

| The Psychology of Individual Adult Abusers

Written Responses for the Scottish Child Abuse Inquiry

Morag Slesser

June 2022

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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 Morag Slesser, Consultant Forensic Clinical 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?

No submission.

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

People who abuse children vary in their motivation for the abuse, and the situations that they will abuse in. For some individuals, the abuse is almost always situation specific; for others, there may be an established pattern of behaviour where the use of violence or the sexual desire for children has become something that they feel compelled to seek out for their own sexual or personal gratification.

Within that continuum, the abuse is mediated by:

- the personality of the abuser
- their emotional control (possibly also affected by mental health problems and addictions)
- their willingness to take risks and act recklessly
- their own experiences of how adults should behave towards children—either from direct experience or from modelling by others
- their understanding of child developmental stages (and the beliefs that result from this)
- their attitudes and beliefs about children and how children of various ages can relate to adults.
- the situations they find themselves in or orchestrate.
- their insight into their behaviour, their willingness to recognise their dysfunction and the personal resources to resist and/or change
- their locus of control—that is, how much they believe that they can control their own behaviour
- their sexual arousal/sexual preoccupation and sexual entitlement beliefs.

For example, some sexual abusers may be sexually attracted to children, but only abuse when they convince themselves that the child is attracted to them, that they love the child, and/or that they are teaching them a good experience of sex. These kinds of offences usually take place with known children and can persist over many years, sometimes even into adulthood. This sometimes occurs

in the context of intoxication, which makes it easier to give themselves the 'permission' to offend.

Sexual abusers sometimes say that the child 'led them on' and was attracted to them. Examples include a small child wandering around with no pants on or believing that the child is sitting on their lap in provocative ways.

Others may have a strong paedophilic interest where their sexual arousal is almost exclusively towards pre-pubescent children, and they knowingly or subconsciously organise their lives to ensure that they create opportunities to offend. Again, this type of offending generally takes place with known children—children of friends, offering to babysit for stressed and vulnerable families, taking children for weekends or trip away, abusing within their jobs, etc.

In both cases where the abuser knows the child, they may convince the child—and possibly themselves—that what they are doing is fine, that they should not worry about it, but they also should not tell in case they both get into trouble. The giving of gifts or money is common. More vulnerable, deprived children may find this compelling, and the only way they get nice things that other children get routinely.

Sometimes, more direct threats are made that depending on the age of the child can range from "if you tell, you will be put in a home/taken away", or "I will hurt someone else (sibling, parent, etc.)".

In 'relationship abuse', the longer the abuse goes on, the harder it can be for the child to remove themselves, as they begin to feel that they are complicit in the activities, even though they do not like what is happening. They may also like the benefits of money, gifts, feeling special, etc. The longer it goes on, the less likely the perpetrator is to acknowledge what they are doing is wrong.

Some abusers are motivated by sexual arousal and use the children near them for sex. In my experience, they are more likely to target adolescents than pre-pubescent children. They may be generally sexually promiscuous, believe that if they are aroused then they should have sex, and have few internal inhibitions. A child in their home (including a foster or residential home) is an easy target, as there are no external factors that could inhibit the abuse. The other parent may be absent, asleep, no longer interested in the abuser sexually, intoxicated, etc., or the institution offers plenty of opportunities to remove the child from the observations of others. This kind of abuser may feel emboldened by not getting caught and the child not reporting them to anyone. They may often convince themselves that they are doing no harm or simply not consider, or be interested in, the child's feelings in any significant way. Aggressive or sadistic abuse can at times form part of the sexual arousal.

Sometimes abusers place themselves in areas where there are unsupervised or vulnerable children who they can take the chance to offend against (e.g. a public swimming pool or a residential school or home). How prolific they become

depends on how able they are to target children who will keep quiet and whether they can spread their activities wide enough to go unnoticed. This latter category of offenders is rarer, but also more concerning as their motivation to offend is almost exclusively internally driven and is more akin to an addiction that becomes a craving to act.

In my experience, adults who are emotionally and physically abusive to children are almost always those that are looking after them. Much of this is a combination of the personal inadequacies of the adults, combined with the behaviour of the child—clearly this becomes a vicious circle as the more abusive the adult, the more difficult the child's behaviour is likely to become. Use of drugs and alcohol are common mediating factors here.

