

Children and Young People With Harmful Sexual Behaviour

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Children and Young People: Definition

“... a *child* means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier” (UNCRC, Article 1)

Within the field of *Harmful Sexual Behaviour*, a common expression used to refer to people who are under age 18 is “children and young people”. Therefore, for the purposes of this paper, *children and young people* has the same meaning as the legal definition of “child”.

What Is It?

Harmful Sexual Behaviour (HSB) is defined as the behaviour of *children and young people* who engage in any form of sexual activity with another individual, that they have power over by virtue of age, emotional maturity, gender, physical strength, intellect and if the victim in this relationship has suffered a betrayal of trust” (Palmer, 1995). This definition of HSB is wide ranging and includes both contact (touching, masturbation, penetration) and non-contact behaviours (grooming, exhibitionism, voyeurism and sexting or recording images of sexual acts via smart phones or social media applications).

Since the definition of “child” clearly refers to those persons who are under 18 years of age, then the definition of *HSB*, using the expression “children and young people”, also must refer to those who are under 18. Therein lies the basis for two issues that require policy decisions and clarification. First, although HSB is criminal by definition, the legal age of criminal responsibility differs throughout the UK. In England, Wales and Northern Ireland criminal responsibility is set at 10 years of age whilst in Scotland criminal responsibility is set at 12 years of age. Second, the fields addressing HSB make age distinctions in research; assessment and intervention, commonly distinguishing those who are under 12 years from those who are 12 to 18. Those two groups are usually distinguished in literature, assessment models and systems of practice. Therefore, age can be a prescriptive factor determining whether a child who has engaged in sexual behaviour that meets the definition of HSB automatically enters the child-protection system or becomes eligible for the criminal justice system.

One of the consequences of this age distinction is that policy developments and service systems are almost exclusively focused on people engaging in HSB who are in the 12-18 years age range. The issues surrounding sexual behaviour by children aged 10 to 12 years that could be classified as HSB, are notably absent from policymaking and professional discussions, as are they for those children who are under age 10 (Hackett, 2014). What is referred to as HSB in the definition provided above is given different names depending upon the age of the person engaging in the behaviour and the service system in which the young person is placed. Moreover, there is disagreement among practitioners, reflected in service systems, about appropriate treatment for children engaging in sexual behaviours depending upon their age.

For example, *Sexually Abusive Behaviour by Young People* and *Juvenile Sexual Offenders* are sometimes used to describe young people who have engaged in sexual behaviours of the type

included in the definition of HSB above. However, some practitioners and researchers are sensitive to words and their implications, such as equating the adjective, “abusive” with the noun, “Abuser”. These professionals claim that designating a person as *an abuser* assumes that they are aware of their actions and understand that it was wrong. Likewise, “Offender” is assumed by some to refer only to the small number of young people who are *convicted of HSB* by the criminal justice system and, therefore, does not include children who are under 10 (Ashurst & McAlinden, 2015).

The expression that is most widely accepted by statutory agencies and seems to be preferred by agencies and practitioners providing services directly to the young people is “Harmful Sexual Behaviour”. This expression, it is thought, helps to avoid labelling of the person and the stigma associated with any label. Furthermore, focusing on the behaviour rather than on the person allows recognition of any developmental issues present in a case and the potential for the young people to change (Hackett, 2014).

It is important to the development of the field, and for ensuring equity among cases and consistency among service systems and practices, that issues of labelling and the differences among age groups for classification for interventions, definition of behaviours and alternative services allowed or provided, need to be addressed in both policy decision-making and in professional discussions and debates. Especially recommended is that discussion be held and policy be established about whether all behaviours that meet the definition listed above for HSB are classified as such for children regardless of their age, how actions of children may be considered and addressed for intervention services and whether there will be prescriptive decisions for particular age points, such as 10 years.

History

The National Children’s Home Report (1992), *‘The report of the Committee of enquiry into children and young people who sexually abuse other children,’* was one of the first to report that, in the United Kingdom, children and young people who sexually harm others had emerged as a matter for concern. Findings from that report encouraged research attention to this field and informed us that children and young people with HSB were responsible for one quarter of convictions for sexual offences against victims of all ages (Vizard et al., 2007) and between 30 and 50 percent of sexual abuse coming to the attention of the professional systems in the UK (Erooga & Masson, 2006). Unfortunately, to date, there is no universal UK policy which unifies and orients professional responses as to which system (i.e., either the Child Protection System or the Criminal Justice System) a child or young person who engages in HSB should enter. This means that responses to the HSB are variable and gaps in services remain (Hackett, 2014).

As can be seen in the research below, people who engaged in HSB are a diverse group and in most cases, their sexual behaviours are merely one element in their lives of a range of predisposing experiences, underlying vulnerabilities and presenting problems (Hackett, 2014). Furthermore, there is evidence in the research that these children and young people are not fundamentally different from others who are in trouble and in need of assistance.

Key Research Findings:

- Many children and young people who present with HSB have histories of multiple abuse and disadvantage and have come to the attention of child welfare agencies before the HSB emerged.

