

Tuesday, 22 March 2022

1

2 (10.00 am)

3

Round-table discussion

4 LADY SMITH: Good morning and welcome to our first

5 round-table session here at the Scottish Child Abuse

6 Inquiry.

7 Whilst our public hearings have over the last five

8 years or so concentrated on hearing evidence about

9 children being abused in residential care and in

10 relation to some specific topics in what might be called

11 a traditional format, today and tomorrow are going to be

12 different. Structured discussion of a number of issues

13 is going to be facilitated, instead of following the

14 usual question and answer procedure.

15 The sessions will be an exercise in gathering

16 evidence, but in a different way of doing so, and we see

17 them as adding new and significant value to our usual

18 work of carrying out research, gathering evidence,

19 conducting public hearings and publishing my findings as

20 we go along. We also see them as likely to add such

21 value to the learning that will ultimately feed into my

22 recommendations. In short, they're an exercise that

23 will assist me to fulfil the Inquiry's terms of

24 reference.

25 I have heard accounts of abuse as children from many

1 people who were in care. Accounts of physical abuse,  
2 sexual abuse, emotional abuse and of neglect. I have  
3 also heard from convicted abusers and from people who  
4 are alleged to have abused children and I've heard  
5 evidence about attitudes, practices, cultures and the  
6 possible motivations of abusers that may have  
7 contributed, or at least facilitated, to the abuse of  
8 children.

9 This has given rise to an obvious question: what's  
10 the psychology of an adult abuser? And then to a number  
11 of related questions.

12 Exploring them by way of round-table discussions  
13 with experts seemed the obvious way forward, given the  
14 complexities involved and the likelihood that the views  
15 of experts who have relevant knowledge and expertise  
16 developed from working in this field might vary. We  
17 hope our discussions will draw together current expert  
18 knowledge about how and why abusers abuse children and  
19 how it is and can be applied in practice.

20 I'm enormously grateful to our participants. They  
21 bring a wealth of relevant knowledge and clinical  
22 experience, and Mr MacAulay will shortly be inviting  
23 them to introduce themselves. He'll also deal with one  
24 or two other preliminary matters.

25 I'm now very glad to hand over to Mr MacAulay, who

1 unusually today is sitting in the middle and will be  
2 leading the facilitation of this session during which  
3 I plan to be as quiet as I can.

4 MR MACAULAY: Thank you, Lady Smith.

5 As Lady Smith has said, the subject of this  
6 round-table is the psychology of individual abusers and  
7 I do understand that this is a particularly complex area  
8 and there may very well be different views among the  
9 experts, views dependent upon their own professional  
10 experiences and backgrounds.

11 The aim of the session, therefore, is not really to  
12 reach a consensus but to have an open discussion, to  
13 identify any differing perspectives and consider issues  
14 that may be relevant, as Lady Smith has said, to her  
15 requirement to make recommendations for the future  
16 safeguarding of children in care.

17 Having regard to the professional experiences of the  
18 expert participants assembled for the event, during this  
19 round-table there will be a particular focus on the  
20 psychology of sexual abusers and the prevention of  
21 sexual abuse.

22 In advance of today, the experts were sent a list of  
23 eight topics that focused on that particular subject and  
24 the intention today is to consider these topics as we go  
25 along.

1           Unfortunately, one of the experts who was to be  
2           involved, Katharine Russell, is not able to be here  
3           today.

4           No decision will be taken at the round-table itself  
5           and views expressed may not necessarily represent the  
6           Inquiry's own views, but these views are expected to be  
7           an important platform for any conclusions ultimately  
8           arrived at by Lady Smith and any recommendations that  
9           are made.

10          This round-table will take place today and tomorrow,  
11          and as I have already said we have a number of topics to  
12          discuss and we will cover these topics as time permits  
13          each day. At the end of the second day, tomorrow, there  
14          may be some concluding remarks, if it is necessary to  
15          highlight any particular issues.

16          My role is to facilitate the discussions amongst our  
17          participants. Lady Smith, as the chair of the Inquiry,  
18          may also raise issue as questions or seek clarification  
19          as and when necessary. Certainly our participants will  
20          recognise that sitting to my left we have  
21          Anne McKechnie, who is a forensic clinical psychologist  
22          working with the Inquiry and she will be on hand to  
23          provide technical clarification.

24          Addressing the seven participants directly, for your  
25          ease of reference you have each been provided with the

1 day's proposed schedule and you'll also find before you  
2 the questions that you were asked by the Inquiry to  
3 address previously. You can find these in the folder  
4 that you have in front of you.

5 Can I say to you that you are encouraged to engage  
6 with the issues raised and to interact where necessary.  
7 For example, if you wish to question or elaborate upon  
8 a point of view. In that context, can I just mention to  
9 you the mysterious green cards that you will find in  
10 your folders that are in front of you. These are there  
11 to facilitate that process, so you can catch my eye by  
12 waving the card if and when that may be necessary.

13 A note now on the use of the microphones. To be in  
14 use, your microphone needs to be switched on. As you  
15 can see, my microphone is switched on and there's  
16 a bright red light. The microphones are very sensitive,  
17 so you should be able to speak naturally. They don't  
18 need any adjustment and can I advise you that any asides  
19 are likely to be picked up as well.

20 The other point I want to make about the microphones  
21 is that only a few microphones can be on at the one  
22 time, so you need to check if you want to speak that  
23 your red light is on.

24 In the course of the next two days, we will strive  
25 to follow the timetabling pattern that has normally

1           prevailed in the oral hearings. So we've started today  
2           at 10 o'clock, we'll break at 11.30 for about 15 minutes  
3           and resume at 11.45. Lunch will be from 1.00 until  
4           2.00. We'll restart at 2 o'clock after lunch. At about  
5           3 o'clock we'll have another break for 15 minutes or so  
6           and we resume at 3.15. And we try to finish by 4.00 or  
7           4.30.

8           Members of the public who are present today are very  
9           welcome, and those who have been with us in the past  
10          will be familiar with how we operate. We do ask  
11          everyone in the public gallery to remain as quiet  
12          observers throughout the proceedings.

13          Can I also remind you all that if you have mobile  
14          phones with you, they should be put into silent mode  
15          with alarms switched off or switched off during the  
16          proceedings.

17          Please also note that there is no scheduled testing  
18          of the fire alarm system, so any alarm you hear should  
19          be treated as genuine.

20          We ask that if the alarm sounds, everyone makes  
21          their way calmly to the nearest fire exit following the  
22          directions of the Inquiry fire marshals.

23          Can I then begin by asking Anne to introduce herself  
24          to the session and thereafter I propose to proceed  
25          clockwise around the table, and in doing so, I may ask

1 the odd question for clarification. Over to you.

2 MS MCKECHNIE: Thank you very much. I'm Anne McKechnie.

3 I'm currently working here with the Child Abuse Inquiry.

4 My background is I'm a forensic clinical  
5 psychologist like many of you here today and prior to my  
6 joining the Inquiry in 2018 I worked in the National  
7 Health Service in Glasgow, in both forensic and  
8 psychological trauma services.

9 Thank you.

10 MR MACAULAY: That brings me to Lorraine, you're first on  
11 the clock.

12 DR JOHNSTONE: My name is Lorraine Johnstone, I'm  
13 a consultant clinical forensic psychologist. I've  
14 worked across high-risk populations in child and adult  
15 settings, worked in various organisation including  
16 residential and secure children's homes, where I'm  
17 currently working and have lots of experience working  
18 with victims and perpetrators of sexual violence.

19 MR MACAULAY: Thank you.

20 Morag, you're next in line. And put on your light.

21 MS SLESSER: Hello, I'm Morag Slesser. I've worked in  
22 forensic mental health and criminal justice for all my  
23 career, which is quite long now, I'm coming to the end  
24 of it. My last job was I was head of psychology at The  
25 State Hospital, Carstairs, and I've previously worked in

1 the Scottish prison service. I now do more consultancy  
2 work. One of the things I do is get involved with  
3 police inquiries, so I've seen people from the very  
4 start to the very end and when things go wrong in the  
5 middle. Currently I'm on the parole board for Scotland  
6 where we decide whether to let people out of prison. So  
7 I would say I've worked with victims and perpetrators of  
8 abuse, and they are often the same people, so I have  
9 experience of both.

10 MR MACAULAY: Thank you.

11 I think, Stuart, you're next in line.

12 MR ALLARDYCE: Thank you, Colin.

13 My name is Stuart Allardyce, my background is as  
14 a social worker. I'm currently one of the directors of  
15 the Lucy Faithfull Foundation, which is child sexual  
16 abuse prevention charity, I manage our Stop It Now!  
17 Scotland services in Edinburgh, but we cover the whole  
18 of Scotland, and we work with individuals who present  
19 a risk of harm to children who can't access statutory  
20 support from other sources.

21 My background is that I've worked with perpetrators  
22 of sexual abuse over the last 20 years or so, but also  
23 like Morag I've worked with many survivors as well.

24 Our Stop It Now! services in Scotland also take  
25 referrals from our UK helpline, which is funded by the

1 Home Office, and it is there for anyone who has any  
2 concerns in relation to child sexual abuse.

3 Last year we received 15,000 calls on the helpline,  
4 7,000 of which were from adults who were worried about  
5 their own sexual thoughts and feelings of behaviours  
6 towards children.

7 MR MACAULAY: Thank you.

8 Michele, can I ask you?

9 MS GILLULEY: I'm Michele Gilluley, I'm a forensic  
10 psychologist, I'm currently in practice, I work in  
11 a secure hospital for the most part at the moment, but  
12 I have worked for the Prison Service over a number of  
13 years as well. I'm a senior lecturer at university on  
14 a Masters programme in forensic psychology, training  
15 people to become forensic psychologists in the future.

16 I have worked with a variety of different people  
17 coming from different backgrounds. I probably have --  
18 just reflecting what some of my colleagues here have  
19 been saying -- very similar experiences of those who we  
20 may talk about today in terms of people being victims as  
21 well as perpetrators, huge experiences of adversity and  
22 trauma in the lives which largely contribute to who they  
23 become and sometimes the offences that they perpetrate.

24 MR MACAULAY: Thank you.

25 We come to you, Judi.

1 DR BOLTON: Hello, I'm Judi Bolton. I work for the NHS  
2 Greater Glasgow and Clyde in the assessment and  
3 treatment of forensic offenders or alleged offenders.  
4 I've been working there for the last 15 years and have  
5 worked in mental health services for most of them.

6 MR MACAULAY: Thank you.

7 And Liz?

8 PROFESSOR GILCHRIST: Hi, good morning.

9 My name is Liz Gilchrist, I'm professor of  
10 psychological therapies at the University of Edinburgh.  
11 I'm a forensic psychologist, with most of my training  
12 being in probation and parole in England and Wales and  
13 in Scotland. I'm current chair of the advisory panel on  
14 offender rehabilitation and one of my main drivers is  
15 innovative interventions for perpetrators and for  
16 victims/survivors, so over the past maybe 10/15, years  
17 I have been funded by Canton, NIHR, NES, the Home Office  
18 and so on to develop new ways of addressing need and  
19 risk for victim/survivors and perpetrators.

20 MR MACAULAY: And finally Martin, last but not least no  
21 doubt.

22 MR HENRY: Thanks so much, Colin, good morning.

23 I'm Martin Henry. I'm now retired, thankfully,  
24 after a career of more than 40 years, primarily working  
25 with children and young people affected by child abuse

1 and maltreatment but also as adult survivors of abuse.

2 Similar to Stuart, latterly in my career I also  
3 worked with people who have been arrested on suspicion  
4 of having committed sexual offences against children.

5 I've sat on a number of different working parties  
6 nationally and internationally on the issue. I was  
7 a consultant and senior lecturer at the Scottish Police  
8 College for over 20 years. I was lay adviser to the  
9 Catholic Archdiocese of St Andrews and Edinburgh for  
10 over 20 years on safeguarding and child protection and  
11 latterly, before I retired, I was the chair of the  
12 Independent inquiry into Sexual Abuse in Scottish  
13 Football.

14 MR MACAULAY: Thank you, all, for these brief CVs, which  
15 I know do not do justice to your experience and  
16 expertise, but even so, they do corroborate Lady Smith's  
17 contention that we have a wealth of talent available to  
18 us.

19 Can I then begin by looking at the first topic, the  
20 first question that you were asked. You will have that  
21 in front of you.

22 The general heading here is individual abuser's  
23 psychology. The first point that you were asked to  
24 consider was drawing on your professional experience,  
25 what characteristics of child abusers impact upon the

1           likelihood and/or nature of their abuse of children.

2           Can I just very briefly set the scene to some extent  
3           and get the ball rolling. I think that all the  
4           responses provided to us by you emphasise that attention  
5           must be paid to the complexity and diversity of  
6           perpetrator characteristics. As it has been put by  
7           a number of you in different ways, there is no  
8           prescribed type or homogeneity in the characteristics of  
9           those who sexually abuse children and that abusers are  
10          generally are a heterogeneous group and that's seen as  
11          being rather critical.

12          In your responses in different ways you have  
13          identified characteristics that may increase the risk of  
14          an adult abusing a child. For example, you mention  
15          insecure attachment as a factor. Early exposure to  
16          sexual content, another factor. Being subjected to  
17          abuse as a child. But often in themselves these  
18          features may not be predictors of abuse.

19          But nevertheless it is important to explore what are  
20          the characteristics that can be identified from your  
21          respective professional experiences.

22          If I can just try and get this moving in this way,  
23          if I look to you, Liz, first of all, to see what you  
24          say, you have identified a number of different groups of  
25          individuals who sexually abuse children and why they do

1 so.

2 For example, I think you identify a group that felt  
3 the adult world was dangerous and who had a more  
4 emotional connection with children. Are you able to  
5 elaborate on these characteristics?

6 PROFESSOR GILCHRIST: Yes, absolutely. So what I've done is  
7 identified both what's seen in the research and also  
8 what I had observed in many of the hearings across 15  
9 years of parole hearings in terms of difference. What's  
10 identified is this idea that the adult world is  
11 a dangerous place may push some individuals to look for  
12 intimacy with children, who are seen as being less  
13 dangerous.

14 So if we look at say Tony Ward's approach, so the  
15 Good Lives Model, what he would basically be saying is  
16 human beings, we're all seeking intimacy and we may do  
17 it with the wrong group or we may do it in the wrong  
18 way.

19 If you take the dangerous world hypothesis, so the  
20 world is a dangerous place, I feel I have more resonance  
21 with children, they don't hurt or harm me. Then you're  
22 setting up one step towards the higher likelihood of  
23 children being abused.

24 If you then also add in another belief that is  
25 common in child sexual abusers that it does no harm, so

1 if I don't physically hurt the children or if in some  
2 way I gain their acceptance and agreement maybe through  
3 a grooming process, then I'm not harming them because  
4 there's no physical hurt and there's no direct physical  
5 threat. If you add that and then also add on children  
6 as sexual beings, so I if somehow believe that there's  
7 a natural sexual appetite in children, we're then coming  
8 to sort of overcoming yet another hurdle.

9 If you think that, the behaviour of which may be  
10 more generally people think of as being innocent  
11 behaviour, so children laughing and playing, being  
12 actually more sexual and flirtation and actually  
13 children are naturally sexual beings, you then think it,  
14 "It does no harm, I have resonance with the children  
15 I don't feel I'm hurting them, they're already sexual  
16 beings", those steps towards offending become much  
17 easier to understand if this is what the content of my  
18 thinking is.

19 So that, and also feeling that I cannot achieve the  
20 intimacy with the adult world, so maybe I might feel  
21 resentful, I might feel hurt, I might feel pushed,  
22 because if I think that sexuality is an urge I have to  
23 address, so it's something that's uncontrollable, so if  
24 I have a sexual interest and I'm pushed to do something  
25 with it, I can't leave it. You know, I need to address

1 this. Then if I can't achieve that sexual need being  
2 satisfied with the adult world, maybe I think (a) I can  
3 do it with children, (b) it's okay to do with it  
4 children and (c) I have to do it somehow.

5 I don't know if that helps, but that's --

6 MR MACAULAY: That's certainly set the ball rolling,  
7 I think.

8 Stuart, I think you consider amongst other things  
9 the issue of paedophilia. Can you bring that into this  
10 topic, how does that feature?

11 MR ALLARDYCE: I think paedophilia is increasingly  
12 a controversial kind of concept in our field for a host  
13 of different reasons. One is, you know, I think there's  
14 a kind of public understanding of what the term means  
15 which is not congruent with what's there in the clinical  
16 literature, which is individuals who have a significant  
17 sexual interest in children under the age of 12, so it's  
18 around pre-pubescent attraction to children.

19 If you look at what we know from victimisation data  
20 and violence against child studies, certainly that would  
21 suggest that around half of sexual abuse is perpetrated  
22 against children aged between 12 and 16, so actually the  
23 term paedophilia doesn't even apply to that particular  
24 cohort of abusers.

25 But I think there's also a very lively debate in our

1 field at the moment about to what extent paedophilia is  
2 something that is life course persistent, that people  
3 are born with in some sense and therefore akin to  
4 a sexuality in some form, which there is some data to  
5 support that, but also there's lots of data that would  
6 dispute that as well.

7 Certainly in our experience in working at Stop It  
8 Now! Scotland, a lot of the individuals that we work  
9 with, particularly those that are involved with online  
10 offending, will often report that they often didn't have  
11 a sexual attraction to children in adolescence, in young  
12 adulthood, but actually particular contextual factors  
13 then help us understand why they began to have a sexual  
14 attraction to children in particular situations.

15 A better way of talking about it is a capacity to be  
16 sexually aroused by children in a particular situation.

17 Just to finish off, we do see this in organisational  
18 contexts as well. So individuals for instance who have  
19 said I've never had a sexual thought towards children,  
20 but in my job as a residential worker in a residential  
21 unit, suddenly one day I found I was really sexually  
22 attracted to one of the young people that I was looking  
23 after.

24 Do we describe that as paedophilia or not? Probably  
25 not. So we need to recognise that for some individuals

1 a paedophilic interest will be a significant factor in  
2 sexual offending, but for many individuals it's not  
3 a factor.

4 MR MACAULAY: Does anyone else want to come in on that  
5 particular topic? Yes.

6 DR JOHNSTONE: I think it is extremely important to  
7 emphasise the contextual drivers to offending,  
8 particularly in environments where children are  
9 residing, because the psychological literature is  
10 replete with examples of group dynamics, obedience,  
11 control, trying to affiliate with senior members of  
12 staff. I think that is something that really needs to  
13 be emphasised, because cultural determinants and  
14 behavioural determinants are extremely important,  
15 irrespective of what the individual brings themselves.  
16 I think it is something that we are perhaps not as good  
17 as we could be in the literature where we like to  
18 profile and find predictive variables, but actually  
19 every behaviour that we display is an interaction  
20 between the situation and the individual factors that we  
21 bring.

22 The importance of that is that opens up scope for  
23 intervention, because it is generally easier to manage  
24 the culture of organisations, philosophy and approach as  
25 it is to change a person's preference or capacity. So

1           it is a really important point to emphasise, not to just  
2           focus on a person.

3 MR MACAULAY: Any further thoughts on that aspect of it?  
4           Martin?

5 MR HENRY: Yes, thanks. I just really want to come in and  
6           support what Stuart's already said. My experience is  
7           that there are a lot of people who have engaged sexually  
8           with children and fundamentally themselves do not  
9           understand why. From a clinical point of view it has  
10          become increasingly of interest for us to try and answer  
11          that question: why do people behave like this towards  
12          kids? And given the level of public concern that's been  
13          growing over the years, rightly so, is to try and come  
14          up with something that is helpful, not just helpful in  
15          understanding our kind of professional questions, but  
16          actually helpful in protecting kids and preventing abuse  
17          from occurring in the first place.

18          The question is fundamentally important about why do  
19          people behave like this. Stuart's right, there is no  
20          one single answer to that question. It's not why  
21          somebody in one case might have behaved like this is  
22          perhaps different to the next person who comes through  
23          the door. We have to be sophisticated enough not just  
24          as professionals but as a society to understand the  
25          nuances of human behaviour.

1           For me, just coming back to what Lorraine said,  
2           context is fundamentally important too. This kind of  
3           assumption that there is an army of people out there who  
4           we can't immediately recognise, who are perhaps seeking  
5           out opportunities to abuse children because that's their  
6           raison d'etre hasn't really rung true with my  
7           experience. Very often what people do is act on  
8           opportunity when it arises. That's the baffling  
9           question about why do they do so in some contexts but  
10          not in others?

11           I think as we kind of dig deeper, these become more  
12          important issues for us to address, rather than simply  
13          labelling people as if it's a one size fits all.

14   MR MACAULAY: I think someone else picks up this notion that  
15          that's wrong to stereotype abusers, is that --

16   MR HENRY: Yeah. I wouldn't use the word "wrong", Colin,  
17          but certainly unhelpful, from my experience it's not  
18          helpful, because I think often as well, you know, we're  
19          coming at it from the prevention angle, there will be  
20          people out there who will not identify themselves as  
21          potentially sexual abusers, but they do need help with  
22          their thinking towards children. As long as we keep  
23          portraying sexual abusers in a particular way, it  
24          doesn't allow us the opportunity to engage with those  
25          people who have problematic thinking or problematic

1           behaviour in a way that can help them to fix that before  
2           they start to act on it.

3   MR MACAULAY: I think it is you, Lorraine, actually who does  
4           make this point about stereotyping. What point were you  
5           seeking to make?

6   DR JOHNSTONE: I think it's extremely important to bear in  
7           mind that there's a broad spectrum of people who abuse  
8           children and sometimes this can be -- we can fall into  
9           the trap of trying to seek to understand it so much that  
10          we also miss the inner population of hundreds of people  
11          who perpetrate sexual violence against children, there  
12          may be one or two who are completely driven to do that,  
13          their whole life, everything they do, the jobs that they  
14          seek, what they do in their private life, what their  
15          internal world is, is quite consumed around and is  
16          directed to create opportunities. So some people do  
17          deliberately create opportunities. Some people act on  
18          opportunities that present. And there's a whole  
19          spectrum in the middle.

20                I think if we really want to do some meaningful  
21                interventions and really advance the field and  
22                appropriately safeguard children, what we need to do is  
23                seek to embrace the complexity, the spectrum, and  
24                understand the whole spectrum rather than try to fall  
25                into the trap of seeking clear predictive variables,

1       such as paedophilia, for example. Of course paedophilia  
2       is a predictive variable, but it may only be a  
3       predictive variable in 1 out of 500 cases.

4             So really stereotyping and simplifying this field  
5       I would say is not achievable, what we need to do to  
6       drive it forward is just embrace the complexity,  
7       understand the spectrum and have a broad range of  
8       responses, proactively and reactively, when we identify  
9       issues of concern.

10   MR MACAULAY: Do you find that there is stereotyping even  
11       amongst professional people?

12   DR JOHNSTONE: Absolutely. You only need to go into --  
13       well, sex offenders are segregated in prisons, you know,  
14       that is a very bold statement, they have sometimes  
15       different coloured T-shirts, they're segregated in  
16       society.

17             Stuart and I have talked a long time about this, how  
18       do people take proactive steps to address the difficulty  
19       if they are met with being removed from their house,  
20       being removed from their job, being stereotyped, being  
21       labelled, really become social pariahs. How do we have  
22       any prospect of intervening meaningfully if we are  
23       dealing with that kind of stereotype.

24   MR MACAULAY: Judi, have you any comments to make at this  
25       stage?

1 DR BOLTON: I would say that I think probably in the last  
2 ten years at least that the kind of sex offender world  
3 has been totally changed by virtue of the internet and  
4 therefore that has had to change a lot of the  
5 conversations that we have.

6 I would also say that it impacted upon this concept  
7 that you describe as stereotyping, of how we see people,  
8 and we've had to look more at maybe nuance in offending.

9 In the last 10 or 15 years offenders using the  
10 internet has totally changed the way we've had to look  
11 at offenders and the assessment and treatment of  
12 offenders, I would say.

13 MR MACAULAY: Michele, do you want to comment on the  
14 discussion so far?

15 MS GILLULEY: I think it is interesting one of the things  
16 that Stuart was possibly starting with is the difficulty  
17 that we have in definition. We do not have even today,  
18 with all the experience that people have, all the  
19 research, all the results that people have ascertained,  
20 we still don't have an absolute definition of, for  
21 example, paedophilia and why people do what they do.  
22 I think there are so many -- when you work with  
23 individuals and you do a risk assessment, a primary aim  
24 for risk assessment is to risk manage individuals who  
25 may pose a threat to themselves, may pose a threat to

1 other people, and yet the challenges that we have is  
2 there's much research that has gone around the topic of  
3 child sexual abuse, we still don't have definitive  
4 answers in how we should work with people, how we should  
5 make people safe. We're still floundering, I think, to  
6 some extent, to understand the developmental pathways of  
7 how people become a threat to another person, to  
8 a child, particularly in sexual offending.

9       Until perhaps we resolve some of those issues --  
10 some of those are academically driven in terms of  
11 methodological flaws in how people approach trying to  
12 approach people, and then we try to apply what we've  
13 found to individuals, but when you work with  
14 individuals, you can only see that person and try take  
15 them as an individual and work with them to reduce their  
16 risks as an individual, rather than trying to fit them  
17 into a paradigm or a concept or trying to risk manage  
18 them the way we do globally when we look at the research  
19 that helps us to try and understand people, but I think  
20 really we just don't have all the answers.

