Developmental Trajectories: Sexual Aggression and Childhood Sexuality

A thesis submitted in partial fulfilment of the requirements of the degree of Doctor of Philosophy in Social Work at the University of Canterbury by Marie Connolly

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Abstract

This thesis is centrally concerned with the development of knowledge-building research and practice-building research within the context of child protection social work with sexually aggressive children and their families. Child protection social work requires a range of knowledge that extends across many areas of violence practice. Generic knowledge about the complex relationships surrounding sexually aggressive children is necessary to both the therapeutic treatment and statutory management of children at risk.

This study contributes both knowledge-building research and practice-building research to this subject. Using quantitative and qualitative methods it makes a contribution to contextual knowledge-building by increasing understanding of the child/family/environment matrix with respect to childhood sexuality and sexually aggressive children in Aotearoa New Zealand. With respect to practice-building knowledge, it also uses qualitative findings to help delineate processes within practice, illustrating how practice is inevitably shaped by the dimensions of the actors within it. The thesis, therefore, moves from the general to the increasingly specific. Beginning with a quantitative study involving a large number of participants, it moves on to the qualitative study, and through a series of analyses that become increasingly focused.

The research follows a two-phase design within which a quantitative and qualitative study is undertaken within the one project. Both phases address the first major theme of the thesis: the building of the child protection social worker's knowledge about the sexually aggressive child. The quantitative study uses a questionnaire that was administered to three criminal groups: child molesters, rapists, and non-sexual offenders, and explores the links between adult offending and exploitative sexual experiences during childhood. The findings are also used to develop offender-specific profiles of the men within the sample.

The qualitative study provides phase two of the research. This focuses on the family experiences, and particularly the childhood sexual experiences, of a smaller number of men who have sexually offended against children. A thematic analysis has been undertaken with the qualitative interviews which groups together the common experiences of the men and explores its impact on pathways toward offending. These interviews are then used more specifically to include an ecological analysis of the developmental trajectories of three of the men. Phase two of the research - the qualitative study - also addresses the second major theme of the thesis: practice-building research that broadens understanding of social work praxeology within the abuse field. Praxeology - the study of professional conduct in practice - within the child abuse area is underdeveloped in the literature. However, it is of central importance if we are to understand how social work influences the processes of change. Responding to this imperative, data from the qualitative interviews is then used to demonstrate, firstly a process of reflexivity in practice, followed by an action and reflection interpretation of the client-in-situation. Finally, the thesis provides a synthesis of the issues emerging from both phases of the study by using an ecological systems analysis to explore the contributions of knowledge-building and practice-building research within a micro, meso, and macro practice system framework.
Introduction

Throughout history, sexuality as a function and social construction has been an endless source of fascination and consternation. When and how we become sexual beings and how we understand this sexuality, whether approving or condemning, has challenged scholars, lay-people, communities and wider societies. What makes the study of sexuality all the more confusing is that the rules for such understanding seem to change over time. While in general biology remains constant, the way we construct meaning and manage these constructions is invariably contextual, and dependent upon where we are in time and place. The way we view gendered sexuality is a good example of this. According to Laqueur (1990), within contemporary psychological literature the notion of men being primarily driven by sex while women are more interested in relationships is commonplace. However, writing from an historical perspective Laqueur notes that this is an exact inversion to the way men and women were perceived in pre-Enlightenment times when society equated men with friendship and women with unbridled passion. So it would seem that something has happened in the meantime to change not only the behaviours of men and women, but also our perceptions of the way the world is, how we should behave and what we think about people who conform or do not conform to our view of normal sexuality.

How we respond to sexuality and its appropriate and inappropriate expression is even more complex when we consider the sexual behaviour of children. The social work response to sexual expression in children is informed by our changing views of children as sexual beings, which is, in turn, influenced by a range of factors both personal and professional. Social work attitudes are shaped by personal, cultural, professional and societal influences, all of which impact on the development of practice and how services are delivered. The impact of this social construction of practice is wide-ranging. In child protection work the way we understand the nature of abuse, the needs of the child and what we expect from family, changes over time as our experience and understandings grow. These understanding emerge from a developing body of research, from practice experience, and from our personal interpretations of the client-in-situation. The art of social work emerges from a weaving together of the practitioner's personal strengths, social and cultural experiences, professional knowledge and practice wisdom. The science of social work is embraced in the research and developing practice theory that underpins the social
work response. Practice theory emerges from this dynamic interaction between the art and science of social work.

This thesis is centrally concerned with this dynamic and the way in which social work responds to sexually aggressive children within the context of the family. The thesis is interested in, and models, an eclectic approach to the interaction between art and science, and explores the way in which this informs practice. Taking the position that there are many interrelated routes that influence the development of informed practice the thesis takes a pragmatist approach and uses triangulation (Denzin, 1970) within a contextual design to contribute to both knowledge- and practice-building. Hence, the thesis adopts methods that are both knowledge-building and contribute to our general understanding of the nature of the problem; and methods that are more directly practice-building, that contribute to practice theory and informed professional practice:

Figure i.1: Routes of knowledge toward the development of informed practice
In taking this approach the thesis acknowledges the need for both knowledge-based and practice-based research. With respect to knowledge-building, it stresses the importance of a more developed understanding of the child/family/environment matrix and its relationship to the patterning of exploitative behaviour in children. By researching the early family and sexual experiences of incarcerated males and men who sexually offend (many of whom began their exploitative behaviour toward others when they were very young) the study uses information to help us to better understand the nature of pre-adolescent sexual behaviour. In examining family influence, it also explores the potential for family to be a protective or risk factor in building resilience in children.

This eclectic approach to knowledge development also acknowledges the need for practice development within the abuse area. In this sense, the thesis is interested in praxeology - the study of human conduct in practice. How people practice within the abuse field is an underdeveloped area of study, and yet it is of central importance if we are to understand how social work may influence processes of change. Intrinsic to this is how personal and professional experience contributes to our interpretation and understanding of work within the abuse area, and how these insights inform the reciprocal exchanges that form the basis of the work. In this sense it sees social work praxeology - the study of professional conduct in practice - as a central component to practice research and development. The thesis explores the way in which professional and personal experience contributes to our interpretation and understanding of the work by using research data to demonstrate a process of reflexivity in practice. A qualitative interview with adult male sex offenders is used to demonstrate firstly a process of reflexivity in practice, followed by an action and reflection interpretation of the client-in-situation. In recent years, the process of action/reflection in social work and the development of reflective practice have increased in interest (Gould & Taylor, 1996; Payne, 1998). Concomitant with this is the developing notion of reflexive practice (Sheppard, 1998; Fook, 1999). The worker's use of the personal self is important here. Reflexivity is the process by which the worker's thinking, reaction and interpretation of the client-in-situation influences action and critically affects the ongoing work with the client. In this sense, the work becomes a process of reciprocity, and is firmly grounded in the worker's experience with the client. Praxis is the ideological strengthening of practice through a process of critical reflection and reflexivity; the challenging of personal values, ideology and beliefs, and the creative rethinking of issues with a view to facilitating change.
In exploring the process of action/reflection and reflexivity, the thesis also examines the potential for praxis-oriented practice within the abuse field.

Inevitably the knowledge-building and practice-building approaches to research overlap:

Figure i.2: The synergy of research integration

This overlap provides a context within which both knowledge-building and practice-building approaches interrelate and work together to inform practice.

Both knowledge-building research and practice-building research can therefore contribute to the strengthening of knowledge, practice, and service delivery within the child abuse area. While there may be creative tensions between approaches, they can also be seen as complementary paradigms that bring together a rich variation of data that can "uncover unique composite evidence which may have been neglected by each of the single methods" (Trute, 1997:14).

The thesis is organised into three parts. Part One provides a contextual examination of the social construction of childhood sexuality, the particular issue of exploitative sexual behaviour in the pre-adolescent child, and the role of social work with the sexually aggressive child and family. A contextual knowledge of the way in which societal attitudes have shaped our perception of children and sex is considered important to the understanding of childhood sexuality. How we view children's sexuality inevitably influences how we respond to it. Chapter One begins the thesis by examining the nature of childhood sexuality and considers the development of sexuality across the early phases of the life course. It introduces the concept of the child as sexual being and discusses the social and political influences that have shaped our understanding of children and sex. Taking a life-course perspective,
Chapter Two discusses abusive sexual behaviour in the pre-adolescent child from research that has been undertaken with adult sex offenders, adolescent perpetrators and sexually aggressive children. Issues involved in the assessment of age-appropriate sex play and exploitative sexual behaviours in children are also examined. Chapter Three completes Part One of the thesis by considering social work responses to childhood sexuality and the sexually aggressive child. It places this work in the context of wider developments in family practice and considers the management and treatment systems that have been adopted to respond to children at risk.

Part Two of the thesis addresses the two main themes of the study: knowledge-building research which develops our understanding about the sexually aggressive child and the child/family/environment matrix; and secondly, practice-building research and the exploration of praxeology in child protection work. Chapter Four begins the methodological discussion and reinforces the multifaceted value of empirical data both in the development of expert knowledge and its potential to shape social work practice. Chapter Five begins a three-part analysis by using data to address the first major theme of the thesis: the building of expert knowledge about the sexually aggressive child. It outlines the results of a questionnaire that was administered to three criminal groups: child molesters, rapists, and non sexual offenders, and explores the links between adult offending and exploitative sexual experiences during childhood. Developing this analysis further, Chapter Six draws together the characteristics of the child molesters and the rapists to provide statistically supported profiles of these two groups.

Stage two of the analysis process involves the reporting of a thematic analysis of qualitative interviews with adult male sex offenders. In Chapter Seven a thematic analysis is used to illuminate the early family and sexual experiences of the men in the study. This analysis is extended in Chapter Eight by the adoption of a life-course interpretation of the same data that explores developmental trajectories that have led to an abusing lifestyle.

