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Children in Care Collective forum

16th July 2019

Children and young people
with harmful sexual behaviours:
The context of care and caring.



Understanding aetiology

- Curiosity driven (e.g. internet stimulated)
- Abuse reactive and trauma related
- Long standing patterns of criminality, anti social behaviour, violating others
- Developmental impairment

Understanding the epidemiology of HSB...

- Some incidents of HSB are one offs.
- Most children and young people will grow out of HSB in later adolescence and into adulthood.
- As juveniles, the vast majority of sex offenders (85%) have only one police contact for a sex offense (Zimring et al., 2009)
- McCann and Lussier's meta-analysis (2008) found that 60.9% of the juvenile sex offenders recidivated nonviolently

Content of this presentation



Part One: Importance of context in responding to HSB in childhood and adolescence: what this might mean for carers?



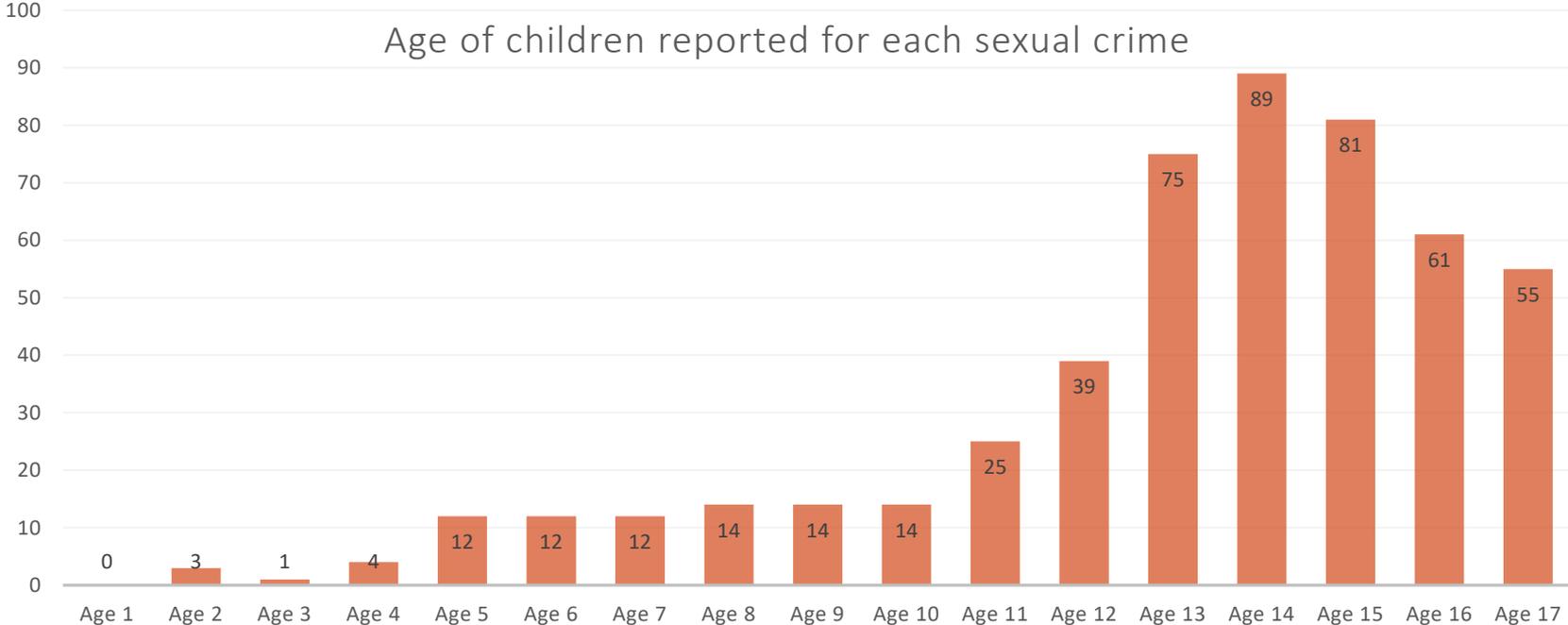
Part Two: Share some research findings on the experiences of carers of children with HSB, including foster carers and home based carers

