Child sexual abusers

***Tony Palairet** offers some recommendations from practice*

Introduction

Working with boys who have behaved in a sexually aggressive manner with other children has offered me an opportunity to observe both the children's behaviour and the adult responses to this behaviour. These pre-adolescent boys were typically victims of insecure attachments with neglect and multiple separations a feature of their young lives. They had been emotionally, physically and, sometimes, sexually abused. They were behaviourally and emotionally deregulated, and lacked social skills, development and education. These children often moved from one placement to another, where they could be placed with other vulnerable children and cared for by untrained caregivers. These boys are likely to continue to sexually hurt other children (Farmer and Pollock, 1998; Hall, Matthews and Pearce, 1998; Pithers, Gray, Busconi and Houchens, 1998).

> Ignoring children's sexualised behaviour is neither a local nor a new concern

Denial and minimisation

Children do hurt other children through sexually aggressive misbehaviour. According to research, the age of the sexual aggressor makes no difference to the degree of hurt suffered by the victim (Haugaard and Tilly, 1988). This idea is supported by my clinical practice and related case work experience. The notion that children really do seriously injure other children appears to be overlooked, and this particular overlooking is barely noticed.

It is generally recognised that children sexually traumatise other children. This makes the level of denial and minimisation around children sexually abusing other children hard to explain. Early warnings that there is a problem are contained in the long-running struggle with finding the appropriate language to describe children who abuse. This is perhaps a consequence of the ambivalent beliefs about sex and sexuality in society and the confused practice around sexualised children's behaviour. Western society is slow in coming to terms with the concept of children's sexuality. We accept children are sexual beings but then appear to demonstrate a surprisingly poor level of understanding around any problematic sexual behaviour.

Ignoring children's sexualised behaviour is neither a local nor a new concern. Literature over the past 20 years notes the concern as a recurring theme (Ryan, 2000). Children's

sexualised behaviour is sometimes dismissed as boys being boys or just experimentation. Other times, children end up labelled paedophiles, the neighbourhood is advised by posters and the police appear ready to prosecute the dangerous or evil young offender. Sometimes children's sexual behaviour is natural and enjoyable, but at other times, the child's behaviour is sexual aggression. Someone must determine which paradigm applies.

A contribution to this dilemma, the minimising and denying of the children's sexualised behaviour, is related to the perceived difficulty in identifying a clear difference between children's problematic sexual behaviour and normal, healthy and expected sexual behaviour. Children's sexualised behaviour is tricky to identify. Importantly, sexual behaviour is culturally defined and we must accept it will be complex (Gil and Johnson, 1993).

Assessment and evaluation

Assessment requires a sound knowledge of the culture of children's sexuality. Further and equally sound knowledge is required to know just how the prevailing culture of children's sexual behaviour sits within the child's culture. In Western society, childhood sexuality is confused because society displays so much ambivalence about sex and sexuality. These reasons should not excuse a clinician or practitioner from making a competent evaluation of a child's sexualised behaviour.

A comprehensive evaluation should be carried out for any child who is known to be engaging in sexual behaviours with other children. This is best done at the earliest opportunity and should ideally explore all the variables and processes that have contributed to the development of the sexual misbehaviour problem (Pearce, 2001).

One size does not fit all children presenting with sexualised behaviour, and when we assess we should question why this child is engaging in this sexual behaviour at this time. Two questions are at the centre of the assessment process:

1. What processes, events or circumstances have sexualised the child?
2. What trauma, related to access to intimacy, might the child have suffered?

The answers to these questions provide the framework for any subsequent intervention, if this action proves necessary.

Diagnostic data

To make an evaluation of a child's sexualised behaviour, the assessor will require a comprehensive overview of the child and family history. This will include details of the children's physical, sexual and emotional development and the relevant stories of the families' formative events. The children's experience of these events may be extraordinarily different from the parents' history of their children. Data will also be required to understand the children's behavioural and mood management ability, as well as their social behaviour with their peers.

There are some characteristic features in the clinical presentation of children who sexually molest other children. While there is no empirically validated model that explains the origin and maintenance of children's sexual aggression, the picture is a useful guide to decision making (Pearce, 2001).