Stage three of the analysis process is centrally concerned with the second major theme of the study: practice-building research that broadens understanding of praxeology within the abuse field. Chapter Nine uses the qualitative data to illustrate the process of reflexivity in practice, and demonstrates the ways in which personal and professional reflexivity can impact on the process of the work.
Finally Part Three of the thesis provides a synthesis of the issues that have emerged in earlier chapters. Chapter Ten uses an ecological systems analysis (Green & Ephross, 1991) to explore the contributions of knowledge-building and practice-building research within a micro, meso, and macro practice framework. Micro issues include a discussion of praxeology and the reflexive practitioner offering a conceptual model of self-confrontation that is designed to delineate the processes of reflexivity and critical reflection within a practice framework. Moving on to meso practice system issues, the chapter then discusses the value of research in the enhancement of social work practice with families and communities. Finally the chapter closes the thesis by exploring how research can inform social work practice at the macro level. Within this discussion, the importance of praxis-oriented social work is reinforced.

**Note on Process**

There is a sense in which the introduction to this thesis suggests that the process of researching and writing the PhD has developed in a linear and straightforward way from original idea to eventual outcome. The pathway, however, has been much more complex. A background in child protection work with children and families which reinforced a commitment to the development of healthy environments for children, set in place a set of values that promoted the paramountcy of children and their interests. In this context, strengthening families has been a critically important part of the way in which I have approached the work. Undertaking research with men who sexually abuse children, while recognising that their behaviour has been damaging toward children, has also reinforced the significance of childhood as a formative experience. Many of the men in this study have had difficult early experiences. Nevertheless, their stories reveal much about the need to foster healthy family environments and resilient communities, and caution against an assumption that there are boundaries to potential.
Part One

Childhood and Sexuality
There are thousands of books on children’s development. From the early ethnographies and diaries of developmental theorists to the vast array of modern literature, we are able to read from a variety of perspectives, the way in which children grow, think and behave. We can read about their physical, cognitive and language development, their socialisation and the many influences that enhance or inhibit their capacity to thrive and experience a happy and fulfilled life. However, apart from Freud’s psychosexual analysis of children’s sexual development (Freud, 1905; 1953), which included the controversial Oedipus complex, the literature on childhood sexuality is curiously underdeveloped. According to Morris (1997:31) the information we do have is sketchy, controversial and poorly formulated. Indeed, it has been argued that research on childhood sexuality has become “the last frontier” in that so little reliable data exists (Masters, Johnson, & Kolodny, 1988:123). The dearth of clinical data is particularly surprising given the formative nature of early childhood experience.

In order to understand this neglect of children and sex and how we have constructed our views of childhood sexuality, it is useful to consider childhood sexuality in context. The social and cultural milieu, and our values and ideals overtime invariably influence what we do and how we understand our social world. This chapter will begin by briefly exploring society’s attitudes toward childhood sexuality from an historical perspective, considering the social and political influences that have shaped our understandings of children and sex. It will then introduce the concept of the child as sexual being and will discuss the development of sexuality across the early phases of the life cycle. What we think we know about children’s sexual behaviour will be reviewed and this will be then explored within the context of the family.

**HISTORICAL ATTITUDES TO CHILDHOOD SEXUALITY**

In recent times, much has been made of society’s repression of sexuality in general and children’s sexuality in particular. According to Foucault (1990:27) in modern
history, society has had a constant preoccupation with sex, and concomitantly, with children and sex. However, in a provocative contradiction of what had become a common discourse - that sexuality had been confined by a prudish Victorian regime - Foucault proposes an alternative analysis- that a “regulated and polymorphous incitement to (sexual) discourse” has been imposed (1990:34). In this sense, rather than repressing sexuality, the ‘repressive’ regime provided an environment within which sex could be discussed ad infinitum (1990:35) thereby, paradoxically, maintaining its discursive power and potency. Thus, the repression of sexuality became the production of sexuality (Edwards, 1997). This is a curious notion. It requires us to reconsider what might be considered sexually repressive events, activities and discourses, and reconceptualise them as a potentially forceful initiators and contributors within society’s sexual history. So, 19th century developments aimed at finding ways of repressing sexuality¹ can alternatively be viewed as strategies for maintaining the currency, interest and ultimate control in sexual discourse and behaviour. In challenging the Repressive Hypothesis, Foucault also takes a particular position with respect to children’s sexuality recognising the actuality of it and reinforcing the adult need to control it. Following Foucault’s argument, there is also an implicit assumption that ‘repressive’ sexual discourses have the same effect on children - that they ultimately create and facilitate a heightened preoccupation with sex. This does not necessarily follow. Since we have no clinical data on how children perceive adult ‘repressive’ controls of their behaviour, nor as adults do we necessarily have a lens through which we can accurately interpret data even if we had it, we are not in a strong position to say whether, in fact, children’s behaviour has been repressed.

That adults have attempted to control children’s sexuality and sexual behaviour, however, would appear to be generally accepted (Edwards, 1997; Morris, 1997; Martinson & Constantine, 1981). Over time, the value-laden evaluations and explanations of sexual behaviour, in particular masturbation, have created strategies to discourage this kind of sexual activity, ranging from the drastic therapies of

¹ For example, the Reverend Graham’s work in 1830 toward the development of a cracker made from unbolted wheat, designed to help control sexual desire, and Dr Kelloggs development of corn flakes for the same reason (Morris, 1997:81) can be seen from a Foucaultian analysis to contribute to a heightened preoccupation with sexual activity. It is unlikely, however, that Dr Kelloggs would have agreed. He remained mostly celibate throughout his life, not withstanding his married status.
restraining devices and surgical procedures\textsuperscript{2}, to more tolerant approaches such as advice on good diet and commitment to hard work. Of particular concern was the notion that activities such as masturbation produced a drain on the health and vitality of the individual:

\textit{From health and vigor, and intelligence and loveliness of character, they became thin and pale and cadaverous; their amiability and loveliness departed, and in their stead irritability, moroseness and anger were prominent characteristics. The child loses its flesh and becomes pale and weak. (Burdem, 1896:339).}

Englehardt (1985) argues that during the 18\textsuperscript{th} and especially the 19\textsuperscript{th} centuries, masturbation became medicalised, its moral offence being transformed into a disease with physical as well as psychological manifestations. It was identified as the cause of a long list of ailments including insanity (Hagenbach, 1879), blindness (Burdem, 1896), irregular heartbeat, loss of memory, headache, impotency (Jones, 1889), rickets, and with chronic masturbation, sallow face and dark circled eyes, ‘draggy’ gait and acne (Howe, 1884). Given this disease analysis, it is perhaps hardly surprising that the medical profession sought to identify and obliterate a single causal factor that created such wide-ranging maladies. Children were warned of the dangers of masturbation (Morris, 1997), and the medical and moral concerns of the Victorian period combined in a campaign against the horrors of this self-abusive practice.

Given New Zealand's historical links with Britain it is, perhaps, not surprising that Pakeha\textsuperscript{3} colonial attitudes toward sexual practices in children also reflected this fear of masturbation. Disturbed by these sexual practices, in 1925 Truby King\textsuperscript{4} wrote of the insidious effects of chronic constipation and its links with sexual dysfunction:

\textsuperscript{2}Engelhardt (1985) discusses the use of instruments and solutions that make masturbation for males painful, such as placing a ring in the prepuce or using acid to burn the penis. Radical surgical procedures were also adopted, such as castration for males and clitoridectomy for females.

\textsuperscript{3}Pakeha is the term used in New Zealand for people of European descent.

\textsuperscript{4}Dr Truby King, under the patronage of Lady Plunket, founded the Royal New Zealand Society for the Health of Women and Children, later to be known as The Plunket Society (Sutch, 1981:143). The Plunket Society was devised in 1907 (Sutch, 1969), and continues to be a successful organisation supporting children and families. Universally, Plunket visits all new mothers and babies born in New Zealand, the aim being to offer support and assistance.
The sexual system is sympathetically excited; there is a kindling of sexual desire. Now the feelings control the thoughts. Unhealthy sexual thoughts will rage in the brain of this young child; soon the vice of masturbation is contracted, and practised, it may be, for years. This interferes with proper cerebral evolution, and the entire individual is thereby altered (King, 1925:150).

He also suggests that when the practice becomes habitual, children “become centres of moral infection, which may involve a group of play-mates or even a whole school” (King, 1925:122). Uncircumcised boys particularly worried King (Olssen, 1981:16). The daily retraction of the foreskin, King maintained, was to be undertaken only in the first month of the child’s life: “the less the organ is meddled with by the child or its elders the better” (King, 1925:123). According to Olssen (1981:18), King viewed sex as anarchic, to be feared both in itself and for its wider symbolic possibilities. King’s views on child-rearing resonated with those in Britain and other western countries at the time, and sought to replace demonstrations of self-indulgence with self-control and discipline. This produced citizens of good character.

While it is difficult to gauge the degree to which King’s ideology gained generalised acceptance in New Zealand society, the growth and success of King’s organisation, The Plunket Society, remains testimony to its enduring influence. Certainly, books for parents that were available in New Zealand at the time of King’s writing and later, suggest that the notion of repressing childhood sexuality was not uncommon. For example, Lhotzky writes:

“From the tenth year on, the first stirrings of sex-impulse may be expected in the child. Once full development is reached, every year’s delay in their fulfilment is a gain. There is no doubt today in any quarter that the longer the exercise of sexual functions can be deferred the better. These instincts die down gradually, but only with total abstention. Without this they remain active longer than is generally believed” (Lhotzky, 1924:83-84).

By the 1950s, while generally accepted that children will have sexual feelings and practice masturbation, it was still considered an act of self-abuse. Adair (1946:119) referred to masturbation as the “habit of mishandling the sex organs”, a behaviour not uncommon, but one to be corrected by the parent of the child. This could be done, according to Adair, by “open air” and “matter-of-fact” discussion, when father...
and son were in a "serious but gay-hearted mood", and when mother and daughter were having "comradely chats over the ironing board" (ibid). Horn, too, provides advice to parents on how to help curb masturbation:

As with many evils, the best solution to the problem of masturbation is to prevent it. While it is true no parent can keep a constant watch on a child to see that he does not masturbate, a little care and observation will bring gratifying results. Watch any suspicious movement the child may go through when he thinks he is unobserved. Do not allow him to remain in bed after he awakens in the morning or from his afternoon nap. Don't allow him to put his hands in his pockets continually (Horn, 1947:12).