Part one: case analysis in the NE of England

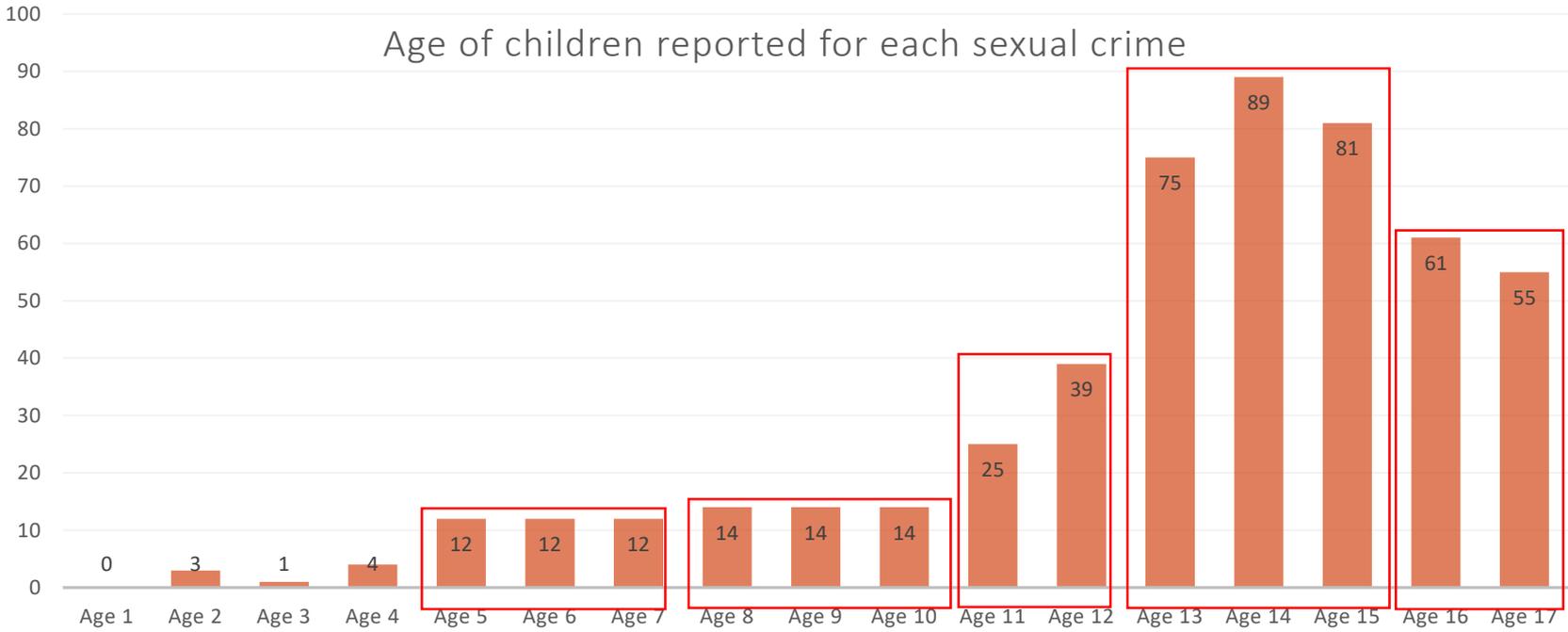


- One of 43 police authorities in the England and Wales
- Area serving a population of 595,308
- Notably, the only police authority in England and Wales currently rated as outstanding in national inspection

511 reports of 'sexual crime' involving children <18 over last 12 month period



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Normal

- Developmentally expected
- Socially acceptable
- Consensual, mutual, reciprocal
- Shared decision making

Inappropriate

- Single instances of inappropriate sexual behaviour
- Socially acceptable behaviour within peer group
- Context for behaviour may be inappropriate
- Generally consensual and reciprocal

Problematic

- Problematic and concerning behaviours
- Developmentally unusual and socially unexpected
- No overt elements of victimisation
- Consent issues may be unclear
- May lack reciprocity or equal power
- May include levels of compulsivity

