

| The Psychology of Individual Adult Abusers

Written Responses for the Scottish Child Abuse Inquiry

Katharine Russell

June 2022

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Contents

Preface **ii**

Written Responses **1**

1. Individual Abuser Psychology 1

2. Individual Abuse in Religious Institutions 3

3. Denial & Minimisation 4

4. Individual & Group Abuse 5

5. Victims & Attachment 5

6. Grooming 6

7. Victim to Perpetrator Journey 6

8. Risk, Recruitment, & Training 7

Addendum **9**

References **15**

Preface

The Scottish Child Abuse Inquiry (“SCAI”) held roundtable sessions on 22nd and 23rd 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 Katharine Russell, Consultant Clinical Psychologist, are set out below. Ms Russell was, unfortunately, not able to attend the sessions in person but she was able to connect to them via Webex.

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?

My professional experience is primarily with individual male abusers. We know from research that there are a range of risk factors associated with reoffending. Risk factors can be different for different types of abuse. For example, difficulties in interpersonal and intrapersonal functioning, or personality disorder, are known to be risk factors for a range of different types of offending. In relation to sex offending, sexual deviance is a specific risk factor. Attitudes towards offending are also important, as is the use of drugs or alcohol. An abuser's own experience of being subject to violence or abuse can be relevant. Some risk factors are static and do not change, e.g. whether a person has been convicted of violence in the past, whether they have had traumatic experiences as a child. Some risk factors are more dynamic, i.e. can change over time, e.g. substance use, antisocial peer group. Although in many cases, the more risk factors an offender has, the greater the risk of reoffending; some risk factors, such as psychopathy or sexual deviance where they are present, would be of concern alone. Individual assessment allows for these factors to be considered in terms of presence and relevance in each case. Situational factors can also be important in terms of increasing or decreasing the likelihood of offending.

There have been meta-analyses looking at the issues of risk factors for recidivism and characteristics of sexual abusers (Hanson & Bussiere, 2004; Hanson & Morton-Bourgon, 2004, 2005). Sexual deviance and Personality Disorder, particularly antisociality, are two key risk factors for sexual reoffending. Personality Disorder refers to problems in interpersonal and intrapersonal functioning and different diagnostic manuals describe a range of different types of personality disorder, some of which are more or less relevant to offending. There is clearly a risk factor for further offending where there is a primary sexual preference for children. Sexual Preoccupation and High Sex Drive can also be important factors. Where an abuser has both risk factors, the risk of future offending is greater. Psychopathy is a personality disorder that is assessed separately and has been found to be associated with a greater risk of reoffending and of violent reoffending (Hemphill, Hare & Wong, 1998).

My professional experience supports these findings. Abusers who have a strong sexual interest in children and those who have significant personality traits associated with personality disorder are more likely to reoffend. I work with people who have been arrested for an offence, so my experience is related to identifying risks of further offending rather than risk of a first-time offence.

Those convicted of sexual offences often go on to commit further non-sexual offences. Where there is an underlying sexual deviance, there is a greater likelihood that they will go on to reoffend sexually.

Looking beyond sexual abuse, in cases where domestic violence is an issue, power and control are key themes in the literature, highlighting the abusers' use of violence to maintain a sense of authority or control in relationships. Research into this group of offenders has highlighted significant personality dysfunction. For example, Gilchrist, Johnson, Takriti, Weston, Beech & Kebbel (2003) looked at a group of domestic violence offenders (on probation or who had been referred for a pre-sentence report) and highlighted four subgroups in relation to personality characteristics. Three of the four sub-groups exhibited varying degrees of antisocial and narcissistic personality traits, and one subgroup with borderline/emotionally dependent traits. Different patterns of behaviour within domestic violence were associated with these two groups. A small number of intimate partner victims of the offenders participated in the research and their input highlighted that both groups used emotional abuse towards children in the relationship. Within domestic violence, the immediate target is often an intimate partner, but children can also be victims or witnesses to domestic violence.

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

In my experience, this varies across offenders. Not all offenders have the same motivations in relation to their offending. In relation to sex offending, in some cases abusers feel that they relate better to children than adults, view children as less intimidating than adults, and feel better about themselves when interacting with children than adults. Some abusers can see children as sexual beings, and have a strong sexual attraction to children, and this drives the offending. Some abusers appear to be predatory in nature, that is, have a sexual interest in children and actively pursue this; others have a sexual interest in children, but are clear that this is wrong, and offending—when it occurs—can be unplanned and impulsive.