Less is known about the attitudes of New Zealand's Maori people to childhood sexuality. What has been recorded is focused on child-rearing rather than on children's sexuality, and is mainly written by the early missionaries. Inevitably, these writers bring their own bias to their discussion. Indeed, it has been suggested that analysis of early Maori practices have been underpinned by assumptions of cultural superiority:

Europeans are active, the islanders passive; Europeans call the tune, the islanders dance to it. Indeed most of these studies are really about Europeans and what they did. They are the subjects. The islanders are in the background, slightly out of focus, having things 'done' to them (Howe, cited in Ballara, 1998:20).

Any exploration of child-rearing practices in early Maori society needs, therefore, to be considered in the light of this. Generally, early Pakeha writings compare what were considered strange and exotic practices with their own beliefs about what children need to experience if they are to become citizens of good character. Practices that were inconsistent with the European experience were considered curious at best, and, at worst a threat to the moral health of children. Certainly, child-rearing in Maori society appears to have been very different from early settler experiences. According to Sachdev (1997:26), within traditional Maori society parenting of the infant is characterised by indulgence and permissiveness. Children were

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5 Maori are the indigenous people of New Zealand.

6 Debate continues over what is considered 'traditional' Maori society (Connolly, 1999). Here the discussion is based on modern constructs (late nineteenth-early twentieth century) rather than pre-European contact.
affectionately treated, and childhood wants soon gratified. This would have been a sharp contrast to Pakeha notions of parenting at the time when discipline was highly valued and the notion of ‘spare the rod, spoil the child’ was strongly held. Indeed, in mid 19th century New Zealand, children were so bereft of rights they have been described as chattels of their parents or guardians (McDonald, 1988). Within Maori society, Sachdev argues, children were provided with a warm, early environment within which a sense of ‘wellness’ was facilitated and intense emotional relatedness encouraged. Unlike Pakeha parents, according to Sachdev (1997:31), Maori parents generally did not try to control the sexual expression of their children (Sachdev, 1997:31). This, together with a more generalised indulgence in parenting style suggests that children within early Maori society may not have experienced the same degree of restriction in terms of the development of sexuality as did Pakeha children.

Differing cultural attitudes toward sex and sexuality are recorded in some of the early literature. With respect to Maori, Beaglehole and Beaglehole (1946:116) suggests a far more relaxed attitude toward sex:

Sexual worries, we think, do not play the same role in the life of these people as they play in the lives of middle-class pakeha people. ... (S)ex appears to be one aspect of life in which the Maori has worked out a fairly good personal adjustment, even though at times this adjustment may be in conflict with dominant pakeha standards of sexual morality.

According to Heuer (1972; 1974:29), a “spirit of independence” for children was highly regarded and, therefore, fostered within Maori child-rearing practices. Aspects of life that Western people would likely have considered intimate and for ‘adults only’, were much more freely discussed by Maori parents in the hearing of children (Makereti, 1938; 1986:101). While some of this may have been a consequence of greater communal living, whatever the cause, it seems to have resulted, at least in early Maori society, in a much more relaxed attitude to sex and sexuality, and greater liberty in terms of children’s behaviour (Cowan, 1910:147). According to Gluckman (1966:322), “(S)ex education is communal rather than individual. Generally there is no great anxiety about sexual curiosity in children”, and the pre-marital life of Maori young people was largely unrestricted. Schwimmer (1966:41), however, suggests this was not the case for high-born girls, who were “carefully guarded for dynastic unions”. 

Chapter One
However, by the time Ritchie (1963) wrote of the Rakau research project, which began in the 1950s and which studied a New Zealand Maori community, greater restrictions on the sexual behaviour of Maori adolescents began to appear. This seems to have been mostly in response to protecting young girls from pregnancy. Ritchie writes:

*Boys, however, are still of different sex from girls and the mother is likely to direct more of her attention to the control of girls. ...There is a greater need to protect them and limit their sexual freedom at adolescence than is the case with boys since girls may get pregnant and boys cannot* (Ritchie, 1963:158).

During the 1950s and 1960s, as Eru Paiaka noted, many Maori parents avoided talking about sex:

*Sex is tapu. Mothers have great difficulty in talking about puberty to their daughters. Fathers have even greater difficulty with their sons. I don’t think my brothers and sisters and I had any direct guidance from the guy who brought us up* (cited in Metge, 1995:171).

Metge suggests that this parental avoidance may be attributable to the conversionary zeal of Victorian Christianity to which Maori of the period were exposed. Ritchie & Ritchie (1975:324) also support this analysis:

*Our urban Maori mothers exhibit much the same practices in training their children in modesty, in preventing infant masturbation and curbing social sex play as the Pakeha around them. They do so probably more rigidly than do Pakeha mothers and they are conscious that there is a change in their practices from those by which they were reared.*

Nevertheless, while the repression of the sexual self from the daily life of the child was promoted in Western culture, Biggs suggests that for Maori, sex was seen as inextricably linked to all other parts of the persons experience: “(S)ex was not restricted to any one department of life but rather permeated all aspects of it” (Biggs 1960, 1970:12).

Modern thinking around Maori wellness and health issues continues this theme of interconnectedness, and is generally described as “holistic” (Durie, 1998:72). Health is viewed as an interrelated phenomenon, integrative and harmonious with the environment. The *whare tapa wha* model of Maori health and wellbeing helps to illuminate the way in which sexuality, as a bodily function as well as an emotional
experience, can be incorporated into an integrated four-part framework. The model demonstrates the interaction of four areas of wellbeing: taha wairua (the spiritual dimension), taha hinengaro (emotional or mental dimension), taha tinana (the physical dimension) and taha whanau (the extended family dimension):

Figure 1.1: The Whare Tapa Wha model of Maori health and wellbeing
[developed from Durie 1998]

According to Durie, taha tinana (physical wellbeing) relates to the importance of good physical health and reinforces the need for optimal conditions for growth and development. Taha hinengaro (mental wellbeing) reinforces the inseparability of the mind and body, a key aspect being the person's capacity to communicate, think and feel. The taha whanau (family and extended family) dimension places the individual within the context of the family and recognises the individual as part of a wider social system. Central to this is the individual's capacity to belong and feel part of this wider system in a process of reciprocity and sharing. Finally, taha wairua (spiritual dimension) connects the individual to his or her spiritual side, reinforcing the importance of faith and health being related to "unseen and unspoken energies" (Durie, 1998:69). Central to the Maori health perspective captured in this model is the notion that these four areas of wellbeing are "basic ingredients" to good health, and that balance between them is important. Extending this to the discussion of
childhood sexuality suggests that children's sexual development is also seen as healthy when in balance, and that sexual and emotional wellbeing is inextricably linked with the physical, spiritual and family components of the self.

Whether children's sexuality has a sense of balance, and whether the Western practice of repression interferes with normal sexual development has intrigued writers of sexology. However, the arguments for and against sexual prohibition for children are generally reflective of adult theorising and lack being grounded in clinical research. The remainder of this chapter will be devoted to the literature pertaining to children's sexuality and our knowledge of children's sexual behaviour based on clinical data. While Freud's contribution toward the recognition of children as sexual beings has been significant, and his psychosexual theory of children's sexuality has been influential in terms of the way adults perceive children and sex, Freud's theory it will not be focused on in the following discussion. The building of Freud's theory of childhood sexuality around wish fulfilment and the Oedipus complex is well known and does not require reiteration here. The neglect of his theory is based on there being no evidence, either from Freud's own work or the subsequent work of others, that would suggest that the theory is anything more than a speculative set of ideas. Freud's notion of repression is conceptually flawed and demands an elaborate construction to support what seems a dubious proposition. Repression and sex are inextricably linked in Freudian analysis. His entire theory is built on a child's repression of sexuality largely through parental controls, and resulting in a detailed description of phases of development - oral, anal, genital, and the now famous Oedipus complex, enriched as it is with its notions of penis envy and castration anxiety. Why Freud promoted a child's oral and anal behaviour as sexual is never clearly explained, and when critically examined the Oedipus postulation at best appears far-fetched. With respect to this, offering no hard evidence for his theory Freud writes:

An early example of the pro-sexual writing can be found in Guyon (1950). Guyon, who was considered something of a guru in sexology during the 1950s, wrote in support of the child as a sexual being. His support of sexual freedom for children, and promotion of sexual activity between children and adults, would be positioned at the other end of the continuum from the sexual prohibitionists. From a modern perspective, Guyon's pro-sexual writings are at best naive, or more likely, suspiciously dubious. It is hardly surprising that the gulf between the two positions was so large.

See Macmillan (1997) *Freud Evaluated* for an interesting critical discussion of Freud and his response to sexuality.
When a boy, from the age of two or three, enters upon the phallic phase of his libidinal development, feels pleasurable sensations in his sexual organ and learns to procure these at will by manual stimulation, he becomes his mother’s lover. He desires to possess her physically the ways which he has divined from his observations and intuitive surmises of sexual life and tries to seduce her by showing her the male organ of which he is the proud owner. ... At last his mother adopts the severest measures: she threatens to take away from him the thing he is defying her with. As a rule, in order to make the threat more terrifying and more credible, she delegates its carrying out to the boy's father, saying that she will tell him and that he will cut the penis off. ... But when he is threatened he is able to recall the appearance of female genitals or if shortly afterwards he has a glimpse of them – of genitals, that is to say, which really lack this supremely valued part, then he takes what he has heard seriously and coming under the influence of the castration complex, experiences the severest trauma of his youthful existence (Freud, 1949:57-58).

Freud's analysis of the female child's 'penis envy' is also empirically unsupported and seems equally implausible. Freud (1974:360) again makes what appear to be unwarranted speculative leaps:

(A)s regards little girls, we can say of them that they feel greatly at a disadvantage owing to their lack of a big, visible penis, that they envy boys for possessing one and that, in the main for this reason, they develop a wish to be a man.... In her childhood ... a girl's clitoris takes on the role of a penis entirely ... (T)he process of a girl becoming a woman depends very much on the clitoris passing on this (orgasmic) sensitivity to the vaginal orifice in good time and completely (Freud, 1974:360).