- Younger children presenting with HSB have a high probability of having been sexually abused themselves. These children may re-enact abuse they experienced directly and will require intervention that responds appropriately to them as both victims and sexually-reactive children.
- Early adolescence, particularly during onset of puberty, appears to be a peak time for engaging in HSB. Most of those who do are male, although evidence is emerging about small but increasing numbers of females whose sexual behaviours are harmful.
- Many adolescents who engage in HSB share personal and behavioral characteristics with other young people who have a wide range of difficulties, making it important to address the complex set of issues present in a case in addition to the HSB.
- Some form of learning disability is common among children and young people who engage in HSB. Thus, they may be more vulnerable and neglected than typical children and may need specialist support that takes into account both their behaviors and their particular learning conditions.
- Targeted holistic, individual and specific interventions can be highly effective in reducing risk even for those children and young people at higher risk of re-offending (Righthand & Welch, 2001 and Veneziano & Veneziano, 2002)
- Many parents whose children engage in HSB are, themselves, lonely and isolated; often facing stigma, rejection and hostility as responses to their child's sexual behaviour. There is ample evidence that parents may need services themselves and, when it is appropriate for them to do so, it may benefit both themselves and their child by participating in the child's intervention.
- General principles for intervening for children presented for HSB are that the intervention should be:
 - Holistic; focusing on the needs of the children across any dimensions of their lives and development that are contributing to their behaviours or barriers to their development.
 - Systemic; including families, if at all appropriate, in order to improve the social environment, attachments and relationships.
 - Goal-specific; designed to address specific issues that are known or suspected to be causally-related to the child's HSB or to rehabilitation.

Intervention for children presented for HSB is important:

- To protect victims and prevent further abuse. HSB is harmful both to the victims and, potentially, to the child or young person who displays HSB and their families;
- Because sexual abuse is a crime and cannot be ignored;
- Because if it is not addressed, HSB tends to escalate rather than subside or stop;
- Because there are high success rates from high-quality early interventions, few will continue to engage in HSB after treatment;
- Because children presented for HSB need developmental assistance, interventions merely intended to control the harmful behaviour will not be sufficient for effecting long-term change;

- Because children and young people are developing physically and psychologically; therefore, there is an opportunity to divert them away from HSB;
- Because children and young people who engage in HSB often have distorted thinking patterns, they perceive “reality” as also distorted. Even though they may be distorted, thinking patterns among children are not as permanent as they may become and, thus, are more amenable to change through early intervention;
- Because behaviour patterns are still developing and experimental there may be more potential for learning and engaging in responsible sexual behaviour;
- Because young people tend to have incomplete and distorted sexual information and imagery, ill-developed sexuality and a distorted sense of self, they may be unaware of the potential harmful effects to themselves and others from their behaviour;
- Because without effective intervention, distorted mental structures that come from unchallenged patterns of behaviour may become permanent and influential in systems of meaning, thinking and behaviours. Well-designed interventions can be successful in restructuring the mental frameworks and thinking processes and, therefore, can affect future behaviours or behaviour patterns.

Current Practice

Providing high-quality services for children and young people who display HSB is a primary means for child protection. By helping children and young people change their sexual behaviour, other children and young people may be protected.

Principles for Effective Child Protection Practice:

- HSB by children and young people is harmful to both the victim and to the person displaying the HSB, and responses should reflect the harms that occur;
- There is a small but increasing number of younger-age children engaged in HSB and the number and range of victims, which can include adults, is increasing (CPSU, 2009);
- The welfare of victims must be and remain paramount throughout intervention;
- All agencies must take allegations seriously when they are made;
- Interventions must distinguish experimental, exploitative and harmful behaviours and be appropriate for the type of behavior. Making a determination of type requires consideration of:
 - Consent (including age and level of understanding);
 - Equality of age and status;
 - Authority and control present and applied;
 - Cooperation;
 - Compliance;
 - Criminal offences among behaviours;
- Participation and engagement of Parents and Carers:

- Support from families is vital to the success of the work;
- Progress can be achieved through working directly with parents and carers;
- Parents and carers may find it difficult coming to terms with the behaviour of their child and may require extended and extensive services to achieve their understanding and capability to assist in rehabilitation plans;
- Initial Responses; the expected responsibilities of all individuals and agencies are:
 - To deal with the sexual behaviour calmly and firmly; applying objective, professional level standards for all communications;
 - If still underway, stop the behaviour and remove the child or young person from others;
 - Describe the behaviour accurately that you observed or know with certainty, objectively and completely;
 - Report the incident to the identified person within the agency who is responsible for child protection and safeguarding; e.g., child protection officer;
 - Record the factual details of the incident, being as specific and objective as possible about what was seen or heard;
 - Send a written record to the identified lead person who must decide the level of concern and the reporting and referral responsibilities (Carson, 2007)

Key Issues:

- Necessary and sufficient work with children and young people who have engaged in HSB requires an inter-agency approach to protect the public while also maximising the opportunity to serve the children by challenging and changing their behaviours. This approach necessitates:
 - A recognition that children and young people who have engaged in HSB differ significantly in their developmental, motivational and thinking frameworks from adults who have committed sexual offences;
 - Systematic, consistent, co-operative and fair treatment of each case by all members of the inter-agency system;
 - A complex assessment of cases across all agencies before management plans or intervention decisions are made; and
 - Interventions designed and implemented to minimise the risks posed to past or potential victims, whether or not the young person is subject to the criminal justice system.

Conclusion

Despite, the fact that a significant amount has been learnt about HSB by children and young people in the last 20 years and professional awareness has grown, responses to the societal problem remain inconsistent and gaps in the delivery of services remain (Hackett, 2014).

Nevertheless, there can be positive outcomes from working with children and young people at their stage of development and using a strategy that builds upon strengths toward rehabilitation rather than merely attempting to control behaviour. Work should be focused on the case at hand and deal holistically with each child to ensure that all identified needs are met and victims are protected.

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