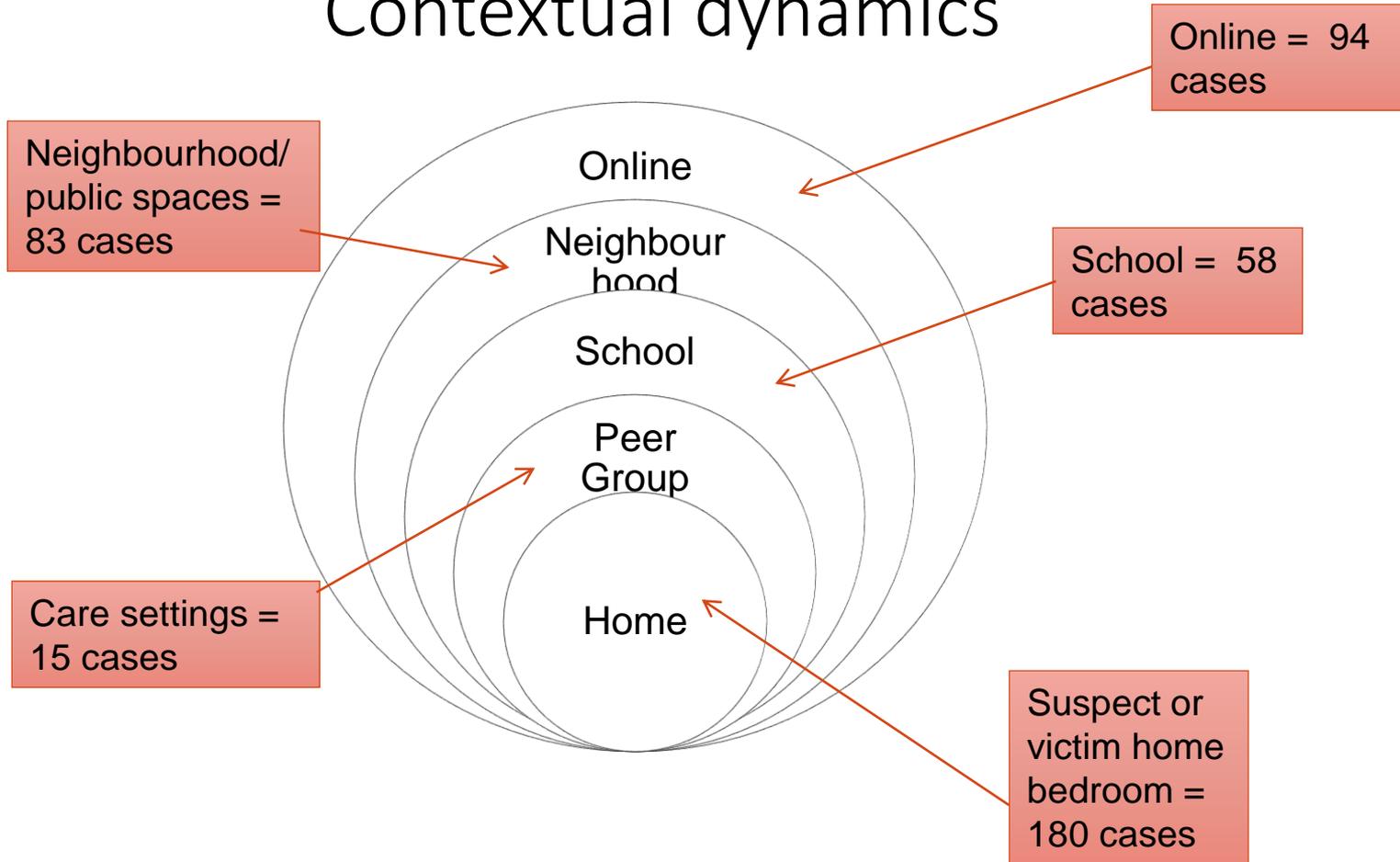
Abusive

- Victimising intent or outcome
- Includes misuse of power
- Coercion and force to ensure victim compliance
- Intrusive
- Informed consent lacking or not able to be freely given by victim
- May include elements of expressive violence