One can only wonder why Freud, as a scientist, chose to entirely ignore what would have been common knowledge about female anatomy in his conclusions about female orgasm. However, Freud's persistent practice of avoiding more obvious explanations of children's sexual development, and the lack of empirical support, makes his propositions less useful when trying to understand children's actual sexual behaviour and how this behaviour contributes to a child's developing sexuality.
According to Cantwell (1995:80) there is little agreement in the literature about what is normal sexual behaviour for children – "no one knows what normal is". The neglect of child-oriented literature relating to sexuality, alluded to earlier, continues to hinder our knowledge and understanding. Interestingly, even Alice Rossi's recent book on sexuality, *Sexuality Across the Life Course* (1994:187) is "coitus centered" in that it focuses on sexual behaviour beginning with the experience of coitus. Pre-adolescent sexual experience and behaviour is given no attention, despite the life course approach. However, while there may be debate about what sexual behaviours are 'normal' for children and what falls outside this, the notion of children as sexual beings is increasingly recognised (Bukowski, Sippola & Brender 1993, Gil & Johnson 1993, Wolman & Money 1993).

Studies on preschool sexual knowledge and activity, while scarce, indicate that children experience sexual development in much the same way as they experience other developmental processes. According to Martinson (1976) prenatal children have the capacity for sensate experience. Children are highly responsive to physical touch and respond when touch by adults. Bukowski Sippola and Brender (1993) suggests that although a child's response to touch may not be associated with sexual experience, it remains a component of sexual behaviour. Referring to the work of Efron (1985) they go on to suggest that "physical touch is the most direct means by which parents can begin to shape a healthy sense of intimacy and sexuality in their children" (Bukowski, et al. 1993:91).

Children also react to physical manifestations of sex. Infant boys have erections and physiological erectile responses are not unusual biological reflexes in neonates (Higham 1993, Langfeldt 1993, Morris 1997). Genital self-touching in the very young child begins, according to Higham (1993), between six and twelve months of age. Indeed, the handling and touching of the genitals is discovered in much the same way as a child explores other areas of the body. Gallo (179:47) explains, "(B)abies discover their genitals just like they discover fingers and toes, and they handle them with similar interest and entertainment". According to Gil and Johnson (1993) masturbation not only provides physical pleasure for the young child, but it may also be a way of reducing tension and offers a means of distraction.
While children are curious about their own bodies, they are also interested in the genitals of other children. Familiar games played by children (e.g. ‘doctors and nurses’, ‘show and tell’), provide a context for exploring and examining the body and are assumed to be fairly common in the experience of children (Gil & Johnson 1993). For at least some children this kind of play may be the first opportunity for children to develop their knowledge about male and female bodies. It has been argued that “childhood sex play is not psychologically harmful under ordinary circumstances and is probably a valuable psychosocial experience in developmental terms” (Masters cited in Morris, 1997:33).

However what we think may be ‘common’ childhood sexual behaviour continues to be speculative. Responding to the significant lack of information on children and sex, and the underdeveloped training opportunities for workers in the field, Ryan (2000a:42) has produced a useful list of sexual behaviours found in the prepubescent and post-pubescent child. This list has been delineated by degree of need for intervention:

Figure 1.2: Range of observable prepubescent sexual behaviours of children [developed from Ryan 2000a]

<table>
<thead>
<tr>
<th>Normal/Developmentally Expected</th>
<th>Requiring Adult Response</th>
<th>Requiring Adult Correction</th>
<th>Problematic, Requiring Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• sexual conversations</td>
<td>• preoccupation with sexual themes (particularly aggressive) • attempts to expose others genitals • sexually explicit conversations • sexual graffiti (especially when they impact on others) • sexual innuendo + embarrassing of others • single occurrences of peeping, exposing, obscenities, frottage • preoccupation with masturbation • mutual masturbation (although not uncommon, interaction requires evaluation) • simulating foreplay with dolls, others (clothed)</td>
<td>• sexually explicit conversation with significant age difference • genital touching of others without permission • sexual degradation and/or humiliation of others • inducing fear and/or threats • repeated or chronic peeping/exposing etc. • compulsive masturbation • masturbation involving vaginal or anal penetration • simulating intercourse with dolls, animals, others (clothed)</td>
<td>• oral, vaginal, anal penetration of dolls, animals, other children • forced exposure of other’s genitals • unclothed simulation of intercourse • genital injury or bleeding not explained by accident</td>
</tr>
<tr>
<td>• ‘show me yours’ with peers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• playing doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• occasional masturbation (without penetration)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• kissing + flirting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• dirty words or jokes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In drawing this range of behaviours together, Ryan identifies those behaviours that are developmentally expected, from those which are considered more problematic and requiring of adult intervention. However, while the list is very useful as a guide to behaviour, it is important that it be used with caution in practice. How the behaviour is defined for example what is meant by ‘preoccupation’, needs to be carefully thought through before a position is taken or intervention considered. Also, there may be differing views about whether simulation of intercourse is always a behaviour requiring correction since it is inevitably dependent upon context. Nevertheless, Ryan’s groupings are generally consistent with the literature that identifies children’s sexual behaviours across a range of intensity and intrusiveness, and brought together represent a useful guide for workers in the field.

In exploring prepubescent sexuality Ryan also clarifies and reaffirms the notion of the pre-adolescent as a sexual being. In terms of children’s sexual interest and behaviour, although Freud’s ideas about a pre-adolescent latency period have been influential, the research suggests that interest in sex does, in fact, continue as a developmental process (Reinisch, 1990). A perhaps more likely explanation for the ‘latency’ theory is that children begin to understand which behaviours are socially acceptable to adults:

(To) explain the so-called latency period behaviour displayed by some children, researchers suggest that children of this general age group may appear progressively less interested in sexual topics because they have learned adult rules about repressing sexual matters and simply become more secretive and private about their sexual thoughts, feelings, and behaviours (Morris, 1997:34).

Expanding the range of behaviours across the age range to the post-pubescent stage of development, Ryan again delineates behaviours and sanctions:
Again Ryan’s groupings are generally consistent with the literature that identifies children’s sexual behaviours across a range of intensity and intrusiveness. Again they present definitional difficulties and therefore need to be considered in conjunction with adult, and professional adult judgement. Lists, in the end, can only guide our understandings of children’s sexual behaviours. They are useful in helping us to make some sense of confusing and uncertain territory.

### CHILDREN’S THINKING AROUND SEX AND GENDER

Children’s thinking about sexuality has also been explored in the research literature. Bukowski, et al. (1993), in an examination of the research into childhood sexuality, have identified several domains that influence children’s thinking about sex. Summarised, they include:

- A clear developmental trajectory of children’s thinking about gender differentiation (the difference between males and females) (Serbin & Sprafkin 1987). Accordingly, the child’s behaviour is shaped by this growing understanding of what they see as appropriate and inappropriate behaviour for that gender.
A curiosity about reproduction and where children come from (Goldman &
Goldman 1982, 1988; Whitfield, 1989). This results in asking questions about
babies and conception, and sometimes the child developing their own ideas
about reproduction. According to Goldman and Goldman, although the child
may exhibit and interest and sometimes fascination about reproduction,
they may not fully understand the mechanisms of procreation until they
are in their adolescent phase.

The eventual understanding of sexual intercourse. According to Bukowski
et al., the developmental synthesis of sexual intercourse as a multifaceted
phenomenon, embodying the physical and the emotional, is one of the most
challenging aspects of sexual development (Bukowski et al., 1993: 89-91).

A developing understanding of privacy and personal boundaries (Goldman
& Goldman, 1982, 1984, 1988). Children's thinking around nakedness changes
as the child grows and is increasingly aware of the social conventions of
dress.

Thinking around relationships and the properties of relationships begins to
increase as the child develops more complex understandings of friendship
and intimacy (Selman & Schultz, 1990). Hence, emotional closeness and
intimacy become connected with early sexual experiences (Miller & Simon,
1980).

Increased exposure to sexual imagery and information creates curiosity and
develops understanding. Inevitably, increased access to media and adult
discourse around sexual themes will heighten the child's interest and curi-
osity across these domains (Bukowski et al., 1993).

Connected with children's thinking about sex are the interrelated notions of gender
and the development of gendered understandings. According to Cantwell (1995:97),
"(C)hildren learn what is thought to be acceptable behaviour through a process of
acculturation, or socialization" and, as such, learn what behaviours are appropriate
for one's own gender. Usually children are born with a particular inclination toward
one or other gender, again usually conforming to the child's anatomical sex (Gil &
Johnson, 1993). Reinforced by caregiver and peer group behaviour, children learn
to respond according to their gendered expectations. Thus girls behave in ways
that are socially acceptable for girls, and boys for boys. This is the case across the range of behaviour, including social sexual behaviour. Frequently, gender segregation is an aspect of children's daily life at school as they cluster into same-sex groups, and playgrounds tend to have gendered spaces (Thorne & Luria, 1986). Such formal and informal gender segregated groups can provide a powerful context for learning gender roles and can strongly reinforce gender identity (Bolton & MacEachron, 1988). Although dominated (somewhat unhelpfully) by an analysis of Freud's Oedipus complex, Frankel and Sherick's (1979) study, observing preschool sexual identity, supports the socialising strength of segregated groups, concluding that small groups do much to consolidate sexual identity, particularly in the female child.

According to Bolton and MacEachron (1988) gender roles of femininity and masculinity have been broadly identified as dichotomous: communion versus agency (Bakan, 1966), warmth-expressiveness versus competency (Broverman, Vogel, Broverman, Clarkson & Rosenkrantz, 1970), and nurturance and interpersonal warmth versus dominance and self assertion (Deaux, 1985). These characterisations provide a socialising template for the development of gender roles that are strengthened, by degree, through a process of socialisation.

The family environment provides an important context for gender socialisation. Writing from an American perspective Masters Johnson and Kolodny state:

Girls are often cautioned strongly against sexual play, especially with boys. Boys ... tend to get mixed messages from their parents; they may be warned or even punished for such activity, but ... (t)he unspoken permission for boys to follow their sexual curiosity (except in homosexual situations, where parents consistently react in a negative way) is only rarely found directed to school-age girls. (Masters, et al., 1985:223-224).

The range of adults who are involved in the child's life can influence this process of differential emotional socialisation, including parents and the extended family network, daycare workers and teachers (Brody, 1985; Fivush, 1989; Kuebli & Fivush, 1992; Malatesta & Haviland, 1985). This gendered process inevitably interacts with the young person's sexual development since it influences how opportunities are responded to and how sexual curiosity is able to be expressed.

