

# | The Psychology of Individual Adult Abusers

**Written Responses for the Scottish Child Abuse Inquiry**

**Elizabeth Gilchrist**

**June 2022**

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## Preface

The Scottish Child Abuse Inquiry (“SCAI”) held roundtable sessions on 22<sup>nd</sup> and 23<sup>rd</sup> March 2022, at its premises in Edinburgh. The sessions were open to the public.

The purpose of the sessions was to explore, with relevant experts, aspects of the psychology of those who abuse children in a way that would help the Chair of SCAI to understand them and to apply that understanding when deciding, at a future date, what recommendations ought to be made for the protection of children in care from abuse.

In advance of the sessions, the experts were invited to consider a set of questions and they provided written responses which were used to assist in facilitating the discussions. The responses provided by Elizabeth Gilchrist, Forensic Psychologist and Professor at the University of Edinburgh, are set out below.

## Written Responses

### 1. Individual Abuser Psychology

- 1a. Drawing on your professional experience, what characteristics of child abusers impact upon the likelihood and/or nature of their abuse of children?

From academic and practice experience, those who engage in abusive behaviours tend to fall into a number of separate groups. These groups are linked to the deliberate/intentionality of the abuse, the function the abuse served/the need that it fulfilled, the age—and to some extent the gender—of the young person, and individual deficits or vulnerabilities in the backgrounds of the abusers.

A useful point to note is that those who exhibit sexually harmful material often share similar backgrounds to those whom are offended against, so there is a need for trauma-informed practice when working with victims or offenders. In terms of practice observations, there have appeared to be a number of groups one would encounter in practice and there are a number of theoretical models of pathways to offending. I will review the ones that I have observed and then mention some key theoretical models.

In practice, I have observed that one group appears to have offended due to feeling that the adult world was dangerous; they had more emotional connection with children, thought that (non-physically violent) sexual contact with children 'did no harm', and saw children as sexual beings. This group may have groomed the situation, a family, and the children, or accessed children through sports and social activity clubs; they could have offended within or outwith family contexts, and they would be less likely to be physically violent outwith the abuse. A second group would appear to have offended against older children, perhaps exploiting access to young people who, whilst not adult, were closer to physical maturity. They might offend in the context of blurred familial boundaries; a desire to fulfil their own sexual needs without considering others; and perhaps informed by a sense of entitlement, or hostility to women. They may believe that girls who flirt know what they are doing, or that girls who get drunk, wear short skirts, or accept gifts from men are 'asking for it'. These attitudes can be reflective of wider patriarchal views that assign rigid gender roles to men and women, and boys and girls; and set expectations of appropriate and inappropriate behaviours according to gender. This rigidity can lead to victims, but specifically women and girls being blamed for their own victimisation, due to them having violated a gender rule or because their behaviour fits with a misogynist stereotype of female behaviour. For example, drunk women have been blamed for putting themselves at risk, where a more helpful approach might be to blame those who took advantage of alcohol-

related vulnerability. A second example might be that a woman is seen as agreeing to some form of intimacy by accepting a gift from a man or agreeing to a meeting, where it would be more helpful to accept that people can choose to engage in a range of interactions and that by agreeing to one you do not automatically agree to anything else and that giving someone a gift should never lead to expectations of 'payback'. This group would be most like non-convicted populations, but with a heightened acceptance of abuse-supportive beliefs and myths. They may have higher dependence on drink or drugs, more chaotic family lives/living conditions, and take advantage of situations where sexual access to younger women is possible. Their behaviour may not be deliberately violent, but could be as violent as required to ensure sexual access. A third group would have presented as a more intentional, cold, entitled group, who would exploit girls and young people for their own sexual or other gratification, or for the gratification of others, or for financial gain. They would tend to have higher levels of anti-social traits, a willingness to break rules, a lack of empathy (particularly for women), callousness, but possible charm. Their offending would be more likely to be planned, chronic, over years, and they would more typically have offended against vulnerable children/children whose living situations left them without active adult protection. A fourth and fifth group may have offended under coercion, e.g. women offending as required to do so by an abusive partner, or abusing because they want to gain or keep a partner who has an interest in child abuse; or it could be that men might abuse others to gain status in a group, as part of initiation into gangs, or to maintain a group of peers who are involved in this behaviour. Their behaviour would be linked to partner and peer associates, rather than offending. Moreover, their behaviour is less associated with their own sexual interests and is more linked to their lack of capacity to choose to do otherwise as a victim themselves. They may have a high level of suggestibility/compliance, low self-esteem, and preparedness to put their relationship interests above that of a child victim.