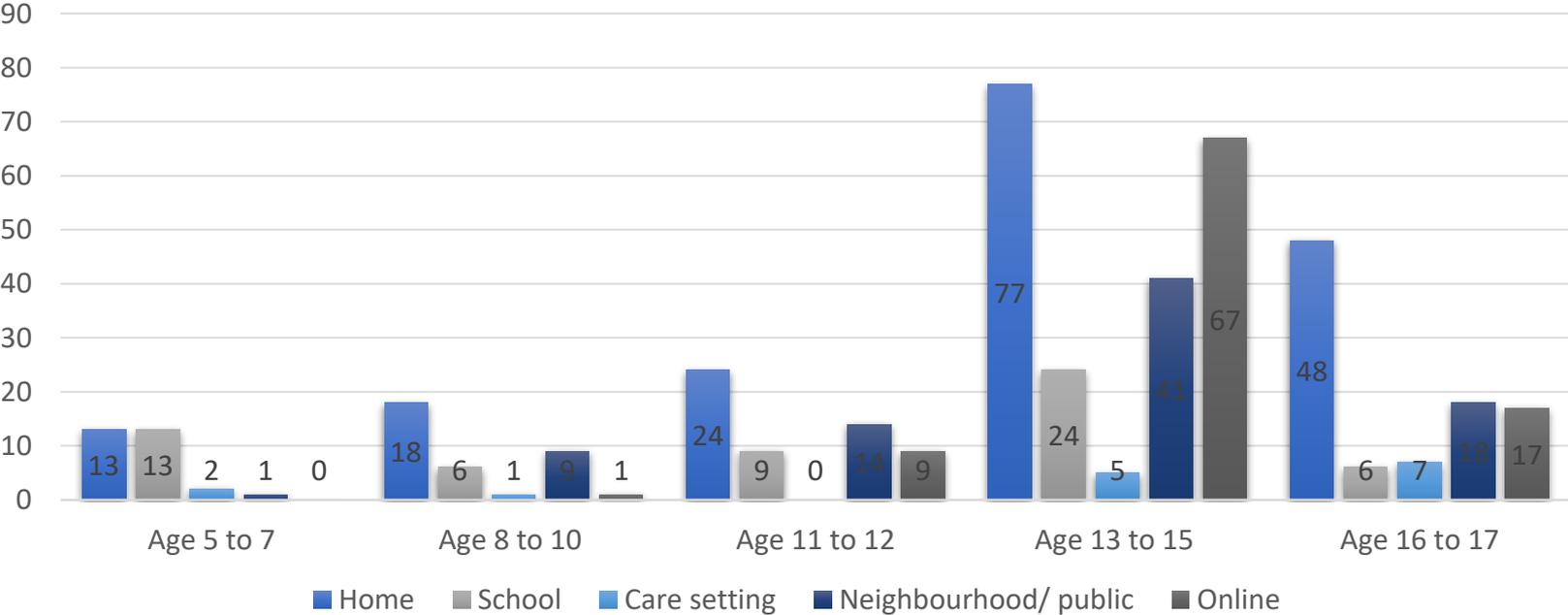
Violent

- Physically violent sexual abuse
- Highly intrusive
- Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
- Sadism

Contextual dynamics



Contextual flow



Home

Home	Age 5-7	Age 8-10	Age 11-12	Age 13-15	Age 16-17
'Suspect' bedroom	11	10	14	52	26
'Victim' bedroom	1	7	10	21	14
Other/ extended family home	1	1	0	4	8
TOTAL HOME	13	18	24	77	48

Neighbourhood/ public spaces

- Abandoned and derelict buildings
- Parks (intoxication)
- Shops
- Public transport (especially school)
- Woods
- Parks and play areas
- Sheds
- Tents and caravan/ trailer parks

Schools and online behaviours

- Frequent examples of assaults in school classes, as well as grounds and public spaces amongst teenagers
- Much younger children at the start of school careers?
- Many cases of online behaviours triggered through school contact. (i.e. not random, but relational)