21 MR MACAULAY: One of the things I think you say in your  
22 response is that broadly speaking that adults who abuse  
23 children have deficits in their own psychological  
24 functioning and well being. That's your experience?

25 MS GILLULEY: Very much so. When you work with individuals

1           who have perpetrated the types of offences that we're  
2           talking about today, you often find when you research  
3           people's background, when you manage to get somebody to  
4           talk to you and to tell you their own experiences, that  
5           you will find adversity in their background, you will  
6           find trauma in their background, you will find reasons  
7           for aspects of personality that have developed, that  
8           have contributed to their behavioural pathways. So  
9           deficits, yes, have to be considered in the contribution  
10          of people's behaviours towards other vulnerable people.  
11          But they can make them vulnerable themselves.

12   MR MACAULAY:  Judi, you note that personality disorders are  
13           an important risk factor, but nevertheless the  
14           correlation between personality disorders and the  
15           likelihood of abuse is inconclusive?

16   DR BOLTON:  Yes.  I think what we're struggling with is  
17           maybe that we would all probably agree that if you have  
18           an individual you can perhaps come up with a very  
19           accurate assessment of their personality or their  
20           problems, but you're trying to extrapolate from the  
21           individual to groups and then that becomes a much more  
22           difficult scientific endeavour I suppose.

23           I brought in the concept of personality obviously  
24           because -- it's much loved within mental health  
25           services -- it is what I just made reference to, that

1 attempt to extrapolate from individuals into groups and  
2 therefore has a research base, standardised assessments,  
3 from which we try and take information about a group of  
4 individuals or individuals to use that information from  
5 individuals more broadly. That's why I brought it in.  
6 So on things like sex offenders there is some evidence  
7 base around diagnosis of a personality disorder that may  
8 increase risk factors. I think I mention that in my  
9 findings.

10 MR MACAULAY: Morag, one of the points you made from your  
11 experience is that adults who are emotionally or  
12 physically abusive to children are almost always those  
13 that are caring for them?

14 MS SLESSER: In terms of physical abuse, yes, I would agree  
15 with that. Can I add something to what other people  
16 have said there, I agree with everything everyone said.  
17 I think there are two things I want to say.

18 One thing I want to say about the kind of extreme  
19 cases that kind of probably hit the headlines and kind  
20 of create this idea of what sexual abusers are like,  
21 first of all, they're extremely rare, but you do  
22 occasionally see them and I think it doesn't help the  
23 way they're presented in the media, as though this is  
24 something that might be a common thing. I suppose in my  
25 work I probably see the most extreme cases that come

1 through, either from the early stages when we're trying  
2 to identify them as perpetrators or when they're trying  
3 to decide whether to let them out of prison or not.  
4 What strikes you is how inadequate the risk assessment  
5 processes are that people go through.

6 When we have experts like we have in the room to do  
7 their assessment, that's good, but when you're dealing  
8 with the criminal justice service, the assessments that  
9 we have or that are being used to assess those kind of  
10 people, but also all sex offenders, are really  
11 inadequate for the job. It's rare for an offender to be  
12 assessed by the kind of people that are around this  
13 table. I would rarely see a really good quality risk  
14 assessment that has the kind of formulation that we're  
15 talking about.

16 I mainly see formulaic tick boxes around the risk  
17 assessment tools, like the Risk Matrix 2000 or the  
18 Stable and Acute 2007, you know boxes will literally be  
19 ticked and assessments will be made. Sitting on the  
20 receiving end of that, it's very frustrating because you  
21 can see that people are missing so many things. But on  
22 a parole board I can't make that judgement, it's just  
23 there.

24 So there is that point.

25 I think the other thing I wanted to say was around

1           how members of the judiciary who are making decisions  
2           have quite -- I think the views that come across are  
3           that they are a different kind of offender and deserve  
4           more punishment and often with colleagues who take  
5           a different view to the recidivism rates of sex  
6           offenders that I know exists, for instance. So actually  
7           some of the things people have been saying, you know, if  
8           we assess them properly, we can see that there are  
9           interventions to be done and this person could be  
10          managed safely in the community. But that's often  
11          an uphill struggle because of the views that people  
12          generally have about sex offenders.

13                 It would be a difficult argument for me to make to  
14          say, "Actually I don't regard this person as  
15          particularly high risk". That doesn't mean what they've  
16          done isn't a terrible thing, but that judgement around  
17          the nuance that people are talking about, that spectrum,  
18          I think there are not many people who have the ability  
19          to make those judgements.

20   MR MACAULAY: Does what you say about the assessments come  
21          down to training then? Are those who are doing the  
22          assessments not fully or properly trained?

23   MS SLESSER: It's a difficult situation, because there are  
24          so many of them and the systems in place are really --  
25          I'm probably less involved in the training now, but the

1 results of that that come through to me are they don't  
2 look like people have been trained in the kind of  
3 formulation that we're all talking about around the  
4 table. I was just saying to Judi I recently saw  
5 a report from Judi, which was a relief, because it was  
6 properly constructed and thought out and you could see  
7 her thinking -- I can't remember the case now, but you  
8 could see the thinking. Then we had a clear way of  
9 making a decision. Whereas very often it is literally  
10 these risk factors were present, so they scored moderate  
11 on some kind of assessment tool, or high on some kind of  
12 assessment tool, and one of the questions I pretty much  
13 always ask anyone giving evidence in front of me is:  
14 well, what does "high" mean?

15 MS MCKECHNIE: Can I ask you to just confirm what you  
16 mean -- we obviously understand what you mean by  
17 "formulation", but it is not always clear to people who  
18 are not in our field. Can you say a little bit more  
19 about what you understand by that term?

20 MS SLESSER: So the formulation is what everyone's been  
21 talking about now, taking all the aspects that you know  
22 about the person, things like their personality, their  
23 upbringing, the situation they were in at the time that  
24 led to the offending behaviour.

25 What we observe, you know, the person is convicted

1 of rape say or some sort of part of the Sexual Offenders  
2 Act, that's what we see, and you're trying to figure out  
3 why did that person do what they did. It will be  
4 a combination of all these things people are talking  
5 about.

6 That level of analysis of the offence, perhaps  
7 that's a better way to say it, the offence analysis, is  
8 I don't often see that level of analysis in front of me.  
9 I often see:

10 "These are the risk factors, he is at  
11 moderate/high/low risk of offending."

12 And I would be saying, "What do you mean by high  
13 risk?" And the answer you get is often quite limited.

14 LADY SMITH: Can I just intervene a moment. I'm interested  
15 in what you're saying regarding, I think, how the fact  
16 of having committed a serious offence of itself is  
17 sometimes being regarded as putting a high risk label on  
18 that person, without actually investigating what are the  
19 aspects of that person's personality --

20 MS SLESSER: Yes.

21 LADY SMITH: -- what was the environment that gave them the  
22 opportunity and these other things we've discussed  
23 about. Do I have you right? Is that what you're  
24 talking about?

25 MS SLESSER: Yes, that's a much better way of putting it.

1       That's right, so I would pretty often hear, "Well, he's  
2       a sex offender, isn't he, he's committed, so he could do  
3       it again". Now, Liz has experience of working on the  
4       parole board as well, yes, I would say that you often  
5       hear that and if the analysis is not given, you know, we  
6       can't create the analysis. We can see that it's not  
7       there, but if the analysis is not given and you have two  
8       social workers saying, "This person is a high risk of  
9       offending", it's very difficult to go past that.

10    LADY SMITH: Thank you.

11    MR MACAULAY: Is the difficulty then that those who are  
12       carrying out these assessments do not have a full  
13       understanding of the complexity of perpetrator  
14       characteristics?

15    MS SLESSER: That's how it seems, yes.

16    MR MACAULAY: Yes.

17    PROFESSOR GILCHRIST: Just to pick up on a little bit of  
18       what has been said already, I think one of the things  
19       that's really important and it's about the general risk  
20       assessment and the specific risk assessment is actually  
21       many sexual offences may not be committed for sexual  
22       relief, it might not actually be sexually driven. It  
23       might not be only about sexual interest and preference.  
24       There may be things about punishment, retribution,  
25       entitlement, status, all sorts of other motivations and

1 the actual sexual offending may just be the vehicle in  
2 order to enact the punishment or -- or just an ability  
3 because I can, it's the most debasing thing I can do to  
4 somebody. It may be that, and I am prepared to take  
5 steps and I'm not disgusted by the violation. I use the  
6 term disgust, because there are some theories that  
7 suggest that actually some offenders may have a lack of  
8 disgust in a sort of response, which actually might be  
9 a deficit that actually allows them and enables offender  
10 behaviours that other people wouldn't be able to engage  
11 in. That is Tony Beech's kind of theories.

12 That notion that you're separating out what  
13 predicting general offending from specific offending is  
14 important, because you may have some people who are  
15 general offenders, so again Professor Tony Beech has  
16 highlighted often when we are treating people at parole  
17 hearings or imprisonment or in court, you look at their  
18 most recent offence and characterise them as a --  
19 whatever they've just done, rather than actually looking  
20 at their whole offence profile and looking at their  
21 range of risk and needs. It could be you have  
22 specialist offending, so somebody who is only ever at  
23 risk of one type of offence and that might be because of  
24 particular sexual interest or particular experiences and  
25 difficulties, or actually they may be rule breakers who

1 would rule break in a range of different ways. You get  
2 that sort of general rule breaking, criminality, quite  
3 callous thinking, so I'm prepared to do whatever it  
4 takes or whatever it feels appropriate to do for me at  
5 the time.

6 We need to be really clear about the personality  
7 characteristic of those who might be the general  
8 offenders, those who are the specialist offenders,  
9 because what we're doing is -- really picking up on what  
10 Michele said -- we are predicting what the profile, what  
11 the nature of the next risk will be, what the breadth of  
12 that risk will be, what we're actually trying to manage  
13 and what are the range of potential victims and the  
14 range of types of offences. So it's kind of drawing all  
15 of that together. Hence you get the complexity about is  
16 it the sexual interest? Is it all young people are at  
17 risk, is it males and females, is it just women, is it  
18 just girls, is it characteristic of a particular type?  
19 And all of those questions or the answers to all of  
20 those questions give you a real flavour of maybe the  
21 personality and the characteristic and the thinking  
22 content that will then lead on to what the next risk  
23 might be.

24 MR MACAULAY: Lorraine, you had shown me the green card as  
25 well.

1 DR JOHNSTONE: I'll try not to wax lyrical too much about  
2 risk assessment now it has been brought up. However,  
3 there is an absolutely fundamental problem -- a divorce  
4 really between science and practice, and a further  
5 divorce between science, practice and resource as well.

6 We do have incredible knowledge. We do have  
7 incredibly sophisticated methodologies and approaches  
8 and skills and experience to apply to this field. What  
9 we don't have is an unending amount of resources. We  
10 have far more demand than supply. Whether that's  
11 clinicians, trainers, risk assessments.

12 It's a frustration I've had over decades of my  
13 career as well. We cannot simplify this question down  
14 to a few variables. There's one risk assessment tool --  
15 I can't actually remember the name of it -- but  
16 basically you would be rated high if you sexually abused  
17 a male child, but you wouldn't be rated high if you  
18 killed a female. That's the methodological issues that  
19 pervade this field, that's an example of that.

20 So practitioners and scientists are often not the  
21 same. The practitioners digest scientific knowledge and  
22 it's exactly what Judi said, the flow of information  
23 isn't as good as it needs to be. So we are often and  
24 statutory agencies are often told which tool they will  
25 use, whether it's Stable Acute, whether it's LS/CMI,

1 despite, and I could cite publications, but I won't,  
2 despite decades worth of publications saying this is not  
3 the correct way to do this. It's cheap, it's cheerful,  
4 it's multidisciplinary, it gets the job done, it does  
5 the governance check box, but there are many casualties  
6 along the way and that is a real issue.

7 I think the other thing that I would like to --  
8 I think is really important about risk assessment isn't  
9 just about what happens next after someone's been  
10 alleged to or found guilty. If we are really serious  
11 about approaching and safeguarding all of us, children  
12 in particular, risk assessment has to be done at  
13 recruitment, selection, performance appraisals, CPD.  
14 Because recruitment processes are, I would say,  
15 completely ineffectual for identifying vulnerable  
16 candidates, I would say, that might come into  
17 an organisation.

18 MR MACAULAY: Of course recruitment is one of the topics  
19 we're going to look at probably tomorrow.

20 Yes, Morag.

21 MS SLESSER: Can I just add to what Lorraine said. The risk  
22 assessments can be problematic in both directions, and  
23 I think that might be what Lorraine was saying. It can  
24 miss the risky people completely. So you can get a risk  
25 tick boxes done and then you can -- it's very, very

1 obvious the person is extremely risky. They may only  
2 have committed one offence and so there's only one box  
3 ticked in how many court appearances. Within the court  
4 appearances there may be 20 offences that were explored,  
5 they were convicted of two or three, and everybody just  
6 conveniently forgets about that and the information is  
7 not presented and sometimes I think the clinicians would  
8 really struggle to get hold of that information.

9 Lorraine and I've had many conversations about this in  
10 the past about how do you actually get all the  
11 information that you need to do the risk assessment.

12 So it can work both ways. People can look like  
13 they're low risk and they're not at all, and they can  
14 also look like they're high risk and they may  
15 potentially be easily manageable.

16 MR MACAULAY: Stuart, you're holding up the green card.

17 MR ALLARDYCE: I don't want to get pulled into the debates  
18 about risk assessment, but I just want to make the point  
19 that I think one of the things that's emerging in sex  
20 offender research literature is a recognition that most  
21 of the research that's been done to date has been in  
22 relation to convicted offenders, often prison  
23 populations and therefore people who have committed  
24 serial offences, and the literature has generally looked  
25 at the question of re-offending and recidivism. It's

1 not adequately looked at how sex offending emerges in  
2 the first place.

3 Just to kind of support some of the things that have  
4 been said elsewhere, I think there are two really big  
5 emerging themes in the literature now.

6 One is the interplay between context and  
7 psychological factors. Going back to something Judi was  
8 saying earlier on, the fact that so much of our current  
9 understanding about sexual offending is now being  
10 influenced by what we understand in relation to people's  
11 online behaviour, one of the key theories around the  
12 aetiology of online sex offending is the motivation  
13 facilitation model, which basically argues that there  
14 are certain motivational factors but they need to  
15 interact with an enabling environment that makes abuse  
16 possible. This is something Lorraine was talking about  
17 earlier on, context and psychological fit is really  
18 important in all this, which is incredibly important  
19 when we think about organisations. But the other thing  
20 that I think we're beginning to understand is that most  
21 of the research on convicted individuals have looked for  
22 particular psychological traits, and actually we're now  
23 beginning to see research that's more narrative in  
24 nature, that's more qualitative in nature, that actually  
25 interviews offenders about how they committed offences

1 in the first place.

2 There will be issues around some of that literature  
3 in relation to bias, denial, minimisation and what have  
4 you, but one of the things that we're learning is that  
5 some of the things that we thought were often quite  
6 static factors for offenders might not have been static  
7 and might have changed and shifted over time while  
8 somebody moved into an offending career, recognising  
9 that a lot of abuse is quite opportunistic in nature.

10 To pick up on a point that Liz was making near the  
11 start, she was saying that actually one of the cognitive  
12 distortions that offenders have might be sexual abuse of  
13 children does no harm. We've all worked with  
14 individuals who have that kind of presentation, but some  
15 individuals actually are working with vulnerable  
16 children and often have quite a high level of cognitive  
17 distance, with respect to they begin to move towards  
18 offending behaviour through incremental boundary  
19 violation. You might have an individual who would say  
20 actually if I did something like this and I continue  
21 along this line, it may cause harm to this child, but we  
22 also know that people are very good at convincing  
23 themselves that actually what they're doing,  
24 particularly out of self-interest, might then not cause  
25 harm.

1           Actually things that look like stable psychological  
2           factors might not necessarily have been there before the  
3           offending took place, but might have emerged as somebody  
4           started to move towards offending behaviour.

5   MR MACAULAY: Is that what you mean when you say I think in  
6           your response that sexual abuse is a process rather than  
7           an event?

8   MR ALLARDYCE: Yes. I think that's one of the things where  
9           we're increasing our understanding. Going back to the  
10          point that was made near the start, it would be a very  
11          individualistic process for different individuals.

12   MR MACAULAY: I suppose if it's a process, then  
13          opportunities could arise to stop the process?

14   MR ALLARDYCE: We really don't know to date what would be  
15          the impact, for instance, in an organisational setting  
16          where one residential worker says to another residential  
17          worker, "You know that conversation you were having with  
18          that 12-year-old girl, I think it was a bit too  
19          sexualised and it just felt a little bit creepy to me  
20          and I'd like you not to do that in future".

21          Because we know from the narratives of offenders  
22          that they quite often say, "Look, I was starting to do  
23          these kind of things and I was starting to isolate  
24          children in the unit and what have you, but nobody was  
25          pushing back on me. Nobody was saying that that was

1 wrong, so maybe at one level I was implicitly thinking  
2 how wrong is this then?"

3 MR MACAULAY: Of course the Inquiry is interested in  
4 organisational settings, from a care perspective. Do  
5 I take it from what you're saying that there are these  
6 individuals who go on to abuse in residential settings  
7 because of a process but when they enter the setting  
8 they don't enter with the intention to abuse?

9 MR ALLARDYCE: I mean it's good that we have the system of  
10 PVG checks and disclosures that we have, because they  
11 probably have a deterrent kind of role in stopping  
12 people who have already harmed children in some way  
13 applying for jobs. But the majority of individuals who  
14 have been convicted of sexual offences would have passed  
15 PVG checks. It actually may be certain things around  
16 individuals, for instance, who have a lack of emotional  
17 maturity within certain contexts and are carrying  
18 certain kind of baggage to the job in working with  
19 vulnerable individuals that they bend towards offending  
20 behaviour over periods of time in quite opportunistic  
21 ways.

22 MR MACAULAY: It may be you or one of the other experts to  
23 talk about incremental boundary violation, but there are  
24 these blurring of the boundaries over a period of time  
25 and this in particular can happen within a residential

1 setting?

2 MR ALLARDYCE: What's really approximate about incremental  
3 boundary violation is that it can be observed by people  
4 around the adult.

5 Actually, people who commit sexual offences or at  
6 risk of sexual offences don't have a stamp on their  
7 head. We can't identify people by what they look like,  
8 but we can see behaviour that is pointing towards  
9 dangerous activity.

10 MR MACAULAY: Any other thoughts on that -- yes?

11 MR HENRY: Just to move on from what Stuart's saying about  
12 incremental boundary violation, which of course is  
13 something that we are all very familiar with,  
14 particularly those of us who engage with institutions  
15 and how they manage the services they are delivering to  
16 children and young people. If I can speak very briefly  
17 for example in relation to Scottish football, one of my  
18 findings was that incremental boundary violations were  
19 actually very common in sports settings, where there was  
20 a kind of approach which set up behaviours that were  
21 actually quite explicitly sexualised, to be fair, and  
22 language that was quite sexual. But far from people  
23 challenging that, what we actually found was in  
24 particular cultures, particularly male-dominated  
25 cultures, these behaviours were encouraged and were

1 given a certain level of approval.

2 It was seen as something which was reduced to the  
3 level of fun or if you criticised, it was not having  
4 a sense of humour, it was a way of bonding, all of these  
5 kinds of ways of supporting behaviour which was  
6 essentially leading in a particular direction.

7 Looking back, it's all very well with the benefit of  
8 hindsight to look back and say, "Well, actually, you  
9 know what, I probably should have known that that was  
10 a bit dodgy", but what people did find themselves doing  
11 was either remaining silent because they didn't feel  
12 able to challenge the behaviour or thought that the  
13 behaviour itself wasn't that bad compared to other  
14 behaviours, so therefore didn't pick it up or challenge  
15 it.

16 I think there is an issue within institutions that  
17 are caring for children and young people, of which of  
18 course sport is one, that it's about the behaviour of  
19 institutions and their cultures that we need to get in  
20 amongst, not just identifying what the behaviours are  
21 but enabling the people round about them, the  
22 bystanders, so to speak, to feel empowered and educated  
23 enough to be able to spot something that doesn't sit  
24 right and to know what to do about it. I don't think  
25 we're really there yet, to be fair.

1 MR MACAULAY: The Inquiry has heard evidence of people in  
2 authority, for example, being seen to be overfriendly  
3 with children and their colleagues doing nothing about  
4 it, and that's the sort of area, I think --

5 MR HENRY: Yeah. I think probably everybody knows now if  
6 you're working with children and young people you're not  
7 allowed to take them home, but it's this kind of  
8 attitude over not allowed to rather than that's not  
9 really an appropriate thing to do. I think we need to  
10 move beyond the prescriptions we've put on people, which  
11 are actually right to safeguard children, to helping  
12 people understand that these should be self-taught  
13 anyway. They should be prescriptions that come with the  
14 territory of looking after children. I'm not sure  
15 everybody's in that place yet. They know the things  
16 they're allowed to do and not allowed to do, I'm not  
17 convinced that people necessarily know why.

18 I also think, going back to Stuart's point, there  
19 are behaviours that are ambiguous. There are behaviours  
20 that people can't quite figure out: is that something  
21 I should be concerned about or not? Particularly in  
22 terms of sexual behaviour.

23 My problem, I suppose, in relation to, for example,  
24 football, it's not confined to sports, is that if you  
25 have surrounding cultures, including peer cultures, that

1           see behaviours in a particular way, you won't  
2           necessarily find people speaking up against it or people  
3           advising against it. What you'll find is people either  
4           being silent or colluding.

5   MR MACAULAY: As we know from the evidence that Lady Smith  
6           has listened to, in residential settings children crave  
7           love and attention. So how do you stop the blurring  
8           boundary in those circumstances?

9           Yes.

10  DR JOHNSTONE: I work in residential settings across  
11           Scotland and England. On a daily basis I am perplexed  
12           by the boundary violations that I see. So I'm not sure  
13           that people know what they should do. I'm not sure and  
14           I'm not convinced that even the basics of training are  
15           there. I do think your point about there are extremely  
16           conflicting and challenging philosophies about dealing  
17           with children in care.

18           We are in a culture where we are promoting  
19           residential staff, social workers, professionals, we are  
20           encouraged to tell children that they are loved, they  
21           are being encouraged to foster lifelong links. I could  
22           rhyme off a number of people who I work with and have  
23           worked with who maintain relationships with previous  
24           clients into their 20s and 30s and that's celebrated,  
25           that's something that's given great celebration amongst

1 different professional groups.

2 So we do have a real issue, because we have very  
3 conflicting cultures and philosophies in how we approach  
4 children who are accommodated.

5 I've certainly sat in various meetings dealing with  
6 looked-after and accommodated children. One half of the  
7 room had concerns about telling children that they loved  
8 them --

9 (Audio interruption)

10 MR MACAULAY: Sorry about that, you were interrupted.

11 DR JOHNSTONE: Yes, so as I said, in training events where,  
12 for example, different modalities and interventions of  
13 high-risk children are promoting and encouraging staff  
14 to tell children that they love them. Psychologists,  
15 I would say and many social workers would say I'm not  
16 prepared to tell a child that I love them or children  
17 who clamber over you, some people will say you should  
18 never push them away and set boundaries, because that is  
19 compounding the rejection, traumatising them, and other  
20 people who will say actually, social space.

21 I would say that that is a pervasive and endemic  
22 cultural mismatch in our organisations just now that we  
23 are nowhere near addressing. As I say, in my view it's  
24 getting worse because we have a competing cultural  
25 philosophy.

1 MR MACAULAY: Can I put this to you? If a care worker in  
2 a care setting sees an upset child, is that care worker  
3 allowed to give a child a hug?

4 DR JOHNSTONE: I think there is always safe touch,  
5 therapeutic touch and appropriate touch, but what  
6 I might define in amongst all those heading, might be  
7 very, very different from what someone else might  
8 define.

9 Another phenomenon we are much more aware of is  
10 child sexual exploitation, we have a lot of young girls  
11 who are in secure care and that is why they're there,  
12 and sex has been their currency, it's the only dynamic  
13 that they know how to interact with people, they are  
14 very seductive. So they have attachment issues and they  
15 are distressed, but also they use sex in a different  
16 way. And the training that is required to detect that  
17 and react to that appropriately is quite significant.  
18 So what is the stress versus what is the trauma, what is  
19 a goal-directed behaviour, is a very difficult thing to  
20 identify and respond to consistently.

21 Then you also have the issue with residential  
22 workers, that you might have a care plan for one child  
23 who is really distressed and they get a cuddle and  
24 another one who gets time out, and then they will say,  
25 "Why am I getting treated differently?" So it is really

1 complex.

2 MR MACAULAY: Is there any sort of answer?

3 DR JOHNSTONE: I like to think so. I think it is  
4 formulation, individualised care plans, highly trained  
5 staff, highly supported staff, staff who are given lots  
6 of psychological support for their own traumas and  
7 issues, there's a safe environment for staff to work in,  
8 that it is safe to say, actually, you know, just exactly  
9 what Stuart said, "That made me feel a bit  
10 uncomfortable", and then you're not ostracised from the  
11 group and then removed.

12 There's a lovely paper called Boundary Violations.  
13 It's just a graphical illustration I use with  
14 residential staff about when we're being balanced,  
15 basically. There's lots of resources, but I absolutely  
16 do think there is a way forward but it takes investment.