Both girls and boys behave sexually towards other children. About half of the boys who sexually molest other children have been sexually abused. Sexual victimisation is a risk factor but not an explanation for their

behaviour. However, the literature suggests that girls who molest other children are invariably sexual abuse victims themselves (Gray, Busconi, Houchens and Pithers, 1997).

The role of insecure attachment is significant. A difficulty with early attachment is related to poor sociability, a lack of peer relations, low self-esteem and less effective behavioural and emotional self-regulation (Greenberg, 1999; Thompson, 1999). An impaired attachment results in a disruption to the children's identification with their parents and a break to the whole family's connection with societal values. Such children will have difficulty expressing their feelings and so be more prone to acting them out. These same features result in poor empathy development. A lack of social skills results in some children relating to their peers in a sexual manner because they don't know how to relate in an alternative manner. The explanation for sexualised and abusing behaviour can be as simple as that.

A strong correlation has been found between sexual enacting and multiple abuses, such as emotional and physical abuse, witnessing domestic violence, and neglect (Gray et al, 1997; Lightfoot and Evans, 2000). Pornography also appears to play a detrimental role in some boys' healthy sexual development, with some published researchers correlating early exposure to later sexual disturbances, including adolescent stage sexual disturbance (Wieckowski, Hartsoe, Mayer and Shortz, 1998).

There is considerable assessment data available by examining the family that the child was born into and raised. Family situations where there is low-quality parental supervision, boundaries are either absent or inconsistent, or the rules for child conduct are inconsistent are deemed high-risk families for the child's sexual behaviour assessment.

Other authors have detailed parental and family features implicated in children's sexual misbehaviour (Hall et al, 1998). Parents might have suffered from childhood physical abuse, neglect and family violence themselves. The family may have a history of separations where the chid has endured the loss of primary caregivers. Poverty and low levels of social support, including a poor use of community resources, are over-represented in the sample of parents of children who sexually molest other children (Hall et al, 1998).

Cultural or religious values that support punitive or harsh responses to childhood sexuality expressions add to the children's sense of guilt, shame and anger. These are three of the expected features of the abusing child's presentation. Parental condemnation of children's sexuality may increase secretive sexual behaviour by building the appeal and mystery of sex, especially illicit sex.

Reporting strategies

Therapy notes, assessment data and detailed behaviour reports are rarely included in child protection files (Farmer and Pollock, 2001). When child protection agencies receive notifications for reasons other than sexual misconduct, the children's sexual misbehaviour may be only a small part of the overall picture of need or concern. Any missing data detailing sexual misconduct places more children at risk of sexual molestation. Unsuspecting caregivers may not have a behaviour regime that will ensure the sexual safety of other children in the proximity.

The clinical evaluation of the children and their families needs to be clearly stated in writing

and the document placed in the child's care and protection record. Related features of the behaviour should be detailed, including any coercion or aggression used, the age and gender of the victim, the number of incidents, previous attempts to intervene and the outcome of these attempts. The degree of risk should be given as high, medium or low. Ideally, this information will be accessible to those who need to know about the risk to other children, such as caregivers, including respite caregivers, and schools.

Any further incidents of sexualised behaviour must be reported and the information added to the existing record. Other children involved in such incidents should be seen as possible victims and given the appropriate support and entitlements to safety. Recent literature highlights the repeated failure of this step and the consequences for vulnerable children (Farmer and Pollock, 2001).

Treatment must be planned and coordinated across the key agencies involved

Collaborative treatment

Treatment must be planned and coordinated across the key agencies involved, using a collaborative interagency treatment model. This recommendation relates directly to the complexity of the treatment task. Research from the UK has noted that as few as half of notified children who abuse other children receive therapeutic help (Farmer and Pollock, 2001). Of this half, a quarter ended therapy prematurely because of inappropriate referral and other difficulties. Less than a third of the children referred for therapy had the trauma of their own abuse addressed and, worse still, only one child in their sample of 250 subjects was referred for specialist therapeutic help to address sexually abusing behaviour. Does this picture have a strong reverberation with local practice?

