youth justice), albeit with the young person always remaining central.

## Underpinning evidence and evaluation

As a relatively new theory, the GLM does not yet have an empirical evidence base comparable to more established models. However, Harkins et al (2012) compared the GLM approach with a standard relapse prevention programme. While attrition rates and the rates of achieved change between the two programmes were similar, practitioners and participants both reported experience of the GLM approach in a far more positive, future-focused manner. Griffin (2013) further speculates that the G-map adaptation of the GLM may increase the likelihood of desistance and thus reduce reoffending by improving young people's internal locus of control and enhancing their overall personal resilience, including their sense of relatedness and mastery.

## Challenges and learning points

When adapting the GLM for use with young people, it is important to consider the social and developmental needs of this age group. For example, the means through which young people seek to meet their Good Lives needs should be broken into small and realistic steps that allow them to experience positive feedback. This is because young people typically have difficulty with long-term planning and sustaining motivation in the absence of regular reward.

A practical obstacle to implementing the GLM can be ensuring the availability of those professionals who constitute the young person's support network and so have an important role in the process of change. We have found it useful to schedule Good Lives Review Meetings to coincide with the regular statutory meetings, such as Looked After Child Reviews. This ensures the young person, family members and relevant professionals are in attendance, thereby facilitating collaboration and timely decision-making in relation to young people's community integration and risk management. A further obstacle can be the practical difficulty of sourcing community resources for young people who have harmed sexually, not only because of safeguarding concerns but also wider society perceptions that can lead to young people being stigmatised and excluded. Building good relationships with community-based resources, rigorous planning and appropriate disclosure can all help overcome this difficulty.

Wylie and Griffin (2013) further outline the application of the GLM to work with young people with harmful sexual behaviours, demonstrating in a single case study how they were able to use the model to manage potential risk by acknowledging the individual's needs, goals and aspirations and working towards meeting these in safe and positive ways. In an earlier paper, Ayland and West (2006) describe the use of a strengths-based narrative therapy approach similar to the GLM in their work with young people with intellectual disabilities.

There is considerable interest in the further application of models such as the GLM in work with young people with harmful sexual behaviours. Potentially, their development represents a very promising advance in the field. However, as Wylie and Griffin (2013) state, outcome research is needed in order to examine the efficacy of such approaches.

## Restorative justice

Restorative justice (RJ) is a rehabilitative approach to criminal justice that focuses on the needs of victims, who take an active role in the criminal justice process. Offenders are encouraged to take responsibility for their actions and, where possible, repair the damage their offences have caused. RJ fosters dialogue between those directly implicated in and affected by the crime. Practices vary but core elements involve an offender, who has already taken responsibility for the offence, being held to account in a face-to-face meeting with the victim. The hope is that the process will deter offenders from further offending behaviour and may provide them with some form of reintegration into the community (Daly, 2006). It is hoped victims benefit by being able to give voice to their experiences and by taking part in the setting of penalties for the offender. Although some advocates of RJ hold that reconciliation will follow from the process, reconciliation is not to be expected (Daly, 2006).

While RJ has grown in popularity worldwide, its use in cases of sexual, partner and family violence remains controversial and views on its appropriateness polarised (Daly, 2006). Concerns include victim safety and the potential for an offender to manipulate the process or exert pressure or control on the victim, given pre-existing power dynamics during the abuse. Benefits may include the empowerment of victims in confronting the offender, a victim feeling validated by a clear statement from the offender that the victim is not to blame, the offender gaining a higher level of insight into the impact of the offence, or relationship repair.

In relation specifically to young people with harmful sexual behaviours, it can be argued that a well-prepared, facilitated and structured process of victim-offender interactions is safer than leaving such interactions to chance once professional interventions are complete. In Hackett et al's study (2012) of long-term outcomes for children and young people with harmful sexual behaviours, the authors were struck by the frequency with which participants told them it had been important for them to apologise and rebuild their relationships with intra-familial victims, in particular siblings. Most participants had re-established some form of direct contact in adulthood, but none had received any help with this process and it had often been a painful experience.



Although uncommon in most jurisdictions in cases of harmful sexual behaviour by young people, an RJ approach is widely used in New Zealand and South Australia as an alternative to young people being prosecuted in court. In South Australia, Daly (2006) reviewed 385 cases (over a six-year period) in which a young person had committed a sexual offence and compared those dealt with by the court with those in which the offence was dealt with using a RJ conference approach. Although caution should be applied (the two groups were not randomly assigned to the two different conditions), the overall prevalence for reoffending was higher for court (66 per cent) than conference (48 per cent) cases. The conference approach had the particular benefit, for both victim and offender, of avoiding the stigmatising and victimising effects of the adversarial nature of more formal court processes.

RJ approaches are still in their infancy in the UK in cases of young people with harmful sexual behaviours and their efficacy should be tested through rigorous outcome research. However, as highlighted in the next practice example, they offer a potentially powerful tool for rehabilitative practice.

## Promising practice example 7

### A restorative approach to young people with harmful sexual behaviours

Vincent Mercer, the AIM Project

#### The intervention

The AIM Project had been running a small demonstration caseload of restorative approaches for a number of years. We have produced best practice guidance in relation to restorative justice and harmful sexual behaviour ([www.aimproject.org.uk](http://www.aimproject.org.uk)) as well as an assessment framework for restorative approaches in this field. In order to ensure a safe and sensitive process is offered, we use a structured assessment process to identify both restorative concerns and strengths.

A short practice example illustrates our use of a restorative justice approach in relation to harmful sexual behaviour. A young person (D) had been convicted of the rape of an adult woman (J) and was subsequently sentenced to a significant period in custody. J had requested a mediation meeting with D for a number of years but this had been ignored. We began exploratory meetings with both J and D, family, supporters and associated professionals. It was clear from this process that both J and D each felt positively about a possible mediated meeting. In our experience, this 'shared interest' is often the most surprising aspect of restorative approaches, especially in cases where the degree of harm and trauma caused by the offence is such that the general presumption might be of two people in polarised positions.

Beyond the initial exploration of safety, motivation and applicability we moved into a preparation phase in which the meanings of a facilitated direct dialogue between D and J were explored. In the case of J, these included her need to have her account acknowledged and spoken and to restore a sense of self-worth that was no longer defined by victimhood. For D, it was important to communicate his responsibility for his offence and to acknowledge the harm he had caused.