Individual pathology model v. contextual understandings of HSB

Individual pathology

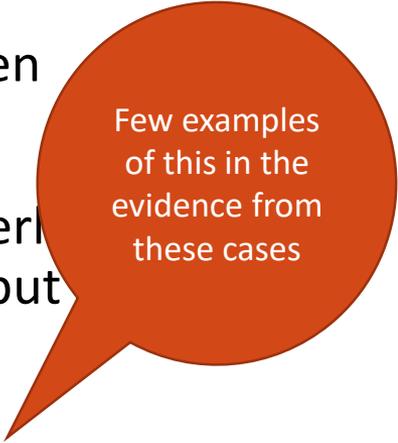
- Maladaptive thinking
- Dysfunctional family experiences
- Attachment problems
- Trauma and abuse
- Anti-sociality
- Sexual deviance
- Preferential

Withdraw from environment.
Treat the individual

Contextual

- Environmentally driven
- Group influenced
- Not reflective of underlying deficits or deviance, but cultural norms
- Circumstantial

Engage with and change environment. Treat the context



Few examples of this in the evidence from these cases

Healthy

- Context is one in which young people display developmentally expected sexual behaviour that is consensual and appropriate to the specific context
- Adults effectively put in place boundaries to model and encourage appropriate sexual behaviours
- Adults take an active and consistent approach to being guardians and feel equipped and empowered to use and protect in the context
- Young people feel sexually safe in this context and that they enjoy being there



Inappropriate

- Context is one in which one or several young people have displayed instances of inappropriate sexual behaviour
- Adults effectively address inappropriate sexual behaviours displayed by young people and their responses are known by other young people who share that context
- Some structural elements may allow inappropriate sexual behaviours to go undetected
- Inconsistent adult, community or peer guardianship to promote safe and pro-social sexual behaviours



Problematic

- Context is one in which a number of young people repeatedly display concerning sexual behaviour
- Young people or carers perceive that attempts to challenge such behaviour are ineffective
- Design/structural features that enable problematic sexual behaviour have been identified but remain unaddressed
- The community have demonstrated a level of normalisation about the sexual behaviours displayed
- Multiple young people can identify the context as one in which problematic sexual behaviours occur and/or they feel unsafe



Abusive

- Context is one in which young people have been sexually victimised including the use of coercion or force
- Adults have failed to identify and/or challenge the sexual behaviours or attitudes which put young people at risk of harm
- Policies and procedures which govern the context insufficiently guide the response required to address the issues
- Professionals have limited understanding of the frequency of the behaviours or the associated risks
- Bystanders in the community actively encourage or normalise abusive sexual behaviour that has been displayed
- Such behaviour is expected in that context



Violent

- In this context young people are exposed to physically violent, highly intrusive sexual behaviours, which may at times appear sadistic in nature
- Some community members associated to that context (young people and/or adults) may avoid that context in order to stay safe
- There are no adults with identified responsibility/oversight of this context
- OR
- Adults have normalised the violent sexual behaviour being displayed or blamed those being harmed for what has happened
- Adults are reluctant to engage with partner organisations to address the concerns in this context
- Policies or procedures to guide responses are lacking

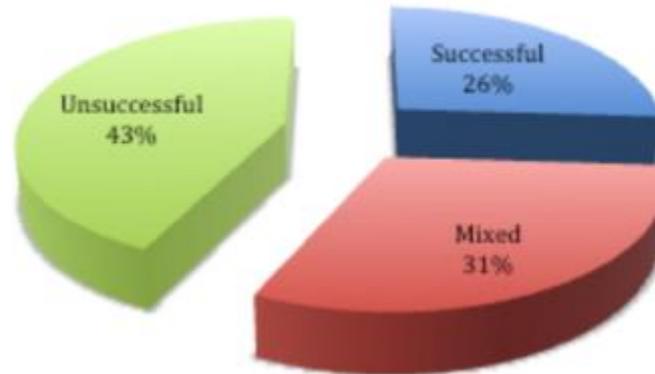
Part Two: a study of outcomes

- Retrospective study of 700 case files representing all referrals over a 9 year period across 9 sites in the UK
- Selected 117 cases to follow-up
- Managed to 'trace' 87 of these 117 cases to invite to take part in interview
- In-depth narrative interviews with 69 former service users (now adults), **their carers**, professionals focusing on long-term outcomes between 10 and 20 years after the original harmful sexual behaviours
- Complemented by some standardised measures, criminal reconviction data