Interagency collaboration is perhaps a future vision more than a feature of present-day treatment services. Bringing agencies, individuals and organisations together to work cooperatively will inevitably produce anxiety. The expected disturbed energy around children who sexually molest other children will split the helpers. This is insufficient reason to back away from the required collaboration. We do not yet have a culture of authoritative interagency case management in our country and case managers are not trained in the basket of skills necessary to work across agencies.

Conclusion

One of the reasons for the high level of denial and minimisation of children's sexual misbehaviour is the notion that children's sexuality, when it goes wrong, is too difficult to engage with. The body of international literature on the topic of children's problematic sexual behaviour reasonably reflects New Zealand's clinical practice. From this literature, as well as my own clinical experience, it is the most ignored and disadvantaged children – those who have suffered separation, neglect and loss, have been physically, mentally and sexually abused, or are in a cycle of multiple placements – who sexually molest other children. Responses to this group of children's sexual behaviour too often fail to seize the early intervention opportunity. The result of the failure is that more children are sexually molested and the sexual abusing

of children cycle continues uninterrupted. The related literature is abundantly clear about the advantages of early intervention and managing the problem behaviour in younger rather than older subjects. Prompt and high-quality assessment, good recording and filing of information and collaborative inter-agency treatment services all offer possible improvements.

REFERENCES

Farmer, E. and Pollock, S. (1998) *Sexually Abused and Abusing Children in Substitute Care*. Wiley and Sons. Chichester.

Farmer, E and Pollock, S. (2001) 'Substitute care for sexually abused and abusing children.' In *Adoption and Fostering, 25, (2)*. Pp 56–59.

Gil, E and Johnson, T C. (1993) *Sexualised Children: Assessment and treatment of sexualised children and children who molest*. Launch Press. Rockville, MD.

Gray, A, Busconi, A, Houchens, P and Pithers, W. (1997) 'Children with sexual behaviour problems and their caregivers: Demographic, functioning, and clinical patterns.' In *Sexual Abuse: A journal of research and treatment, 9*. Pp 267–290.

Greenberg, M. (1999) 'Attachment and psychopathology in childhood.' In J Cassidy and P R Shaver (eds.) *Handbook of Attachment: Theory, research and clinical applications*. Guildford Press. New York.

Hall, D, Matthews, F and Pearce, J. (1998) 'Factors associated with sexual behaviour problems in young sexually abused children.' In *Child Abuse and Neglect, 22*. Pp 1045–1063.

Haugaard, J and Tilly, C. (1988) 'Characteristics predicting children's responses to sexual encounters with other children.' In *Child Abuse and Neglect, 12*. Pp 209–218.

Lightfoot, S and Evans, I. (2000) 'Risk factors for New Zealand sample of sexually abusing children and adolescents.' In *Child Abuse and Neglect, 24*. Pp 1158–1198.

Pearce, J. (2001) 'Sexuality behaviour problems in preadolescent children.' In *Journal of Child and Youth Care, 14*. Pp 65–82.

Pithers, W, Gray, A, Busconi, A and Houchens, P. (1998) 'Caregivers of children with sexual behaviour problems: Psychological and familial functioning.' In *Child Abuse and Neglect, 22*. Pp 129–141.

Ryan, G. (2000) 'Childhood sexuality: A decade of study. Part 1 – research and curriculum development.' In *Child Abuse and Neglect, 24*. Pp 33–48.

Thompson, R A. (1999) 'Early attachment and later development.' In J Cassidy and P Shaver (eds) *Handbook of Attachment: Theory, research and clinical applications*. Guilford Press. New York.

Wieckowski, E, Hartsoe, P, Mayer, A and Shortz, J. (1998) 'Deviant sexual behaviour in children and young adolescents: Frequency and patterns.' In *Sexual Abuse: A Journal of Reseach and Treatment, 10*. Pp 293–303.

***Tony Palairet** is a family therapist in the Child, Youth and Family Tauranga Specialist Services Team.*