| The Psychology of Individual Adult Abusers

Written Responses for the Scottish Child Abuse Inquiry

Michele Gilluley

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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 Michele Gilluley, Forensic Psychologist, 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?

In my experience, broadly speaking, adults who abuse children frequently have deficits in their own psychological functioning and wellbeing. Although sexual offending and child sexual abuse are the most frequently considered abusive behaviours/offending, there are a number of other types of abuse of children, including physical abuse and neglect. Children who experience the breakdown of family relationships, especially between parents, are at risk from a number of parental characteristics such as unemployment, lack of support networks, lack of understanding of parenting skills, forensic histories related to violence, intimate partner violence, substance misuse, addictions, and poor mental health. These have often been the experiences I am faced with as a professional in assessment of risk in children and family court proceedings. In forensic risk assessment the factors above are commonly identified in the histories of those who offend, including child abusers.

There are a number of characteristics of sexual offenders that are evidently shared in non-contact and contact child abusers. In Scotland these offenders are more likely to have problems with their emotions (including problems of articulating, labelling and managing their emotions). They have challenges related to poor problem-solving of tasks; leading to poor coping, and some may have impaired cognitive functioning and/or poor educational attainment. They are also often in a position where they have greater access to children, e.g. they may be married and have their own children (including those who access Illegal Images of Children (IIOC)) or they may have access to children relating to some other aspect of their life and/or intimate of familial relationships or employment settings. All situations and circumstances increase the opportunity for offending against a child.

It is not uncommon for those who abuse to have a psychosocial history that highlights a number of different warning signs, such as being unemployed at the time of offending or over the course of their offending history where they have abused children and possibly committed other offences.

There are other important characteristics to consider about those who abuse children. There is a greater likelihood that abusers will be motivated by arousal rather than aggression. They might also spend time with their victim, e.g. before and after the abusive act/offence. They are also more likely to plan their actions in relation to the abuse.

The above could all be seen as likened to 'profiling' those who abuse children. What is important when thinking about, preventing, reducing risk, and planning treatment with individuals with these types of offences is to consider them as an individual, but with typologies in mind; only then does one attempt to understand the motivation to offend, developmental pathways, trauma history, and their (the abuser's) own experiences.

More recent theoretical reviews including the Integrated Theory of Sexual Offending Revised (ITSO) (Ward and Beech, 2016) and the Motivation Facilitation Model (MFM) of Sexual Offending (Seto, 2019). The ITSO revised builds on the original ITSO framework developed to understand more about the development of theories of types of sexual offending. ITSO proposed that sexual abuse occurs when causal factors interact. ITSO also suggests the following factors e.g. biological, ecological, and neuropsychological systems and personal circumstances of the individual can be contributory to sexual abuse. In short, an explanation of sexual abuse is best understood as multifactorial and interlevel, i.e. a framework with capacity to have multilevel analysis of sexual offending factors (Ward and Beech, 2016). Seto's (2019) MFM is influenced by Finklehor's (1984) precondition model. Finklehor idenitifed three factors of motivation to offend against children; pedophilia, emotional congruence with children and blockage. The latter here explained as when the individual struggles to have their emotional and sexual needs met in an adult relationship. Finklehor's fourth factor indicates that the the individual also has the presence of ways to overcome inhibitions to commit a sexual offence. The MFM includes the areas mentioned above, such as abusers having state factors, (which are dynamic) including alcohol use and negative affect, and triat factors, e.g. personality issues and antisocial traits. The issue of self control is considered by Seto (2019) across both state and trait factors as described, but also has to be considered in the context of situaional factors where there is opportunity to offend.

Further Reading:

Risk Management Authority (2018) Literature Review: A review of the risk posed by internet offenders. https://www.rma.scot/research/sexualoffending/

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

What is apparent in my experience of working with those who abuse children within the family and whose abuse is non-sexually motivated, is that it occurs in the context of the lack of recognition of the impact of their (the abuser's) behaviour on children who are witness to adult and parents' behaviours. They fail to recognise and protect children from their own emotional state, their anger, aggression, and that of partners who may not be related to the child. Their lack of understanding of parenting skills and understanding (in some cases) of the needs of a child will impact on their perceptions of the abuse's

impact on the child and the child's development; possible traumatic experiences; and ultimately life-altering experiences from adversity.

