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**WORKING GROUP ON RESPONSES TO VIOLENCE  
AGAINST CHILDREN (CDENF-GT-VAE)**

**Sexual violence and harmful sexual behaviour displayed by children:  
Nature, causes, consequences and responses**

Prepared by: Professor Simon Hackett, Durham University, United Kingdom

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## About the author

Simon Hackett, PhD, is Professor of Child Abuse and Neglect at Durham University, UK. He has over twenty-five years' experience of working as a researcher and clinician with children and young people with sexual behaviour problems. Simon is the author of a wide variety of academic articles and books on the topic including *Children and young people with harmful sexual behaviours: a research review* published by Research in Practice (2014). He has undertaken a series of research studies on the topic of policy and practice responses to harmful sexual behaviour, including on the long-term outcomes into adulthood for children and young people who were referred to professional services as a result of having sexually abused others. Simon is co-author of the AIM3 Assessment Model for adolescents and is first author of the NSPCC's evidence-informed operational framework for children and young people displaying harmful sexual behaviours.

Simon is the immediate past Chairperson of the National Organisation for the Treatment of Abuse (NOTA), a charity and professional association of circa 1,200 members across the UK and Republic of Ireland which seeks to protect children by improving responses to people of all ages who have committed sexual offences. He is also a Board member of the international Association for the Treatment of Sexual Abusers (ATSA).

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## Scope and purpose of the report

The Council of Europe is currently implementing its *Strategy for the Rights of the Child* (2016-2021). The Strategy has as one of its five priority areas “a life free from violence for all children”. Peer violence and harmful sexual behaviour by children is one theme which the Strategy mid-term evaluation process identifies as a challenge requiring further action.

In its upcoming inter-governmental work on the rights of the child, the Council of Europe will continue work to enhance the implementation of international and Council of Europe standards on the protection of children from violence in member states, notably through the development of non-binding instruments (e.g. guidelines, guide to good practices, recommendation) on measures and interventions aimed at preventing peer violence and sexual abusive behaviour by children as specified by the terms of reference of the [Steering Committee for the Rights of the Child \(CDENF\)](#).

Accordingly, the Council of Europe is seeking to develop policy guidance on this topic for law and policymakers and professionals of various backgrounds.

This review therefore looks to summarise key findings relating specifically to children with problematic and abusive sexual behaviours. It seeks to:

- provide an overview of the types of sexual violence or harmful sexual behaviours carried out by children<sup>1</sup>;
- explore the source, motivations or reasons for these behaviours and possible contributing factors;
- analyse existing preventive, educational, therapeutic, legal and other responses to these behaviours and tools to support member states in preventing and dealing with these behaviours and supporting children who display them.

This review places the human rights of the child at its centre. The focus is on the provision of support to children displaying these behaviours and on broader preventative measures which maximise the rights of all children affected. Although neither a systematic review of all of the evidence on harmful sexual behaviour in childhood, nor a comprehensive mapping exercise of legal and policy responses to the topic within Europe is possible within the scope of this paper, where appropriate, comparative European literature approaches are drawn upon.

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<sup>1</sup> For the purposes of this report, ‘children’ are understood to be human beings below the age of 18 years, consistent with the definition offered in the (1989) UN Convention on the Rights of the Child. Where distinctions are needed due to either developmental differences or the specific evidence from research studies, the terms ‘younger children’ or ‘pre-adolescents’ refer to children before the onset of puberty, typically 10 years or under. The terms ‘adolescents’, ‘juveniles’ or ‘young people’ are used to describe children who are at the pubertal stage of development, typically 11 years or older, and up to the age of 18. It is recognised that the distinction between younger children and young people is not a ‘hard’ distinction and varies across children, cultures and societies.

## Executive Summary

Harmful and violent sexual behaviour by children is a significant issue across Council of Europe member states. The largely hidden nature of child sexual abuse makes recognition of the problem difficult. Awareness of the nature and extent of this form of abuse varies considerably. There are an increasing number of studies addressing this issue, though significant gaps in knowledge, policy and response remain both within and across European jurisdictions. It is important to approach the subject with sensitivity, placing the child at the centre of policy and practice responses, within a clear children's rights framework.

Sexual behaviour in childhood exists on a wide continuum from those that are developmentally expected, to those that are highly abusive and violent. For younger children, early sexual behaviours are largely exploratory and part of a process of healthy sexual development. However, some pre-adolescent children display behaviours that go beyond what is considered to be developmentally appropriate. Adolescents with harmful sexual behaviours are a highly diverse group. They display a wide variety of behaviours that cause harm to others and also to their own development. Considerable concern is growing about children's online sexual behaviours and the potential for adolescents to commit internet related sexual offences. Most adolescents coming to the attention of professionals because of harmful sexual behaviour are male, but awareness is growing of a small number of girls with such behaviours. Children with learning disabilities who present with harmful sexual behaviours are a particularly vulnerable and neglected group.

There is no one cause for harmful sexual behaviour in childhood, but a number of adverse life experiences have been identified as common in children with such behaviours. Common risk factors include prior sexual and physical abuse, neglect, exposure to family violence and trauma. It is likely that there are a number of developmental pathways into harmful sexual behaviour, combining biological, social and environmental risk factors.

To date, responses to the problem of harmful sexual behaviours have tended to focus on intervening with those children who present with the most serious behaviours, with less attention given to preventative approaches. A tiered intervention approach is warranted that distinguishes those children who require limited education, guidance and support from those who require more specialist assessment and therapeutic intervention responses. Evidence suggests that approaches that are holistic, rehabilitative and help to effect positive change in the child's family and wider life circumstances are more effective than those simply target the harmful sexual behaviours in isolation from these factors. There is strong support for approaches that are sensitive to children's developmental needs. It is important not to lose sight of the child amid concerns about their sexual behaviours; a children's rights perspective and a welfare-oriented response is vital. Early interventions that are supportive and that, wherever possible, avoid criminalisation of children, are warranted.

## 1) Introduction

### 1.1) How to describe the problem of sexual abuse by children

A huge array of terms has been used to describe both younger children and adolescents who are identified as the perpetrators of sexual abuse, as well as to describe their behaviours. Terms such as 'juvenile sex offender' or 'adolescent sexual abuser' are still in common use, especially in the USA, from where much of the research on this topic has emanated.

Such terms have tended to reflect both the cultural context, the current level of awareness of the problem, as well as the historical period in which particular research or publications emerged. However, in general, as awareness of the nature of the problem has developed, so terminology has evolved to reflect new understandings and approaches.

In a review of the state of policy and practice across the UK and Republic of Ireland, Hackett and colleagues (2005) **concern was found about the use of language which pathologized and labelled children as 'sexual offenders' and about applying criminal justice labels that are stigmatising and potentially life-changing to children**, given their immature developmental status (Hackett and colleagues, 2005). Myers (2002) further suggested that The use of terms such as 'adolescent sex offender' or 'young abuser' was further found to reflect a dominant perspective on children as 'mini' adult sex offenders (Myers, 2002). Others have criticised "the misguided search for one all-encompassing term that will cover children as young as 6 or 7 years old with persistent, over-sexualised or sexually aggressive behaviour, 11 year olds who may have committed penetrative offences and have faced criminal charges, as well as older adolescents with established sexually offending behaviour towards younger children or adults" (Vizard, 2006).

The range of terms that has been proposed underlines that sexual abuse by children is not one categorical issue, nor do those who are responsible for it constitute one group of children. Rather, **harmful sexual behaviour is now viewed as a set of phenomena with distinct meanings and motivations, undertaken by a developmentally and socially diverse set of children.**

One definitional distinction that has been drawn out is the difference between sexual behaviours that are 'abusive' and those that are 'problematic' (Hackett, 2014):

- The term '**sexually abusive behaviour**' has been proposed to indicate sexual behaviours that are initiated by a child where there are elements 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 behaviour**' has been suggested to refer to activities that do not include an element of victimisation, but that may interfere with the development of the children demonstrating the behaviour or which might provoke rejection, cause distress or increase the risk of victimisation of the children involved.

The distinction here is that whilst abusive behaviour is, by association, also problematic, problematic behaviours may not be abusive (Hackett, 2014). As both 'abusive' and 'problematic' sexual behaviours are developmentally inappropriate and may cause developmental damage, **the term 'harmful sexual behaviours' has been proposed as an overarching term** and has been defined as follows:

“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, Branigan and Holmes, 2016).

The term ‘harmful sexual behaviours’ therefore covers a broad spectrum of behaviours that can range, for example from those that are developmentally inappropriate and harm only the child exhibiting the behaviours, such as compulsive masturbation or inappropriate nudity, to criminal behaviours such as sexual assault (Australian Royal Commission, 2017).

Critically, **the notion of ‘harmful sexual behaviour’ does not limit the behaviours concerned to those that are illegal**, and the term opens up the possibility that the harm arising from the child’s sexual behaviour may both self-directed as well as harmful to others who experience the behaviour. In other words, ‘harmful sexual behaviour’ as a concept fits an approach which sees these behaviours as a child welfare and a children’s rights issue, rather than just a criminal justice concern.

The term **‘peer on peer abuse’** (Firmin, 2015) is a useful term to describe young people who sexually abuse other juveniles, especially in peer group contexts, for example within intimate partner relationships or as classmates in schools. However, it is not appropriate to describe adolescents whose harmful sexual behaviour is directed at pre-pubescent children, as it does not adequately highlight the age and developmental disparity between those involved. The term ‘peer sexual abuse’ is, therefore, best conceptualised as a sub-category within the broader concept of ‘harmful sexual behaviour’.

Although ‘harmful sexual behaviour’ is a term used increasingly in the UK, Ireland, Scandinavia, USA and Australia, its use is far from universal. It is important to identify non-stigmatising and sensitive terminology that can be applied consistently and make sense linguistically across Council of Europe member states, so that practice knowledge can be shared, and effective intervention approaches can be built across cultural contexts.

## 1.2) The state of the evidence base on children who display harmful sexual behaviours.

The nature and scale of child sexual abuse and its subtypes was under-recognised and poorly understood across the world throughout much of the first half of the 20th century. According to Gordon’s (1989) account of sexual abuse cases from 1880 to 1960, there was an overarching and substantial tendency towards victim blaming throughout these decades. As a consequence, the problem of child sexual abuse effectively went underground for much of this period.

It was not until the early 1980s that professional awareness about child sexual abuse, including within the family, began to grow. Much of the research underpinning this emanated from North America and included studies of the characteristics of adult male sex offenders, the causes of their behaviours and possible intervention approaches. Despite this, there was little or no discussion about the management and needs of children and young people who were perpetrating sexual offences; the problem of sexually abusive behaviour in childhood had not been characterised or officially recognised at this point in history (Masson, 2000).

In the 1990s, a number of key North American publications on children who sexually abuse other children began to appear (e.g. Ryan and Lane (1991), and interest in the issue in some European jurisdictions began to grow. However, early responses to children with harmful sexual behaviours were largely based on research and theories developed for adult male sex offenders, with only relatively minor adaptations for use in work with young people.



Longo (2003) called this the 'trickle-down effect' and suggested that this process was highly destructive to work with children with harmful sexual behaviours for over two decades.

From these early roots, **empirical research on the issue of sexual abuse by children and young people has gathered pace in recent years** alongside the surge of practice interest in the subject. Indeed, from a base of few studies prior to the 1980s, Finkelhor and colleagues (2009) reported that well over 200 research articles have been published internationally (Finkelhor et al., 2009).

Although most of the research studies have been US-based, there is a developing body of European publications. For example, the National Organisation for the Treatment of Abusers (NOTA) is a well-established professional association founded in 1991 that brings together over 1200 professionals from all across the UK and some other European jurisdictions who are working with sexual offenders, a substantial proportion of whom specialise in work with young people. The *Journal of Sexual Aggression* is one of only two peer reviewed publications internationally focusing specifically on the treatment of adult sexual offenders and children with harmful sexual behaviours. At the time of writing, after 25 years of publishing research papers, this journal has published 413 articles of which 67 relate to children and young people as perpetrators of sexual abuse. Of these, 33 articles describe UK-based research, with 14 papers originating from the Netherlands, Sweden, Ireland, Norway and Germany, the rest being predominately North American and Australasian. Although these figures are by no means representative of the sum total of the research in different European states (and noting that a review of the non-English language evidence is beyond the scope of this review), the last two decades show a general development of knowledge and evidence emanating from North America and now extending across European contexts.

**Few researchers have, however, published work which has compared harmful sexual behaviour responses across member states of the Council of Europe or have sought to bring together findings from across the European Union (EU).** A notable exception is the work of Krahé and colleagues (2014 & 2016) who have reviewed studies on the prevalence of sexual aggression across 27 member states of the EU, compiled as part of an EU-funded international project called Youth Sexual Aggression and Victimization (Y-SAV). Krahé and colleagues (2014) found that studies on sexual aggression perpetration are notably lacking in many EU member states. Of 41 studies that covered this issue, only 14 countries were represented. Even in the countries with more studies touching on this issue (specifically Germany, Spain and the Netherlands), this was largely because of the research interests of individual groups of researchers, as opposed to a more concerted national effort to address the issue.

In summary, awareness of the issue of harmful sexual behaviours in childhood has grown significantly from a very low base over the last twenty years. From the almost total lack of awareness of its existence in the first half of the 20<sup>th</sup> Century, the issue of children who commit acts of sexual abuse is now increasingly recognised internationally with a developing literature, though this evidence base is far from comprehensive and representative of all Council of Europe member states.

### 1.3) The scale of the problem

As awareness of the nature of child sexual abuse and other forms of sexual violence has grown over the last two decades, so **it has become apparent that a significant proportion of all such sexual violence is committed not by adults, as was originally assumed, but by children under the age of 18 years of age.**

Identifying and responding to children who harm others as a result of their sexual behaviour is a sensitive, emotive and contested area of social policy and professional practice. The largely hidden nature of child sexual abuse makes recognition of the true scale of the problem challenging. The stigma and shame associated with sexual abuse makes it difficult for victims to come forward to talk about their experiences, leading to under-reporting. Moreover, the widespread vilification of sex offenders that is present in many countries compounds the difficulties that children who are experiencing problems with their own sexual behaviour face in coming forward to ask for help.

Additionally, inconsistencies in how the problem of harmful sexual behaviour in childhood has been defined and conceptualised over time and place, the highly variable state of awareness of the problem across societies and the differing ways in which professional and judicial systems deal with allegations of abuse are all factors that contribute towards making it hard to accurately measure the scale of the problem (Masson, 2001). Accordingly, **comprehensive or comparative prevalence figures across Europe are difficult to identify**. In particular, there is considerable variation in the types of reported sexual abuse and data on the perpetrators (Lalor and McElvaney, 2010) and “substantial heterogeneity in the conceptualisation, operational definition, and measurement of sexual aggression, both in terms of victimisation and perpetration” (Krahé and colleagues, 2016, 161-162).

Taking all the above caveats into account, **researchers have estimated that somewhere between one quarter and one third of all sexual abuse involves children under the age of 18 as the alleged abuser** (Almond, Canter and Salfati, 2006). This is specified as follows in different national contexts (*selected examples*):

- Official USA statistics suggest that at least a quarter of all sex offenders in the USA are juveniles (Finkelhor, Ormrod and Chaffin, 2009).
- In the UK, children and young people account for approximately a quarter of all convictions against victims of all ages (Vizard, 2004) and a third of all sexual abuse reported to child protection professionals (Erooga and Masson, 2006).
- In a Turkish study (Alikasifoglu et al., 2006), 23% of child sexual abuse perpetrators were boyfriends.
- In a Georgian study (Lynch et al., 2007-8), most incidents of reported sexual abuse (61%) related to young people as the perpetrators.
- In a Swedish study, 105 adolescents aged 15-17 were reported to the police throughout the country for one or more sexual offences, constituting 10% of all individuals suspected of sexual offences in that year (Kjellgren et al., 2006).

