

Title	The disrupted sociologies of young people with harmful sexual behaviours
Authors	Balfe, Myles;Hackett, Simon;Masson, Helen;Phillips, Josephine
Publication date	43591
Original Citation	Balfe, M., Hackett, S., Masson, H. and Phillips, J. (2019) 'The disrupted sociologies of young people with harmful sexual behaviours', Journal of Sexual Aggression, 25(2), pp. 177-192. https://doi.org/10.1080/13552600.2019.1589003
Type of publication	Article (peer-reviewed)
Link to publisher's version	https://doi.org/10.1080/13552600.2019.1589003
Rights	© 2019, National Organisation for the Treatment of Abusers. Published by Taylor & Francis. All rights reserved. This is an Accepted Manuscript of an article published by Taylor & Francis in Journal of Sexual Aggression on 6 May 2019, available online: https://doi.org/10.1080/13552600.2019.1589003 . It is deposited under the terms of the Creative Commons Attribution-NonCommercial License (https://creativecommons.org/licenses/by-nc/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited. - https://www.creativecommons.org/licenses/by-nc/4.0/deed.en
Download date	2024-12-07 09:16:48
Item downloaded from	https://hdl.handle.net/10468/15380



UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

The disrupted sociologies of young people with harmful sexual behaviours

1. Dr Myles Balfe, Dept of Sociology, UCC, Cork, Ireland. M.balfe@ucc.ie

2. Professor Simon Hackett, Dept of Sociology, Durham University, UK.

simon.hackett@dur.ac.uk

3. Professor Emerita Helen Masson, Dept of Behavioural and Social Sciences, University of Huddersfield, UK.

4. Dr Josie Phillips, Durham University, Dept of Sociology,

josephine.phillips@durham.ac.uk

8600 words.

The disrupted sociologies of young people with harmful sexual behaviours

Abstract

Background: Few studies, particularly few qualitative studies, have focused on the family and social contexts of young people with harmful sexual behaviours. This article therefore seeks to provide insight into the more detailed, lived experience of this group of young people.

Methods: Qualitative thematic analysis of 117 cases, identified from nine services that work with children with sexual behaviour problems.

Results: While a number of young people were from stable backgrounds, others were from highly disrupted sociological situations characterised by chaotic families, erratic living situations, poor family relationships, unstable parental backgrounds, generalised neglect and abuse, sexual abuse and school/social problems

Discussion: Many of these young people's lives appear to be characterised by varying degrees of liminality and chaos. Such chaos may not only be traumatic, it may potentially be traumagenic, and contribute to the emergence of sexual behaviour problems in some young people.

Introduction

Child sexual abuse is one of the worst forms of violence. “A massive challenge for public health” (Matthews and Collin-Vezina, 2016, 304), child sexual abuse increases victims’ risks of developing a wide range of medical, behavioural, psychological and sexual problems (Briere and Elliott, 1994; Maniglio, 2009; McGrath et al., 2011). Many young people who are sexually abused develop strong feelings of shame and guilt (self-stigma), as well as feelings of betrayal and powerlessness (Finkelhor and Browne, 1985). Suicidal ideation and behaviours are more common amongst these children compared to their non-abused counterparts, as is self-harm (Briere and Elliott, 1994). The negative impacts of sexual abuse can last for years, well into adulthood, and may undermine life trajectories. Unfortunately, for some young people, the experience of sexual abuse can increase their own risk of becoming engaged in abusive sexual behaviours (Salter et al., 2003) or what are now commonly referred to as ‘harmful sexual behaviours’ (HSB) directed either towards younger children or their peers.

About a quarter to a third of people who commit acts of child sexual abuse are themselves children or adolescents (Hackett et al., 2013). These individuals are mainly boys and young men, though they can be heterogeneous within this overall gender category (McCuish and Lussier, 2017). A substantial number have some degree of learning disability, though others do not (Hackett et al., 2013); some may be referred to services in early adolescence, others in their late teens; some may be related to their victims, others unrelated; and they may abuse female or male victims (Hackett et al., 2013). Their harmful sexual behaviours can also be very varied (Cale et al., 2015). Girls appear to be less likely to sexually offend than boys, though they do make up a minority of cases (Hackett et al., 2013). Many young people with

harmful sexual behaviours have themselves been victims of child abuse and neglect (Epps and Fisher, 2004; Vizard et al., 2007).

Specialized treatment and intervention often works well with this group (Letourneu and Milner, 2005; Ueda, 2017), and once these young people receive treatment they often have low rates of sexual recidivism (Worling and Curwen, 2000). The treatment landscape for young people with harmful sexual behaviours in the UK is complex (Hackett et al., 2005). Some of these young people's actions and behaviours are primarily addressed in criminal justice/youth crime settings. Others are addressed in what could broadly be described as child welfare services and systems. This dual service breakdown reflects a broader duality in interpreting how these young people and their actions should be conceptualised: namely should these individuals be 'cared' for as young people with their own (often serious) needs or 'controlled' for their deviant behaviours (Hackett et al., 2005). Organisational arrangements within the child welfare system for young people with sexual behaviour problems in the UK can then be further complex, with some services being part of local statutory agencies, some being private and some being part of larger voluntary organisations such as the NSPCC or Barnardo's.

Finkelhor (1982) noted that child sexual abuse has its own 'sociology', and the individuals who commit acts of sexual abuse come from their own 'sociological worlds'. For instance, many young people with harmful sexual behaviours have problems in school (Epps and Fisher, 2004). Many seem to have difficulties with peer relationships, which can range from perceptions of estrangement to actual experiences of enacted violence and bullying (Epps and Fisher, 2004). Their family environments may be difficult (Bishchoff et al., 1995), and in some cases chaotic (Yoder et al., 2016); though the families of others can be highly rigid

(Yoder et al., 2016). Researchers have referred to the families of these young people as “troubled and troubling” (Duane and Morrisson, 2004, 106). One quantitative UK study of these children’s family backgrounds found high levels of maternal mental illness, economic disadvantage, parental criminality and absenteeism, domestic violence, and often inconsistent or overly strict parenting (Vizard et al., 2007). Young people with HSB may themselves be sexually abused (Vizard et al., 2007; McKibbin et al., 2017). Non-sexual forms of family violence can begin for some of these children when they are quite young and can last a number of years before professional interventions are offered (Vizard et al., 2007). Many young people with HSB eventually end up being removed from the family home and placed in care (Vizard et al., 2007). Hackett et al. (2014) found that revelations that children have sexually abused others can place already fragile family arrangements under considerable strain (see also Yoder et al., 2017).