According to Lisak (1997:174) a male gender socialisation that constricts the man's capacity to experience and express emotions can be traumatic. In particular
“emotions associated with vulnerability – such as fear and shame – are excised and often supplanted by the acceptably male emotion of anger. The result often is a relatively disconnected experience of sexuality, in which intense emotions are suppressed, and an impaired capacity for empathy.” From a Pacific perspective, these ideas are also supported by Jenkins (1990) who develops the notion of a male apprenticeship that creates a context that is abuse supportive. The perpetration of sexual abuse, and the values fostering abuse-supportive behaviour, has also received considerable research interest in recent years. However, ultimately research and practice that responds to the problem of exploitative sexual behaviour in children needs to embedded within an informed understanding of the development of sexuality in children. Currently our knowledge about childhood sexuality is woefully thin. While it is increasingly recognised that children behave sexually, the extent, variety and range of activity remains largely uncharted territory. It therefore continues to be a struggle to provide services that support the development of healthy individual and family sexuality and to help families when a child’s behaviour becomes problematic. Research investigating the perpetration of sexual abuse and the values fostering abuse-supportive behaviour has increased significantly in recent years. Chapter Two will now consider those situations where the development of sexuality and the expression of sexual behaviour becomes problematic, resulting in the increased capacity for sexually exploitative or sexually violent behaviour.
Children and Sex – the Context and Nature of Children’s Exploitative Behaviour

In recent years the issue of exploitative behaviour in children has become a problem besetting families, communities, and those providing care and control services. As work with adult male sexual offenders has developed, it has become increasingly evident that these men have histories of exploiting others during their own childhood (Longo & Groth, 1983). For some of these men this has been compounded by their experience of sexual victimisation (Burgess, Hartman & McCormack, 1989; Ryan, 1989; Langevin, Wright & Handy, 1989; Graham, 1996; Romano & De Luca, 1997). As a result of these insights, a small body of research has developed with respect to the histories of men who sexually offend. Using these adult reflections, researchers have attempted to increase our understanding about the aetiology of sex offending and its complex dynamics. Writers have, however, also suggested caution in terms of using the adult reflections of their own childhood exploitation arguing that the focus on adult offenders is inclined to criminalize or pathologize the childhood activity and link it with an adult offending pattern (Friedrich, 1997). Nevertheless, the notion of understanding sexual offending from a life course perspective may have much to offer. According to Gelles and Wolfner (1994), the life course analysis has not been applied to the problem of sexual offending, despite being commonly used to explain normal developmental processes. One of the advantages of using a life course perspective within a broader ecological analysis, increases the potential for us to better understand the multifaceted complexity of sexual exploitation. For example, understanding age and gender patterns of offending and how this interrelates with the person-in-environment may increase the potential for us to better integrate a more complex knowledge of sexual offending and thus avoid lineal explanations that struggle to capture the realities of many. Ryan (1999:144) supports the development of an ecological perspective as “... it encourages casting a wide net and sorting through each layer of influence in order to fully describe the client’s view of the world.” The ecological perspective therefore also requires a much broader analysis of the socio-political context. By looking more broadly at the layers of influence surrounding an abused child the ecological perspective encourages the
examination of community and political systems and the pressures they bring to the management of child protection systems.

This chapter explores the research that contributes to our understanding of childhood experience and its relationship to adult offending. It looks at three sets of research: research into the early sexual and family experiences of men who have sexually abused children; adolescents who perpetrate abuse, and sexually aggressive children. By looking at the research on early sexual and family experience, the links between adult sexual offending toward children and exploitative sexual experiences during childhood can be explored. This then also provides an opportunity to consider how the early experiences of people who sexually offend illuminates the issues surrounding children molest. Consistent with the life course theme therefore, the chapter begins by looking at the research that has been undertaken with adult sexual offenders about their early sexual experiences. It then examines the problem of adolescent sexual offending and our growing awareness of this phenomenon, before moving on to a discussion of sexually aggressive children. Reinforcing the value of the ecological analysis of life course issues in the sexual offending area, Chapter Three will then expand the ecological analysis to include the family context and wider network.

**Adult reflections of sexual offending and abuse**

Over the past two decades research into the antecedents of socially deviant behaviour has extended into the area of sexual offending. This has included speculation into the impact of offender childhood sexual abuse (Burgess, et al., 1989), parental abuse and/or neglect (Tingle, Barnard, Robbins, Newman, & Hutchinson, 1986; Coie & Dodge, 1998; Graham, 1996), and early exploitative behaviour by children and adolescents (Barbaree, Marshall & Hudson, 1993; Gil & Johnson, 1993; Hunter, 1995; Araji, 1997; Ryan, 1999). This has raised interest also in the victim/offender hypothesis that draws links between sexually abused young people and the possible progression to adult offending (Burgess, et al., 1989; Ryan, 1989; Langevin, et al., 1989; Graham, 1996; Romano & De Luca, 1997). The victim/offender hypothesis draws links between sexually abused young people and the possible progression to adult offending. Inherent to this is the notion of a ‘cycle of abuse’, that reinforces the patterning of abuse behaviour across generations.
Beginning with the victim/offender hypothesis, despite there being a general belief that young people who are abused as children are at greater risk of adult sexually offending against children, there is relatively little empirical support for the idea (Garland & Dougher, 1990). It is confounded considerably by the multifaceted complexity of adult sex offending, and the difficult in identifying causal factors. Garland and Dougher argue that while contradictory evidence is also lacking, the main difficulty is the dearth of research actually exploring the abuse/abuser association and the methodological problems inherent in the studies that have. The lack of research is surprising given the popularity of the victim/abuser hypothesis. It does perhaps point, however, to the persuasiveness of the idea. This is not altogether surprising. It provides a simple, straightforward explanation that most people would understand – violence begets violence. Further, once the cause is identified, it becomes easier to know how to respond to the problem. It also helps to make sense of something that most people consider incomprehensible - that adults will sexually interfere with young children.

Since the increased awareness of the prevalence of child sexual assault within society, considerable attention has been paid to, what is perhaps the more central issue: the potential effects of childhood sexual abuse on the developing adult. Research into the possible consequences of child sexual abuse have been wide-ranging, including also a range of negative outcomes for the victim of the abuse (Ryan, 1999). The negative impact on self esteem has been addressed by a number of studies (see Beitchman, Zucker, Hood, da Costa, Akman and Cassavia (1992) for a review of studies looking specifically at the influence of childhood sexual abuse on a person's developing self esteem). The relationship between child sexual abuse and adult alcohol and substance abuse has also received attention (Evans, Schaefer & Sterne, 1984; Defronzo & Pawlak, 1993; Janikowski & Glover, 1994; Pribor & Dinwiddie, 1992; Swett & Halpert, 1994), and also the general association between a history of sexual abuse and adult mental health problems (Adams-Tucker, 1980, 1982; Woodling & Kossoris, 1981; De Young, 1982; Oppenheimer, Howells, Palmer, & Challoner, 1985; Briere & Runtz, 1988; Haynes-Seman, 1987; Winfield, George, Swartz & Blazer, 1990; Bushnell, Wells & Oakley-Browne, 1992; Fergusson, Lyskey & Horwood, 1996; Fergusson Horwood & Lyskey, 1996). A history of child sexual abuse has also been associated with other adult problems including problems with communication (Blum & Gray, 1987), behavioural problems and antisocial conduct (Adams-Tucker, 1980; Woodling & Kossoris, 1981; Finkelhor, 1986; Longo, 1982; Summit, 1983; Dutton &
Hart, 1992; Watkins & Bentovim, 1992; Luntz & Widom, 1994), developmental
problems (Adams-Tucker, 1980; Woodling & Kossoris, 1981) and sexual problems
(Dubowitz, Black, Harrington and Verschoore, 1994; Young, Bergandi and Titus,
1994). Studies exploring the nature and effect of sexual abuse on men as a separate
group have also begun to emerge (Freeman-Longo, 1986; Risin & Koss, 1987; Bolton,

That child sexual abuse can have deleterious effects on the developing adult is now
well documented by these studies. However, research into the risk of sexually abused
people becoming sexually abusive to others (the victim/offender hypothesis) has
received less attention. Studies that have an emphasis on learning theory, cognitive­
behavioural, modelling and conditioning propositions include Howells (1981),
McGuire, Carlisle and Young (1965), Alter-Reid, Gibbs, Lachenmeyer, Sigal, &
Massoth (1986), Finkelhor (1986) and Yates (1982). These studies explore the way
in which conditioning influences the behaviour of the sexually exploitative adult
who was sexually abused as a child. The classical conditioning, stimulus/response
explanation as a reinforcing factor in sexual offending has been considered important
(McGuire et al., 1965). The conditioning influence of sexual abuse, which manifests
itself in more highly sexualised and precocious behaviour in childhood, has also
been explored (Finkelhor, 1986; Yates, 1982). The pairing of stimulus and reward
has been developed thus:

When sexuality has been paired (during sexual abuse in childhood) with
fear, anger, helplessness, and/or aggression, subsequent experiences of those
feelings may trigger a cycle that leads to sexual arousal, reinforcing the
negative pairing (Ryan, 1999:5).

While persuasive in argument, the cognitive-behavioural formulations as an
explanation for the victim/offender hypothesis does remain limited, however
(Garland & Dougher, 1990). Firstly, the studies lack systematic evidence that
conditioning factors are operating in the victim/offender dynamic, and secondly, the
processes of conditioning and modelling alone appear to be insufficient to explain
the complex nature of adult offending against children.

Studies that have taken a psychodynamic approach to the issue of the victim/offender
hypothesis have considered the effect of emotional deprivation within the parent/
child relationship, and the offender's sexually exploitative behaviour as an adult
Retrospective self-reports of adult sex offenders have indicated that the ending of their own childhood sexual abuse was sometimes seen as a loss of something that was, at least, emotionally nurturing (Burgess, Hartman, McCausland & Powers, 1984). Supporting the psychodynamic notion of the victim/offender link is the writing about the similarities between adult offender offence characteristics and retrospective accounts of the offender’s own childhood sexual abuse (Garland & Dougher, 1990). Summarising the research by Longo (1982) and Groth (1979), Garland and Dougher suggest that adult offenders often replicate their own childhood sexual experiences with young children. Within these studies, the exploitative sexual acts of the incarcerated adult male sex offender correspond to their own previous childhood experiences when being abused by adults.