Moreover, **there is some evidence of a recent upsurge in reports of sexual abuse and sexual violence committed by children and young people**:

- The Australian Royal Commission into Institutional Responses to Child Sexual Abuse (2017) concluded that there is an ongoing problem of child sexual abuse by children with harmful sexual behaviours within institutions and in the wider community, with thousands of children harmed by other children’s sexual behaviours in Australia each year.<sup>2</sup>

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<sup>2</sup> The Royal Commission into Institutional Responses to Child Sexual Abuse was established in response to allegations of sexual abuse of children in institutional contexts that had been emerging in Australia for many years. Between March 2013 and December 2017, it led an in-depth inquiry into incidences of child abuse in Australian institutions, including their nature, causes, impact and child-friendly responses: <https://www.royalcommission.gov.au/royal-commission-institutional-responses-child-sexual-abuse>.

- The Scottish Government (2020) has estimated that around half of the growth in all sexual crime reported to the police between over a recent three-year period is due to growth in sexual crimes committed online and that such crimes are much more likely to have younger perpetrators; in a quarter of these cases both the victim and perpetrator were under the age of 16.

Several factors seem to account for the apparent rise in recorded sexual crime involving children. In particular, there are debates around how the impact of **exposure to pornography, sexual messages and sexting via social media may be affecting the social and sexual development of children**, “introducing them to sexual experiences at increasingly early ages and influencing cultural norms, particularly with respect to the normalisation of sexual violence against women and girls”. At the same time it seems likely that “growing anxieties and uncertainty among adults about what constitutes normative childhood sexual development and behaviour (particularly in relation to online conduct) are contributing to a climate where **childhood sexual behaviour is increasingly monitored, policed and responded to as problematic or abusive**” (Allardyce and Yates, 2018).

Although prevalence and incidence figures are far from comprehensive and are lacking in many jurisdictions, it is likely that sexual abuse perpetrated by children is a considerable social problem across all Council of Europe member states. The issue is one that may have serious negative effects not only upon victims but also upon the children who display the behaviours, as well as their families and their broader networks, communities and societies. Where they exist, indicators tentatively suggest that there has been a general increase in reported figures concerning sexual abuse by children. It is, however, not clear how far this increase is the consequence of a higher incidence rate, new forms of harmful sexual behaviour coming to the attention of professionals, or whether this is the result of enhanced professional awareness leading to increased reporting rates.

#### 1.4) Framing the problem

Internationally, increasing concern about children’s sexual behaviour in the online environment and a general increase in reports of problematic sexual behaviour in peer group contexts, such as in schools, means that the issue of harmful sexual behaviour in childhood has perhaps never been higher on the agenda of both policy makers and practitioners.

This means that any policy response to the issue of sexual abuse must deal with children not merely as the primary *victims* of sexual offenders, but in a significant number of cases also as the *perpetrators* of such offences. However, policy has often failed to recognise this key dimension and **practice responses have been patchy and un-coordinated** (Hackett, 2014).

**Caution is also needed to frame the issue of sexual abuse by children carefully and sensitively.** Sexual curiosity, interests, exploration and behaviour are all part of normative and healthy development throughout infancy, middle childhood and adolescence. Children throughout these developmental stages need support from adults around them, as well as from their peers, to achieve their “sexual development goals”. Therefore, in dealing with *harmful* sexual behaviour in children, it is important not to fall into a trap of denying the legitimacy of childhood sexuality. Children have a right to *healthy* sexual development and sexual self-expression, just as much as they have the right to be protected from those who would exploit them sexually. Policy makers and practitioners have to balance both of these elements. Preventing and responding to harmful sexual behaviour and supporting children’s sexual self-expression are not incompatible goals. They should be part of the same process.

It is also important to maintain a balanced perspective and keep the child at the centre of any discussion of sexually abusive behaviour. **All too often, children with such behaviours have been presented as if they are different from other children who come to the attention of professional systems.** This has tended to ‘other’ them, with the consequence that responses to them have failed to see them as deserving of frameworks afforded to protect other children, such as a children’s rights perspective. Children with harmful sexual behaviours are a very diverse group and, in most cases, their sexual behaviours are merely one element of a range of other underlying vulnerabilities and presenting problems in their lives. **In many cases, children are at the same time both perpetrators and victims of harm.**

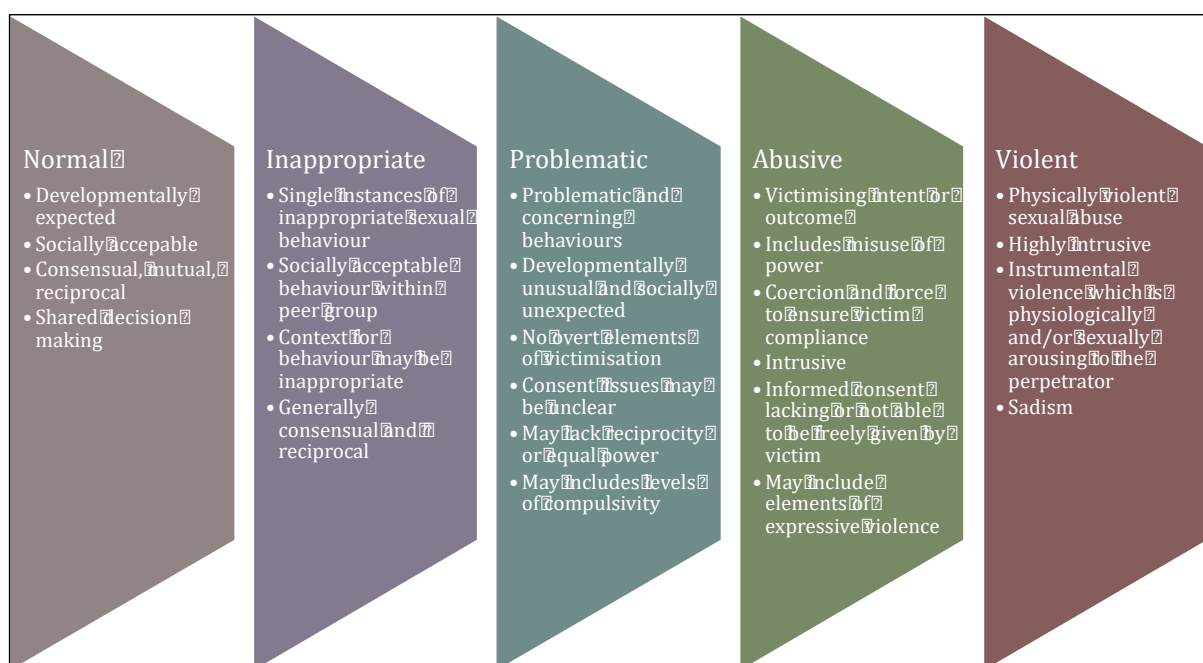
As awareness of the issue of harmful sexual behaviour in children and young people now grown, it has become recognised that it is important to see such behaviour not in isolation as a distinct and unique phenomenon, but as a critical developmental experience for children and young people that sits alongside, and indeed may be the symptom of, other developmental challenges for children (Rich, 2007).

There is a significant overlap between the issues associated with sexual abuse by children and issues of youth crime, child sexual exploitation, domestic and intimate partner violence, neglect and mental ill health. Addressing children’s harmful sexual behaviours therefore requires the mobilisation of professional knowledge, policies and services beyond those that are specifically badged as ‘sexual abuse specific’. In other words, the issue of sexual abuse by children should be considered not in isolation from, but as part of a broader, interdisciplinary agenda of children’s wellbeing, children’s welfare and, crucially, children’s rights. **Children who display harmful and abusive sexual behaviours should not lose their right to be treated, first and foremost, as children.**

### 1.5) Understanding the problem on a developmental continuum

It is now recognised that sexual behaviours in childhood exist on a continuum which ranges from developmentally normative and healthy on the one hand, to highly abnormal, abusive and violent on the other (Hackett, 2010). This continuum model of sexual behaviour is depicted in Figure 1 below.

Figure 1: a continuum of sexual behaviour in childhood (Hackett, 2010)



Making distinctions about where on this continuum any child’s sexual behaviour fits is, however, not straightforward. The perceived appropriateness of sexual behaviours varies substantially across time both within and between cultures (Hackett, 2014). A child’s sexual development is influenced by a wide range of biological, psychological, social and environmental factors. These include gender, developmental stage, individual personality or temperament, parental attitudes, and the cultural context in which the child is raised (Australian Royal Commission, 2017).

**Any sexual behaviour demonstrated by children or young people therefore needs to be seen within a child developmental context**, not only because of the differing status of children in judicial systems, given variance in the age of criminal responsibility, but because sexual behaviour has very different meanings and motivations across younger childhood and adolescence and into adulthood. Some behaviours that are normal if demonstrated in pre-adolescent children would be concerning if they continue into adolescence. Others are considered a normal part of the development of adolescents but would be highly unusual in pre-adolescent children (Ryan, 2000). The Australian Royal Commission (2017) offers overall guidance about expected sexual development in children across different age groups as depicted in Table 1 below:

*Table 1: Expected sexual development in children, by age group (Australian Royal Commission, 2017, Volume 10, p. 36).*

Development stages	Description of expected sexual development and behaviours
0–4 years	Children may display exploratory behaviours – touching and looking at bodies are common. Children in this age group often like to be naked, and games such as ‘mummies and daddies’ may be played. Some children will touch their genitals as a way of comforting themselves.
5–7 years	Children may engage in more exploratory behaviours, ask questions about bodies and compare their bodies to those of their peers. They may have a greater desire for privacy. Gender socialisation is beginning. The main influences on socialisation are parents, carers and the community.
8–12 years	Children in this age group are asking more informed questions. Their knowledge about bodies, sexual behaviours and procreation is growing, although myths about sex and babies flourish, often because the influence of peers and older siblings. Puberty has begun for some children.
13–15 years	Children have the beginnings of fully developed adult bodies. More advanced relationship behaviours are displayed – attachments are longer in duration and generally occur one at a time. Consensual sexual activity with a partner of a similar age and developmental ability may occur. Some children may be comfortable with their sexuality, while others may struggle not to be seen as different. The viewing of materials such as online pornography for sexual pleasure is not unusual.
16–18 years	Children will have adult sexual knowledge and language and may engage in sexual behaviours that include oral sex and intercourse. These older children are more likely to be settling into longer-term relationships that include intimacy and a need for emotional closeness along with sexual desire and pleasure.

The Australian Royal Commission (2017) further suggests that we can determine whether a child's sexual behaviours are harmful by considering how much they differ from these healthy developmental expectations, as well as by examining the context of the behaviours, their severity, and the impact on others.

**Using the idea of a continuum to understand the range of sexual behaviours being demonstrated by a child is important.** All too often, when a child has demonstrated a specific incident of 'abusive' behaviour, all of their subsequent sexual behaviours are viewed through this particular lens. Even normative and healthy forms of sexual expression may be viewed as evidence of further harmful sexual behaviour. In this sense, progression through this continuum is neither inevitable nor 'one-way traffic' for an individual child. Rather than defining the whole child through their most extreme behaviour, seeing a child's behaviour as much more nuanced and fluid, and importantly within the context in which it is displayed, is critical to an appropriate professional response to that child's overall presentation.

## 2) An overview of harmful sexual behaviour

This section summarises evidence on the range and types of harmful sexual behaviour displayed in childhood, as well as on what is known about children and young people who display such behaviours.

### 2.1 What is known about the types of harmful sexual behaviour exhibited by children?

The specific nature and types of harmful sexual behaviour displayed by children vary substantially, and "the sexual behaviors that bring youth into clinical settings can include events as diverse as sharing pornography with younger children, fondling a child over the clothes, grabbing peers in a sexual way at school, date rape, gang rape, or performing oral, vaginal, or anal sex on a much younger child" (Finkelhor and colleagues, 2009).

In examining over 1000 cases of sexual abuse by children and in hearing the personal testimony of over 300 survivors of such abuse, the Australian Royal Commission (2017, p.40) found evidence of four key types of abusive sexual behaviour expressed by children:

- **Penetrative abuse:** A child with harmful sexual behaviours penetrating another child's vagina, anus or mouth with their body part, including genitals, or a foreign object.
- **Non-penetrative contact abuse:** A child with harmful sexual behaviours engaging in sexually touching another child's body or forcing another child to sexually touch their body.
- **Violation of privacy:** A child with harmful sexual behaviours forcing another child to undress or watching another child in a private space, such as a bedroom or bathroom.
- **Exposure to sexual acts and materials:** A child with harmful sexual behaviours forcibly showing pornography to another child and/ or forcing another child to watch the child with harmful sexual behaviours engage in sexual acts, such as masturbation.

A range of studies has provided evidence of the wide diversity of these types of acts, as the following examples show:

- In a sample of 485 US and Canadian male juveniles who had committed sexual offences, it was found that young people had engaged in a wide range of unusual and concerning sexual behaviours in addition to their referred sexual offences, including masochistic and sadistic sexual behaviours, making indecent phone calls and "frottage" (i.e. rubbing against the body of another person, including against a stranger in a public place). However, **many of the harmful sexual behaviours of juvenile sex offenders had gone undetected** and a need was identified for detailed attention to young

people's sexual development, histories and experiences, abusive and otherwise, in order to understand their overall motivations, rather than an approach which focuses primarily on the 'index offence' (Zolondek and colleagues, 2001).

- Another study found that that 93% of young people who had displayed harmful sexual behaviour in a sample had committed contact sexual offences, though many had also engaged in non-contact sexual behaviours. 72% had either vaginally or anally penetrated their victims (Vizard and colleagues, 2007).
- Hackett et al. (2013) found a high level of intrusive sexual offences, with over 80% of their sample of 700 young people referred having inappropriately touched other children's genitals and just over half having penetrated or attempted to penetrate another individual. Sexual abuse involving the use of physical, often expressive (i.e. disproportionately hostile and impulsive) violence was a feature of the behaviour of nearly one in five of this sample. Many young people (46% of the total sample) had displayed more than one type of sexually abusive behaviour. In addition, a broad range of non-abusive, but nonetheless problematic sexual behaviour was recorded, including stealing or hiding others' underwear, and hiding photographs of children, as well as other non-sexual behaviours such as self-harm, soiling and cruelty to animals.

Such findings have helped to highlight the seriousness of harmful sexual behaviours by children. However, whilst useful, studies such as these tend to describe clinical populations of relatively high-risk young people referred to specialist clinical settings. This raises questions about their helpfulness in describing children whose harmful sexual behaviours present at a lower level of concern. Referring back to the continuum of sexual behaviour presented in Section 1.5 above, this means that most of the empirical evidence to date has focused on sexual behaviours that fall into the 'abusive' and 'violent' end of the continuum. There are very few descriptions of children whose sexual behaviours cause concern, but who are not referred for specialist interventions.

Empirical evidence on children with lower level problematic sexual behaviours is severely lacking. This is a serious gap in the research base; basing policy responses to all children with harmful sexual behaviour on the basis of evidence derived from the most extreme cases is clearly not appropriate and does not seem to represent a constructive response to the prevention of harmful sexual behaviour.

### *What kinds of harmful sexual behaviour are currently coming to the attention of professionals?*

In order to try to illustrate the wide range and nature of harmful sexual behaviours currently coming to the attention of professionals, data is presented here from an analysis of recent cases in a community setting (Hackett and Butterby, 2020, in preparation).

In contrast to many previous descriptions of harmful sexual behaviours derived from small clinical samples, this data represents all 512 instances of sexual behaviour where the alleged perpetrator was under the age of 18 that were reported to the police over a 12-month period in 2018 in one geographical area in England. These cases represent approximately half of all reported sexual crime in the area over the period; in other words, there was as many reports of children's harmful sexual behaviour over the year in question as there were of adult sexual offences. Although only indicative of the current level of concern about the issue in one jurisdiction, this data gives a very unusual insight into the kind of cases of childhood sexual behaviour that may be coming to the attention of professionals currently, including new and emerging concerns, such as the extent of children's harmful sexual behaviour in the online environment, which are lacking in many older, retrospective studies.

