

Pathways of Harmful Sexualised Behaviour

Steve Bore
Social Work Consultant

1

HSB Definition

- Harmful sexual behaviour (HSB) can be defined as “Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/ or be abusive towards another child, young person or adult.” (Hackett, Holmes and Branigan, 2016)

Scale of the problem

Children and young people account for approximately a quarter of all convictions against victims of all ages (Vizard, 2004)

1 in 20 children have been sexually abused in the UK (Radford, L. et al, 2011)

Around a third of sexual abuse is committed by other children and young people (Hackett, S., 2014)

A highly diverse group

Vast majority of children & adolescents with sexually abusive behaviours are male

Girls with abusive sexual behaviours come from particularly chaotic and dysfunctional family backgrounds, with higher levels of sexual victimisation and other abuse

Young learning disabled & ASC children & young people = particularly vulnerable group

PATHWAYS TO HARMFUL SEXUALISED BEHAVIOUR

5

WHAT DO WE KNOW?

Pathways to Sexual & Non-Sexual Behaviours

- ▶ **We need to know** about more than just shared ‘back-stories’, behaviours, and other common features.

We’d need to know:

- ▶ **Why youths engage in harmful sexualised behaviour?**
- ▶ **No one specific theoretical model can include frequently common personal experiences and risk factors which clearly lead to different outcomes in different children.**
- ▶ **None are able to consistently describe the aetiology of sexually abusive behaviour for every child, and none are able to describe with any accuracy the essential elements that consistently produce sexually abusive behaviour in some adolescents but not others;**
- ▶ **Despite the common origins of the pathways for many troubled children and many shared features found along the way, research is still theoretical when considering the move from non-sexual behaviour to sexually abusive pathways”**

Research – Link between Exposure to Childhood Adversity/Trauma & HSB

Research is continuing to emerge linking childhood adversity/trauma and HSB.

However the field remains in desperate need for empirical studies that focus on the underlying mechanisms of this association.

Aetiological Hypotheses

8

- ▶ Popular theories of the etiology of child & adolescent harmful sexual offending & behaviour:
 - ▶ **Family Dysfunction** (e.g., violence, poor boundaries, sexualized atmosphere, poor emotional expression, etc).
 - ▶ **Learning Theories** (e.g., Classical Conditioning, Operant Conditioning, Social-Learning).
 - ▶ **Physiology** (e.g., cerebral, hormonal, genetic differences).
 - ▶ **Socio-Cultural** (e.g., gender imbalances, societal violence, pornography, attitudes toward sex).
 - ▶ **Abused-to-Abuser** (data varies here).
 - ▶ **Juvenile delinquency** (i.e., nonsexual) models.
 - ▶ **Complex Biopsychosocial models.**

An Integrated Biopsychosocial Model - Dr Phil Rich, 2011

- ▶ **Physiological** theories in which **the cause of harmful sexualised behaviour is biological in origin, and perhaps evolutionary in biological design and purpose.**
- ▶ **Behavioural** theories in which **thought and behaviour is a response to repeated environmental stimuli and conditioned into a behavioural pattern through repeated engagement in behaviours that reinforce and build the pattern.**
- ▶ **Cognitive-Behavioural** theories in which **irrational, negatively biased, inaccurate, and distorted thinking, attitudes, and beliefs** are the source of emotional distress, behavioural problems, and psychosocial difficulties.

An Integrated Biopsychosocial Model

- ▶ **Social Learning** theories in which **children learn how and what to think, and how to behave from role models** in their home and developmental environment, establishing fixed patterns of belief systems, values, thought, and behaviour by early adulthood.
- ▶ **Developmental** theories in which **as individuals grow from infancy through childhood and into adolescence, they pass through** distinct stages of physical, cognitive, and behavioural development in the developmental-learning environment that define individual psychology and personality, self-image, and personal identity.
- ▶ **Psychodynamic** theories in which **thoughts, emotions, relationships, and behaviours**, are the result of implicit mental processes derived from early experiences and instinctual drives.

An Integrated Biopsychosocial Model

- ▶ **Attachment** theories in which **early primary caregiver-child relationships** serve as the basis for secure or insecure representations of self and others, social interactions and relationships, and underlying belief systems and cognitive schema that pave the way for psychosocial functioning and effectiveness in the social environment.
- ▶ **Systems** theories, or ecological models, in which **child and adolescent development is embedded within and shaped by a series of larger, constantly interacting social systems**, and in which patterns of thoughts, behaviour, and functioning can be understood only within the context of larger systems.
- ▶ **Sociological** theories in which **behaviour is shaped by social pressures and socially deviant behaviour contained or restrained by social forces, including social norms and values** acquired by individuals through a process of social enculturation.

