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Deposited in DRO:

21 February 2017

Version of attached file:

Accepted Version

Peer-review status of attached file:

Peer-reviewed

Citation for published item:

Hackett, S. and Phillips, J. and Masson, H. and Balfe, M. (2013) 'Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers.', *Child abuse review.*, 22 (4). pp. 232-245.

Further information on publisher's website:

<https://doi.org/10.1002/car.2246>

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Additional information:

Special Issue: Children and young people who harm others.

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Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers.

Child Abuse Review (2013) DOI: 10.1002/car.2246

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Abstract

The individual, family and abuse characteristics of 700 children and young people referred to nine UK services over a nine-year period between 1992 and 2000 as a result of their sexually abusive behaviours were examined. The most common age at referral was 15 years, though a third of all referrals related to children aged 13 or under. Thirty-eight per cent of the sample was identified as learning disabled. Surprisingly high rates of sexual and non-sexual victimisation were present in the backgrounds of the children and young people referred. A wide range of abusive behaviour was perpetrated with just over half of the sample having penetrated or having attempted to penetrate another individual. Victims were usually known to the abuser but in 75 per cent of cases were not related. Fifty-one per cent of the sample abused females only, though 49 per cent had at least one male victim. The

implications for policy and practice with children and young people with harmful sexual behaviours are discussed.

Key Practitioner Messages

- Children and young people who sexually abuse others are a diverse group with a complex set of motivations, background experiences and varying types of abusive behaviour;
- Children and young people with learning disabilities who sexually abuse comprise a particularly vulnerable group with specific intervention needs;
- A one-size-fits-all intervention approach is not appropriate, but child-centred services that focus on both care and control aspects are warranted.

Keywords

Adolescent sex offender, sexual abuse, sexual offending, characteristics

Although the predominant image of sex abusers is of predatory adult paedophiles, children and adolescents commit between a quarter and a third of all sexual abuse coming to the attention of the child welfare and criminal justice systems in the UK and North America (Erooga and Masson 2006; Finkelhor et al. 2009). One of the largest published descriptive studies of adolescent sexual offenders is that of Ryan and colleagues (1996) which comprises data on 1,616 juveniles collected from a wide range of treatment programmes across 30 North American states. Several UK studies have described groups of young sexual abusers, however, sample sizes are relatively small and most studies have included data from a single site or geographical area. For example, Dolan and colleagues (1996) retrospectively extracted data from the case files of 121 young people referred to a specialist adolescent forensic service in Northern England for sexually abusive behaviours. Manocha and Mezey (1998) examined the background of 51 adolescents who were referred to a specialist community-based treatment facility in Southern England for young people with sexually abusive behaviours. Hutton and Whyte (2006) analysed data on 189 children and young people aged between five and 20 who were referred to specialist sexual behaviour services. Taylor's (2003) analysis of 227 cases referred over a six-year period in the English Midlands represents the previous largest descriptive study of a British sample of young sexual abusers.

In the study which is the focus of this article we analysed data on a large sample of 700 young people referred to nine services across the UK in order to investigate their individual features, family backgrounds and developmental

histories, as well as their sexually abusive behaviour and victim characteristics. This represents the most extensive descriptive British study of juvenile sexual offenders published to date, with one of the largest samples of any such study internationally.

Method

The study formed part of a larger programme of work to examine long-term outcomes for children and young people who have sexually abused and their families (ESRC grant reference RES-062023–0850). Ethical approvals to proceed with the study were obtained from the authors' respective universities and from the collaborating services. The 'services' were projects or teams, typically established in the late 1980s or early 1990s, in order to provide assessments and intervention in cases where children presented with abusive sexual behaviours. The participating services were all based in England and Wales. Most of the services specialised in work with children and young people with harmful sexual behaviours, though one service also worked with children who had been sexually victimised.

As the first stage of the overall project, we analysed all cases referred over a nine-year period, from 1992 to 2000, to nine services working with young people with harmful sexual behaviours. This retrospective time period was selected in order to ensure that a suitable period of time had elapsed for the subsequent follow-up into adulthood of a sub-sample of the 700 cases (to be

reported in subsequent papers). Services were located in the statutory, voluntary and private sectors. Five of the services treated young people on a community basis, providing weekly treatment sessions typically for up to six months; four of the services were residential in focus and usually treated young people on a longer-term basis. Referrals to the services were very broad based, but came mainly from professionals working in child protection, youth offending or child and adolescent mental health teams.

The data were extracted retrospectively from contemporaneously written case records held by each agency. In total, there were case files available in relation to 700 individuals. The detail in the historical case records varied. Some extended to 600 pages, but most contained information between 30 and 60 pages in length. The files of those offered residential treatment were usually longer and more detailed than the files of the children and young people who attended the community settings. Nevertheless, files routinely contained relevant information about the child or young person's developmental history and prior life experiences, as well as family background and details about the sexually abusive behaviour that had been perpetrated. It was common for each case file to be made up of the reports of several professionals. The fact that each file was constructed from multiple sources, and that each of these sources worked closely with that young person, would appear to support the validity of the file information. Historical case records are more likely to be subject to bias when they are based upon one source and when they are written at some temporal distance from the primary event that are describing (Hayes and Devaney, 2004).