Of the 512 cases, where the gender of the child engaging in the sexual behaviour was known, 419 (82%) were male and 66 (13%) were female. 72 cases (14%) concerned children under the age of 10 years old, the age of criminal responsibility in England. The peak age of children in the reported incidents was 14 years old. Children aged 13 to 15 years old accounted for just under half of the total incidents (n=245 or 48%). However, the onset of puberty (i.e. approximately between 10-12 years old) coincided with a significant escalation in the number of reported incidents.

**Only a small majority of the cases were subject to any criminal action;** 4 children were criminally charged as a result of their behaviours, a further 33 were diverted away from the criminal justice system onto formal youth diversionary schemes. 57 children were referred for follow-up by another agency, but **in the majority of cases, there was no further action or support given to the children concerned.**

In order to provide more information about the range and nature of the behaviours themselves, all 512 cases were analysed against the categories provided in the Continuum of Sexual Behaviour model presented above.

#### *Normative and inappropriate behaviours*

**84 cases (or 16%) appeared to fit either into the 'normal' or 'inappropriate' categories.** In these cases, there was no evidence of any lack of reciprocity between the children engaging in the sexual behaviours, nor was there any suggestion about the lack of consent or abuse of power. The behaviours tended to represent incidents of **mutually agreed but underage sexual activity between children, often in the context of 'dating' relationships.** Most of the contact sexual behaviour between children in this category occurred in the family home, where they were discovered by parents. The next most common type of behaviour in this category was the **consensual sharing of self-generated sexual images between children, often within the context of 'dating' relationships, but where there was no further distribution of these images.** A usual scenario was that parents had discovered images on their child's phone and reported them to the police.

Even though these cases represented behaviours that were exploratory and indicative of normative sexual interests and behaviours commensurate with the ages of the children involved, these were often referred to as 'offences', 'crimes' or 'abuse'. Rather than discussing these behaviours directly with their child and providing guidance, it is significant that a substantial amount of these behaviours were reported to the authorities by parents themselves. **The reporting of these 'normative' behaviours to the police raises questions about how children's sexual behaviours are being perceived, regulated and policed.**

#### *Problematic behaviours*

**A further 101 cases (20%) were assessed as falling within the 'problematic' category.** These represented children's behaviours that were non-exploitative, in other words that did not appear to include either victimising intent or impact, but where the behaviours were seen as out-of-step with what would be expected as healthy developmental behaviours for the children concerned. Some of these were instances 'inappropriate touch' between pre-pubescent children.

Other cases in this category concerned **children's online behaviours** that were suggestive of normative sexual interests, but where the dynamics between the children involved were less equal or clear. Typically, these were incidents of children **sending unsolicited or unwanted intimate pictures of themselves to peers.** This could be seen as the expression of healthy and normative sexual interests in peer aged children, but wrongly and inappropriately expressed.



### *Abusive and violence behaviours*

Finally, there were a further **297 cases out of the total of 512 (58%) that appeared to fall into the abusive and violent categories**, where there was evidence of victimisation, coercion and assault.

There was a wide diversity of such incidents, including variety in the ages of the children involved, the duration and the intensity of the behaviours, and variability in the context in which these behaviours were displayed.

Many of these cases reflected the stereotypical picture of lone **adolescents sexually abusing younger, pre-pubescent children who were usually known to them as siblings or other family members**. There were, however, other instances of sexual assaults by young men **towards peers**, usually adolescent males assaulting female peers, though only one assault of an adult woman. A small minority of such incidents included **physical violence; often these were incidents that occurred in peer group contexts**. These group-based incidents usually took place in public places.

Online behaviours falling into this category included instances where young people had used **coercion or trickery to gain sexual images of peers**, where victims were forced into online sexual acts or where images initially shared freely by victims were then distributed more widely to peer groups.

### *The importance of context in understanding the range and nature of harmful sexual behaviours*

In previous studies, the emphasis has often been to identify the psychosocial characteristics and deficits of children engaging in harmful sexual behaviour. As such, the role of the environmental context in influencing children's behaviours has perhaps been under-emphasised by researchers to date. By contrast, the Australian Royal Commission (2017) has recently suggested that one of the distinguishing factors about children's harmful sexual behaviours is that it is much **more contextually driven and influenced by environment and circumstances, when compared to adult sexual offending**, which is more reflective of underlying pathology and sexual deviance.

What is noticeable about the 512 cases described above is the important role that the environmental context appeared to play in the sexual behaviours across the various categories of the continuum model. Specifically, of the 512 cases:

- 180 incidents (35%) took place in the child's or victim's bedroom;
- 94 incidents (18%) took place solely online;
- 83 incidents (16%) took place in a neighbourhood or public space;
- 58 incidents (11%) occurred in schools or school grounds; and
- 15 incidents (3%) happened in care home settings.

Harmful sexual behaviours occurring in neighbourhoods and public spaces often occurred in abandoned buildings and parks (often where young people gathered and consumed drugs or alcohol), outside shops, secluded woodland, playgrounds, tents and caravans.

Concurring with the work of the Australian Royal Commission, the data from this current study raises questions about the way in which traditional responses to harmful sexual behaviour in childhood have been underpinned by notions of individual pathology. Here, the response has often been to treat the individual child, withdrawing them from their environment, for example placing them into another family or a residential setting whilst individual therapy is offered, but often changing little in the child's wider ecology.

Such approaches may be required in cases at the extreme end of the continuum, but are likely to be unnecessary, ineffective and intrusive for children at the lower end of the continuum.

A more contextual understanding of harmful sexual behaviour sees a child's environment and the influences they are subject to in their social contexts (e.g. peer group cultures) as significantly influencing and in some cases driving their sexual behaviours.

**For the majority of children, their sexual behaviours may not be reflective of individual pathology, but of problematic or abusive cultural norms.** In other words, the behaviours are often circumstantial, rather than preferential. If this hypothesis is correct, then this means that treating the individual child is not necessarily the answer, so much as engaging and changing the child's environment. Few studies have really considered the contextual dynamics of harmful sexual behaviour in childhood before and the findings of the Australian Royal Commission have significant implications for how member states should respond to the issue, including moving to a more preventative approach, as discussed later in this report.

## 2.2) What is known about children and young people who display harmful sexual behaviours?

A range of studies have sought to describe the demographic characteristics of children presenting with harmful sexual behaviours, the majority of which have reported data from the USA, UK, Australia and New Zealand. The largest demographic study published to date internationally is the US population-based epidemiological study with an overall sample size of over 13,000 'juvenile sexual offenders' (Finkelhor and colleagues, 2009). However, an increasing number of studies have emerged from other European contexts, including Sweden, the Netherlands, Germany, and Switzerland.<sup>3</sup>

It seems, however, that few studies describing groups of children and young people with sexually abusive behaviours replicate measures used by other studies and many tend to rely on retrospective case file analysis and subjective clinical judgement. This means that **a degree of caution is necessary in generalising from one group to another, particularly across cultural contexts** (Zolondek et al, 2001).

### *Male adolescents who sexually abuse others*

Research evidence supports the view that **the vast majority of children engaging in sexually abusive behaviours are male adolescents**, even allowing for the under-reporting and the lack of services for girls with harmful sexual behaviours. For example, in Finkelhor and colleagues' (2009) large sample, 93% of all juvenile sexual offenders were male. Hackett et al., (2013) found that 97% (n = 676) of children and young people referred to nine UK services over a nine-year period as a result of their harmful sexual behaviours were male, with only 3% (n = 24) female.

Male adolescents with harmful sexual behaviours are typically portrayed as having a number of social skills deficits, a lack of sexual knowledge and high levels of social anxiety. The combination of low social competence, low self-esteem, emotional loneliness and feelings of sexual inadequacy can be a developmentally damaging mix of factors for some young people, leading them to problems in establishing appropriate intimate relationships and attempts to abusive sexual interactions with children.

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<sup>3</sup> Examples of studies include- Sweden: Edgardh and Ormstad, 2000; Långström and Grann, 2000; Kjellgren et al., 2006; 2010; the Netherlands: Bijleveld and Hendriks, 2003; Van Wijk et al., 2007; Lussier et al., 2012; Germany: Hosser and Bosold, 2006; Klein et al., 2012; Switzerland: Barra et al., 2017.

While it is possible to identify some characteristics that appear to be particularly prevalent in the backgrounds of male adolescents with harmful sexual behaviours, such as **experiences of abuse, trauma and disrupted early attachment relationships**, they also comprise a very diverse group as far as their backgrounds, family contexts and causes of their behaviours are concerned. Indeed, it appears that male adolescents who sexually abuse have **no single defining profile and no one set of personality characteristics, family backgrounds, personal histories or conditions** (Chaffin and colleagues, 2002).

Although early studies assumed that young people with harmful sexual behaviours were typically in their mid-late teens, it is now recognised that the onset of puberty appears to be a peak time for the development of sexually abusive behaviours in male adolescents. In Finkelhor et al.'s study (2009), the age of children ranged from 6 to 17 years old, with 86% aged 12 and upwards. Vizard and colleagues (2007) found a mean age of 13.9 years old at the time of assessment. Across studies, it appears that the number of young people coming to the attention of professionals for harmful sexual behaviours increases sharply around the age of 12 years old and plateaus after the age of 14 (Finkelhor et al, 2009). **Early adolescence, then, is likely to be the peak age for the emergence of harmful sexual behaviours against younger children, whilst sexual offences committed by young people against other teenagers, by contrast, appears to peak in mid to late adolescence** (Finkelhor et al, 2009). For some young people, it appears that the onset of puberty, with the significantly increased salience that it brings to sexual feelings and behaviours, is a trigger for previous conduct and interpersonal problems to become sexualised.

It is now accepted that **there are a number of subgroups within the total population of male adolescents presenting with harmful sexual behaviours**, each of which has distinct needs. Concerted effort has gone into the identification and differentiation of sub-groups of young people (Knight and Prentky, 1993) including distinctions made on the basis of personality differences in young people, sub-groups based on offence types, offending patterns and victim differences.

**One of the most widely explored distinctions concerns the difference between male adolescents who abuse pre-pubescent children and those who victimise peers or adults.** Adolescent males whose sexually abusive behaviour targets pre-pubescent children appear to be different from those who sexually offend against peers, though their behaviours are not entirely mutually exclusive. Compared with those who sexually offend against their peers, male adolescents who sexually victimise younger children tend to have under-developed levels of social competency and less peer sexual experience, but a lower level of general offending and conduct problems. They are more likely to abuse girls but nearly half target at least one male victim (CSOM, 1999). By contrast, adolescent males who sexually offend against their peers tend to show higher levels of general 'delinquency' and 'antisocial behaviours' as well as violence and non-sexual criminality (Parks, 2007). They overwhelmingly assault adolescent girls and adult women (CSOM, 1999). They are also more likely to offend in peer group or group-related contexts, including in some cases in gangs. One of the implications of this distinction is that **young people across these groups may require substantially different service and intervention responses.**

Research also suggests that **young people who 'specialise' in sexually abusing children** (i.e. whose sexually abusive behaviour is not accompanied by other forms of deviant and violent behaviour) **can be distinguished from 'generalists'** whose sexually abusive behaviours occur alongside other criminal and anti-social behaviours; generalist and specialist adolescent sexual offenders are very likely to follow different developmental trajectories :

Generalist offenders seem to be in the majority and more at risk of other forms of future delinquency, whereas a minority of adolescent sexual offenders seem to be specialists who are at risk primarily for further sexual offending. Both therefore require distinct assessment measures and intervention approaches to ensure that practice responses are effective (Pullman and Seto, 2012).

A UK study investigated the differences in background characteristics of 300 young people with harmful sexual behaviours, finding that the majority (71%) could be categorised in one of three dominant background themes: 'abused', 'delinquent' or 'impaired'. The most frequent theme was 'impaired youth', which represented 88 cases (29%). This was closely followed by the 'abused youth' representing 85 cases (28%) and finally the 'delinquent youth', which represented 42 cases (14%). The study results in the proposition of three distinct "syndromes" that underlie harmful sexual behaviours in young people (Almond, Canter and Salfati, 2006):

- **'Abused' young people** having experienced frequent physical and sexual abuse, should be classified as young people in need and are harming others as part of a response to their own abusive experiences. *For these young people, the task for practitioners is to address the young person's experience of victimisation, issues of confusion over sexuality and sexual attraction to children, as well as focusing on the personal and situational factors that increase the likelihood of offending.*
- **'Delinquent' young people** do not 'specialise' in sexual offending, but their harmful sexual behaviours occur in conjunction with a wide range of other deviance, such as property offences, previous offences against a person, antisocial behaviour and fire-setting. These young people are therefore harming others as part of an overall pattern of delinquency; they also seem to have a broader propensity to violate the right of others, engage in other antisocial behaviour, and they are high risk for re-offending (Butler & Seto, 2002). *Practitioners should therefore target general delinquency risk factors with this group that address the individual, familial, and social influences on their antisocial behaviour, as well as assisting with any drug and alcohol problems.*
- **Young people in the 'impaired' group** represent a wide continuum including emotional, psychological and physical impairment, including speech or hearing impediments, behavioural problems, educational difficulties, ADHD<sup>4</sup> and learning disabilities. Practitioners need to be aware of the enormous variation in socio-emotional, cognitive and physical development between youths of the same age. *Specialist assessment frameworks are required for these young people that can identify problems with general literacy, speech and communication deficits, conceptual understanding and suggestibility. Practitioners may also need to improve these young people's social skills as characteristics within this impaired theme included poor social skills, low self-esteem, bullying and social isolation.*

#### *Pre-pubescent children with sexual behaviour problems*

Whilst much research has focused on adolescent male sexual offenders in their mid to late teens, as reflected above, reports from service providers indicate that **the average age of children being referred for therapeutic intervention as a result of their sexual behaviour is dropping** and that **a significant minority of referrals concern children in their pre-pubescent stage of development** (Hackett et al, 2005; Smith et al., 2014).

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<sup>4</sup> Attention deficit hyperactivity disorder.

Whilst there is no population-based data on the incidence or prevalence of sexual behaviour problems in pre-pubescent children, Finkelhor and colleagues (2009) found in their sample of 13,471 children and young people with sexually abusive behaviours that 16% of children were under the age of twelve. It is, not known whether increases in the number of pre-pubescent children with sexual behaviour problems being referred to professionals represents an increase in the incidence of such behaviours, or whether this is a consequence of changing definitions, increased professional awareness and more extensive reporting (ATSA, 2006).

Like their adolescent counterparts, pre-adolescent children with sexual behaviour problems are **a diverse group who display a wide range of problematic sexual behaviours** that are beyond what is considered developmentally normative for their age. Such children constitute a different population to adolescents with harmful sexual behaviours, given the underlying causes and nature of the behaviours, their developmental histories and their legal status (Hackett, 2004).

Significantly less is known about pre-adolescent children with sexual behaviour problems than about adolescents with harmful sexual behaviours and **research into younger children remains in its infancy**. A lack of consensus was found about what constituted normal and inappropriate sexual behaviours for pre-pubescent children in a sample of professionals who were experienced in this area of work (Vosmer et al., 2009). While professionals' views were informed by the professional literature and by their personal values, **the lack of empirical data to draw upon made it difficult for them to make decisions in practice**.

Young children may engage in a range of normative 'sexual' behaviours. Although it has been commonly assumed that children are 'asexual', studies have found that even preschool aged children exhibit certain sexual behaviours (Davies, Glaser & Kossoff, 2000). A wide variation exists among children in this respect, and gender and cultural differences are significant (Fitzpatrick & Deehan, 1995; Larsson & Svedin, 2001, 2002). In addition, cultural context exerts a significant influence upon which sexual behaviours are perceived consequently by adults as normal or problematic (De Graaf & Rademakers, 2006).