The contradictory response in the literature regarding support for the abused/abuser hypothesis may result from conflicting research findings into the prevalence of sexual abuse in the histories of sexual offenders. Some studies report high incidence of childhood sexual abuse in the sexual offender sample groups, some low. For example, Romano and De Luca (1997) found in their exploratory study that the prevalence of childhood sexual victimisation was considerably higher for sexual offenders than control samples. However, when Langevin, et al. (1989) examined the sexual abuse experiences of 479 abused and non-abused child molesters, they found that sexual abuse did not appear to have been extensive within the family of origin of the men in the sample. Their research questions the abused/abuser hypothesis, and they conclude:

\[\text{(T)he results do not imply that sexual abuse in childhood causes sex offences. Clearly only a small fraction (16\%) had experienced extensive sexual abuse.... It is possible that the disorganized and aggressive home made them more vulnerable to sexual experiences outside their home, one of which was sexual abuse. Thus, their emotional disturbance may be more important than the sexual abuse per se (Langevin et al., 1989:252).}\]

This reinforces the difficulty in identifying causal links.

By comparison, research by Briggs (1995) and Graham (1996) report much higher experience of child sexual abuse reporting by adult male offenders, Briggs reporting 93\%, and Graham 70\%. It is possible that some research methods may influence abuse disclosure and may result in an under-reporting of child sexual abuse by
adult offenders. Conversely, over-reporting as a defensive mechanism by the men who sexually offend is a major research (and practice) concern when working with this population.

However, whether or not the victim/victimizer hypothesis can be supported by research, most studies continue to reinforce the significance of family and childhood family experience – particularly negative family experience – upon the development of adult behaviour. Graham (1996) suggests that it remains unclear why some people who have been abused do not become abusers themselves. However, what is becoming clearer is that children who are exposed to a combination of abuse (emotional, physical and sexual) may be predisposed to act out as adults (an idea further supported by Bagley, Wood and Young, 1994, and Seghorn, Prentky and Boucher, 1987). Sexual offending may just be one of the ways.

While the significance of abuse within the early childhood experience of the offender has received attention (particularly as it relates to the victim/offender dichotomy), the nature of the adult sex offender's early family experience and the influence of this, is less developed in the literature. That sex offenders frequently come from disturbed home environments has been indicated in some studies that have considered parental psychiatric history, criminal history, and alcohol/drug abuse (Bard, Carter, Cerce, Knight, Rosenberg & Schneider, 1987). This is supported by Seghorn and Boucher's (1980) study that found a significant percentage of the offenders came from families with a history of psychiatric and/or antisocial histories. The Bard (et al. 1987) study also found that 25% of the men in their sample came from families experiencing unusual or promiscuous sexual activities. Langevin et al. (1989) in their study of childhood victimisation in sex offender histories, found that the early home environment of the men was more frequently characterised by aggressive exchanges between the father and son, and indicated a lack of affection within the family relationships. Tingle et al. (1986) found when studying paedophiles and rapists that both groups reported a significant lack of closeness to their father, which they suggest may be caused by the fathers absence, but also found an association with the father's drinking problem.

In Chapter One the issues of childhood gender socialisation were discussed, and this has also been explored within the sex offending research (Lisak, Hopper & Song, 1996). Gender socialisation has been linked to the perpetration of interpersonal
violence by a number of studies in terms of its association with marital violence (Crossman, Stith & Bender, 1990), macho male responses (Gold, Fultz, Burke, Prisco & Willett, 1992; Mosher & Tomkins, 1988; Mosher & Anderson, 1986), and intimacy deficits (Lisak & Ivan, 1995; Ward, Hudson, Marshall, & Siegert, 1995; Hudson & Ward, 1997). Lisak et al. (1996) suggest that gender socialisation that discourages men to express their emotions may interact with their experience of abuse, creating intense conflict and increasing the potential for a man to adhere to rigid masculine gender norms. This conformity to rigid gender prescriptions, according to these writers, may also lead to a reliance on anger, the expression of which is more accepted in terms of male gender norms (Mosher & Tomkins, 1988). This link between emotional constriction and gender rigidity, and the cycle of violence, was found to be complex in the Lisak et al. study and the researchers conclude:

(One way to understand these findings is to conceptualize two developmental pathways diverging from a history of childhood abuse. In one path, the male abuse victim may appear conflicted and preoccupied by gender identity issues, but this preoccupation may indicate a lack of conformity to gender norms necessitated by his coping with the legacy of his abuse. In the other path, the male abuse victim strives to be stereotypically masculine, and must therefore suppress the high magnitude emotional states that are the legacy of his abuse. The suppression required to hold at bay the emotional legacy of abuse may also suppress his capacity to empathize with others (Lisak et al., 1996:739-740).

Although little attention has been paid to intimacy and attachment issues in the childhood experiences of men who sexually offend, because attachment is a most important factor in childhood socialisation, it is relevant to the discussion here and will therefore be covered briefly. The notion of intimacy deficits and attachment influencing adult empathic responses, has been significantly developed by Marshall, Ward, Hudson and their associates (Marshall, Hudson, & Hodkinson, 1993; Ward, Hudson, Marshall, & Siegert, 1995; Hudson & Ward, 1997). This work contributes to the development of knowledge around the ways in which differing attachment styles and intimacy deficits may influence offending pathways. Developing Bartholomew's (1990) adult attachment model, Ward et al. (1995) explore the nature of attachment style (secure, anxious/ambivalent/avoidant) and its potential influence on sexual offending patterns. They draw together a table of intimacy and attachment styles in adults that delineates secure attachments from insecure attachments thus:
Within this framework of understanding, secure attachments provide a context in which the person can develop positive internal regard for the self and others. This has the capacity to result in the person developing a fundamental sense of self worth, and the notion that others will be accepting and warm toward them. In terms of its impact on adult outcomes, it is then more likely to lead them to develop high levels of intimacy within their interpersonal relationships. Conversely, people who have insecure attachment styles, for example, when a parent has demonstrated inconsistent and/or ambivalent attachment to the child, the person may develop negative self-regard and consider themselves unworthy of love, acceptance and support.

Adapting these ideas to their work with men who abuse, Ward et al. (1995) have developed a framework that explores the potential impact of insecure attachment styles. They argue that the attachment style characterised by their early development may influence their type of offending, and that the style may predispose them to be more or less aggressive in their sexual offending (Ward, et al, 1995:325). Developing Bartholomew’s three insecure attachment styles their analysis can be identified along a continuum from the Anxious/ambivalent style (non-hostile and desiring intimacy), to the Avoidant II style (expressively aggressive and seeking non emotional, impersonal sex):
Figure 2.2: Attachment styles and sexual offending

- **Anxious/ambivalent**
  - Desires intimacy but anxious about adult relationships. Non-hostile.
  - Seeks partner who is approving and whom he can control.
  - Looks to children for emotional intimacy. Victim or mutually focused.
  - Grooms child over time. Attempts to establish "love" relationship with child.
  - Sexually offends against child who is known to offender. Rarely uses coercion and if so coercion is mild.

- **Avoidant I**
  - Desires intimacy but fearful of rejection. Non-hostile, but uncaring.
  - Seeks non rejecting partner in relationship devoid of closeness.
  - Looks for minimal emotional contacts. Self-focused.
  - Establishes pattern of nonhostile impersonal sex.
  - Exhibits passively. Peeps secretly, Sexually offends against child who is relatively a stranger. Will use overt coercion if necessary (instrumental).

- **Avoidant II**
  - Desires autonomy and independence. Hostile.
  - Dismissive of close relationships.
  - Looks for contacts that are devoid of emotional closeness. Self-focused.
  - Establishes pattern of hostile impersonal sex.
  - Exhibits aggressively. Peeps nonsecretively and seeks entrance. Sexually aggresses against adults or children. Aggresses expressively and may be sadistic.
Because the anxious/ambivalent offender seeks intimacy but is anxious about his adult relationships, he will look toward children to satisfy his intimacy needs and is more likely to groom children to establish a 'love' relationship with them. In this sense he is more likely to see them as a partner, and the relationship as reciprocal. At the other end of the continuum, the Avoidant II attachment style offender is seen to be hostile in his relationships and will avoid relationships that involve emotional closeness. Hence he seeks contacts patterned on hostile, impersonal sex. Avoidant II attachment style offenders present as lonely men who are likely to have profound empathy deficits and attribute blame to others in terms of their lack of intimacy.

These ideas about attachment styles have important implications for the development of a life course understanding of sexual offending. The ways in which attachment styles influence the offending trajectory, for example the processes of victim identification and grooming, levels of aggression, and differing offending strategies, have far reaching implications for systems of prevention, treatment and management of sexual offending. Challenges to the research findings have resulted in further refinements of the attachment style approach (Hudson & Ward, 1997), reinforcing the view that single factor explanations alone are unlikely to provide sufficiently robust frameworks that can deal with the complexity of sexual offending.

The growing body of research that relates to adult offender history and patterns of offending, has indicated an early onset of abusive sexual experience and early perpetration of sexually exploitative activities in the lives of sex offenders. This has resulted in the proliferation of research interest in the juvenile offender.

**The Juvenile Offender Experience**

Research relating to the adolescent perpetrator of abuse is a relatively recent development. Historically, adolescent sexual offending has been categorised as experimental behaviour that is a normal and expected process of development (Longo, 1982; Bischof, Stith & Wilson, 1992; Graves, Openshaw & Adams, 1992; Barbaree, Hudson & Seto, 1993). Further, the fear of labelling sex offender behaviour in adolescence, and a recognition of the potentially stigmatising effect this may have, has supported a denial of the criminal nature of the behaviour (Ryan, Miyoshi, Metzner, Krugman & Fryer, 1996; Charles & McDonald, 1997). Notwithstanding this historical reluctance to recognise adolescent sexual offending, the sheer volume
of cases coming to notice has reinforced the seriousness of the problem. Collating information from the youth offending area, Barbaree et al. (1993) state that an estimated 20% of rapes and 30-50% of child sexual abuse is committed by adolescents, and that a significant number of sexual assault crimes were perpetrated by juvenile males. This is supported by a review of the research undertaken by Kikuchi (1995). In a recent New Zealand study of sexual assault against women researchers found adolescent perpetrators to be a large group who committed 25% of the offences (Mullen, Anderson, Roman-Clarkson & Martin, 1991). Drawing on the research undertaken with adult offenders, and reinforcing the potential significance of a developmental life course perspective, Barbaree et al. (1993) estimate that half of adult sex offenders have reported sexually exploitative behaviour during their adolescence.