A data collection tool was designed specifically for the purpose of the study. Three members of the research team conducted a preliminary analysis of a small sample of files in order to test the ability of the tool to collect reliable and consistent data. Once the tool had been agreed, it was used to capture the required data from the files on all 700 individuals across the various sites. In each site, two researchers took responsibility for reading files and completing the data collection. This meant that where there were ambiguities in the recorded information, there was an opportunity for discussion between researchers.

The data were gathered primarily from assessment documentation contained within the case files as these documents tended to contain the clearest statements of the nature of an individual's sexual behaviour problems as well as background information. Where these were unavailable or incomplete, other sources of information were drawn upon, such as correspondence with other agencies, case closure reports and records of individual sessions or group work. The data were collected in relation to the following variables: age, sex, ethnicity, learning disability status, and living circumstances at the point of referral; individuals' experiences of abuse or trauma; the type and frequency of individuals' concerning sexual behaviours; and the individuals' history of criminal convictions. Data were also collected relating to the victims of the child or young person's inappropriate sexual behaviours. These included the number of known victims at the point of referral, the age of victims, the sex of victims and the relationship of the individual to victims.

Data from the 700 completed data collection sheets were entered into SPSS (version 16) in order to perform exploratory data analysis and to obtain descriptive statistics.

Findings and comparison to other studies

In this section, we present the findings from the data analysis and, where appropriate, we compare these findings to those of other similar UK and international studies.

Gender

Ninety-seven per cent (n=676) of children and young people referred were male, with only 3 per cent (n=24) female. The predominance of males in the sample is not surprising and is similar to other UK and US data. For example, in the large US sample reported on by Ryan et al (1996), young men represented 97.4 per cent of the total, with young women only constituting 2.6 per cent of the population. In Taylor's UK study (2003), 92 per cent of the young people referred were male, with 8 per cent females. The evidence, therefore, strongly supports the view that the vast majority of children and adolescents engaging in sexually abusive behaviours are male, even taking into account under-reporting and the dearth, in the UK at least, of available specialist treatment programmes for young females (Hackett et al., 2005).

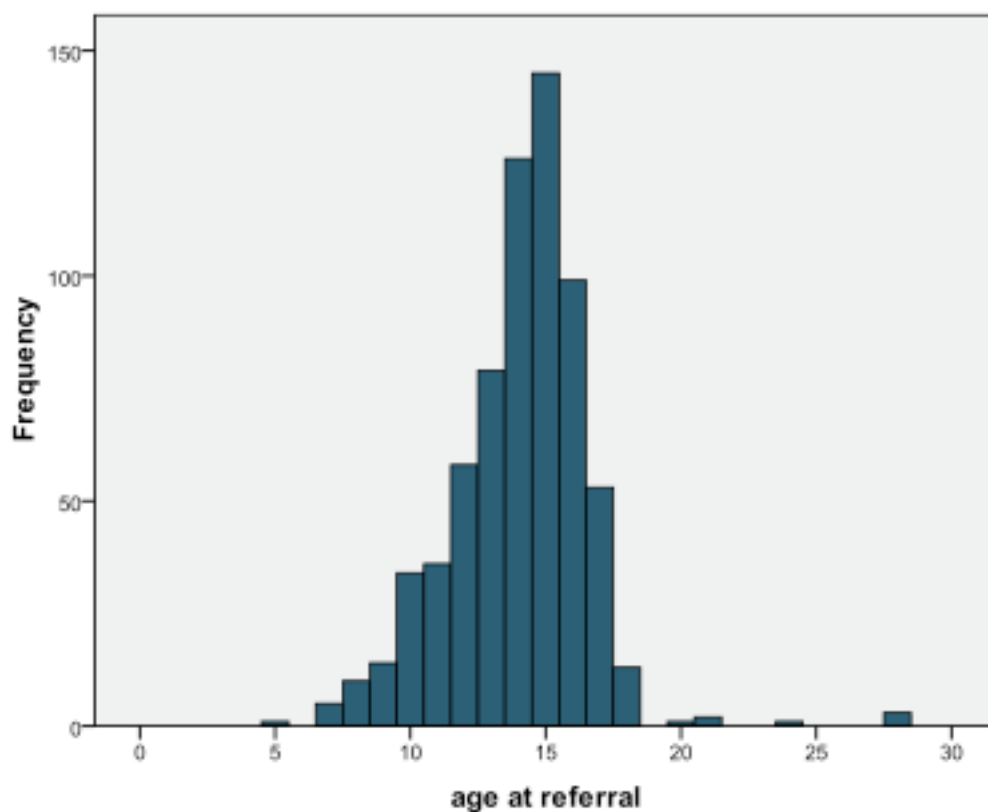
Ethnicity

In 93 per cent (n=427) of cases where ethnicity was noted in the case files, the young person being referred was white. Only a very small proportion of the work done in any of the services related to young people from black or minority ethnic 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. It may seem surprising that ethnicity was not recorded at all in 240 cases but, in the 1990s in the UK, such data were less routinely collected than they are now.

