An Introduction to the Evidence Base and Research about Young People with Sexually Harmful Behaviour

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**Prevalence of Sexually Harmful Behaviour:**

We know that almost a third of all cautions for sexual offences in England and Wales involved children and young people under the age of eighteen while about a tenth of people convicted of these offences were under 18 too (Ministry of Justice, 2008). We also know that teenagers carry out 30 to 50% of all sexual offences against children. It has been difficult to research the issues around these young people because, among other things, there has been a “wall of silence” that has grown up around them (Harrison, 2006). She goes on to explain this by stating that:

“…the harmful or abusive behaviour concerned departs so far from our ideas and images of what childhood and young adulthood should be… Historically, professionals involved with children in educational and other settings, as well as parents themselves, have not been confident in understanding and responding to children and young people’s developing sexuality. This has resulted in profound uncertainties about how to distinguish or define what is sexually inappropriate or harmful and confused and contradictory approaches to children and young people’s sexual development.”

Sexual offending is often hard to prove. Children acting as witnesses, and vulnerable adults, may retract their statements due to fear or pressure from others. So, conviction figures suggest a considerable underestimation of the true level of sexual offending in society.

**How has our Understanding of Sexually Harmful Behaviour Developed?**

Also, although there were a very small number of early studies of juvenile sex offending in the 1950s (Atcheson and Williams, 1954) or even the 1940s (Doshay, 1943), very little attention was given to them. As a result, this issue wasn’t addressed in Britain seriously until the 1980s. In fact, it appears as if the problem of young people who display sexually harmful behaviour was hardly even recognised as a national issue prior to 1992, when the National Children’s Homes’ report was published (NHC, 1992). This report defined no co-ordinated management structure; no policy, practical or ethical guidance; clashes of philosophy on minimum intervention with this group; no inter-agency coordination; inadequate informational database; poor training, limited supervision and very little consultation within the professions.

Smith (1996) defined the stages of development in our understanding of this important issue in terms of three stages:

1. It doesn’t happen. If it does, it isn’t harmful. It is either peer experimentation or exploration.
2. Recognition that the problem exists, leading to a redefinition and the development of prognostic indicators.
3. Providing guidelines, dealing with ambiguities, recognising the simultaneous occupation of both the victim and victimiser roles, long-term consequences of criminalising juveniles who sexually abuse.

To these, and with the benefit of hindsight, I would add:

1. The recognition that young people who display sexually harmful behaviour are what Phil Rich calls “persons-in-development”. They are children and teenagers, and they are developmentally and neurologically different from adults (Rich, 2008, p. 2) – and they “live in a world with different values, beliefs, and expectations than those of adults” (Rich, 2008, p. 16).
2. The growing understanding that the assessment and therapy of young people who display inappropriate or harmful sexual behaviours should involve the assessment and development of strengths too. The word “strengths” here refers to protective factors in the life of the young person being assessed.

Therapeutic interventions have always been based, at least to some extent, on the understanding that practitioners have had at the time. Whatever research or practice wisdom existed then was very limited. Therefore, as I myself recall, it was hard, as a beginning worker in this field, to feel confident as to the value of the work being carried out with these vulnerable and sometimes dangerous young people.

As Calder has remarked (Calder, 1997), there were blocks even among professionals in this field. Thus, he says there was:

* a lack of clarity regarding what actually took place due to either genuine doubt or the abusers’ ability to hide their tracks;
* a fear of looking foolish;
* a confusion between the victim-victimiser dichotomy, particularly where victims become involved in abusive behaviour themselves;
* a tendency to see the “best side of the client” as a result of our training;
* a fear that any intervention may make the situation worse;
* discomfort with the subject matter; and
* a lack of facilities and services (Taylor, 1996).

Calder (1997) goes on to say:

“What is clear is that juvenile sexual abusers have consistently gone unacknowledged, neglected or responded to inappropriately. Often, such behaviours are dismissed as sexual curiosity or exploration, interpreted as purely functional in nature, or excused as they are perceived as the normal aggressiveness of a sexually maturing adolescent. The denial of the problem appears to manifest itself at all levels in the system, including the courts.

He argues that, as a result:

* the behaviour is allowed to continue;
* the perspectives of those investigating child abuse are limited;
* the development of therapeutic intervention for all children who have been abused is prevented;
* agencies are enabled not to prioritise inter-agency strategies to respond;
* staff or support staff working with these age groups aren’t prepared adequately for the work;
* there is a failure to recognise that young people can be dangerous and need help;
* there is a failure to protect children in the community; and
* abusers are allowed the opportunity to develop patterns and planning, thus creating a public safety issue.

Worryingly, from a modern perspective, the Groupwork available to these young people was similar to the *Sex Offender Treatment Programme* (SOTP) used for adult perpetrators at the time (HM Prison Service, 1996). This constituted part of the contemporary canon of intervention work at the time (O’Boyle, Kate, Lenehan, Kevin and McGarvey, Jacqui, 1999). This included Step 4 (of their 6 Step Programme), “Enabling young people to talk through their offence cycles with facilitators, challenging inconsistencies, minimisation, justification and denial”. This looks very similar to Hot Seating in the adult SOTP, which would generally be seen nowadays as highly inappropriate for young people.

**The Amberleigh Model – Evidence Base in Practice:**

Happily, a great deal of research has been conducted over that past fifteen or sixteen years. As a result, and after much thought and discussion, therapy at our facility is an essential component of what we think of as a holistic, 24-hour curriculum of care, education and therapy. Therapy planning is based on an extensive set of carefully chosen assessments and upon our ongoing observations of the young people. These assessments include the AIM2 initial assessment (Print, B., Griffin, H., Beech, A., Quayle, J., Bradshaw, H., Henniker, J. and Morrison, T., 2012), which assesses “strengths” in the young people, as well as “concerns”.

The therapy consists of weekly, individual sessions for each of the young people, as well as a group therapy session each week as well. One very important aspect of the young people’s stay with us entails the modelling of very clear, appropriate sexual boundaries. These boundaries are protected by close supervision of the young people throughout their stay with us though, towards the end of their stay, they are given increasing amounts of risk-assessed, unsupervised time in the community. They are supported also in learning basic life skills (such as self-care, budgeting, cooking, etc.).

In addition, all our work is embedded within The Good Lives Model (Ward, Mann, and Gannon, 2007).

Our purpose is to provide the safety, care, education and guidance as to limits that many of the young people have hardly ever experienced and which we believe are essential to any teenager’s healthy development. We also aim to provide a rich experience of community living and a lot of fun. Our ethos is that of a therapeutic community, as assessed by the Community of Communities, a quality improvement and accreditation programme for Therapeutic Communities in the UK and overseas overseen by the Royal College of Psychiatrists in London.

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