It is often the case that those who abuse children hold the belief that children can give consent to sexual contact or they choose not to make this consideration. They may have little understanding of consent or what the child's understanding of consent is. There is often no consideration of the power imbalance between a child and an adult abuser; and there can be attitudes and beliefs supportive of sexual assault.

In those who abuse children there can also be the belief that they (the child and the abuser) are on the same emotional level (i.e. have emotional congruence). These are not typically the words or phrases used by child abusers and, depending on the level of intellectual functioning, this is not the description used by these types of offenders. Instead they will talk more about how they feel with children rather than their thoughts about children. This can result in the appearance of little victim empathy. However, a question to ask is, if a child abuser has an intellectual disability, that is, lower levels of functioning, have they, for example, achieved a 'theory of mind' (ToM)? ToM can be defined as having the ability to accurately attribute mental states to others people (Premack and Woodruff, 1978). In fundamental terms, can they think of the child, and the child's mental state, at the same time as trying to achieve what they desire? Can they quite literally consider the feelings or experiences of the child, whilst aiming to satisfy their own needs? Most likely there will be reduced capacity for this and as such this can present as having less victim empathy (noting that poor or lack of victim empathy is not necessarily considered a risk factor). It is known that ToM deficits are linked to impaired social skills, and that child sex offenders are more likely to have experienced adversity in childhood (Elsegood and Duff, 2010). This links to the comments made above in relation to child sex abuse being multifactorial.

The abuser becomes a strategist when a child is e.g. resistant. They therefore perceive certain strategies that will provide access to the child. These might include different strategies that can be used to overcome resistance: gifts, desensitisation, threats, and ultimately violence.

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?

Those who use IIOC tend to be offenders whose victims are unknown to them, are unrelated to them and would be considered strangers to them. Studies have shown that with those who access IIOC there is a lower risk of reoffending, but there is also a high likelihood of the victim gender being both male or female. This may be related to what is referred to as gender crossover in victim choice. Gender crossover is thought to occur when sexual attraction is more fluid and has been found in studies where victims were prepubescent children (Bailey et

al, 2016) It is also possible that when both male and female victims are targetd, it can be the result of shared similarities in prebuscent boys and girls (Saramago et la, 2020) or lack of secondary sex characteristics (Blanchard et al , 2012). Seto (2015) has indicated that for those who view IIOC there is an increased risk of contact offending and as such the viewing of IIOC is considered a gateway to future contact offending. However, there are other studies, e.g. Fortin et al (2018), where the indication that the trajectory of non-contact to contact sexual offending is not quite so clear. It is entirely possible that offenders could be at different points of this potential continuum. Although having limited experience of working with non-contact offenders who view IIOC, my experiences are that these are individuals who may have their own children, who hold down regular employment, and who have no other type of forensic history prior to coming to the attention of social work or the criminal justice system. Studies so far are limited in gathering evidence for female internet sex offenders and, as a result, interent offending has been largely regarded as a male phenonmenon.

There is a cautionary note to consider, however. If the individual has contact and non-contact offences, and other types of forensic history, there may be increased potential for cognitive distortion and justification of their behaviour/offending. Also that if the IIOC access has more extreme images, there appears to be a link to potential for a contact offence against a child. There is a body of evidence that indicates that there can be what is known as dual offenders, who may have previous convictions for contact sexual offending and internet offending, but the evidence on similarities and differences of these two types of offenders tends to vary.

Those child abusers those who access IIOC would tend to be individuals with interpersonal effectiveness problems, who are also challenged by impulsivity and at times curiosity, but for some it is about fuelling their sexual interests and may be used by some to solicit children for the purpose of an offline contact sexual offence (RMA, 2018). They are motivated by their fixated sexual interest in children. This can occur in offenders who are married and have children of their own, or who are single, but also in offenders who are cognitively limited.

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

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[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.

being alone with a child[3] and never fondling a child[4]) and abused children. What does your professional experience tell you about this?

Although having no direct experience of working with members of religious orders who abused children, I would say from reading of the case studies that a number of issues raised seem relevant to comment upon. In some of the institutions where abuse had been found to have taken place, those working in such institutions were caring for children with no education to care for children. The Sisters, in particular, are described as working in isolation. Therefore, with no guidance from others, there was possibly no one on-site to be able to tell them what was going on.