Ward and Siegart's (2006) pathways model has been regarded as the most comprehensive multi-factorial theory of sexual abuse to date (Gannon, Terriere, and Leader, 2012). Pathway one is thought to be characterised by intimacy and social skill deficits. At the root of this is insecure attachment, that is, feelings of loneliness, experiences of rejection or perceptions of future rejection, and expectation that adult relationships will fail. This is combined with feelings of entitlement and a right to have sex with whom they please. Perpetrators in this pathway are not necessarily sexually attracted to children, but they will primarily use sex as a coping mechanism and will likely have an adult-like relationship with a child.

Ward and Siegart (2006) hypothesised that the second pathway is underpinned by dysfunctional sexual scripts and disrupted relationship schemas. The researchers stated that these abusers may have experienced sexual abuse and become sexualised early. Ward and Siegart (2006) argue that sex will be used as a coping mechanism, with abusers seeking reassurance and intimacy through (casual) sex while avoiding intimacy/intimate relationships. Feelings of

vulnerability may be misinterpreted as sexual urges. Children are viewed as sexual partners due to opportunity and sexual/emotional need. Offenders in this pathway are theorised to have low self-esteem, fear rejection, and crave love and affection.

Pathway three was hypothesised to be characterised by emotional dysregulation: difficulties regulating emotions. Sexual offending may be underpinned by impulsivity and anger management issues. The theorists state that perpetrators may have demonstrated compulsive masturbation in teens, with no other way of enhancing mood, thus making the link between sex and emotional wellbeing. Sex is then used as a way of lifting their mood; it can be coercive or involve sex with children. Ward and Siegart (2006) hypothesised that the sex outlet and partner would be driven by emotional needs, rather than sexual deviancy. Perpetrators in this pathway may offend at any time in adolescence and adulthood.

Pathway four is argued to involve no distortions in sexual scripts, but perpetrators would generally have pro-criminal/anti-social beliefs and attitudes. This subgroup would be likely to commit a wide variety of offences and would have frequently engaged in antisocial behaviour as a young person. Their antisocial beliefs combined with opportunity and desire may result in child sexual abuse. The theorists state perpetrators in this pathway would exploit any opportunity for self-gratification and would seek to meet their needs in a way they think is acceptable.

Perpetrators in pathway five are hypothesised to have issues with all four psychological processes: deviant sexual arousal, issues with intimacy, issues with emotion regulation, and cognitive distortions. This means that the presence of a victim and absence of any conflicting goals would lead to abuse. Theorists argue that these perpetrators would always be a risk because they have paedophilic fantasies. Typically, these individuals have been sexually abused or been exposed to sexual material early and therefore have distorted sexual scripts. As a result, they are thought to have disrupted cognitions about children's ability to consent, impaired relationship/attachment schema, and problems across all four psychological domains (Ward and Siegart, 2006).

1b. What does your professional experience tell you about abusers' perceptions of children and how those perceptions may contribute to their perpetration of abuse?

From practice I would suggest that one group may see children as sexual beings, as sexual abuse not being harmful in itself, and as the children potentially enjoying the gifts and the grooming, and even the sexual contact.

A second group would tend to see young women as being sexually aware, as the sexual contact being at least partially initiated by them, as the blame being

situational, and evidence a high level of victim-blaming or blaming of alcohol or drugs for the sexual contact, and take little responsibility of this themselves.

A third group would deny the offending and denigrate the victims, placing them in a dehumanised group, making them lesser in some way, e.g. sex workers, drug takers, or difficult children/trouble makers (in the care context).