Whilst pre-pubescent children's behaviours are often referred to as 'sexual', the intentions and motivations for these behaviours are largely unconnected to sexual gratification and do not have sexual meaning for children as they do for both adolescents and adults (Chaffin et al., 2002). Normative sexual behaviours between children are usually spontaneous, mutual and consensual in nature. Such behaviours early in childhood are largely exploratory and are part of the developing child's normal curiosity about their own and other people's bodies. As the developing child satisfies this sense of curiosity and develops more knowledge about social expectations and appropriateness of such behaviours, these behaviours may diminish in middle childhood before emerging strongly following the onset of puberty.

By contrast, sexual behaviour problems displayed by pre-adolescent children go beyond what might be developmentally expected or socially acceptable. It has been suggested that a pre-pubescent child's sexual behaviour should be considered problematic if it (Chaffin et al., 2002, p. 208):

- occurs at a frequency greater than would be developmentally expected;
- interferes with the child's development;
- occurs with coercion, intimidation, or force;
- is associated with emotional distress;
- occurs between children of divergent ages or developmental abilities; or
- repeatedly recurs in secrecy after intervention by caregivers.

Others (Vosmer et al., 2009) distinguish between children's problematic sexual behaviours as:

- self-directed (e.g. 'compulsive' masturbation)
- non-contact (e.g. 'exposure', sexual talk) and
- contact behaviours (e.g. touching others, penetrating others against their will).

Evidence from retrospective studies into adolescents who present with harmful sexual behaviours often highlight the development of earlier, pre-adolescent sexual behaviour problems that grow in intensity and frequency following the onset of puberty. For example, in Hackett et al.'s (2013) review of 700 UK cases, the authors noted how, **in a substantial proportion of case files, there were recorded accounts of unaddressed sexual behaviour problems in the earlier childhoods of many adolescents who subsequently went on to commit more serious and intrusive acts of sexual abuse.**

### *Girls with harmful sexual behaviours*

While there is increasing recognition of the small proportion of teenage girls who sexually abuse others, empirical studies are rare. A number of authors have considered why there is less reporting of sexual abuse by both adult and younger females when compared to males (Hickey et al. 2008; McCartan et al. 2011). This may reflect either genuinely low rates of perpetration by females, or a tendency to deny or minimise such abuse because of cultural norms and attitudes leading to assumptions that females are incapable of such behaviour and that their primary status is that of a victim: consequently, any abusive behaviours are downplayed as 'play' or 'experimental'. Nonetheless, **studies have consistently reported that sexual abuse by girls remains a very small proportion of the total of sexual abuse by children**, ranging from 2.6% up to between 8 and 12%, depending on the study cited (Ryan et al. 1996; Kubik et al. 2003; Taylor 2003; Johansson-Love & Fremouw 2005; Hickey et al. 2008; McCartan et al. 2011).

Literature focusing specifically on the characteristics and circumstances of female adolescents with harmful sexual behaviours is limited. The samples studies tend to represent young female abusers who have been convicted of a sexual offence or who are involved with specialist community or residential facilities because of the seriousness of their sexual and other behavioural problems. This means that **caution should be applied about the limited existing data on female adolescents with harmful sexual behaviours, as it may not represent the wider population of girls with such behaviours.**

Nonetheless, the existing data suggests that as a group, girls with abusive sexual behaviours **come from particularly chaotic and dysfunctional family backgrounds, with higher levels of sexual victimisation than males, higher levels of other forms of abuse, frequent exposure to family violence and often very problematic relationships with parents.** In common with male adolescents with harmful sexual behaviours, female adolescents are **often reported to have difficulties in school** and to have relatively high levels of learning difficulties (Scott & Telford 2006; McCartan et al. 2011).

Comparing adolescent females with age-matched adolescent males with sex offence histories, few differences were found between the groups in terms of other antisocial behaviours and other characteristics, except that the females had experienced more severe and pervasive abuse compared with males (Kubik et al., 2003). It is possible, therefore, that **the trauma of their own victimisation may have particular relevance in understanding the behaviour and treatment needs of female adolescents with harmful sexual behaviours** (Strickland 2008).

A 2015 study reports on a sample of 24 girls who were referred because of harmful sexual behaviours, comparing them to boys in a larger sample. The youngest female referral age was 8 years, the oldest 16 years with a mean age at referral of 12.3 years. There were two peak ages for referral amongst the female group at 10 and 13 years. Compared with the boys in their sample, young females were likely to be referred at a younger age and they were much less likely to have any criminal convictions at the point of referral. They also had higher rates of sexual victimisation in their histories and they tended to have fewer victims drawn from a narrower age range. However, **girls displayed similar kinds of sexually abusive behaviours as boys**. In most cases, their victims were known to them, whether related or not. **Rates of sexual violence or the use of physical force during the commission of the abuse was relatively rare** (Masson et al., 2015).

Overall, it appears from the few empirical studies able to comment on this issue, that a small proportion of all young people with harmful sexual behaviours are female adolescents and that they may have backgrounds which differentiate them from their male adolescent abuser counterparts. This would call for an approach in practice which acknowledges their difference and, in particular, works to directly address young women's unresolved victimisation histories, as these seem to be so significant in the development of their harmful sexual behaviours.

### *Young people with intellectual disabilities who present with harmful sexual behaviours*

One of the key changes in the response to harmful sexual behaviour over the last decade has been the rapid increase in the number of young people with intellectual disabilities (often also referred to as 'learning disabilities') being identified and referred for intervention. For example, in a 2013 study, **38% of the sample of 700 young people with harmful sexual behaviours were identified as intellectually disabled** (Hackett et al., 2013). However, this increase in the number of referrals is not, as yet, matched by the development of appropriately tailored professional responses to this particular service user group. It is of concern that children and young people with intellectual disabilities may continue to be overlooked in policy and research terms and that **their distinct needs may be unmet through the provision of generic interventions** for the broader non-disabled population of young people with harmful sexual behaviours.

An earlier study in New Zealand examined the demographic and abuse characteristics of 24 adolescent sexual offenders with 'special needs' who were compared with a group of 131 male adolescent sexual offenders without such needs (Fortune and Lambie, 2004). **Those with special needs had high levels of all forms of abuse in their backgrounds**, including significantly higher rates of sexual and physical abuse and more social skills deficits than their non-disabled counterparts. **The 'special needs' sexual offenders were more likely to have excessive behavioural problems**, especially in the areas of social functioning, thought processing and attention.

In terms of behaviours and abuse dynamics, there is some support for a view that the sexually abusive behaviours of young people with intellectual disabilities are **often less sophisticated, use fewer grooming strategies and are more opportunistic** when compared to non-disabled groups (Timms and Goreczny, 2002; O'Callaghan, 1998). It was further found that young people with learning disabilities did engage in 'nuisance' behaviours, such as indecent exposure, but they also engaged in a wide range of offence behaviours involving trickery and coercion. Those without learning disabilities, however, exhibited an even wider range of offence behaviours (Almond and Giles, 2008).

Additionally, young people with learning disabilities who commit sexually abusive acts seem to be **often unaware of the social taboos existing around sexual behaviours** (Timms and Goreczny, 2002). Some young people with learning disabilities may relate on a psychosocial

level to younger children whose functional age is similar to theirs (O’Callaghan, 1998). Such sexual behaviours in which the person initiating the sexually abusive interaction does not understand the nature of consent or the impact of the behaviour on others are also described as ‘abuse without abuser’ (Fairburn and colleagues). In this context, **the persistent lack of appropriate sex education and the lack of appropriate opportunities for sexual relationships and sexual expression, may be important** amongst the root causes of sexual aggression in this group of young people.

*Young people who commit sexual offences facilitated by information and communication technologies (ICTs)*

As seen in the review of current cases above, **children now frequently engage in sexual behaviours online, via social media and through the means of technology**. This is entirely unsurprising in view of the important place that the internet and social media now play in children’s lives in most Western societies. Whilst adults may still make distinctions between ‘online’ and ‘real world’ contexts, children often seamlessly move between these both spaces. According to findings by the Safer Internet Centre (2020), almost half (49%) of young people aged 8-17 today feel that their internet browsing activities impact their offline personalities, forming an essential part of who they are in the ‘real world’. 54% said they would feel lost, confused, or like a part of them was missing if their online profiles were to be taken down. A further 38% felt they were more comfortable in themselves online and considered the internet as a space where they are able to experiment, explore and grow. It is unsurprising then that these functions of online experimentation and exploration also include sexual identity and behaviour.

Young people frequently access online pornography, engage in ‘sexting’ (the sending or receiving of a sexually explicit text, images or videos on a mobile device) and use social media to communicate about sex with individuals both known and unknown to them. **There are legitimate concerns about the impact of early sexualisation of children through exposure to developmentally inappropriate materials online and about the potential for young people to be harmed and exploited through their online behaviours**. The need for education for both children and parents on these issues is clear, with the campaigns and support services provided by Child Line and CEOP excellent examples of positive responses to these challenges.

Children’s online sexual behaviours range from those that are developmentally appropriate and reflect healthy sexual interests, to others that are problematic and put the child engaging in the behaviour at risk, to others that are highly abusive and victimise others. It is important to make these distinctions, not least because **legislation has, in some jurisdictions, criminalised children’s online sexual behaviours**, not necessarily because of the nature of the sexual behaviour itself, but because of the means by which the behaviour is communicated online. For example, following this case, a UK All-Party Parliamentary Group for Children in 2015 argued that crime recording rules should be adapted so children are not routinely criminalised for sexting<sup>5</sup>. In their investigation of the issue, the Group found that police and headteachers had raised concerns about children and young people being issued with out-of-court disposals “simply for exhibiting behaviours associated with growing up or ‘experimental’ behaviour, such as sexting”. This position is also consistent with the position adopted by the Lanzarote Committee’s on children and self-generated sexual content<sup>6</sup>.

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<sup>5</sup> See: <https://www.theguardian.com/society/2015/nov/30/children-should-not-be-criminalised-for-sexting-says-report>

<sup>6</sup> See: <https://www.coe.int/en/web/children/lanzarote-committee#%2212441908%22:22:22>



On the other end of the continuum, it is clear that online sexual offending is a serious issue. Such offending includes the viewing, trading or production of child abuse imagery online or the offender using the internet and social media platforms to groom and make contact with vulnerable children for inappropriate sexual interactions. Criminal justice data suggest there have been significant increases in the number of cases of internet sexual offending brought to the attention of law enforcement agencies in the US and the UK (ATSA, 2010; CEOP 2012) as well as an increase in the number of referrals of such offenders for treatment as a result of these behaviours. The predominant emphasis of work in this area to date has, however, concerned adult offenders and their targeting of children online.

**There has been relatively little published research about the incidence, characteristics, motivations and needs of children and young people who engage in technology facilitated harmful sexual behaviour.** One of few studies internationally examining the circumstances of young people who come to the attention of services because of their online sexual behaviours, described a UK sample of seven male adolescents referred for downloading abusive images of children and compared them to a larger group of young people who had engaged in contact sexual offences (Moultrie, 2006). The number of abuse images of which the young men were found in possession varied from fifteen to 'several hundred'. The majority were also charged with distribution, either sending images via email or making them available to others on 'peer to peer' networks. Ages on referral ranged from 13-16 years. **Compared with the larger group of contact offenders, the downloader group presented with little evidence of abuse or trauma in their backgrounds, tended to come from stable and economically advantaged family backgrounds and were achieving well educationally.** They presented with adequate social skills, though four out of seven were socially isolated or found it hard to engage with peers.

**Approximately half of the young people stated they had initially used the internet to view adult pornography or began using chatrooms to explore their sexual orientation.** Conversations with others became increasingly sexual and over time and turned to younger adolescents and children. It appears that for these male adolescents, **exposure to online material and contacts provided a stimulus for the development of inappropriate sexual interests, attitudes and behaviours in the offline world.** Five out of the seven downloaders admitted to sexual arousal to children they knew. Two of these young men were also known to have abused children known to them in their family or community.

The demographic profiles of adolescent internet offenders do not seem to fit easily with those young people with harmful sexual behaviours with whom professionals are routinely involved. Researchers caution against the inappropriate labelling of such young people as 'victim' or 'perpetrator' and advocate the development of specific strategies and interventions to address their needs and risks.

#### *Young people who sexually abuse others in the context of groups and gangs*

As highlighted in the review of current cases in Section 2.1 above, most harmful sexual behaviour by young people occurs in the environment of the family, with victims known to the perpetrator and therefore frequently in a context of secrecy and isolation. This has been termed 'single perpetrator' sexual abuse. However, recent attention has been given to 'multiple perpetrator' abuse situations where young people present with harmful sexual behaviours in peer groups or networks.

A two-year inquiry into the nature of child sexual exploitation in gangs and groups convened by the Office of the Children's Commissioner in England (Berelowitz et al., 2013) highlighted nearly 2,500 known victims of child sexual exploitation in gangs and groups, with a further 16,500 children at risk of victimisation. 29% of the known cases concerned peer-on-peer

exploitation where the perpetrators were under the age of 19, with the youngest being 12 years old. Compared with single perpetrator sexual violence, the study suggests that **group-based sexual offending is committed more frequently by offenders in their teens and early twenties**. Their harmful sexual behaviour was diverse and included offenders with higher group status ordering younger members of the group to offend and offenders instigating sexual abuse in which other members of the group then took part. It also appears that **multiple perpetrator sexual abuse involves greater levels of physical violence**. The Inquiry highlighted examples of sexual bullying and assault in schools or in public places within neighbourhoods. It found 433 cases of gang-associated child sexual exploitation and the majority of these cases concerned peer-on-peer, as opposed to adult-on-child perpetration.

Through interviews and focus groups with 188 young people, a 2013 study found **significant levels of sexual victimisation within gang environments** (Beckett and colleagues, 2013). Sexual violence was mostly perpetrated by adolescent boys against adolescent girls with most incidents taking place between young people known to one another in the gang context. The range of behaviours included pressuring and coercing adolescent girls to have sex, sex being used in return for goods, status or protection in the gang, individual and multiple perpetrator rape, or adolescent girls being exploited to have sex with gang members in order to gain group membership. Young people involved in such gang related sexual exploitation and violence rarely reported their experiences or sought access to any formal support service. Many of these young people viewed sexual violence as normal and inevitable. The study also showed the **often-blurred boundaries between young people's experiences of being either a victim or a perpetrator of sexual violence, with many young people experiencing both**.

#### *Families of young people with harmful sexual behaviours*

**Families of young people with sexually abusive behaviours are widely described in the literature as multiply troubled and dysfunctional.** In a study examining the families of intrafamilial adolescent sex offenders attending a community-based treatment programme the families were characterised as disorganised, uncommunicative, adversarial and conflict-ridden (Thornton and colleagues, 2008). The findings seemed to emphasise **the need for treatment to target parents as well as the adolescent offender**.

**Parents are likely to experience a range of emotional responses following their discovery of their child's abusive behaviours which means that their usual parenting competence and resources are further undermined.** In an Irish study, semi-structured interviews with parents covering their responses to the discovery of their son's sexually abusive behaviour showed that parents experienced a process which included shock, confusion, self-blame, guilt, anger and sadness (Duane et al., 2002). These powerful emotions were experienced in a different order and to different levels of intensity by parents, but shock, confusion, disbelief and minimisation appeared to be common reactions. Disbelief and minimisation in relation to their child's behaviours was often a defence mechanism which served to protect parents from the negative personal implications of total acceptance of their child's actions.

Hackett and colleagues (2012) investigated the nature and impact of parental responses to their child's harmful sexual behaviours in 117 cases. Parental responses were varied, ranging from being entirely supportive of the child, through to ambivalence and uncertainty and, at the other end of the continuum, to outright rejection. Parents were more likely to be supportive when their child's victims were extra-familial and condemnatory when the victims were intra-familial. The need to engage with parents of children who have displayed harmful sexual behaviours is therefore indicated strongly by the few specific studies of families that currently exist.