17 MR MACAULAY: Any comments from anyone else on this  
18 particular topic?

19 Michele, you have your green card.

20 MS GILLULEY: Yeah, I would like to support what Lorraine's  
21 saying, because, Lorraine, you work with young people in  
22 residential environments, whereas I work with young  
23 adults in secure environments and it's very interesting  
24 what Lorraine says because unfortunately exactly your  
25 description, Lorraine, is what I see with young adults

1 in secure environments who continue those relationships  
2 with the people they have been involved with as young  
3 people, either professionals coming to the environments  
4 where I work such as a hospital, and continue those  
5 types of behaviours towards each other and it then  
6 becomes a very difficult case because, for example, when  
7 you're working with young adults and you're trying to  
8 help them become the people who they'll become as adults  
9 back in the community, where they are safe and able to  
10 function well, and they become very, very confused  
11 because the people in, say for example in secure  
12 hospitals are trying to promote a particular type of  
13 well being and functioning and relationships and  
14 boundaries, to help people stay safe. Then it can be  
15 very difficult when people are still in their lives who  
16 have worked with them during adolescence, for example.  
17 Then you have people who are very confused about the  
18 relationships with workers, psychologists, social  
19 workers, care workers, who may still even support them  
20 when they leave hospital, for example, and go back into  
21 the community in different environments and I think it's  
22 a very, very confusing place for young people that can  
23 cause lots of other concerns, where you can see  
24 resentment from that confusion, very angry behaviours.  
25 People who then harm themselves as opposed to just being

1           harmed by other people.

2           It creates an even more complicated picture for  
3           young people as they go into young adulthood and try to  
4           move to either institutions, care, secure settings or  
5           back into the community.

6           I think probably what I'm saying is very much in  
7           support of what Lorraine is proposing here as being  
8           quite problematic.

9   MR MACAULAY: You're about to come in on that point, Stuart?

10  MR ALLARDYCE: Yeah, I mean I accept absolutely what Michele  
11           and Lorraine are saying. But I think it is important to  
12           hold onto the fact that we've learned so much from care  
13           experience individuals in the last few years. Actually,  
14           my first job as a social worker was working with young  
15           people leaving residential care units. We know that  
16           care experience adults tell us that what they wanted was  
17           warmth, nurture, attachment, connection, relationship,  
18           and indeed those kind of things where a relationship can  
19           continue after somebody has moved on from that  
20           particular residential setting. You know, The Promise  
21           is probably the only international policy document about  
22           childcare in the world that talks about love. I don't  
23           think we should be shy of that, but I think what my  
24           colleagues are pointing to is that there's a real  
25           challenge then and what that means in terms of staff

1 supervision, training, how they're supported.

2 We need to move to a system where we have  
3 relationship-based approaches to working with vulnerable  
4 children or young people, and that needs good  
5 supervision, it needs observation of interactions  
6 between adults and children, it needs feedback, it needs  
7 good boundaries. There's a whole host of things that  
8 are often very well done in residential settings, but  
9 sometimes are badly done as well.

10 LADY SMITH: Could I just intervene a moment.

11 Stuart, you mentioned the question of whether or not  
12 love can be mandated, I think. The Promise would seem  
13 to suggest that you have to tell staff they have to love  
14 children who are not their children. Is that realistic?  
15 Quite apart from whether it's the right thing to do?

16 MR ALLARDYCE: I think the way that's constructed, then  
17 clearly not. You can't mandate somebody to love  
18 an individual.

19 But I think there is something there about kind of  
20 recognising that social work and social care with  
21 children is an emotionally demanding area of work and  
22 what children need is warmth and unconditional positive  
23 regard and a whole host of things that we use the  
24 umbrella term "love" to describe. But you can break it  
25 down a bit, because "love" is quite a useful shorthand.

1 But you can't insist that somebody loves somebody else.

2 LADY SMITH: I wondered whether perhaps more helpful,  
3 thinking in terms of culture that needs to be bred, is  
4 to think in terms of empathy and empathy that always  
5 involves kindness in the culture, mutual kindness,  
6 trying to help children to learn to be kind, modelling  
7 kind behaviour rather than harsh behaviour.

8 Going back to actually what we're talking about,  
9 which are the characteristic of abusers, always being  
10 aware of the risk of that being used by somebody who is  
11 opportunistic to overstep the boundaries. Does that  
12 make sense?

13 MR ALLARDYCE: Absolutely, absolutely. And recognising what  
14 are perhaps the risky situations in relation to  
15 boundaries. I mean, if you think about abuse in family  
16 settings for a moment, one of the real challenges around  
17 safeguarding of abuse in family settings is that  
18 actually abuse usually takes place at those moments  
19 where supervision is not really possible, and where  
20 there's often a high level of intimacy in the  
21 interaction between the carer and the child.

22 We know that in family settings it's more likely  
23 that abuse will take place when a child is being bathed  
24 or a child is having a story read to them before they go  
25 to sleep. It's those moments of intimacy that actually

1           prove some of the greatest challenges for us as carers.

2   LADY SMITH: Thank you.

3   MR MACAULAY: Morag, did you want to come in?

4   MS SLESSER: Yes, I agree with all that's been said and

5           I like the term that's been -- intelligent kindness is  
6           how I put it. But just a little warning in my head when  
7           people were talking. Certainly in secure settings when  
8           you're dealing with really difficult people, I am  
9           talking about adults here, I don't have experience with  
10          children, but what I noticed amongst the carers is that  
11          sometimes the way you keep yourself safe or deal with  
12          the difficult behaviour is to get too close. So you end  
13          up in a relationship you shouldn't be in, and it's  
14          partly because you were trying to keep yourself safe.

15          You quite often hear in institutions that I've  
16          worked in, "Oh, so-and-so has a special relationship.  
17          If X kicks off, then you need this member of staff to be  
18          there". That can be tricky when you start looking at  
19          that relationship, because you become the special member  
20          of staff.

21          It's just a point to raise. You want all that  
22          kindness and trusted -- you want the person to trust the  
23          member of staff, but if it becomes somehow special --  
24          I don't know if that makes sense. But in an institution  
25          where there's lots of risky behaviour, staff might

1 collude more and get themselves into situations because  
2 they're trying to keep themselves safe.

3 MR MACAULAY: I think I'm being bombarded by green cards.

4 Ladies first, I think, Martin.

5 Yes, Lorraine?

6 DR JOHNSTONE: I absolutely accept that and it is a real  
7 issue with younger populations who do not have any  
8 attachment figures.

9 One body of literature though that I do think is  
10 really helpful and that does bridge the gap between love  
11 and the need for boundaries is the compassionate  
12 literature, all the compassionate mindset, compassionate  
13 organisations, because compassion is simple from  
14 empathy, whereby it's an empowering emotion. It's  
15 showing empathy, kindness, nurture but with  
16 an expectation of change and an expectation of  
17 investment to progress to another level.

18 It's around fostering self-compassion as well, which  
19 ultimately is often missing in vulnerable populations,  
20 that they don't have self-soothing skills. So  
21 organisations have to find a way to help everyone be --  
22 the residents be self-soothing and independent, so that  
23 they not constantly relying on relationships that are  
24 fragile, that are limited.

25 There is a body of literature that I think has

1 a massive role to play in informing the culture of  
2 residential and care environments and also working with  
3 offenders. That's around about the compassionate  
4 workforces, compassionate teams and environments, but  
5 also an expectation that every interaction that you have  
6 matters, and there's a school of thought around that  
7 particular axiom that every interaction matters and if  
8 you do it in a compassionate way it's about growth, as  
9 opposed to containment and control, and leaving somebody  
10 vulnerable -- because there are many, many, many people  
11 who are in prison who are institutionalised, will leave  
12 and will come back because that's their social world.  
13 We have many, many, many children who are in the same  
14 situation, who will say to me on a daily basis, "I need  
15 out of secure, I need out of secure", they will go out  
16 of secure, they will last three hours and they will come  
17 back, "Oh, it's just like being at home".

18 What we need to do is shift that culture as well.

19 MR MACAULAY: Martin?

20 MR HENRY: Yes. Just to echo what Lorraine said, I was  
21 actually going to raise the issue of a compassionate  
22 approach myself. It is something that we're starting to  
23 get to grips with. Not just as a word, but actually as  
24 a way of working with people that actually helps to get  
25 results, not just short-term but longer-term results.

1           I think the problem we have at times with words like  
2           "love" is to have some kind of consensus that we all  
3           agree what that means or indeed what the word "kindness"  
4           means. Because in my career I've heard so many young  
5           people who have been recounting their histories of  
6           abuse, and indeed their introduction to abuse, call it  
7           grooming or whatever you like, and they've said, "But  
8           I thought he was being kind, I thought that was him  
9           loving me", and trying to unpick that with a young  
10          person is a challenge, but trying to unpack it as  
11          a society is also a challenge, because of the very  
12          loaded term.

13          I think as professionals the way we can move away  
14          from that is actually to have something which is a bit  
15          more methodological and I think something around  
16          compassion is a much more helpful way of looking at it.

17          I have to say, without sounding too self-critical,  
18          but in my 40 years plus working with children and young  
19          people and indeed with adult offenders, compassion was  
20          sometimes short, yeah. It was something that was  
21          missing. When I think about perhaps not how that could  
22          just have compounded the trauma or difficulties that  
23          young people have experienced, but in fact caused  
24          further difficulties, I think it is something that our  
25          professions have to face up to historically.

1 MR MACAULAY: Okay.

2 Lorraine, you make the point that some individuals  
3 engage in abusive behaviours because they need to assert  
4 their authority and indeed I think in the evidence  
5 before this Inquiry that's an area that we have heard  
6 evidence about. They want to feel powerful and to be in  
7 control. Are you able to elaborate upon that for us.?

8 DR JOHNSTONE: I think just echoing the points made earlier,  
9 it is a broad spectrum. We must never lose sight of the  
10 individual drivers for different people. But there are,  
11 I think Liz mentioned earlier, some people whose sexual  
12 behaviour is just part of a repertoire of control, it's  
13 a repertoire of managing someone else, it's a way of  
14 bonding someone so they can control them and also  
15 a psychological need that fulfils. It's not about  
16 sexual gratification per se, it's not about emotional  
17 intimacy per se, it's another driver where you have that  
18 type of presentation.

19 That may be somebody who is in a very strong  
20 leadership and authoritative position in an organisation  
21 and thereby sets the culture and the permissiveness of  
22 what happens therein. You know, drawing from some of  
23 the prison-based studies, sexual violence amongst  
24 inmates is a method of control as well, so it is a human  
25 presentation, it's another way to control people.

1           Again it's just really echoing the points about we  
2           need to be mindful of the spectrum. There will be  
3           bigger numbers at different places on the spectrum, but  
4           we need to be mindful that we have to have approaches  
5           and models and ways of understanding and responding to  
6           whatever the driver is.

7   MR MACAULAY: If we're looking at residential settings, care  
8           settings, where we have this feature of people who are  
9           in control, have the power, how can we minimise risks of  
10          children being abused?

11   DR JOHNSTONE: Again. I think it's hugely cultural.  
12          I think it's training, it's recruitment. I think there  
13          is a massive need to really emphasise the task, skill  
14          and endurance that residential staff need. They are by  
15          far amongst some of the most hard-working people, who  
16          routinely work double shifts, who are routinely facing  
17          violence, who are routinely facing criticism and they're  
18          amongst some of the lowest-paid people that I work with  
19          as well.

20          You need to recruit good people in. We need to  
21          train them, develop them, support them, attend to their  
22          well being and give them the skills to do the job.  
23          I think it's eminently achievable, but we need to have  
24          a significant level of investment and I think a culture  
25          shift to enable them to do that.

1 I've not met many people who get up in the morning  
2 to come into their job to do a bad day's work. They  
3 might be overcaring, they might want to rescue everyone,  
4 sometimes that's their biggest Achilles' heel, but most  
5 people want to do a really good job, they just don't  
6 have the time, resources or training to do it.

7 MR MACAULAY: Any further thoughts on that particular topic?

8 Just one point for you, Martin. You say in your  
9 report that adults may escalate into abusive behaviour  
10 as a result of external life circumstances. Do you mean  
11 by that negative life circumstances?

12 MR HENRY: No, not necessarily. I think one thing that we  
13 might observe from time to time is that at critical life  
14 changes for some adults behaviours start to emerge that  
15 we didn't really expect. It could be as a result of  
16 stress, it could simply be a result of difficulty in  
17 adapting to change, whatever it might be. You kind of  
18 look at things like major life events, major family  
19 events, retirement, redundancy, these kinds of things  
20 can often trigger behaviours or ways of thinking that  
21 perhaps we couldn't necessarily have predicted  
22 beforehand.

23 All I was trying to point out there is that in the  
24 life history of somebody, don't think they're always on  
25 a sure footing. Sometimes life can trip people up and

1 life can put people into circumstances where they behave  
2 very differently to the way they thought they might.

3 I think that's just something we need to consider.

4 MR MACAULAY: Two other points perhaps before we have our  
5 first break.

6 More than one of you have mentioned the so-called  
7 Good Lives Model.

8 Was it you, Liz, who first mentioned that? Can you  
9 tell me what it is?

10 PROFESSOR GILCHRIST: Yes, so Tony Ward, a New Zealand  
11 psychologist, identified a range of human goods that we  
12 would all be seeking to achieve. So relationship  
13 mastery, intimacy, et cetera, and that we want to  
14 balance in our lives, so we're all trying to seek to  
15 achieve this balanced good life.

16 If our good life gets out of balance we might end up  
17 overvaluing, for example, intimacy and seek that to the  
18 exclusion of all others. Or seek mastery within  
19 intimacy, so that control, et cetera in a relationship.  
20 Or we might seek to achieve the good life in  
21 an inappropriate and antisocial way. So if we can't  
22 achieve intimacy with our consenting adult partner, we  
23 might achieve it through a non-consenting maybe  
24 inappropriate child. You know, so it's a sort of  
25 a sense of more of understanding human beings and how

1 sexual offending might fit within that and an imbalance  
2 or an unhelpful way of achieving those goals, but not  
3 totally different from everybody else. So we're all  
4 trying to seek to be accepted and group affiliation, and  
5 valued.

6 If we say that, yes, okay, we accept that that's  
7 what we're trying to do but we're moving -- and some  
8 people will be trying to achieve this in the wrong way  
9 from the wrong people, that it could be a way of helping  
10 to understand how that becomes out of kilter, but it's  
11 also a way of shifting it back in a kind of  
12 compassionate way so that we can say we're not  
13 demonising you, we demonise the behaviour, we can maybe  
14 seek to understand it and help you achieve those goals  
15 in prosocial and healthy manners that don't hurt other  
16 people.

17 MR MACAULAY: The other research that's been referred to by  
18 a number of you I think is the Ward & Siegert  
19 Theoretical Pathways Model. I think you mention that in  
20 some detail, Liz in your report?

21 PROFESSOR GILCHRIST: That's a way of, I suppose, trying to  
22 understand the differences, those pathways that Michele  
23 talked about, but actually understanding typologies. So  
24 they maybe have different types of offenders who their  
25 primary driver for their behaviour is maybe to seek

1 intimacy or because they have cognitive deficits or  
2 dysfunctional sexual interest or where they actually  
3 have dysregulation. So it's actually I can't manage  
4 myself, I'm impulsive or angry and risk taking and then  
5 behave potentially sexually inappropriately or in  
6 other -- you know, violently or -- there's a range of  
7 different things and people could have all, some or just  
8 one or two of those.

9 The primary driver, if the primary driver for  
10 example is to seek intimacy, you could then help to  
11 reshape that. How would you meet those intimacy needs  
12 without being abusive and violent? That quite often  
13 will come out of early childhood experiences. There's  
14 a lack of modelling, there's poor attachment. There's  
15 no script to do it in a prosocial way. So there's the  
16 bit about capacity and addressing that as well.

17 MR MACAULAY: We're heading up for 11.30 and I've been shown  
18 the red card, so it's time to have a short break.

19 Thank you.

20 (11.31 am)

21 (A short break)

22 (11.45 am)

23 MR MACAULAY: I believe I might have missed the odd green  
24 card being waved at me. I'm sorry about that. Was  
25 there anyone in particular who wanted to make some

1 contribution that I've missed out on?

2 Quite happy? Okay.

3 Can I just move on to broaden the discussion and by  
4 that take away a bit from sexual abuse, which has been  
5 very much the focus of the discussion today, and look at  
6 other forms of abuse, physical and emotional abuse, and  
7 what characteristic you'd be looking for for those who  
8 engage in that form of abuse. It may be the focus to  
9 date has been based mainly on your own experiences and  
10 so on. For example, Lorraine, can you help on that?

11 DR JOHNSTONE: I think similar traits and characteristics,  
12 I do think there's still a lack of knowledge in how to  
13 relate to children, how to manage children and young  
14 people.

15 For example, one of the things I see quite a lot of,  
16 this notion of banter, high jinks, it's just a giggle,  
17 it's a laugh, comments that are made that are really  
18 quite hurtful for young people. So I think emotional  
19 and psychological abuse is still quite pervasive, but  
20 people interpret it in lots of different ways.

21 I think back to Michele's point about the lack of  
22 definition about what is and isn't acceptable, so that  
23 makes it difficult to identify who is likely to be  
24 a perpetrator of that too.

25 Also I think coming to Morag's point, one thing that

1 I do see around about physical abuse is a lot of  
2 horseplay, gesturing and controlling behaviour that is  
3 portrayed as a laugh and a joke but actually can  
4 escalate really quite quickly into physical  
5 confrontation and then children are put into safe holds  
6 and various other things arguably around physical  
7 control.

8 Then there are other occasions where just a lack of  
9 knowledge, all the different life events, the lack of  
10 knowledge of how to parent, control, manage challenging  
11 behaviour are characteristic just as they are in people  
12 who sexually abuse children.

13 It's just what Liz was saying. It's often just, you  
14 know, a whole complexity of different needs and drivers,  
15 contextual situations, that result in that.

16 I think physical abuse is easier to detect. The  
17 psychological and emotional abuse is extremely difficult  
18 to. Especially in some cultures where certain words are  
19 classed as terms of endearment and of bonding and macho  
20 bonding.

21 You know, I think it's what you were saying, Martin,  
22 about it's the norm to talk about really inappropriate  
23 things, inappropriate violence, and as I say, the  
24 horseplay and establishing dominance through physical  
25 means.

1 MR MACAULAY: Yes, Martin.

2 MR HENRY: Yes, just to echo what Lorraine said, it's one of  
3 those things which is very difficult to pin down, both  
4 in terms of people who experience what we term as  
5 emotional abuse and also those people who perpetrate, so  
6 to speak, emotional abuse. I mean the word "abuse"  
7 implies that there's some kind of threshold there.  
8 There is emotional behaviour that perhaps is not always  
9 in the interests of children and young people but isn't  
10 necessarily viewed as abusive. We bring to that a whole  
11 panoply, a baggage, of kind of cultural assumptions and  
12 our own experiences growing up about what is harmful to  
13 children and what isn't.

14 Of course historically that changes over time as  
15 well. So when we try to pin down what the  
16 characteristics are of people that are emotionally  
17 abusive, it becomes very difficult to do it.

18 If we speak about deficits, there are very few  
19 people who don't have some kind of deficit in their  
20 psychological and emotional functioning. We're not all  
21 perfect. We do the best that we can, assuming that some  
22 things are in place. That would be things for example  
23 like good attachment and a kind of resilience to  
24 adversity. Some people have that in spade loads and  
25 some people don't so much, so it becomes a really

1           difficult thing to have again a one size fits all for.

2           I guess my biggest problem with it, having met many,  
3           many people professionally who I would identify as  
4           people who have been emotionally abused is that it has  
5           crossed the threshold. It has become something other  
6           than just having a pretty bad time of it sometimes  
7           growing up, which is something which many people can  
8           relate to. But if you've got good resilience in place  
9           and attachment in place, usually you can overcome these  
10          sorts of things in a way that keeps you together, gives  
11          you some kind of integrity and you can get on with the  
12          business of being a fairly well-functioning adult.

13          If you don't have these in place, even things that  
14          are relatively low key can knock you off-kilter and have  
15          a lasting impact. That's part of the problem.

16          The other thing is you will get a range of  
17          behaviours that are already over the threshold, for  
18          example things like constantly berating children,  
19          humiliating them, locking them up, that kind of thing,  
20          enforced separation, all kinds of behaviours that you  
21          know are going to be -- they're abusive. You don't  
22          really need to debate that. You know that that's going  
23          to cause harm to a child or a young person.

24          The difficulty of course with that is that when you  
25          make that assumption that it will cause harm, you cannot

1 necessarily say the degree of harm that will result from  
2 it, because there will be some people who will be much  
3 more harmed by that than others, because we're back to  
4 the subjects of resilience and attachment, again.

5 For example, we would know about a lot of the  
6 literature in witnessing domestic abuse, that that is  
7 a form of emotional abuse. Witnessing trauma happening  
8 to other people can be abusive if it's repeated and you  
9 don't protect children from it.

10 I think it has been one of these issues that has  
11 kind of beleaguered this profession over the years and  
12 when we had fully functioning child protection  
13 registers, for example, it wasn't surprising to find out  
14 that the majority of children whose names appeared on  
15 child protection registers were there because of  
16 emotional abuse, because it was a kind of catch-all that  
17 would be used for a lot of bad stuff happening to kids  
18 that made them at risk or whatever. Often that would be  
19 witnessing domestic abuse, these kinds of things.

20 We used them proactively as registration categories  
21 to try and protect children and young people from highly  
22 adverse circumstances. Whether we were successful in  
23 doing that is another matter altogether, but I guess I'm  
24 rather long-windedly saying that emotional abuse, like  
25 Lorraine is saying, is a really difficult thing to pin

1 down unless it's crystal clear and it is also cumulative  
2 in its effects.

3 MR MACAULAY: Yes, Morag.

4 MS SLESSER: I just want to add neglect to that. That's  
5 harder -- well, I don't know how easy that is to  
6 identify, but it can be a kind of insipid, pervasive  
7 just neglect of the child, not meeting their basic  
8 needs. I don't know when that slips into emotional  
9 abuse, but certainly I've seen some dreadful cases of  
10 neglect that a couple of times resulted in the death of  
11 a child.

12 Yes, anyway. In both those cases there was a step  
13 parent involved, where there seemed to be some sort of  
14 dynamic around jealousy between the child and the step  
15 parent.

16 MR MACAULAY: You mentioned attachment, and that crops up  
17 again later in some of the topics. Can you give me  
18 a working definition of "attachment"?

19 MR HENRY: I'm going to leave that to people who are  
20 infinitely more qualified in that field than I am.

21 MR MACAULAY: Who wants to give me the green card on that  
22 one?

23 DR JOHNSTONE: Basically it's an innate relational bond  
24 between a primary caregiver and an infant that ensures  
25 the physical, emotional and all other needs are

1       protected and promoted through interactions, multiple,  
2       multiple positive care-giving interactions that  
3       fundamentally determines the neurological development  
4       and brain structures of the developing child.

5       MR MACAULAY: That sounds very good on the hoof.

6       DR JOHNSTONE: It's because I've done it a few times.

7             In my humble opinion, I think attachment, if you get  
8       attachment right, then adversity is likely to form  
9       a more resilient person. If attachment is problematic,  
10      adversity becomes more consuming and problematic and  
11      defining. So to invest in attachment is absolutely  
12      critical.

13            Can I add one other thing?

14      MR MACAULAY: Yes.

15      DR JOHNSTONE: I was just thinking about what Morag said.

16            When we talk about child abuse, I think it's really  
17      important -- in my experience, I do quite a lot of work  
18      in family courts and I see emotional abuse and neglect  
19      in the family courts where there's no overt harm,  
20      children are well-educated, they're well-provided for,  
21      they live with employed parents in lovely suburban  
22      areas, but their emotional needs are completely unmet  
23      and they're caught in the crossfire of horrendous  
24      acrimony. That is that there are some populations  
25      I think of children where we are not quite -- we're

1 definitely not getting it right, but we're not even in  
2 the realms of recognising that abuse happens there.

3 MR MACAULAY: Thank you for that.

4 Is anyone able to give me some insight into what  
5 they think societal attitudes to children in care might  
6 be? And how any such attitudes could have an impact  
7 upon how abuse in care might be viewed? Anyone any  
8 thoughts on that?

9 Liz?

10 PROFESSOR GILCHRIST: In terms of a sort of immediate  
11 response to that, I think sometimes children in care are  
12 potentially demonised by what has happened to them and  
13 that somehow or other we then hold them culpable or see  
14 them as lesser in terms of their deserving of  
15 protection. Somehow we are thinking that the group from  
16 which they come, somehow or other, are not quite the  
17 same as us, they're quite different, they're slightly  
18 less deserving, and maybe there's the old adage of no  
19 smoke without fire kind of feeling about that.

20 The response is the behaviours that might well arise  
21 from the abusive experiences and other trauma that the  
22 children have experienced may make them look like  
23 hard-to-manage children, they are quite difficult and  
24 therefore potentially not deserving of care, whereas  
25 actually what you're seeing is difficult behaviours

1           because of trauma and experience abuse and experience,  
2           so there is the need of more care rather than less.  
3           I think sometimes we can get that a bit wrong. So we're  
4           seeing the behaviours, not understanding the root causes  
5           and then blaming the children for responding to what  
6           they've experienced.