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?

This is a growing area of research. There is a large body of research literature on sex offending, but since the introduction of the internet in the 1990s there has been a large growth in research attempting to understand the relationship between online sexual offending and contact sexual offending. Access to indecent images through the internet has meant that there has been an exponential growth in this activity. In order to understand the relationship between viewing and contact offending, research needs to be longitudinal in

nature to understand the nature of any relationship between the two. This has meant that it is only in the last ten years that there has been significant developments in understanding this group of offenders.

There has been research looking into whether abusers are 'specialists' within their offending, e.g. contact sexual offenders only committing contact sexual offending if they reoffend; and online offenders only committing online offences if they reoffend (Howard, Barnett & Mann, 2014). In addition, this study looked at whether sex offenders are specialists in sex offending or whether they also commit non-sexual offences. This study found that sex offenders are not specialists, i.e. people who commit sex offences also commit other offences. However within sexual offending there has been found to be a certain degree of specialisation. The only crossover in this UK study was from contact offending into online offending.

Research indicates that many online sex offenders are a distinct group. Babchishin, Hanson & Hermann (2011) in a meta-analysis found that online offenders were less antisocial, have a smaller offence history, and have higher levels of sexual deviance. Other research has proposed that this population is more socially adjusted and has better educational and vocational achievement (Seto et al 2017, Jung et al 2013). Some research suggests that offenders who commit both online and contact sexual offending are at a higher risk of reoffending (Eke et al, 2019, Goller et al, 2019).

In my experience many online-only offenders do not appear to progress onto contact offending. They generally have no other forensic history and are less antisocial. They may however continue with online-only offending. However this is not true for everyone. For some offenders who start their online offending at a young age, this can be an early sign of sexual deviance that can escalate. It is also important to distinguish between those who view images online and those who use the internet to contact children directly for online abuse or to arrange to meet in the real world. It is also my experience that some contact offenders start using the internet to view indecent images (and sometimes this can appear to be a de-escalation in offending), but for others it is in addition to contact offending. In these cases there needs to be significant degree of monitoring and follow-up to be confident about what applies in each case.

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,¹ refraining from corporal punishment,² never being alone with a child³ and never fondling a child⁴) and abused children. What does your professional experience tell you about this?

No submission.

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

No submission.

3. Denial & Minimisation

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

My professional experience of working with this is primarily with sex offenders. The understanding of denial and minimisation and the role it plays in reoffending has changed over the years. In the past denial was thought to be a central part of sex offender treatment, i.e. moving an offender from denial to acceptance was a major goal of treatment. Meta-analyses (Hanson & Morton Bourgon, 2004, 2005) have shown that denial is not a risk factor for reoffending in sex offenders. This finding has led to further examination of this. More recent studies have highlighted that there is a complex relationship between denial and reoffending, i.e. that it can increase the risk of recidivism in some abusers and reduce the risk of recidivism in others. However, the number of studies looking at subgroups is small and the findings are not consistent (Mann, Hanson & Thornton, 2010).

In my role I am interested in why a person is in denial or minimising their offence. Research has highlighted that denial may occur for a number of reasons. The abuser may have a lot to lose if admitting to a sexual offence. For example, families and friends may continue to support an abuser who says that he did not commit an offence but indicate that this would not be the case if they thought that he was guilty. The abuser may feel significant shame and guilt, and denial is a way of avoiding these negative feelings and to maintain self-esteem. It could also serve to allow the abuser to distance themselves from their previous actions whilst engaging in other positive changes to reduce the risk of

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

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

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

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

committing further abuse. In other circumstances, the abuser is committed to an offending lifestyle, and the denial serves to try and continue this.

In my experience, I have witnessed a range of these presentations. Many abusers will present with some level of minimisation. Shame often appears to be a driver for this, as well as concern about further negative repercussions. There are very few abusers who will admit to all aspects of their sexual offending, particularly those with ongoing deviant sexual interests. Given that the link between denial and recidivism can vary for different offenders, it is important for risk management to consider whether a specific abuser's denial is likely to increase the likelihood of offending, i.e. does it reduce their engagement with risk management strategies, or does it result in ongoing access to children?