There are two possible ways to explain the behaviour that had taken place. Firstly, there is the type of abusive behaviour, which was not recognised as abusive—where the abuser would consider the treatment of a victim as 'deserving'. Although there is acknowledgement in female offenders, for example that 'bullying behaviours' can be covert and at the same time aggressive, there are also those abusers whose behaviour is overt. The type of punishments and general treatment of those in the care of the Sisters is extreme, however the Sisters' own treatment by their superiors also indicates a level of being bullied and victimised (being isolated in their own area and being unable to discuss with other Sistersabout the care of the children). Victimisation is known to be an accurate predictor for victimising others. In Ireland's (1999b) study of female bullies in incarceration, for example, she found that female bullies tended to show less positive attitudes towards victims and had lower scores on empathy than non-bullies. If these behaviours had come to light, and the carers/abusers had been found guilty, then the findings of Ireland may well be comparable.

In the behaviours of the Brothers who sexually abused children in their care, this can be considered in relation to the characteristics included in the response to question 1. Most importantly was the access to the children, but also one must take into account the entitlement and the intimidation.

Further Reading:

Ireland J. (199b). Provictim attitudes and empathy in relation to bullying behaviour amongst prisoners, Legal and Criminological Psychology, 4: 51-66.

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

In terms of celibacy the issue would be related to self-control and control of impulses, but not necessarily as a result of celibacy. It may even relate to

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[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.

fantasising and coercive control, but none of these alone amount to celibacy accounting for sexual abuse of children. There are many reasons for individuals being celibate. However, I am unaware of scientific evidence that concludes that sexual abuse of children occurs as a result of celibacy as a sole indicator, or why it would make children the object of desire.

In a study by Terry et al (2011) it was found that priests who were sexually abused as minors themselves were more likely to abuse minors than those without a history of abuse. Also, priests who lacked close social bonds, and those whose family spoke negatively or not at all about sex, were more likely to sexually abuse minors than those who had a history of close social bonds and positive discussions about sexual behaviour. In general, priests from the ordination cohorts of the 1940s and 1950s showed evidence of difficulty with intimacy.

In the above study it was also found that, similarly to other sexual offenders in the general population, priests with allegations of abuse show patterns of behaviour consistent with Finkelhor's four factor model of offending: (1) motivation to abuse (often emotional congruence with the minor, as well as a blockage to [nonsexual] intimate relationships with adults); (2) overcoming internal inhibitions to abuse (through the excuses and justifications that alleviate their sense of responsibility for the behaviour); (3) overcoming external factors (by creating opportunities for abuse to occur); and (4) overcoming the child's resistance (through grooming techniques).

Further Reading:

Finklehor D and Araji S (1986) Explanations of pedophilia: A four factor model, The Journal of Sex Research, Vol 22, 1986, issue 2. https://doi.org/10.1080/00224498609551297

3. Denial & Minimisation

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

Denial and minimisation can occur for a number of reasons. Firstly, when there is a sense of entitlement on the part of the offender. When they hold the belief that the child is not at harm; there is a mutual attraction; and desire for the sexual engagement. There is also denial and minimisation when the abuser is concerned that there will be negative consequences for them either in legal repercussions or the loss of social and family networks to support them. Feelings of shame and guilt for some offenders may prevent openness, and also when a loss of liberty may be at risk.

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

This seldom comes without a great deal of intervention. This might include motivational interviewing, where the primary goal is to identify ambivalence and work towards resolving this. The development of therapeutic rapport, enagagement, and increasing motivation with the individual to make positive change is central for those who may be in denial or minimising their offending. It is apporopriate also to include the use of integrative approaches, e.g. using the Risk, Need and Responsivity model (RNR) with a Good Lives Model approach (GLM). This allows for a positive psychology approach that helps the individual to consider not only the risks that they have taken, the impact on the child and others (including themselves), but also to consider alternative ways to manage themselves. In doing so, when not approached in a negative manner, there can be a pathway to acceptance. However, this is not a short or easy way to assist someone to reach acceptance and there can be fluctuation in following this treatment path. They (the abusers) have to consider what it is that they are accepting about themselves and what they can cope with. Given that coping skills are often minimal this can be a difficult process for an abuser.

Andrews et al (1990) indicate that in using the RNR model the the level of intensity of treatment interventions could be matched with the level of risk identified and that responsivity issues could be identified to ensure that style and mode of an intervention matched the learning and ability of an offender. Often seen as a balance or perhaps should be integrated to the RNR model is the GLM which suggests that enhancing personal fulfilment reduces criminogenic needs and is based on the attainment of basic goods including: friendship, enjoyable work, loving relationships, creative pursuits, sexual satisfaction, positive self regard, and an intellectually challenging environment (Ward and Stewart, 2003).

