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in practice

RESEARCH REVIEW
Executive Summary

Children and young people with harmful sexual behaviours

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Introduction

The problem of children and young people with harmful sexual behaviours

This executive summary of the full Research 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, making it difficult to accurately measure the true scale of the problem (Masson, 2001).

Nonetheless, official statistics and existing research suggest that children and young people account for about 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 many cases, children and young people occupy dual identities as perpetrator of abuse *and* victim of harm. 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. There is significant overlap between issues associated with sexual abuse by youth and the broader fields of child sexual exploitation, domestic violence, neglect and mental health.

Reflecting a growing professional consciousness, many Local Safeguarding Children Boards (LSCBs) in England now acknowledge the issue of young people with harmful sexual behaviours in their interagency procedures and policy documents. However, no national strategy or overarching service delivery framework exists for this issue in the UK.

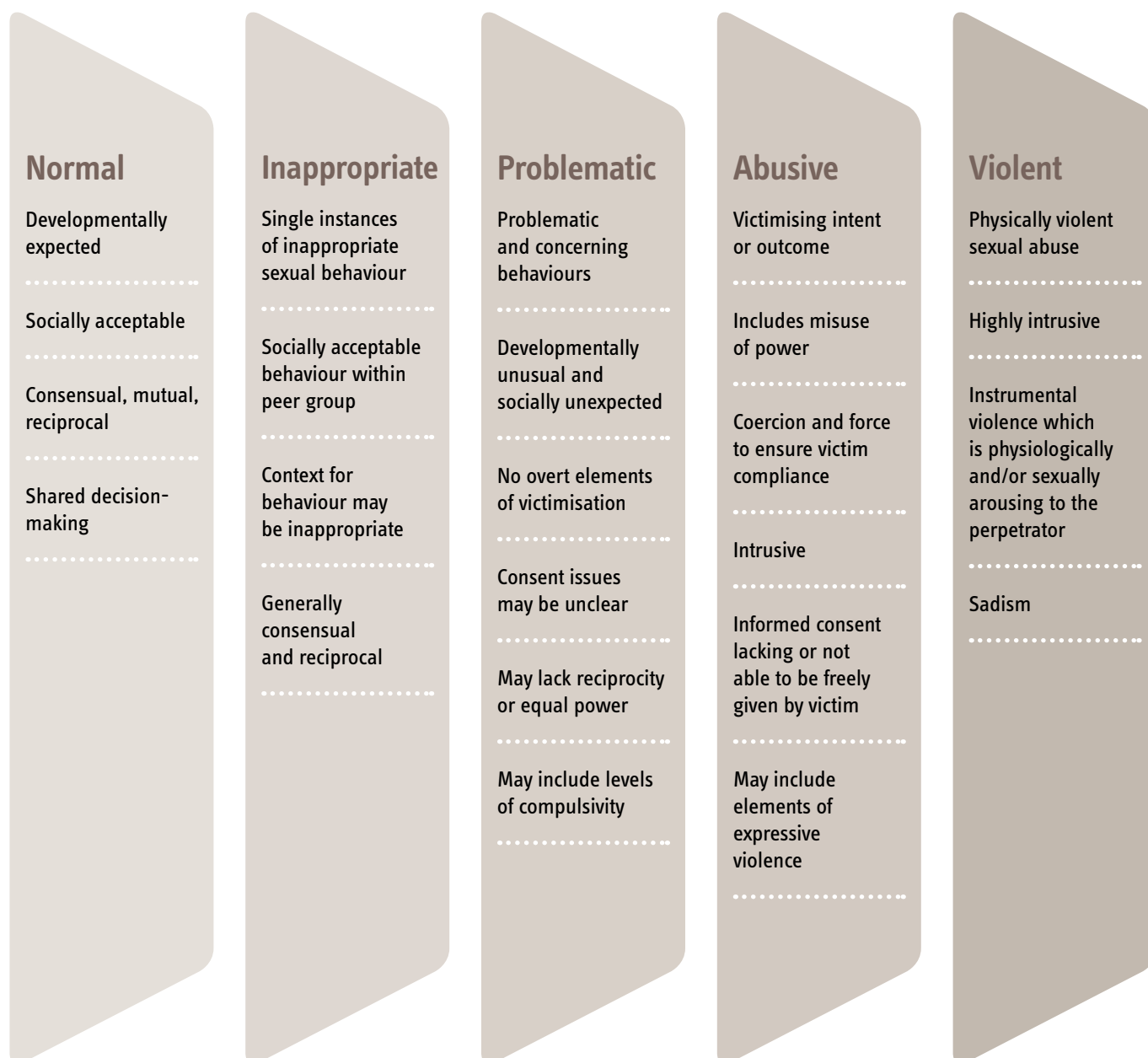
Differences in terminology

Clouding the issues are the different terms that are used to describe harmful sexual behaviours. 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 do not include an element of victimisation, but that 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 whilst abusive behaviour is by definition also problematic, problematic behaviours may not necessarily be 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'.

Children and young people's sexual behaviours exist on a wide continuum, from 'Normal' and 'Developmentally expected' to 'Highly abnormal' and 'Abusive'.



A continuum of children and young people's sexual behaviours (Hackett, 2010)

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.

There are a range of frameworks and checklists to locate children and young people's sexual behaviours at various levels of seriousness or concern. In the UK, the young people's sexual health charity Brook has launched an online sexual behaviours 'traffic light' tool for professionals which distinguishes between three levels (green, amber, red) of sexual behaviour in children and young people - www.brook.org.uk/index.php/traffic-lights.

Children with problematic sexual behaviours

Normal sexual behaviours in infancy and early childhood are largely exploratory and are part of children's curiosity about their own and other people's bodies. However, pre-adolescent children may display a wide range of problematic sexual behaviours that are beyond what is considered developmentally normal. The average age of children being referred for therapeutic interventions as a result of their sexual behaviour is dropping and a significant proportion of referrals concern children in their pre-adolescent years.