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

That it is variable. Some abusers never move away from a position of denial. Some people do, potentially starting with accepting some aspects of the offence, but not all. This may be as much as they achieve and for others there is a gradual shift. For some, there is a move back and forth between denial and acceptance. A shift is not dependent on engaging in treatment but can occur as a result of treatment. A shift is often more likely to occur post-conviction.

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?

No submission.

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?

No submission.

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

This is likely to be as a result of a grooming process. In my experience, this often occurs with children who are vulnerable in some way, e.g. bullied, ostracised, with difficult family circumstances, or where the abuser has a level of authority or power in relation to the victim. The abuser abuses the victim once a relationship has been fostered, e.g. this may be done through building dependence on the abuser for care, affection, and material goods. The victim therefore does not see the abuser as an aggressor, at least in the initial stages.

6. Grooming

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

Grooming is a process of preparing a child, and in some cases others, for abuse by gaining access, acceptance, compliance, and secrecy. This can be done by asserting extreme authority and compliance through punishment for non-compliance, or through the rewarding (for example, by giving of praise, affection, and/or gifts).

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

This can happen through a variety of routes. Grooming can take the form of using a position of power and authority to instil fear into a child about the repercussions or authority, or to build a relationship with a child where there is a sense that there is a mutual relationship (the child depends on the abuser for care/affection/gifts and the child is responsible for making sure nothing bad happens to the abuser, i.e. by telling anyone). In some cases, the child is led to believe that they are an equal participant, and they will equally be in trouble if this were to come to light. Opportunities may be relatively straightforward in terms of already having access to the child and reasons to be alone with a child. Alternatively, there may be a process of ensuring other adults have trust in the abuser to gradually allow opportunities to occur where the abuser has access alone with the victim.

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?

My professional experience is working with perpetrators of crime, so I only see the people—some of whom who were abused—who do go on to become abusers. The research highlights that the pathway from victim to offender is not universal and varies from person to person. I work with people who have committed a range of offences and some of them have been victims. However it is not necessarily a linear relationship wherein victims of sexual abuse who become offenders necessarily become perpetrators of sex offences, or victims of domestic abuse who become offenders become abusers of domestic abuse. Those who commit sexual offences as adults have not always been subject to sexual abuse as a child, but will often report other types of abuse or neglect.

Abuse that particularly occurs in childhood can have a significant impact on emotional, psychological, and social development. The impact on the child will depend on a number of factors, e.g. the form and severity of the abuse, the

characteristics of the child, and the wider environmental factors around the child. The experience of being sexually abused may affect the ability to build and maintain future relationships, and it may affect the development of self-identity and sexual interest. It is less common to work with an abuser who has had no adverse experiences as a child.

There is significant amount of literature on the development of children who face early adversity and trauma in terms of complex trauma, personality development, resilience, and coping. These individuals as they grow up can have difficulties with relationships (inter and intra-personal functioning), self-esteem, and emotion regulation. Research has highlighted that childhood adversity is high in the prison population with 45.5% of the prison population suffering four or more Adverse Childhood Experiences (ACES) (see Ford et al, 2015). This in and of itself does not explain why some victims become abusers and some do not.

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

I only work with the group that do offend therefore this is not my area of expertise. Based on previous responses, the more secure a victim's background, prior to and following abuse, and the more positive experiences they have of being cared for appropriately, the greater the likelihood of a positive outcome. A stable adult life, including positive, appropriate intimate and non-intimate relationships and employment may also be protective. The lack of other risk factors, such as personality disorder, including psychopathy, and sexual deviance will also be important. However I acknowledge that lack of risk factors is not the same as the existence of protective factors.

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?

I am trained in a range of risk assessments including actuarial and structured professional judgement (SPJ) risk assessments. In my clinical practice, I use Structured Professional Judgement (SPJ) tools including Historical Clinical Risk - 20 Version 3 (HCRV3), Risk of Sexual Violence Protocol (RSVP), Spousal Assault Risk Assessment (SARA), Stalking Assessment and Management (SAM), Stalking Risk Profile (SRP), and Terrorism Radicalization Assessment Protocol (TRAP-18).

These tools allow a clinician to consider risk factors relevant to different types of offending in each individual case and build an individual formulation and tailored risk management plan to manage the risks identified. Some risk management strategies can be harder to implement than others.