Throughout the process we were anxious to ensure that our work was congruent with other therapeutic work being undertaken with both D and J. This entailed regular meetings with their workers to review issues arising and, while respecting confidentiality, linking the restorative issues to their ongoing therapeutic processes.

After nine months of careful preparatory work J and D met, each supported by a chosen person, in a mediated dialogue which lasted around 90 minutes. It was the first time they had seen each other since their court appearance many years earlier.

## Underpinning evidence and evaluation

The evidence for restorative justice approaches is strong in relation to reduced recidivism and significantly improved satisfaction from victims ([www.restorativejustice.org.uk](http://www.restorativejustice.org.uk)). At present, very little evidence relates specifically to cases of harmful sexual behaviour, however.

## Challenges and learning points

Offering a safe restorative practice in the context of sexual abuse demands high standards of practice and AIM is careful to work within the parameters of the evolving Practice Standard and Accreditation Framework being taken forward by the Restorative Justice Council in conjunction with the Ministry of Justice.

Our experience is that restorative justice can offer a very helpful methodology in which to create a more holistic approach to addressing harmful sexual behaviours, including a focus upon the personal experience as directly communicated and not refracted through the professional lenses of others.

## Family-support approaches

Most authors now identify family work as a core element of work with children and young people with harmful sexual behaviours (Chaffin et al, 2002). Hackett et al (2006) found overall consensus about the need to work with parents and families in seeking to manage sexually abusive behaviours in young people: 85 per cent of practitioners strongly agreed that interventions need to focus on the young person's living environment as much as on individual intervention with the young person. As discussed earlier in this chapter, this is supported by the results of outcomes studies, which strongly support family-based interventions with young people with harmful sexual behaviours.

The use of a family-support approach to families in need is well established in the UK. These services offer a valuable model of practice for families where children have demonstrated harmful sexual behaviours. A family-support approach in this context seeks to draw on and harness strengths within families and to broaden the social support dimension of family life. Empirical findings from the family-support literature highlight the importance of mentoring and home-based interventions for vulnerable families (McKeown, 2000); the effectiveness of non-professional interventions has also been emphasised (Roberts and MacDonald, 1999). Bolstering families' level of social support is also supported empirically and has been noted as an important factor in influencing outcomes for both mothers and children living in adversity (Runyan et al, 1998). A family-support approach might include the professional actively helping to identify appropriate professional or para-professional support for children and parents, as well as helping families with the difficult process of disclosure of information about the abuse within their social networks.

Chaffin et al (2002) identify a range of goals for work with parents of children with sexual behaviour problems:

- > teaching parents about the importance of supervision, how to identify situations of risk and how to implement risk-management strategies
- > helping parents learn about children's sexual development and, in particular, what are appropriate and inappropriate sexual behaviours at different developmental stages (this is particularly important: parents can often present as confused and anxious about such issues after finding out about their child's sexually abusive behaviours)
- > helping parents to identify when they need to inform other people about their children's sexual behaviours, how they should go about this and what level of information needs to be shared
- > helping parents to explore and review family rules about sex and sexuality
- > supporting parents in identifying appropriate ways and opportunities to talk to their children about sexual matters

- > learning about specific behavioural parenting strategies in order to respond to challenging behaviours presented by children
- > generally improving communication patterns in the family and enhancing the quality of parent-child interactions.

Pithers et al (1998) recommend group treatment programmes so that parents can develop a social network that allows them to see and meet other parents who have had to deal with the same problems they face. In a small-scale Irish study of five parents attending a parents' group, Duane et al (2002) evaluated the effectiveness of one such parent support programme. Parents' self-reported psychological adjustment, self-esteem and perceived social support improved over the course of the programme. The greatest change was found in parents' perceived psychological adjustment, and the least in their perceived social support. The group promoted a strong sense of solidarity and support among the parents. Pithers and colleagues (1998) stress that involvement in a groupwork programme should not be the sum total of the professional response to parents. They emphasise that families need access to broader health services, childcare and links to wider community sources of assistance.

Although the emotional impact for parents of the discovery of their child's abusive behaviour can be devastating in all types of case (see, for example, Hackett 2001), this may be particularly so when sexually abusive behaviour has been perpetrated on a sibling. Extensive family support and family therapy interventions may be warranted. The nature of the relationship between siblings may not only exacerbate the impact of the abuse for the victim (Ballantine, 2012), but can be highly traumatic for parents who may feel distressed that they 'allowed' the abuse to take place in their family. Parents are often left with the difficult task of balancing the individual needs of a child who has abused and a child who has been victimised. While in many cases it may be necessary, at least initially, for the young person displaying the harmful sexual behaviour to be removed from the family home to ensure victim safety, it is also important to work intensively with the family to address the consequences of the abuse, develop parents' protective capabilities and to consider reintegration of the young person into the family as soon as this can be done safely. Frameworks such as that proposed by Hackett et al (1998) to support rehabilitation of sibling abusers back into their family may be useful.

## Promising practice example 8

### Working with parents and carers of children and young people with harmful sexual behaviour

John Harrison, Turn the Page Project, NSPCC, Stoke Service Centre

#### The project

Stoke's *Turn the Page* project works with families to address children and young people's harmful sexual behaviour. The project uses a revised NSPCC *Change for Good* model (which was originally aimed at young males in residential care between 11 and 17 years of age) suitable for a community-based approach. *Turn the Page* works with males and females from primary school age to 17 years, some of whom may also have a learning difficulty. The *Change for Good* manualised treatment approach has been informed by a number of theoretical models including: cognitive behavioural therapy, attachment theory, psychodynamic psychotherapy, mentalisation and systems theory. The service centre approach offers children and young people up to 26 sessions (with an additional four if required) alongside parental engagement.