The abusers in this situation often interpret normal childhood behaviour as intentional, so the child's crying is interpreted as being to annoy the adult, not eating their food is interpreted as being insulting, or being naughty in public is "showing me up".

The personal inadequacies and poor coping skills, as well as poor emotional control, will almost certainly have come from their own childhood where they, too, may have experienced significant abuse. They have no learned behaviour that would model appropriate parenting.

Institutional abuse follows a similar pattern, although may also be mediated by the culture of the organisation where it may be seen that the children are behaving badly to annoy the adults. The culture of punishment may be seen as necessary, given how 'bad' the children are and the only way to achieve calm. In my experience of working in psychiatric and penal institutions, I have observed staff (often the unqualified staff) interpret distressed or aggressive behaviour as a patient being 'at it' or 'manipulative'. I think this is often driven by anxiety and fear in the staff member: they feel worried about their ability to manage the situation. When you have few skills yourself, or poor back up from your managers, it may be easier to project your fears on to the child and blame them for the way you feel. This can lead to acting in abusive ways to try and gain control. With children, it is a small step to use physical power as they are unlikely to be able to retaliate.

I have seen a small number of cases that do not follow any of the above patterns. They have almost exclusively been through my work with either convicted offenders or during police investigations. Children in these cases have been murdered or died in situations that were almost entirely intentional on the part of the abuser. They could not be considered to be as a result of abuse that went too far or was not intended to become as harmful as it was. An example of an unintentional death/abuse that went too far might be a young parent who could not manage the crying of child and shook him to try and get him to stop. This parent does not intend to kill the child although their actions did.

The extreme cases of intentional and sadistic sexual or violent behaviour towards a child are thankfully very rare. I have probably seen fewer than 10 in my 30-year career to date. These individuals are often odd, and may be neurologically atypical—either on the autism or psychopathy spectrum. They simply do not feel the child is a person or care about what happens to them. They can use violence or abuse simply because they feel like it at the time, (the child is annoying them or they want something from them, e.g. sex) and it may amuse them to antagonise or wind up the child in the same way they might do to an animal or another adult. They are unmoved by distress, and either ignore it or use it as an excuse to punish the child further. In two of these cases the behaviour towards the child was from a step-parent who was angry at their partner's attention to the child, perceived the child as actively trying to sabotage their relationship (both children were under five at the time of their death), and 'deserved' everything they got. One child died from serious physical neglect over a lengthy period and was found dead and covered with lice. The other child was attacked violently as a punishment.

Sexual abuse seems to be mostly perpetrated by men against girls and boys.

I do not know the data about whether there are any gender differences between those who perpetrate emotional and physical abuse. These are less likely to be prosecuted, so I have less direct experience of the perpetrators.

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?

The use of pornography is so widespread that from a psychologist's point of view it counts as normal behaviour. Within that there are various subcategories of pornography that obviously include indecent images of children.

In my experience I have come across the following types of offenders—I do not have data about the prevalence of each kind:

- The collectors: They like to collect different kinds of images, enjoy the challenge of finding new images, and organise and sort their collections. It is a kind of addiction where they feel compelled to do it and enjoy the process of collecting. They may not have a preference for children (although some clearly do) any more than they have a preference for bestiality. These offenders are unlikely to do anything in real life. They are generally social isolated and socially anxious; several have been on the autism spectrum. Their sexual activities stop at their online activities, although can involve others and the 'swapping' of images. Some have been horrified at the suggestion that they might abuse an actual child. Their computers are often found with thousands of pictures of the sexual exploitation of children. From my interview with them, I understand that they can download 'packages' of images or videos and they may not

have seen them all. I have never been able to corroborate this account, but it seems credible given the volume of images discovered.