From the current most influential academic model, Ward & Siegart (2006) Pathway 1, would have intimacy deficits, Pathway 2 would have deviant sexual scripts, Pathway 3 would have had emotional dysregulation, and Pathway 4 would have cognitive distortions.

1c. What does your professional experience tell you about the link, if any, between the viewing of pornography including indecent images of children and the abuse of children?

There are a number of potential explanations to this. It could be that viewing pornography that includes indecent images of children would desensitise a person and change the boundaries of what they felt was acceptable behaviour, e.g. groom the offender, and prepare them to offend more easily. In this case viewing pornography could be considered a gateway offence. However, a number of studies have suggested that this is not always the case and not all viewers of child pornography do not go on to commit contact offences.

It seems that it could be that for some, viewing images or even acts of abuse online is a separate behaviour, one which they can minimise and explain to themselves, and perhaps give themselves permission to engage in as it is not as if they have caused the harm ('the images are already there so I might as well, the children don't mind'). There is research that suggests that there may be a group of non-contact abusers who are entirely separate group from contact offenders. It is tentatively suggested that these may be more 'conventional' offenders who do not recognise the active offending that goes into creating these images, and who minimise the issues to themselves through techniques of neutralisation. Psychoeducation in the making of images and the impact of involvement in this sort of exploitation may be useful for this group. It is also reported that some men report accessing more and more hardcore porn—eventually straying into porn involving abuse of animals and children to seek arousal.

It could be proposed that for some, the viewing of images would be a less harmful method of satisfying their sexual urges and reduce the risk of future contact offences. There is data to suggest that sometimes viewing images may follow a conviction for a contact offence, rather than come before. In my professional opinion, the use of images in this situation is more likely to be driven by a desire to avoid further prosecution and is informed by the belief that it will be harder to be convicted of a non-contact sexual offence, or that the punishment will be lesser.

## 2. Individual Abuse in Religious Institutions

2a. Some members of religious orders were obedient to most of the strict rules, requirements, and practices of their orders, yet they flouted rules of their orders devised for the protection of children (e.g. being kind to children and providing them with the best possible care,<sup>1</sup> refraining from corporal punishment,<sup>2</sup> never being alone with a child<sup>3</sup> and never fondling a child<sup>4</sup>) and abused children. What does your professional experience tell you about this?

The coherence of an individual's persona is not as holistic as often portrayed. It is clear that people can hold strong beliefs in one arena, and expound these views loudly, without always adhering to the values and behaviours that they purportedly and wholeheartedly support in other contexts. This has been observed in politicians who wholeheartedly support family values, yet have affairs; in teachers who are trained to support children to learn and develop as best they can, but abuse their pupils; in nurses who have sexually abused children in their care; and in members of religious orders who have abused children in their care. This is possibly just an extreme example of holding dissonant beliefs.

It could be that the extreme level of self-denial within these rules means that normal sexual desires were not able to meet their sexual needs in a pro-social manner (the easiest way to explain pro-social is to say that it is the opposite of anti-social that is, generally acceptable, non-abusive, non-expotative and non-hurtful ways of behaving). The more extreme the rules, the greater the drive for secrecy in the meeting of that need. The inclusion of shame, deceit, and secrecy may have exacerbated the antisocial tendencies within the offending as the abusers may have felt negative emotions and experienced negative cognitions during the abuse (feeling dirty and ashamed),. They may then have transferred these feelings onto the victims, and, having attributed negative emotions to the victims, may have found it easier to enact further abuse and violence, transforming the negative emotions associated with shame and guilt into anger and victim-blaming.

It could be that specific children were demonised so that it was not the abuser at fault, but the child; it may be that the children were identified as 'temptation' and more of a test between the religious person and their God/belief system. It is clear that the children and young people's needs were subsumed by the sexual needs of the abusers. Smith and Woodiwiss (2016) argue that when children are no longer sexually innocent then they are no longer viewed as

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<sup>1</sup> See, for example, [Case Study Findings for Sisters of Nazareth](#), p.3.

<sup>2</sup> See, for example, [Case Study Findings for Christian Brothers](#), p.3.

<sup>3</sup> See, for example, [Case Study Findings for Christian Brothers](#), p.3-4.