Engaging parents and family members is critical to the project's work, given that face-to-face sessions are time limited. Children and young people are understood as needing parental role models who are able to give information and empowered to encourage non-harmful behaviour. The service does not take a 'one size fits all' approach to working with parents, recognising the diversity of needs and responses to the issue. Practitioners use the AIM2 assessment tool, which involves interviewing parents/carers to understand responses to their child's behaviour. The assessment looks at the strengths and resiliencies within the family and other environments as well as any deficits. Practitioners work with a range of parental responses including anger, confusion and denial. Parents are encouraged to take a non-blaming, non-stigmatising approach with the aim of understanding the behaviour and the underlying rationale for it. If denial is absolute, the case comes back into the realm of safeguarding; social care colleagues may need to be informed if parents are not able to support the on-going therapeutic work and to promote their child's engagement in the process.

Parental engagement has been found to depend on levels of intervention and risk identified. In Stoke the main focus of parental work involves:

- > identifying parents' own ambitions for their child as a starting point
- > building parental understanding about what is healthy and unhealthy sexual development, and how to give clear guidance about what is safe behaviour
- > empowering parents to take charge and be responsible for their child's behaviour
- > reducing shame by building an understanding of sex as a normal part of life and separating this from harmful or problematic behaviour.

Work with parents is wide ranging and can include helping parents to support positive developmentally appropriate activities for their children, such as socialising and giving children more independence. Where families are isolated and disconnected from the community and normalising behaviours, the project seeks to engage schools and other support agencies to build local networks, reduce isolation and increase social inclusion. Joint work with child and adolescent mental health services (CAMHS) and youth offending teams (YOTs) is undertaken where relevant.

Individual work with families involves bringing the parent and child together in a joint dialogue. The project gives families a construct of language to use in these discussions.

## Challenges and learning points

The project often becomes involved with families following social care and/or police investigations. Families may be struggling to 'understand what exactly happened' or the implications of the investigation into their child's harmful sexual behaviour. To address this, practitioners have often needed to go back to original case files and other professionals involved in the case in order to support better family understanding before work can be undertaken.

When working with parents there can be a dissonance between parental responses, with one parent wanting to understand and the other wanting to close the issues down. These dynamics need to be acknowledged and actively worked with by the practitioner.

Lastly, frameworks and outcome measures need to include outcomes for families 'as a whole', which can be used to evaluate progress. Outcomes need to be defined by professionals and signed up to by families so that the direction of travel is clearly understood and agreed by all those involved.

## Safe care and working with young people in residential settings

When young people can no longer remain living in a family context, either because of the risks they present to others or the risks to self, the provision of good-quality and stable care is a necessary foundation for addressing their harmful sexual behaviours. A review of the evidence on out-of-home care is beyond the scope of this review. However, good practice in placement provision and safe care for vulnerable children and young people generally also applies to this population of children, irrespective of the harm their behaviours have caused to others (see Bowyer and Wilkinson 2013 for a scoping review of Models of Adolescent Care Provision). At the same time, there are particular challenges in providing safe care to this group, including for example the ethics of placing young abusers alongside victims in a residential context (Green and Masson, 2002). A multi-agency review of residential services undertaken in Scotland (Social Work Inspection Agency, 2007) concluded that residential services for young people with harmful sexual behaviours are most effectively delivered in dedicated settings which have specially trained staff in an appropriately designed environment and where all staff with different responsibilities for care and education work together.

Although research highlights the efficacy of family-based interventions with children and young people with harmful sexual behaviours, many of the intervention approaches outlined in the preceding sections of this chapter may also be applicable to young people who are looked after in out-of-home settings, as highlighted in the following two promising practice examples.

## Promising practice example 9

### Providing safe care in residential settings for young people with harmful sexual behaviours

Karen Parish and Peter Clarke, Glebe House

#### The service

Glebe House is a specialist children's home, underpinned by a therapeutic community model, for adolescent males who present with problematic sexual behaviours. The focus is on the power of the group to provide a living, learning experience for residents. The model provides key values and approaches fundamental to providing safe therapeutic care for young people with problematic sexual behaviours. The group-based approach utilises the service user experience to provide an 'expert knowledge' and is particularly useful for working with the older teenager group.

Central to our therapeutic programme and residential provision at Glebe House are Rapoport's four cornerstones: democracy, communalism, reality confrontation and permissiveness (Rapoport and Roscow, 1960). This model is at the heart of our three daily community meetings and provides structure and safety for our residential environment.

'Communalism' is the belief that the process of living together is itself therapeutic. Communal living offers a continuous stream of events that generate material for reflection – from immediate issues that require problem-solving, to grander questions about what kind of adult an individual wishes to become. Secondly, our environment supports 'democracy': group discussion is used as a therapeutic tool and decisions are reached by consensus. This promotes belonging and ownership of decisions, with issues being discussed until the group can reach a position that every member either agrees with or can at least actively support. This process allows young people to develop a voice and have some sense of agency. 'Reality confrontation' is the process of reflecting on behaviours in an attempt to understand their possible meanings and how others might experience them. Every member of our community has the right to interpret the behaviour of others and to highlight the effect of behaviour. The final cornerstone is 'permissiveness' and is probably the most debated of Rapoport's four cornerstones at Glebe House. Challenging behaviour can only be tolerated if the individual and the community are kept within acceptable levels of safety, and providing the law is upheld.

## Underpinning evidence and evaluation

Therapeutic communities originate from the field of social psychiatry (Bion, 1948a; 1948b). Rapoport identified the four cornerstones of the model (Rapoport and Roscow, 1960) and Haigh (2013) developed the ‘quintessence of therapeutic environment’, five universal qualities that he believes underpin a therapeutic community: attachment, containment, communication, involvement and agency. These form the basis of the Community of Communities standards, accredited through the Royal College of Psychiatrists.

## Challenges and learning points

We find there has to be a degree of tolerance to allow time for difficult behaviours to be understood. Exploring the feelings and thoughts of the individual and other group members, and hearing how an individual’s behaviour affects others, can help the young person to understand their past and present behaviour. At Glebe House we have found that because they are not as emotive as the offences, the exploration of difficult behaviours in ‘here and now’ events can often help young people to explore safely both their current and past behaviour. This allows the young person to develop confidence in reading their own emotional states and managing their behaviour more appropriately.