Age at referral

All services worked with children and young people up to the age of 18. As Figure 1 shows, the age at which they were referred because of their sexually abusive behaviour varied significantly from 5 years (n=1) to 28 years old (n=3). Overall, 1 per cent (n=7) of referrals were made in respect of individuals over the age of 18, despite this being above the services' referral thresholds. In these cases, referrals tended to relate to young adults with learning disabilities where it was felt by referrers that a service skilled in work with young people, as opposed to adult sex offenders, was a more appropriate referral destination.

Figure 1: Age at referral.



The mean age at referral was 14 years and the modal age was 15 years. This is similar to the findings of Ryan et al.'s (1996) North American sample in which the modal age was 14 years. Overall, young people aged between 14 and 16 constituted over half of all referrals (54%). However, over a third of referrals related to children aged 13 or under. As the cases comprised referrals over a nine-year period, it was noticeable that the proportion of children under 13 being referred increased towards the end of the period. This is probably a reflection of the level of increasing awareness amongst professionals over the period about the existence and nature of harmful sexual behaviours in early childhood, leading to earlier recognition and

referral of the problem. It is important to note that, whilst the age at which children and young people were referred mostly reflected the commission of a specific abusive act, age at referral does not necessarily equate with age at which the sexually abusive behaviour first developed. In some cases, the life histories outlined in files described the progression of general antisocial or sexually problematic behaviours over a period of some years before the point at which a decision was made to seek specific professional help.

Learning disability

Evidence from services across the UK (Masson and Hackett 2003) suggests that a sizeable proportion of children and young people coming to the attention of professionals for harmful sexual behaviours have a 'learning disability', otherwise referred to as 'cognitive impairment' or 'intellectual disabilities'. Therefore, we were keen to assess the extent to which those in our large sample had presented with such disabilities. This was a difficult task. The term learning disability is a definitionally and diagnostically slippery concept and is used variously, and sometimes vaguely, by professionals across disciplinary contexts. We read case files carefully to record any information that indicated the presence or absence of learning disability. In 38 per cent (n=241) of cases where information about disability status was noted, the young person was identified as having a learning disability. In a further 62 per cent (n=392) of cases, the young person had no cognitive impairment. This figure is significant given the prevalence of learning disability within the

general population in England, which is estimated to be approximately 2.0 per cent (Emerson and Hatton, 2008).

Living circumstances and convictions at referral

Forty-two per cent (n=272) of those referred were living at home with their families at the point of referral with a further 12 per cent (n=80) living with relatives. Usually, this was by arrangement with professionals in order to manage risk in the parental home without requiring the young person to move into care. A further 18 per cent (n= 116) were looked after under s.20 of the Children Act (1989), i.e. they were in 'voluntary care', and a further 14 per cent (n=91) were looked after under a Care Order. Only a small minority of children and young people, 6 per cent (n=38), were in secure accommodation as a consequence of their behaviours.

In 650 cases, data were available relating to whether individuals had been convicted of a criminal offence when they were referred to the agency. Forty-two per cent (n=273) of the young people had a caution or criminal conviction at referral whereas 58 per cent (n=377) had none. These figures also include individuals who had pleaded guilty to an offence and were awaiting trial and sentencing. Sexual convictions described in the case files included rape, buggery, indecent assault and gross indecency. Some young people had also received cautions or had been prosecuted for non-sexual offences such as arson, burglary, robbery, theft, criminal damage, carrying a weapon and drug/alcohol use.

Subjects' own experiences of trauma and abuse

Overall rates

Where information was available about their trauma histories, two thirds of the children and young people referred (66% or n=412) 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, parental drug and alcohol abuse.

Discussion of rates of prior sexual abuse is provided below, but in relation to all other forms of abuse (excluding sexual abuse), there was evidence that 50% of young people had been the victims of such abuse. In only 34 per cent of cases (n=215) was there no known abuse or trauma in the background of the referred child.

Rates of sexual abuse

Prior sexual victimisation of sex offenders has been a consistent finding across the adult and juvenile sex offender literature, however rates vary substantially across studies. Dolan et al. (1996) found that 25.5 per cent of young people had either a documented or self-reported history of sexual abuse. Manocha and Mezey (1998) reported a figure of 29.4 per cent and Taylor (2003) 32 per cent. Other US studies have reported sexual

victimisation rates of between 40–65 per cent (Becker et al, 1986; Davis and Leitenberg, 1987; Worling, 1995). Such variance is likely to be due to a range of factors, including the definition of sexual abuse used, the methods used to determine abuse histories, as well as the nature of the different, and usually small, clinical samples.