<sup>4</sup> See, for example, [Case Study Findings for Christian Brothers](#), p.5.

victims, innocent, and by extension 'a child'. They are viewed as having already been corrupted.

2b. What role, if any, does the celibacy of an abuser play in the sexual abuse of children?

I feel that this links with my comments above, that this level of self-denial may suggest feelings of shame around sexual arousal. It is an unusual interest/forced lack of interest in sexual activity, and perhaps this may indicate a failure to accept a normal sexual appetite and an inability to manage sexual arousal pro-socially i.e. in a non-abusive, non-hurtful and non-coercive manner.

### **3. Denial & Minimisation**

3a. What does your professional experience tell you about denial and minimisation of offending by abusers?

Denial and minimisation are common in offenders, and relatively high in offenders who have offended sexually against children/young people.

It may pattern out differently in different groups of abusers, in that different groups may minimise abuse by using the argument that 'early initiation into sexual activity may not in itself be harmful'; others may blame the victim, or situational factors, such as drink or drugs, and others may just deny in a functional sense, with little need to minimise or justify behaviours. And, for some, they may genuinely believe that they are doing nothing wrong.

This latter group illustrates a second point that whilst denial and minimisation may maintain the abuser's ability to justify ongoing abuse, the presence of denial or minimisation and a desire to present as pro-social does have some protective benefit, as at least if an abuser is feeling a need to make the behaviour appear less violent, or themselves as less culpable, then there is a recognition of the 'wrongness' of the behaviour.

A coerced abuser/peer-influenced abuser may blame the group for the offending; however, a recognition of their agency (to the extent that there was agency) in joining the group or complying with requests should help individuals to acknowledge their role and their choices, limited though they might be (see Beech, et al., 2003, and Crassati & Beech, 2003).

3b. What does your professional experience tell you about the shift in attitudes of abusers from denial and minimisation to acceptance?

Being able to accept responsibility and accepting capacity to choose different behaviours can be an important step in offender rehabilitation, and helpful in moving towards behavioural change, but acceptance on its own is no guarantee

of behavioural change. This could be an example of people 'talking the talk', so should not be the only piece of evidence used to assess change.

Ongoing blaming of others, minimisation, and denial may be indicative of a lack of readiness to change and is often a target for interventions. Research does indicate that high deviance and high denial have been indicative of poorer outcomes following offence groupwork. However, given the controversy of treating denying sex-offenders in prison, and barriers to progress if denied places on offender programmes, there have been denier groups set up in a number of jurisdictions. These more often focus on making healthy sexual choices, and developing pro-social behaviour, with little focus on the denied offending behaviour. So lack of acceptance for offending may not be a barrier to behavioural change and behaviour change can be promoted without engagement in programmes, if the controls around behaviour or situational demands require behavioural change.

#### **4. Individual & Group Abuse**

4a. Drawing on your professional experience, why do some people abuse in groups, some in isolation, and some both in groups and in isolation?

In short, partly due to opportunity, partly due to the function of the behaviour and the motivation for this. If someone is offending due to peer pressure then this behaviour would be more likely to happen in a group. If part of the function of the offending is status in front of a group, then having the group present is a necessary part of the offending. If the behaviour is instrumental to gain money or influence, then involving others as a group or individually forms part of the offence.

If the behaviour is part of a secret fantasy world, then offending individually would be more likely. There have been differences noted between those offending in groups and those offending individually both in relation to the motivation for the offending and in terms of the age and characteristics of the perpetrators. Those offending in groups tend to be younger, the incidents are more likely to involve alcohol or drugs, not involve weapons, but include more serious sexual abuse outcomes (Ullman, 1999). The motivation for group offending can be linked to the excitement of offending, group initiation, or ingratiation, i.e. seeking approval from peers rather than purely linked to deviant sexual interest. Those offending individually have been reported to be more neurotic, impulsive and less sociable than group offenders (Bijlleveld, & Hendriks, 2003).

If the offence is to be enacted against more than one victim, then involving more than one offender may be a practical strategy needed to enact the offence.

## 5. Victims & Attachment

5a. Drawing on your professional experience, please explain (if you can) why different children within care settings may be treated differently by caregivers—some favoured and well-cared for, whilst others are abused?