7 MR MACAULAY: Any other further thoughts on that?

8           Yes, Judi?

9 DR BOLTON: I would say that way back, many years ago, we  
10          used to talk about beliefs for risk that were dangerous,  
11          such as being unlovable and defective. I think if  
12          that's a belief that individuals have, then it's very  
13          possible to extrapolate from that that society shares  
14          those beliefs and picks up -- and those two beliefs  
15          along were seen as being -- we call them schemas, but  
16          essentially that means beliefs about themselves.  
17          I think it's highly possible that if people believe that  
18          about themselves, it's highly likely that that generates  
19          to institutions where they're cared for.

20          And possibly relates to things people were talking  
21          about earlier about philosophy in institutions to manage  
22          those things about individuals believing they're  
23          defective or unlovable.

24 MR MACAULAY: Yes?

25 MR ALLARDYCE: Just to add to that, I think there has been

1 a lot of change over the last few years in how we think  
2 about care experience children. I think when I started  
3 my social work career in the 1990s, there was still  
4 a lot of views amongst professionals that these were  
5 troubled and troublesome children. You could see that,  
6 for instance, in the way that police and social work and  
7 other professions would deal with children who were  
8 absconding. Actually the more a child was absconding  
9 from a residential or foster care setting, the more  
10 troublesome they were for the services around and the  
11 more restrictions, the more punitive responses that were  
12 being put in place, rather than, for instance, thinking  
13 about actually, first of all the child might be running  
14 away from something, but also they might be running  
15 towards kind of risk and dangers within the community  
16 and we need to kind of foreground the question of the  
17 child's vulnerability, particularly because -- and  
18 I think we do universally recognise this in the  
19 childcare sector now. These are children who have  
20 typically had adverse childhood experiences in their  
21 lives, and I think this maybe resonates with something  
22 that Lorraine has said. You know, those children who  
23 have had adverse experiences of care themselves in early  
24 years or in the later years, sometimes they can be  
25 difficult children to care for as a residential worker,

1 as a foster carer. These can sometimes be children who  
2 push away those adults who want to protect them and care  
3 for them in various ways.

4 We need to be even more emphatic in how we respond  
5 to that rather than just kind of pushing those children  
6 away. I think it can psychologically be understandable  
7 or we can understand why it can be so challenging for  
8 residential workers often caring for these children,  
9 I think.

10 MR MACAULAY: Yes, Lorraine.

11 DR JOHNSTONE: I obviously share all that's been said. I do  
12 think there still remains an issue around how we see  
13 looked-after and accommodated children.

14 I've worked across CAMHS and a project Stuart and  
15 I worked on in Glasgow for high-risk adolescents. One  
16 of the things that would come up a lot of the time is  
17 what is typical for an adolescent and what is a typical  
18 parent response. If a child smashed some crockery at  
19 home or broke the TV would you phone the police on your  
20 own child and have them removed? Whereas in  
21 a residential setting that might be very much the  
22 protocol.

23 Sometimes our processes compound and further damage  
24 children.

25 I do think there is something more fundamental in

1           this story and it's at the beginning when we identify  
2           high-risk children. It can very often be the case that  
3           these children are placed in 3, 4, 5, 10 or 20  
4           placements before they ever end up in a residential  
5           home, and that might be with their parents, with  
6           a kinship carer, with a foster carer and real in  
7           critical time periods to build that attachment and  
8           resilience is missed.

9           The legal process is still very often highly  
10          adversarial and the child is lost within that.

11          For me, I think with all the different innovations  
12          and literature, we're still very much missing the  
13          beginning of the story and the beginning of the story is  
14          identifying vulnerable families, supporting them, and  
15          then making good effective decisions for children to be  
16          placed in long-term placements.

17   MR MACAULAY: Thank you.

18          Can I move on then, under the general heading of  
19          individual abuser psychology, and this is (b) of the  
20          questions that you were circulated with. That question  
21          was: what does your professional experience tell you  
22          about abusers' perceptions of children and how these  
23          perceptions may contribute to their perpetration of  
24          abuse?

25          We're looking here at abuser perception.

1 I think what comes out of your responses is that  
2 because child sexual abusers in particular, I think  
3 that's been the focus, are a diverse population, that it  
4 does appear that their perceptions of children may also  
5 be that diverse.

6 Stuart, do you want to pick that one up to begin  
7 with?

8 MR ALLARDYCE: What particular bit of that do you want me to  
9 pick up on, Colin?

10 MR MACAULAY: You talk about the dehumanisation of children  
11 and that being a particular perception by some abusers,  
12 I think, and in particular that that dehumanisation can  
13 be brought about by, for example, looking at illegal  
14 images of children online. I think that's one of the  
15 topics you cover.

16 MR ALLARDYCE: Yes. The team I manage in Edinburgh, we work  
17 with around 100 people every year who have been charged  
18 with online sexual offences. I mean, once again we're  
19 talking about heterogeneity of different individuals,  
20 but quite a common experience that we hear about from  
21 offenders is them not kind of recognising the kind of  
22 humanity of the children in the images that they're  
23 looking at. They either don't recognise that the  
24 children have been victimised or exploited in those  
25 images, or, to be frank, they do know that but they

1 don't really care, and there are a number of different  
2 reasons for that. One of which, they may be kind of  
3 individuals who have low capacity for empathy in the  
4 first place, but also there's a kind of desensitising  
5 process that occurs through the kind of mediation of  
6 images and online spaces.

7 Just to kind of finish off, I think there's  
8 something really quite kind of contradictory in the  
9 psychology around sex offending and the kind of feelings  
10 that people have towards children because sometimes  
11 sexual abuse can be driven by that kind of dehumanising  
12 element, whereas the abuser doesn't recognise the  
13 humanity of the child, doesn't recognise the rights of  
14 the child in a meaningful way.

15 It's one of the reasons why I think sometimes it's  
16 useful to bring a gender lens to all of this, because we  
17 haven't talked about how most abusers are male in the  
18 discussion so far, and although the picture in  
19 organisational settings is complex, because we do see  
20 quite a lot of boys that are abused in organisational  
21 settings, the general victimisation literature would  
22 suggest that girls are three, four, five times as likely  
23 to be sexually abused as boys.

24 There's something about power dynamics in all of  
25 this that's really important. I think dehumanising is

1 an element in all of this.

2 But just to point to the contradiction, we often do  
3 also see sexual abuse sometimes emerging in context  
4 which we would describe as intimacy. You know, Liz  
5 started off the discussions today talking about adults  
6 who perhaps see the adult world as a dangerous  
7 environment, and therefore, in terms of meeting their  
8 sexual needs, they're drawn to individuals who have less  
9 power and are more vulnerable in some way, but there  
10 still is something around intimacy that sits in the  
11 heart of it.

12 I think in some situations we see lots of  
13 dehumanising in abuse. In other situations, we don't.  
14 So it's complex.

15 MR MACAULAY: I think, Martin, you also make the point that  
16 there are some adults who find the adult role too  
17 challenging and that's perhaps one of the drivers?

18 MR HENRY: Yes, indeed. I think probably by use of that  
19 word I was really saying the same things as Liz has been  
20 saying, that some people don't cope with challenge very  
21 well and see challenge as a source of being overwhelmed  
22 and unable to cope. So they will gravitate towards  
23 people perhaps who present less emotional demands on  
24 them or less -- yeah, less emotional demands, not  
25 necessarily because from a power point of view they can

1 be more easily overcome, but in whose company they just  
2 simply feel better and more rewarded.

3 Of course, these are people who present a serious  
4 risk to children. There would be deficits in that  
5 person's life in relation to their relationship with  
6 adults and we have to explore why that is, because  
7 you're not really going to refocus them unless you can  
8 get to grips with what is it about adults that you find  
9 intimidating or difficult or the part that stresses you.

10 I think that there would be certain aspects of not  
11 so much children but childhood or childishness that  
12 people gravitate towards rather than specific children,  
13 but I'm not eliminating those offenders who would also  
14 gravitate to individual children because that is  
15 a difficult one as well.

16 When we start to strip away how responsible children  
17 and young people can feel in relation to the abuse  
18 that's happened to them, it becomes very complicated and  
19 weighty, when actually there are singular attributes  
20 about that child or young person that has drawn the  
21 adult towards them.

22 We need to be very careful when we're working with  
23 children as well as when we're working with the adult  
24 perpetrators about how we unpack all of that. Because  
25 it isn't about the appropriation of blame or

1 responsibility, quite the opposite, but it takes  
2 a professional courage to be able to get amongst all of  
3 that in a way that I think sometimes as a society we  
4 draw away from, because blaming people is a natural  
5 response, and I'm not decrying why people blame, but  
6 it's not from a professional point of view the world  
7 that we occupy. We need to kind of unpack issues to do  
8 with responsibility. That means sometimes dealing with  
9 young people who feel very starkly responsible for  
10 what's happened to them because a particular adult has  
11 been drawn to them and to nobody else.

12 MR MACAULAY: Liz, you wanted to come in?

13 PROFESSOR GILCHRIST: Yeah, it's really picking up on  
14 actually some of the things around victim blaming,  
15 because I think perpetrators who abuse children can in  
16 fact ascribe almost adult intentions to young people and  
17 shift the blame to the person who has experienced the  
18 abuse so that: "She was flirting, she was asking for it,  
19 she violated boundaries". So ascribing that sort of  
20 sexualised intention and awareness and capacity and  
21 control to young people, where we would be saying  
22 legally they don't have that.

23 But by doing that, saying, "I was just responding to  
24 what I experienced", we shift the blame/the  
25 responsibility to the child and the child would hear

1       that as well. So young people may well be taking on the  
2       responsibility that's ascribed to them by this repeated,  
3       you know, you accepted my gifts, for example, also you  
4       accepted the boundary violations, you agreed to come  
5       here, you agreed to doing that, so there's boundary  
6       violations that then create the secrecy that then mean  
7       that you've agreed to what we're now doing and it's now  
8       your responsibility that you're in this situation, not  
9       mine, because you said yes all the way along.

10       That kind of thing about shifting is something  
11       that's really difficult to do, because actually what we  
12       want to be able to say is:

13       "It's not your fault, this is inappropriate  
14       behaviour. It doesn't matter what you said, did, agreed  
15       to. None of this agreed to that bit."

16       However, it's quite complicated to try and parse all  
17       this out.

18       Especially when you add in I think what you were  
19       talking about, the victim vulnerabilities. So that kind  
20       of thing whereby -- there's research, isn't there, that  
21       actually perpetrators and police ... we would all  
22       identify vulnerable victims. Young people who have less  
23       power, who are more vulnerable because of their social  
24       context, because of their intellectual capacity, because  
25       of their otherness in some way, and they make terrible

1 witnesses, so they're great in terms of vulnerability  
2 and in a really obvious way, you'd make a poor witness  
3 at court, so I'm much less likely to be held accountable  
4 for my behaviour. Equally, you misunderstand the  
5 love-care kind of relationship, you can't report to  
6 people, you don't have people looking after you, so that  
7 parental awareness or the caring awareness, the  
8 authoritative boundaried caring that you would want to  
9 see is either lax or authoritarian, so I can't tell you  
10 because either you're not there to tell or I'll be  
11 punished for something. So a lot of that creates  
12 a situation where the individual vulnerabilities also  
13 then link up with the perpetrator victim blaming and  
14 lack of blame for me, because it's not my  
15 responsibility, you know, "I couldn't control it, the  
16 situation created it".

17 MR MACAULAY: I think, Lorraine, you talk about a spectrum  
18 of perceptions. Can you elaborate on that?

19 DR JOHNSTONE: Sometimes from the most benign perception of  
20 the vulnerable child, no one's loved her, I will love  
21 her, we will have a relationship, and once she's 16 she  
22 can move in with me and it's all done with, if you can  
23 label it with a benign intent all the way through to  
24 actually I have a sexual deviation where I have  
25 a sadistic interest to overpower and sexually assault or

1 kill a child, to that, where it's completely  
2 dehumanisation, it's completely for sexual  
3 gratification, and it's this very, very broad spectrum  
4 that we need to try to understand.

5 Also even just sort of those scenarios, the drivers,  
6 the disinhibitors, the destabilisers, the motivators,  
7 will look different for each of these people and how  
8 they see the impact of their behaviour.

9 You know, some people function as rescuers, some  
10 people function as victimisers, some other adults will  
11 create a dynamic that actually I need you to love me  
12 because no one else loves me, you understand me more  
13 than anyone else. They create a dynamic where the child  
14 is empowered and they get a great source of esteem in  
15 feeling that they've finally achieved -- it's a trauma  
16 bond.

17 So I think again it is just about this field and --  
18 yeah, it's complex, it's on a spectrum, and only by  
19 dealing with the complexity can we get the understanding  
20 that unfortunately -- there's typologies I think that  
21 are really useful, but we can't profile particular  
22 perspectives and spectrums.

23 I think it's also every relationship occurs in  
24 a dynamic, so even when you start off -- we talk about  
25 trauma bonds in domestic abuse victims or Stockholm

1        syndrome, the colloquial term for it, that people begin  
2        feeling like victims and then very much align with their  
3        abuser and want to protect them and see them as  
4        responsible for their well being. You see that with  
5        delayed disclosures and incestuous relationships, it's  
6        so incredibly complex.

7                Even how the perpetrator views the victim and in the  
8        sort of purest dyad possible may not at all be how they  
9        end up viewing one another five years or ten years in  
10       the future.

11    MR MACAULAY: Trauma bonding is something we'll look at  
12       later on as well.

13                Michele, you mentioned in your response that there  
14       may be a sense with some sex abusers that the child is  
15       a consensual participant.

16    MS GILLULEY: Yes, I think there's a misidentification  
17       sometimes with young people, with children, particularly  
18       in how adult abusers relate to children.

19                I was thinking about something that Judi had  
20       mentioned right at the very start of this morning in  
21       talking about personality issues. I think sometimes we  
22       have moved into a place where we are concerned to talk  
23       about personality and where personality sits with  
24       individual abusers at times, because we have moved on  
25       a lot in terms of researching trauma and the impact that

1           that has.

2           I work with a lot of people and a lot of workers to  
3           think about how do we engage with people who do abuse  
4           and thinking about some of those personality issues and  
5           how people perceive the relationships with young people,  
6           with children, with the people that they do abuse, and  
7           I think that's of critical importance when we consider  
8           the relationships that people perceive that they have,  
9           adult abusers have, with children.

10          One of the things that was coming to my mind when  
11          everybody was talking there is about maybe we haven't  
12          talked about this, it's a very sensitive topic, is to  
13          think about levels of cognitive function in some of the  
14          individual abusers. I'm not wanting to go to that place  
15          where we automatically assume that people who abuse  
16          children are low-level functioning individuals, but  
17          there is something that is quite interesting and I'm not  
18          sure if Judi would have thoughts on this. People with  
19          personality issues and intellect, low level functioning,  
20          possible intellectual disability, are often considered  
21          to lack empathy, they're considered to be antisocial,  
22          and those are sometimes what allow and give people  
23          permission to abuse against children.

24          One of the other things that I think in terms of  
25          confusion and lack of empathy is often those individual

1 abusers who never achieve something that we call theory  
2 of mind, so that ability -- this relates to what Stuart  
3 was saying just earlier as well -- to hold on to the  
4 understanding of what your needs are, but at the same  
5 time considering how your needs impact on that young  
6 person, that child that you might be abusing, about to  
7 abuse, continue to abuse.

8 If you think about that, is that then impacting on  
9 the ability to consider long-term consequences for  
10 somebody who's becoming a victim? If you can't do that,  
11 do you also and are you also able to think of the  
12 long-term consequences to yourself and what your  
13 behaviours mean in the context of being able to change,  
14 wanting to change, identifying a need to change?

15 There was many, many things that was going on when  
16 everybody was talking about some of these issues.

17 In terms of personality issues, one of the  
18 fundamental and core concerns that we have of trying to  
19 work with people who perhaps have some particular strong  
20 traits in personality is fundamentally how they relate  
21 to other people. Some of the challenges that we have in  
22 the people that we work with who abuse young children,  
23 who are sex offenders, is how they relate to other  
24 people. Specifically is it about the fact that some  
25 people are lonely, some people don't know how to relate

1 to other people, they have such poor communication, such  
2 poor interpersonal effectiveness, that actually they  
3 seek out relationships that are inappropriate and they  
4 don't recognise the inappropriateness of the  
5 relationships that they have.

6 I can think now obviously of some individuals who  
7 offend as well who seek out particular social media and  
8 websites that support the relationship that they want to  
9 seek out with young people that aren't appropriate and  
10 support their ideas of those relationships, where, you  
11 know, the idea of consent is not an issue because they  
12 believe that young people can give consent.

13 In fact, with individuals that I've worked with,  
14 they have a very poor idea of what consent is generally  
15 and would find it difficult to explain what they believe  
16 consent is with a young person, or consent even with  
17 other adults.

18 MR MACAULAY: Morag, yes.

19 MS SLESSER: I want to just add in this issue of the use of  
20 the internet, not that -- I'm going to use all the wrong  
21 words, but social media generally. That's changed a lot  
22 for me and my understanding in the last ten years and  
23 things that I've observed as being that everybody uses  
24 the internet. Our youngsters are using the internet all  
25 the time and they are contacting each other on the

1 internet, and there's a study came out a couple of years  
2 ago was about how much sexting went on between our  
3 children, I mean all our children, all the different  
4 demographic ranges, if you like, socio-economic ranges.

5 For our generation that's just not heard of. The  
6 way you met people was you met somebody through friends  
7 or we met them when we went out for a night out and then  
8 the next day we might arrange to meet them outside the  
9 clock tower and they might or not turn up. Now they're  
10 having relationships through FaceTime, through WhatsApp,  
11 you know, all that's happening and that is very quickly  
12 becoming sexual in young people.

13 I have young people in my life who when I ask them  
14 about this they'll tell me things that happened which  
15 are astonishing to me that you would have that kind of  
16 contact with an individual who you've never even met in  
17 real life, you've certainly never been to their house,  
18 you don't know their parents, their friends.

19 So there's that generally going on.

20 The other thing that's generally going on is  
21 pornography on the internet. The amount of that is  
22 astonishing, I think. We have this kind of sexualised  
23 activity on the internet which is making all the  
24 boundaries potentially blurred.

25 So it's not a -- amongst young people who are

1 swapping naked pictures of themselves as young people,  
2 then they might end up -- you can see an adult getting  
3 involved in that and those boundaries are very blurred.  
4 So I think that's a very risky position.

5 I've seen a few offenders who have convinced  
6 themselves that the child was 16, when they were 13,  
7 I've seen a lot of those recently. So there's that.

8 The other thing, going back to the characteristics  
9 of the abusers, I think it suits a lot of people to do  
10 that internet activity, and it's not necessarily that  
11 they're -- that they're -- I think they are detached  
12 from it, and it's not necessarily that they would  
13 think -- I don't think any of these people would want to  
14 abuse, in their head, a real child, but it's easy ...  
15 you know, they can relate better and some of these are,  
16 I would say, neurally atypical, I've seen quite a few  
17 people who have had diagnoses of Asperger's or Autism  
18 Spectrum Disorder, it is just that they don't get it, it  
19 seems almost like a computer game, instead of whatever  
20 they normally play, actually they're online, they're  
21 talking to a child, they're getting that child to do  
22 things to them, for them, they're doing something and it  
23 just seems like another thing you do on the internet.

24 There's all that kind of -- I'm sure other people  
25 would describe that better than me.

1           Then some of those people some of those contacts go  
2           on to real-life contacts and again there's a lot of  
3           things that happen before, so they have this contact,  
4           the child may be quite interested in it, it's also safe  
5           for the child to play about with that because they're  
6           not actually seeing the person in real life. Then I've  
7           seen situations where -- some of these have been  
8           children in care, actually -- where they said:

9           "Are you going to meet me at such-and-such and  
10          place? And are we going to have sex? Are you going to  
11          let me have sex? We're definitely going to do it,  
12          aren't we?"

13          That is when the police get involved obviously. It  
14          can all be kind of pretend, sometimes the child turns  
15          up, sometimes the child doesn't.

16          A lot of activity happens with our children on the  
17          internet where they have friendships that's quite  
18          astonishing, I think.

19          The neuro atypical people I think is worth a bit of  
20          exploration, because I think they can just not realise  
21          in the same way this is -- you know, it just seems like  
22          it's on the computer. It doesn't necessarily mean that  
23          they lack empathy, it's just it doesn't seem -- they're  
24          not connected to what's going on.

25          Maybe other people might have things to say about

1           that.

2   MR MACAULAY: Thank you, for that.

3           Yes, Lorraine?

4   DR JOHNSTONE: Just I think it is really important to bring  
5           up the neuro atypical presentations, because sometimes,  
6           for example pornography might just be one of their  
7           special interests, just like Thomas the Tank Engine was  
8           when they were three and next year it might be oak  
9           trees. It's a very transient phase and it really  
10          represents something entirely different, but they may  
11          have looked at absolutely everything of the category of  
12          pornography that you can imagine and it looks like  
13          something very different to what it actually is. Again  
14          it is around understanding the different drivers.

15          I think that is a population that really do require  
16          some very sensitive mentioning and responses to, because  
17          they're a disadvantaged group and to have this kind of  
18          stereotype or any added negativity would be really  
19          harmful, I think.

20   MR MACAULAY: Are you holding your card up, Michele?

21   MS GILLULEY: No, I'm not.

22   MR MACAULAY: There's no doubt the internet has changed all  
23          our lives -- ah, Judi?

24   DR BOLTON: I was just going to say -- I can just speak  
25          about the neuro atypical as well, but I was thinking

1           about if you assess someone, you look at the basis of  
2           where you acquire your perceptions of children from and  
3           that that is based on kind of three levels, like you  
4           would probably start with your own experience of being  
5           a child and then look at your knowledge, what is your  
6           knowledge of childhood.

7           You wouldn't expect to have a knowledge of age stage  
8           of development, of biology if you like, so there's  
9           a knowledge-based enquiry about understanding.

10          Then, lastly, the thing people have been talking  
11          about a lot, the culture and the external factors of the  
12          place that you work, the perceptions of others in the  
13          environment that you work.

14          In answering the question, I think you have to look  
15          a bit about where people's perception of children comes  
16          from. Where did you acquire that perception from, in  
17          the way that you would if you were assessing someone.  
18          That speaks to some of what Stuart was talking about  
19          with the internet or different modalities having  
20          possible different perceptions for people about  
21          childhood and social media and then the cultures within  
22          which people work.

23   MR MACAULAY: Yes, I was going to say the internet has had  
24          a huge impact upon how people relate to each other. For  
25          people of a certain generation, the Binns Clock was

1 a meeting place in Edinburgh, but I don't --

2 LADY SMITH: Now restored, it can be again.

3 MR MACAULAY: We've touched upon pornography then and the  
4 internet and that indeed is the third limb of this first  
5 topic. Just to remind us all, the question was: what  
6 does your professional experience tell you about the  
7 link, if any, between viewing of pornography, including  
8 indecent images of children, and the abuse of children?

9 It seems to me that from the responses provided by  
10 you, perhaps with some differences in emphasis, it seems  
11 that the link between those engaging in what is referred  
12 to as non-contact offences, for example viewing illicit  
13 images of children, that escalating into contact  
14 offences is inconclusive.

15 Stuart, I think you say that -- is that the view you  
16 take, that there isn't a conclusive link?

17 MR ALLARDYCE: Yes, there are problems with the research and  
18 literature in this area, but those studies that have  
19 looked at those who have been convicted for online  
20 offences have found that the kind of migration to  
21 contact offending is fairly unusual. That those that  
22 are involved with re-offending will usually commit the  
23 same kind of offence again. But the actual recidivism  
24 rates are kind of less than 10 per cent for individuals  
25 in this space.

1           So not many people persist, although we need to  
2           accept that -- this is perhaps the methodological issues  
3           around the research in this area -- it may be that some  
4           online offenders, after they get found out the first  
5           time, develop better technical sophistication in being  
6           able to avoid detection in the future.

7           There are all kinds of issues with the research, but  
8           it suggests that in comparison to what we thought 10, 15  
9           years ago, when we thought every online offender was at  
10          significant risk of contact sexual abuse, we've now  
11          significantly moved away from that.

12          There is an interesting debate in the literature  
13          that's come from some studies in the US though that  
14          suggest that actually quite a significant proportion of  
15          those who are involved with online offending may have  
16          been involved with contact offending in the past.

17          There are problems with the credibility of some of  
18          those studies, I think, but also it might suggest that  
19          for some individuals, who are trying to manage sexual  
20          feelings towards children in some way, actually they  
21          move from contact offending to online offending, so it's  
22          almost like a deescalation strategy or technique.

23       MR MACAULAY: These are contact offenders who have been  
24          caught?

25       MR ALLARDYCE: Not always. That's the complexity in this.

1 The research around previous histories of contact  
2 offending tend to have come from studies in prison  
3 populations in the States, where it's more likely that  
4 online offenders will go to prison, and the use of lie  
5 detectors with them and then asking them whether they  
6 had committed contact sexual offences.

7 There are methodological issues in that, but I think  
8 there is something interesting and it resonates with  
9 a minority of individuals that we would see at Stop It  
10 Now!, that there are some individuals that have had kind  
11 of histories perhaps of harmful sexual behaviours in  
12 adolescence or have been involved with behaviour -- I'm  
13 choosing my words carefully -- which might fall below  
14 the threshold of what we would describe as abusive but  
15 might be kind of inappropriate or problematic in  
16 childhood.

17 MR MACAULAY: Michele, I think you do comment on this as  
18 well. Do you suggest -- I think there is some research  
19 that indicates that the viewing of illicit images of  
20 children could be a gateway to future contact offending?