Implementation can often rely on the criminal justice orders that are placed on the abuser, as they allow or do not allow for certain conditions to be applied. In a situation, for example, where the risk assessment has identified many risks but a limited criminal justice order has been applied, there is a lack of ability to restrict behaviours or activity. For example, placing someone on the sex offender

register does not allow for a range of restrictions to be put in place. However, the addition of a Sexual Offences Prevention Order (SOPO) or a Community Payback Order (CPO), for example, can give more powers, i.e. place restrictions on an offender and/or the power of arrest if the restrictions are breached. Sometimes a full understanding of risk is not available at the point of sentencing, which may mean the order imposed is insufficient to manage the risk in the longer term.

Some strategies, such as restricting access to victim types or geographical areas, can be applied, but they can be resource intensive to monitor in the community. The greater the identified risk, the more resources are needed to ensure that restrictions are being adhered to.

Clearly where an offender is not motivated to comply with risk management there is a greater need for monitoring and restrictions.

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?

No submission.

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

No submission.

Addendum

Thank you for giving me the opportunity to attend remotely and provide a further written submission. I am very sorry not to have been able to attend in person. As the discussion on the day followed the format of the original questions for submission, I will try and keep my comments in the order that the discussion took place. There was obviously a lot covered on the day and I will only make comment where I think I have something to add and will aim not to repeat anything in my original submission.

1. Individual Abuser Psychology

My original submission focused on individual characteristics. The issue of the relative importance of individual factors and situational factors was discussed on the day. I would want to support the view that situational factors are important. Whilst we have to address the risks and needs of individuals who abuse, we also need to consider the environments in which abuse has occurred, or is more likely to occur, to manage the risks there. As highlighted by the panel, PVG or risk assessments would not have picked up some of the abusers who have been identified in the Inquiry as they had not abused in other situations. Child sexual abuse is often considered to be evidence of paedophilia. The panel have highlighted that it is not this straightforward. For some offenders this will be the case, and the abuser will have a lifelong primary sexual interest in children. However, for others, this will not be a persistent or primary interest or the abuse may be driven by intimacy needs or the need to assert power, rather than a sexual interest. Every case needs assessed to establish what the treatment and risk management needs are.

In my work, I often meet people who have committed a range of violent offences against a range of victim types. In some cases, where one of their offences is an offence against a child, the formulation can highlight that it should be understood within a wider range of risk factors and the offence itself is not evidence that the abuser has paedophilia. In other cases, the formulation may highlight a specific sexual interest like paedophilia.

I would also support the comments expressed about the fact that most of our understanding comes from studies looking at convicted sex offenders who reoffend, rather than studies that help us identify who will offend for the first time.

As highlighted by the panel, the Good Lives Model has been really influential in terms of understanding the behaviour of offenders. Not all offending behaviour is motivated by an intent to cause harm. Very often the offender is trying to meet their own needs, putting their needs above the victim's needs at that time. Understanding this does not mean we should diminish the harm they cause. However, if we can understand what their goal was, or the need they were trying

to meet, it can help us create treatment plans and risk management plans that will support them to meet their goals in pro-social and non-harmful ways.

In relation to the point about personality disorders, my experience of working with people who commit sexual offences is that understanding personality functioning is as important as understanding sexual functioning and/or sexual deviance. Understanding personality functioning is important in all psychological work with offenders in terms of engagement and responsivity, as well as risk management. In England and Wales there are specific services for offenders who have been assessed as having significant problems with personality functioning; the Offender PD Pathway. It is a joint initiative of the Department of Health and Ministry of Justice, and aims to provide psychologically informed services to a complex offender group who pose a significant risk of harm, or high risk of reoffending in a harmful way. Psychologists are a key part of this process, working with criminal justice agencies, i.e. prison and probation.