In our sample of 700, it was possible to analyse case file data to determine the presence or absence of prior sexual victimisation. One strength of our approach was that we were able to consider all available information coming to light in the course of the (at times protracted) interventions with a young person and his or her family, rather than merely information at referral. Referral information was sometimes highly limited in detail and it was not until the young person had established a relationship of trust with professionals that they were able to talk openly about their earlier childhood experiences.

Overall, it was possible to make an assessment of the presence or absence of sexual victimisation in 599 cases where the subject was male. Of these cases, there was documented and clear evidence that 31 per cent of young males (n=186) had been sexually victimised earlier in their childhoods. In another 19 per cent of cases (n=114) there were strong professional suspicions of sexual victimisation but no documented evidence (for example, 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). In 50 per cent of cases (n=299) there was no evidence or suspicions that the alleged abuser had himself been sexually victimised.

It was also possible to make an assessment of the presence or absence of sexual victimisation in respect of 19 of the 24 cases where young females were referred. In 37 per cent (n=7) of these cases there was clear evidence of sexual abuse, in 32 per cent there were strong suspicions (n=6) and in a further 32 per cent (n=6) there were no suspicions or evidence. Rates of sexual victimisation in the smaller sub-sample of young females were therefore higher than those for males. By way of comparison, of the 19 girls included in Taylor's (2003) study, 63 per cent were said to have had been sexually abused. In Matthews and colleagues (1997) sample of 67 young females who had displayed sexually abusive behaviours, 78 per cent of the sample reported sexual abuse as a feature of their background.

Nature of the sexually abusive behaviours displayed

Although details of the specific nature of the abusive behaviours committed by the sample were missing from some files, it was possible to categorise the behaviours in many cases. A wide range of concerning sexual behaviours had been displayed by those in the sample, as summarised in Table 1.

Table 1: Numbers of those referred to the agency who were reported to display specific concerning sexual behaviours

Concerning sexual behaviours	Frequency	Percentage*
Non-contact sexual behaviours	274	50%
Touching other's private parts	532	84%
Penetration or attempted penetration	307	52%
Sexual violence or use of physical force	95	18%

* Of cases where information is known

Although it is sometimes assumed that children's and young people's harmful sexual behaviours are experimental or of a minor nature, this is not borne out in the findings. The most frequently occurring behaviour involved inappropriate touching of others' genitals. Just over four fifths of all those referred across all sites engaged in this type of behaviour. In addition, just over half of the sample had penetrated or attempted to penetrate another individual and 50 per cent had engaged in non-contact sexual behaviours. Sexual abuse involving the use of physical, often expressive, violence was a feature of the behaviour of approaching one in five of individuals. This is significant as existing research has identified the use of physical violence in the commission of sexual abuse as a factor high risk for recidivism (Beckett, 2006). By way of comparison, in Ryan and colleagues (1996) sample, 68 per cent of the referring incidents of abuse involved penetrative and/or oral genital abuse behaviours. In Taylor's (2003) study, 31 per cent of children and young people had actually penetrated their victims and a further 15 per cent had attempted penetration.

These categories of harmful sexual behaviours were not mutually exclusive and many young people displayed more than one type of sexual behaviour. Specifically, Table 2 shows that 319 individuals (46%) had displayed two or more types of sexually abusive behaviours. In addition, a broad range of non-abusive, but nonetheless problematic, sexual behaviours was recorded in case files including wearing or hiding others' underwear, stealing panty liners, hiding photographs of children, as well as other non-sexual behaviours such as self-harm, soiling and cruelty to animals.

Table 2: Total number of categories of harmful sexual behaviours displayed by individual young people

Number of categories of harmful behaviours	Frequency	Percentage*
1	201	39%
2	200	38%
3	82	16%
4	37	7%