An Integrated Biopsychosocial Model

- ▶ **Trauma** theories in which the **trauma of early sexual and physical victimization disrupts normative and expected emotional and personality development**, and potentially affects and re-shapes neural pathways in the brain, and serves as an important shaper of later feelings, thoughts, and behaviours, including the development of sexually troubled behaviour.
- ▶ **Psychopathic** theories, in which the **individual experiences only self-interest, lacks concern for or understanding of the needs of others, has shallow and superficial emotions, and acts with neither regard for others nor remorse**. When psychopathic individuals engage in sexual aggression, it is merely another facet of a personal needs-driven and entitled narcissism in which there is neither recognition of nor concern for the victim and in which personal needs and drives are out of tune with the needs or concerns of society-at-large.

Childhood Trauma

13

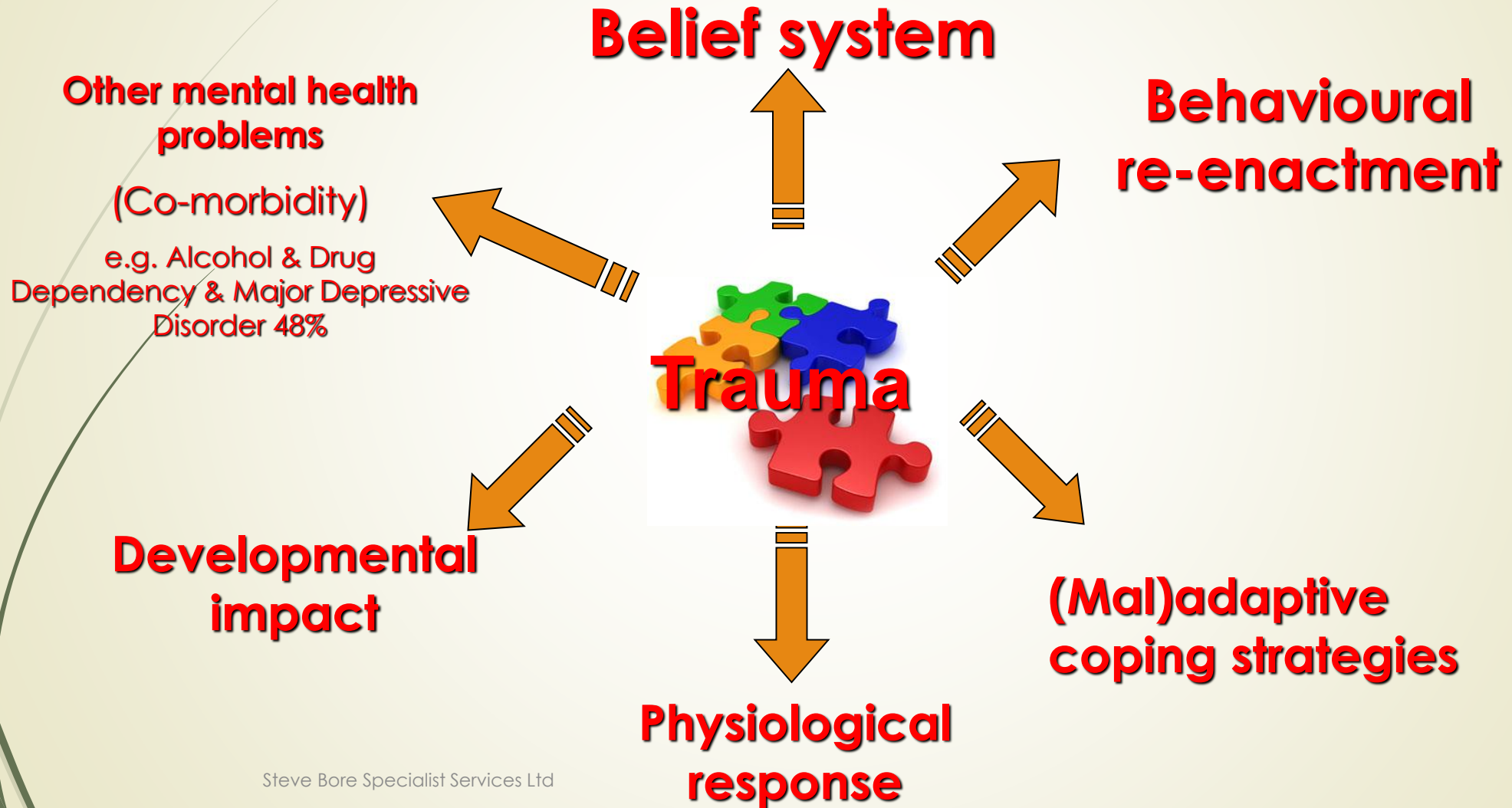
- **The presence in childhood of some type of trauma.** This is especially true if we define trauma to include not only incidents of physical and sexual abuse, but also neglect, abandonment, witnessing domestic violence, and other experiences that the child may view as overwhelming or life threatening
- The **deficits harmful youth appear to experience in intimacy, social competency, and empathy** which from our perspective are best understood as problems which offenders experience in their attachment relationships
- A number of studies have examined the **causal connection between a child's history of being sexually abused and later sexually abusive behaviour.** Much of this research on the trauma histories of offenders appears to be either explicitly or implicitly driven by a social-learning theory of sexual offending, however..
- ***Not all victims of sexual abuse victims go on to sexually offend (Calder et al)***