There are a number of reasons why an individual may be more likely to be identified as a victim. A couple are practical: they have some additional vulnerability, so might make a poorer witness and be selected as a victim due to the abuser's belief that they are less likely to be caught. They may be selected because there is less adult protection of them, and so there is a lower chance of the abuser being found out, and there may be more opportunity to offend against the victim. Some individuals may be singled out due to presenting with challenging behaviour, which may be incorrectly labelled as a need for protection/connection, particularly in young people in care, who can then be identified as 'deserving victims', with abuse presented as appropriate punishment to correct bad behaviour.

There are characteristics in victims that do lead to a greater likelihood of them being abused including physical disability, where there is more dependence on external care, and less physical ability to resist. Other characteristics are psychological vulnerabilities, where those who have experienced previous abuse are less able to identify what is abusive. They may be more tolerant of abusive behaviours and more ambivalent of a 'relationship' where there have been some positives alongside the abuse (possibly the grooming behaviour). This could make them more open to being persuaded that it was partly their choice, that they enjoyed some of the abuse and that they were to blame for the abuse, not just the abuser. These psychological and physical vulnerabilities increase risk by offering targets for exploitation for the abuser.

There has been research that suggests that in non-sexual offending, police officers and offenders will identify the same individuals as being potential victims: those who look less secure and less confident in body language; less cared for and less affluent—all of which are visual cues to the vulnerabilities described above.

It may be that there are characteristics within the individual that either makes them part of a disliked/non-valued group, e.g. a different ethnicity as in Bradford, where distinctions between white British girls and Asian girls appeared to enable sexual abuse of them, and thus they were perceived as deserving of abuse. The need to consider how multiple structural inequalities impact on how victims are viewed is key. The concept of intersectionality, whilst initially constructed to help understand the multiple disadvantages experienced by black women, can helpfully be applied to help understand how other multiple social disadvantages can lead to certain groups being more vulnerable to abuse, more

limited in help-seeking and more likely to be problematised and blamed rather than helped and supported (Ackerley & Latchford, 2017).

Irrespective of race, children living in areas of high social deprivation and disadvantage with unstable family of origin backgrounds, high ACEs (adverse childhood experiences, including familial instability, parental mental health and substance use, and parental criminal justice involvement) are more vulnerable to exploitation, less likely to be seen as 'deserving' victims and more likely to be seen as being the problem as opposed to being children in need of help.

It is important that all responses to child sexual abuse recognises the reality of marginalised groups and responds through an intersectional lens to allow victims to be seen as victims and not blamed for failing to conform to a white middle class stereotype of what victimisation should look like.

In terms of ethnicity and gender, in CSE (child sexual exploitation), 2011 figures indicate that the vast majority of perpetrators are men. The two dominant ethnicities in perpetrators were white (30%) and Asian (28%) and in victims the majority of victims were white (61%) or 'other' (33%) with very few Asians appearing the CSE figures (Gill & Harrison, 2015, p.45).

Extrapolating from this, inter- and intra-ethnicity abuse seems equally common, with a similar percentage of white and Asian men exploiting white girls. However this suggests an overrepresentation of Asian men in comparison to the percentage of Asian men in the general population.

An important point is that there is a lack of good recent data about ethnicity in relation to perpetrators and victims across the UK. Media reporting in recent years has highlighted cases where Asian men have sexually exploited young white girls, however this is an overly simplistic picture and we need to collect more data and look more critically at the role of race/ethnicity in CSA (Gill & Harrison, 2015).

Alternatively, they could have an idiosyncratic characteristic that reminds them of someone who treated them badly in the past thus increasing the risk of revenge abuse/abuse linked to an old grievance (see Craven, Brown and Gilchrist Appendix 2).

5b. A strong attachment may be formed between a child and her/his abuser. How can you, drawing on your professional experience, explain this?