* Of cases where information is known

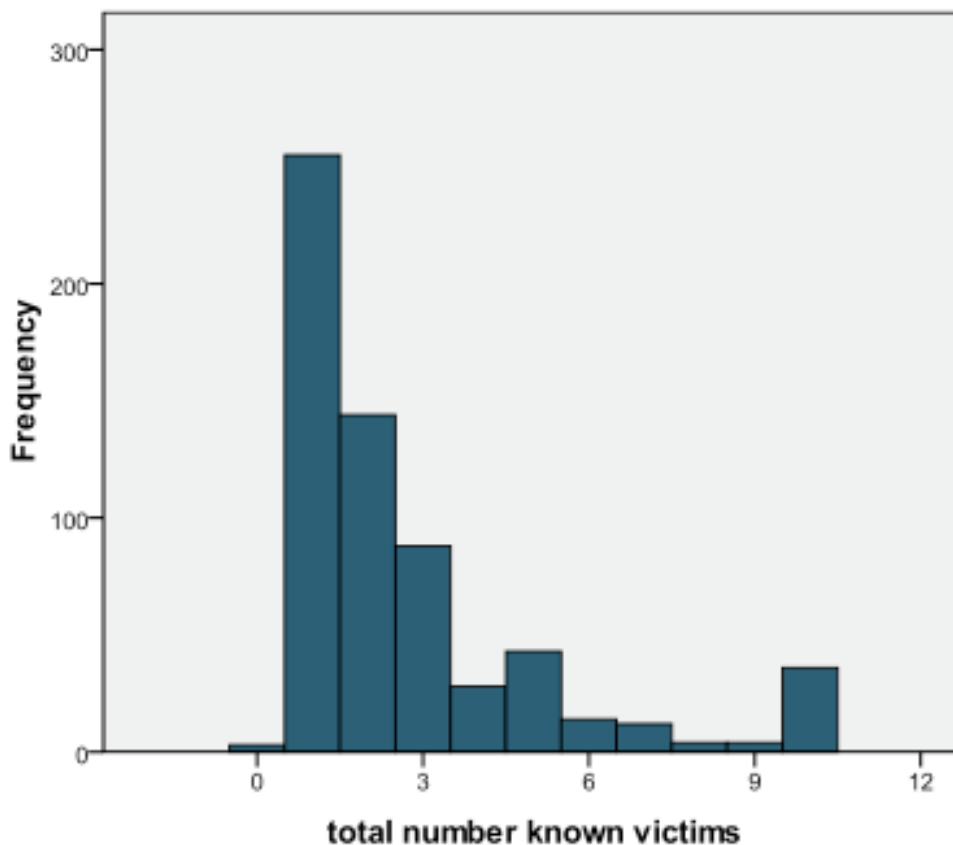
Victims

Number of known victims at the point of referral

Data in relation to numbers of victims were available for 631 of the 700 individuals referred to the agency as shown in Figure 2. The modal number of victims was 1. Three quarters of the sample had 3 victims or less. 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 10, often considerably greater. Often these multiple instances of inappropriate behaviour had occurred either in school or in a residential care setting. There was no strong evidence that those individuals who were displaying problematic behaviours with very high levels of frequency shared any other characteristics. For example, some had learning disabilities and others did not; some were victims of sexual abuse while others were not; and some had criminal convictions while others did not. The victims of these individuals' inappropriate sexual behaviours were also of various ages and both male and female.

Figure 2: Total number of known victims of individual young people



Age of victims

An analysis was also made of the ages of victims at the point when the sexual abuse had begun. Victim ages were recorded in three bands: aged 10 or under, aged 11 – 17, and aged 18 and over. The data collected is summarised in Table 3 which reveals that 452 or just over three-quarters (75.2%) of cases where age of victim was known) of children and young people had abused children aged 10 or under. 259 individuals (44.9%) had abused people aged 11 – 17, and 17 per cent (n=98) had committed offences against adults. Despite missing records, it is apparent that most individuals abused children under age 11.

Table 3: Age of victims when the abuse began

Age of victims	Frequency	Percentage of all referrals
10 years old or under	452	75%
11 – 17 years old	259	45%
18 years old or more	98	17%

The overwhelming majority of the sample (76% 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 only 4 per cent of cases (n=22) had an individual abused victims whose ages spanned all three groups.

Gender of victims

Victim gender was known in 664 cases as set out in Table 4. Nineteen per cent of individuals had abused males only, just over half (51%) had abused females only and close to one third (30%) had abused both males and females. This meant that of those 664 children and young people, just under a half (49%) had abused a male. The high proportion of individuals with victims of both genders represents an important finding in that many existing studies report a much lower level of cross gender victimisation. For example, Dolan et al. (1996) found that young people had abused victims of both sexes in only 7 per cent of cases, and Manocha and Mezey in only 5.9 per cent. The presence of male victims and victims of both genders have been proposed as indicators of higher risk of recidivism in both adolescent and adult sex offenders (Worling, 2002).

Table 4: Gender of victims of harmful sexual behaviours

Sex of victims	Frequency	Percentage*
Males only	129	19%
Females	338	51%
Both males and females	197	30%

* Of cases where information is known

Relationship of the individual to victims

It is widely accepted that most child and adolescent sexual abuse is perpetrated by people known to the victim, in many cases members of immediate family or extended family members. In our study we categorised data about abuser relationship to victim as either intra-familial (abuse involving immediate or extended family members and close non-blood relatives) or extra-familial. Information was available in 659 cases or 94.1 per cent of the total sample, which showed that a quarter of victims (25%) were related to their abuser. In comparison, Ryan et al. (1996) report a figure of 38 per cent of related victims. In 22 per cent of cases the child or young person had abused both within and outside the family and it is worth emphasising that the overwhelming majority of victims were, indeed, known to the abuser irrespective of whether they were related or not.