21 MS GILLULEY: I think we are again it's one of the areas  
22 that we are still working through a lot of the research.  
23 So to conclusively say that the link is there, that it's  
24 a gateway, may be quite a tenuous link at the moment.

25 One of the things that I was considering might be

1 quite relevant in some of the discussions that we have  
2 here when you also relate it back to what Morag was  
3 talking about in terms of viewing images, thinking about  
4 pornography. It goes back to a very fundamental in  
5 basic psychology about conditioned responses. You know,  
6 sometimes when people do view images and they view them  
7 continuously, so you have an image and you have  
8 a conditioned response to a certain stimulus, then what  
9 can happen is that you can have particular sexual  
10 behaviours develop from that that perhaps you wouldn't  
11 have considered would be that person's particular sexual  
12 behaviours in the first place.

13 It is a bit of a tenuous link and I think it's  
14 difficult to substantiate that it's definitely  
15 a gateway, but we can't rule it out either.

16 Personally, the people that I have worked with,  
17 there are some individuals who have gone from  
18 non-contact offences, such as viewing images of  
19 children, inappropriate, and moved on to actual contact  
20 offending. But I wouldn't say that that's necessarily  
21 the majority of the offenders.

22 MR MACAULAY: I think you do mention that non-contact and  
23 contact offenders do share certain characteristic.

24 MS GILLULEY: I can't remember what I wrote now.

25 MR MACAULAY: I was going to ask you if you had.

1 MS GILLULEY: I think it goes back to some of the  
2 characteristic that I spoke about earlier. Non-contact  
3 and contact offenders can share similar characteristic  
4 in having that poor interpersonal effectiveness. So  
5 people who use online because they actually find it  
6 really difficult to relate to people of their own age,  
7 build meaningful relationships, and also people who  
8 perpetrate contact offences can have a very similar  
9 characteristic, in that they may actually have a contact  
10 offence against a child because they have far greater  
11 relatedness with that child. Maybe they have difficulty  
12 with intimacy with adults and find that there is  
13 an easier route to follow with a young person.

14 Those characteristic can be quite similar with  
15 non-contact and contact offenders.

16 MR MACAULAY: Do I understand then that generally we have  
17 two broad groups, contact offenders who might abuse  
18 children and those non-contact offenders generally,  
19 where there's no conclusive link that they go on to  
20 abuse children?

21 MS GILLULEY: You can do. I think we talked about this  
22 earlier, when you're your risk assessing an individual,  
23 you're looking at the individual rather than do they fit  
24 into a group, per se, is this person definitely going to  
25 go on and be a contact offender. Is this person --

1           where did their offending originate? From non-contact  
2           offending and progressed to something quite different?

3 MR MACAULAY: Stuart, you wanted to come in?

4 MR ALLARDYCE: Just to quickly say, it is a Venn diagram,  
5           there is a group of individuals who do go from online  
6           offending to contact offending. What we would commonly  
7           see more often is those going from online offending to  
8           the grooming of children online, so it's still an online  
9           behaviour, but it involves some victimisation. But we  
10          do see that overlap.

11           I mean, there are studies that have looked at what  
12          are the characteristics of those individuals who move  
13          from one area, online offending, to contact offending.

14           There's a number of things that come from those  
15          studies. Perhaps unsurprisingly access to children is  
16          one of those factors, but you maybe would expect that,  
17          because if somebody didn't have access to children, then  
18          they don't have the opportunity to be involved with  
19          contact offending behaviour.

20           To paraphrase though, I mean the more  
21          criminogenically orientated individuals are, then the  
22          more likely there's a risk in relation to contact  
23          offending. We would be looking at emotional  
24          dysregulation, of involvement with other kinds of  
25          non-sexual offending behaviour. You know, there's

1 a number of characteristic that we would see of that  
2 population who tend to move over, but they are a small  
3 population, from what we understand.

4 MR MACAULAY: I think some of you commented on the fact of  
5 there being a link between looking at what has been  
6 described in the response as legal pornographic  
7 material, it sounds like a contradiction in terms, and  
8 the desensitisation that that brings about with looking  
9 at the more hard-core and the illegal pornographic  
10 material. Has that been your experience generally?

11 MR ALLARDYCE: Yes. The most common narrative that we hear  
12 from online offenders is they have been looking at often  
13 large amounts of legal material, over often lengthy  
14 periods of time. You know, these are sometimes  
15 individuals who are looking at pornography for hours  
16 every day, and perhaps unsurprisingly are therefore  
17 becoming desensitised to what they're looking at, are  
18 looking for things that increase their excitement  
19 online. It's a bit like a slot machine where people are  
20 always kind of looking for something that will give the  
21 excitement and payoff.

22 Some individuals will be drawn to more transgressive  
23 material because of this, and for some individuals that  
24 will involve illegal material.

25 I remember, just to give an example, speaking to

1 an online offender who once described to me that he had  
2 been looking at -- he was in his 50s and looking at lots  
3 of legal material every day for years, and then through  
4 some messaging apps he accessed some images of girls who  
5 were maybe 13 or 14 years old. He said, "Look, I'd  
6 never really thought about younger children before. I'd  
7 been interested in teen material but not kind of younger  
8 children", and then he said, "When I closed the computer  
9 that night, I found my heart was beating faster than it  
10 ever had been before, and it's because I knew that had  
11 crossed a line and that was the exciting bit, which was  
12 why I wanted to go back and look at that material the  
13 following day".

14 I think we need to recognise that actually some of  
15 the drivers might be about transgressive elements of the  
16 internet for some individuals.

17 MR MACAULAY: Judi, do you want to come in -- sorry, it was  
18 Liz and then I'll come to Judi.

19 PROFESSOR GILCHRIST: Sorry, I'm just aware that there's  
20 been some research done in the States that was looking  
21 at how people perceive the internet as lawless, and the  
22 lack of policing of that as being something that allows  
23 these transgressions, so there's a step towards the same  
24 research that have identified 75 per cent of the  
25 pornographic material that was being viewed by child

1       abusers was indeed adult material, and then the  
2       25 per cent was that moving towards the youngsters, but  
3       actually a lot of the drivers were about the lawlessness  
4       and the perceived ability to keep going without being  
5       policed.

6             There's a bit of risk-taking, a bit of going towards  
7       those risk-taking behaviours, the dark web and almost in  
8       a safe way being a high risk taker, but it being quite  
9       different in some ways to that step towards physical  
10      offending and the direct contact.

11   MR MACAULAY:    Judi?

12   DR BOLTON:    I think when we're talking about pornography, we  
13       have to incorporate the legal, for lack of a better  
14       word, pornography with the normalisation of pornography,  
15       of other factors we know about pornography like the age  
16       of children viewing pornography has got younger and  
17       that's purely as a result of the internet, but also  
18       therefore Stuart was talking about, I went to a police  
19       talk where they were trying to explain to the Luddites  
20       like me about algorithms in the internet, a bit like if  
21       you Google a pair of shoes, you then get bombarded with  
22       images of shoes, so there's an actual inbuilt algorithm  
23       to encourage you to -- I'm not articulating it well --  
24       progress your pornography use, particularly if there's  
25       a financial incentive.

1           I think you have to look at pornography use in terms  
2           of what we know about the market of pornography and also  
3           how it's included in sexual education for young people  
4           or isn't included in sexual education for young people  
5           about pornography use.

6           Stuart was talking about the satiation effect. If  
7           we interview offenders we ask them about their  
8           pornography use, and some will talk about this effect of  
9           one thing not being enough and this kind of escalation  
10          effect. Whereas other people talk about migrating to  
11          the same fantasy all the time and not having that risk  
12          factor.

13          I think when we look at pornography, we also have to  
14          look at it in the framework of pornography use generally  
15          in society.

16 MR MACAULAY: Yes, Martin.

17 MR HENRY: I think the points Judi is making are absolutely  
18          right. If I may just take a little bit further, I think  
19          that we also have to look at the impact popular culture  
20          has on the way some people think, not all of us think,  
21          but to a larger or lesser extent, and there has been  
22          a -- you know, it doesn't escape any of us, a kind of  
23          pornographication of popular culture, where images and  
24          behaviours and presentations that perhaps 10 or 15 years  
25          ago would have been exceptional are now commonplace.

1           I think for certain people who are occupying spaces  
2           and for problematic thinking behaviour online, but also  
3           potentially offline, find themselves in a world where  
4           the goalposts have shifted, so to speak, and perhaps  
5           that that in itself causes them problems in relation to  
6           how they regulate their own behaviour but also  
7           understand and navigate it.

8           I'd also go back to something Judi said that struck  
9           me and it gets us into difficult territory. One cannot  
10          help sounding like a bit of a prude, and you really try  
11          not to, but pornography in a sense has become part of  
12          the world, it's part of the real world and it's part of  
13          the world that young people navigate every day. They  
14          navigate it offline and they also navigate it online.

15          I think going back to the issue about how we deal  
16          with the behaviour of boys in particular, there's very  
17          little in relation to education on how it helps our  
18          young men understand pornography and how to navigate it.

19          I suppose that's a harm reduction argument. That if  
20          they're going to do it, is it not a thing to look at to  
21          help boys do it safely, legitimately and without  
22          overstepping the law, instead of expecting a 13 or  
23          14-year-old boy to navigate that alone in secrecy,  
24          perhaps there is something more to be argued about  
25          having an open conversation with young people about the

1 reality of pornography and the dangers perhaps that it  
2 can lead to, the risks for example of online behaviour.

3 I think we can't underestimate that for some adults  
4 who are bombarded with sexual ambiguity in the offline  
5 world, they find it very difficult to translate that  
6 into a meaningful way to regulate their behaviour  
7 online.

8 MR MACAULAY: You're saying education may be an approach to  
9 minimise the risks to children from pornography?

10 MR HENRY: Yes. Clearly it sounds controversial, because  
11 everybody's morality and everybody's values comes into  
12 play here and it all becomes a very murky kind of  
13 conversation, but all I'm really saying is there are  
14 young people out there right now, 13, 14, 15-year-old  
15 boys who are trying to grapple with this stuff and as  
16 the adult world perhaps we need to take the steps to  
17 engage with them more meaningfully about it, rather than  
18 leaving them to their own devices.

19 MR MACAULAY: Morag, I think you were first. I'll take you  
20 first.

21 MS SLESSER: Yes, I just want to draw attention to the kind  
22 of extreme spectrum where the internet allows sexual  
23 offenders to communicate with each other across the  
24 world and to meet each other, in the same way that I was  
25 talking about how youngsters meet each other, and then

1           validate what they do.

2           There's that group, which I think is difficult to  
3           pin down, actually. I've seen a few come through the  
4           prison system.

5           The second problem, which again somebody is creating  
6           those images that people are seeing and others might  
7           have experience, but I've seen relatively few of those  
8           cases come through the courts, I can think of only  
9           a handful, but those perpetrators are seeking out  
10          children to abuse, taking pictures of them, sometimes,  
11          you know, getting a few together, there'll be a group of  
12          men -- it is men, not always as we've heard in the news  
13          recently, women procuring children for men to have sex  
14          with. That's very little -- I've only seen a very few  
15          of those cases come across my desk, but they obviously  
16          exist because there's lots of imagery out there that  
17          people are looking at.

18          I have met a couple of people as adults who have  
19          said they were taken away to become videod and be made  
20          to have sex with each other as well as with adults. But  
21          considering all of the things we're talking about,  
22          actually seeing those perpetrators is a rare thing.

23       MR MACAULAY: The reason for the perpetrators who do it for  
24          financial gain.

25       MS SLESSER: Yes, they certainly found out that they can

1           make money out of it. Whether they have any interest in  
2           children is unknown, I guess.

3   MR MACAULAY: Lorraine, you wanted to come in?

4   DR JOHNSTONE: Yes, I would just build on what Morag was  
5           saying, sometimes the introduction of indecent images is  
6           part of organised crime. It is a much larger, very  
7           well-coordinated enterprise, the business model is  
8           highly successful, and that is extremely difficult to  
9           infiltrate.

10           So we very often are picking up, certainly when  
11           I work with young girls, who come in and they have been  
12           sexually exploited and recorded -- there are financial  
13           rewards themselves, but also to break away from that is  
14           extremely risky for them. To give evidence against  
15           perpetrators is extremely risky for them and their  
16           families.

17           There is another side of it, there's the individual  
18           side but there's organised criminal groups as well.

19           I think just building on what Martin was saying,  
20           I do think there is something about targeted  
21           interventions around about people's developmental age  
22           and stage. So around about education, the adolescent  
23           brain is by far much more susceptible to any form of  
24           addiction, any form of addictive behaviour.

25           If a young boy starts to look at pornography as

1 a teenager, when his brain is developing, he may be far  
2 more at risk of not being able to control and manage  
3 that behaviour. Say, for example, to a 48-year-old man  
4 who experiences a stressful life event and sees these  
5 images and it only takes a fleeting moment.

6 I do think there is a really important issue around  
7 the research that should help us inform targeted  
8 interventions.

9 I work with adolescents all the time, what is  
10 normal, what is abnormal. I do think that many, many,  
11 many adolescents are repulsed by what they're faced  
12 with. I don't think they are necessarily gullible,  
13 vulnerable, I do think they can recognise what does  
14 cross a line, but I think what we lack is effectively to  
15 communicate and engage with adolescents. It's quite  
16 cringey to think of your teacher coming to have a sit  
17 down, or even worse, your mum or even your dad, oh my  
18 goodness.

19 With all these tools, social media, whatever,  
20 I think we need be creative in how we address this  
21 problem as well.

22 But also, adolescence is a really high-risk period  
23 of time. I think that's something else that people who  
24 offend in adolescence are much more likely to desist, so  
25 that it is another huge concern I see. You have

1 a 16-year-old boy who has a relationship with  
2 a 15-year-old girl and he's carted off to the police  
3 station and questioned and criminalised. We have lots  
4 of conversations of when does it become criminal and  
5 problematic versus really ill-judged? If you get  
6 a conviction for a sex offence as a teenager, that can  
7 determine your future, so it's very complicated.

8 LADY SMITH: Lorraine, can I just check, did you say that  
9 people who offend in adolescence are more likely to  
10 "desist"? Not persist.

11 DR JOHNSTONE: Much more likely to desist.

12 MR MACAULAY: To what extent do you think that those who  
13 view illegal images of children realise that they're  
14 looking at children who are being abused?

15 PROFESSOR GILCHRIST: From work about ten years ago from  
16 Scotland Yard, one of the things that they asked when  
17 they were identifying people who had viewed images was  
18 static and moving images and it was really clear that  
19 actually they were not viewing the images as a crime  
20 scene, they were seeing them as filmed scenes, and  
21 actually when it was pointed out that they were looking  
22 at identifying what had happened and the countries that  
23 these offences had taken part in, that was a narrative  
24 that was really unknown to those who were viewing the  
25 images. It was totally separate.

1 MR MACAULAY: Yes, Stuart.

2 MR ALLARDYCE: Just to say that I think there is also a kind  
3 of reality that the context of exploitation is removed  
4 from those images a lot of the time. Clearly there are  
5 images out there where there is sadistic abuse of  
6 children that takes place, but actually the majority of  
7 images that people are looking at online have children  
8 who are pretending to enjoy themselves and what they're  
9 doing, they're being told to smile. We, for perfectly  
10 good reasons, avoid using the term "child pornography"  
11 any more in our profession, but actually it is a term  
12 used by offenders, the reason being that the frame of  
13 reference -- these are images that are made to look like  
14 mainstream pornography but involve children.

15 The question of where the abuse and exploitation  
16 sits, when we work with offenders, one of the exercises  
17 we sometimes do with those who have committed online  
18 offences is we ask the offender to think about an image  
19 that they looked at and then to think about who else  
20 would have been in the room at the time. Who would have  
21 been filming this. And actually, who are the other  
22 important people for this child and where are they?  
23 Where's the mum? Where's the dad in all of this? Just  
24 getting to think about the context. But actually the  
25 image itself destroys the context.

1 MR MACAULAY: Yes, Judi.

2 DR BOLTON: Just picking up on Stuart's point, I do  
3 an exercise where we talk about the script that  
4 offenders have written and it's exactly what Stuart  
5 said. It's about contextualising the whole thing but by  
6 far and away, the majority the script is not the  
7 illegality of it, it's it was an enjoyable experience.  
8 It was not being able to take the picture beyond the  
9 screen. Script or narrative, it's maybe the same thing  
10 that the offenders would write.

11 MR MACAULAY: Good. Well, we're approaching 1 o'clock.  
12 Rather than embark upon our next topic, we should  
13 perhaps rise a little bit earlier than we might and come  
14 back for 2 o'clock.

15 (12.59 pm)

16 (The luncheon adjournment)

17 (2.00 pm)

18 MR MACAULAY: Right, good afternoon, everyone. Perhaps  
19 before I proceed to the next topic on the list, if  
20 I could ask if anyone would wish to add anything further  
21 to this morning's discussions on any aspect of this  
22 morning's discussions?

23 Good. Okay, we'll move on then to the next topic.  
24 This is focusing on abuse in religious institutions.  
25 What you were asked to consider was that some members of

1 religious orders flouted rules of their orders devised  
2 for the protection of children and abused children.  
3 You're being asked what does your professional  
4 experience tell you about this. That was the first part  
5 of the question.

6 It is the case that the Inquiry has heard several  
7 case studies so far where religious individuals caring  
8 for children inflicted physical, emotional and sexual  
9 abuse on children and also neglected children. Indeed,  
10 Lady Smith has made findings and published findings to  
11 that effect, some findings of real cruelty to children.

12 I do note from your CV, Martin, that you had  
13 an association with the Catholic church in Scotland.  
14 You can perhaps provide us with a particular insight  
15 into this particular topic. Would you like to perhaps  
16 start us off?

17 MR HENRY: I'll do my best.

18 I think it's probably important to just say that  
19 I haven't actually been involved in these kinds of  
20 issues with the Catholic church since 2013, when I took  
21 a step back after over 20 years of acting as a lay  
22 adviser.

23 I won't go into the reasons for me taking a step  
24 back, although they may become evident as I speak.

25 I started off my engagement -- the Catholic church

1 is my church. I started off my engagement with the  
2 church back in the very early 1990s when the Scottish  
3 bishops convened a working party on child sexual abuse  
4 and I was a member of the working party. We made  
5 recommendations and given, you know, historically at the  
6 very start of the 1990s a lot of the recommendations  
7 were about putting in place the basic things to try and  
8 protect children and young people within the church and  
9 a lot of these were about development of procedures,  
10 policies, training and so on and so forth.

11 Of course, over the years a lot of that, as has been  
12 reflected in many other institutions, not just religious  
13 ones, that happened. A lot of procedures were put in  
14 place, a lot of policies and training regimes and so on  
15 and so forth.

16 Although it has to be said I think a lot of the  
17 times the procedures and policies focused a lot on  
18 reporting abuse, about what to do if a child had some  
19 kind of issue or if an adult had an issue and people  
20 needed to figure out what needed to be done about it,  
21 which was absolutely good and as it should be, that  
22 people should respond to it and should respond promptly  
23 and appropriately and hopefully proportionately to what  
24 is said to have happened.

25 What seemed to be missing -- I'm speaking from my

1 own personal professional point of view -- was a focus  
2 on what I guess what we would now call prevention, and  
3 that is looking at: how do we get people involved in  
4 whatever it might be within the church, whether it's the  
5 clergy, the religious or any lay activity that involves  
6 children and young people who know what they're doing  
7 and they know how to relate to children and young people  
8 and know how to help them move forward and develop.

9       Essentially I guess it's what we called in the  
10 initial working party report "human formation". Human  
11 formation is a term that's often used in religious  
12 institutions to just say it's broader than just your  
13 so-called professional training, it's about who you are  
14 as a person, it's about what you bring to the table in  
15 terms of your background, your skills, your own  
16 psychology, the way you handle your emotions, the way  
17 you manage and navigate relationships, all of the things  
18 that need to be in place when people are working in  
19 a way which is in the interests of young people and kind  
20 of coherent.

21       I think that was one of the big battles over the  
22 years in relation to abuse in religious institutions,  
23 was to try and get that message heard about human  
24 formation as opposed to just wrongdoing or sinfulness,  
25 but actually getting people in place who were rounded

1 individuals who were less potentially posing a risk to  
2 young people.

3 I'm not going to comment on whether I think that's  
4 happened or not. As I say, I haven't been involved with  
5 the church in this capacity since 2013, but the church,  
6 the Catholic church in my view, has made some strides  
7 forward. I don't think it's an issue that has affected  
8 only the Catholic church, as you will probably be aware  
9 every bit as I am, there are other faith institutions  
10 and religious institutions who this issue has affected  
11 and indeed non-religious institutions as well.

12 I suppose what I would also say is in working in  
13 that capacity as a layperson within the church, it was  
14 important to understand that the church is also  
15 an institution. It doesn't have any kind of other  
16 properties. It operates and behaves in the same way as  
17 many other institutions do. If you take the kind of  
18 loaded issues of religiosity and faith out of it, it  
19 operates as an institution and has institutional  
20 behaviour which is replicated across other sectors as  
21 well. That was important, I think, for us to realise  
22 when we were trying to help the church change, to become  
23 safer.

24 The kinds of situations that I was involved in  
25 advising on, however, would have been largely to do with

1 reported cases and what needed to be done about them and  
2 also helping the church in Scotland to devise and  
3 formulate the right policies, the right approaches, the  
4 right training and so on.

5 I couldn't pretend, I don't think it's any secret,  
6 that was not an easy and hasn't been an easy journey and  
7 I don't think it's easy for anyone trying to get  
8 institutions to change. That can feel like hard work at  
9 times, particularly when some institutions may be  
10 resistant to change for whatever reason.

11 But, nevertheless, it's a journey that has to be  
12 undertaken.

13 I think obviously the church and churches in  
14 general, religious institutions, have changed.

15 Kind of going back, the kind of cases I was advising  
16 on were situations that had occurred some time before.  
17 They weren't contemporaneous in the sense that they'd  
18 just taken place in the early 2000s. They were cases  
19 that had come forward, much as the same as you will have  
20 been dealing with in the Inquiry, that had taken place  
21 in the 1960s, 1970s, 1980s and so forth.

22 It was very important, I think, for me to make sure  
23 that whoever was coming forward with these issues had  
24 a speedy and prompt response that led them to some sense  
25 of justice. Like many other institutions, what the

1 church did was try to smooth that path and it was really  
2 about reporting to the police by and large to allow  
3 investigations to take place, but also, internally, to  
4 make sure that anybody who was potentially a risk was  
5 moved to one side while these investigations took place.

6 I guess it might also be true that a lot of  
7 institutions perhaps didn't make the best decisions at  
8 times about how they administratively handled these  
9 situations and instead of actually reducing risk perhaps  
10 compounded it. I think that's common knowledge, that's  
11 part of our public discourse about whether institutions  
12 have done a good job in changing to safeguard children  
13 and young people.

14 I mean, I'm proud to have been part of that journey.  
15 I also would be very cautious about saying that we've  
16 come to the end of that journey. In fact, far from it,  
17 I think it's very important to say that there are  
18 institutions in Scotland, religious and otherwise, have  
19 still some way to go in terms of how they properly  
20 protect children and young people from abuse. And  
21 dealing with children and young people in a way that is  
22 in their interests and helps them to develop and grow.

23 It is not just about preventing abusers, it's  
24 actually about helping children and young people become  
25 good adults, better adults. I don't know if that's

1 helpful, but that kind of contextualises what my  
2 involvement's been. In a very guarded way I've tried to  
3 suggest that there are issues, there have been issues,  
4 and it's not been at all straightforward but I didn't  
5 want to get into too much detail about it.

6 MR MACAULAY: I did note from your response that for both  
7 male and female religious that there are or were  
8 a complex range of dynamics that came into play which  
9 allowed individuals to overcome spiritual, ethical,  
10 religious and organisational inhibitors to abuse of  
11 children. Can you explain what you mean by that?

12 MR HENRY: I mean think around the table we're all familiar  
13 with these things that can inhibit people's propensity  
14 to abuse, but also the way they overcome these  
15 inhibitors. For people in the clergy and religious,  
16 that was no different.

17 I think sometimes religiosity, faith, God was  
18 sometimes used as -- I won't use the word weaponised, it  
19 was used in a way that actually allowed them to overcome  
20 some of the issues that may have prevented them from  
21 thinking or behaving in a particular way in the first  
22 place.

23 It's to do with power, essentially is what I'm  
24 saying. It's to do with how people view their own power  
25 and what they do with it. There was a time within the

1 church in Scotland, and I guess many other institutions,  
2 where the imbalance of power wasn't just something that  
3 was there but it was something that was  
4 institutionalised, it was expected, it was built in, and  
5 I think very often that kind of power dynamic was used  
6 by individuals to overcome their own sense of  
7 wrongdoing, to distort their sense of wrongdoing and  
8 allow them to do things that would be considered to be  
9 abusive, sinful, wrong or immoral.

10 I also think that it was used -- I'm carefully  
11 choosing my words here -- to bring about a sense of  
12 complicity in some of the children and young people who  
13 were involved as well, and I think that that has  
14 a particularly cruel aspect of it to me, that what it  
15 would do is to engage young people in a process of guilt  
16 and shame and subservience to power in a way that  
17 I don't personally believe that religion is about and  
18 I don't believe faith is about, but it was used in a way  
19 that sometimes the institution conveniently overlooked.  
20 I think there are a lot of narratives from survivors  
21 that would support that view, sadly.