Using Finkelhor’s concept, the current article builds on our previously published work (Masson et al., 2013;) to describe the overall ‘sociological worlds’ of a large sample of children with harmful sexual behaviours at the point at which they were referred to services for intervention, focusing particularly on their family, peer and school situations. This is one of the largest qualitative studies of this group to be conducted on this topic to date, and has an advantage of being based on document analysis of records in a substantial number of HSB services. Overall, few studies have focused on the family and social contexts of children with harmful sexual behaviours (Hackett et al., 2013) and only a minority of these studies are qualitative (Grady et al., 2018). There has been a particular lack of research on young people presenting with harmful sexual behaviour in the UK context (Hackett, 2016). Furthermore, most previous studies which have been conducted about this group are focused on single sites or geographical areas, whereas the current study considers the experiences of children from

multiple settings and from a wide geographic area. Our aim in this article is to provide an overall picture of young people's lives, rather than focusing just on their harmful behaviours. Researchers (McCuish and Lussier, 2017, 72) have recently noted that by focusing on risk factors and offending behaviours we are largely "missing the beginning...of this group's story", something which this article seeks to address. While researchers often talk about the importance of prior experience in the lives of young people who have sexually abused, there is not a lot of specific evidence on this topic other than quantitative information reporting of the percentages of children with HSB who have been abused. This article, in contrast, seeks to give voice to the more detailed, lived experiences of this group of young people.

Methods

Overview

As part of ESRC grant (RES-062023-0850) data was collected from nine HSB services in England and Wales. The nine services that we worked with were all 'child welfare' services rather than police/prison/probation services. All cases which had been referred to those services in a nine-year timeframe (1992-2000) were analysed. Four of these services were residential, five worked with young people on an out-patient basis. Out-patient services generally provided weekly treatment sessions that could last up to six months. Young people who attended these services generally stayed with their families or relatives while they attended the services, though in some cases they were provided with accommodation by social services. Residential services usually treated young people on a long-term basis, in some cases for a period of years. Young people in residential services were provided with individual and group interventions (or both), internal and external educational opportunities, and if the length of stay was long enough, preparation for independent living. Further information on our project and the methods it used can be found here (Authors).

Sampling

Altogether 700 cases were identified from all the services (a total population sample). A stratified purposeful sampling strategy was then used to identify 117 cases from the 700 for detailed qualitative analysis, sampling these 117 cases on the basis of gender, ethnicity, disability, age at referral, victim characteristics, offence characteristics and family background. These 117 cases were broadly representative of the 700 cases from which they were drawn.

Data Collection

The case files of all 117 cases were read, and detailed notes were made on them. Most of the original files of these 117 individuals were about 30-60 pages in length and these files routinely contained large amounts of information about the children's life circumstances. Some files, particularly in the residential settings could be much larger. The first author, for example, examined some files that contained over 1000 pages of information on one young person (though this amount of information was rare). We summarised each case file as a 2-4 page summary document (giving about 400 pages of narrative information) outlining the child's background and sociological/family context; their health situation and offence characteristics; and their experience in the services. These summaries were made by the first and the fourth authors, and reviewed by second and third authors. Altogether it took several months of archival work to generate the 2-4 page summary documents for all 117 files.

Data Analysis

This article focuses on the sociological/family context material (approx. 120 pages of notes). We thematically analysed this material broadly using the process recommended by Braun and Clarke (2009). Firstly, the act of summarising the case files allowed familiarised us with much of the data. We then generated initial codes by searching across the data and grouping likeminded data points together. For example one young person's case file indicated that "her

mother had a severe alcohol problem” and another that “his father was a heavy drinker”. We grouped both of these statements under the code ‘alcohol problems’. For the most part this was very straightforward as given the source of the data (official records) there were no hidden or latent subthemes as there might be in an interview. We then grouped codes together which seemed to fit in order to form larger themes (for example alcohol and drug problems could be grouped under the larger theme of ‘problems in parents’ background’). These larger themes became the seven sub-sections of the results section in this article. This again was fairly straightforward, but the focus on disruptive background factors itself stems from our teaching and research in sociology and social work (which emphasises how social situations can become pathological and drive negative behaviours (Keohane et al., 2016). Illustrative quotes from the original case files are used to give readers insight into the children’s background and experiences; these quotes were chosen from across the entire samples of 117 cases. After each quote is a bracketed number: this is the child’s age at referral for treatment. While this is a qualitative article we employ semi-quantification where necessary to give further insight into overall patterns within the data. Percentages figures are calculated in relation to the overall 117 sample.

Ethical issues

The study was approved by the research ethics committees of Durham and Huddersfield universities. To protect the young people’s identities, neither they, nor the services who worked with them are identified in this article. We have also taken care to remove any identifying information from case quotes. While the purpose of this article is to provide insight into the young people’s experiences and background, it must be acknowledged that the way that we have done this is by relying on the historical accounts of professionals. The young people themselves- and their families- might have different perspectives that, if they were interviewed, might complicate the information presented here. At the same time, case

file analysis provides a very time and resource efficient and effective way of capturing information on a large number of these young people. It is important that the reader understand why the study was done this way-but also understand the limitations of the approach that the study used.

It is essential to note the importance of the keeping victims of sexual violence in mind when studying HSB and sexual violence. It is important to avoid over-identification with perpetrators of violence which can occur when perpetrators are framed only in a context of vulnerability. While some of the young people described in this study came from terrible situations, they also sometimes inflicted terrible harm on other children who were even more vulnerable than they were.