Pre-adolescent 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 (Hackett, 2004).

Experience of sexual victimisation, whilst a significant trigger for problematic sexual behaviour for some children, 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).

Cases involving younger children should be dealt with early and in qualitatively different ways to those involving adolescents with harmful sexual behaviours (Chaffin et al, 2002). Effective support for this group 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 broader concerns within the child's family and wider influences.

Young people with harmful sexual behaviours

Young people with harmful sexual behaviours are a highly heterogeneous group - diverse in their backgrounds, motivations, age of onset of the harmful sexual behaviour, types of behaviour exhibited and victims targeted (Righthand and Welch, 2001).

The vast majority of adolescents who engage in sexually abusive behaviours are male. 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). Girls and female adolescents with abusive sexual behaviours come from particularly chaotic and dysfunctional family backgrounds - with higher levels of sexual victimisation and other abuse than males, frequent exposure to family violence and often very problematic relationships with parents.

Young learning disabled people with harmful sexual behaviours are a particularly vulnerable and neglected group and may need discrete intervention responses. In terms of their backgrounds and personality characteristics, high rates of victimisation and trauma are reported in the backgrounds of young people with harmful sexual behaviours who are typically portrayed as having a number of social skills deficits, a lack of sexual knowledge and high levels of social anxiety.

This combination can lead them to problems in establishing appropriate intimate relationships and to attempt abusive sexual interactions with children. For some young people it appears that the onset of puberty is a trigger for generalised conduct and interpersonal problems to become sexualised. Most young people with harmful sexual behaviours target victims known to them, in many cases members of their immediate family or extended family (Taylor, 2003).

Many families of young people with harmful sexual behaviours are described as multiply-troubled; a significant proportion are from highly problematic family backgrounds and have experienced multiple disadvantages and adversities. Facing up to a child's harmful sexual behaviours can represent a profoundly difficult parenting experience and parenting competence and resources can be undermined.