While families of children and young people with sexually abusive behaviours have been shown to have a wide range of needs and problems, attention should also be given to identifying and building upon family strengths and competencies. The child welfare and criminal justice system often makes most demands of parents at a time when they are least able to meet them and is prone too easy to 'write off' parents as failing or label them simply as 'in denial' in such situations (Hackett, 2004). Finding out about the sexual abuse can be an isolating and profoundly difficult experience for parents and may lead to secondary post-traumatic responses. Practical advice, for example on how to monitor situations at home, is often necessary.

### 2.3) What is known about the impact of children's harmful sexual behaviours?

The Australian Royal Commission (2017) report into the issue of harmful sexual behaviours in childhood provides the most significant and comprehensive attempt yet to describe the experiences of survivors who were sexually abused by other children during their childhoods.

The Royal Commission took evidence from 1,129 survivors who had been abused by a child or children, mainly in an institutional context. Survivors informed the Commission of the **severe and complex effects that their abuse by another child had had on their lives**, including the presence of suicidal thoughts and suicide attempts; they also reported **significant impacts on secondary victims, such as family and friends**. Survivors and their immediate families talked about their shock, grief and distress. The families of the child who had sexually abused another child were also often be affected by the abuse, including experiencing shame and stigma associated with their children's behaviours.

The Australian Royal Commission outlines a number of ways in which adolescent perpetrated sexual abuse differs from adult sexual offending, many of which have been outlined in the previous sections; it also found that in the majority of cases the harmful sexual behaviour perpetrated by young people was contextually driven or influenced, rather than being reflective of underlying abusive pathology. A higher proportion of survivors also reported the harm was caused by a group of children rather than an individual, compared with survivors of adult-perpetrated sexual abuse. However, the important message from the Commission was that, although the nature of the abuse was different, **the impacts of child sexual abuse by children were very similar to those brought about by adult-perpetrated child sexual abuse**.

Various studies found a substantial effect of child sexual abuse on post-traumatic stress, depression, suicide, sexual promiscuity, sexual perpetration and academic achievement (Paolucci and colleagues, 2001) or have **emphasised the importance of contextual and environmental factors in mediating negative outcomes for sexually abused children** (Skuse et al, 1998).

### 3) Causes and factors that may contribute to harmful sexual behaviours

Adult sexual offences may be driven by a range of underlying individual characteristics, such as a fixed sexual interest in children or cognitive distortions that allow the perpetrator to rationalise their abusive behaviour. In contrast, there is evidence to suggest that children's harmful sexual behaviours are more likely to result from their context or situation, as distinct from personal sexual motivations.

A number of adverse experiences have been identified as common to cohorts of children receiving interventions for sexually abusive behaviour. These common experiences include prior sexual or physical abuse, exposure to family violence, interpersonal difficulties, and other influences, such as exposure to and consumption of pornography (Australian Royal

Commission, 2017). The presence of any one or more of these risk factors in a young person's life cannot be seen as predictive of future sexually abusive behaviour. However, such personal risk factors may interact with broader risk factors in the child's environment adding to the possibility that the child will exhibit harmful sexual behaviours.

Therefore, it is now recognised that **there is no one simple 'cause' for harmful sexual behaviour in childhood**. Rather, it is likely that a complex range of bio-socio-cultural 'pathways' are involved. In other words, children's interest in sex constitutes a natural part of their biological development, but the expression of those interests is shaped significantly by the particular social factors they are exposed to, for example the models of parenting and care they have experienced, as well as the influence of their peer and intimate partner relationships. As such, **social factors (such as family, residential and school environments, peer influences)** may exert a protective influence leading to the positive expression of healthy sexual behaviours or they may present risks to children making it more likely that their sexual interests are expressed in ways that are harmful towards self or others. The **wider cultural context** is also important in giving meaning to any expression of sexual behaviour as sexual norms, attitudes and laws vary not only between cultures but also over time.

Perhaps the most promising theoretical model of the causes of sexually abusive behaviour is based on five primary developmental pathways that may lead into sexually abusive behaviours (Ward and Siegert, 2002). It includes a core set of distinct and interacting dysfunctional psychological mechanisms which are influenced by direct and indirect factors (such as prior life experiences) as well as cultural and environmental factors (for example, the quality of the care afforded to a child). Each category is meant to depict a specific offence pathway with separate root causes and underlying deficits. The five pathways, as they may relate to young people who commit acts of sexual abuse, can be summarised as follows:

- **Intimacy and social skill deficits**, where significant problems with intimacy result in a young person turning to inappropriate or harmful sexual behaviours in order to ease feelings of loneliness. This pathway can be particularly reflective of young people with underlying problematic attachment relationships, leading to difficulties in establishing appropriate intimate relationships through adolescence.
- **Distorted sexual scripts**, where a young person has distorted beliefs and thought processes that guide their sexual behaviours. This pathway can be particularly reflective of young people who have been inappropriately sexualised as children or have experienced significant sexual trauma and abuse, and who in adolescence have difficulty in determining when sexual contact is appropriate or desirable.
- **Emotional dysregulation** (i.e. emotional responses outside of the range of acceptable responses), where a young person has significant difficulty in managing their emotional states and where abusive sex becomes a dysfunctional way of dealing with anger or negative mood states.
- **Antisocial thinking**, where a young person's attitudes and beliefs are supportive of generalised criminality, rule breaking and boundary violation across multiple contexts. This pathway can be particularly reflective of young people who have a general antisocial lifestyle in adolescence and little regard for the needs of others, and whose sexually abusive behaviours occur in conjunction with other non-sexual criminality.
- **Multiple pathways**, where an individual's pathway involves a wide range of factors implicit in the previous pathways, with no single prominent feature among them.

According to this concept, it is plausible, that the more personal and environmental risk factors are present, the more likely it is that a child will follow one or more of these 'pathways' into harmful sexual behaviour. Core risk factors identified from research to date are considered below.

### *Attachment and family problems*

Studies have consistently found that **a high proportion of children have had extensive prior involvement with health and social care professionals** prior to the emergence of their harmful sexual behaviours, as well as extensive histories of adversity, loss, discontinuity of care and insecure attachments. Theorists have proposed the importance of attachment difficulties in the development of harmful sexual behaviours as well as the role of attachment-based interventions designed to challenge such behaviours (Rich, 2006; Longo et al., 2013; Creedon, 2013). However, research has not yet directly determined the presence or absence of secure attachment relationships in distinguishing those individuals who will engage in harmful sexual behaviours from those who do not (Creedon, 2013). However, many models which seek to explain the development of harmful sexual behaviour in young people pinpoint **early parent-child relationship problems** as amongst significant root causes. If secure attachments are linked to the development of healthy emotional and behavioural self-regulation, then the presence of attachment insecurity can be seen as a risk factor in the development of risky or harmful sexual behaviour.

### *Prior sexual victimisation*

**Prior sexual victimisation has been a consistent finding in studies of young people who sexually abuse others.** In their sample of 700 cases, Hackett and colleagues (2013) found that evidence in 50% of cases that male adolescents presenting with harmful sexual behaviours had themselves been sexually victimised. Rates of sexual victimisation in the smaller sub sample of 24 female adolescents was even higher at 69%. In younger children with problematic sexual behaviours, the rates of prior sexual victimisation are particularly high, as already shown by earlier studies where 93% of girls and 78% of boys aged 6–12 years with developmentally unexpected sexual behaviours had been found to have histories of prior sexual victimisation (Gray and colleagues, 1999). There is also evidence to suggest that **the younger the child being identified for sexual behaviour problems, the more likely it is that he or she has been sexually abused.**

A 2011 study examining the onset of harmful sexual behaviours in a sample of 27 boys who had a recorded onset of sexually harmful behaviour before the age of 10 years old, found that a family history of cross-generational harm to children and a parental experience of unresolved harm in childhood generated inconsistent and insensitive parenting that was linked to high levels of maltreatment and insecurity of attachment in children. Sexualised reactions by the boys to their very high level of sexual victimisation were **not responded to in a timely or appropriate way by parents, other caregivers or professionals** so that sexually harmful behaviour continued without intervention for a significant period Hawkes (2011).

It is therefore reasonable to conclude that, for some children, there is a strong element of **replication of their own experiences of sexual abuse in the expression of their harmful sexual behaviours.** In their empirical review of a sample of 74 adolescent male sex offenders with histories of sexual victimisation, Veneziano et al (2000) found close parallels between young people's own abuse characteristics and their subsequent sexually aggressive behaviours. In particular, they found that male adolescents who were themselves abused under the age of 5 were twice as likely to select victims who are younger than 5. Those who were abused by males were also twice as likely to abuse males themselves.

More significantly, they found a close correlation between types of victimisation experience and types of abusive behaviour. Male adolescents who had experienced anal abuse as victims were 15 times more likely to anally abuse their own victims than adolescents who had not been abused in this way. Similarly, if their own abuse had involved fondling, they were seven times more likely to abuse their victims in this way. Moreover, many sexually aggressive adolescents are highly traumatised and trauma becomes an important and relevant factor in treating child and adolescent sexual offenders' (Burton, 2000, p45).

At the same time, a 2009 review confirms the **lack of a simple causal explanation for the development of problematic sexual behaviours in younger children**, highlighting instead the dynamic relationships among risk factors both within and across ecological domains (e.g. family, school, peer group, community and wider environment) in children's lives. More research appears to be needed on **factors such as gender, temperament and cognitive functioning** that are likely to be critical in understanding the development and persistence of problematic sexual behaviours in childhood, given that these factors are implicated in the development of other forms of child psychopathology, as well as on **the impact of peer groups, schools and neighbourhoods** in influencing the development of problematic sexual behaviours in pre-adolescent children (Elkovitch et al., 2009).

The evidence suggests that by no means all children with harmful sexual behaviours have themselves been sexually abused others. Even where this is the case, the sexual abuse experience alone may be a poor single explanation for why a young person goes on to victimise others. Nonetheless there is evidence of a sub-group of young people who have such a dual sexual abuse experience (Bentovim, 2002).

#### *Physical abuse, neglect and exposure to family violence*

Research and practitioner literature indicate that **children who have exhibited harmful sexual behaviours have often experienced physical abuse** prior to exhibiting their sexual behaviours. Hackett et al. (2013) found that two-thirds of the children and young people in their sample were known to have experienced at least one form of abuse or trauma, including physical abuse, emotional abuse, severe neglect, parental rejection, family breakdown and conflict, domestic violence, and parental drug and alcohol abuse. In an Australian study of 420 young people who had sexually abused another child, almost 95 per cent had been victims of physical abuse or had witnessed family violence prior to their harmful sexual behaviour (Flanagan, cited Australian Royal Commission, 2017). Child neglect has also been identified as one of the most significant pre-existing factors for juvenile involvement in all types of criminal activity (Australian Royal Commission, 2017). In an earlier study of 127 younger children who engaged in 'developmentally unexpected sexual behaviours' in the United States, 87% of children reported that they had seen their caregiver behave violently towards a partner (Gray and colleagues, 1999).

Overall then, studies suggest physical abuse or neglect may at least as strong a predictor that a victim will sexually abuse later in life as an experience of child sexual abuse.

It has been suggested that being exposed to family violence provides children with 'dominant and gendered scripts for how they are expected to be in the world' (Australian Royal Commission, 2017). Trauma and exposure to persistent stressors may impact on a child's neurobiology, leading to developmental problems that can include attachment difficulties, academic problems, poor peer relationships, developmental delays, and significant deficits in self-regulatory functioning and inhibitory control (Creedon, 2013, p.13). Prolonged exposure to multiple stressors and adversities is linked to increased developmental damage.

Indeed, whilst not every child or young person with harmful sexual behaviours has experienced prior abuse, **those who present the greatest level of concerns and risk for future offending are adolescents who have experienced significant levels of abuse, neglect or exposure to family violence.**

### *Exposure to pornography and lack of sex education*

**Children across member states have considerable exposure and access to pornography**, with the suggestion that the average age of first exposure to pornography in Western societies is 11 years old, with children under the age of 10 years old accounting for 20% of all pornography consumption (Enson, 2017). There are indications that the proliferation of pornographic material may be ‘hypersexualising’ children (Enson, 2017) and is significantly affecting their sexual attitudes and behaviours (Shlonsky et al., 2017). Studies have demonstrated, among other things, that online pornography use is related to a stronger endorsement of permissive and recreational attitudes toward sex, and to **earlier and more advanced experience of sexual behaviour in childhood** (Owens, Behun, Manning, & Reid, 2012). A Dutch study, investigating the development over time of adolescents’ pornography use and their sexual attitudes and behaviour found that for boys, more than girls, exposure to pornography correlated with increased permissive sexual attitudes and sexual behaviour (Doornwaard et al., 2015).

Not all children exposed to pornography will react in sexually *abusive* ways. However, a study that compared the pornography exposure of 283 male adolescent sexual abusers against that of 170 delinquent young people who were not sexual offenders found that adolescents who sexually abused reported more exposure to pornography than those who engaged in non-sexual crimes (Evertsz and Miller, 2012). Frequent viewing of adult pornography including violent elements has also been linked to sexually coercive behaviour by boys in intimate relationships. A study of 4,564 children aged between 14 and 17 years in five European countries concluded that, **for boys, regularly watching pornography and sending or receiving sexual images or messages was associated with an increased probability of them being sexually coercive** (cited Shlonsky et al., 2017, p. 73). Overall, **those exposed to violent, sexually explicit material are almost six times more likely to display sexually aggressive behaviour than those who do not view such material** (Shlonsky et al., 2017).

Children, it seems, are being increasingly sexualised through pornography, with exposure to themes on ‘mainstream’ pornographic sites that actively depict abuse and violence, such as ‘incest’ and ‘humiliation/ degradation’. In this way, pornography is proving to be not just a poor sex educator for children but can be seen to be encouraging abuse related behaviours at a developmental stage when many children have no other sexual experiences or information to counterbalance its influence. Researchers conclude that:

“given their limited real-life experience, it is important that youth are taught about the specific, one-sided portrayal of sexuality in [pornography]. As the Internet has become an integral part of adolescents’ lives and a potentially powerful socializing agent in many domains, parents and teachers have the important task of educating adolescents about safe Internet use, the content they may encounter online, and how to put that content into perspective.” (Doornwaard et al., 2015, p. 1486)

Coupled with the above, studies have identified **a lack, or an inappropriate level, of sexual knowledge and sex education as a feature of children who have exhibited harmful sexual behaviours.** As Elizabeth Letourneau, expert to the Australian Royal Commission stated:

“Children often don’t know that what they’re doing is wrong. We do a poor job – and when I say ‘we’ I mean adults in general, and in virtually every country – we do a really poor job of explaining to children what are the rules of the road as they begin to become sexual.” (Australian Royal Commission, 2017, p.77)

The Royal Commission concluded that sex education and sexual abuse prevention education should be universally accessible to all children; it should be culturally safe, appropriately tailored and developmentally appropriate should include content on consent, equality and coercion.

### *Masculinity and gender*

Despite the consistency of findings on the gendered nature of adolescents demonstrating sexually abusive behaviours, researchers have not yet been able to explain conclusively the processes behind this gender discrepancy. Some authors suggest that this bias towards males can be accounted for in part as a result of the problematic socialisation of males in Western societies (for example, Calder, 2001), with sexual abuse by males representing a sexualised form of the broader oppression of women and children. Other authors suggest that neurobiological differences play a significant role in explaining the different level of sexual violence demonstrated between males and females (Bradford, 2000). Hormonal differences between males and females, particularly the role of the male hormone testosterone, have been proposed as an explanation for the greater propensity of males to aggression than females, although the evidence underpinning this proposal is far from clear-cut. Other authors have sought to explain the gender bias towards males within abuser samples as a consequence of the differential response to trauma in males and females. 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).