Results

Approximately 95% of the 117 cases were male and 'White'. The majority, 63%, were between 13 and 16 years of age. Over half of the sample were noted to have experienced a form of abuse other than sexual abuse, and just over half had either themselves been sexually abused or suspected of being sexually abused. Seven major themes were identified in the data. These included: the role of chaos in the lives of the young people and their families; the young people's living situation; family relationships; parental backgrounds; the young person's experience of generalised abuse and neglect; their experience of sexual abuse; and school and social problems. Each of these individual themes will now be examined in detail.

A continuum of chaos

Overall, the family characteristics in the sample were mixed. 11 (9%) cases noted that there were no previous concerns about the young person's family prior to their HSB, and that the family situations were overall warm and supportive:

His mother provide a stable, positive and supportive care environment. (13).

His earliest memory was of riding a hoover while his mother was vacuuming. He remembers getting 'hugs and cuddles'. (17).

He had not experienced any significant trauma in his life by the time he was referred to services (14).

However, on balance, the majority of the family situations in the 117 cases appeared to be unsettled, ranging from mildly to extremely so. 'Chaos' was a word that was frequently used as a descriptor:

Social workers noted that the atmosphere within the family home could be 'overwhelming'. The home was described as chaotic, with low standards of basic care. (10).

'Chaos' here did not necessarily mean that the family did not like one another; families described as chaotic could still be described as 'affectionate'. Some families appeared to move between stability and chaos. In many cases, though, chaos seemed to be the ongoing state:

The family's finances were 'chaotic'; the home conditions were dirty, 'reflecting the family's lifestyle'. (13).

Twenty-three (20%) files indicted that parents were unable to control their children and appropriately discipline and set boundaries for them.

Her mother had difficulty in setting firm and consistent boundaries. She permitted strange males to discipline X. One of these men attacked X's sister with a knife (11).

Parents could be continually unsure about where the children were at any point in time, be inconsistent in their dealings with them, and respond to crisis situations involving the children in impromptu ways. Parents could also feel overwhelmed trying to control the children, and some noted that they often felt unsupported in this difficult task. One father "damaged doors and walls when he [the father] lashed out from the pressure". Sometimes under emotional strain parents could use excessively authoritarian control measures, in some cases seeking to give the children "a good hiding" (which is physical abuse):

His mother shut him in an empty room at times as she was unable to cope with his behaviour. She also used to put him in a cupboard and removed the door handles so that he could not get out. He was refused food [this could be considered to be a form of child abuse or neglect] as a punishment for bad behaviour (14).

The children's own personal and health characteristics could also feed in to broader family chaos. For example one of the young people was diagnosed as having autism. His case worker felt that this young person's condition led him to engage in very chaotic behaviours,

possibly out of an inability to manage stress/distress. His mother had left him in the care of his grandparents (his mother had drug problems), who did not understand his condition or how to manage it, and it gradually began to tear the family's 'normal life' apart:

He would sob and scream uncontrollably and lash out at whoever was around him. The case worker said that on one occasion X had taken off his clothes in front of her, and on another had gone to the toilet in front of her; X's grandparents were present on both occasions, but said nothing. Social workers noted that he effectively terrorised his grandparents. He physically attacked them and knocked them to the ground. He destroyed the family telephone so that his grandparents would be unable contact the outside world. He became particularly stressed around tea times and with the remote control; he would become very aggressive if his tea was not ready when he came in from school. Social workers felt that his grandparents were desensitized to X's behaviour. X's grandmother said that that was 'just the way things were'. (12).

Sexual boundaries could furthermore be absent or lacking in some families:

When he was young he was shown pornographic videos by his father. (11).

Seven files contained descriptions of adult-child role breakdowns, whereby the children (including those referred for HSB) ended up acting in the parent role and seeking to regulate the family. One young person was described as having become a "parentified child". This role blurring put some young people under considerable stress and "built up strong feelings of resentment" in some children.

Living situation at the time of referral

As a group, the living situations of the 117 children were complex. At the time of referral 20 (17%) were 'living in care' (with no further details about what living in care meant), 18 (15%) in children's homes, 15 (13%) in foster care, and nine (8%) in secure units (not all files contained information on all children). Others were living with their father, some with their mother, some with both parents and some with their grandparents or extended family. The files contained information about why the young person might have been living away from their parents; one of the most common reasons was the young person's sexual behaviour:

He lived with his father and his stepmother after he had sexually assaulted his younger brother and sister. He then went into care. (15).

The young person could also be removed from the family of origin because of more generalized behavioural problems, including involvement in criminality. They could also be removed as a result of the presence of neglect and abuse within the wider family. Some children were very happy to be placed with carers, others unhappy and some seemed to be fatalistic or accepting. Family breakdown could be a further reason for removal. Family breakdowns could negatively impacts parents' emotional health and their abilities to cope with day-to-day life, which could consequently undermine their abilities to look after the children:

His mother left his father and his father had a nervous breakdown after this. The boy was then placed into care. (17).

There was a high degree of instability in some children's living situations; five (4%) spent time in the week in care or in a children's home, and spent the weekend with their families. Some frequently moved around in care settings because of their violent behaviour or because their behaviour was considered to be unmanageable:

His two subsequent residential placements broke down following assaults on staff. (16).

At the age of four he went into a special unit for children with emotional problems. He returned home, but was taken into care when he was 6 and placed in a children's home. He had three placements before he was permanently placed with foster carers when he was 15. The "permanence" was short-lived as he was referred to the agency within months. (16).

Even young people who remained with their families could experience volatility, moving between their immediate and extended family, between their parents (in the event of a divorce) or experiencing a constant stream of people moving in and out of roles such as 'step-mother'. These changes could be driven by the behaviour of the young person or family members, by relationship strains and breakdowns (for example if a step-parent did not want them) or just general social and financial instability:

Stability was not a feature of life for the family, with constant change of mother's partners and housing. (11).