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. Attention should be given to identifying and building upon family strengths.

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 as young people who commit contact sexual offences. Addressing such behaviours requires action not only at an individual level, but also at community and societal levels.

Assessment

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.

With young people, a number of promising risk tools have been produced. The Sexual Drive/ Preoccupation and Impulsive/ Anti-social Behaviour drives of the Juvenile Sex Offender Assessment Protocol II (JSOAP-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 DH Assessment Framework and the Youth Offending 'ASSET' assessment.

Policy-makers should focus carefully on the evidence concerning risk and recidivism. It is still widely assumed that young people with harmful sexual behaviours are at risk of becoming adult sex offenders, but the overwhelming majority of young people with harmful sexual behaviours do not reoffend sexually. The rate of non-sexual recidivism is substantially higher than the rate of sexual recidivism.

Evidence supports the existence of different developmental trajectories for generalist versus specialist adolescent sexual offenders. Young people who 'specialise' in sexual offences are primarily at risk of 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.

AIM

AIM is 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 which takes empirically supported factors and adds in those factors which 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
- > environment.

In each of the key domains, both strengths and concerns are addressed.

Interventions

Interventions with children and young people with harmful sexual behaviours should respond holistically and be sensitive to the child's developmental status. Interventions should target abuse-specific, as well as wider aspects, of the young person's functioning.

A multi-modal approach is now favoured, addressing issues within the young person's broader social existence, including family relationships and context, as well as working individually with the young person (Ryan, 1999; Hackett 2001; Masson and Hackett, 2003).

Interventions of a cognitive behavioural nature, which target offence-specific factors and which help a young person to develop relapse prevention strategies, frequently underpin the work offered to young people. **Multisystemic therapy (MST)** is a particularly promising development, with a growing evidence base which provides a framework for a multi-modal approach.

Increasingly, strengths-based approaches that seek to build the competencies of children and young people and their families are supported. Models such as the 'Good Lives Model' (2007) are particularly promising. This proposes that psychological well-being should be central to interventions with sexual offenders, determining the form and content of rehabilitation, alongside that of risk management.

Policy, service delivery and inter-agency working

A more coordinated response to this issue is hampered by the absence of an evidence-based national strategy and the removal of reference to young people who sexually abuse from the *Working Together* guidance in 2013.

There have been noticeable improvements across the UK over the last two decades in terms of better professional understanding and more services providing interventions. However, a recent joint inspection on 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) found a lack of early intervention.

There were few examples of holistic, multi-agency assessments or interventions, and case management was often compromised by poor communication and information-sharing. Examples of good practice existed, but the needs of children and young people were generally poorly met by the services working directly with them. The authors recommended aligning specific terminology to levels of potential risk and differential developmental statuses (for example, distinguishing pre-adolescent and adolescent behaviours) which they argued could considerably improve multi-agency communication.

With regards to early intervention, Smith and colleagues (2014) recommend that more resources and guidance are needed for professionals working with cases that involve early onset of concerning behaviour to help target the right nature and level of intensity of service. Research suggests practice is still not sufficiently rigorous and assessment information is often not core to informing interventions (Smith et al, 2013).

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'.

Such a tiered approach 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).

Key findings on policy and commissioning

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 the identification of problematic sexual behaviours.

LSCBs should map the need for assessment and intervention services in their areas under their prevention and early intervention streams and identify appropriate early responses in line with DH guidance. As a minimum, LSCBs should ensure that an appropriate assessment service is available to meet 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 coordinate the care and support of a child or young person with harmful sexual behaviours. Children and young people presenting with harmful sexual behaviours should be supported, wherever possible, in their families and local communities. Where this is not possible, specialist fostering arrangements can be helpful.

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 be provided by a specialist service. For most young people with harmful sexual behaviours, good quality therapeutic provision (for example, offered through a Child and Adolescent Mental Health Services team) 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.

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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