- Offenders who enjoy online sex: They 'chat' online and find these conversations exciting, share pictures of their genitals, or take live video of themselves in sexual acts, etc. and encourage the children to do likewise. These individuals are often youngsters or young adults themselves, so find it easy to interact with teenage children. They do not see themselves as being abusers and convince themselves that the children want to engage with them and enjoy it the way they do. The language used is often exceptionally crude. I have seen a number of cases where the offender has been abusive, aggressive, and threatening to children who do not reciprocate in the way that they want. For example, they apply psychological pressure on the child by threatening to put pictures they already have on the child's social media accounts, etc. A few have arranged to meet the girls/boys in person and have often been explicit about wanting sex if they meet up. Again, the age gap between the child and the adult may be small.
- Online groomers: I can think of fewer cases where there has been cynical online grooming of unknown children by adults, although I know they do exist. What is more common is that child abusers take photos or videos of their actions as part of their sexual activities (as consenting adults do) and may not go on to share these.
- Image makers: I have seen a very few cases of individuals who have had a strong paedophilic interest and have abused known children with the explicit intention of making sexual imagery to sell. Other adults and other children may be present, and children may be made to have sex with each other. The material is then shared online. In this scenario, the paedophilic interest was used as a part of a more specific intention to create videos and images to allow them to trade online. They may have become part of group of other abusers who effectively normalise each other's behaviour and target especially vulnerable children. A combination of threats and financial inducements were made. In one case I saw, communication was found between abusers where they discussed the child they wanted and the 'scene' they planned to create. I have known one case of a paedophile ring where the child was regularly taken away by their Uncle and made to participate in sadistic and violent sexual acts with other men. The victim reported that the events were videoed.

Based on my experience I would say that viewing of child sexual imagery mostly does not lead to the abuse of individual children. The use of social media to find people to have sex with is common amongst children and young people, and can amount to abuse in terms of swapping pictures and can lead to face-to-face abusive or coercive encounters.

There are clearly individuals who create images of children being sexually assaulted to sell. These individuals are acting on a different scale and may not be entirely driven by paedophilic interests, but they must have viewed images and become sexually excited by them to know that the 'market' wants.

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?

I have no experience of this. I have never worked or seen a case of a religious perpetrator or a victim from a religious institution. I have seen a few situations of the 'known child' situation where a carer convinces themselves they 'love' the child or that they are helping them in some way. Clearly paedophiles or violent and sadistic individuals might choose to look after children knowing that they will have opportunities to abuse with impunity.

It is also the case that institutional culture can develop that potentiates abuse in those who would not be inclined to do so in another setting. There is plenty of historical precedence of ordinary people committing acts of extreme violence and depravity faced with a strong leadership and fear of reprisals for themselves if they fail to collude. I would also wonder whether they used an instruction from 'God' as a way of justifying their actions.

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

I have no experience of working with religious perpetrators. My only comment is to note that some abusers identify emotionally with children and may feel 'childlike' themselves and feel more comfortable with children. Often, they have not developed emotionally, have no sexual experience as an adult, are emotionally lonely because they do not have the relationship skills to engage with adults. Do some people making an apparent choice to be celibate because of this?

3. Denial & Minimisation

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.

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

Denial is not necessarily linked to risk. When offenders are discovered or prosecuted, they often feel deep shame and humiliation. They know what they are doing is wrong and while they may have been able to justify their actions to themselves when no one knew what they were doing, once it is out in the open it is almost impossible to carry on doing so. In trying to explain this, I often think about what it would be like to have to describe in public the most private intimate thing that you have done. How comfortable would anyone feel doing this, even when it involved consenting adults and was not against the law. It is not a big step to imagine how an offender would feel. It is often psychologically easier just to deny it happened than to have to face up to your wife, friends, relatives, or the child themselves.

Others deny their offences because they do not believe what they did was wrong. They have a set of attitudes and beliefs that means that they believe that having sex with children is fine, and that the child played an equal role in wanting sex. They convince themselves that the child was coming on to them. I have heard this said of children as young as two.

Some offenders who end up in prison, deny their offences to keep themselves safe and make prison an easier place to be.

Some offenders seem to convince themselves that they have done no wrong and whilst they might admit to some things, they blame the victims, and can come up with accounts of the victims being put up to it by another person (e.g. an ex-partner), or that they have colluded together to gain financial compensation.

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

This depends on why the person is denying their offence.

The shame denier is usually the easiest. It is a question of being compassionate about their situation, understanding how they came to abuse the child, and encouraging them to accept the harm that they did. The motivation is to help the perpetrator to stop offending in the future and get the help he needs to gain control and not place himself in risky situations.