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?

Again, this a complex area and no single factor can explain why people abuse in groups or in isolation.

In the case of some abusers, their behaviour/offending can be related to possible personality issues but also to the relationships they are in or their own experiences in childhood. In the case of some female offenders who abuse children (fewer than 5% of women are known to commit child sexual offences), can offend when in a relationship with a male abuser. Their behaviours can be to ensure that they can maintain the relationship with their partner, and it is also possible they are being threatened, abused, and intimidated by a partner, which can account for their abusive behaviour towards a child. These are some of the reasons women perpetrate abuse. There have been a number of reasons suggested why women may abuse children, e.g. a jealous, narcissistic mother who has an exaggerated sense of importance. For women in the teaching profession who become involved with pupils (as mentioned above), the co-

abusers aim to maintain a relationship with an abusive male partner or may abuse their child as a result of anger.

It seems that it can be the case that in group-based abuse, the offenders are older compared to those who would offend in on their own. Motivations for group-based abuse can be due to sexual interest in children, however, it is not the sole reason why some people perpetrate abuse in groups. There can be financial gain and a desire for sexual gratification. It might also be be based on rape myths, attitudes and beliefs used to justify sexual aggression towards women, and such attitudes being perpetuated in groups of offenders. In group-based abuse there is a disregard for the victim, i.e. there is greater group solidarity and social bond between the perpatrators, and in groups there is potential for an offender to distance themselves from their involvement, particularly when it involves other people (for example, family members or where there is a loss of sense of individuality). When group-based abuse occurs it is not uncommon for extended family and/or social and employment networks to be the basis for the group. In group-based abuse the members of the group give themselves permission for their behaviour and offending. There is support for each other within the group. In brief, the group takes advantage of an imbalance of power to coerce, manipulate, or deceive a child or young person.

In terms of groups who abuse together, in my experience, this is can be due to intergenerational abuse experienced when the child who is repeatedly abused as they get older begin to abuse within their own family. This can be a result of those who were abused themselves becoming part of a group who carried out abuse towards them, and in adulthood they begin to carry out the same offending behaviours that they witnessed and experienced as they grew up.

Situational factors such as intoxication with alcohol or substances can play a role, but situational context, where the group cohesion means support for the attitudes towards children are supported and the social structure of a group, may influence moral reasoning.

5. Victims & Attachmen

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?

Those children who are abused within care settings are selected by the abusers. No blame can be apportioned to this child for this. This is about the abuser finding a way to isolate a child and then groom a child to become a victim. Children in care settings, especially historically, had little autonomy and perhaps few family contacts to support them. This makes children dependent upon those people who are employed to provide them with care, support and nurturance in all aspects of their developing life. The greater the vulnerability of a child in care who has no external or internal support, the higher the risk for a carer who has

characteristics as described above to carry out abusive behaviours towards the child. If children do not feel cared for in the residential setting, they may seek relationships and attention elsewhere and risk exploitation.

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

As explained above for a vulnerable child who may have a history of emotional or physical neglect then the attention provided by someone in authority who makes them feels special can lead to trust in the abuser. There are no such things as perfect families and even when problems at home do not appear obvious a child may still be at risk of forming a relationship with an abuser. This can be due to threats that someone close to them will be harmed if they do not trust the abuser. At times these threats to a child do not necessarily appear that it is the abuser who is making the threats. At times the child may hold the belief that only the abuser is preventing bad things from happening to someone else close to them.

In my experience when the abuser is a parent, the child cannot conceive that they can survive without an abuser who is also a parent. It is also the case that the child accepts the abuse because they do not know to whom they would turn. Also because the child has the belief that they can protect their abuser (especially when this is a parent), and that if they don't then the parent will be taken away from them. These are views perpetuated by the abuser. Even when the abuse is continuous over long periods of a child's life, the child's attachment and perceived need to protect the abuser can continue. Unfortunately, this can lead to significant problems in the child, the adolescent and young adult. It can mean they have few of the protective factors mentioned in 7b. It can also lead to those children becoming dual harmers i.e. people who self-harm and people who can harm others. Overall, this significantly impairs the healthy development of a child and can lead to problems in adolescence and adulthood.