When he was six years old his mother asked his father to care for him full-time because she could not cope with him. After a honeymoon period, his father decided that he could not take care of him either. (17).

Some children were physically residing in situations of intense deprivation and degradation. One child's house was called "unfit for human habitation", and in another the house was called "dirty, chaotic and noisy":

The home conditions were very poor, especially the children's bedrooms. The downstairs rooms were cluttered and the décor was shabby. The living room doors were cracked and the walls were marked. The mattresses and pillows were very dirty. Food was on the walls. The house had one radiator. (11).

Overall, then, as a group the young people's living situations displayed a high degree of uncertainty and volatility.

Family relationships

As with their living situations, family relationships were very mixed. Young people could have very close, positive relationships with family members (not necessarily their parents), noted in 18 (15%) of cases, which social workers viewed as a resource and source of strength:

He spoke of having very clear attachments to specific aunts, saying that they were kind to him and told him that they loved him. (11).

An older family friend (male) moved in with the family and offered them practical support. The children had a very positive relationship with that man, and referred to him as 'granddad'. (13).

However many of these young people also had more negative relationships with family members:

He said that his mother's new partner had called him a 'fucking prick' and had flushed his head down a toilet. In response he said 'I hate the bastard. I swear I will kill him one day'. (15).

In thirty-nine (33%) of the cases, young people were described as being viewed negatively or ambivalently by their family members (the precise family member(s) varied from case to case) prior to revelations of the young person's harmful sexual behaviour. Negativity or ambivalence in relationships could be ongoing or intermittent, or could be acute (characterised by hostility – sometimes hatred) or something more distant and alienated:

His mother had a very negative attitude towards him. She had wanted an abortion. Following the birth she perceived him very negatively, referring to him as 'his father's son' with all the assumed characteristics that went with that. (16).

Furthermore, even positive relationships could come under considerable stress-and in fact break- when revelations about the young person's harmful sexual behaviour came to light. In one case "the atmosphere within the family home became very explosive", reflecting a more

general struggle on the parts of parents and brothers and sisters to come to terms with the behaviour:

His sister (whom he had sexually assaulted) told him that although she might hope to be friendly with him in the future she could not think of him as her brother. He felt considerably depressed after the meeting and desired to hurt himself. (13).

About a quarter of the children were abandoned by important caregivers:

When he was young his mother refused to call him by his first name, referring to him instead as 'bastard'. His mother left his father when he was three years old, taking his sister with her. He did not hear from his mother again until he was eleven years of age, when he received compensation for breaking his leg. He believed that his mother only re-contacted him for his money. (17).

His last memory of his mother was being brought out of the house by a social worker and his mother shouting 'I don't want to see the little bastard again'. (15).

Overall, as with their living situation, the young people's relationships with family members and caregivers could be positive-but they could also be very negative and unstable:

Parents' backgrounds

Parents' own backgrounds could be turbulent. In 37 (31%) cases parents were separated, which could have a negative impact on the young person and lead to conflict within the family, social withdrawal, and result in feelings of rejection, mistrust and loss. In one

counselling session a girl who was referred for sexual touching problems “created a scenario with toys where a husband killed off a wife’s boyfriend so that the parents and the child could be together again.” Twelve cases (10%) described instances of deaths which emotionally impacted the child and resulted in important losses of social support:

His mother died when she had an epileptic fit and drowned in the bath when he was three. (12).

His father died at some point after he had been taken into care and he took the death very hard. (17).

Four cases (3%) explicitly indicated that parents had themselves been in care as children, and in five cases (4%) significant age differences between the child’s parents were described (in a few cases the mother had been under the age of consent and the father much older). Parents themselves could come from highly dysfunctional backgrounds. A minority of parents were also described as suffering from physical health problems such as cancer. In twenty-one (18%) cases it was recorded that parents either had mental health problems such as depression or suicidal ideation or that they had some degree of learning disability. A small number of parents who had left school at a young age were described as illiterate. Poor problem solving skills could be in evidence; in one incident a young person accidentally scalded himself with boiling oil from a deep-frying pan. His father became so panicked that he fled the house to calm down rather than help the child:

His mother had a personality disorder and his maternal grandparents also had extensive psychiatric difficulties. (15).

He witnessed his father's attempted suicide when he was ten years old. A further suicide attempt a few months later was successful. (15).

Serious parental alcohol and drug problems were also noted in just under a quarter of cases (n=26, or 22%). These problems could put severe strains on parental relationships, or undermine parents' abilities to look after the children. In some cases parents went on multi-day binges that left the children "rummaging in the bins for food":

He said that his parents 'couldn't cope with me because they drank alcohol'. His parents regularly invited other alcoholic friends to visit the home, and he often left the home for extended periods of time when his parents were drinking. (14).

Six (5%) cases indicated that either one or both parents were sexually promiscuous to the extent that they brought sex-workers back to the family home (which could lead to relationship breakups). A substantial minority (n=20, or 17%) of parents had themselves been sexually abused, sometimes sadistically so:

His mother had a history of homelessness and prostitution, and of being sexually abused. (15).

A network of paedophiles abused his mother when she was young. His grandfather forced his mother to have sex with him in front of her siblings, then she in turn was forced watch him abuse her brothers. (15).

In 17 (15%) cases either the child's father had been arrested for sexual offences, or such a person was given access to the children in the family (for example because the child's mother had started a relationship with them):

On one occasion his mother had a nervous breakdown, and his father went to visit her in the hospital. His father arranged for a sex offender to come to the house to babysit the children. The sex offender made all of the children give him oral sex. His father returned home early and watched the abuse take place from the kitchen. (15).

His stepfather was a sex offender and his father was arrested for abducting a thirteen-year-old girl at gunpoint. (12).

Overall, parents' backgrounds could be turbulent. Many of them had their own traumatic backgrounds and experiences, and in an important minority of cases parents either were, or were connected to, adult sex offenders.