Similar to domestic abuse, Stockholm syndrome or trauma bonding, could explain this. One helpful definition of trauma bonding is:

[t]rauma bonds are emotional attachments between victims and their abusers or captors that occur in a wide variety of exploitative relationships (Hopper, 2017; Reid et al., 2013). These bonds are typically marked by paradoxical complexities of abuse, control and dependency,

and deep feelings of love, admiration, and gratitude in the victim for the abuser (Raghavan & Doy-chak, 2015, and Casassa, Knight, & Mengo, 2021, p.2).

A child may learn survival tactics in the face of abuse which can then grow into positive feelings towards their abuser. Children may feel gratitude for any positive affection, positive gifts and attention from their abuser and may form a traumatic bond with them leaving them ambivalent about their feelings. They may like part of the person and value some of the input, but know that the abuse is wrong; they may not want to agree to certain behaviours or contact, and hate that part of the perpetrator. Psychodynamic theories “such as the unconscious, transference, countertransference, emotions, affect, object relations, and attachment” (Lovett, 2007, p.580) can be helpful in understanding children’s responses to abuse. These theories can help to explain why young people with abusive backgrounds from their early experiences may find abusive relationships familiar, and therefore report strong positive bonds to the familiar; or why they may regress, or develop psychological defences, such as reframing abuse as care and help to explain why they may not present as services might expect.

Additionally vulnerable youngsters who are at higher risk of abuse, who are more likely to have already have experienced abuse, e.g. within their family of origin; or have experienced other ACEs (which have been defined by the original authors as: “a complex set of highly interrelated experiences that may include childhood abuse or neglect, parental alcohol and drug abuse, domestic violence, parental marital discord, and crime in the home” (Dong et al, 2004)) are likely to have more dependent attachment. They are more likely to accept an abusive relationship by overvaluing the positives and minimising the negatives, as at least they have some relationship which may be better than before; and those who have grown up with abuse are unlikely to have a strong model of positive relationships thus are not able to recognise unhealthy relationships and so form a strong attachment to their abuser.

## **6. Grooming**

6a. Drawing on your professional expertise, how would you define the term “grooming”?

It should be seen as a broad term and not be confined just to online grooming.

Grooming can involve a number of steps and can be more obvious and deliberate, or less consciously planned. This includes various process of overcoming barriers to offending; this may include a) grooming the offenders internal world, e.g. overcoming a reluctance to offend, justifying and neutralising the processes; b) overcoming barriers in the external environment, including access to victims which could include grooming parents or other barriers in the environment to create situations conducive to offending; and c)

grooming the victim; through minor boundary violations, and coercion, threats and persuasion and bribery (Craven, Brown & Gilchrist, 2006).

There are processes in offence-focussed work whereby offenders will be invited to consider how seemingly irrelevant decisions were steps towards offending and identify each step as being part of the process that could lead to them being in a situation where the abuse appeared to 'just happen', but could actually be identified as a series of small decisions that led to offending.

6b. In your experience, how do abusers groom children and/or children and their families? How do they create opportunities for abuse?

Grooming can also include grooming the external in the environment, e.g. finding possible places where potential victims play or associate (more isolated play areas/woods/fields) or clubs and associations where there is lax control over contact with children, linking with more vulnerable/naive families.

It would be likely to include grooming the individual victims, and these behaviours (in-person) might include making a child or young person feel special, or indebted to the abuser; separating them from others; and offering them sweets as rewards, special attention, favourable status and opportunities. Also making minor breaches such as coerced agreement to allowing increasingly more invasive unwanted sexual contact, from comments, to touches, kisses or greater intimacy; all within a context where the young person is agreeing to this, or where the abuser has already breached some rules so it appears as though the victim is colluding with the behaviours. This is all constructed to make the young person more likely to agree to sexual contact or be unable to refuse sexual intimacy; or less likely to report violations and less sure as to whether a) it was abuse; b) they agreed to it; c) they contributed to it; d) was it their fault.

Online grooming may start with misrepresentation of who the person is; and an invitation to be involved in flirtation or friendship with another of peer age; or to engage in slightly daring behaviours; or to be included in a special group (using similar psychological tactics of making the individual feel special, different, indebted or to blame/collusive). The abuser may move onto requests for photos, online intimacy, or to meet and participate in in-person intimacy. There is a potential of blackmail if victims refuse to meet up or want to end the relationship. This can include a threat to reveal photos or online sexual activity. Also, abusers may use instances of them agreeing, not refusing advances and/or their potential physical responses as evidence of the victim's enjoyment in order to maintain control, secure compliance and encourage ongoing engagement with the abuse (Craven, Brown & Gilchrist, 2006).