6. Grooming

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

Grooming could in its most basic description be seen to start with enticements of children or those considered vulnerable in some way. This enticement encourages participation in, and accepting the abuse using e.g. gifts or other benefits. The abuser may offer something special to that child to develop the relationship, an emotional connection, and a reliance or trust in the abuser. This can lead to the child becoming isolated from friends, family, which may be similar to the coercion in domestic violence where a partner is coerced to stop socialising or to spend time with family and friends, and is similar in being described as being controlling and having dominance over the child. The grooming behaviours can be difficult for the victim to explain or to evidence and

they may question their own judgement of what is happening to them. Compliance with abuse is assured by using threats of ending the relationship or withholding gifts/enticements/affection. The abuser can make the victim feel guilt about questioning the abuser's behaviours. Grooming ensures compliance and silence about what is occurring.

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

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?

The current understanding is that there is a persistence of child sexual abuse as a worldwide problem and that most victims are abused by men or adolescent males. Victims can be both male and female but the majority of victims of child sexual abuse continue to be girls and abusers are frequently relatives, family friends or those considered to be in authority who are male. In 2000, Messerschmidt reported that what was important was to understand the relationship between the development of sexuality, masculinity and abuse experiences. It was reported by Messerschmidt that there was a high number of sexual assault committed by adolescent males, and that there had been omission from early studies to consider social construction of masculinity. The main point being made here was the possibility of a relationship to adolescent male sexual violence. Acknowledgment should be given to early study limitations and focusing on those abusers who were also incarcerated offenders and the need to consider community sampling.

Plummer and Cossins (2018) aimed to consider the limitations mentioned above and explore further the relationship of the victim to abuser journey. The strongest predictors of male sexual abusers was being a male victim, having sexual interest in, and abuse of, children. Ogloff et al, (2012) also found that 5% of male child sexual abuse victims were subsequently convicted of a sex offence, which was significantly greater than for men who had not been sexually abused as children (0.6%). Ogloff et al (2012) also found when the male victim was 12 years or older the association between victimisation and later sexual offending was greater. The counter arguments are that more victims are young females and there is a lack of evidence of association that they go onto perpetrate sexual violence as older adults or adolescence. Therefore the initial argument of the association between male victims becoming male abusers is at best limited. For example Plummer and Cossins (2018) argued that boys' experiences of child sexual abuse are linked to their sexual and social development and it may be

this which could predispose some abused boys to transition from victim to offender.

Plummer and Cossins (2018) also found that four conditions are more likely to be associated with male victims becoming male offenders. These include as mentioned above, the boy be 12 or more when abused, there being frequency and severity of the abuse and finally being abused by someone e.g. the relationship with a father whom they are dependent upon.

In my more recent work with mentally disordered offenders and women within secure hospitals I would say the findings above do represent many of the individuals whom I have either assessed or engaged in treatment. Many of the women have histories of childhood abuse, be that of neglect or more commonly sexual abuse, however most do not continue the cycle of abuse and are not considered offenders. When they have committed offences, these are not in relation to sexual abuse. Indeed, many of them have no children of their own, are in secure settings from reasonably young ages but do experience complex trauma and personality issues which make them a greater risk to themselves. In the men that I have worked with in prison and in secure hospitals there is frequently a history not dissimilar to that of the women, but perhaps also not as early in life and some have definitely had great emotional congruence with children. In the women there are patterns of maternal abuse and more so in the men patterns of maternal and paternal abuse. In some of these men there is a pattern and/or cycle of abuse.[5]

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

There are a number of ways to minimise this risk including when there is a positive support network available to the child. This might include foster carers, medical staff (G.P.), psychologists, teaching staff, and other family members. Professionals who are trained to know, understand, and show support and empathy can provide a young person with the care and support that they need. There are other protective factors that, more specifically to a child who has experienced sexual abuse, can reduce future risks and can include having healthy sexual interests. This can mean having age-appropriate and sufficient sexual knowledge that might help the individual develop future age-appropriate relationships supported by healthy beliefs. It would be hoped that protective factors such as these would allow for appropriate capacity for long-lasting stable relationships. This is often problematic in young adults who have been abused in childhood, but who without the development of protective factors, can find it difficult to communicate effectively. Development of effective communication can also promote and support the possibility of positive emotional intimacy. In

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[5] See Plummer M and Cossins A. The Cycle of Abuse: When Victims Become Offender, Trauma, Violence, & Abuse, 2018, Vol. 19(3) 286-304.

young male children it may also help in developing positive attitudes towards women. Having goals in life and capacity for problems solving are also protective factors which can reduce risks as young people mature and can be enhanced by having opportunities for education and employment and having hobbies and interests. A lack of evidence of substance misuse can also be considered to minimise risks. Capacity and motivation to enter into treatment when necessary would be essential in reducing risks and the various other protective factors included above can be helpful in developing the motivation.