Neglect, deprivation and physical and emotional abuse

Descriptions of adult-inflicted abuse and neglect were prevalent across the sample, and a number of the children were subject to child protection concerns or plans. About a quarter of children were described as suffering from general neglect or poor levels of care, sometimes "dreadfully" so:

He came from a disadvantaged background characterised by exposure to inconsistent, harsh, ineffectual and unsafe care. (12).

The children were neglected. The family had one communal toothbrush. His mother regularly used the same cloth that she used to clean the toilet to make the children food. His mother took a dog in who had dysentery. She often made the dog dinner but not the children. When she did give the children dinner, she would often give them just lollipops. (11).

Similarly, about a sixth of children experienced what could sometimes be “profound” levels of emotional abuse, either by parents, relatives, step-parents or carers. Sometimes this abuse manifested itself as hostility, other times as belittlement and still others as callous disregard:

His foster carers were negative in their attitudes towards him and would shout at him in an inappropriate manner. Though he regarded his foster carers as his parents, they did not regard him as their child. (16).

Domestic violence appeared to be relatively common (n=31, or 26%), and could be extreme:

On one occasion his father hit his mother with an iron bar. (13).

His father severely beat his mother on their wedding night; several days later he held a power-sander to her throat. He later beat her so badly that he left her with internal haemorrhaging. (14).

In a number of cases it appeared that women left relationships because of violence. Some of these women in turn then started new relationships with violent men (who could come to occupy a male authority role within the family) who inflicted domestic violence upon them and the children:

X's biological father was violent towards his mother. The relationship ended and his mother remarried. That relationship in turn ended when X's stepfather severely beat X's mother and destroyed the family home. Subsequent to this X's mother married another man who was also violent towards her (12).

As well as physical abuse, female parents could be subjected to emotional abuse by their partners:

X's father called his mother a 'slag' and a 'slut'. (15).

Many of the children were themselves subjected to physical violence that one file characterised as "gross abuse":

X's uncle would make the children stand under freezing cold water, then made them stand under boiling hot water. X's uncle committed further acts of abuse against the children including putting plastic bags over their heads (14)

Some of the children had their limbs broken by 'caregivers', one child was bitten by his mother, another had traumatic memories of experiencing violence. Some families were described euphemistically by social workers as "accident prone". In one case a young person said that "did not want to remember the past as there had been too much pain":

During once incident his aunt ran him over in a car after he had insulted her. (14).

To keep him and the other children under control his foster-carer used to knee the children in the groins and hold their heads under water. (15).

It is unsurprising that social workers said that one of the young people's background was characterised by "extreme violence and dysfunction". Violence and abuse appeared to saturate many of these young people's lives, and the lives of their parents.

Sexual abuse

Many of the children had themselves been sexually abused (in the wider n=700 sample that preceded this study, about half the children were suspected of being sexually abused). Some (n=15, 13%) were sexually abused by extrafamilial young people, mainly by older boys:

During another incident an older boy came into his room with a knife and forced him to masturbate him. (15).

Sixteen boys (14%) described being sexually assaulted by a father/step-father, ten (8%) by an uncle or grandfather and five (4%) by older male relations such as cousins (some children were abused by more than one family member). It was often unclear about how long such abuse lasted, but in some cases it appeared to go on for a significant period, and in some instances it appeared to be part of an intergenerational pattern of sexual abuse within the family. Some of the young people were forced to do "rude things to animals". In some cases parents either purposefully or naively allowed extra-familial paedophiles access to the children. One file described the panic a mother felt when she found out that her husband had allowed a convicted sex offender to babysit the children:

He said that his father would line each of the children up in a row and masturbate each of them in turn. He would then have sex with the children one by one. He spoke

of how horrible sex with his father was, and how it made him feel helpless and in pain. (11).

His stepfather made him masturbate him. These events triggered a range of confused feelings in him. He wondered if others would see him as dirty. (14).

Other children within the family could be abused as well, which the young person was understandably unable to emotionally or psychologically deal with.

He was aware that his stepfather did ‘nasty things’ to his sister and regularly heard his sister scream for help whenever his stepfather was alone with her. His stepfather put security cameras in all of the children’s bedrooms, and in the bathroom, so that he could watch the children playing and undressing. On one occasion he found pictures of his stepfather raping his sister. (12).

Ten (9%) of the children reported being sexually assaulted by female relations, including their mothers. In some cases social workers noted “unnaturally close relationships” between parents and children, and in several of the files the children talked about “secrets which no one else knew”. In other cases reports were more clearly documented:

X said that his mother had sexually abused him over a number of years. His mother would go into his bedroom at nighttime and masturbate him to orgasm under the bedclothes. According to X nothing was ever said before, during or after those incidents. He did not know that the behaviour was wrong at the time but later became very angry at what his mother had done to him. (13).

X's contact with his mother was highly sexualized; X and his mother would kiss each other using open mouths and X would fondle his mother's breasts. X said that his mother loved him, though when asked to give examples of that love he described sexualised physical contact with his mother that did not represent normal adult/child interaction. (12).

X had full sexual intercourse with his mother (11).

In one case a female foster mother encouraged one of the young people to make false allegations of sexual abuse against his natural mother and father. Although the young person's reaction to this event was not recorded, it must presumably have been highly distressing for him:

A major police investigation into X's foster mother found that she had encouraged X to make false allegations of sexual abuse against his natural parents. This was so X's stepmother could continue to be his 'mother'. X's foster mother was convicted of physical abuse and perverting the course of justice. The judge called her deceitful and dangerous and said that she blackmailed the child from seeing his natural parents. (15).