What we found

- Known criminal reoffending was relatively low- sexual assault (x3), physical assault (x2), drug offences (x2), murder (x1), arson (x1), property (x1).
- But **life outcomes** were much more mixed:

Outcomes against Farrington criteria



Is this bad news?

- Most of the positive outcome factors were not directly related to therapeutic interventions offered to the young people- complexity and unpredictability of care and life trajectories
- Often, it was down to unplanned life events (either single 'developmental turning points' or multiple events)
- Is it good enough to leave these to chance? (especially when only 26% had 'good' outcomes)

Is this good news?

- Relatively transient or small protective experiences could act as catalysts for future positive outcomes
- In particular, the power of relationships- these were quite often carer relationships

Carer narratives were of significant value in and of themselves!

- In many ways, as powerful and inspiring as the former young people's narratives
- Unexpected!

We shouldn't have been surprised... but

- Limited literature on placement issues for this group tends to focus on residential standards and safety
- Almost no published work anywhere in the world on carers' experiences of looking after children and young people with HSB

Example One: Jane (foster carer)

- R. placed at aged 16 after sexually abusing his step-brother and male cousin
- Preceded by several moves in residential care following rejection from R.'s father
- Specialist foster placement provided by a charity supporting LGBT+ young people

Example One: Jane (foster carer)

- R. adopted by Jane just before his 18th birthday
- Now aged 30. R has regular contact, stays with Jane when he is having particular difficulties
- Sees mum as 'safe harbour'

Example Two: Bill (foster carer)

- Bill and his wife's own children had left home. Bill's wife answered an advert in the paper to get involved in a specialist foster care scheme for young people with HSB:
 - "I said, oh fine, get on with it flower, but she says there's only one thing, *you* have to do the training as well (laughs), so we were both up and down to Newcastle two nights a week for it!"

Example Two: Bill (foster carer)

- G. involved in sexually problematic behaviour from aged 8.
- G. placed with Bill and Marj aged 12- their first placement. G came for an introductory weekend from his residential unit and refused to leave. Placed for five years.
- Used to take him fishing in the sea. Bad feelings tin.
- 13 years on, G aged 25. Bill's wife has died.
- Bill proud that G still calls him dad. Photos on the mantelpiece
- G comes round most weeks (...to check on Bill and sometimes to borrow money)

Example Two: Bill (foster carer)

- Simon Yeah, did he have any problems with his sexual behaviour whilst he was with you?
- Bill No.
- Simon No, so absolutely nothing.
- Bill No.
- Simon That's interesting isn't it.
- Bill Err, well he obviously, he obviously became more sexually aware as kids do as they grow older.
- Simon Yeah, teenagers.
- Bill But we all, we always taught him, tried to get through to him that what happens in private between two grown up people, two consenting people behind closed doors has got nothing to do with anybody else and that's the message we tried to get over to him. I think we got through.

8 key themes from carers...

- Motivations
- Training, support and information
- Challenges faced
- Commitment and acceptance
- Managing risk and safety issues
- Importance of male care givers
- Managing birth family contact
- Advocacy- fighting the young person's corner

Motivations

- Wanting to be a family for child who has missed out
- Feeling angry about how the system treats vulnerable young people
- Wanting to develop their own skills
- What they were 'meant to do'
- Religious beliefs
- One carer only mentioned financial benefit

Training, support and information

- Carers valued general *and* specialist training
- Most, but not all, satisfied with the level of information provided prior to placement
- Informal support networks critical
- Carers valued professionals who took their views seriously
- Having a role in multidisciplinary meetings and casework (as opposed to just being seen as 'a taxi service')