## Promising practice example 10

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### Strengths-based assessment and intervention with young people in a custodial setting

Sarah Morris and Alice Hunt,  
the Lucy Faithfull Foundation

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#### The service

The Young People’s Project is offered by the Lucy Faithfull Foundation in four Young Offender Institutions in England. It provides assessment and intervention to young people aged 15 to 18 who are serving custodial sentences as a result of harmful sexual behaviour. Prior to its inception in 2001, such young people did not have access to a specialist service in custody to address their offending behaviour needs.

The project has developed an individualised, strengths-oriented approach based on the Good Lives Model that understands the particular needs of young people in custody and the challenges of service delivery in this environment. Intervention goals are carefully negotiated with young people and take into consideration their current environment and future transition plans. Young people do not have to accept that they have committed an offence to undertake the programme.

Intervention generally aims to help the young person make sense of their harmful behaviour and develop skills to ‘do things differently’ for the future. Periods of transition, such as release from custody, are planned and prepared for carefully. Practitioners provide post-release visits to assist with resettlement, as well as longer-term phone contact to young people, particularly those with limited support networks.

#### Underpinning evidence and evaluation

To evaluate progress we gather information and evidence from a range of sources. During our structured assessments, we administer a range of standardised psychometric tests developed in collaboration with consultant psychologist Richard Beckett. Evaluation of pre and post-intervention measures indicate that positive improvements are made by the young people in a range of areas, such as social and emotional functioning and offence-focused work. In July 2012 the project received a positive independent evaluation from the National Centre for Social Research.

Feedback from young people involved with the Project has also been positive, for example:

**'[It] helped me identify a lot of things and be a better person.  
Opened my eyes to all the things I didn't see before.'**

## Challenges and learning points

We have learnt the importance of investing in work with the systems around young people, including providing training for staff involved in the young person's care and being transparent about our practice. We have learnt to listen to what is important to young people.

Delivering interventions within a custodial setting presents significant practical and therapeutic challenges. Young people need to feel safe and 'out of view' from other young people while in session. Practitioners delivering the programme need to be integrated within the establishment in order to influence systems, work across disciplines, build relationships, access information and engage young people.

Accessing families of young people placed out of their home areas has also presented challenges, but we have experienced the value of restorative justice and family mediation work with young people where this can be delivered appropriately and safely. Disruptions due to young people moving between establishments in the secure estate have also been problematic.

Overall, we understand the benefits of an individualised approach that is flexible enough to meet the needs of young people and respond to how they and their environments develop over time.

## Summary points

- > Interventions with children and young people with harmful sexual behaviours should respond holistically and be sensitive to the child's developmental status.
- > There is consensus that interventions should target both abuse-specific, as well as wider aspects, of the young person's functioning.
- > It is unhelpful to single out and target sexually abusive behaviour in isolation from other key developmental areas, such as life experiences and communication and relationship skills.
- > Interventions of a cognitive behavioural nature, which target offence-specific factors and which help a young person to develop relapse prevention strategies, continue to underpin work with young people with harmful sexual behaviours.
- > A multimodal approach is warranted, involving individual young people, families, carers and other systems involved with young people. MST is a particularly promising development which provides a framework for such an approach.
- > Strengths-based approaches that seek to build the competencies of children and young people and their families are increasingly supported in practice. Models such as the Good Lives Model are particularly promising.
- > Desistance theory and findings highlight the importance of positive long-term relationships in assisting young people to stop offending.
- > Little specific research has been conducted into the most effective ways of intervening with families of children and young people with sexual behaviour problems, although there is now widespread agreement that family intervention is important.
- > Working with the carers and parents of children and young people who have displayed harmful sexual behaviour should be seen as a central part of intervention, not as an add-on or luxury.

## Chapter Six

### Policy, service delivery and inter-agency working

#### This chapter investigates:

- > how policy and practice has developed over recent years in response to children and young people with harmful sexual behaviours
- > the current state of service delivery and policy across the UK
- > weaknesses and gaps in service delivery.

A summary of key findings is set out at the end of the chapter.

#### The current state of service delivery across the UK

The 1992 NCH report was the first in the UK to examine the state of policy and practice relating to children and young people with harmful sexual behaviours. The inquiry team identified a range of problems in the professional system response, including:

- > the lack of a co-ordinated management structure within which to deal with this issue
- > an absence of policy, practice or ethical guidance to assist practitioners
- > an overwhelming uncertainty regarding the legitimacy of the work and its fit within organisational cultures and remits
- > clashes of philosophy relating to how young people's sexually abusive behaviours should be managed
- > a lack of inter-agency co-ordination
- > an inadequate information base and a lack of evaluation studies
- > a paucity of training on this subject
- > deficits in supervision and a shortage of skilled consultation for practitioners engaging in the work.

There have been some significant attempts to address these areas of concern in the intervening two decades, although progress has been far from comprehensive. There have been persistent calls for the development of a UK national strategy to develop co-ordinated policy and practice responses but no such strategy has been implemented, despite the commissioning by government and subsequent production of a draft strategy for ministerial approval. The recent establishment by the Home Office in England of the Sexual Violence Against Children and Vulnerable People

National Group (SVACV) may provide an opportunity to address this significant gap. Similarly, opportunities for progress are emerging through the recent emphasis on child sexual exploitation and increased awareness of the range of behaviours through which children can experience sexual harm, for example online exploitation.

Promisingly, however, in 2014 the NSPCC has come together with other strategic partners to create and test a national framework on children and young people with harmful sexual behaviours. The aim is to embed clear policies and procedures as well as practice guidelines to support the work of local authority professionals. It is hoped that the work of the strategic and practice groups (comprising ten local areas) will ultimately encourage the creation of a coherent cross-departmental government strategy on responding to young people with harmful sexual behaviours.

There is evidence of a more sophisticated approach to this area of work and increasing clarity that it is an important matter relevant to both the child protection and criminal justice systems (Masson and Hackett, 2003). There has also been a significant increase in the number of services providing intervention services to children and young people identified as having sexually abused others. For example, Masson and Hackett (2003) found 172 services across the UK and Republic of Ireland providing some form of intervention work for this group, with 38 services specialising in such work.