About a fifth of the children also reported being sexually abused by non-familial adults. As noted, in some cases this abuse was encouraged by the child's parents, and in certain cases the children appeared to be abused by paedophile networks. In other cases children who were rejected or abandoned by their parents began associating with adult sexual offenders to obtain

affection and social and financial support. In some instances the abuse appeared to have ritualistic elements to it. One notable feature in a handful of the cases was that children were apparently purposely abused in front of other children or in front of adults. While the children were distraught by this type of abuse, the viewpoints of the adults who either engaged in or watched the abuse were not described:

He said of his father: 'bastard sexed us, left us alone, didn't protect us, involved us in sex with others'. He indicated that at least five other adults (including his mother) had sexually abused him. The men played games with the children such as 'mums and dads' where they pretended to marry the children and then had sex with them 'on their honeymoon'. (11).

Despite the shocking nature of the chronic abuse described above, it is important to emphasise that not all of the children had been sexually abused (though some children who were not sexually abused may have been physically and/or emotionally abused). Indeed, as highlighted earlier, some had very positive relationships with their families or at least until revelations of their sexual behaviour came to light.

School and peer relationships

Finally, in terms of the seven major sub-themes from our analysis, school was a problem for a number of the young people. Some of them (n=13, or 11%) had a history of non-attendance and truancy, even before information about their sexual behaviours was revealed or became known in the school environment. The reasons for this varied, but was sometimes driven by the young person having a learning disability, sometimes by poor concentration, sometimes by oppositional defiance to authority and sometimes because they were bullied (see below).

Some were noted to be very disruptive in classroom settings, and their behaviour could sometimes be very aggressive and “bizarre”, to the extent that in one case teachers felt “at risk”:

Due to his poor cognitive ability, he had difficulties absorbing and retaining information. His behaviour in school was chaotic. (14).

Consequently a number of these students underperformed and underachieved relative to their abilities. A minority (n=17, 14%) of the young people were excluded, expelled or transferred from school. Five of the young people left school early without achieving any formal qualifications:

He had behavioural difficulties and special educational needs. He presented to others as a naive child who was easily distracted. He was excluded from one school for taking drugs, and from another for behavioural problems. (15).

However, at the same time, it is important to note that many of the young people liked school, and tried to do as well as they could in it. Some worked very hard at their education; some had strengths in particular areas such as drama, languages or an ability to memorise. One young person was described as “very happy” when he was working and another as “surprisingly witty”.

Outside of school, many of the young people were noted to have social problems with their peers. About a quarter were bullied, sometimes severely so; they could be bullied for a variety of reasons, ranging from their appearances to their ‘weird’ behaviour to having

learning problems. Some young people thought about committing suicide to stop the bullying:

He was bullied because of his learning disabilities throughout his life. His teachers said that the bullying that he received was more like torture, and that he was bullied both inside and outside school. (15).

He said that the teenagers had punished him and had tried to run him down with a motor bike. Some of the teenagers held him down and called him 'a prick, a cunt' while girls sat on a wall laughing at him. (14).

By far the most common problem identified across all of the files, in close to 70 cases (60%), was loneliness and social isolation. One young person referred to himself as a "lonely wanderer" who found it difficult to connect with people:

He said that he felt left out, rejected, worthless and empty. (16).

The reasons for social disconnection varied. Some young people were described as having limited social skills, others were socially fearful. Some had poor empathy, some feared rejection, others had poor hygiene and still others poor self-esteem. Some were domineering and antagonistic; "one young person was quite ruthlessly nasty to another little girl". Social disconnection was considered to be a problem in and of itself, but also because it made some of these young people vulnerable to sexual exploitation:

He was lonely and very easily made close attachments with adults, and it was felt that this made him vulnerable. (13).

In summary, while some of the young people were considered to be intelligent and focused, many others had difficulties in school, and some had learning disabilities. Loneliness and social isolation were common, and many of the young people were disconnected from peer groups and social networks.

Discussion

A continuum of disrupted sociological worlds

This article has qualitatively outlined the ‘sociological worlds’ of a large sample of young people with sexual behaviour problems at the point at which they were referred to HSB services. Some of the young people in this study came from healthy backgrounds and environments and were supported by families who loved them. These young people were not subjected to physical, emotional or sexual abuse and did not grow up in deprivation. At the other end of the spectrum, many other young people came from backgrounds that were highly sociologically disrupted. In Belsky’s (1980) terms these young people’s worlds were disrupted at the ontogenic level (parents’ own background); at the microsystem level (the family context); and at the exosystem level (the level of peers and social structures such as school). We have previously highlighted (Authors 1, 2) that, if anything, these young people’s worlds could become even more disrupted once information about their harmful sexual behaviours came to light, leading communities and neighbourhoods to turn against them. For some of them their entire social ecosystem was damaged, for others only part of it, though part here can refer to aspects of life that would ordinarily be considered to be essential for children’s health and wellbeing. Overall the study’s findings lend support for previous

quantitative work on this topic (Vizard et al., 2007), though our study has an advantage of being based on a wide variety of geographically dispersed service settings. The findings also support research which suggest that the overall situations of this group of young people can exit (Hackett, 2016). This article noted that the young people's own personal health problems (for example autism) could contribute to overall family disruption. It might therefore be useful for future studies to consider in greater detail if, and if so how, these individual level characteristics (including learning disabilities) feed into the types of ontogenic, micro- and macro-system disruptions noted above.

Chaos

'Chaotic' was a word that health and social services often used to describe these young people's lives, and chaos, a state of total confusion (Dumas et al., 2005), is something that is increasingly being recognized as an important influence on the lives of young people (Kamp et al., 2013). Chaos can increase exposure to risk; increase stress and reduce parental support; and reduce the quality and quantity of parental supervision (Kamp et al., 2013). In this study, chaos could come and go in young people's lives, though some were exposed to intense chaos over prolonged periods of time. In effect, some of the most vulnerable young people entered a state of 'permanent liminality' in their living and social situations (Szokolczai, 2017). Szokolczai argues that in permanently liminal states people are vulnerable to trickster figures who can promise certainty and meaning; this idea has relevance to this study whereby some of these young people's sought out older sex offenders to act as stabilising adult figures; and mothers sometimes left violent fathers only to be taken in (in all senses of the phrase) again by other violent men who promised them security. The chaos some of these young people were exposed to went beyond 'normal chaos' however. Some were exposed to moral as well as physical chaos. And some were exposed to malevolent chaos, a fundamental

breakdown in social functioning that was purposely or indifferently directed towards the child.