22 MR MACAULAY: Does anyone else want to come in on this  
23 point, on what Martin has said, before I pick out one or  
24 two other points?

25 One thing you do say, Martin, in your response is

1           that you thought it was a significant cognitive  
2           distortion, having regard to the background of  
3           individuals who enter into religious life, may have had  
4           an impact on their behaviour. I think you're looking at  
5           family relationships, what they're taught and so on.

6 MR HENRY: Yes, I mean I think that's going back to the  
7           John Jay research, where it became evident through --  
8           I mean it was a big piece of research that, and quite  
9           a compelling one, that a lot of the transgressions and  
10          indeed the abusive activity by religious and clergy  
11          could be explained by their own -- not explained  
12          necessarily totally, but at least we could be helped to  
13          understand it by understanding the way they had grown  
14          up, and that some of them had grown up in familial  
15          contexts, in families where sex was negatively viewed,  
16          power was very clearly and sometimes cruelly expressed,  
17          understanding of relationships was not something which  
18          was particularly well informed and so on and so forth.  
19          But it's not confined to religious and clergy. It's  
20          something that we see in a population of abusers  
21          anywhere, is that their own personal narratives go some  
22          way to explaining how they end up as adults and function  
23          as adults.

24                 So it wasn't terribly surprising, but I think the  
25          important message for me was that this was not something

1       that is peculiar to religious and clergy and the church.  
2       It is a form of behaviour that crosses all boundaries in  
3       adult society and it's something that we have to get to  
4       grips with.  Although the church itself has  
5       peculiarities about it as an institution, which allowed  
6       abuse to take place in a particular way and perhaps also  
7       to continue.

8   MR MACAULAY:  Morag, can I perhaps bring you in because you,  
9       on a broader front, say in your response that  
10      an institutional culture can develop and that culture  
11      itself can potentiate abuse --

12  MS SLESSER:  Yes.

13  MR MACAULAY:  -- in those who otherwise would not be  
14      inclined to abuse.

15  MS SLESSER:  Yes, I think we've referred to that a few  
16      times.  There's loads of examples through history about  
17      that kind of thing.  It actually might be going on even  
18      right now.  You can set up -- I've worked in what we  
19      would call closed institutions, which I suspect the  
20      church in certain places might be like that, where the  
21      people in power create the culture of abuse and  
22      therefore it's difficult, if you're not one of those  
23      people in power, to go against it.  You know, you might  
24      be afraid of losing your job, you might be afraid of  
25      losing all the social benefits that go with something

1       like that, and so you have kind of seen that through the  
2       ages, how cultures can build up and create environments  
3       and there's lots of very powerful psychological  
4       processes that go on. I mean, I haven't been involved.  
5       I've seen perpetrators of institutional abuse and  
6       victims of institutional abuse, and I think we should  
7       probably mark -- there's religious abuse as well, isn't  
8       there, there's people who use ... you could probably say  
9       more about that, but that's probably important.

10        Anyway, that group, I think if you like, that  
11       institution, and people who in other situations would  
12       never do the things that they would do in normal life  
13       would do it in the institution.

14        You can sometimes see it in -- just if you work on  
15       a psychiatric ward, the kind of culture that can be  
16       created by one or two really powerful people. I've  
17       worked on wards where we've had individuals kept in  
18       isolation for years. We had built a unit for somebody  
19       who we thought was so dangerous, and what's surprising  
20       about that is that how much everybody just went along  
21       with it. Everybody went along and thought that was  
22       okay. Nobody -- and then from the management upwards.  
23       If an individual comes along in that situation and wants  
24       to whistle-blow, it's extraordinarily difficult to do,  
25       having been one of those people who have tried to

1 whistle-blow, and the amount of aggression and  
2 Machiavellian things that would go on to try and prevent  
3 somebody blowing a whistle about a situation, but if you  
4 talk to them individually, they might say, "Oh yes,  
5 I agree that's not right, yes, but what can we do about  
6 it?"

7 If you have doctors saying that or I guess in your  
8 situation clergy, you know people high up saying, "It's  
9 maybe not great, but what can we do about it?" It's  
10 very hard for the people on the ground to say:

11 "Actually I'm not going to go and care for that  
12 person anymore."

13 Because that's my job and I have to do it, I'm not  
14 going to say it's wrong.

15 I've certainly come across that situation in a very  
16 powerful way in high secure settings where people have  
17 just not realised that they have to take a stand and  
18 they just haven't felt able to do it. And they're  
19 normal people. We've seen that through history.  
20 Perfectly ordinary people do dreadful things because of  
21 the way the institution has been set up.

22 LADY SMITH: Morag, can I intervene here and raise something  
23 that I've heard often in evidence when referring to  
24 religious institutions, religious orders, that there is  
25 an assumption made, because it's a priest, because it's

1 a brother, because it's a nun, that they're good people  
2 and therefore nobody will believe the child if the child  
3 complains. And if the child does, and I've heard  
4 evidence about reports being made to parents for  
5 example, and no, that doesn't happen because that  
6 doesn't happen in the church, you must be wrong.

7 Does that play on the psychology of the abuser to  
8 give them more of a sense of freedom to engage in  
9 misconduct, abusive conduct, or not?

10 MS SLESSER: Well, it must help you to feel you can act with  
11 impunity if you're one of those powerful people.

12 I think -- and again, the church is not really my  
13 experience, but I've certainly seen it in situations  
14 where there's a teacher, or a parent is the most common  
15 situation, where, you know, if you go and tell your  
16 mother that her partner is sexually abusing you, it's --  
17 even if -- it's very hard to take that on. It's very  
18 hard to process that information. And you've got -- if  
19 you were to process it, it would be so profoundly  
20 shocking it's going to rock your whole life, and that  
21 would be difficult for the child to do. But if you're  
22 going to try to believe the child, think of all the  
23 implications it's going to have for you.

24 I think it's a process, isn't it? So I think it  
25 would be a hard thing for a mother to do, to accept

1           that, and then if they did -- so you can see why the  
2           initial reaction's got to be, "Oh no, surely that can't  
3           happen. This is a person [talking about a step parent]  
4           I love and spend my life with".

5           You have to have some resilience and strength to  
6           think I have to believe my child, so what am I going to  
7           question about all my life?

8           Even in a relative domestic situation that's hard,  
9           so then if you take something like an institution, you  
10          are going to question not just your step parent, you are  
11          going to question a whole institution.

12   LADY SMITH: Where there is a sense, perhaps, in the culture  
13          of permission to behave in a way that other people  
14          wouldn't behave because you're a cut above?

15   MS SLESSER: Yes. The question I had actually was: how  
16          often is God used as, well, I've been given permission  
17          from God?

18   MR HENRY: You don't have to be a genius to figure how  
19          powerful that is when a young person or child hears it,  
20          or indeed a parent hears is.

21          There is a historical legacy that people should  
22          avoid at all costs bringing scandal on the church. And  
23          people avoided talking about this issue, victims  
24          avoided, for a whole multiplicity of reasons, but  
25          apparently also the issue of bringing scandal on the

1 church, avoiding talking about it. Religion and family  
2 culture are so interwoven that -- and families reinforce  
3 that by discouraging people from talking badly or in any  
4 way that is going to bring criticism on the church or  
5 a religious institution.

6 You can imagine the difficult way that young  
7 people -- well, how difficult it must have been for  
8 children and young people to navigate that and make  
9 sense of it, let alone talk about it. When you add God  
10 in as the other factor, who is always there,  
11 omnipresent, watching what you are doing and listening  
12 to what you're saying and knowing what you're thinking,  
13 it becomes all the more powerful. As a mechanism to  
14 silence children it had proven very effective.

15 To this day, I'm astonished that so many adults have  
16 found the courage and ability, and young people, to  
17 really break through that and talk about it. I'm  
18 thankful that they have.

19 But as an institution, there was this message: avoid  
20 bringing scandal on the church. Which essentially has  
21 translated across institutions into: protect the  
22 institution and its reputation before you protect the  
23 child or the young person. And that has been, I think,  
24 a theme that has been very strong in our child  
25 protection/sex offending debate in relation to

1 institutions in Scotland.

2 MR MACAULAY: Lorraine, you had your card up.

3 I'll come back to you in a moment, Morag.

4 MS SLESSER: It was just a small point.

5 DR JOHNSTONE: Some of the research that I've been lucky  
6 enough to do is to look at the situational context of  
7 organisations where violence or harmful behaviour occurs  
8 and it's absolutely -- you'll achieve much more  
9 intervention and effective change if you address the  
10 situational context. So the philosophy, the ethos, the  
11 management style, the structure, the care provisions are  
12 there. As Morag was saying, where there is a culture of  
13 transparency and integrity and accountability -- because  
14 where that doesn't exist, if you don't have a healthy  
15 context or environment, there's a classic study by  
16 Milgram, I think everyone in the room may have heard of  
17 Milgram, but basically it was a group of people who were  
18 instructed by someone they thought was a doctor or  
19 a person in authority to administer an electric shock on  
20 someone in the room next door and they did it until the  
21 person was screaming in agony and most people did it  
22 just through pure obedience to authority.

23 These are people without any individual risk factors  
24 in general terms, but it explains how a culture or  
25 an organisation or obedience to authority, if that's

1 something, whether it's a parental authority, someone of  
2 position or whether it's God, how these things can  
3 become extremely powerful that will enable you to reduce  
4 someone to what you believe is agony, agonising pain.

5 There is this dual approach, I think. It doesn't  
6 really -- if you only focus on the individual without  
7 the context, we will miss all the opportunity.  
8 Similarly, if you only focus on the context without  
9 thinking about the individual, you'll miss the  
10 opportunity as well.

11 So the situational context, the organisational and  
12 institutional features, whatever they are, must be  
13 conducive to safe care. If they're not, then as Morag  
14 says, even people who would never think about harming  
15 someone else will go in and just through pure obedience  
16 administer harm.

17 MR MACAULAY: Morag?

18 MS SLESSER: That's exactly what I was going to say,  
19 actually, the obedience to authority is a really  
20 powerful thing, but so is just general conformity.  
21 I mean, our whole society runs with general conformity.

22 There's another psychological experiment which is  
23 really basic called the Asch line experiment where --  
24 and I always, when people came to work at the state  
25 hospital, I always gave them this talk, because what

1 happens really, the academics will explain it better  
2 than me, but basically there's a group of people and  
3 there's one -- everyone's in the experiment except for  
4 one person who is near the beginning. Everyone says how  
5 long is that line? Is A longer than B? And  
6 everybody -- sorry, it's the other way around, isn't it?  
7 There's only one person who's in the experiment and  
8 everyone goes A longer than B, and most of the time  
9 that's right, and then at one point they go, no, B is  
10 longer than A, even though it's absolutely transparent  
11 that A is longer than B and the person at the end will  
12 consistently go with the group.

13 That's a very simple version of it, but when people  
14 get into work, I say you'll be in a situation where you  
15 know that A is longer than B and everybody else will be  
16 going B is longer than A and it's very difficult to put  
17 your hand up and say, "Actually, I don't agree with  
18 that", and these are just ordinary situations, never  
19 mind being sexually abused or -- these are ordinary  
20 situations where people generally are conformist and  
21 want to be conformist and want to get on with the social  
22 group.

23 It is amazing when somebody who is in a position of  
24 low influence or power can stand up and say to anybody,  
25 "I don't agree with you". And the problem with people

1       like us is we are the kind of people that say we don't  
2       agree, but most people are not. Most people will just  
3       want to go along with what everyone else says. They  
4       might quietly disagree, but to stand up in any kind of  
5       situation and disagree is really difficult just for  
6       anybody to do. So that's my main point.

7   MR MACAULAY: Stuart, you tell us in your response that you  
8       are very experienced generally in this area, but you do  
9       refer to the work done by the Lucy Faithfull Foundation  
10      in connection with a cohort of Catholic priests. What  
11      came out of that study?

12   MR ALLARDYCE: It wasn't a study as such, but the Lucy  
13      Faithfull Foundation, the charity I work for, initially  
14      started as a couple of residential non-secure placements  
15      for sex offenders and at one point was involved with  
16      a lot of residential treatment of priests and people  
17      from faith and belief communities.

18             That's left a bit of an inheritance within the  
19      organisation in terms of practitioners who worked with  
20      those individuals and the kind of knowledge we gained at  
21      that time.

22             I think there is -- you know, once again we're  
23      talking about a heterogeneity of different kinds of  
24      individuals, but speaking to colleagues who worked with  
25      priests who were in rehabilitation, one of the things

1       that was quite often said by priests, or some priests,  
2       was, "Well, God knew what I was doing and God didn't  
3       stop me, so it must have been okay at some kind of  
4       level".

5             I think to use a phrase that Martin almost got to,  
6       but then shied away from, it's almost a kind of  
7       weaponising of theology that's going on in a situation  
8       like that.

9             I should also say, though, that you can turn this on  
10       its head because there was a study that was done just  
11       a couple years ago looking at people in prison  
12       populations who had committed sexual offences who had  
13       faith. These were not necessarily people who were  
14       priests or ministers or what have you, but some of them  
15       were. What was interesting about that study is  
16       interviewing those individuals, they often described  
17       desistance and the process of moving away from offending  
18       as a spiritual act and something that was deeply  
19       embedded within their own kind of sense of values.

20            I think there's a danger of us kind of constructing  
21       a kind of set of almost criminogenic ideas that sit with  
22       religion and faith, whereas actually I think it's much  
23       more neutral than that and actually it's making sure  
24       that we pull on the positive aspects of religion here,  
25       because one of the things that came from that particular

1 study was a recommendation that we as treatment  
2 providers with sex offenders probably need to take  
3 spirituality a lot more seriously than we currently do.

4 LADY SMITH: Stuart, can I just pick up on the account  
5 you're giving us of that work with priests. Tell you  
6 this. I think I've found the actual quotation from the  
7 study, which went something along the lines of:

8 "When I was offending, I couldn't convince myself  
9 that God didn't know. I brought it into prayer, treated  
10 it as a problem. I handed the problem over to God. It  
11 doesn't fit with how I am, but this is the way you made  
12 me."

13 That's him speaking to God:

14 "It's up to you to sort it out. I treated it as  
15 God's problem rather than mine. It didn't outweigh the  
16 good I was doing. I hoped God would intervene."

17 Unpacking that, I see quite a number of thought  
18 processes going on there. One that the man could talk  
19 to God about it, saying:

20 "I realise I have a problem, and this isn't me, this  
21 doesn't fit with how I am, who I am, but you made me  
22 like this, doing these things I know I shouldn't do, so  
23 you sort it out, and in the meantime it's your problem,  
24 it's not mine, and I will carry on doing the good I'm  
25 doing it and it can't outweigh it because I've handed it

1 over to you."

2 Is that the sort of thought processes that this  
3 study felt that they had discovered?

4 MR ALLARDYCE: These are the kind of thought processes that  
5 my colleagues have talked about.

6 Going back to one of the points we were making  
7 towards the start of the day, I think it's really  
8 important to hold onto the capacity we have as human  
9 beings to self-delude ourselves when we begin going down  
10 a particular pathway.

11 Sometimes we see or think about sex offenders who  
12 have kind of stable cognitive distortions which when we  
13 interrogate them they don't seem to make any sense and  
14 we assume that they have always been there and pre-date  
15 their offending behaviour, but my view would be actually  
16 some of these can emerge as the offending begins to  
17 emerge as part of a process, as somebody, if you like,  
18 explains to themselves why they have these thoughts, why  
19 they have these feelings, why they're behaving in  
20 a certain way, and therefore you see minimisation become  
21 kind of grounded into somebody's self-narrative in  
22 a sense, which I think is precisely what you're  
23 describing there, Lady Smith.

24 LADY SMITH: Thank you.

25 MR MACAULAY: Yes, what do you have to say on this topic?

1 PROFESSOR GILCHRIST: I was just going to say there's  
2 a couple of things, just picking up on the  
3 self-narrative, I think I mentioned dissonance. The  
4 whole idea that I can present as a really positive human  
5 being doing good work, but at the same time somehow or  
6 other doing behaviours which I can distance by either  
7 blaming the victim or saying it's not me or it's over to  
8 God or something. That sense of not actually being  
9 holistic and managing cognitive dissonance quite well.

10 One of the things I was wondering about, and this  
11 isn't based on evidence, more on sort of the narrative  
12 of the church in terms of forgiveness and coming out of  
13 some of the circles of support which is faith-based kind  
14 of mentoring for managing the risk of sex offenders.  
15 Actually the evidence that to date has been shown is  
16 that actually it's not very effective, because there's  
17 a tendency to overlook risk and forgive. So we want to  
18 the forgive and embrace somebody holistically and say  
19 that's behaviours in the past, we forgive you for that,  
20 and then that's it. There's a sort of a blank, and  
21 actually the lack of risk management then seems to be  
22 inherent in the -- well, we've forgiven that, so it's  
23 almost like we're now saying it didn't happen. So  
24 there's no more risk.

25 That kind of tension between a church or a religious

1 forgiveness for the behaviour and then kind of what do  
2 you do? Which doesn't really serve the victims  
3 particularly well in terms of just ignoring what has  
4 happened.

5 MR MACAULAY: Yes, Lorraine.

6 DR JOHNSTONE: Just to summarise, I work with a colleague  
7 who is very much involved in the church and he made  
8 a comment to me the other week saying forgiveness is  
9 much easier than permission, and it really captured  
10 a lot for me, because I think -- so we need to have  
11 a society and organisations and a culture that never  
12 gives permission, because we really don't want to get to  
13 forgiveness, I think that just really etched in my mind  
14 some of the dynamics that we're speaking about.

15 MR MACAULAY: Michele, you touch upon this in your response  
16 as well and in particular you draw attention to a study  
17 that has shown that priests who were themselves sexually  
18 abused as minors were more likely to abuse as priests  
19 than those who had not been.

20 MS GILLULEY: I think that was quite a historical study.

21 MR MACAULAY: 2011, I think.

22 MS GILLULEY: Yes. It is probably quite a long time ago  
23 now, but I think there are other issues that are  
24 probably involved very much in the kind of cycle of  
25 abuse that people perceive that can go on from people

1 being abused and becoming -- well, we talked about this  
2 earlier and I think we're going to talk about it again  
3 tomorrow, from the journey of victim to perpetrator.

4 It's really difficult to disentangle people's  
5 denial, minimisation of their own behaviours, their  
6 thought processes, their own experiences, and how that  
7 relates to issues of shame and guilt, and actually the  
8 self-loathing that some people have and self-hatred that  
9 some people have and the levels of resentment that it  
10 causes.

11 I mean, I recall reading some of the case studies  
12 around the Inquiry and thinking about the religious  
13 institutions and historically where people would have  
14 lived -- Morag was talking about closed environments,  
15 and very much closed lives, people lived closed lives.  
16 They would grow up, they would go, for example, into  
17 seminary to study, to train, to learn, and come out and  
18 live within much bigger communities and possibly then  
19 Stuart was talking about access, and all of these things  
20 can't be disentangled when it comes to people I think in  
21 religious closed institutions, but all of those issues  
22 are probably quite relevant for people, particularly if  
23 there's a cycle of abuse that goes on for people who  
24 were abused as children themselves and then go on to  
25 become abusers and the access is probably highly

1           relevant as well.

2   MR MACAULAY:  You mention in this connection actually,  
3           because you say that priests showed patterns of  
4           behaviour similar to other sexual offenders.  You  
5           mentioned, I think, Keller's Four Factor Model.

6   MS GILLULEY:  Yeah, about motivation and arousal.  I think  
7           that's certainly relevant for those people who -- I come  
8           back to this point -- live very closed lives in closed  
9           environments.  They grow up with very limited  
10          experiences at times in their life and then how do  
11          they -- it comes back to the point that I keep making  
12          about relatedness.  How do they relate to the young  
13          people in their care?  The young people that they work  
14          with?

15                Even interestingly I think in the abuse of power,  
16                not only to the children but to people within their own  
17                organisations in terms of hierarchical structures, which  
18                relates back to what Morag was talking about, the  
19                influential people within organisations.  If you think  
20                of religious institutions in some way akin in  
21                organisations, people have abusive power within there  
22                and I suppose that kind of equates to where -- if you  
23                think traditionally, and I do say this carefully, in  
24                some religions, for example there may have been priests  
25                at a higher level, nuns who would have worked to priests

1 and nuns that would have taken care of individuals  
2 within care environments but under the auspices of  
3 a religious being in a way of caring for somebody and  
4 then were responsible to feeding back to people who were  
5 above them, but worked in isolation, lived in isolation,  
6 certainly not in the way that we would hope people would  
7 have now, reflective spaces, supervision, appropriate  
8 training.

9 There's many, many different aspects, I suppose, in  
10 relation to how abuse can be facilitated on various  
11 different levels within religious institutions.

12 MR MACAULAY: Any other contributions on this particular  
13 topic? Good.

14 The other limb of this question was what role, if  
15 any, does the celibacy of an abuser play in the sexual  
16 abuse of children?

17 Are you holding up your green card?

18 DR BOLTON: Yeah, I'm waiting for you to finish.

19 I would say that my clinical experience of treating  
20 offenders from religious organisations is not a lot, but  
21 it's certainly been a few cases, and every single case  
22 without exception has mentioned celibacy in their  
23 offending pathway.

24 In terms of I suppose the overall model of treatment  
25 we would take, you need to look at normal sexual

1 functioning before you look at abnormal sexual  
2 functioning, and therefore if you take that as a kind of  
3 theoretical underpinning, the role of celibacy becomes  
4 different. Not necessarily just in contact, sexual  
5 offending, but sexual expression over the lifespan, and  
6 without exception -- obviously as part of their  
7 treatment we've borne in mind the context of their abuse  
8 and everyone has mentioned the role of celibacy as being  
9 problematic.

10 That could be that there's bias coming in, having  
11 been caught and convicted of offending, but they've all  
12 talked about -- they've talked in two phases. One about  
13 assessment of their sexual functioning being very  
14 minimal at any stage in their process.

15 (2) they've talked about workshops that they went on  
16 where the emphasis is on self-discipline, and I would  
17 say as a clinician that self-discipline as a construct  
18 is very difficult to tie around prevention of offending.

19 The other thing I would say that they talk about was  
20 a lack of discussion around emotional expression or  
21 regulation, how difficult those conversations are for  
22 them to have and that perhaps some of their behaviours  
23 are also tied in with that poor ability to regulate  
24 emotion and to express emotional distress.

25 I think that's all tied in -- it's a long

1 explanation -- of my personal belief that the role of  
2 celibacy can't be overlooked in the offending pathway.

3 MR MACAULAY: That's interesting.

4 We may have something different from Lorraine.

5 DR BOLTON: I would say that that is a small number and not  
6 a research sample, but every single one has mentioned  
7 celibacy.

8 MR MACAULAY: There is nothing like good argument --

9 DR BOLTON: Yes, research argument, just clinical argument.

10 DR JOHNSTONE: I would say in an individual case absolutely,  
11 you take all of those factors into account, but as  
12 an explanation, as an overall explanation for the abuse  
13 that has occurred within religious environments, I don't  
14 think we should overemphasise the role of celibacy,  
15 because I do think -- so, for example, celibacy,  
16 wouldn't necessarily alter your primary sexual interest,  
17 so there's still a question as to well why, for example,  
18 didn't the nuns and the priests just have sexual  
19 relationships, rather than target children. There's  
20 a whole raft of other factors there.

21 I do think -- so maybe I was having my cynical head  
22 on, but I do think there's lots of after-the-fact  
23 explanations that can come, and I think again we have to  
24 be very mindful that it is not as simple, there are lots  
25 of individual pathways.

1           For me in terms of -- it would place huge weight in  
2           that I wouldn't necessarily place as a predictive  
3           variable for abuse in institutions.

4   MR MACAULAY: Are you in Lorraine's camp, Martin?

5   MR HENRY: Interestingly, and very uncharacteristically I'm  
6           in both camps.

7   MR MACAULAY: Very uncharacteristic.

8   MR HENRY: It is indeed. I actually agree both with  
9           Lorraine and Judi on this.

10           We can't forget that when we're talking about  
11           celibacy, the unwritten word is it's mandatory celibacy.  
12           It's in a sense celibacy that's expected of people  
13           rather than one that they absolutely voluntarily buy  
14           into. We have to remember that it's partly kind of  
15           institutionally imposed in this sense, it's  
16           an expectation.

17           Now, if you have a cohort of people who have, for  
18           whatever reason, brought into their own religious  
19           calling, their vocation, a background that has involved  
20           limited ability to regulate their emotions, limited  
21           capacity to relate to adults, so on and so forth, that  
22           aren't dealt with through proper human formation but  
23           they're just left to deal with it themselves and then  
24           they're expected to be celibate in a sense -- and that  
25           isn't just about sex, it's about how you relate to

1 adults, how you get your intimacy met.

2 Going back to the points that Liz was making earlier  
3 on, if these adults are in any way fearful of the adult  
4 world and the sex that's involved in the adult world and  
5 they have unmet or deficits in their emotional  
6 functioning, they may well find themselves drawn to  
7 younger people or whoever else to meet these deficits.

8 Does that mean celibacy causes abuse? In my brain,  
9 no, it doesn't. It's not a direct line of cause and  
10 effect. But it's a factor that has to be understood  
11 when you're talking to individuals about their  
12 background. So you can't throw the baby out with the  
13 bathwater and say celibacy has nothing to do with it,  
14 but it's not the cause of it. It is a factor that needs  
15 to be looked at in terms of how an individual responds  
16 to mandatory celibacy.