Childhood Trauma & Psychopathology in Children

- ▶ Given that a large number of the children and adolescents who are referred to treatment for sexual behaviour problems present with significant histories of abuse, neglect, and other traumatic experiences (McMakin, et al, 2002) **the neurobiology of trauma and its connection to subsequent psychopathology in children would appear to be of direct importance to researchers and practitioners in our field.**
- ▶ **However, to date, very little of this research** has been incorporated into either the assessment or treatment protocols utilized in professional practice (Ryan, 1999; Fago, 2003).

The Trauma Mechanism

15



Behavioural Compulsive Re-enactment

- Children & young people can expose themselves, seemingly compulsively, to situations reminiscent of their original trauma.
- Behavioural Re-enactment - three key ways:
 1. Sexual/Non-Sexual Harm to Others;
 2. Self-destructiveness;
 3. Re-victimization.
- Children seem more vulnerable than adults to compulsive behavioural repetition and loss of conscious memory of the trauma.

Re-Enactment & Child/Young Person's Understanding of.....

17

- Consent
- Inequality
- Coercion



Attachment

- Some reactive behaviour can be a conscious or unconscious attempt to meet an attachment need to resolve an emotional conflict. Another example is of a young person who sexually abuses someone much younger to meet the need for mastery over his own victimisation.
- It is likely that some young people will need to consider their past experiences of abuse and their associated conscious (suppressed) and unconscious (repressed) feelings and thoughts in order to come to some understanding about them. Often these thoughts and feelings overwhelm their ability to integrate their experiences; make sense of them and move on.