In terms of the risk assessments of abusers, there was discussion about the different types of risk assessment available and used by different services: actuarial tools that require certain variables to be scored, which then give a rating to the likelihood of reoffending vs Structured Professional Judgement tools that are more comprehensive and require expertise to use. There are advantages and disadvantages to different types of risk assessment and it is important that services using these different types understand why they are using a specific type of risk assessment and what information it can provide. In organisations where there is a need to assess hundreds of individuals, a briefer actuarial assessment means it becomes achievable to have a risk assessment on everyone. Training is limited to understanding how to code each item. The assessments then give a rating of risk. No expertise beyond this is required. These types of assessments are generally limited to providing estimates of the likelihood of reoffending. It does not allow you to understand how this person might reoffend, the level of harm, what the triggers or warning signs may be, and how to manage them. In my experience these types of assessment can work less well for complex and unusual offenders. The more comprehensive assessments (SPJ tools) do require expertise, as they require more judgement by the assessor and there are therefore fewer people who can complete the assessments. It becomes difficult to achieve this for large numbers of offenders, depending on the size of your staff resource. However, they can be very useful when working with high risk and complex cases, as they can provide an individual formulation and a tailored risk management plan. This is helpful where agencies are able to identify the complex and extreme cases and complete more specialist risk assessments. When working within the criminal justice system, it is impossible for all staff to be an expert on all types of offending. However, we do have professionals with expertise in Scotland, and one question might be about how we best use that expertise to make sure we target the resource that we have. However, again, this only helps to deal with the people we know have offended. It does not necessarily help with the question of how we identify those who have not offended yet or who have the potential to offend.

There was a discussion around the Ward and Siegert Pathways model mentioned by the panel. I think greater awareness of the multiple pathways into sexual offending and into offending in general would be helpful and could make it more possible for people to raise alarm or concern when they see certain behaviours that are not yet offences but are cause for concern.

I would like to reiterate the point about the importance of neglect when considering all forms of abuse. I think we often look at more active forms of abuse when we are trying to understand someone's abuse experience, either victim or abuser. In my clinical experience, the impact of neglect, emotional as well as physical, on a person's own social and personal development can be significant.

The panel made comments about how services manage children in care and about how there is a need to both care for children but also to manage sometimes very difficult behaviour. As someone who works with adults, it clear that the point of transition from adolescent to adult services can be a difficult one for those who are involved with criminal justice services. Failure to attend an appointment as an adult is likely to have a more serious consequence than as an adolescent. This shift in response can be difficult for the person to understand and cope with. So the period of time around transition from child services to adult services is a critical time that can add more stress and distress.

As per my previous submission, I agree with many of the comments made on the day about the viewing of indecent images online. It does appear that some online offenders do not go on to commit contact offending. However some do, and therefore we need to be able to assess each case on its own to identify any risk factors for escalation. Conditioned responses are an important aspect to consider. Some offenders do not initially access the internet to look for illegal images. They may start with viewing legal pornography. However, if they start to pair positive feelings with illegal images, a more persistent arousal to images of children or children could be created.

In my experience, many internet offenders have significant problems in interpersonal functioning; some may have an ASD. However, beyond that diagnosis, many offenders have clear difficulties relating to other people and therefore find it difficult to meet all of their needs, i.e. friendship, intimacy needs. The internet therefore provides an avenue to meet some needs, including sexual needs.

2. Individual Abuse in Religious Institutions

I made no submission initially on this topic. Having heard the discussion, I thought some important points were made. The discussion about celibacy is interesting, and I do agree that it is important not to overemphasise this but rather a broader recognition of difficulties in healthy sexual functioning is a better focus. Celibacy may be a sign that someone has interpersonal problems, or problems with sexual function, or it may be a choice. Not all child sex

offenders are celibate, and some can be in adult sexual relationships at the point of offending. Over and above issues related to healthy sexual functioning, problems with interpersonal functioning are widespread in this population, and difficulties in sexual relationships and sexual functioning are often a consequence of this wider issue. Intimacy needs and the extent to which individuals see sexual contact as the primary or most important way to have intimacy needs met can be important.

3. Denial & Minimisation

I think the panel covered the complexity of this issue well in the discussion. I would want to highlight that in the past it has been difficult for offenders in complete denial to access treatment for sex offending. Some programmes actively excluded those who were in denial. More recently, research has further examined the potential causes of denial and more positive outcomes associated with working with those in denial (e.g., Ware, Marshall & Marshall, 2015; Marshall, 2016) and has shown what is possible. However, my understanding is that, depending on the service and the levels of demand for this type of treatment in the service, it may still be more difficult to provide treatment for those in denial.

4. Individual & Group Abuse

No further submission.