Discussion and implications

As most published research relating to sexual offending remains focused on adults (Boyd et al., 2000), it is important to gain a clearer understanding of the range of children and young people who present with abusive sexual behaviours and their underlying experiences, motivations and behaviours. The findings of our study add to the international literature base on children and young people who sexually abuse others and provide information about a large UK sample. The findings presented here are comparable in many ways to those of Ryan and her colleagues (1996) undertaken across treatment

providers in the US. Findings on the gender of young abusers and the diverse range of abusive behaviours that children and young people engage in are strikingly similar between our two studies. However, our findings also stand in contrast to this and other existing descriptive studies in several ways and highlight the need for further development of practice and policy relating to children and young people who sexually abuse.

First, the issue of whether male children and young people with sexually abusive behaviours have been sexually abused themselves has been a persistent matter of debate and contention in the juvenile sexual aggression field (Hackett, 2004). The significance of this issue is related to the way in which it can provide support (or not) for the idea of a 'victim-to-offender cycle'. Our findings here are somewhat surprising and differ from the findings of previous studies. In our study, the proportion of young males about whom there was clear evidence of sexual abuse lends weight to the findings of existing smaller scale studies which suggest that a substantial minority (in our case 31%) of young males who sexually abuse have themselves been sexually abused. However, if one combines cases with actual documented evidence of sexual abuse with cases where there was strong professional suspicion of such victimisation, the total group is almost equally split between young male sexual abusers with (50%) and without (50%) prior sexual victimisation experiences. Taken this way, the overall rate is significantly higher than any other study we know about with a large sample. A caveat here is that many existing studies do not distinguish between known and suspected sexual abuse. An example of a strong suspicion might be "all the

indications are that X has been sexually abused by Y though this has never been subject to a child protection investigation or criminal prosecution". Should such strong statements of suspicion of abuse, built on a worker's in-depth knowledge of the child but without 'certainty' or subsequent legal action, count as a history of abuse or not? This is a methodologically challenging question and is why we distinguish between substantiated abuse and strong suspicions, although we recognise that this categorisation is not without problems. Nonetheless, with appropriate caution, this finding lends some support to the notion of there being a very sizeable sub-group of young men who have such a dual sexual abuse experience (Bentovim, 2002; Author1, 2002) for whom 'the explanation of their behaviors may be seen as a reenactment of their own experiences of sexual abuse' (Veneziano et al, 2000, p370), with implications for the kind of recovery-focused intervention that may be required, in addition to that addressing their harmful sexual behaviours.

Second, the widespread incidence of our sample having experienced forms of abuse other than sexual abuse also adds weight to the conclusion of Gray and colleagues (1999) who suggest that exposure to trauma generally, not sexual abuse per se, is the aetiologically significant factor in the emergence of sexually abusive behaviours in children and young people. Similarly, Burton (2000) concludes that many sexually aggressive young people are highly traumatised and suggests that 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, p45).

The very low level of referrals relating to young people from black or minority ethnic (BME) groups is a third concern. As many of the services from which we collected data are based in metropolitan areas in which there are relatively large BME communities, the ethnicity breakdown of referrals is certainly not reflective of the proportion of BME groups living in these communities. One explanation could be that there is less childhood and adolescent sexual abuse in these communities, another that such abuse is not referred to professionals. A third explanation is that BME youth with abusive sexual behaviours are dealt with more harshly by the criminal justice system. Research by Feilzer and Hood (Youth Justice Board, 2004) into the operation of the criminal justice system, for example, found that a young person of mixed parentage was three times more likely to be prosecuted than a young white offender and that young men from minority ethnic groups tended to receive more restrictive community sentences or longer terms of custody than their white counterparts. It is important that providers working in this area ensure that their systems and services are appropriately tailored in order to meet young people's diverse cultural needs. Just because a young person has been labelled a 'sexual offender' does not take away from his or her specific cultural identity or status as a member of a BME group (see Hackett, 2000).

Fourth, the high proportion of children and young people with learning disabilities (38% of all cases where information was available) suggests that specific attention needs to be devoted at both a policy and practice level to

ensure that services are developed to meet the specific intervention needs of this group. O'Callaghan (1998) warned against concluding that learning disabled young people have a greater propensity to sexually abuse than non-learning disabled young people. He pointed out that learning disabled young people are much more 'visible' than other young people to professionals and thereby are subject to a higher level of scrutiny in terms of their sexual behaviour. Timms and Goreczny (2002) also suggest that young people with learning disabilities may be indifferent to social taboos existing around sexual behaviours and that there is also some evidence that the sexually abusive behaviours of young people with learning disabilities are often less sophisticated, use fewer grooming strategies and are more opportunistic when compared to non-learning disabled groups.