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?

In my practice assessing parents, for example, those who may be considered to pose a risk to their children, I have a number of ways of to carry out assessments. Often in my experience parents psychosocial and psychosexual histories are the start of a semi-structured interview process. I will incorporate the HCR20v3 (Historical, Clinical, Risk Management version 3: general violence risk assessment), which is a structured professional judgement (SPJ) risk assessment tool and assists not only to assess those with a violence history, but to rule out or in those who may pose a level of risk of violence to others. For those where there is concern of risk of sexual assault, the Risk of Sexual Violence Protocol (RSVP) can be used or the Sexual Violence Risk -20 (SVR 20). It is always important to be able to select the correct assessment tool based on the evidnce of its applicability to the individual and target risk behaviours. This allows me to inform the reader also of any limitations that may arise in the process of the assessment of the individual. The process applied in theses types of assessment procedures allows for a review of collateral information and a series of interviews with the individual, providing they are willing to participate. The SPJ approach also allows for the intervewing of others in the process such as family/friends/member fo multi-disciplinary teams who may be involved with the person.

The Safer Together Model is based on three key principles, which are keeping the child safe and with a non abusive parent, healing from trauma experienced, and stability and nurturance. Although being a domestic violence model, it is also an approach incorporating child welfare and can be incorporated to consider the risk to the child of abuse.

In my experience what is most important is to take each assessment of the person as an individual. This can mean that even if using structured professional judgement tools as included above, that all other aspects are considered, e.g. if there may be the possibility of personality issues or mental health issues. This may include specific assessment for angry or aggressive behaviours, anxiety, or low self-esteem. The assessment selection should be based on each person.

I would take the risk management strategies that are set out in the structure professional judgment tools mentioned above. Therefore, incorporating supervision, monitoring, treatment, and victim safety planning.

The barriers to risk management might include lack of inclusion of a formulation of the abuser or scenario planning, and communication of warning signs in child abusers, or an understanding of what risks might be posed by the abuser. It may also include a lack of clearly defined treatment or rehabilitation strategies for the abuser or if treatment/intervention is delayed, or not accessible by the abuser. Risk management can be hampered if the abuser's activities, movement, and restrictions are not clearly communicated. Community and institutional supports also need to be well organised. Finally, in risk management there is a strong need for all involved to understand events, or circumstances that might increase or decrease risk.

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?

If utilising safe recruitment practices where disclosures (PVG) are used together with robust references.

There could be interview questions developed to illicit candidates' values and cognitions in respect to the experiences of the child. However, this would require a significant undertaking to develop such a process which would be robust enough to enhance recruitment without inadvertently creating barriers and/or distress to candidates.

There needs to be recognition that recruitment based on such processes may indeed reduce risk but not necessarily eliminate risk.

My experience of recruitment is that even with robust and well-considered processes, the person at interview is not always the person you thought they were in undertaking a role.

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

Abused children in care benefit if they have a consistent, trusted key worker. This could also benefit children not in care but considered to be vulnerable and an at-risk child. This person would incorporate trauma-informed and strength-based principles, i.e. they would have been selected/recruited because they have already undertaken significant training in trauma informed care and practices or that they would be given this upon recruitment and before entering into working with vulnerable children. Strength-based approaches would use positive informed approaches, with an understanding of how to work with individuals who may need positive psychology in their approach with abused children. Opportunities for specialist foster care, with trained carers who demonstrate

warm, trusting relationships and have time to develop positive ways of working with children. Specialist and ongoing training for foster carers would be important and safe reflective space would be a supportive mechanism for the foster carers as they may be offering placement to a child with many and varied needs.

Resilience training for carers and for children may also prove an effective way to help a relationship to develop and a child cope with a history of adversity. Good parenting is the starting point for children who have been sexually abused or have sexualised behaviour. Children from abused backgrounds will often require boundary setting. Fundamentally the child's underlying needs must be identified and then carefully and with care, be addressed.

Removing a child from the home environment may be only one step. After this occurs is when all the specialist training offered to those providing care is utilised.

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