5. Victims & Attachment

As I work with the offending population, my experience is based on what abusers tell me about the children they abused, and how they selected or approached them, or what they tell me about their experience of being abused. As highlighted by the panel, it appears that children who are not well-monitored by adults or who lack a close and supportive peer group can be particularly at risk in the community. I think Mr Henry raised an important point about ensuring we do not narrow our focus too much when considering which children are at risk. There are numerous ways in which children may be targeted and groomed and those who may have something to lose because they are talented in a specific area, i.e. sport, music etc have clearly been at risk.

There was a helpful discussion around the variety of reasons why a child may not disclose at the time of abuse. I would support the comments made. There continues to be a lot of misunderstanding around why children do not report at the time and what that might mean about the veracity of a later account. This does seem to be driven by a lack of understanding about how some abuse occurs and the vulnerabilities of the victim. It is important to understand why it takes time for people to disclose, but also that society needs to be more proactive if more children are to be protected.

I would support the comments about offences being driven by intent or by opportunity. I think that offences are often opportunistic, particularly first offences. It is also the case that those that go on to reoffend may adapt their behaviour based on their past experience to increase the chances of opportunities arising or to actively seek out victims. However, I think this is an important aspect of abuse that is maybe not well understood and may be important in understanding why some behaviours, that in hindsight are concerning, are not flagged at the time.

Attachment is a construct that has been around for a long time. For those with professional qualifications, e.g. psychiatry, psychology, social work, etc. it will be part of their training. However, this does not mean that regular refreshers are not helpful. For those that do not have this type of professional qualification, e.g. support workers, care workers, then it will not necessarily be known or understood. As highlighted, attachment impacts on our development in a range of ways and is therefore a helpful construct to understand. As discussed by the panel, the consequences of a lack of secure attachment can be significant and has the potential to impact on all future relationships.

There is definitely growing awareness in this country of the need for Reflective Practice in organisations. However, awareness is patchy. There is a lack of understanding of the need for it to be built into the running of the organisation and the commitment that is needed for staff to be freed up from other important tasks to attend. If the purpose of a service is to support people, particularly those with known needs and challenges, then it is fundamental to having a resilient, well-functioning workforce.

6. Grooming

No further submission.

7. Victim to Perpetrator Journey

There was a wide ranging discussion here that reflects much of my thinking in this area. I note there was a discussion around how we respond to people who report deviant sexual thoughts in the general population, and the distinction between thoughts with no intent and thoughts that may lead to behaviour. I would reiterate some of my colleague's comments that the prevalence of deviant thoughts in the population appears to be poorly understood. Within the research field, there are numerous papers that seek to establish prevalence rates. These would suggest that the rates of people who admit to ever having a sexual fantasy about a child are higher than those who would meet criteria for paedophilia, i.e. a persistent interest. This area of research is obviously impacted by the social acceptability of admitting to such thoughts. It may be that the internet has given people with occasional thoughts an easier avenue to access material.

How to support people who have thoughts and are concerned about having them or are concerned that they may act on them is an important issue, as highlighted by the panel. The relative need to respond to requests for help in those who have no history of offending, but also any need to raise concerns with criminal justice, is one that does come up. Currently, services are predominantly targeted at those we know have committed offences, and it is about trying to prevent them committing further harm. An increase in services for those at risk of offending could have positive outcomes. This was highlighted by the panel in terms of thinking about mental health in general.

I would support the views that the victim to perpetrator journey is a complex area and that, as a result, looking at ways to promote positive mental health support for all children and increasing conversations around healthy sexual functioning are strategies that could have benefits across the population, in addition to services that target survivors of abuse. As per my initial submission, I would support the comments that we need to think about supporting children who have experienced all types of abuse, not just sexual abuse. Early adverse experiences can impact on our social and interpersonal development and our mental health in a number of ways. Domestic violence does appear to be particularly problematic in terms of affecting the ability to build future relationships and support feelings of safety and security.

8. Risk, Recruitment & Training

I would support the comments made by the panel. PVG checks are important, but are not the only solution to this. Although my expertise is not in recruitment processes, I think it is likely that the process would benefit from consideration of additional measures over and above basic interviews. At a minimum there needs to be careful consideration of what should be considered at the interview stage in terms of competencies, understanding of the role and the demands of the role and the ability to reflect on abilities and coping styles. Once in post, given the demands of the post, staff need to be supported through a programme of training, supervision, and reflective practice. Training needs to be part of a rolling programme, rather than just a one-off, and supervision and reflective practice need to be built into the service-delivery model.

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