Fifth, we have noted a very wide range of problematic and abusive behaviours across the sample. This supports the work of Zolondek and colleagues (2000) who found that many young sexual abusers who came to the attention of professionals because of an incident of sexual assault on a child had also engaged in a wide range of problematic sexual behaviours directed towards others and also themselves. The implication of our findings here is the need for detailed attention to young people's sexual development and sexual histories and their broad experiences of sex and sexuality, abusive and non-abusive, in order to understand their overall sexual motivations, rather than an approach which focuses primarily on the 'index offence'.

Sixth, in many of the cases involving a high frequency of sexually abusive acts, the abuse occurred in a school or residential care context. As Hackett and Taylor (2008) have noted, schools have the potential to play an important role in preventing the onset of sexually abusive behaviour and in helping young people after the behaviour comes to light. However, schools do not always feel able to fulfil this role and are faced with a series of very difficult dilemmas. Should young people with a history of abusive sexual behaviours live or be educated in a group setting? If the sexual behaviours occur within the school or residential environment, what are the implications for the institution? Who should know about the abuse? How should schools or residential homes balance the need of the young person for educational and relational stability with the potential risks to others? Staff members in schools and residential settings who are on the frontline of professional responses to this issue need training and support so that they can feel confident to act in the best interests of all the children in their care.

Overall, while it has been possible to identify some characteristics that appear to be particularly salient in the backgrounds and presentation of children and young people with harmful sexual behaviours, the findings of our study highlight the significant diversity across our sample in many respects; be this underlying developmental experiences and victimisation, their cognitive abilities, the nature of the behaviours perpetrated and the targets of the abuse. This strongly supports the growing view that children and young people who present with abusive and harmful sexual behaviours do not comprise a clearly defined, narrow category for whom a one-size-fits-all

intervention approach is appropriate (Chaffin, 2008; Morrison and Henneker, 2006). Rather it is likely that there are a number of sub-groups within the total population of young people presenting with harmful sexual behaviours, requiring differentiated intervention packages and levels of service.

Limitations

One of the strengths of our study is that we were able to include data captured across service types over a long period of time to generate a large and diverse sample. However, there are also a number of limitations. Whilst our sample is representative of the range of children and young people coming to the attention of services referred from the child welfare and criminal justice systems during the nine year period over which they were referred, we cannot say that our sample is necessarily representative of the range of children now being referred as a consequence of their sexual behaviours. As we have noted there were some changes to referral patterns over the period under investigation, including a tendency for younger children to be referred. Additionally, we were reliant on the accuracy of data included in historical case files. Whilst many case files were extensive, the varying agencies included in the study did not collect standardised information. Data collected varied across the services and also within the services over the time period. Further large-scale research covering the years since 2000 would provide valuable information on trends in referrals and professional responses, in particular, the growth of more recently emerging forms of sexually abusive

behaviour, such as online exploitation of children and the commission of internet sexual offences.

Conclusion

Since the 1990s, in the UK there has been growing awareness, amongst the professional community at least, that children and young people are capable of sexually abusing their peers and others, just as they are capable of bullying and emotionally victimising them. Research and evaluation activities are increasing the knowledge base from which policy and services can be developed and it is hoped that this article makes a useful contribution to these endeavours. A key message is that children and young people presenting with harmful sexual behaviours are a diverse group with a complex set of motivations, background experiences and varying types of abusive or offending behaviour. Identifying the characteristics associated in a large sample of children can assist professionals working in the field to more appropriately assess the circumstances of individual young people and more appropriately focus their interventions.

We would also want to stress that many of the children and young people who require specialist intervention come from very troubled circumstances. As well as being young people who require help to modify and control their behaviour, in order to reduce risk for others, they are also often in need of help to address and move on from their own trauma. Child-centred services that

focus on both these care and control aspects are most likely, in our view, to make a real difference in this area of work.

References

Becker J.V., Cunnigham-Rathner J., and Kaplan, M.S. (1986) Adolescent sexual offenders: demographics, criminal and sexual histories, *Journal of Interpersonal Violence*, 1, 431-445.

Beckett, R. (2006) 'Risk prediction, decision making and evaluation of adolescent sexual abusers', in Erooga, M. and Masson, H. *Children and Young People who Sexually Abuse Others. Current developments and practice responses*. 2nd Edition. Abingdon, Routledge

Bentovim, A. (2002) Research on the Development of Sexually Abusive Behaviour in Sexually Abused Males: The Implications for Clinical Practice. In: Calder, M.C. (ed.) (2002) *Young People who Sexually Abuse. Building the Evidence Base for your Practice*, Lyme Regis, Russell House Publishing

Boyd N.J.A., Hagan M. and Cho, M.E. (2000) Characteristics of adolescent sex offenders: a review of the research. *Aggression and Violent Behavior*, 5 (2), 137–146.

Burton D.L. (2000) Were adolescent sexual offenders children with sexual behaviour problems? *Sexual Abuse* 12, 1, 37-48.

Chaffin, M. (2008). Our Minds Are Made Up Don't Confuse Us With the Facts: Commentary on Policies Concerning Children With Sexual Behavior Problems and Juvenile Sex Offenders. *Child Maltreatment*, 13(2), 110-121

Davis, G.E. and Leitenberg, H. (1987) 'Adolescent sex offenders', *Psychological Bulletin*, 101, 3: 417-427.