## 7. Victim to Perpetrator Journey

7a. Some victims of abuse go on to abuse. What is the current understanding of this victim to perpetrator journey? What does your professional experience tell you about it?

ACEs and abusive experiences in childhood can explain some of the later abuse in adulthood but it is not a simple correlation of sexual abuse to later sexual perpetration, or physical abuse leading to later physical abuse.

There is a high percentage of offenders who have experienced abuse or neglect in their childhoods in general. In domestic abusers the percentage of men going onto perpetrate domestic abuse (intimate partner abuse) has been estimated as being 36% (but as data was unavailable for almost one third of the sample the actual percentage is estimated to be between 30 and 50%) (Gilchrist et al, 2003).

There were differences in the abuse backgrounds of child sexual abusers and other sexual abusers. There is data to suggest that the incidence of sexual assault in childhood among child molesters is twice as high as among rapists; and rapists are three times more likely to have been victimised by a family member than child molesters (Thoekaris et al, 1987).

It does seem that those who engage in sexual abuse either have had poor sexual boundaries; poor parenting; difficult and disrupted childhoods with drink/drugs; parental absence; parental criminality and parental mental health issues; a higher percentage of family breakdown, parental separation and divorce; than other non-offenders, or non-abusers.

7b. What protective factors, if any, may minimise the risk of victims becoming perpetrators?

One positive role model/protective relationship can be important in preventing or reducing the likelihood of repeated abuse or ongoing abuse.

Many studies and clinical experience have identified that negative early life experiences, particularly experiences of abuse and neglect damage attachment and this has a negative effect on later adult adjustment including view of self, view of the world and the ability to form positive, healthy relationships. It is suggested that if alongside abuse, a child also has access to an adult who offers the possibility of forming a strong positive affectionate bond, and who meets their needs, affirms a sense of self and creates a sense of worth and stability for the child, then the effects of abuse may be less.

## 8. Risk, Recruitment, & Training

8a. In your professional experience, what risk assessments do you use, and what are the barriers to the implementation of the risk management strategies?

There are a range of structural professional judgement tools that can be used to predict the risk of identified offenders continuing to offend. These rely on professional judgement to identify to what extent certain known risk markers are present in individual cases and they ask the professional to then articulate under what conditions would this risk continue; change in type of risk or type of victim; increase, or decrease; and the presence of protective factors. These would include:

- Risk of Sexual Violence Protocol (RSVP)<sup>5</sup>
- Multiplex Empirically Guided Inventory or Ecological Aggregates for Assessing Sexually Abusive Children and Adolescents MEGA<sup>6</sup>
- Stalking Risk Profile (SRP)<sup>7</sup>
- Structured Assessment of Protective Factors (SAPROF)<sup>8</sup>
- Spousal Assault Risk assessment v 3( SARA v3)<sup>9</sup>

These tools are specifically designed to inform the selection of staff to work in specific care environments and cannot be unthinkingly applied to considering the risk in prospective or current employees. However, the approach of identifying risk relevant factors (many relevant factors are identified within these tools) and considering whether those working or seeking to work in childcare, are currently exhibiting any of these behaviours or have any risk relevant features in their history may be an appropriate place to start in the absence of a specific tool.

The difficulties are mainly financial, legal and practical resources. Either there are no resources available, e.g. in child protection there is a recognition of the need for input, but nobody knows who would pay for this and there are few independent practitioners who offer input to reduce offending behaviour in general, and sexual risk in general. In the criminal justice system, often the

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<sup>5</sup> See Hart, S. D. (2003, April). Assessing risk for sexual violence: The Risk for Sexual Violence Protocol (RSVP). Paper presented at the annual meeting of the International Association of Forensic Mental Health Services, Vienna, Austria.