While such developments in the field are commendable, they have been achieved in an uncoordinated way. Across the UK, services have largely sprung up on a haphazard basis – some as a result of the particular interests of individual practitioners, others due to the commitment of voluntary sector organisations, particularly NSPCC and Barnardo's. Masson and Hackett (2003) found pockets of excellent and innovative practice, but also widespread concern among professionals about the variable state of national and local guidance, the ongoing patchiness of service provision and a range of policy and systems issues that impact directly upon how interventions are delivered. These include:

- > the need to seek greater consistency in the application of the law, both civil and criminal
- > the need to dovetail systems of child welfare and youth crime more effectively
- > concern about children and young people who have sexually abused being inappropriately caught up in the provisions of the Sex Offender Act 1997
- > variation in the way in which young people with sexually abusive behaviours are managed locally, often underpinned by policies and procedures of greatly variable length and quality
- > an ongoing lack of available assessment and treatment services across the UK, and variable quality among services that exist
- > a lack of appropriate residential and foster care provision for children and young people who have been identified as having sexually abused others.



In 2005 Hackett et al compared the situation to that described by the earlier NCH inquiry. They found many improvements in the recognition of harmful sexual behaviour as a problem, but ongoing variability in the quality, volume and content of services across different local authorities. This left young people and their families confused or potentially unjustly treated (Hackett et al, 2005).

Two decades after the NCH report, and a decade after Masson and Hackett reviewed the state of policy and practice in the field, a joint inspection was published of the effectiveness of multi-agency work with children and young people in England and Wales who have committed sexual offences and were supervised in the community (Criminal Justice Joint Inspection, 2013). This involved detailed analysis of 24 cases (in six youth offending teams) and the young person's journey from disclosure of offence through to supervision in the community. The report found practice responses were generally poor. Opportunities for early intervention at the time of onset of the harmful sexual behaviours were often missed. There were few examples of holistic, multi-agency assessments or interventions and case management was often compromised by poor communication and information sharing. There were examples of good practice but the needs of children and young people were generally poorly met by services working directly with them.

Recently, Smith and colleagues (2013) replicated the earlier study of Masson and Hackett to provide an update on contemporary policy and service provision for young people displaying harmful sexual behaviour. They found some positive developments. Despite some variations across countries within the UK, there was a reasonably consistent profile of service provision across the local authorities surveyed. Most children who came into contact with services as a result of their sexual behaviours were reported to be subject to an assessment and this tended to be based on a standardised framework. Risk management and child protection measures were important elements across most of the surveyed local authorities.

For the past five years, about half of the local authorities in England and Scotland had had a stable caseload of cases that involved children and young people who displayed harmful sexual behaviours; a quarter reported an increase in cases. Referral routes described by authorities differed between jurisdictions; the main referral sources in England were children's services and schools, but in Scotland it was youth justice services.

## Inter-agency policy and national guidance

In Smith and colleagues' recent review, most local authorities had inter-agency area procedures in place for young people with harmful sexual behaviours but, as Masson and Hackett (2003) had found ten years earlier, these varied considerably in length and substance (Smith et al, 2013). At the same time, inter-agency policies were deficient in several notable regards (Smith et al, 2013). In many areas of England and Wales the procedures remained silent on the issue of young people and criminal justice processes. Discrepancies also existed in the guidance in the level of detail in which processes were prescribed, leading the researchers to suggest there may be inconsistencies in practice (Smith et al, 2013). The extent to which the needs of young people from certain groups were reflected in the documents was variable, particularly in relation to minority ethnic groups and young people with intellectual disabilities. Additionally, local area policies and procedures remained significantly focused on risk. There were few references to the kind of strengths-based approaches that are supported in the literature (as discussed in the preceding chapter).

Smith and colleagues (2013) found progress had been achieved in the overarching child protection guidelines they reviewed across the four nations (HM Government, 2010; Northern Ireland Department of Health Social Services and Public Safety, 2003; Scottish Government, 2010; Welsh Assembly Government, 2006). All these documents shared the requirement for a young person who displays harmful sexual behaviour to be subject to a multi-agency consideration, a strategy meeting or case conference or equivalent. The 2010 *Working Together* document (HM Government, 2010) went so far as to commit to a 'cross-government service delivery framework for young people who display sexually harmful behaviour'. This was not forthcoming, however, and in an arguably retrograde step, publication of the 2013 version of *Working Together* in England removed all reference to young people with harmful sexual behaviours as a specific group (HM Government, 2013).

Smith et al (2013) also found ongoing inconsistency in policy and guidance documents about preferred terminology, including: 'young people who display harmful sexual behaviour' (HM Government, 2010); 'sexually inappropriate or aggressive behaviour' (Welsh Assembly Government, 2006); 'young people who sexually abuse' (Youth Justice Board, 2008); 'children and young people who display harmful or problematic sexual behaviour' (Scottish Government, 2010); and 'children who sexually abuse or sexually harm' (Northern Ireland Department of Health Social Services and Public Safety, 2003). They suggest the terms are not consistently used to refer to differences in either degree or nature of behaviour, and this has the potential to add to a lack of clarity in communications and understanding.

Weaknesses in multi-agency information sharing and operation was a main finding of the recent joint inspection in England (Criminal Justice Joint Inspection, 2013). They suggest that aligning specific terminology to levels of potential risk and differential developmental status (eg distinguishing pre-adolescent and adolescent behaviours) could improve multi-agency communication considerably.

## Risk, recidivism and the need for early interventions

In 2003, Masson and Hackett reported there was relatively little awareness among professionals in non-specialist settings of the low rate of recidivism in samples of young people with harmful sexual behaviours. In no small part, this was influenced by a statement in the 1999 edition of the *Working Together* guidance, which suggested that without intervention it was highly likely young people's sexually abusive behaviours would escalate into adulthood. Masson and Hackett (2003) noted that many local policy and guidance documents were accordant with this belief and did not reflect the learning from more recent research. Consequently, Hackett et al (2003) recommended that central and local guidance be reviewed and, where necessary, updated in line with knowledge from research. This seems to have been carried through and the paragraph was removed from subsequent versions of *Working Together*. But although Smith et al (2013) found local guidance in England to be in line with the later version of *Working Together* (2010), information on recidivism and the likelihood of the abusive behaviour continuing was still not clear.