The growing recognition of the seriousness of sexually deviant behaviour in adolescents has resulted in a surge of research interest and studies have developed across a range of areas including biological, psychological and socio-cultural aspects. An exploration of these areas will now be undertaken as collectively they provide a picture of the early experience of young people who are sexually exploitative toward others.

With respect to biological influences impacting on the adolescent perpetrator of abuse, the biosocial aspects of sexual offending has been considered in the literature (Miller, Christopherson & King, 1993; Dienkse, 1990; Feierman, 1990) as have evolutionary perspectives (Feierman, 1990; Quinsey & Lalumiere, 1995). While it has been argued that sexuality, sexual interest and activity extends across the human life span, it is clear that there are times when physiological and biological developments significantly increase sexual drive and interest in sex (Marshall & Barbaree, 1990; Abel, Osborn & Twigg, 1993). Adolescence is such a time. During adolescence increased interest in sexual activity is a normal part of the developmental process. According to Abel et al (1993), increased testosterone in adolescent males is at least partially responsible for this surge of interest and while most adolescents explore heterosexual relations with peers, and some with peers of the same sex, some adolescents engage in deviant behaviours and behaviours that are considered inappropriate. Why this is the case has become a central question for researchers, as they attempt to develop a better understanding of this increasingly recognised phenomenon. However, while also arguing the importance of biological factors in the aetiology of sexual offending,
Marshall and Barbaree (1990) caution against the adoption of a narrow perspective and promote the importance of an integrated understanding which also includes developmental experience and sociocultural context.

Responding to this broader context, family and its influence on adolescent offending has also been investigated by a number of researchers. This has included the importance of attachment bonds (Marshall, et al., 1993), the role of parents and peers (Phares & Compas, 1992; Malo & Tremblay, 1997; du Bois-Reymond & Ravesloot, 1996), family violence (Miller, Veltkamp & Raines, 1998; Caputo, Frick & Brodsky, 1999), family structure and systemic issues (Rossi, 1997; Gonsiorek, Bera & Le Tourneau, 1994; Bischof, et al., 1992), and the development of violence proneness within the context of the family (Berkowitz, 1993).

Generally the research supports the finding of Caputo, et al. (1999) that adolescent perpetrators are more likely to come from more dysfunctional family backgrounds than non-offending adolescents. (For a review of research supporting this see Loeber & Stouthamer-Loeber, 1986). A study by Bischof, et al. (1992) contradicted this finding. However, this may be explained by the sampling limitations of the Bischof study and also the emphasis it had on enmeshed family systems and the relative neglect of other forms of dysfunction. Significant family systems issues have been identified as influencing the aetiology and maintenance of sexual deviance. Gonsiorek, et al. (1994) maintain that chaotic family systems are a characteristic of the adolescent perpetrator’s family. They report role confusion within the family to be common, and note that rigid role boundaries within these families are likely to produce emotional distance between family members. Awad, Saunders and Lavene (1984) have found that family stability and periods of discontinuity were common experiences for adolescents who perpetrate abuse. Of their sample, 79% of the boys had been separated from family for long periods of time, and for nearly 60% of the families the problem was serious.

The parent/child relationship, in particular, has produced research interest in terms of the development of the adolescent perpetrator. Perhaps not surprisingly the quality of attachments and the significance of discontinuities in the adolescent’s early family experience have been linked to problem behaviour. Marshall, et al. (1993), when reviewing the literature, point to the correlation between parenting skill deficiencies (e.g. inappropriate supervision, rejection) and adolescent delinquency. Early
discontinuities have also been found to influence adolescent delinquency, excessive parental permissiveness and inadequate supervision. They note that, in addition, parents provide an important modelling influence with respect to appropriate and inappropriate behaviours, and, linking this with the significance of attachment bonds, they conclude “the quality of home life significantly prepares the growing child to be resilient or vulnerable to such influences. The crucial aspect of the quality of home life in this regard is the development of secure or insecure attachment bonds” (Marshall et al. 1993:170-171).

Family systems issues have also been the focus of research with respect to the adolescent perpetrator of sexual abuse and provide a sense of what the family experiences of young people who abuse might be like. Summarising the research on family systems, Gonsiorek et al. (1994) found that chaotic family systems characterise the experience of these boys, and also situations where fathers have been emotionally distant reflecting poor father/son relationships. Family instability, poor parent/child relationships in general, and situations of psychiatric disturbance within the family, have also been found to characterise the family systems of the adolescent perpetrator. Reported rates of sexual victimisation within the adolescent perpetrator group vary considerably. Writers have identified findings across a broad range from 17% to 95% (Murphy, Haynes & Page, 1992; McCarthy & Lambie, 1995; DiCenso, 1992). Hence, like the adult studies, some researchers report a high incidence of childhood sexual abuse in the juvenile sexual offender sample groups, some low. Clarifying the victim/offender hypothesis within this age range will also, therefore, be problematic. The adolescent’s perception of the abuse, the under-reporting of abuse generally, the stage at which the study was undertaken within the therapeutic process, and the variety of methodologies used, all create limitations in terms of the findings. Conclusions, therefore, continue to remain tentative.

Although research into the environment and response of the adolescent who perpetrates abuse is relatively recently developed, the findings reinforce the importance of understanding the broad ranging influences that impact on the adolescent in context. As research and clinical interest in the adolescent perpetrator has developed, the perplexing problem of the sexually aggressive pre-adolescent child has come to the fore.
SEXUALLY AGGRESSIVE CHILDREN

The idea that young children could behave in sexually exploitative and aggressive ways is likely to be shocking and incomprehensible to many people. While social workers and other clinicians have learned much in the past decades about children who have been sexually abused, and indeed have become increasingly experienced in their responses, the notion of young children being sexually aggressive remains an underdeveloped area of practice. However, incidents of sexually aggressive acts by children, and the protective and treatment needs of sexualised children and their families have become increasingly apparent.

Early studies of sexually abusive children began to gather momentum in the 1980s. The work of Berliner, Manaaxis and Monastersky (1986), Friedrich and Luecke (1988), Johnson (1988, 1989), Hollows and Armstrong (1991), Cunningham and MacFarlane (1991) and Gil and Johnson (1993) have provided foundational writings from which a range of studies and treatment strategies have emerged (see for example, Hunter, 1995; Ryan, 1999; Johnson, 1999, Ryan, 2000 [a] and [b]). Araji (1997) has also provided a useful review of the literature on children's aggressive behaviour. Berliner et al. (1986) identified three levels of sexual behaviour in children and developed from these a set of diagnostic criteria. These range from level one, the most disturbing behaviour (including sexually aggressive contact), level two, developmentally precocious behaviour (non coercive exploitative activity), to level three, characterised as inappropriate sexual behaviour (for example excessive interest in sexual matters and highly sexualised behaviour). This continuum approach to understanding sexually aggressive behaviour has been adopted by a number of researchers. Johnson and Feldmeth (1993) delineate sexual behaviours along a continuum, and on the basis of levels of disturbance. They begin with Group I, which includes those children who participate in what is considered normal sex play and sexual exploration. Group II they term 'sexually reactive' (Johnson & Feldmeth, 1993:41). This group displays activities that are out of balance, resulting in overstimulation and repetition of compulsive behaviour, which is usually self-directed. Johnson and Feldmeth explain this behaviour thus:

Many children who have been overstimulated sexually cannot integrate these experiences in a meaningful way. This can result in children acting out the confusion in the form of more advanced or frequent sexual behaviours, heightened interest and/or knowledge beyond what would be

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expected of that age. ...they do not force other children into sexual behaviours ...and are not seeking out children to coerce and victimize...

(Johnson & Feldmeth, 1993:45).

It is not unusual for the sexually reactive children in Group II to feel guilt, shame and anxiety about their behaviour.

Further along the continuum, Group III children participate in extensive mutual sexual behaviours. These children participate in what are considered adult sexual behaviours, for example oral sex, vaginal and anal intercourse, with other children. They do not generally use coercion or force, but engage other children in behaviours that are kept secret from others. They may, however, move across to Group IV within the typology, to the more coercively active children who molest. Group III children do not feel the guilt or shame that characterises the sexually reactive children, but seem unaffected or blase about their behaviour. They are, however, vulnerable children who seek contact and use sex to connect with others. Their behaviours are linked to feelings of anger, fear, or loneliness, and they rarely express empathy for the children they victimise.

The final group in the typology is Group IV, the children who molest. While the children within this group have aspects of the other groups (for example, highly sexualised thinking and action), unlike the others they participate in sexually intrusive behaviours. Force and coercion is used, and this exploitative pattern becomes an aspect of their relationships with others. They typically have other behavioural problems, have difficulty with impulse control, and have minimal coping and problem-solving skills.

Although there have been attempts to theorise about the aetiology of pre-adolescent sexually intrusive behaviour, the paucity of research and the complex nature of the abuse continuum continues to caution against linear explanations (Gil, 1993). Indeed, the debates around the nature, identification, and scope of the problem have been hotly contested. The early research and literature on the subject has been strongly criticised for its use of language, its operational definitions, and moral emphasis (Okami, 1992). In a sense, the debates highlight the development of knowledge and understanding around a newly identified phenomenon. For example, in the late 1980s children who were identified as behaving in sexually intrusive ways were classified in the same way as adults who behave in similar ways. The labelling of
pre-adolescent children as 'offenders' or 'perpetrators' may well have reflected impoverished terminology as clinicians and researchers searched for appropriate terms to use for this relatively small population of children. The criticisms concerning morality, and what Okami describes as 'moral crusades', provides a cautionary note for all researchers and clinicians working in the area. Maintaining a balance between the safety needs of the child, support of the caregivers, and meeting the expectations and standards of care will remain a constant challenge as workers navigate the complex area of child sexual abuse. More recent work has now been enriched by almost two decades of research and clinical practice within this area. Treatment strategies such as those described in Chapter One (Ryan, 2000a) which delineate the range of children's sexual behaviours and suggest ways in which adults may respond, will provide directions for future research and practice exploration.