Commitment and acceptance

- Carers saw it as vital to demonstrate this- “I’m in for the long haul”
- Intensity of involvement in extended family, local community, etc.
- “What you are saying to them right from the off, it doesn’t matter what problems we encounter, you know, we’ll be alright”

Challenges faced

- Sexual behaviour problems...
- Anti-social behaviour...
- Plus, significant levels of vulnerability, anxiety and relationship problems (“It’s like having a child with a fire underneath, smouldering, liable to ignite at any moment”)
- Trust and redefining attachment relationships (3 months in YP “I’ve realised you are not going to hit me”)
- Living with constant tension of what might happen next 24 hours a day (high carer anxiety)
- The reward felt at “getting through at last”

Managing risk and 'sexual safety' issues

- Ongoing risk of sexual harm- like a vein running through each placement
- Carers constantly having to make judgements about how closely to monitor (e.g. pretending to walk the dog)
- But also, monitoring vulnerability to exploitation
- Generally managed collaboratively with professionals, but tensions and disagreements
- Carers broadly felt that the decisions of professionals were too restrictive and detrimental to development

Importance of male role models

- Not just boundary setting, but influential on important aspects of social, emotional and sexual development
- Avoid the disciplinarian trap
- The important role played by foster carers' own older children

Managing birth family contacts

- All were involved with birth families
- Evoked mixed feelings
- Anxiety provoked by contact meetings, but...
- Some carers reported very positive relationships with birth families *in contrast to* professionals' views

Advocacy or fighting the young person's corner

- All demonstrated strong views about society's attitudes to children and young people in trouble
- Carers as advocates when they saw systemic injustice (cf many yp's earlier experiences of family)
- Strong theme of trying to protect young person from disproportionately harsh responses and interventions
- 'Everybody thinks they won't be any good'

Reflections...

- These were amazing, inspiring themes and narratives to us. But in most cases, these carer narratives and journeys were invisible in the case files. A parallel process!
- Getting the balance right between care and control is difficult and ongoing (isolation?)
- Carers were often in a better position than professionals to know when levels of surveillance and monitoring should be reviewed (ignored?)
- Equally, therapeutic need...
- Carers emphasised the importance of warmth and acceptance at a time when this was not the prevailing approach
- ALL CARERS we talked to had some level of ongoing contact with the young person between 10 and 20 years later...

Caring and carer trajectories (1)

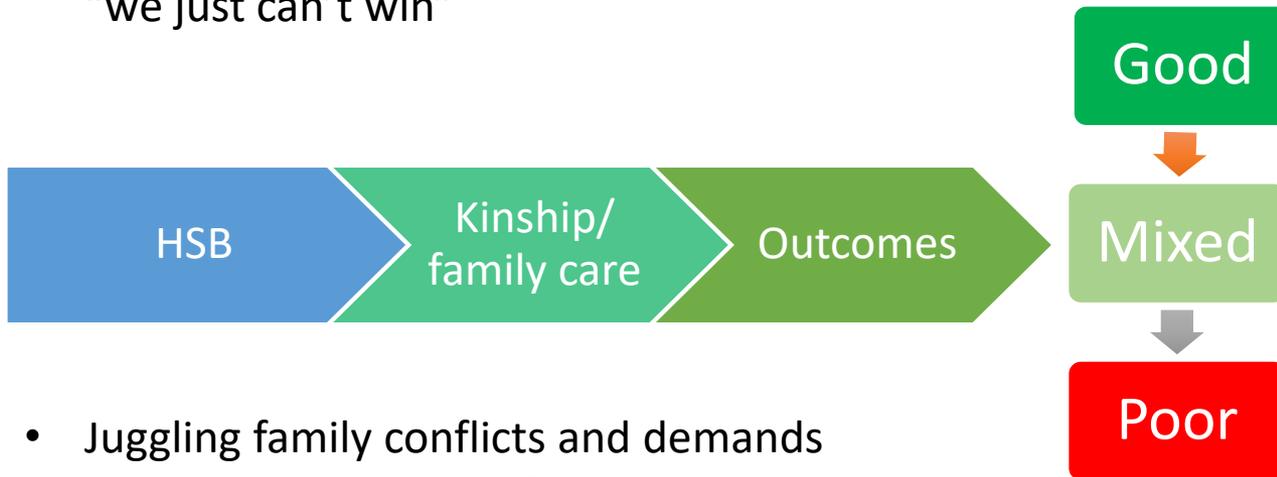
- Information sharing
- Short term/ emergency time scales
- Guidance on 'risk management'
- Support, training, knowing what you are dealing with