The reasons behind the overwhelmingly male nature of sexual violence are therefore likely to comprise of a complex interplay of factors. The evidence would appear to support a view that human aggression and its expression in violent form results from the interaction between biological and social influences.

Harmful sexual behaviour is strongly related to the problem of abusive masculinity and addressing the way in which misuse of male power is normalised in society should be a task of primary prevention strategies to prevent violence and sexual abuse on a societal level.

The existence of a relatively number of young women who sexually abuse others does not invalidate this perspective, not least because the many of these young women (as discussed above) have themselves been sexually abused by males.

### *Environmental and institutional factors*

The above section has focused on some of the factors that may contribute to the development of harmful sexual behaviours at an individual and family level. However, **as noted throughout this report, harmful sexual behaviour in childhood is often also contextually and environmentally influenced.** Indeed, some authors have suggested that situational factors are more significant in shaping the decision-making processes leading to children engaging in harmful sexual behaviours than the individual attributes of the child concerned (O’Brien, 2010). Situational factors may relate to peer group cultures, for example in relation to group-based and gang-related harmful sexual behaviour, as discussed in 2.2 above. Alternatively,



situational factors may enhance the likelihood of problematic or abusive sexual behaviours in institutional settings, such as in out-of-home care contexts.

A number of studies have discussed sexual abuse between children within institutional settings (Timmerman and Schreuder, 2014; Green and Mason, 2002; Green 2001 and 2005). These studies have highlighted how **institutional culture is one of the main factors influencing the expression of sexual behaviour amongst children**. This research has helpfully moved understandings of sexually abusive behaviour away from simply viewing it in terms of the pathology of individual adolescent ‘perpetrators’ in care towards it being embedded in the fabric of the institution. Timmerman and Schreuder (2014) call this the ‘rotten basket’ approach, rather than the ‘rotten apple’ approach. This is a very important point which shifts the emphasis from identifying ‘risky’ young people to understanding the riskiness of care settings for all children in terms of appropriate sexual development and healthy sexual behaviour.

It was further found that ‘macho’ care cultures affected not only how members of staff related to girls and boys in care, but also how young people related to one another (Green and Masson, 2002). Sexist and homophobic ‘jokes’ among colleagues created an environment in which it was difficult to detect, name and tackle abuse. Earlier ethnographic research in children’s homes had already referred to ‘sexualized cultures’ in which sexuality is constantly ‘in the air’, because of teenage preoccupations with their own sexual development and with each other, while many of these young people have the additional complications afforded by their own backgrounds of sexual abuse (Parkin and Green, 1997). However, the subject never appeared on formal staff or institutional agendas and **sexuality was barely discussed in staff meetings or residential groups**. For the children in care, this created a lack of clarity about sexuality and their own boundaries as there was little contact with the ‘normal’ outside world. This appeared to result in girls who were past victims of sexual abuse being an easy target for sexual abuse from peers.

The Australian Royal Commission (2017) investigated factors at the institutional level that contribute to cases of harmful sexual behaviour between children. It found that some children behaved in sexually aggressive ways towards other children in institutional contexts that were characterised by high levels of both informal and ritualised bullying of children by other children. **Many of the harmful sexual behaviour allegations that occurred in the context of bullying or initiation practices (also known as ‘hazing’) often in the context of sporting clubs or teams.**

The Royal Commission (2017) found that hierarchical institutional cultures, characterised by a lack of understanding about the nature of sexual abuse, and a lack of supervision and oversight of children by adults who do not have effective oversight of children’s day-to-day behaviours, allow greater opportunities for harmful sexual behaviours to develop between children and to go unnoticed in the institution. In particular, these factors may allow the development of highly problematic and harmful group-based sexual behaviours between children. The Commission concluded that institutional culture exerts a significant influence on the likelihood that harmful sexual behaviours will occur in institutional settings:

“A positive, child-focused institutional culture is key to protecting children against sexual abuse and can facilitate appropriate responses. By contrast, a culture that enables abuse is one that accepts or endorses harmful attitudes and behaviours.”  
(Royal Commission, 2017, page 76)

#### 4) Responses to harmful sexual behaviours

The spectrum of harmful sexual behaviours and the diversity of children's backgrounds and circumstances mean that no one response or intervention is suitable for all children with harmful sexual behaviours. **A range of interventions is needed, from prevention and early identification through to generic support, as well as specialist assessment and therapy.**

**For a small group of children, a criminal justice response may be necessary.** As emphasised throughout this report, harmful sexual behaviour is understood on a wide continuum of sexual behaviours in childhood, some of which, whilst developmentally problematic, are not matters to concern the criminal justice systems of member states. Such cases are best dealt with through educative and child welfare approaches to ensure that the rights of those children are not compromised by over stigmatising and over punitive responses, whilst the children concerned and other children around them are safeguarded.

However, other behaviours at the more extreme end of this continuum equate to legally proscribed sex offences, clearly warranting the involvement of criminal justice agencies. In the middle of the continuum, there are many situations where it may be unclear whether a young person's harmful sexual behaviours should or should not be subject to the involvement of the criminal justice system (noting that there is substantial variation in the approaches of such systems across Europe). In such cases, professionals need to balance a range of contextual factors in deciding about whether or not the needs of justice and welfare are best served through invoking criminal proceedings. The considerations that professionals need to make in such cases have shifted over time as awareness and understanding has developed about the nature of harmful sexual behaviour, as well in light of significant changes in the legislation and organisational arrangements relating to sex offences in member states.

**There remains a danger, however, that children are dealt with in the context of increasingly restrictive policies and legislation introduced to manage adult sex offenders.** In some jurisdictions, the practices of sex offender registration, community notification and civil commitment, designed with adults in mind, have impacted on all sexual offenders, including children over the age of criminal responsibility. The Association for the Treatment of Sexual Abusers (ATSA), for example, concludes that:

“The body of evidence fails to support any community safety effect of adult-based juvenile sex crime policies. With regard to registration and notification, neither policy deters first-time juvenile sex offenses or juvenile sexual, violent, or nonviolent recidivism” (ATSA, 2017, p.76).

Their evidence appears to show that non-registered adolescent offenders have low recidivism rates that are indistinguishable from those who are registered. Registration as sex offenders and community notification also appear to increase the risk of adolescents sustaining new, nonviolent charges (ATSA, 2017). Although measures such as these are, as yet, relatively uncommon across European jurisdictions, the evidence from the USA suggests that they are misplaced and ineffective.

To date, most intervention responses to harmful sexual behaviours have focused on those **children at the most extreme end of the continuum** of sexual behaviour and have therefore focused on offering post abuse therapy, sometimes termed 'treatment' (though this term has been criticised for its unfortunate tendency to medicalise the problem). In most member states, such assessment and intervention services are lacking at this point in time.

Whilst member states grapple with how to develop appropriate level services for those young people who come to the attention of their criminal justice and child protection systems for sexually abusive behaviours, relatively little emphasis has been given to the needs of children **at the lower end of the continuum** with lower level inappropriate or problematic behaviours. Even less emphasis has been given to **how to prevent** the development of harmful sexual behaviour in the first place.

#### 4.1) A prevention approach

There are some indications of a move towards recognising the wider public health needs arising from the issue of harmful sexual behaviour across the developmental and behavioural continuum, including a number of parliamentary and public inquiries into the issue. In England and Wales, for example, the National Institute of Health and Care Excellence (NICE) developed and published the first UK national public health guidance on the topic in September 2016,<sup>7</sup> emphasising the importance of early intervention responses to the issue. In other jurisdictions too, there is **a noticeable move towards prevention rather than after-the-fact responses**, including a comprehensive prevention strategy in Australia (Australian Royal Commission, 2017). This is also the case in work emanating currently from the Scottish Government (2020). Here, a three-pronged approach has been suggested that focuses on:

- **public health dimensions** targeting the prevention or underlying risk factors for harmful sexual behaviour;
- a **gendered analysis** to changing aspects of culture and wider social attitudes; and
- a **psychological approach** which seeks to respond effectively to children who display such behaviours.

The Scottish Government Expert Group (2020) has adopted Hackett's conceptual model to describe the potential range of preventative responses for consideration at primary, secondary and tertiary levels: see Figure 2, below.

Drawing on more general public health approaches to social issues, this model proposes three tiers of intervention response:

- **primary prevention** measures, to reduce new instances of sexual violence which would potentially target all children,
- **secondary prevention** measures, to target specific at-risk groups or those with lower level behaviours and offer early interventions to divert children away from more extreme behaviours, and
- **tertiary prevention** measures, that offer support in situations where children have sexually abused in order to reduce the likelihood of recurrence.

As can be seen in the model, the number of children who would require tertiary interventions is potentially small, but as a broader prevention strategy, **primary prevention measures would need to be offered as part of a programme of more widespread educative and social interventions.**

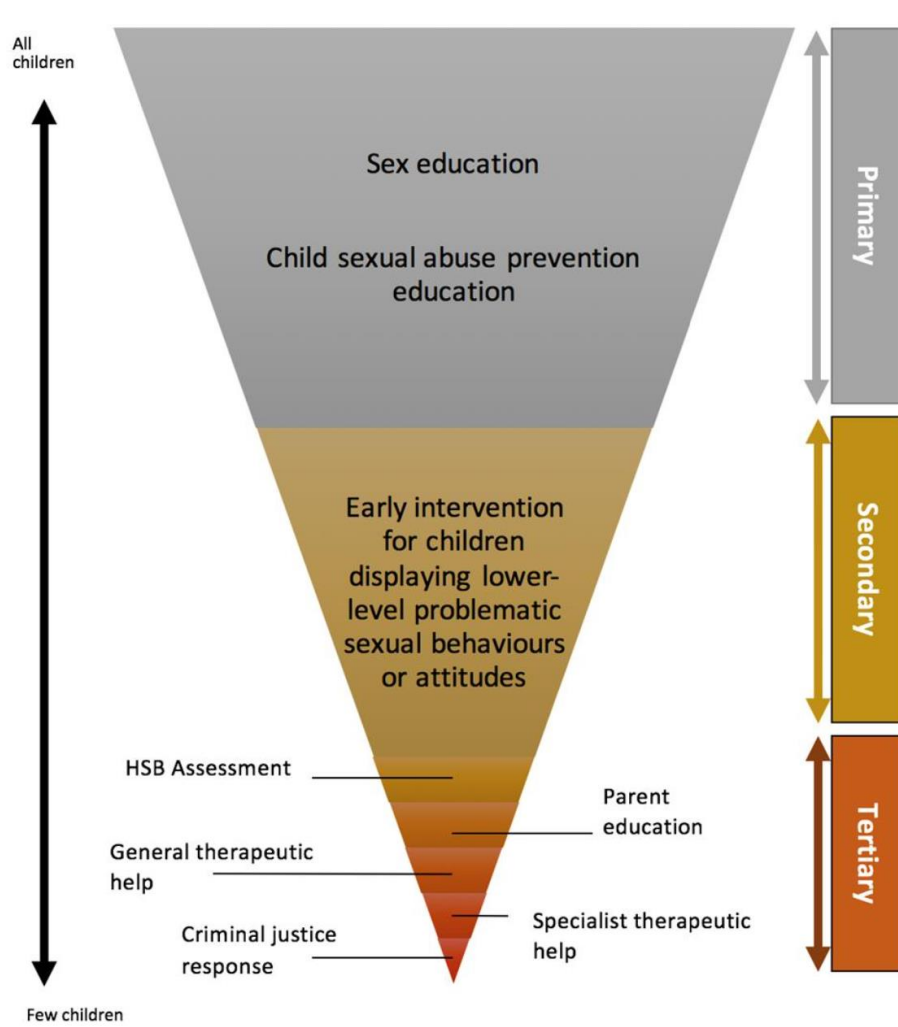
Member states will be at vastly different places in relation to their own positioning regarding this model. However, it is likely that many responses to date have focused at the bottom end of this funnel. **The challenge is to continue to improve the quality, consistency and availability of tertiary level responses, whilst at the same time paying enough attention to earlier and higher-level strategies.**

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<sup>7</sup> see <https://www.nice.org.uk/guidance/ng55>),

This public health model has not been given enough attention in relation to the problem of harmful sexual behaviour; possibly because children with the most extreme forms of such behaviours have been ‘othered’, and stakeholders have failed to see the developmental and contextual elements of their behaviour. However, **connections must be recognised between childhood sexual violence and abuse, sexual health and wellbeing, sex and relationship education and sexual development more broadly for all children in societies.**

Figure 2: A model of primary, secondary and tertiary prevention for harmful sexual behaviour (Hackett)



### Primary prevention approaches

Primary prevention relies on identifying causes and contributory factors for harmful sexual behaviours (such as those described in Section 3 of this report) and then taking action to address these, targeting the general community. Because these are societal level actions, they will vary across member states, however in essence **primary prevention strategies for harmful sexual behaviour are designed to improve community awareness and understanding of the issue.** Building on the work of the Australian Royal Commission, which has to date described the most comprehensive and solid prevention model, a range of strategies may be appropriate for Council of Europe member states, as follows.

### *Improving community awareness*

A lack of awareness of the problem of children's harmful sexual behaviours in society and in communities can result in behaviours not being recognised or, equally, can result in disproportionately harsh responses to low level behaviours. **Improving the community's understanding could help to increase identification of these behaviours and to support early and proportionate help-seeking.**

Community education would benefit all adults and children by raising awareness of the differences between developmentally appropriate and harmful sexual behaviours in a non-stigmatising way, offering children clear guidance about appropriate sexual behaviours, expectations and norms. Accessible general guidance on the differences between healthy and harmful sexual behaviours in childhood would also assist adults to respond appropriately to lower-level problematic sexual behaviours, ensuring that they do not respond unnecessarily to behaviours that are developmentally appropriate and that they do not have a disproportionate response to lower-level behaviours. A number of Council of Europe resources, videos and guides for parents (including the publication 'So, this is sexual abuse?') are relevant to this approach (<https://www.coe.int/en/web/children/publications>).

This form of guidance has also been provided in the form of 'traffic light' tools, developed by practitioners, which illustrate and explain differences between healthy and harmful sexual behaviours in children. A good example is that provided by Brook (<https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/>)

**Governments could build on these or similar resources to provide more comprehensive information** including: why children may engage in harmful sexual behaviours; the impacts of the behaviours on victims; and guidance on services and supports that are available for both victims and children with harmful sexual behaviours.

**Community education about harmful sexual behaviours could be delivered across all jurisdictions**, accessible to all communities and incorporating the experiences of diverse populations, taking into account factors such as gender, age, disability and specific cultural contexts.

Alongside this, member states could also **strengthen or develop their overarching national strategies for child sexual abuse prevention**, to include the prevention of harmful sexual behaviour by children. Such strategies should include initiatives designed to reach all citizens to raise awareness, increase knowledge and change problematic attitudes related to child sexual abuse, and to promote and direct people to related prevention initiatives, information and help-seeking services.

### *Child sexual abuse prevention education*

Child sexual abuse prevention education programmes provide information and training to children and their parents and carers on preventing child sexual abuse. Such programmes are targeted at children to equip them with skills to protect themselves from sexual abuse and to encourage help-seeking if abuse has occurred. Programmes for parents and carers aim to equip them with the skills to support their children to apply what they have learned.

Child sexual abuse education programmes should incorporate content that is designed to prevent children being sexually abused by other children, covering for example:

- the impact that harmful sexual behaviours can have on children who are the victims of these behaviours;
- the factors that may contribute to children exhibiting harmful sexual behaviours;
- how to recognise and protect against children's harmful sexual behaviours in both physical and online settings, with reference to factors such as consent, equality and coercion in relationships between children;
- where to go for support if a child is victimised or is at-risk of being victimised by another child; and
- how children can support a peer who discloses that another child has harmed them.