For those who do not believe what they did was wrong, it can be a question of education about the development of children. They may have been sexually abused themselves, so this may start with understanding their own experiences and how they came to believe that sex with children was normal. This can be difficult as attitude change is a slow process and does not necessarily respond to direct challenges.

The prison deniers need to feel safe before they can disclose. This may not happen during their prison sentence.

The victim blamers are probably the most difficult to work with in my experience because as well as being angry at being convicted, they are hostile to the victims and to those that challenge them. Treatment here is probably best done by beginning with supporting them to consider the situation that led to the victim disclosing abuse and thinking about how they could avoid this in the future. With a reasonable therapeutic relationships progress can be made.

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?

Abusing in groups can make it easier to give each other 'permission' to abuse. It normalises their actions, and might also make it easier to control the victims. The victims may be more intimidated in group situations.

In my experience, group sexual abuse is rare, although emotional abuse within families is not. I am not sure what the data says about physical abuse, but anecdotally, adults will report a culture of violence within families with children and adults being victims of each other.

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?

I think this is a combination of perpetrator and abuser. If the abuser believes they 'love' the child and they are 'special' then that might account for the abuse. Adults can have sexual feelings about children in the same way that adults have about each other when they are very strongly attracted. How the child responds to this may determine what happens next. If they are very young and the person is a care giver, they may not realise it is wrong or know what to do about it. An older child could be given presents or special favours that might ensure they keep quiet.

All children in care situations are potentially vulnerable and dependent on their care givers for their stability. If abused they have few options to act.

The abuser may also be a powerful figure in the organisation, e.g. manager or popular with staff and children alike. This will make it difficult for a child to identify that the abuse is wrong and to be able to tell someone.

A child could also be targeted by a persistent paedophile who chooses his victim carefully, choosing a particularly vulnerable child, maybe one who struggles with

their peer group or behaves badly and gets regularly disciplined. Having opportunities to abuse a child because they are regularly on their own may be all it takes.

Socially effective and popular children may be more confident in themselves that would make them an unlikely (and potentially risky) target from the perpetrator's point of view.

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

I have described this elsewhere. An adult may believe they love the child and that this child is special to them. The child, whilst not liking what is happening to them, has come to trust the adult, likes their special status, and gains positive gifts, toys, money, trips—things that they might not get in any other way. If the adult is kind to them, not threatening, encourages the 'specialness', then it is possible to see how the abuse can continue for many years, especially if the abuse starts when the child is very young and/or the child's own caregivers are lacking. The abuser and the child may have their own 'secret', and the child is told not to tell anyone or they will both be in trouble.

6. Grooming

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

Grooming is when offenders target children with the clear intention to have sexual activity with them. They spend some time ingratiating themselves with the child (and possibly also their carers), try to become a trusted person in the child's life and may give gifts, special treats or arrange trips. The sexual assault may come quite some time after they get to know the child.

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

Some abusers may cynically target a vulnerable family that will give them the opportunity to abuse children. From my experience, these are in the minority. What is more common is that a person with paedophilic interests is drawn to children and identifies with them emotionally. They like to be around children, know how they think, like to play with them, and can appear to be a great help to parents who are under stress or in reduced circumstances. At some level they will know that they have an attraction to children, and may even believe that they do not intend to act on their desires. However, situations will occur that have been orchestrated (consciously or unconsciously) that will give them the opportunity to abuse. This may happen in the night after they have allowed themselves to become aroused and then seek out the child. It can also be in the context of disinhibition caused by drugs or alcohol. I have seen many cases

where the abuser takes the child away for a few hours in their car and will abuse them in their vehicle.

I have known a number of cases where an abuser has become the 'uncle' of the neighbourhood and parents welcomed the abuser's willingness to look after their children.

Abusers in their own families may take similar opportunities. Probably the most common circumstance is when a step-parent abuses their step-child. Again, this may be facilitated by their own sexual fantasies and arousal before they approach the child. Pornography or substances can contribute by acting as disinhibitors. On the whole, these individuals target older children and are not necessarily paedophiles.

In my experience, grooming is less likely to take place in cases where an adult uses the child for sex to indulge their own sexual needs and is not necessarily driven by paedophilia. They will approach them at night and pretend at all other times that nothing has happened. These offenders have little interest in ingratiating themselves with a child.

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?