Traumatic or traumagenic?-explanatory or predictive?

Their young people's backgrounds as such appeared to often be both traumatic and traumagenic. We know from previous studies that a number of young people who are victims of neglect and generalised abuse are at an increased risk of becoming 'victim-abusers' (Salter et al., 2003), particularly if they are poly-victims (Hackett, 2016). Hackett (2016) identifies a number of reasons why an individual's own experiences of child abuse and neglect may enable them to become a 'victim-abuser' including: an impulse to re-enact and replicate one's own abuse; a desire to seek mastery over destructive internal conflicts; a desire to achieve power over others in response to one's own vulnerability; habituation to abuse and violence; and behavioural conditioning. It may also be that sexual abuse as used by these young people is also part of a general pattern of deviancy, reflecting a breakdown of family and social regulation over their behaviour. However it is also important to note that some of these young people's sexual behaviour problems appear to emerge 'out of nowhere', and that a sub-sample of these young people came from very positive, supportive backgrounds. It may well be that the documents that we examined did not contain important information that could provide insight into risk factors that may have been present in the lives of these young people. It is possible, for example, that factors were coming into play in their lives such as watching pornography, or encountering highly sexualised or aggressive peer groups, that services or parents were unaware of. However it is possible that there may be some element of inexplicableness to some of these young people's behaviours. Hackett (2016) also notes that it is useful to keep in mind the difference between factors that are predictive vs. those that are explanatory in the backgrounds of young people with sexual behaviour problems.

Being a victim of abuse or neglect may be a poor predictor of the subsequent likelihood of becoming abusive oneself, though these factors may (for the reasons given immediately above) help to explain in retrospect why such a transformation may occur.

Providing a holistic response to these young people

Overall the results appear to suggest the importance of considering these young people's lives in their totality. While a lot of work has gone on over the years conceptualizing these young people as a particular type of juvenile sex offender who can be psychologically profiled, this study suggests that for many of these young people harmful sexual behaviour may only be one developmentally concerning act in an overall very difficult life (Hackett, 2016). Even if these young people's problematic sexual behaviour could be bracketed, many of them should still be subjects of significant welfare concern to services as a consequence of the significant cumulative risks inherent in their life-histories (Appleyard et al., 2005). Many of them should be seen to be at long-term risk for a range of physical and mental health problems ranging from drug use, to mental disorder, to suicide, as a result of their own non-sexual maltreatment experiences (Norman et al., 2012). The high rate of loneliness and social isolation that was identified is by itself an important issue. A number of factors may contribute to these young people's loneliness -and loneliness, once it develops, may blowback and negatively interact with and intensify some of those factors. We will be reporting in a future study that the main factor which services linked with these young people's harmful sexual behaviours, either as a near or distal causal factor, was being in a negative emotional state. Loneliness may therefore be an important emotion for services to address if they wish to reduce these young people's risk.

The findings of this study support the idea of taking a holistic, or public health, approach to interventions with young people with HSB, treating not only their violent actions but also their sources of vulnerability (Vizard et al., 2007, Ueda, 2017). The shockingly wide catalogue of trauma and harm described in this study that underpin the sociological worlds of so many of the children starkly illustrate how dealing with these underlying vulnerabilities is not therefore a mere side issue to the real business of 'sex offence specific treatment', but should be at the core of all responses to children presenting with HSB. The services we worked with all developed this kind of holistic ethos over the period the data were collected, one that was geared towards moving these young person out of a state of despair, risk, liminality and denial (itself a state of liminality) and towards what Antonovsky referred to as a salutogenic 'state of coherence'. Kearney (2011) has noted that when young people and their families are in states of intense chaos and liminality, and cannot obtain certainty from their immediate environments, services can step in to act as structuring agents. In this sense services not only provide specific therapeutic interventions, they also act as a type of institutional 'Master of Ceremonies' that can ritually help young people to navigate their way through unpredictability, 'stamp' a new world view on them and reintegrate them back into society in such a way that they pose a decreased risk to themselves and to others.

Limitations

The article has some limitations. The files contained little information about certain issues which might be relevant to understanding sociological context, such as experiences within neighbourhoods. Additionally the files may have under-reported or not recorded the prevalence of certain problems; sometimes the files indicated that information could not be obtained about particular topics. Another limitation may be retrospective nature of the data; as the data collected were part of a follow-up study, they do not represent current cases open

to the services concerned and this limits, for example, the extent to which young people involved in technologically facilitated HSB are included in the sample. However, overall, we feel that the sociological worlds of these children is unlikely to have changed substantially since the data collection period, and many children with HSB still have lives characterised by physical and emotional abuse, as well as neglect (now the most common form of abuse in children subject to child protection plans in the UK). For example, Hackett (2016) has recently explored the specific potential links between neglect and HSB in childhood, and has noted that this is an area that is under-researched and under-documented. The strengths of the study are that it is based on a large qualitative sample; and is largely representative of the population from which it is drawn.

A final limitation, which was noted earlier in the article, is the inherent tension in trying to excavate the voices and experiences of young people by relying on professional reports. This may be social equivalent of trying to identify an important scientific problem through a microscope, without knowing for sure the full extent to which the microscope's lens is clear or flawed (though as noted, services often kept detailed records). There is an ethical/representative tension here as well in relying on agencies to speak for these young people, who are a marginalised and stigmatised group, and whose own voices, as this study found, are often not heard in the course of their everyday lives apart from when they come to the attention of the police or social services.

Conclusion

This article has examined the sociological background of a sample of children with harmful sexual behaviours. The findings clearly indicate the need for services to holistically respond to these young people and their needs. To understand this group's world and their actions you

need to understand their current circumstances and where they are going, their long-term trajectories. And you also have to watch out for worlds behind them.