17 Do you know, quite a lot of people don't respond  
18 very well to mandatory celibacy, and how do we know  
19 that? Because many of the cases that we would have  
20 dealt with in the church weren't about child sexual  
21 abuse, but about an inability to manage boundaries with  
22 other adults.

23 DR BOLTON: Can I come back?

24 MR MACAULAY: Of course.

25 DR BOLTON: I think sometimes the word "celibacy" leads us

1       into a place that we don't clearly define, so I'd like  
2       to stick to what I would call healthy sexual  
3       functioning. If you take that as a facet of normal  
4       human existence, if you remove healthy sexual  
5       functioning, you're creating a problem.

6           I think maybe we get hung up on celibacy as maybe  
7       a contact expression of sexual behaviour and it's not  
8       really what we're necessarily talking about. We're  
9       talking about healthy sexual functioning and that can be  
10      thoughts, that can be -- you know, there's so many ways  
11      that sexual functioning can be healthy, but I suppose  
12      I think in treatment, all treatment goes back to healthy  
13      sexual functioning and celibacy maybe takes slightly  
14      away from that. But if you remove it, I would say you  
15      have an unmet treatment need.

16   MR MACAULAY: It's interesting you should raise the question  
17      as to what celibacy means, because, Stuart, I think you  
18      draw attention to a work by -- is it Marie Keenan, where  
19      I think the views are expressed that priests regard  
20      sexual relations with teenage boys not to be a breach of  
21      celibacy.

22   MR ALLARDYCE: Yes. Marie Keenan wrote a really helpful  
23      book a few years ago, which was built on her interviews  
24      and direct work with Catholic priests in Ireland who had  
25      sexually abused children.

1 I think it's a really helpful book, because it looks  
2 at a lot of contextual factors. It really tries to move  
3 away from overly psychologising the issue. I know we're  
4 here to talk about psychology, but I think we can't  
5 overemphasise context enough.

6 One of the things that she pointed out was there was  
7 some evidence of priests in the past believing that  
8 sexual relations with teenage boys did not amount to  
9 a breach of the celibate vocation.

10 I have to say, I have not come across that in my  
11 work or indeed have heard that from colleagues within my  
12 charity, but it's interesting that that's kind of in the  
13 literature.

14 Can I just say something about culture, just for  
15 a moment?

16 MR MACAULAY: Yes, of course.

17 MR ALLARDYCE: Because I'll kick myself if I don't say this.

18 Where am I going with this?

19 I think we need to talk about safe contexts for  
20 adult/child interactions and risky contexts. When I do  
21 consultations in relation to, you know, people who have  
22 committed sexual offences and what risk management looks  
23 like and how we reduce risks, one of the questions  
24 I quite often ask is: for this individual, how would we  
25 increase risk? Which is often a counter-intuitive

1 question, but it gets people beginning to think about,  
2 "Okay, how would we increase risk and what would risk  
3 reduction look like?"

4 The increasing of risk is almost always something  
5 that would be increased through contextual adaptation,  
6 changes in the person's environment in some way.

7 My thinking on this is quite informed by  
8 an Australian colleague, Stephen Smallbone, who wrote  
9 a wonderful book about preventing child sexual abuse  
10 a few years ago. Stephen comes at this from  
11 a perspective where he's arguing that we have overly  
12 psychologised sex offending over the years. One of the  
13 points he makes is that one of the things that we know  
14 from research is a context where lots of sexual violence  
15 and sexual abuse against women and children takes place  
16 are situations where there are conflict and situations  
17 where there are wars.

18 What's going on there? Are we saying that lots of  
19 people are going to war with deviant sexual thoughts?  
20 Well, that's clearly not the case at all.

21 But if you think about war/conflict situations, we  
22 have situations where there are lots of power, there are  
23 lots of oppression, there's lots of hierarchy, there's  
24 lots of opportunity to keep things secret, there's often  
25 little accountability about what's happening in the

1 theatre of war. Often situations where lots of  
2 violence, hypermasculine behaviour, to pick up on  
3 Martin's point before about cultural context. So why  
4 wouldn't we expect sexual abuse and sexual violence to  
5 emerge in those kind of contexts?

6 Actually, when you begin to take that contextual  
7 perspective on it -- we'll talk about this maybe perhaps  
8 more tomorrow -- then we begin to get the clues about  
9 what safety and prevention looks like that goes beyond  
10 just screening individuals out. Because actually  
11 screening may not be very effective at all, but the  
12 transformation of our institutions might be.

13 MR MACAULAY: Any further comments on that?

14 DR JOHNSTONE: Just to point out again that the emphasis in  
15 the discussion has been about the Catholic church as  
16 well, I think it's really important to acknowledge in  
17 religious or subcultural groups more broadly. We know  
18 that there are certainly certain subcultures who do not  
19 value children, do not value women, do not protect them,  
20 just because the data hasn't maybe revealed itself so  
21 far, I think the lessons that we learn from the past are  
22 very live and current in different groups as they begin  
23 to emerge and unfold currently.

24 It's always contentious to label them, but we  
25 certainly do have different groups that we really need

1 to be very, very mindful about how the child and females  
2 are perceived within as well.

3 MR MACAULAY: Any other contributions on this topic? Good.

4 Right, I can move on then to the next topic, which  
5 is that of denial and minimisation, and also acceptance.

6 The first point to consider is what your  
7 professional experience tells you about denial and  
8 minimisation of offending by abusers.

9 I think it's the case, looking at your responses,  
10 that you identify a number of reasons why sex offenders  
11 in particular would be in denial, or at least seek to  
12 minimise their behaviour.

13 What I want to begin looking at first of all is the  
14 prevalence of that. How prevalent is it in your  
15 experiences to find that offenders do deny or seek to  
16 minimise being sex abusers of children.

17 Lorraine, what's your experience?

18 DR JOHNSTONE: More often than not. Very, very rarely have  
19 I -- I'd not say I've never had the opportunity to work  
20 with people, I have worked with people who will speak  
21 about it, but more often than not, people will either  
22 deny absolutely outright that it happened or they will  
23 engage in significant minimisation and distortion.

24 I think it's such an abhorrent crime, it's such  
25 an abhorrent thing, that even people that -- I think

1           that some of the concerns ... even people who really  
2           would like to seek proactive help find it really  
3           difficult to do that.

4           Just as an example, I've worked with adolescents who  
5           have had sexual thoughts and we have had really  
6           difficult discussions among our professional team as to  
7           whether we tell social work or not that they may pose  
8           a risk to their peers in school.

9           The reaction is also -- you know, it's just the  
10          context. There's the need to deny, because you don't  
11          want to acknowledge it, but also the response that makes  
12          that much more likely, even if you wanted to say and get  
13          help, it makes it really, really difficult to do so.

14       MR MACAULAY: Are the factors involved in denial and  
15          minimisation in connection with sexual abuse, are they  
16          different to, for example, the context of physical  
17          abuse?

18       DR JOHNSTONE: Not in my experience. Certainly not when it  
19          comes to children. Generally people are more than aware  
20          that it is unacceptable to cause a child harm, so more  
21          often than not, there will be various explanations as to  
22          how a child sustained an injury, why they were  
23          underweight, why they were unkempt, all sorts of things.

24          No, I think certainly when it comes to child abuse,  
25          it's such a taboo subject that people will immediately

1 go to denial.

2 MR MACAULAY: Liz, I think you say that you find the  
3 prevalence of denial and minimisation is relatively  
4 high?

5 PROFESSOR GILCHRIST: Yeah, the only thing that I think is  
6 potentially higher is in domestic abuse. I think the  
7 costs of accepting even personally the label of child  
8 sexual abuser is very high, so what people tend to do in  
9 my experience is that they'll try and distance, so it's  
10 maybe even a, "Yes, but ..." or, "I was convicted of  
11 this, however you don't understand the context, it's not  
12 that I'm permanently like this ..." It's to do with  
13 a transient explanation, so it was the drink, the drugs,  
14 the victim, the particular situation, the stress, so  
15 moving it from a permanent label and identity to  
16 a behaviour and sort of distance.

17 That whole kind of like it is either, "It was the  
18 child that was doing it, it didn't happen that way, it  
19 was their fault, if X hadn't happened, then Y wouldn't  
20 have happened". It's high-cost identity. You'd be put  
21 on a protection wing. You are at risk if you are  
22 convicted and held in prison and people don't want to  
23 have that. And you would be demonised in the community  
24 as well and perhaps even face community justice if you  
25 were identified as a convicted sex offender in the

1 community, then people have had responses in the  
2 community.

3 Not even that. It's seeking to explain to yourself  
4 that, so it's not just a sort of impression management  
5 out, but that kind of sense about actually can I accept  
6 that that is who I am and potentially this is  
7 pre-empting what we might do tomorrow, but thinking  
8 about that, "I experienced this, I didn't want to become  
9 my abuser, I'm nothing like them because it's different  
10 for me because I couldn't help it, because there's  
11 an explanation somewhere". It's like it's not  
12 an identity people want to take on. It doesn't  
13 necessarily help.

14 Although I want to say something that might sound  
15 a wee bit odd, that in some ways it's possibly  
16 a positive that people don't want to have that identity,  
17 because then at some point there's a recognition that  
18 this is inappropriate behaviour. The people who might  
19 be even more worrying are the ones who walk down the  
20 street and say, "Yeah? And so?" If you actually  
21 publicly would own that identity, that would be really  
22 problematic.

23 MR MACAULAY: You are moving in a sense from prevalence to  
24 motivation, as to why people deny.

25 PROFESSOR GILCHRIST: Yes.

1 MR MACAULAY: Can I just look at motivation? I think what  
2 comes out from the responses that you produced is that  
3 denial and minimisation are strategies, really, with  
4 a variety of meanings and functions.

5 Stuart, you would say that denial in fact it's  
6 a common human response, a coping strategy?

7 MR ALLARDYCE: Yeah, picking up on what Liz has said,  
8 sometimes it's almost a kind of psychological survival  
9 mechanism, it's a way of holding together the self so it  
10 doesn't kind of disintegrate and fragment. Sometimes it  
11 is a way of coping.

12 Can I push back a little bit, though, because  
13 I think we're talking about people who have committed  
14 offences and when they are interviewed after the abuse  
15 has been identified. Stop It Now! Scotland did  
16 a campaign with Police Scotland last year, where there  
17 was a campaign video promoted on social media that was  
18 targeting adults who were having sexual conversations  
19 with children online, so trying to reach out to people  
20 who were grooming children and making it very clear to  
21 them:

22 "This is illegal and you shouldn't be doing this  
23 because children will be harmed, but if you are doing  
24 it, there's confidential advice and support available,  
25 and if you click on this link, it will take you to



1 point, I may have missed it. Was it in this context or  
2 some other context?

3 MS GILLULEY: Now probably, given the conversation, it's  
4 just a small point I think maybe in addition to what Liz  
5 was saying.

6 I think on many occasions people will deny  
7 an offence, particularly a sexual offence, not simply  
8 because of the retribution that can take place within,  
9 for example, hospitals or prisons for this type of  
10 offending, but the potential for the lack of social and  
11 familial support, because people will feel very  
12 isolated. If they decide to admit their offence and  
13 make an admission, then the potential is that some  
14 families will cut offenders off and then they will have  
15 nobody to support them.

16 It was just a kind of extension, really, of what  
17 Liz's thoughts on it were.

18 MR MACAULAY: Yes, Morag?

19 MS SLESSER: What I wanted to say about that continuum of  
20 denial, minimisation to acceptance, I think it very much  
21 depends on the context.

22 I would agree that most people start off denying  
23 their offending, especially when they go to court and  
24 all the things that have been spoken about, the shame,  
25 admitting to your family that you might have done it.

1 But I find once you get them in a situation where --  
2 even in prison, where there are consequences, people can  
3 admit what happened.

4 I would say -- and even they can admit the lead up,  
5 so even if they don't want to admit all the things that  
6 went on, they can admit how it came to pass that they  
7 came to the attention of the police. You can usually  
8 get some sort of traction, I would say, on people who  
9 have -- talking about their offending enough anyway to  
10 start thinking about how they can control themselves.

11 I don't think it's as pessimistic as it sounds,  
12 I think in the right context you can get people -- and  
13 people who are feeling understood rather than condemned,  
14 I suppose, you can get quite a lot of discussion around  
15 offending.

16 MR MACAULAY: I think you do say in your response, Morag,  
17 that there are some who deny it because they do not  
18 believe what they did was wrong.

19 MS SLESSER: Yes, and I think -- but those are people you  
20 can also work with. In fact most people -- I'm just --  
21 you know, those people you can work with because you can  
22 start education, really, and letting them hear stories  
23 of people who have been victims and how they feel about  
24 it.

25 The ones who are denying from the shame, they are

1           actually relatively easy to work with because -- and  
2           then, I'm trying to think, the other kind are just ...  
3           there are a significant, but I would say smaller, group  
4           of people who just categorically deny that it happened  
5           and that the victims are getting together because  
6           they're going to get compensation or they're angry with  
7           them for some other reason.

8           I don't know what other people think, but from my  
9           clinical experience I would estimate they're about  
10          20 per cent.

11   MR MACAULAY: We may hear from others on that.

12           Martin, coming to you, I think you agree with Stuart  
13          that essentially denial is a coping mechanism and it's  
14          vital to understand that?

15   MR HENRY: Yes, absolutely.

16           I think the way I approach it, really, even before  
17          having my professional hat on is as a human being and  
18          I kind of think: What purpose does denial serve? It  
19          serves us all in different capacities a very useful one.  
20          It helps us to survive things that are quite difficult  
21          to survive, it helps us to just cope with stuff.

22           It may be something that can't live for very long,  
23          but at its time and in its context it's a very  
24          understandable dynamic.

25           I think the more problematic one for me rather than

1 just the denial of offenders, which in the limited work  
2 that I've done direct with sex offenders, I've done work  
3 with them on, is, yeah, almost all of them have denied  
4 at some level straight away that they've done it,  
5 certainly very strong minimisation if not denial -- is  
6 the denial of families and the people round about them  
7 which kind of support the way they think:

8 "Oh, he couldn't possibly have done that, we would  
9 have known. He's not that kind of a person."

10 I think that can be a more difficult nut to crack,  
11 because it's their own way of coping as well, and  
12 I think we have to remember that, but it means that  
13 dealing with the issue of denial isn't just one to one  
14 with the offender, it's having to deal with a backcloth  
15 that supports that kind of thinking and that can be  
16 a more difficult and more complex area of work.

17 MR MACAULAY: Lorraine, you also talk about that there are  
18 deniers who are motivated by the fact they believe  
19 they've done nothing wrong?

20 DR JOHNSTONE: As I say, I think there's so many different  
21 groups. Some people will deny it because they don't  
22 think they've actually caused any harm or that actually  
23 they were meeting a need, and people who are very clear  
24 that they know it's wrong and they distance themselves  
25 from it as well, so it's a whole spectrum.

1           Again I think it's just about being clear and about  
2           the complexity that some people will deny for some  
3           reasons and some people will deny for other reasons.

4           One of the things I think, just picking up from what  
5           Morag said, a real difficulty that we have is that when  
6           we do have successful interventions with people, they  
7           may have, on the face of it, denied for ten years and  
8           then they come to terms and understand and, you know,  
9           they've had a lot of intensive work, so they move from  
10          a position of denial to acceptance, but their whole  
11          family unit has gone along with their denial and  
12          narrative and it's the ripple effect as well that  
13          acceptance can cause and undermine a lot of the  
14          protective mechanisms that we've tried to build up as  
15          well.

16          Again, there's the obvious thing. Denying from  
17          shame and to distance yourself, but also the costs of  
18          admitting -- you know, at any stage -- that you have  
19          engaged in abusive conduct are huge, even when you've  
20          done some really good work, that you might be 10, 20  
21          years down the road where a family has stood by someone  
22          and then they say, "Actually, I did do it". And then  
23          where do you go?

24          Then as I say, lots of people who just don't see the  
25          wrong in it.

1 MR MACAULAY: Judi?

2 DR BOLTON: I was just going to also clarify from my  
3 clinical experience on the concept of denial, I do think  
4 a lot of offenders have -- I don't know if it's quite  
5 the right word, but a kind of moral range of how they  
6 consider offending behaviour.

7 I would say that actually I don't quite agree that  
8 physical abuse is more often denied. I would say more  
9 often I hear they're okay with saying, "I hit someone"  
10 and would use the contextual thing of that being how  
11 I grew up as an explanation, but the sexual abuse is the  
12 top of -- in their head they have a paradigm of  
13 offences, a long list, and they're very clearly  
14 hierarchied. So they would say things like, "Yes, I did  
15 stab him, but I've never hit a woman".

16 I've heard those things time and time again.  
17 Clinically you often hear a narrative of offence, moral  
18 compass, if you like, from offences that are very  
19 clearly hierarchied in their mind and you certainly see  
20 that reflected in prison and hospital settings in terms  
21 of the cultures of how offences are labelled or  
22 hierarchied. I would say with sexual offending  
23 obviously being at one end of that spectrum.

24 MR MACAULAY: At the top end?

25 DR BOLTON: Yes, I would say that in my clinical experience

1 I much more hear admission, if you like, of physical  
2 abuse than I do sexual abuse.

3 MR MACAULAY: Liz, do you want to come in?

4 PROFESSOR GILCHRIST: Yes. Picking up on what you were  
5 saying, one of the things we all seek to do is be  
6 understood and one of the sort of broad concepts about  
7 offending behaviour and explaining offender behaviour is  
8 Matza's techniques of neutralisation, so I would say,  
9 "I did do that, but it's not as bad as him who did  
10 something much worse". Or, "I did this, but it was only  
11 because of this or it was because of the culture".

12 There's something about actually recognising that we  
13 would all seek to explain our behaviours in a contextual  
14 way and that's no different in a sense with child sexual  
15 abusers.

16 However, there is also if you're talking about where  
17 you have groups of people abusing, then there is  
18 a notion of the diffusion of responsibility. So that  
19 sense that, "It's not just me, we were all doing it".  
20 Or indeed what you do is say, "You don't have the moral  
21 authority to judge me, because you're as bad as me  
22 because you're doing other things that aren't  
23 particularly moral" or that balancing out so that, "I'm  
24 doing good things as well, so it balances my bad".

25 Those kind of ways of justifying, minimising and

1 explaining the behaviours are quite useful ways of  
2 actually then working with somebody. You know, so that  
3 range of different explanations is really important.  
4 But it's also the fact that it's quite similar to  
5 explaining many other unhelpful behaviours.

6 MR MACAULAY: Can I move on -- sorry, Michele again? For  
7 some reason I keep missing your green card.

8 MS GILLULEY: I was just going to add to what Judi was  
9 saying there. I think there is definitely a hierarchy  
10 of offending within the offender populations, but it's  
11 even more clear than that.

12 So, yes, those who perpetrate sexual offences are,  
13 yeah, very much at risk from other offenders,  
14 particularly within the prisons, but then when you break  
15 that down further, those people who are seen as most  
16 vulnerable within our communities, young people and  
17 older people, amongst that group of people who  
18 perpetrate sexual offences are even more, if you like,  
19 demonised by other offenders and less accepted by other  
20 offenders. Particularly I think exactly what you're  
21 saying, those people who perpetrate offences against  
22 children are even at greater risk and being at greater  
23 risk will make people not wish to admit to offences.

24 MR MACAULAY: Yes. I was going to move on to -- sorry,  
25 Lorraine?

1 DR JOHNSTONE: I would agree with everything that's been  
2 said, but I do think perhaps my issue with it is that if  
3 we limit our understanding to offence types in offender  
4 populations, we will miss an awful lot of child abuse.  
5 As a CAMHS clinician for more years than I care to count  
6 I have never -- I can't think of -- maybe once or twice  
7 had a parent admit to me using physical chastisement on  
8 their children.

9 That low level, whether it's the beginnings of  
10 things -- we generally -- there is a huge amount of  
11 maltreatment that because it's not threshold level gets  
12 missed.

13 I say that in the civil arena as well. As Judi  
14 says, some people are absolutely fine with stabbing  
15 a guy but they would never hit a pensioner or an older  
16 adult, but there is a whole other world I think where  
17 child maltreatment happens and we don't look at the data  
18 and the themes there, and I think we miss opportunities  
19 to understand.

20 MR MACAULAY: The next topic I want to look at then in this  
21 context is denial and re-offending. Is there any sense  
22 that by denying and minimising abusive behaviour, that  
23 the offender would be more likely to offend?

24 Judi, do you have any thoughts on that?

25 DR BOLTON: I think you mean to re-offend, do you?

1 MR MACAULAY: Yes.

2 DR BOLTON: I'm going to sit on the fence. I would say my  
3 gut reaction is no, on the basis that really you would  
4 be looking at individual factors much more than --  
5 because as everyone's talked about, the concept of  
6 denial is so prevalent that -- I definitely think we  
7 used to think that, but wouldn't currently.

8 MR MACAULAY: You do talk in your response about the  
9 importance to some offenders of having prosocial values  
10 and that in itself would be a deterrent to re-offending.

11 DR BOLTON: I think, someone talked about it earlier,  
12 sometimes what you're looking at is a discrepancy  
13 between people's values and their behaviours, so that  
14 they claim to hold values that are mismatched with their  
15 offending behaviours and therefore the denial is just  
16 an extension of that phenomenon, because the values they  
17 hold are of a prosocial narrative.

18 I think -- probably Stuart could speak better to  
19 this -- perhaps the internet shows some slight  
20 difference in individual behaviours that are maybe  
21 slightly different in terms of recidivistic factors, but  
22 on the whole I would say clinically that the denial  
23 itself wouldn't predict recidivism.

24 MR MACAULAY: You would agree with that, Stuart?

25 MR ALLARDYCE: I would agree with that. I'm not aware of

1 studies that have shown denial to be a kind of  
2 re-offending risk factor for internet offenders.

3 I mean, the problem with this discussion is it's  
4 easy to get into overgeneralisations and they don't  
5 necessarily apply in individual circumstances. This is  
6 something that I know is a real kind of specialisation  
7 for Lorraine, about how we can't take things from  
8 statistics and apply them in individual contexts.

9 When we say denial is not linked to recidivism, what  
10 we're generally going back to is a meta-analysis that  
11 was done by Karl Hanson back in the 1990s, which was  
12 widely talked about in the sex offender treatment  
13 community because it showed pretty conclusively through  
14 large data sets that denial, and also lack of empathy,  
15 didn't link to re-offending.

16 Of course, that doesn't necessarily mean that these  
17 things will pan out in an individual way. Actually,  
18 what we found out since then is that there have been  
19 some studies that suggest denial is a risk factor in  
20 some circumstances, particularly where there's been  
21 interfamilial sexual abuse. We don't know why that is,  
22 but certainly if you have -- going back to some of the  
23 points that were made about the messaging that takes  
24 place within families. If you have, for instance,  
25 somebody who has committed an offence within the family,

1           then goes to prison and then comes out, but many people  
2           within the family don't accept that the offence took  
3           place and therefore they allow the offender access,  
4           unsupervised, to children, you can see how that becomes  
5           a risk factor.

6           It seems to be that it pans out differently in  
7           different contexts.

8   MR MACAULAY: Is denial a bar in any way to treatment?

9           Morag.

10   MS SLESSER: For me, no. There's always someone you can  
11           work with, even if you're just working with, "How did  
12           you get here? How come you ended up in prison with  
13           a sentence for sexually abusing children, sexually  
14           assaulting children?" There's always a place to start.

15           I find it frustrating when I'm in a position of  
16           trying to let people out of prison who haven't done the  
17           sex offender treatment programme, because there's  
18           a waiting list of 100 years or something, and denial is  
19           always focused on, and for me it's not about denial,  
20           it's about how risky the behaviour was and how many  
21           victims they've created and what the kind of sexual --  
22           if someone's a predatory sexual offender who has  
23           assaulted several children that they didn't know, then  
24           that risk is going to be almost impossible to manage.

25           Yes, so as we've all been saying, it depends on the

1 person, but we are much more interested in the kind of  
2 offences they committed than whether they're denying it  
3 right this minute, because there's always room to work  
4 with somebody.

5 MR MACAULAY: Lorraine, did you want to come in on that?

6 DR JOHNSTONE: I would echo that, that denial, there's not  
7 really pretty much anything that would stop me trying to  
8 work with someone. Even if they didn't turn up, I would  
9 still try to work with them.

10 I think there is a bit of an important point  
11 underneath that, though, because what we do is we also  
12 have systems and organisations that try to quantify  
13 treatment programmes. Again latterly I specialised much  
14 more in younger people. Often my treatment programme is  
15 sitting playing cards with them for 10, 15, 20 sessions  
16 before they will tell me actually -- before they'll even  
17 trust me to tell me anything about their life, far less  
18 about what offences they've perpetrated or what they're  
19 ashamed of.

20 I think there is a real -- the barriers to treatment  
21 for me are less about things like denial but more about  
22 systems and structures that we require to deliver those  
23 treatments and what's expected of us.

24 MR MACAULAY: Liz, you mentioned in your report that denier  
25 groups have been set up in prisons; is that right?

1 PROFESSOR GILCHRIST: Yes. I think coming out of Canada,  
2 one of the things that we understood in terms of  
3 programmes that was actually focusing on the deviant  
4 behaviours within the offending was less helpful than  
5 focusing on the risks and the factors leading up to the  
6 offending, so the lack of intimacy, the lack of  
7 emotional regulation skills, et cetera. All of those  
8 can be dealt with without anybody accepting  
9 responsibility for the offence.