People who are abused as children may develop emotionally and psychologically in distorted ways. Children learn about themselves and other people from how they are treated and how they observe others to be treated. They may simply not learn about acceptable ways to behave and lack the 'training' that most children get from their parents and their positive life experiences.

Being abused also gives a message to the child about themselves—that they are 'bad', 'out of control', 'annoying', 'sexually perverted', etc., so when a secure adult comes across a negative situation where someone treats them badly, they have the experience and personal resources to know that the fault is with the other person and not themselves, so any feelings of anger are externalised. An abused child could find it impossible to see themselves as separate from what they are experiencing. So when they are young they internalise the experiences and it can become part of how they see themselves. They do not know how else to behave or how else to think about themselves.

In my experience this becomes more complex as they grow up. Most people do not turn into sexual abusers and it is more likely to lead to substance misuse, depression, and personality difficulties.

A minority do go on to abuse others. My experience of these individuals is that there is usually some other feature of their presentation that 'allows' them to abuse children. This could be mental disorder such as severe personality disorder (e.g. narcissistic or psychopathic features), cognitive impairment, neuro-atypical presentations, deviant sexual arousal or sexual addiction/high sex drive.

Violence towards children seems to be much more prevalent. It would seem that where children are the victims of violence, aggression, and bullying, then they learn that this is the way to interact with others. Violent men almost always give accounts of being victims of violence as children. As adults they often fail to recognise when they are becoming angry, fail to question the rationality of their anger, fail to question their actions, and have few emotion management skills. These individuals can react with severe violence with very little provocation. Again alcohol and drugs can act as disinhibitors, making their behaviour even less rational.

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

As children, just having one protective, kind, and loving person in their lives can make a difference. I have heard offenders talk about grandparents, aunts, teachers, foster parents, and social workers as being key people that helped them understand better what was happening to them and helped them live a more normal life.

It would follow that any other factors that help the person feel positive about themselves should be protective. Safe and pleasant housing, reliable income, positive school and employment experience, secure relationships, fun and engaging activities, and positive social contacts can all be protective.

Psychological and medical interventions can make a difference, especially support with substance misuse and emotion management.

Sadly, there are times when even with these supports, individuals may be so damaged by their experience that they find it hard to accept or trust positive events in their lives. I have seen many examples of individuals 'sabotaging' good relationships, losing their tenancies, and/or abusing substances, because they cannot believe that things could go well for them. In these cases the consequences for those around them can be extremely negative.

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?

No submission.

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?

It has not been part of my professional life to employ adults who work with children. From my experience of abusing adults, I offer the following comments:

- A good understanding of the needs of children of different ages and different developmental stages
- A good understanding of the possible reasons for challenging behaviour and to have a compassionate and caring response to this
- Understanding about trauma and how this can affect a child
- Be able to reflect on their own negative life experiences and explain how it affects them as adults and how it might affect them in their work with children and being open about their own vulnerabilities means that they and their supervisors can be alert to difficulties with certain children in their care (for example, a member of staff who has been the victim of sexual abuse as a child, may become over involved with a child who is in similar circumstances to themselves or, paradoxically, they may become over punitive with the child as they project their anger from their own experience onto the child and subconsciously 'blame' them for becoming a victim)
- Good psychological flexibility. (There are assessments for this)⁵. Research we conducted at the State Hospital⁶ found that the psychological flexibility of staff was a key predictor of employee wellbeing (not their experience of violence and aggression at work). Staff with psychological flexibility are able to focus on their current situation, and based upon the opportunities afforded by that situation, take appropriate action towards achieving their goals and values, even in the presence of challenging or unwanted psychological events (e.g., thoughts, feelings, physiological sensations, images, and memories). Put more simply, they are able to focus on the situation in front of them and not let their own emotions, experiences or fears get in the way of their judgements. So as long as they have a positive goals (e.g. support all children in their care no matter how difficult their behaviour) psychologically flexible employees have better health and wellbeing and should be able to act positively.

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

⁵ The Work Related Acceptance and Action Questionnaire (WAAQ; Bond, Lloyd & Guenole, 2012)

⁶ Working in a demanding environment: employee wellbeing in secure forensic settings, Cooper et al, 2016 (unpublished D.Clin. Psychol thesis)

No submission.