Child sexual abuse prevention education for children has been developed in some European states but is generally unevenly distributed within countries. Programmes need to be evidence-based and delivered by appropriately skilled people, with content appropriately tailored so it meets the needs of all children from culturally and linguistically diverse backgrounds. Programmes should be regularly evaluated to ensure they deliver their intended outcomes. As an important part of the preventative approach to children with harmful sexual behaviours, sex education programmes for children **should address the issue of pornography and its impact on children's attitudes around sexuality, gender and relationships**. Studies of the impact of sex education more generally for young people have found that, **far from encouraging young people to engage in more sexual activity, sex education tends to be preventative and delay first sexual intercourse experiences** (Pound et al., 2017).

**Child sexual abuse prevention education is also a priority for parents.** Research indicates that parents and carers often have inadequate knowledge and resources to educate their children effectively about sexual abuse. Such programmes should help to give parents and carers the skills to support their children to be able to recognise other children's harmful sexual behaviours and to protect themselves from these behaviours. The programmes could also make parents and carers aware of the links between harmful sexual behaviours by children and adverse childhood experiences, including prior exposure to domestic violence and inappropriate sexual activity, as well as children's exposure to pornography.

#### *Secondary prevention approaches*

Secondary prevention aims to intervene either with children who are at higher risk of going on to display harmful sexual behaviours or in specific environmental contexts where there is an increased risk that harmful sexual behaviours will develop.

**The purpose is to prevent behaviours developing or prevent already existing lower-level problematic sexual behaviours from escalating.** While primary prevention strategies promote broad awareness of the difference between healthy and harmful sexual behaviours, secondary prevention entails action (Australian Royal Commission, 2017).

Secondary interventions could include **targeted training** for staff and parents in responding to children who have indicated early signs of problematic sexual behaviours, or **specialised training for staff and education for children in high-risk institutions** where behaviour has not yet occurred, but where there are known situational risks.

As indicated earlier, factors contributing to the increased likelihood that harmful sexual behaviour may develop include prior experiences of abuse and neglect, family violence and adverse childhood experiences. A significant shift in child protection thinking, which has

become known as 'contextual safeguarding' offers a very strong secondary prevention approach through which broader contextual factors beyond the family home can be targeted (Firmin, 2015; see <https://www.csnetwork.org.uk/>).

Contextual Safeguarding has been developed by Carlene Firmin at the University of Bedfordshire to inform policy and practice approaches to safeguarding adolescents. It is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. The approach calls for professionals to recognise that assessment of, and intervention with, these extra familial spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts. The approach is described at: <https://youtu.be/aQmO08MaYbA>

### *Tertiary prevention approaches*

**Children displaying harmful sexual behaviours may require tertiary interventions to help them cease the behaviours.** Such interventions include assessment, safety planning and therapeutic interventions and are addressed more fully in the next section.

### 4.2) Therapeutic interventions

As both practice and research knowledge has developed, it has become increasingly clear that the highly confrontational and punitive methods traditionally used in treating adult sex offenders are inappropriate for practice with children and young people. In their place emerged a strong call for **child-focused and holistic therapeutic interventions, targeting both abuse specific and more generalised areas of unmet need.** It is now well-established that models of practice designed to focus exclusively on sexually abusive behaviours in children and young people are limited in value and should be supported by attention to enhancing the young person's broader life skills, addressing social isolation, opening up access to appropriate opportunities in the education system, addressing family problems and improving the young person's relationships with peers, parents or carers.

### *Younger children with problematic sexual behaviours*

Given the extent of developmental vulnerabilities and prior experiences, the welfare of younger children with problematic sexual behaviours should be a primary concern and **cases involving younger children should be dealt with in qualitatively different ways to those involving adolescent sexual offenders** (Chaffin et al, 2002). Effective support for this group of children should not target merely the problematic sexual behaviours but should also attend to the child's own unresolved experiences as victims of abuse, as well as to broader concerns within the child's family and the role of other peer group and wider influences.

There has been little research into the likelihood that younger children's problematic sexual behaviours will persist and escalate through childhood and into adolescence or onto adulthood, therefore little is known about base rates for continued problematic sexual behaviours in the population. It has been suggested that **many pre-pubescent children with sexual behaviour problems will naturally grow out of such behaviour through maturation and through consistent redirection of the behaviours by adults,** however for a small number of children such behaviours can persist or re-emerge in their teenage years (Allardyce and Yates, 2018).

One of the key challenges in responding to pre-pubescent children with sexual behaviour problems is providing a proportionate response that avoids underreacting or overreacting. When behaviour is self-directed or involved mutual sexual behaviours without coercion, reinforcing clear boundaries, redirecting the child's behaviours and offering an input about healthy relationships is often sufficient to 'nudge' the child onto a positive developmental pathway. Responses at home or in primary school settings could emphasise **low-level responses** that are in line with those for other challenging behaviours, with adults naming specific behaviours, pointing out to the child the potential impact of the behaviours on others and setting clear boundaries (Allardyce and Yates, 2018).

Further research points to the shift of practice away from models originally designed for adolescent or adult sex offenders, for example relapse prevention, the sexual assault cycle or arousal reconditioning techniques. Only two of the tested interventions included these practice elements, and they were not significant in reducing sexual behaviour problems (St. Amand and colleagues, 2008). Moreover, the primary agent of reducing childhood sexual behaviours was found to be the parent or caregiver. Specifically, the **parenting/behaviour management elements most strongly predicted successful outcomes for reducing problem sexual behaviours**. The effectiveness of interventions in inpatient or residential care facilities without significant caregiver involvement during the intervention or in aftercare, is therefore being questioned.

As many pre-adolescent children with sexual behaviour problems are themselves recent victims of sexual abuse, the use of interventions that have been demonstrated to be effective with child victims of abuse may be justified. In a review of intervention models for child physical and sexual abuse, it is suggested that the empirically supported interventions are based on behavioural or cognitive behavioural approaches, but are multisystemic in nature, intervening at both the level of the child and the child's wider family (Saunders, Berliner and Hanson, 2003). **Trauma-Focused Cognitive Behavioural Therapy (CBT) has been shown to have a strong level of empirical support for work with sexually abused children** (Cohen and Mannarino, 1998).

Overall, effective intervention approaches for pre-adolescent children with problematic sexual behaviours appear to be those that: focus on recognising, understanding and expressing feelings; promote prosocial behaviour and coping skills; teach methods of relaxation; raise children's understandings of maintaining interpersonal boundaries; focus on safe touch; and educate children on sex and sexuality (Allardyce and Yates, 2018; St Amand et al., 2008).

### *Therapeutic interventions for adolescents with harmful sexual behaviours*

A wide variety of treatment approaches are reported in respect of young people with harmful sexual behaviours including behavioural and family systems approaches, pharmaceutical approaches or relapse prevention (Chaffin and colleagues, 2002).

Many services offering treatment in this field often combine elements from different therapeutic traditions, leading to a criticism that they represent 'ad hoc combinations of potentially contradictory approaches' (Chaffin et al, 2002, p217). In the absence of any published studies comparing outcomes for juvenile sex offenders randomly assigned to CBT treatment versus no-treatment conditions, it is not possible to empirically demonstrate whether such 'treatment' is beneficial, harmful or has no benefit at all (Chaffin and colleagues, 2002). A range of reasons has been outlined why standard models of relapse prevention interventions might not represent the most effective care for young people with harmful sexual behaviours. To be effective, it is considered that interventions need to move beyond a focus on the individual young person to **address the behavioural drivers that occur at the family, peer, school, and community systems in which the young person is embedded**. However, the approach



is often delivered in settings that provide little consideration of the real-world contexts in which the young person develops. Researchers are particularly **critical of approaches that grouping delinquent young people together for treatment in an institutional context**, as they suggest this carries the risk of harmful side effects, such as making young people learn from each other about how to be even more delinquent:

“Interventions that require removing youth from their homes (often for several years) and housing them with other sexual offending youth carry the added dangers of engendering youth depression and anxiety, interfering with youth attainment of normative developmental and social milestones, increasing each youth’s likelihood of victimization, and subjecting youth to an intense level of supervision that likely increases the risk for new charges (e.g., for illegal but consenting sexual interactions with peers) that would not otherwise be brought to bear” (Letourneau and Borduin, 2008, p.292).

### *Developmental and holistic approaches*

A number of trends have been identified in intervention responses towards developmentally sensitive practices (Lambie and Seymour, 2006). A high level of consensus has been found amongst practitioners in the UK about the core components of developmental and holistic approaches (Hackett, Masson and Phillips, 2006). These can be summarised as:

- Basing interventions as far as possible in a community context so that treatment takes place in the least restrictive setting that manages risk whilst at the same time enhances the developmental needs of the young person;
- Providing placement stability, as interventions are more likely to be successful when underpinned by a stable living placement. They recommend specialist foster care for adolescents who cannot remain with their family and intensive specialist social work support attached to the home. The highlight the importance of intensive training in parent management training and regular supervision are also needed to increase the likelihood of success of placements;
- Maintaining wherever possible a family focus, including the use of family group conferencing, as the family has a powerful role in influencing a young person’s motivation;
- Offering cultural support and culturally sensitive practice by providing workers from the same cultural background and ethnic origin as the young person and incorporating cultural elements into treatment, as this enhances outcomes for young people and their families from minority families;
- Focusing on non-sexual offending problems and offering support for simultaneous mental health problems;
- Using a wide range of intervention approaches flexibly to meet the needs of individual young people and their families, rather than rigid adherence to a particular approach such as groupwork; and
- Recognising and tailoring interventions to the specific needs of special populations of young people, such as young women or young people with intellectual disabilities, that recognise their diverse and specific needs.

One holistic approach that has gained increasing attention is Multisystemic Therapy (MST) which draws upon systems theory and the theory of social ecology (Bronfenbrenner, 1979) and has as its primary purpose understanding the fit between identified sexual behaviour problems and their broader systemic context. MST is an intensive community and home-based approach that has generated a good level of empirical support in response to a broad set of adolescent problem behaviours, including sexually abusive behaviour (Borduin et al.,1990; Swenson et al.,1998; Henggeler et al., 2009). Rather than focusing exclusively on sexually abusive behaviours, the approach engages with the young person’s broader social context,

including school and educational achievement, actively encourages family contributions to the young person's supervision as well as involving the young person's peer group (Henggeler et al., 1998).

Building on previous trials, a follow up trial was conducted in 2013 on the effectiveness of MST on a sample of 124 juvenile sexual offenders, comparing outcomes at year two between young people offered MST and others offered 'treatment as usual' (Letourneau and colleagues, 2013). Young people receiving the MST intervention remained at significantly lower risk of out-of-home placement and significantly greater improvement regarding problem sexual behaviour and self-reported delinquency through the second year of follow-up, relative to their counterparts in the comparison group. The results of these North American studies are suggestive that intensive, family- and community-based interventions such as MST can reduce risk of reoffending and can protect young people who have sexually offended from disruptive and costly out-of-home placements.

### *Rehabilitative, resilience and desistance approaches*

Alongside growing support for holistic approaches with young people with harmful sexual behaviours and their families, it has increasingly been recognised that more traditional risk identification and risk management approaches, in and of themselves, may have under-emphasised the importance of the rehabilitation of young people; into families, schools, communities and wider society. This tendency is by no means restricted to the field of sex offender treatment but a general feature of criminal justice responses from the 1930s to the end of the 20<sup>th</sup> century, a period in which there was hardly any use of desistance research to inform sentencing and correctional policy in any part of the criminal justice system (McNeill and colleagues, 2014).

In the field of sex offenders particularly, very little has been said about the nature of rehabilitation theory (Ward, Mann and Gannon, 2007). This is a serious omission, particularly in the case of young people presenting with harmful sexual behaviours. Most young people, even those who are required to live in residential or secure contexts following their harmful sexual behaviours, return to live in the community as adolescents. **Simply managing risk, and equipping a young person with self-regulation skills, is not enough to guarantee that he or she will achieve positive future life goals and outcomes.** A number of approaches and models have now been proposed that re-emphasise the importance of positive, strengths-based, rehabilitative approaches with young people, in addition to the important task of protection of victims and risk management.

The aim of a resilience-based approach to children and young people with harmful sexual behaviours is to **identify ways in which strengths and competencies can be developed or bolstered** in young people who have experienced significant adversity in their lives. Resilience researchers have consistently argued against the long-standing emphasis on users' deficits and in favour of 'explicit attention to the strengths of risk-exposed individuals, both in terms of adjustment outcomes and in terms of characteristics which promote positive adaptation (Luthar et al, 2000, p574). Research has consistently demonstrated that individuals who do well in spite of adversity have a repertoire of dealing with things, rather than one particularly effective coping tactic. A tendency to exert planning in relation to life decisions has been shown to constitute a significant protective factor, whereas low self-esteem and low self-efficacy tend to undermine an individual's ability to respond to difficulties.

The core elements of resilience-based approaches with young people who have displayed harmful sexual behaviours (adapted from Hackett, 2006) includes:

- Developing supportive relationships for young people with at least one key non-abusive adult in their lives;
- Helping young people to build positive and reciprocal peer relationships;
- Encouraging school success and educational achievement;
- Nurturing young people's talents and interests;
- Building family resilience by offering primary caregivers a safe person they can confide in;
- Encouraging participation and planning so that young people and families are centre stage in the planning process; and
- Giving young people opportunities to set and achieve goals and pro-social ambitions.

A further promising element of rehabilitative approaches to young people, and one which shares much with resilience theory, comes from the developing body of research into **desistance from crime**. As the vast majority of offenders stop committing crimes over the life-course, many in the absence of any professional interventions in their lives, the study of desistance concerns **understanding the factors and processes that influence offenders to cease offending**. If these factors can be identified, it may then be possible to emphasise the achievement of these processes in high risk offenders who may, in the absence of professional support, be less likely to desist.

To date, the relevance of findings on **desistance** have scarcely featured at all in the literature on young people with harmful sexual behaviours. **Significantly more research has been undertaken to identify why young people start to sexually abuse than to understand why they stop**. Despite this, some landmark studies are beginning to emerge in related field (Maruna, 2001 and McNeill, 2003; 2006).

Back in the 1990s, researchers proposed that the vast majority are adolescence-limited offenders who are involved in antisocial behaviour only during adolescence and for whom their offending is situational and desistance is normative (Moffitt, 1993). They only distinguished a small group of life-course-persistent offenders who start early in childhood and persist in offending well into adulthood. For this small group of offenders, neuropsychological deficits together with disrupted attachment relationships and academic failure drive long-term antisocial behaviours (Laub and Sampson, 2001). Desistance appeared to reside in the interface between developing personal maturity, changing social bonds that occur alongside important life transitions and the individual's own narrative which offenders build around key life events (McNeill, 2006). The key factors for desistance in adulthood were identified as follows (Maruna, 2010):

- Getting older and maturing;
- Good relationships, including the presence of strong and supportive intimate bonds with a spouse;
- Sobriety and recovery from addiction;
- Employment, especially if it offers a sense of achievement and satisfaction;
- Hope and motivation to change and confidence in an ability to turn things round;
- Feeling concern and empathy for others, in particularly being able to contribute something positive to society, community and others;
- Having a place within a social group, feeling connected in a (non-criminal) community of some sort;
- Not having a criminal identity, not defining oneself purely as an 'offender'; and
- Being believed in, being strongly encouraged by someone else that they can and will change.

In order to examine the relevance of resilience and desistance in young people with harmful sexual behaviours, Hackett and colleagues (2012) investigated the experiences and current life circumstances of adults who, as children, were subject to professional interventions because of their sexually abusive behaviours. 87 former service users and their families were traced, in each case between 10 and 20 years following initial referral for the sexually abusive behaviour. In-depth data was collected on 69 individuals who agreed to take part in the study. A wide range of long-term developmental outcomes was reported by the follow-up sample. As far as could be ascertained by self-report and official records, most participants had not reoffended. Only a small proportion had reoffended sexually, with three convictions for sexual assault and one for downloading child abuse imagery, giving a 6% sexual recidivism rate. However, general reoffending was more common, with a small number of participants having been reconvicted for serious offences of physical assault, violence and, in one case, murder. It was possible to classify overall life outcomes as successful (26% of cases), mixed (31%) or unsuccessful (43%).