<sup>6</sup> See Miccio-Fonseca, L. C. (2006). Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Children and Adolescents (Ages 19 and Under)-MEGA. San Diego, CA.

<sup>7</sup> See MacKenzie, R., McEwan, T. E., Pathe, M., James, D. V., Ogloff, J. R., & Mullen, P. E. (2009). Stalking risk profile: Guidelines for the assessment and management of stalkers.

<sup>8</sup> See de Vogel, V., de Ruiter, C., Bouman, Y., & de Vries Robbé, M. (2009). SAPROF. Guidelines for the assessment of protective factors for violence risk. English version. Utrecht: Forum Educatief.

<sup>9</sup> See Kropp, P. R., & Hart, S. D. (2015). The Spousal Assault Risk Assessment Guide Version 3 (SARA-V3). Vancouver, Canada: ProActive ReSolutions Inc.

treatment is only accessible with a specific length of prison or community justice sentence; and in criminal justice settings, including within the SPS (Scottish Prison Service), there is a recognition for the need for individual sentence plans and structures to be in place to enact these sentence plans. However, on a day-to-day basis, access to individual 1-1 motivational work, and to the tailored, individualised risk management plans in the community and the specialist input (taking account of learning style, cognitive ability, location, language, and motivation) are not always as readily available as they need to be in order to meet this need.

There are similar issues in the community with additional challenges that whilst community sentences require 'good behaviour' on the part of the offender and those on parole need to adhere to parole conditions, there are often limited powers to enforce/enact/encourage the monitoring and/or restrictions suggested or treatment, short of enacting a formal breach of any specific conditions of sentence, or of parole licence conditions.

**8b. Drawing on your professional knowledge and understanding, if you were asked to design a process to ensure recruitment meets with child protection requirements, what would you advise?**

Because there are a range of factors which link with later abuse including but not limited to: negative attitudes towards women; a belief that children are sexual beings; that the world is dangerous; a misapprehension that sexual assault does no harm; a sense of being a victim rather than an abuser; heightened self-focus; entitlement; callousness; low empathy; fear of the adult world; greater emotional alignment with children; limited social networks and negative peers. Thorough vetting of these factors would be important. This would include examination of current and previous behaviour; family relationships; relationships with vulnerable others; assessment of values and attitudes towards women, children and sexuality. This vetting would be done by using the least obvious assessments, including experimental techniques such as the 'Emotional Stroop test' (this is a method of assessing linked attitudes through indirect means thus less open to 'faking'); and psychometrics (statistically validated attitude and preferences scales) assessing risk relevant factors such as: coping (how well we respond to everyday events), locus of control (where we assign the power in our lives, to ourselves, to others or to external forces, e.g. fate), and victim-thinking (I am the one who has suffered) or grievance-thinking (I am entitled to seek revenge as people have treated me badly) and hostility (I see the world as an angry and hostile place). This might also include interview and situational judgement tasks.

**8c. In your opinion, how could existing child protection requirements and recruitment practices be strengthened?**

To improve, child protection recruitment should include positive vetting i.e. not just looking to see if applicants have behaved badly in the past but actively interviewing family, friends, ex-partners and previous employers to seek to gain

a clear and holistic understanding of the person. This may include what they have found difficult to cope with, situations where they have coped poorly and areas of vulnerability. Vetting should require references from family and friends and interviews with family and friends to attest to character, behaviour, and values.

All possible recruits should have a proven positive engagement and empathy, and positive, pro-social values. This would include a proven commitment to equal rights for children, a commitment to positive and caring work values and adherence to high standards for professional and personal behaviour. Those screening people seeking to work with children should not just check for deficits and convictions and obvious flags for risk. It should also consider broader flags for risk, at which point, even more through risk assessments should be undertaken.

## Addendum

One point to highlight is the dearth of selection tools that would incorporate what is known in forensic psychology to be risk markers of potential for abuse.

I would recommend that professionals such as occupational and forensic psychologists are supported to work together to identify what makes safe and successful employees within the childcare environment and what risk markers have been seen in those who have later been convicted of abuse and neglect; and for them to develop clear structured guidance, along the lines of the current forensic guidance, to screen all applicants for such posts.

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