Dolan, M., Holloway, J., Bailey, S. and Kroll, L. (1996) The psychosocial characteristics of juvenile sexual offenders referred to an adolescent forensic service in the UK. *Medical Science Law*, 36 (4): 342-352.

Emerson, E. and Hatton, C. (2008) *People with Learning Disabilities in England, CeDR Research Report 2008:1*. Lancaster, Centre for Disability Research

Finkelhor, D., Ormrod, R., and Chaffin, M. (2009) *Juveniles Who Commit Sex Offenses Against Minors*. Washington DC, Office of Juvenile Justice and Delinquency

Gray, A., Pithers, W.D., Busconi, A. and Houchens, P. (1999) Developmental and etiological characteristics of children with sexual behaviour problems: Treatment Implications, *Child Abuse and Neglect*, 23, 601-621

Hackett, S. (2000) Sexual Abuse, Diversity and the Challenge of Anti-Oppressive Practice, *Journal of Sexual Aggression*, 5, 1: 4-20

Hackett, S. (2002) Abused *and* Abusing: Work with Young People who Have a Dual Sexual Abuse Experience. In: Calder, M.C. (ed.) (2002) *Young People who Sexually Abuse. Building the Evidence Base for your Practice*, Lyme Regis, Russell House Publishing

Hackett S. (2004) *What works for children and young people with harmful sexual behaviours?* Barkingside, Barnardo's

Hackett, S., Masson, H. and Phillips, S. (2005) *Services for Young People Who Sexually Abuse*. London, Youth Justice Board

Hackett, S. and Taylor, A. (2008) School Responses To Children With Harmful Sexual Behaviours. In: M. Baginsky (ed) *Safeguarding Children and Schools*. London, Jessica Kingsley Publishers

Hayes, D. and Devaney, J. (2004) Accessing Social Work Case Files for Research Purposes Some Issues and Problems, *Qualitative Social Work*, 3(3): 313–333

Hutton, L. and Whyte, B. (2006) Children and young people with harmful sexual behaviours: First analysis of data from a Scottish sample. *Journal of Sexual Aggression*, 12 (2), 115-125.

Manocha, K. F. and Mezey, G. (1998) British adolescents who sexually abuse: a descriptive study. *Journal of Forensic Psychiatry*, 9 (3): 588-608.

Masson, H. and Hackett, S. (2003) A decade on from the NCH Report (1992): adolescent sexual aggression policy, practice and service delivery across the UK and Republic of Ireland, *Journal of Sexual Aggression* 9 (2): 109–124.

Matthews, R., Hunter, J.A. and Vuz, J. (1997) Juvenile Female Sexual Offenders - Characteristics and Treatment Issues, *Sexual Abuse - A Journal of Research and Treatment*, 9, 3:187-99

Morrison, T. and Henniker, J. (2006) Building a comprehensive inter-agency assessment and intervention system for young people who sexually harm: the AIM project. In: Erooga, M. and Masson H. (eds) *Children and Young People who Sexually Abuse Others. Current developments and practice responses*. 2nd Edition. Abingdon, Routledge

O'Callaghan, D. (1998) Practice issues in working with young abusers who have learning difficulties, *Child Abuse Review*, 7: 435–448.

Ryan, G., Miyoshi, T.J., Metzner, J.L., Krugman, R.D. and Fryer, R.G. (1996) Trends in a national sample of sexually abusive youths. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 17-25.

Taylor, J. F. (2003) Children and young people accused of child sexual abuse: a study within a community, *Journal of Sexual Aggression*, 9 (1): 57-70.

Timms, S. and Goreczny, A.J. (2002) Adolescent sex offenders with mental retardation. Literature review and assessment considerations, *Aggression and Violent Behavior*, 7: 1–9.

Veneziano, C., Veneziano, L. and LeGrand, S. (2000) The Relationship Between Adolescent Sex Offender Behaviors and Victim Characteristics With Prior Victimization, *Journal of Interpersonal Violence*, 15, 4, 363-374

Worling, J.R. (1995) Sexual abuse histories of adolescent male sex offenders: differences on the basis of the age and gender of their victims, *Journal of Abnormal Psychology*, 104: 610-13

Worling, J. (2002) Assessing Risk of Sexual Assault Recidivism with Adolescent Sexual Offenders. In: Calder, M.C. (ed.) *Young People who Sexually Abuse. Building the Evidence Base for your Practice*, Lyme Regis, Russell House Publishing

Youth Justice Board (2004) *Differences or Discrimination*, London: Youth Justice Board

Zolondek, S., Abel, G., Northey, W. and Jordan, A. (2001) The self-reported behaviors of Juvenile sex offenders, *Journal of Interpersonal Violence*, 16, 1: 73-85