A consequence of misconceiving the trajectory of young people with harmful sexual behaviour identified by Hackett et al (2005) was the likelihood of either under or over-reaction by agencies. They argued that young people with low-level sexually problematic behaviours could be subjected to extensive and intrusive levels of intervention unnecessarily. The 2013 multi-agency joint inspection recommended there should be an improvement in early recognition of sexually harmful behaviour and rapid intervention (Criminal Justice Joint Inspection, 2013). The authors of this report had found that in eight of the twenty-four cases there were signs of concerning sexual behaviour at earlier stages that had not been addressed. This was because the behaviour was either not identified or its potential significance not understood or that various pieces of information had not been joined up. Even when behaviour was recognised as problematic, if it did not meet a required service threshold, there was no intervention. Smith and colleagues (2014 in press) recommend that more resources and guidance are needed for professionals working with cases that involve early onset of concerning behaviour in order to target the right nature and level of intensity of service.

This is also a finding of Deacon's (2013) review of the nature of children's services responses to children and young people in England. Reviewing the trajectory of cases from identification, through to referral and case closure, she found significant delays between agencies in passing on their concerns. In some cases there were long periods of inactivity, with information being held by professionals before finally being passed on to other agencies. In other cases, decisions not to prosecute children were equated with children and young people not being in need and cases being closed without any interventions being offered.

## Promising practice example 11

### Developing care and risk-management guidelines to inform best practice in work with young people who present a risk of serious harm to others

Stuart Allardyce, Barnardo's Lighthouse Project, and David Orr, Edinburgh Youth Offending Team (both also of the Centre for Youth Crime and Justice, Strathclyde University)

#### The guidance

The remit of the Centre for Youth Crime and Justice is to promote best practice in youth justice social work across each of Scotland's 32 local authorities. We set out to develop robust care and risk-management guidance for agencies working with young people who present a risk of serious harm to others.

Our initial scoping exercise across all Scottish local authorities demonstrated wide variations in existing practice guidance and inter-agency protocols. There were inconsistencies in the extent to which protocols were informed by the principles of Scottish child care strategic approaches, such as *Getting It Right For Every Child* (GIRFEC), and youth justice strategic approaches, such as the Framework for Risk Assessment, Management and Evaluation (FRAME) developed by the Risk Management Authority.

We set up a group to review the findings and to draft Care and Risk Management (CARM) guidance that could be used by all local authorities to draft local protocols consistent with best practice. The group's completed guidance has been passed to the Scottish Government (Care and Justice Division) and its publication will form an appendix to the existing FRAME.

#### Underpinning evidence and evaluation

Central to the successful drafting of the CARM guidance was meaningful collaboration between practitioners and managers, who contributed practice experience, and the Centre for Youth and Criminal Justice, which highlighted current research into young people with harmful sexual behaviours. It was essential to develop a shared understanding and language in relation to this small group of children and young people who present very real risks to public safety but who also present with multiple vulnerabilities and needs.

The CARM guidance aims to support practitioners to move beyond the welfare/justice dichotomy and think about the best way they can work in partnership with others, including young people and their families, to meet identified needs and manage assessed risks. In particular, there is a clear emphasis in the guidance on the importance of children and young people's participation in the process of risk assessment and risk management, along with the participation of their parents/carers. We hope the guidance will help give more opportunities for young people's voices to be heard in the systems from which, at present, they are often excluded.

The CARM guidance also seeks to ensure that clear governance structures are in place within local authorities and that risk assessment and risk management is a shared responsibility that sits alongside existing child protection protocols and Multi Agency Public Protection Arrangements (MAPPA).

## Challenges and learning points

Several learning points arose from the process of drafting the CARM guidance. A genuinely participatory exercise, one in which stakeholders' feedback and views are taken seriously, is time-consuming. We sought to be inclusive in our approach, hearing from social workers, psychologists, the police, mental health experts and many others besides. It is also important that the significance of any written protocol or guidance is not overplayed. While the CARM guidance may provide a useful steer to practitioners, meaningful change at a local level will be contingent upon key decision-makers making a firm commitment to the realisation of best practice and adapting local systems and processes accordingly.

## A tiered approach

Hackett et al (2005) recommended the development of a 'tiered approach based on agreed thresholds for intervention' complemented by a national strategy to construct services that 'are both comprehensive and tiered in nature'. This would provide a framework in which to calibrate responses along the dimensions of the case, including the strengths, risks and specific needs of each young person (Morrison and Henniker, 2006). The Youth Justice Board *Key Elements of Effective Practice* document (YJB, 2008) outlines a potential tiered model. However, Smith and colleagues (2013) found little evidence to suggest such a tiered framework is as yet in existence; no reference was made to it in the national and local procedures they analysed.

## Managing children and young people in the child protection and youth justice systems

Hackett et al (2005) found that national guidance and most local procedures required child protection measures to be taken only when there was evidence that the alleged abuser was at risk of significant harm. The direction of travel was away from either a justice or protection response towards requiring multi-agency procedures as necessary for this group. This was in recognition that cases would at times enter and be managed in the youth or criminal justice system, at times be managed in the child protection system, and at times be held in both processes simultaneously.

In their 2013 survey, Smith and colleagues found that some guidance documents included detailed agreements between police and children's services, whereas others made no acknowledgement that these young people may be subject to criminal justice procedures (Smith et al, 2013). This suggests ongoing inconsistencies in the handling of cases between safeguarding and criminal justice systems similar to those reported by Hackett et al (2005). The joint inspection report also raised the absence of multi-agency working as a concern (Criminal Justice Joint Inspection, 2013). Smith and colleagues (2014 in press) suggest there are fundamental weaknesses in inter-agency practice, certainly in England. The joint inspection found multi-agency meetings had often not taken place. However, where young people were already part of an established process – child protection, MAPPA or as a looked after child – there was 'better evidence of joint planning, communication and integration of plans' (Criminal Justice Joint Inspection, 2013).

## Assessment and interventions

The necessity for an individual assessment of any young person displaying harmful sexual behaviour to be the basis for decisions on appropriate responses was already established by the NCH report (1992), which also mapped what it saw as the essential elements of assessment. Hackett and colleagues (2005) found there was no co-ordinated or overarching approach to assessment across the UK, although the AIM assessment model was most commonly in use alongside the generic YOT Asset. The absence of a shared assessment approach resulted in interdisciplinary conflicts and miscommunication, misjudgement of risk and an over-reaction in cases that did not warrant intensive intervention, as well failure to consider family and contextual factors and a lack of parental involvement in assessment and interventions (Morrison

and Henniker, 2006).