10 I think some of the outcomes have been relatively  
11 positive, that actually you could address some of the  
12 factors that contributed to the behaviour taking place  
13 without this being a name and shame kind of experience.  
14 That actually it was more helpful to do it in a way that  
15 was less shaming, because it could have the opposite  
16 effect.

17 So, yeah, there are indicators that it's a real  
18 positive to let people who have that prosocial regard in  
19 the sense that I want to be this prosocial identity,  
20 I can't accept this responsibility, I can't admit to it,  
21 I'm prepared to work on other things. I think it's our  
22 responsibility to make that happen if it reduces the  
23 risk.

24 MR MACAULAY: Yes, Michele, I've caught you this time.

25 MS GILLULEY: You had asked Liz earlier today for

1 an explanation of the Good Lives Model and I think  
2 traditionally people have always considered working with  
3 offenders generally but specifically with the sexual  
4 offending populations that we work on risk, needs and  
5 responsivity in terms of how we address the risks and  
6 reduce re-offending, but the continued work in that area  
7 introducing the Good Lives Model has allowed  
8 professionals to work with people who do deny their  
9 offences from a more positive psychology approach, and  
10 in a way reducing those risks by focusing on those basic  
11 human needs that people often take a shortcut to  
12 achieve, which leads them into offending behaviour.

13 Working on that premise, you can actually work with  
14 people who still are uncomfortable, unable, whatever the  
15 reason is for them denying their offending, and still be  
16 able to work through it.

17 For a lot of people, once they actually do that and  
18 they feel comfortable working with people, they will  
19 actually be able to say what it is that has really  
20 happened and why it happened.

21 MR MACAULAY: Acceptance then, can we discuss acceptance?

22 That's the shift from denial and minimisation to  
23 acceptance.

24 I think there's a general agreement amongst most of  
25 you that can be quite an arduous task. Morag, you've

1           already, I think, touched upon this and I think in your  
2           report you identify different categories of offender.

3           For example, the shame deniers. I think you said  
4           earlier they're the easiest to deal with. Am I getting  
5           that correct?

6 MS SLESSER: Yes, I think I can talk more about that.

7           Yeah, I think for all of the reasons people have  
8           said, really that's about external factors. They know  
9           that they've done it probably and they don't want to  
10          admit it to their families, it's hard to admit it to  
11          themselves, they might well have abused people that they  
12          thought they loved.

13          I think that's about setting up an environment where  
14          you can say, "This is about your behaviour, not about  
15          you".

16          For those who don't believe what they did was wrong,  
17          and there are quite a lot of people like that, deep down  
18          they think it wasn't wrong, the child was -- you know,  
19          they were being sexually -- in fact one thing I've heard  
20          not infrequently:

21          "Well, they were sexually active anyway, you know,  
22          they were 14, 15, you know the fact that I'm 35, you  
23          know, that doesn't really matter."

24          They take more work, I think. I don't know what the  
25          others would say, but I think they work better in groups

1           because as long as you have enough others who don't  
2           think that way, you can say, "Come, you were 35 and she  
3           was 15", so I think sort of looking at it, if they've  
4           developed a sort of culture in their head, their morals  
5           are about that doesn't matter, and if they're faced with  
6           some alternatives to that. So I think groups might work  
7           for them.

8           Yeah, you don't have to necessarily just challenge  
9           them. This is about education and thinking about their  
10          values and their attitudes.

11          I think the victim blamers I find personally most  
12          difficult, because they're often very hostile and angry  
13          towards the victims, who they say have set them up.  
14          I suppose what you work with there is:

15          "How did you get in this situation? How come you  
16          have got three people who said that you sexually  
17          assaulted them? How did that happen? Was what was your  
18          relationship with them like that they would want to say  
19          that to you?"

20          So you can work with people. I find those the most  
21          difficult. I don't know about the rest of you, but that  
22          would be my take on it.

23   MR MACAULAY: Lorraine, I think you say in your response  
24          that achieving a genuine and authentic shift in  
25          attitudes is extremely difficult.

1 DR JOHNSTONE: Yeah, I think it is extremely challenging  
2 work for any individual to accept that they pose a risk  
3 of harm to someone else, end of. I do think there are  
4 cases, just like what Morag was saying, that sometimes  
5 you have to address it by saying:

6 "Well, you accept that you've been convicted, so  
7 therefore you accept that there's a risk that you might  
8 be accused of something in the future because you have  
9 a conviction, so let's work with that."

10 I think it goes back to my previous point.  
11 Delivering treatment is a really, really sophisticated  
12 and complex endeavour, and it has to be about the person  
13 in front of you. Stuart's alluded to some of my  
14 frustrations about we often evaluate programmes and  
15 interventions on effect sizes, which really are quite  
16 meaningless in lots of ways, but if we actually sit  
17 down -- Liz was saying about the qualitative research,  
18 that we're finding what actually works. Sometimes it's  
19 about:

20 "Well, your motivation is to never attract  
21 attention, your motivation is not to have a visit from  
22 the offender management unit every month, let's see how  
23 we can fulfil that."

24 Rather than I want to spend five years convincing  
25 you that you're a sexual predator. It's such a waste of

1 time.

2 Again, I think, you know, this field is really  
3 limited by -- you know, again just what I was saying  
4 earlier, we try to simplify things. I would imagine if  
5 you went around this room just now, none of us would  
6 have the same definition of denial, minimisation or  
7 acceptance, even though we've all worked in this field  
8 and together, and delivered programmes together.

9 I do think there is something about what is it that  
10 we want someone to accept and how do we make our  
11 interventions the most efficient and achieve that?  
12 Because we don't really want to shame people either.

13 I've worked with Morag and Anne in various places  
14 and as a young psychologist was reminded sometimes  
15 there's a risk that when someone realises what they've  
16 done, there's a suicide risk that comes behind that too.

17 Again, simple words and concepts are really  
18 difficult to define and even more challenging to make  
19 meaningful.

20 MR MACAULAY: Stuart, you do provide some insight into how  
21 you might approach those who deny offending and you  
22 don't challenge them head on, do you?

23 MS GILLULEY: Is it to you?

24 MR MACAULAY: Both?

25 MR ALLARDYCE: Yes, I think the more you challenge denial

1 straight on, the more resistance that you will get. So  
2 you have to be sleekit. I think the point that Morag  
3 was making is a very acute one, that actually one of the  
4 reasons group work often is very effective with people  
5 who have committed sexual offences is because the  
6 challenge can come from other members of the group,  
7 rather than from the person who is leading the group.

8 A lot of my background is working with adolescents  
9 and teenagers who have committed sexual offences and  
10 many of those young people have experienced some form of  
11 harm themselves. We also know this with the adult sex  
12 offending population as well. But I do think there is  
13 work that can be done where you're helping individuals  
14 reflect on their own experience of harm, and that's part  
15 of the treatment.

16 I think this is maybe pushing into more  
17 controversial areas, but I think you can use that then  
18 to help individuals develop a moral compass that allows  
19 them to conceptualise and think about what they've done  
20 to other people and recognise the harms they've caused.

21 The last thing I have to say on this I think is  
22 that -- I mean, acceptance is not often in our treatment  
23 programmes a treatment goal, for reasons that I think  
24 we've mentioned. I do wonder whether it should be,  
25 though. The reason being that we tend to define our

1 treatment goals when we work with sex offenders as the  
2 things that will reduce risk. Those are the things that  
3 we prioritise, what was called earlier the risk, needs  
4 and responsibility set of principles.

5 That's really important, but actually the job is  
6 also about helping people build better lives. Going  
7 back to points that were made by Martin earlier on, you  
8 know, where does self-compassion sit with all of this?  
9 For somebody who has harmed other individuals, how do  
10 they continue to live their life with that knowledge and  
11 how do we create a space where that becomes something  
12 that can be tolerated and learned from in some kind of  
13 meaningful way?

14 I do think acceptance should be in our programmes,  
15 but isn't really at the moment.

16 MR MACAULAY: That brings us back perhaps to Liz, I think  
17 you say something about it: does acceptance guarantee  
18 behavioural change?

19 PROFESSOR GILCHRIST: I think what I was meaning when I've  
20 written this is, that verbal acceptance, so I admit  
21 responsibility, probably is about as meaningful is  
22 nothing really.

23 Because back in the old days in the 1980s and 1990s,  
24 we used to spend a lot of time really forcing people to  
25 accept responsibility for the very, very minute details

1 of the behaviours they had engaged in and walk through  
2 the offences and specify their thoughts and really kind  
3 of actually relive the experience. I think that was  
4 a really fairly abusive experience actually that we did,  
5 and you would get people who would learn what to say and  
6 the talk the talk was what we achieved. And possibly  
7 also arrest-avoidant behaviour. We promoted the ability  
8 to not do things in an obvious way and say things in  
9 a way that was acceptable so we could report, "I have  
10 low sexual interest and not doing certain things or  
11 going to places".

12 I don't think that changed the risk at all, I think  
13 it changed the arrest rates possibly, because we taught  
14 people how to present in a prosocial way and I don't  
15 think we necessarily changed anything.

16 I think that's what we want to avoid in terms of  
17 whether acceptance is what we want to aim for, because  
18 what we want is behavioural change and risk management.

19 However, acceptance, sort of building off what you  
20 were talking about and the idea of desistance and  
21 reintegration. So where do we go with people who have  
22 committed offences? The behaviour is there. The person  
23 is seeking to change, but it's not just an individual  
24 change. It's like how we, actually the family and  
25 society then enable people to take prosocial identity

1 forward rather than the label of a sex offender forward,  
2 so that we manage them appropriately in terms of risk  
3 but allow a new prosocial identity. Where does that go?  
4 Because the punishment element is over. The harm is not  
5 reduced by maintaining that negative identity. It's  
6 like how do we manage that?

7 MR MACAULAY: On the question of acceptance, I mean you're  
8 probably aware of this, but looking to the work of the  
9 Inquiry, some of those abusers who appeared before  
10 Lady Smith accepted responsibility for their offending  
11 and some even accepted they were sexually attracted  
12 towards children, so they would fall into the acceptance  
13 categories. Would you be surprised at --

14 LADY SMITH: Yes, some of them, not many, but some of them  
15 actually changed their position. One sticks out in my  
16 mind, I'm sure in Colin's as well, in the course of  
17 giving their evidence from complete denial: the children  
18 are telling lies, there are all sorts of other reasons  
19 for them doing that, never happened, to: oh, yes, it  
20 did.

21 PROFESSOR GILCHRIST: That shift in location of  
22 responsibilities is the locus for me actually saying  
23 okay, right, I may find it in myself to accept it was me  
24 who did that, the behaviours, would be incredibly  
25 powerful in the sense of them saying it's then in my

1 gift to make those changes. But I wouldn't say  
2 acceptance necessarily on its own is the only goal.

3 MR MACAULAY: Conversely, of course, even those who have  
4 been convicted on multiple charges of sexual abuse have  
5 continued to deny to the Inquiry, so they are the  
6 deniers, if you like.

7 PROFESSOR GILCHRIST: I think we were all talking around the  
8 demands, situational and social demands of impression  
9 management and that socially desirable responding being  
10 something that we need to factor in to, you know, how  
11 people can present themselves and why they present  
12 themselves in a particular way.

13 Just to factor that in, because one odd thing is  
14 that if you look at outcomes in programmes and group  
15 work programmes, sometimes what you get is that there's  
16 more disclosure of behaviours and abusive behaviours at  
17 the end, because people have actually started to say,  
18 "Oh yes, I see, if you're talking about this as abusive  
19 behaviours, yes, maybe I have done that".

20 If you aren't particularly sophisticated in  
21 understanding how to assess that, it looks like you've  
22 made people worse.

23 MR MACAULAY: Michele, did you have your green card up?

24 MS GILLULEY: I was just going to add a couple of things  
25 that I think maybe we haven't touched upon. I think

1 we've basically touched about motivation, but we haven't  
2 really explored a great deal about motivation,  
3 motivation to admit what's happened to you, why then  
4 that may have impacted on your own behaviours.

5 It takes me back, most likely about a decade ago, to  
6 Mary McMurrans work where -- and one thing I think as  
7 professionals we all need to consider this. It's not  
8 always about what we perceive as appropriate motivation  
9 from an offender. It's about what their motivation is.  
10 It's not about us imposing: oh, that's the only  
11 acceptable motivation for you to do, you know, to do  
12 offender behaviour work. It can be about what exactly  
13 is their motivation? Their motivation might simply be:

14 "I want my family to accept me again. I want to be  
15 able to have a place in society again. I want to be  
16 able to have a place in the community again. I want to  
17 be able to get to a place of perhaps being able to  
18 apologise for my behaviour."

19 I think it's important that we think about what is  
20 the motivation, not what we think an offender's  
21 motivation to change should be, but what theirs is.

22 An addition to that is I don't think we've talked  
23 an awful lot about protective factors. When we talk  
24 about how do we engage somebody that denies their  
25 offence, how do we get people to admit and want to move

1 forward, I talked about the positive psychology, Liz and  
2 I have both spoken about the Good Lives Model, and  
3 thinking about if you genuinely want to engage somebody  
4 who is really challenged being able to accept that  
5 possibly they've offended against a child, how do we  
6 work with them to take those protective factors in hand?  
7 I think was it yourself was talking about risk enhancing  
8 or risk reducing. If we're going to be risk reducing,  
9 are we going to look at protective factors?

10 The automatic question that might come back to me  
11 is: what are the protective factors? I think we've said  
12 and we have said repeatedly today, "It comes back to the  
13 individual". We can use structured assessments and try  
14 to identify what protective factors are. Very generally  
15 we have research on that, but I think it very much goes  
16 back to an individual's formulation and very much goes  
17 back to that individual about what those protective  
18 factors are for them and can we work to reduce the risks  
19 by enhancing the protective factors?

20 That sometimes may make somebody want to engage with  
21 you.

22 MR MACAULAY: Morag, you had your card up?

23 MS SLESSER: Yes, I want to say something about -- I've sort  
24 of got in my head while we were all speaking, we're all  
25 being compassionate and thinking about the perpetrators

1 and how we can make them change and I'm aware that in my  
2 role, the kind of quasi-judicial role I'm sitting in  
3 making judgements about sex offenders and I'm hearing  
4 what the victims are saying, what my colleagues are  
5 saying about how risky people are and denial and  
6 minimisation comes up all the time as, "Oh, well, they  
7 haven't done the sex offender treatment programme so how  
8 could we possibly let them out?"

9 One of the things I think is important is -- this  
10 might be the starting place for people who are  
11 denying -- we need to not make people more risky. One  
12 of the things I think sometimes we do as a society who  
13 let -- you know, a lot of sex offenders have to come out  
14 of prison because they've come to the end of their  
15 sentence. There's a massive amount of supervision of  
16 them, they're let out with 30 licence conditions about  
17 things they can and can't do, all of which are sensible.  
18 You know, you don't want a child sex offender to be  
19 anywhere near children. But there's a risk that we  
20 drive them underground, I think, by being overly  
21 punitive.

22 There was an interesting case the other day, someone  
23 who'd been in prison for over 30 years, a long way --  
24 I don't want to say too much, because it will start to  
25 become a case that's obvious to people, but a very, very

1 long time over his original tariff. One of the reasons  
2 he had done loads of sex offender treatment programmes,  
3 his original offence he committed when he was 19 was  
4 a very violent sexual murder. In prison he had  
5 gradually started to disclose a level of violent sexual  
6 thoughts he was having and during -- he did two or three  
7 sex offender treatment programmes and he started to  
8 really talk about it. He started to develop some  
9 strategies for disclosing when he was having the  
10 thoughts, getting some ways of keeping it under control,  
11 but he nevertheless admitted that he still had them and  
12 they were worrying. They were about rape and murder,  
13 they weren't ordinary. For that reason, he had been  
14 kept in prison.

15 I don't know. I'm concerned about that because he's  
16 the kind of person if I was supervising somebody in the  
17 community, that's the kind of person I want to  
18 supervise. I want to supervise somebody who is telling  
19 me about his sexual thoughts, he's trying to manage  
20 himself, he's motivated to manage himself. You know,  
21 you have to accept that some people are not going to get  
22 it right all the time, but if you can get someone who is  
23 motivated to manage himself and is willing to accept  
24 help and is talking about how he's doing that, that's  
25 an easier person to manage.

1           This person, who is -- you know, the only way he's  
2           going to get out of prison is if he stops saying that  
3           he's got these thoughts and potentially that's going to  
4           make him riskier.

5           I think that's my point about there are very violent  
6           risky people out there, but you want to hear about that.  
7           You don't want to make that difficult for them.

8   MR MACAULAY: Thank you for that insight.

9           Unless we have any further insights on this topic,  
10          I'm going to move on to the final topic. I suppose in  
11          a way it's a good topic to have at the end of the day,  
12          because it's a fairly short topic and it's to do with  
13          group abuse. In particular drawing on your professional  
14          experience, are you able to say why people abuse in  
15          groups as opposed to in isolation?

16          It is a relatively short topic because I think it is  
17          the case that for you all -- correct me if I'm wrong --  
18          you really have limited experience directly of this form  
19          of abuse. Is that a fair comment?

20          Michele, for example, you do provide for some  
21          thoughts and you say this will be a complex area and  
22          that there wouldn't be a single factor why people would  
23          abuse in groups.

24   MS GILLULEY: I would say my experience comes more from  
25          working with victims who have had the experience of

1 being abused by groups of people who are child abusers.

2 From what I can gather -- because I don't think  
3 I actually have worked specifically with individuals who  
4 were part of a group perpetrating abuse, but from those  
5 victims, from what I can gather, people do tend to  
6 operate within groups. Sometimes it's familial, so  
7 extended family members and there's a safety in that,  
8 because there can be a lack of communication outwith the  
9 group that would make them vulnerable to being caught.  
10 It means that there can be intergenerational abuse  
11 within groups as well, where you may have older family  
12 members who probably almost through a social learning  
13 process younger family members begin to follow and  
14 perpetrate similar types of offending behaviour.

15 There's also safety in groups in that when you have  
16 older offenders who are perhaps less physically able,  
17 they can use younger members of the group to perpetrate  
18 some aspects of the offence cycle for them. I won't go  
19 into too much detail, but I think there are various  
20 positives for people who worked within groups to abuse.

21 I knew we were going to move onto this and it was  
22 really funny having talked about groups in therapy and  
23 one of the encouragements that we would use for people  
24 to consider entering into group work and group therapy  
25 is to think that they can share that perhaps some of the

1 problems that they have in living and the challenges  
2 that they face, they are not alone in that because they  
3 can share experiences and learn from each other in  
4 a positive way, hopefully, when they're doing treatment  
5 and therapy.

6 But in principle, I wonder how different that is for  
7 people who abuse within groups.

8 MR MACAULAY: Lorraine, I think you mention group dynamics  
9 as a potential important factor?

10 DR JOHNSTONE: I think it just links into the points we made  
11 earlier on in the day, about what becomes normalised in  
12 a group, what behaviours are seen as acceptable or even,  
13 you know, to be admired, gives you kudos in groups.  
14 I think there are all sorts of different dynamics in  
15 a group that can pull people along into a trajectory of  
16 perpetrating offences that escalate and become more  
17 serious.

18 One particular area that I think is a real concern  
19 as well is about -- there's obviously group-perpetrated  
20 violence but also how victims are used to recruit other  
21 victims as well. I certainly see that much more in my  
22 practice with young people than I ever thought  
23 imaginable, where older adolescents are then tasked with  
24 recruiting younger adolescents for the purposes of  
25 criminal sexual exploitation, organised crime. It's

1           very often in these group dynamics that, you know, it's  
2           a multi-pronged attack, if you like, it's perpetrators  
3           and victims, and it's created as something, "This is  
4           really good, you will get opportunities to have  
5           experiences that you never would have and material goods  
6           as well. You know, again, there's such a multiplicity  
7           of factors that impact on how group -- you know, even  
8           how we think about group abuse. I'm sure for some  
9           people they will be thinking about multiple  
10          perpetrators. When I think about it, I think about  
11          organised crime. For other people it's familial groups  
12          and it's just peers. Again we don't have clear  
13          definitions of what group abuse looks like, so our  
14          understanding is quite poor. But I think what is very  
15          clear is there are many, many shape, sizes and forms  
16          that it can come and present in and our literature and  
17          our understanding is so far behind what actually happens  
18          in the real world.

19                 I don't want to speak about cases too much, but one  
20          particular high risk group of girls are shuttled from  
21          the length and breadth of the country. It is so  
22          coordinated, but they don't see themselves as victims at  
23          all. So, yeah.

24   LADY SMITH: Lorraine, there's something you just said which  
25          reminds me of having read an account of a particular

1 type of abuse. You said how victims are used to recruit  
2 other victims as well, and it's not recruitment that  
3 came to my mind but it was victims used to bind other  
4 victims into the group to ensure that they don't leave  
5 it.

6 You may or may not be aware of the review that was  
7 published very recently of the abuses at Winchester  
8 College by a man called Smyth, he was a lawyer who is  
9 now dead. He, having got groups of special boys on whom  
10 a horrific amount of physical abuse was perpetrated in  
11 terms of teaching the boys how to self-discipline  
12 themselves for sin and sinful thoughts, when, for  
13 example, a boy went away to university, another boy from  
14 the group was deputed to go and keep checking on him and  
15 keep checking he was keeping up the conduct he should be  
16 keeping up. It's very disturbing to read, but this  
17 group dynamic seemed to have been very powerful in  
18 Smyth's working, grooming, abusing these boys at  
19 Winchester College.

20 DR JOHNSTONE: I certainly see so much of that through  
21 social media. You know, even within the reported safety  
22 of a secure environment, young people will continue to  
23 find ways to communicate with -- they often don't  
24 describe them as perpetrators, they're very protective  
25 over them, and that is extremely challenging to try and

1 manage.

2 Yes, whether it's group abuse in a school, whether  
3 it's in a care setting, familial, organised crime,  
4 perpetrators online, I think it is a real phenomenon  
5 that we're lagging behind, hugely, with our knowledge of  
6 how to manage that.

7 MR MACAULAY: Stuart, you had your green card up. I think  
8 you also say it's an under-researched area?

9 MR ALLARDYCE: It is under researched. I think there's some  
10 emerging research from what's called contextual  
11 safeguarding, which is a concept that's started to be  
12 talked about over the last kind of seven or eight years.  
13 Contextual safeguarding is about extra-familial harm in  
14 the community faced by adolescents. If we think about  
15 child sexual exploitation and indeed criminal  
16 exploitation of children, what often happens is that  
17 there are quite complex group and peer relationships  
18 that we need to understand, which are then controlled  
19 often by adults in very manipulative ways, but unless we  
20 begin to think about children -- particularly  
21 teenagers -- in the context of a peer group, then we  
22 won't really understand how this kind of harm takes  
23 place.

24 The challenge is that our social work systems and  
25 our criminal justice systems are silent, so we see

1 children or adults as individuals and never as part of  
2 groups.

3 I think it's really interesting that people have  
4 said in their submissions that they've not worked with  
5 group offenders, but I suspect we all have, because  
6 I suspect, for instance -- I mean, I can think of young  
7 people that I have worked with who have sexually  
8 offended while an adult has been around. I can think of  
9 female sex offenders that I've worked with where  
10 actually their abuse is linked to the abuse also that's  
11 perpetrated by their partner or another male that's in  
12 their life. Actually, I think quite a lot of sex  
13 offending takes place in these wider contexts, but our  
14 criminal justice system looks at individuals without  
15 that wider context so we tend to lose it, I'm afraid, in  
16 our work, which is why we don't know much about it.

17 DR JOHNSTONE: I do think, building on that point, when  
18 I think about all forms of harm, particularly with child  
19 maltreatment, it is really helpful to think about it as  
20 a systemic issue.

21 Because I also think that the interventions are  
22 systemic, because we often -- if you get it right for  
23 a child, the best way to get it right for a child is to  
24 get it right for the family and the systems within which  
25 they live, but quite often, as Stuart says, our systems

1 are siloed so the child will get an intervention or the  
2 parent will get an intervention, and certainly if  
3 I think about child maltreatment in general, whether  
4 it's physical abuse or neglect, I may have a family  
5 system that is suffering from addiction issues, poverty  
6 issues, mental health issues, but the intervention for  
7 the child will be delivered a year before the  
8 intervention for the adult. The emphasis isn't equal.

9 I think when you think about groups, I wonder if  
10 a helpful way to frame it is about abuse within wider  
11 systems, because ultimately that's what it is. It's the  
12 systemic factors that enable that abuse, and abuse can  
13 take shape in so many sizes.

14 The other thing that I was -- just when Stuart was  
15 speaking there, one of the things that I've certainly  
16 encountered is abusers causing children to abuse other  
17 children and so they have that bind over them as well.

18 It is that thing that we speak about: when do you  
19 stop becoming a victim and start becoming a perpetrator?  
20 So there are so many different things to take account  
21 of.

22 MR MACAULAY: Any other thoughts? We have reached that time  
23 of day when thoughts are difficult to find.

24 We're well within our timing and thank you all very  
25 much indeed for your contributions so far today. We're

1 back again tomorrow. I would just urge you to go away  
2 and relax, recover, recharge, and, most of all, return.

3 See you all tomorrow morning.

4 (4.12 pm)

5 (The Inquiry adjourned until 10.00 am on

6 Wednesday, 23 March 2022)

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

I N D E X

Round-table discussion .....1