Developmental Impact Attachment Domains

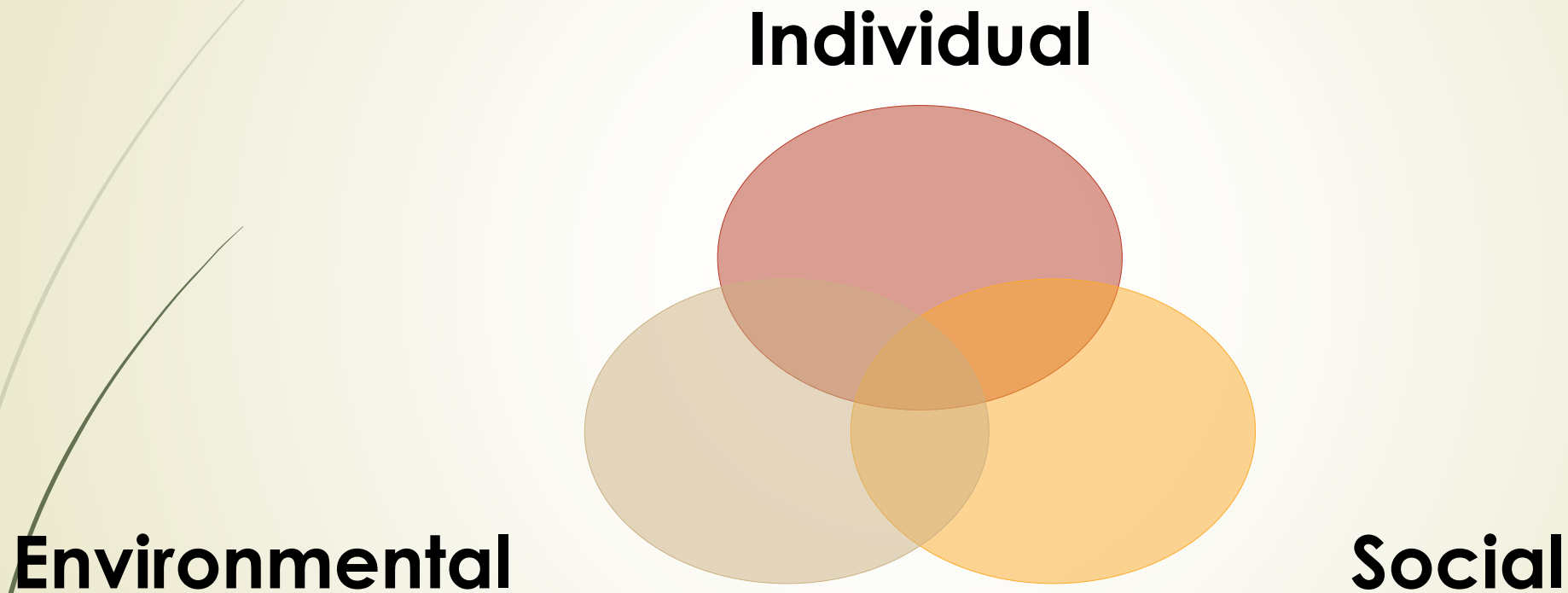
- ▶ ***Anxious/Coercive Ambivalent attachment*** - will tend to lead to the individual seeking approval from others and will *sexualise* attachment relationships. This group are more likely to engage in sexual contact with children.
- ▶ ***Dismissing/Fearful Avoidant attachment***- increases the likelihood of the individual demonstrating hostility toward others, which makes them more likely to offend against peers and/or adult women.

Attachment Domains

20

- ▶ ***Disorganised/Disoriented attachment* - would lead the individual to seek intimacy via impersonal encounters and is seen as the most damaging to the child's overall development.**
- ▶ Children and young people under this domain will have limited psychosocial-emotional and sexual learning and low self efficacy. Therefore their limited capacity to formulate or be part of a social network would make their social, emotional and sexual learning experiences extremely limited.

Seeing the Ecology of the Child's/Young Person's Internal and External World



Exploring the Child's Inner World

Things to consider about a child or young person:

- **What has happened to ?**
- **What messages will s/he have received?**
- **What are all of his/her behaviours?**
- **What is s/he communicating?**
- **What does s/he need?**

Family Risk Factors May Include:

- ▶ Sexual abuse, Neglect, domestic violence, physical abuse
- ▶ Maternal deprivation/ Parental deprivation
- ▶ Exposure to adult sexual activity
- ▶ Access to sexual materials
- ▶ Extreme parental dominance
- ▶ Enmeshed, unhealthy families
- ▶ Secrecy is a norm
- ▶ Unclear family roles
- ▶ Special privileges for one child over another
- ▶ Unequal roles, unequal power – especially related to gender

Additional Family Risk Factors May Include:

- ▶ Inappropriate adult roles for children
- ▶ Parent is jealous of child
- ▶ Isolated from community and supports
- ▶ Extreme reaction to sex education materials
- ▶ Excessive use of alcohol or drugs
- ▶ Intolerance of/denial of/ lack of feelings
- ▶ Lack of consequences for sexual behavior problems
- ▶ Covertly sexualized atmosphere