By contrast, Smith and colleagues (2013) report all English and Scottish child protection and youth justice guidance now requires young people to be individually assessed. AIM and Asset continue to be the main assessment approaches, with most authorities using a standardised assessment framework of some sort (Smith et al, 2013). However, significant variation remains in the depth of detail with which assessment approaches are set out in procedural terms.

The 2013 joint inspection reported serious weaknesses in assessment processes and, in the majority of cases, multi-agency assessments were not completed (Criminal Justice Joint Inspection, 2013). Assessments lacked information and analysis, and assessment was often conceptualised by practitioners as the use of a tool rather than a more holistic exercise that contributes to decision-making. The long-standing issue of poor communication between agencies remains, with inadequate assessment and a lack of joint planning being enduring issues.

There has been recognition for at least a decade of the necessity of specific assessment for subgroups of young people – for example, black and minority ethnic offenders, young women with harmful sexual behaviours and young people with learning disabilities (Hackett et al, 2005). Hackett et al (2005) found little evidence of the particular needs of these groups being addressed within policy and assessment approaches. Smith and colleagues (2013) report that it remains rare for guidance and procedures to reflect these issues of diversity.

Smith et al (2013) collected data about interventions on offer across agencies as part of their survey, mirroring the earlier research of Hackett and colleagues. The earlier research found considerable variation in the availability of interventions for young people with harmful sexual behaviours across the nations, leading to the conclusion that whether a young person had access to an intervention service in the community or not was more often the consequence of a postcode lottery than a reflection of assessed need or levels of risk (Hackett et al, 2005).

In their recent survey, Smith et al (2013) note that the majority of local authorities in England and Scotland did work with a range of dimensions in the case (including risk-management plans, addressing sexual needs, supporting development and building on their strengths). However, there remains a noticeable absence of family work, with services often relying on individualised interventions with young people, despite the evidence of research, as presented earlier in this review, which emphasises the importance of multisystemic and family-based interventions.

## Summary points

- > There are some noticeable improvements in aspects of policy and service delivery across the UK over the last two decades, as knowledge and awareness of the needs and risks posed by young people has developed.
- > Policy developments are almost entirely focused on young people with harmful sexual behaviours, with the different profiles and needs of younger children with problematic sexual behaviours notably absent from professional debates.
- > There is a danger of replicating with this younger age group the errors of the 1990s when models of adult sex offender policies and interventions were transposed onto adolescents. We cannot assume that models of assessment and inter-agency management of adolescents are appropriate for younger children.
- > The diversity and complexity of young people with harmful sexual behaviours is better understood, informing improvement in policy and practice in some areas – though issues of diversity are still not recognised in assessment practice and procedure.
- > Robust specialist assessment frameworks, most notably the AIM2 framework, are developed and now well established.
- > These tools will not deliver improved outcomes unless used appropriately. The review by Smith and colleagues (2013) suggests practice is not sufficiently rigorous and assessment information is often not core to informing interventions.
- > Systemic weaknesses in the processes and procedures in place to support and manage young people presenting with harmful sexual behaviours continue.
- > The absence of the issue of young people who sexually abuse from the *Working Together* guidance in 2013 is certainly problematic since a co-ordinated response is essential to improved service delivery. The need for a national strategy guided by the evidence is something that key stakeholders have been lobbying for and which it is hoped this research review could help inform. Efforts currently underway to raise awareness and develop a strategy are to be welcomed.
- > In light of current public service cuts, local elected representatives and senior local leaders need to understand the dual identity of perpetrators as vulnerable children and young people, and commission smartly to address local need. This calls on national government to address concerns of policy fragmentation.
- > Lack of an English national strategy, as proposed by Hackett et al (2005), is one reason for inconsistency, though Smith and colleagues (2014 in press) suggest the impact of devolution may be exerting a significantly positive influence in some parts of the UK as Scotland and Wales are on the verge of producing national guidance on multi-agency responses to harmful sexual behaviour.
- > Smith and colleagues (2014 in press) note the total absence of informed public debate about preventing child sexual abuse and limited provision around primary prevention means we are still some way off from an effective and joined-up approach to this issue across the UK jurisdictions.

## Chapter Seven

### Conclusions and recommendations

#### Key findings on children, young people and families:

- > Research suggests there is considerable diversity among both children with problematic sexual behaviours and young people with harmful sexual behaviours. This diversity applies to the children's backgrounds and experiences, as well as the nature of their sexual behaviour and the factors motivating it.
- > Many children and young people who present with harmful sexual behaviours have histories characterised by multiple abuse and disadvantage. Such children often come to the attention of child welfare professionals many years before their sexually problematic behaviours start to emerge.
- > Pre-adolescent children with problematic sexual behaviours often have extensive sexual abuse histories and may need a different approach to that offered to adolescents who sexually abuse. The welfare of these children and the resolution of their own abuse experiences are primary concerns.
- > Early adolescence, particularly the onset of puberty, appears to be a peak time for the development of harmful sexual behaviours in youth.
- > Most adolescents who develop these behaviours are male, although knowledge is growing about a small number of young women whose sexual behaviours are harmful.
- > Young people with intellectual disabilities (often also referred to as learning disabilities) with harmful sexual behaviours are a particularly vulnerable and neglected group and may need specialist support.
- > In the past, it has been assumed that children and young people who present with harmful sexual behaviours were at high risk of sexually reoffending. This is not the case for the majority of young people. It is not inevitable, or even highly likely, that most children and young people with harmful sexual behaviours will go on to perpetrate sexual abuse in adulthood.
- > Research suggests that non-sexual re-offence is more common than sexual recidivism in this group. This stresses the need for intervention to focus on broad-based behavioural and developmental goals, not just on preventing further sexual abuse.
- > Evidence supports the existence of different developmental trajectories for generalist versus specialist adolescent sexual offenders. Young people who 'specialise' in sexual offences are at risk primarily for further sexual offending, whereas 'generalists', whose harmful sexual behaviour is part of a wider repertoire of offending and anti-social behaviour, are at higher risk of sexual recidivism as well as other forms of non-sexual delinquency.