Acknowledgements

Declaration of interest

The authors declare no conflict of interest. This study was funded by ESRC grant reference RES-062023-0850.

References

Appleyard, K., Egelband, B., Van Dulmen, M. & Sroufe, L. (2005). When more is not better: the role of cumulative risk in child behaviour outcomes. *Journal of Child Psychology and Psychiatry*, 46(3), 235-245.

Authors 1-3.

Belsky, J. (1980). Child maltreatment: an ecological integration. *American Psychologist*, 35(4), 320-335.

Bischoff, G., Stith, S. & Whitney, M. (1995). Family environments of adolescent sex offenders and other juvenile delinquents. *Adolescence*, 30(117), 157-170.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

- Briere, J. & Elliott, D. (1994). Immediate and long-term impacts of child sexual abuse. *The Future of children*, 4(2), 54-69.
- Cale, J., Smallbone, S., Rayment-McHugh S. & Dowling, C. (2015). Offense Trajectories, the Unfolding of Sexual and Non-Sexual Criminal Activity, and Sex Offense Characteristics of Adolescent Sex Offenders. *Sexual Abuse*, 28, 8, 791-812.
- Duane, Y. & Morrison, T. (2004). Families of young people with harmful sexual behaviours: characteristics, context and considerations. In G. O' Reilly & W. Marshall, A. Carr & R. Beckett. *The Handbook of Clinical Intervention with Young people with harmful sexual behaviours*. London: Routledge.
- Dumas, J., Missley, J., Nordstrom, A., Smith, E., Prinz, R. & Levine, D. (2005). Home Chaos: Sociodemographic, Parenting, Interactional, and Child Correlates. *Journal of Clinical Child and Adolescent Psychology*, 34(1), 93–104
- Epps, K. & Fisher, D. (2004). A review of the research literature on young people with harmful sexual behaviours. In G. O' Reilly & W. Marshall, A. Carr & R. Beckett. *The Handbook of Clinical Intervention with Young people with harmful sexual behaviours*. London: Routledge.
- Finkelhor, D. (1982). Sexual abuse: a sociological perspective. *Child Abuse and Neglect*, 6(1), 95-102.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: a conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530-541.

- Grady, S., Cherry, J., Tallon, M., Tunney, C. & O' Reilly, G. (2018). An exploration of the treatment expectations and experiences of adolescents who have sexually abused. *Journal of Sexual Aggression, 24*(1), 80-98.
- Hackett, S. (2016). Exploring the relationship between neglect and harmful sexual behaviours in children and young people. *NSPCC: Research in Practice*.
- Hackett, S., Masson, H. and Phillips, S. (2005). Services for young people who sexually abuse. *Youth Justice Board for England*.
- Kamp, C., Schmeer, K. & Taylor, M. (2013). Chaos as a social determinant of child health: reciprocal associations? *Social Science and Medicine, 95*(1), 69-76.
- Kearney, P. (2011). The Barretstown experience. *Ph.D. Thesis*.
- Keohane, K., Petersen, A. & Carleheden, M. (2016). Thematic section on social pathologies of contemporary modernity. *Distinktion: Journal of Social Theory, 17*(2), 127-129.
- Letourneau, E. & Miner, M. (2005). Juvenile sex offender: a case against the legal and clinical status quo. *Sexual Abuse, 17*(3), 293-312.
- Maniglio, R. (2009). The impact of child sexual abuse on health: a systematic review of reviews. *Clinical Psychology Review, 29*(7), 647-657.

Masson, H., Balfe, M. Hackett, S. and Phillips, J. (2013). Lost without a trace? Social networking and social research with a hard to reach population. *British Journal of Social Work*, 43, 24-40.

Matthews, B. & Collin-Vezina, D. Child sexual abuse: raising awareness and empathy is essential to promote new public health responses. *Journal of Public and Health Policy*, 37(3), 304-314.

McCuish, E. & Lussier, P. (2017). Unfinished stories: From juvenile sex offenders to juvenile sex offending through a developmental life course perspective. *Aggression and Violent Behavior*, 37, 71-82.

McGrath, S., Nilsen, A. & Kerley, K. (2011). Sexual victimization in childhood and the propensity for juvenile delinquency and adult criminal behavior: A systematic review . *Aggression and Violent Behavior*, 16, 485-492.

McKibbin, G., Humphreys, C. & Hamilton, B. (2017). “Talking about child sexual abuse would have helped me”: Young people with harmful sexual behaviours reflect on preventing harmful sexual behavior. *Child Abuse and Neglect*, 70, 210-221.

Norman, R., Byambaa, M., De R., Butchart, A., Scott, J. et al. (2012). The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. *PLoS Med*, 9(11), e1001349.

Salter, D., McMillan, D., Richard, M., Talbot, T, Hodges, J., Bentovim, A., Hastings, R., Stevenson, J. & Skuse, D. (2003). Development of sexually abusive behavior in sexually victimized

males: a longitudinal study. *The Lancet*, 361, 471-476.

Szakolczai, A. (2017). Permanent (trickster) liminality: the reasons of the heart and of the mind. *Theory and Psychology*, 27(2), 231-248.

Vizard, E., Hickey, N., French, L. & McCrory, E. (2007). Children and adolescents who present with sexually abusive behaviour: A UK descriptive study. *The Journal of Forensic Psychiatry & Psychology*, 18(1), 59-73.

Ueda, M. (2017). Developmental risk factors of juvenile sex offenders by victim age: An implication for specialized treatment programs. *Aggression and Violent Behavior*, 37, 122-128.

Worling, J. & Curwen, T. (2000). Adolescent sexual offender recidivism: success of specialized treatment and implications for risk prediction. *Child Abuse and Neglect*, 24(7), 965-982.

Yoder, J., Ruch, D. & Hodge, A. (2016). Families of youth who have sexually offended: understanding shared experiences and moving towards a typology. *Journal of Child and Family Studies*, 25(5), 1581-1593.