Safety Planning

25

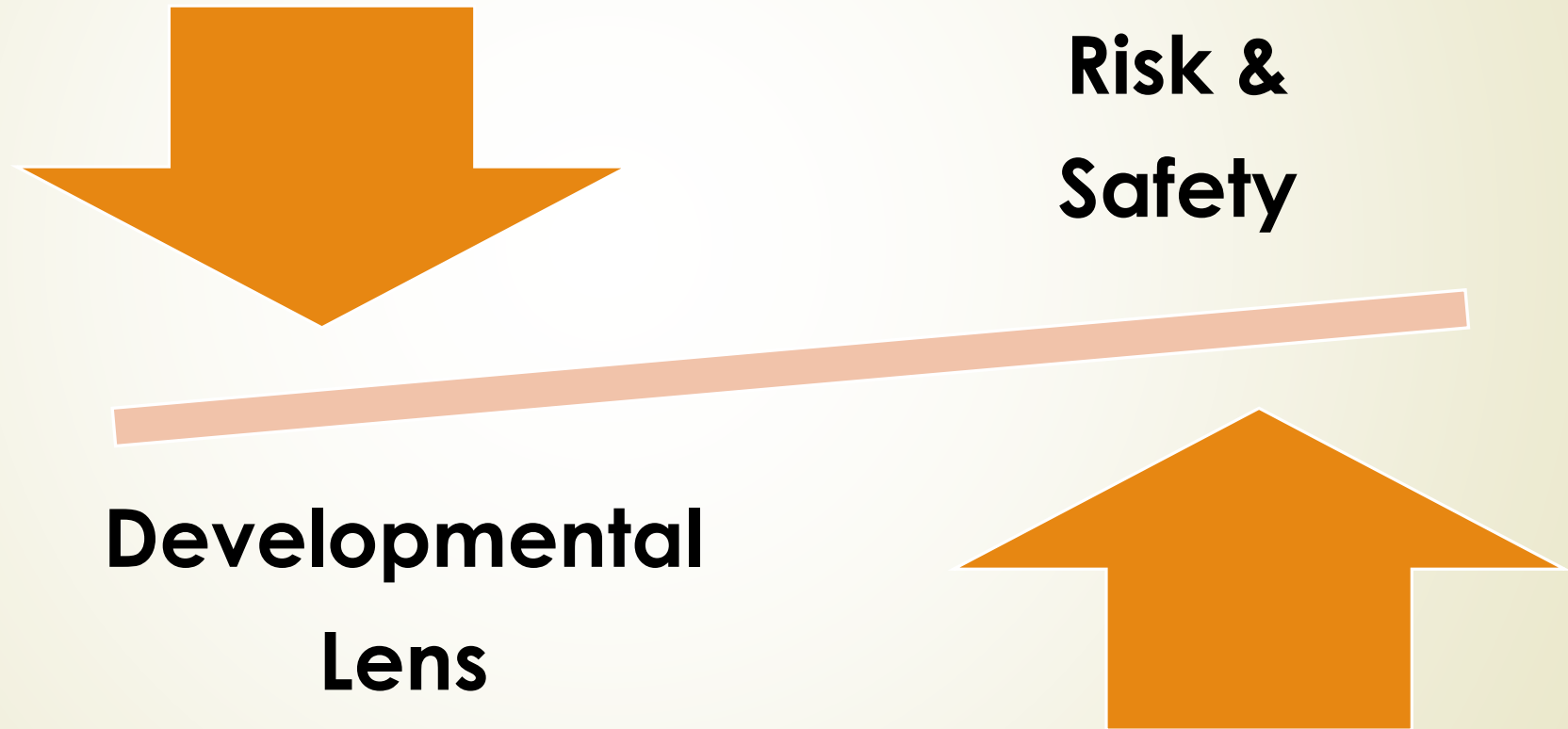
The broad areas to **assess** include:

- **the adults understanding of the child**
- **the impact of the living environment on the child's risk areas of strength and need in relation to capacity for managing risk**
- **any obstacles or risks or other factors contributing to the child's behaviours**
- **the identification of key goals for the living environment to work proactively with the child to help them change their behaviours**

The detail in the **plan** should include as a minimum:

- **A realistic level of supervision that must be provided;**
- **The living environment is free from confusing sexual behaviour and information i.e. DVDs magazines, language, behaviour;**
- **Sleeping arrangements need to be considered including making arrangements with extended family members;**
- **Clear rules on nudity/privacy;**
- **State of dress around the house;**
- **Limitations on play fighting.**

Finally – Developmental Lens - Risk & Safety Balancing



ANY QUESTIONS?

**“Everything
that is done in
the world is done with
HOPE!”**

Martin Luther King Jr

THANK YOU

References

- Calder, MC (2002) Young people who sexually abuse. *Building the evidence base for your practice*, Lyme Regis: Russell House
- Calder, MC (2011) Contemporary Practice with Young People who Sexually Abuse: *Evidence Based Developments*, Lyme Regis: Russell House
- Print, B. et al. (2001) An interagency assessment framework for young people who sexually abuse: principles, processes and practicalities. In Calder, MC (2001) above
- Rich, P. (2009) Attachment and Sexual Offending. Chichester. Wiley
- Ryan, G., Leversee, T., Lane, S. (2010) Juvenile Sexual Offending. *Causes, Consequences, and Correction*. Chichester. Wiley