- > Many parents whose children display harmful sexual behaviours are lonely and isolated. They often face considerable social stigma, rejection and hostility in response to their child's behaviour.

#### Key findings on interventions:

- > In all cases it is important to undertake a holistic assessment which gives as clear a view as possible about the child or young person's sexual behaviours and the degree to which for a child of that age they should be considered appropriate, concerning or harmful. Specialist assessment tools such as J-SOAP-II, ERASOR or AIM2 should be used alongside more generic models of assessment, such as the *Assessment Framework* (DH, 2000) to inform a view about risk and need.
- > As adolescents who display harmful sexual behaviours share many characteristics with other young people who have a wide range of difficulties, it is important to address their broader problems as well as dealing with their sexually abusive behaviour; and to remember that they are young people first, and 'sex offenders' second. There is a need for strengths-based approaches and supportive interventions.
- > Interventions, such as Multisystemic Therapy (MST), which are able to help change the wider circumstances in which abuse develops and is maintained, appear to offer a better prognosis than other approaches which leave these circumstances unchallenged. Engaging with the parents, carers and families of children and young people who have shown harmful sexual behaviours is a vital part of intervention, not a luxury or an add-on to individual therapy with the child.
- > Responses should take into account children and young people's stages of development and should be proportionate to their risks and needs, with sensitivity to the ways in which their own experiences have shaped their behaviours. It is important not to lose sight of the status of the whole child amidst concerns about the sexualised nature of one aspect of his or her functioning.
- > Interventions should be tailored to the specific needs of the individual child and family, rather than applied mechanistically to all.
- > Primary, secondary and tertiary prevention approaches are needed. A tiered approach to intervention is most appropriate, which distinguishes children and young people whose needs can be met through parental monitoring, to those who need limited psycho-educative support, to those who would benefit from more specialist intervention services and placements.
- > Rehabilitative approaches, such as the *Good Lives Model*, should be used to enhance protective factors, promote stable and supportive relationships and help young people develop personal competence and healthy lifestyles.
- > In reducing risk and building resilience, it is important that young people are not labelled and stigmatised unnecessarily.

## Key findings on policy and commissioning:

- > A more extensive range of community-based, welfare-oriented responses is needed for young people with harmful sexual behaviours. A national strategy is required to ensure the further development of services to children and young people who have sexually abused others. These should be both comprehensive and 'tiered' in nature.
- > Most sexual abuse by children and young people does not come to the attention of youth justice services, so provision needs to span the child welfare and criminal justice systems.
- > The emphasis should be on positive interventions for children and their families at the earliest opportunity following identification of problematic sexual behaviours. Often, this is not best achieved through the application of a criminal justice label to such young people.
- > Local Safeguarding Children Boards (LSCBs) should map the need for assessment and intervention services in their areas under their prevention and early intervention streams and should identify appropriate early responses in line with government guidance, including *Working Together* (HM Government, 2013).
- > As a minimum, LSCBs should ensure that an appropriate assessment service is available in their locality, which meets the needs of professionals dealing with this issue across safeguarding and youth crime systems.
- > In order to address ongoing gaps in inter-agency information sharing and working, a lead professional should co-ordinate the care and support of a child or young person with harmful sexual behaviours. As in other areas of practice, the key to effective assessment and intervention is good communication between all agencies involved in the care and support of young people.
- > There is a need to develop effective regional strategies for assessment and intervention. LSCBs and Health and Wellbeing Boards can usefully pool and share resources, drawing on key partners involved to provide services.
- > Developments may usefully be linked to wider safeguarding priorities, such as responses to domestic and intimate partner violence, as often these factors are inter-related with harmful sexual behaviours.
- > Children and young people presenting with harmful sexual behaviours should be supported wherever possible in their families and local communities. Even in the case of children and young people with seriously problematic sexual behaviours, the best option is likely to be providing intensive support and close supervision while maintaining these children in their own families. Where this is not possible, specialist fostering arrangements, though not widely available at present, can be helpful.
- > Local audits of placement provision should be undertaken with a view to ensuring there is an adequate supply of good-quality care and accommodation for those children and young people who are unable to remain at home, or who

are removed from home as a result of a court order. The vulnerability of children and young people with harmful sexual behaviours living in out-of-home care should be a primary concern, alongside the risks they present.

- > LSCB practice guidance should be reviewed to ensure it reflects the current state of knowledge about the likelihood of children and young people who have sexually abused others repeating their problematic behaviour, with an appropriate emphasis placed on careful assessment to judge levels of risk and need.
- > There is strong support for tiered intervention services, which do not label those children presenting with low-level problematic sexual behaviours as sexual offenders. Effective interventions with this group of children and young people do not have to come from a specialist service. For most young people with harmful sexual behaviours, good-quality therapeutic provision – offered through a CAMHS team, for example – can be effective. For young people with more extensive needs, specialist provision may be warranted. Policy and guidance should set out clear pathways for engaging with structures and services at different levels.
- > Short inter-agency training courses provided or enabled by LSCBs are effective in raising awareness and knowledge about the issue of children and young people with harmful sexual behaviours. A tiered approach to staff development is needed to offer more in-depth training and supervision for those undertaking work with higher-risk populations.
- > Currently, national and local guidance documents often stop short of discussing interventions following initial assessment. Local co-ordinating bodies should ensure that identifiable intervention provision is available to professionals dealing with this issue. Levels of unmet needs should be mapped. Local guidance should specifically address referral routes and funding issues in relation to accessing services.
- > Further evaluation and research is required in order to identify effective practice. Commissioners of services need to ensure that the requirement of robust evaluation is built into service level agreements. All services working with this user group must also be required to establish consistent and meaningful ways of collecting user feedback and to demonstrate service responsiveness to users' views and needs.

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## About the author

Simon is Professor of Applied Social Sciences and Principal of St Mary's College, Durham University. Simon's involvement in research and practice with children and young people with harmful sexual behaviours extends back over 20 years and he has published widely in this area. His research includes a recently completed ESRC funded study of the life course trajectories into adulthood of children with sexual behaviour problems. Simon was previously a Programme Director of G-MAP and is currently Chair Elect of the National Organisation for the Treatment of Abusers (NOTA).

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