- Fighting the system
- Advocacy
- Stability and continuity

Caring and carer trajectories (2)

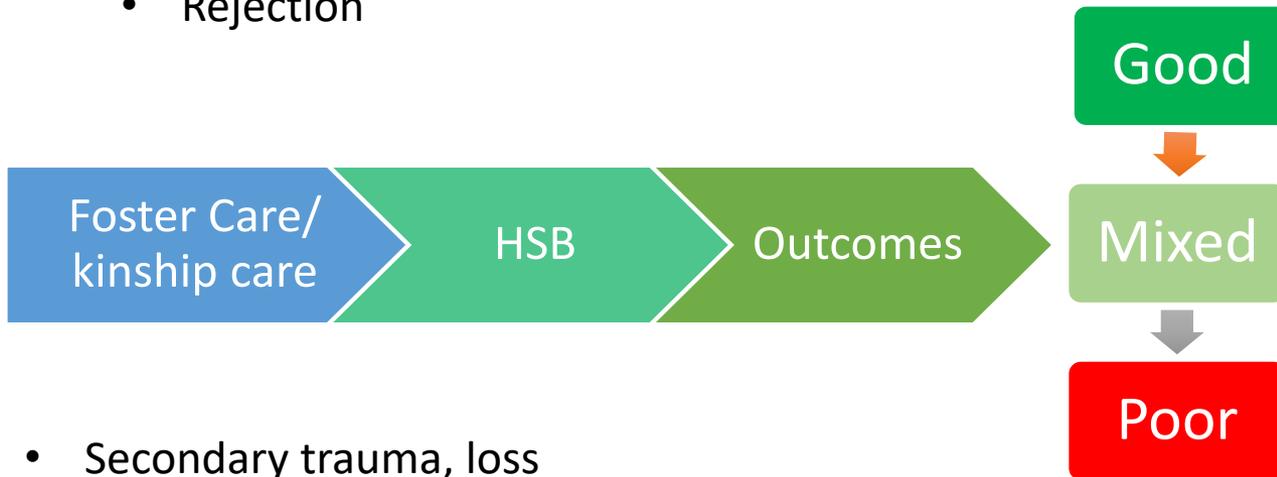
- Loss, grief and shame
- Feeling like the whole family is 'branded'
- Parents being written off by professionals
"we just can't win"



- Juggling family conflicts and demands
- Complexity of issues of intra-familial abuse
- Parents feeling like they had to choose between children they loved

Caring and carer trajectories (3)

- More akin to parental responses:
 - Support
 - Ambivalence
 - Rejection



- Secondary trauma, loss
- 'A family earthquake'
- Reappraisal of foster carer role/ notion of family

Conclusions

- Carers and the vital importance of relational stability- set against instability brought by professional systems
- Carers' role in a social developmental approach, not just risk management
- The teaching of practical behaviour management and safety skills
- Stress reduction
- Family wide impacts- irrespective of the status of the carer with some differences between emerging trajectories. Worthy of further consideration?
- Carers' own victimisation experiences

Implications for policy and practice

- Much more attention needed to carer experiences and support
- Relational stance and approach (also matters for carers as much as for young people)
- Value based practice with carers:
 - Appreciative ally (notion of 'helping teams')
 - Belief in resourcefulness (strengths based)
 - Collaboration (meaningful and real)
 - Families as experts in their own experience

And finally...

- A quote from Jane:
- “He needs more time, not necessarily with me, but with a stable benign authoritative voice, that’s not just on the end of a phone in a crisis, when there are zillions of other issues flying around as well. There’s actually still some parenting to be done. I think. It probably never stops anyway...”