Successful outcomes in terms of desistance were associated with:

- Individuals who were able to have ambitions and optimism for their future;
- Stable partner relationships or enduring carer and professional relationships, as these were a feature of most adults with positive outcomes; and
- Educational achievement and the ability to gain employment.

Poor outcomes, in contrast, were associated with:

- Individuals with poor body image and poor health;
- Intimate partner relationship failure;
- Chaotic or unstable living conditions; and
- Drug and alcohol misuse.

Professional interventions offered to children with harmful sexual behaviours were largely well regarded, but the lasting significance of the work appeared to be related to the quality of the relationship between the child and the professional concerned. Findings emphasise the vital importance of lasting 'social anchors' in the lives of children and adolescents at risk and suggest that achieving carer and family constancy should be an important part of professional interventions, as should general health promotion, though this is an area as yet under-developed in the sexual abuse field.

### *The Good Lives Model (GLM)*

Perhaps the best-known strengths-based model of intervention proposed to date is the 'Good Lives Model' (see, for example, Ward, Mann and Gannon, 2007) and based on the principles of positive psychology. The model conceptualises that individuals are predisposed to seek a number of primary goods - i.e. states of mind, characteristics, activities or experiences that, if achieved, will increase the individual's well-being. Primary goods can include (but are not restricted to) healthy living and functioning, knowledge, inner peace, autonomy and self-directedness, friendship, community, happiness and creativity. The assumption is that people are more likely to function well if they have access to these various types of goods.

The GLM therefore (2007) proposes that the concept of psychological wellbeing should be central to interventions with sexual offenders, determining the form and content of rehabilitation, alongside that of risk management. This means that:

“a major aim is to equip the offender with the skills, values, attitudes, and resources necessary to lead a different kind of life, one that is personally meaningful and satisfying and does not involve inflicting harm on children or adults. In other words, a life that has

the basic primary goods, and ways of effectively securing them, built into it.” (Ward et al., 2007, p.92)

Consistent with this aim, treatment of the offender is seen as an activity that should add to his or her skills and personal functioning, rather than one that simply removes a problem or is devoted to managing problems. In this understanding, sex offender treatment should aim to return individuals to as normal a level of functioning as possible and should only place restrictions on activities that are highly related to the problem behaviour (Ward et al., 2007).

Although originally proposed for adult sex offenders, the positive emphasis of the approach has attracted significant interest amongst service providers working with young people, not least because the attainment of ‘primary goods’ is an integral part of the developmental tasks of adolescence. Thus, the approach fits well conceptually with an emphasis on children’s rights and helping young people practically to achieve broader life goals.

The application of the GLM to work with young people with harmful sexual behaviours has been demonstrated in a single case study showing how the model has been used to manage potential risk through acknowledging the individual’s needs, goals and aspirations and working towards meeting these in safe and positive ways (Wylie and Griffin, 2013). Such approaches seem to emphasise the young person’s strengths and the components of their ‘Good Life’, as well as to help them develop an understanding of the consequences of their actions including their abusive behaviour.

There is considerable interest in the further application of models such as the GLM in work with young people with harmful sexual behaviours and their development potentially represents a very promising advance in the field, however, outcome research seems to be needed in order to examine the efficacy of such approaches (Wylie and Griffin, 2013).

### *Restorative Justice*

Restorative justice (RJ) is a rehabilitative approach to criminal justice that **focuses on the needs of victims who take an active role in the criminal justice process, while offenders are encouraged to take responsibility for their actions and, where possible, repair the damage their offences have caused.** Restorative justice fosters dialogue between those directly implicated in and affected by the crime. RJ practices vary, but core elements involve an offender who has already taken responsibility for the offence being held to account in a face-to-face meeting with the victim. It is hoped that the process and outcome will deter offenders from further offending behaviour and may provide them with some form of reintegration into the community (Daly, 2006). Victims, it is hoped, benefit through being able to give voice to their experiences of victimisation and by taking part in the setting of penalties for the offender. Although some advocates of RJ hold that reconciliation will follow from the process, reconciliation is not to be expected (Daly, 2006).

Whilst the approach has grown in popularity worldwide, its use in cases of sexual, partner and family violence remains somewhat controversial and views on its appropriateness polarised (Daly, 2006). Concerns may include victim safety, the potential for an offender to manipulate the process or exert pressure or control on the victim given pre-existing power dynamics between during the abuse. Benefits may include the empowerment of victims in confronting the offender, a victim feeling validated by a clear statement from the offender that the victim is not to blame, the offender gaining a higher level of insight into the impact of the offence, or relationship repair.

In relation specifically to young people with harmful sexual behaviours, it can be argued that a well-prepared, facilitated and structured process of victim-offender interactions are safer than leaving such interactions to chance once professional interventions are complete. In Hackett

and colleagues study (2012) of long-term outcomes for children and young people with harmful sexual behaviours, the authors were struck by the frequency by which **participants told them that it had been important for them to apologise and rebuild their relationships with intra-familial victims**, in particular siblings, with whom most had re-established some form of direct contact in adulthood. None had received any help with this process, and it had often been a painful experience.

Although uncommon in most jurisdictions in cases of harmful sexual behaviour by young people, the approach is widely used in New Zealand and in South Australia, with a RJ conference, i.e. a meeting between the victim and the perpetrator, used as an alternative to young people being prosecuted in court. A 2006 study reviewed 385 cases where a young person had committed a sexual offence in South Australia over a six-year period, comparing those young people who were dealt with by the court as opposed to a RJ conference (Daly, 2006). Although caution should be applied, as the two groups were not randomly assigned to the two different conditions, **the overall prevalence for reoffending was higher for court (66%) than conference (48%) cases**. The conference approach had the particular benefit for both victim and offender of avoiding the stigmatising and victimising effects of the adversarial nature of more formal court processes.

RJ approaches are still in their infancy in cases of young people with harmful sexual behaviours and their efficacy should be tested through rigorous outcome research. However, they offer a potentially powerful tool for rehabilitative practice.

#### *Family support approaches*

**Most authors now identify family work as a core element of work with children and young people with harmful sexual behaviours** (Chaffin et al, 2002). This is supported by the results of outcomes studies, as discussed earlier in this section, which strongly support family-based interventions with young people with harmful sexual behaviours.

The use of a family support approach to families in need is well established. These services offer a valuable model of practice for families where children have demonstrated harmful sexual behaviours. A family support approach in this context **seeks to draw on and harness strengths within families and to broaden the social support dimension of family life**. Empirical findings from the family support literature highlight the importance of mentoring and home-based interventions for vulnerable families (McKeown, 2000) and the effectiveness of non-professional interventions has also been emphasised (Roberts and MacDonald, 1999). Bolstering families' level of social support is also supported empirically and has been noted as an important factor in influencing outcomes for both mothers and children living in adversity. A family support approach to these families might include the professional in actively helping to identify appropriate professional or nonprofessional (i.e. volunteer) support for children and parents, as well as helping families with the difficult process of disclosure of information about the abuse within their social networks.

A range of goals can be pursued through the work with parents of children with sexual behaviour problems (Chaffin et al., 2002):

- teaching parents about the importance of supervision, how to identify situations of risk and how to implement risk management strategies;
- helping parents to learn about children's sexual development and, particularly, what are appropriate and inappropriate sexual behaviours at different developmental stages: this is particularly important as parents can often present as confused and anxious about such issues after finding out about their child's sexually abusive behaviours;

- helping parents to identify when they need to inform other people about their children's sexual behaviours, how they should go about this and what level of information needs to be shared;
- helping parents to explore and review family rules about sex and sexuality;
- supporting parents in identifying appropriate ways and opportunities to talk to their children about sexual matters;
- learning about specific behavioural parenting strategies in order to respond to challenging behaviours presented by children; and
- generally improving communication patterns in the family and enhancing the quality of parent-child interactions.

In a small-scale Irish study of five parents attending a parents' support groupwork programme, the effectiveness of one such parent support programme was evaluated (Duane and colleagues, 2002). It was found that parents' self-reported psychological adjustment, self-esteem and perceived social support improved over the course of the programme. From the interviews held with parents, the authors found that the group had promoted a strong sense of solidarity and support among the parents.

Although the emotional impact for parents of the discovery of their child's abusive behaviour can be devastating in all types of case, **the position for families and parents where sexually abusive behaviour has been perpetrated by a young person on a sibling may be particularly difficult.** Extensive family support and family therapy interventions may be warranted. The nature of the relationship between siblings may not only exacerbate the impact of the abuse for the victim (Ballantine, 2012) but can be highly traumatic for parents who may feel distressed and shameful that they 'allowed' the abuse to take place in their family. Parents are often left with the difficult task of balancing the individual needs of both a child who has abused and a child who has been victimised. Whilst it may be necessary in many cases for the young person displaying the harmful sexual behaviour to be removed from the family home, at least initially, in order to ensure victim safety, it is also important to work intensively with the family to address the consequences of the abuse, develop parents' protective capabilities, and to **consider reintegration of the young person into the family as soon as this can be done safely.**

## 5) Summary of key lessons presented in this report

This report has sought to explore and synthesise some of the key elements from research into the subject of harmful sexual behaviour as it currently exists, recognising that the evidence base has developed significantly in recent years but that it remains far from comprehensive. The report calls for an approach to children who have displayed harmful sexual behaviours that distinguishes between children according to their developmental stage, and that is also sensitive to how their individual experiences have their behaviours. Council of Europe member states will need to consider the differing implications of the themes and issues presented in the report and determine their significance in their particular cultural and social contexts. As such, a series of recommendations is not made as the translation of the contents of this report into policy and practice responses will vary considerably. However, a number of key messages or lessons emerge and may help with this process. These are summarised below in relation to the major elements of this report.

## **Context and scale of the problem**

- Children are responsible for perpetrating a significant minority of all reported sexual abuse.
- 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 cross-member state studies are limited and comparability between studies is difficult.
- Professional awareness of children and young people with harmful sexual behaviours has grown with a developing evidence base, but significant gaps in knowledge, policy and service delivery are likely to remain both within and between jurisdictions.
- Consistent and non-labelling language to define the problem and to recognise its diverse nature is fundamental to building appropriate policy and intervention responses.
- Harmful sexual behaviour in childhood is a broad concept that is best understood on a developmental continuum.
- It is important to frame the issue of harmful sexual behaviour sensitively, recognising the importance of healthy sexual development in childhood, placing the child at the centre of the issue within a children's rights framework.

## **Nature of harmful sexual behaviours and children displaying them**

- Reports suggest that the average age of children being referred for therapeutic interventions as a result of their sexual behaviour is dropping and that a significant proportion of referrals concern children in their pre-adolescent years.
- Pre-adolescent children may display a wide range of problematic sexual behaviours that are beyond what is considered developmentally normative.
- Younger children differ in important ways from adolescents with harmful sexual behaviours given the root causes and nature of the behaviours, their developmental histories and their legal status (including their criminal liability).
- Whilst rates of sexual victimisation are high in samples of children with problematic sexual behaviours, not all children who present with such behaviours have themselves been sexually victimised.
- Adolescents display a wide variety of types of harmful sexual behaviours that are beyond normative developmental parameters.
- Most young people coming to the attention of professionals because of harmful sexual behaviours are male.
- The onset of puberty appears to be a peak time for the development of sexually abusive behaviours in adolescents.
- While it is possible to identify some characteristics that appear to be particularly prevalent in the backgrounds of adolescents with harmful sexual behaviours, they comprise a very diverse group.
- This diversity extends to the nature of the behaviours exhibited by young people, their motivations, meanings and the choice of victims.
- It is likely that there are a number of sub-groups within the total population of young people presenting with harmful sexual behaviours, each of which has distinct needs. Research suggests that young people who 'specialise' in sexually abusing children can be distinguished from 'generalists' whose sexually abusive behaviours occur alongside other criminal and antisocial behaviours.
- Children with learning disabilities who display harmful sexual behaviours are a particularly vulnerable and neglected group and may need discrete intervention responses.
- Older girls with harmful sexual behaviours comprise a small minority of the population of juveniles who sexually abuse. They have high rates of victimisation in their childhoods.



- 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.
- Gang and group related sexual exploitation and violence is often perpetrated by young men on young women. Addressing such behaviours requires action not only at an individual, but also at community and societal levels.
- Many families of young people with harmful sexual behaviours are described as multiply troubled. However, facing up to a child's harmful sexual behaviours can represent a profoundly difficult parenting experience and parenting competence and resources can be undermined. Attention should be given to identifying and building upon family strengths.
- The victim consequences of sexually abusive behaviour by children are no less serious and impactful than those created by adult sex offenders.

### **Causes and factors contributing to harmful sexual behaviour**

- There is no one cause that can explain the development of harmful sexual behaviours in children, however a number of adverse life experiences have been identified as prevalent in young people who sexually abuse others.
- A number of developmental pathways are involved, combining a range of biological, social and environmental influences on children.
- It is likely that the more personal and environmental risk factors that are present, the more likely it is that a child will follow one of these developmental pathways into sexually abusive behaviour.
- Common risk factors include prior sexual or physical abuse, family violence, interpersonal difficulties, and exposure to pornography.
- Evidence suggests that many children with harmful sexual behaviour have experienced trauma, but by no means all such children have themselves been sexually abused. Physical abuse and neglect are also highly prevalent in the backgrounds of many children who present with sexually abusive behaviours.

### **Responses to harmful sexual behaviours**

- Policy and practice responses are almost entirely focused on young people with harmful sexual behaviours, with the different profiles and needs of younger children with **lower level problematic sexual behaviours largely absent** from professional debates.
- As adolescents who display harmful sexual behaviours share many characteristics with other young people who have a wide range of difficulties, **it is important to address their broader problems**, as well as dealing with their sexually abusive behaviour; and to remember that they are young people first, and 'sex offenders' second. There is a need for supportive interventions.
- Holistic interventions, such as multi-systemic therapy, that are able to help change the wider circumstances in which abuse develops and is maintained, appear to offer a better prognosis than other approaches which leave these circumstances unchallenged. **Engaging with the parents, carers and families of children and young people** who have shown harmful sexual behaviours is a vital part of intervention, not a luxury or an add-on to individual therapy with the child.
- There is also a strong support for an approach which is **developmentally sensitive and responds to children proportionally** to their risks and needs, taking into account their developmental stage and with sensitivity to the ways in which their own experiences have shaped their behaviours. It is important not to lose sight of the status of the whole child amidst concerns about the sexualised nature of one aspect of his or her functioning.

- **Primary, secondary and tertiary prevention approaches are needed.** A tiered approach to intervention is most appropriate, which distinguishes:
  - children and young people whose needs can be met through parental monitoring, to those who need limited psycho-educative support, and
  - those who would benefit from more specialist intervention services and placements.
  - Wide awareness-raising and educational programmes should be put in place aimed at children and other stakeholders.
- **Rehabilitative approaches**, such as the Good Lives Models, should be used to enhance protective factors, promote stable and supportive relationships, and help young people to develop meet their goals and develop personal competence and healthy functioning.
- An **extensive range of community-based, welfare-oriented responses** is needed for children with harmful sexual behaviours.
- The emphasis should be on **intervention with children at the earliest opportunity** following the identification of problematic sexual behaviours. This is **often not best achieved through the application of a criminal justice labels**, especially as, for many children, such behaviours are present before the age of criminal responsibility.
- Children and young people presenting with harmful sexual behaviours should be **supported wherever possible in their local communities**. Even in the case of children and young people with seriously problematic sexually behaviours, the best option is likely to be providing intensive support and close supervision while maintaining these children in their own families.

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