Collectively, if not individually, studies that have looked at sexually exploitative behaviour by children, adolescents and adults have contributed significantly to an ecological life course analysis of sex offending. The data and findings from these studies suggest common patterns and developmental pathways that are influenced by a range of factors and that may contribute to an abusive lifestyle over the course of a person's life. The three areas of research explored in this chapter: adult, adolescent, and childhood experience, reveal some of the patterns of experience. However, as noted earlier, an ecological life course analysis has not been particularly developed in the literature. Significant to this is the recent work of Ward (in press) and the practice of 'theory knitting'. Building on earlier work (Ward, 2000a & 2000b; Ward & Hudson, in press) he attempts to develop a comprehensive aetiological theory of sexual offending. Ward critiques and 'knits' together a number of theoretical explanations, specifically Finkelhor's Preconditional Model; Hall and Hirschman's Quadripartite Model; and Marshall and Barbaree's Integrated Theory. In doing so he reinforces the significance of vulnerability in the context of adult offending and also incorporates new ideas, such as Gagon's concept of sexual scripts. From this he constructs a conceptual framework, harnessing the strengths of these theories and ideas, and reshaping them into a new way of thinking about sexual offending. Centrally, his model of theory construction relates to the notion of pathways to offending that he calls etiological pathways. The pathways are identified from one to five: (1) Multiple Dysfunctional Mechanisms; (2) Deviant Sexual Scripts and Relationship Schemas; (3) Intimacy Deficits; (4) Emotional Dysregulation; and (5) Antisocial Cognitions:
Sexual Crime

Pathway 1: Multiple Dysfunctional Mechanisms
- Distorted sexual scripts
- Idealised relationships
- Dysfunctional ideas about children's sexuality
- Deviant sexual arousal generated by sexual scripts
- ↑ self-esteem based on perceived legitimacy of action

Pathway 2: Deviant Sexual Scripts & Relationship Schema
- Distorted sexual scripts plus dysfunctional relationship schema
- Sex/intimacy confusion
- Vulnerability = sexual need
- Relationships perceived in sexual terms
- Relationships ultimately unsatisfying and non-lasting, equalling periods of rejection

Common Clusters
- deviant sexual arousal
- intimacy deficits
- inappropriate emotions
- cognitive distortions

Vulnerability
- family environment
- biological factors
- learning history
- cultural issues

Pathway 3: Intimacy Deficits
- Normal sexual scripts
- Insecure attachments resulting in problems with adult relationships
- Develops maladaptive strategies to avoid unsuccessful adult relationships
- Intimacy deficits + feelings of loneliness
- Substitutes child as surrogate partner

Pathway 4: Emotional Dysregulation
- Normal sexual scripts
- Problems with emotional regulation
- Emotional structures unidentified + uncontrolled
- Early established link between sex + emotional wellbeing
- Sex used as soothing strategy
- Unable to mobilise social supports when stressed
- ↑ anger and emotional disregulation
- Child used to satisfy sexual need and punish partner

Pathway 5: Antisocial Cognitions
- Normal sexual scripts
- Possesses pro-criminal attitudes and beliefs
- General antisocial tendencies
- Patriarchal attitudes and sense of own superiority
- Disregard of social norms re children and sex
- Exploits opportunities to self-gratify

Sexual Crime
Although Ward does not present his model as a life course or ecological approach to theory development, it nevertheless potentially provides an interesting bridge between the more individual introspective explanations and the broader life course approach that is embedded within an ecological framework. The model recognises that there are ecological factors that endorse the sexualisation of children and increase a person's vulnerability to sexually abuse a child. According to Ward (in press) this vulnerability develops from these factors which include the person's family environment, biological factors, developmental learning history and cultural models within the early socialisation process. While these factors may influence the individual in many varied ways, with the sex offender it is reinforced by and interacts with a set of common clusters that Ward develops from the work of Marshall (1999). These include: problems with emotional regulation; social skill and intimacy deficits; deviant sexual arousal; and distorted cognitions (Marshall, 1999). From this building block of vulnerability, pathways to sexual crimes emerge, described by Ward as etiological pathways.

Briefly, Ward uses the pathway model to illustrate developmental pathways toward a first offence. Using the notion of sexual scripts to frame our understanding of the strategies adopted within the profiles, Ward develops distinctive developmental trajectories that describe a possible pathway toward the onset of sexually exploitative behaviour. He describes sexual scripts as "mental representations (that) individuals acquire during the course of their development that facilitate the interpretation of intimate or sexual encounters, and guide subsequent sexual behaviour" (Ward, in press: 26). Some pathways have distorted sexual scripts (for example, pathways 1 and 2), others have normal sexual scripts but are more significantly influenced by situational factors (for example, pathway 3), emotional factors (pathway 4), or broader socio-political factors (pathway 5).

While the Pathways Model clearly identifies the target population as adult male sexual offenders and seeks to explain adult male phenomena (Ward, in press: 17), it also offers considerable potential with respect to understanding offending across the life course. Indeed, further work that illuminates the early experiences of the men who offend in terms of their family environment, learning history, cultural issues and development of vulnerability (figure 2.3) could provide the bridge between theories of adult offending and the ecological-life course analysis. In this way, exploring layers of influence and examining these across a developmental trajectory
would help to better illustrate the unique experience of the person-in-environment and the multifaceted complexity of offending.

Because of the bridging potential of Ward's model, it will be used in later chapters to analyse the developmental trajectories of the men within this study. However, before we move into that research, a broader examination of the systems that respond to children at risk will be undertaken. Systems of intervention and care contribute to, and are a part of the complex mix of factors impacting on practice with families in child protection. Family practice has significantly developed in recent years in response to children being identified as both victims and perpetrators of abuse. This has required a more developed understanding of the needs of children and a creative response to the development of services. Chapter Three will now explore the ways in which service systems have responded to the challenges of work with the sexually aggressive child and will place this within an ecological framework of more general family practice.
Because of the nature of the problems faced by the sexually aggressive child and their family, by necessity, the social work response is multifarious, traversing multiple systems of care and service. The child may require a response from the wider child protection service, and a management of the child within context is therefore required. This management system may include investigation by protective services, which may result in a range of outcomes including support for family and child, or out of home care options. Hence, management of the child's behaviour within the context of the family and environment becomes part of the management system response to the child and family. The child may also require specialised treatment services involving therapeutic care for the child and family. This constitutes the treatment system response. Inevitably there will be times when these two systems of response, the management system and treatment system, occur concurrently. They may complement each other, or they may be challenging to each other in the event of differing philosophical imperatives and aims. To complicate matters further, both systems exist within the wider context of developments in social work practice. Social work within the various specialist fields of practice does not exist in isolation of these more general developments. Indeed, innovative developments in theory and practice can be seen to provide the connective fluid that binds practice across fields. Because child protection work is nested within family practice social work developments more generally, this chapter will begin by considering the trend in family practice toward the development of a strengths perspective within the context of an ecological approach. Linking this to the area of child protection, it will then go on to look at the two different system responses that constitute the social work service for the sexually intrusive child and family. Firstly, it will consider the movement internationally toward actively involving family in matters of child protection, and will then explore the particular treatment needs of sexually aggressive children and their families.
ECOLOGICAL FAMILY SYSTEMS

Understanding the interconnecting contexts of children, families and communities has created much interest in the literature on social work from an ecological perspective (Germain, 1991; Rodway & Trute, 1993; Bowes & Hayes, 1999), and also within the child protection area (Gil, 1996; Willis, Holden & Rosenberg, 1992). Germain (1991), in particular, provides a useful framework for understanding the child in context, and the interactive processes within families:

Figure 3.1: Interrelated factors influencing individual and family potential

Germain's framework demonstrates the complex interplay of factors in family development. Within this framework, individual wellbeing can be influenced by a range of factors. Objective features include physical characteristics, biological factors, cultural characteristics, and the resources available to a family that may create opportunities or constraints. Subjective features include the relationships, values, beliefs and meanings that contribute to or detract from wellbeing (Bowes & Hayes, 1999). While these factors may create a lineal effect with respect to family development, they also influence each other. Biological factors intersect with cultural attitudes if, for example, sexuality is perceived negatively within a particular cultural milieu. The historical context can influence both the cultural system of a family, and the family's environmental opportunity, if, for example, the process of colonisation or prejudice threatens the fabric of the family's cultural community. Hence, the interplay of factors contributes to, and detracts from, the wellbeing of children, family and community in context. This child/family/community matrix can also be useful to better understand sex offending from a life course perspective and can encourage an analysis of mediating factors across the ecological conditions:
Social/Cultural Factors
(socialisation processes that may contribute to sexually exploitative behaviour)

- Family focussed (Knight & Prentky, 1993; Marshall, Hudson & Hodkinson, 1993)
- Systems focussed (Gonsiorek et al., 1994)
- Family violence emphasis (Miller et al., 1993; Feierman, 1990; Dienske, 1990)
- Evolutionary focus (Feierman, 1990; Quinsey & Lalumiere, 1995)
- Neurological issues (Knight & Prentky, 1993)

Biological Factors
(the influence of physiological/biological factors in the development of sexuality and exploitative behaviour)

- Physiological variables (Abel et al., 1993)
- Biosocial aspects (Miller et al., 1993; Feierman, 1990; Dienske, 1990)
- Evolutionary focus (Feierman, 1990; Quinsey & Lalumiere, 1995)
- Neurological issues (Knight & Prentky, 1993)

Environmental Factors
(constraints/opportunities/wider influences)

- Patriarchal influences (Gold et al., 1992; Mosher & Anderson, 1986; Mosher & Tomkins, 1988) and attitudes (Morris, 1997)
- Drug and alcohol systems (Bard et al., 1987)
- Pornography (Bauserman, 1996; Becker & Stein, 1991)

Historical Factors
(personal history, family history)

- Past abuse (Adams & Tucker, 1980; Romano & De Luca, 1997; Briggs, 1995; Graham, 1996)
- Intergenerational gender socialisation (Lisak et al., 1995)

Individual & Family Potential
There are a number of reasons why an ecological analysis can be useful in the child protection and abuse area. The abuse matrix includes adults, as both protectors and abusers of children, adolescents who may be victims and/or abusers, and children who may be abused and may be behaving in sexually inappropriate ways. It also includes the network of extended relationships that can be found in families, for example, kinship networks (grandparents, aunts, uncles), relationships of psychological significance (alternative caregivers, neighbours, friends), and broader support networks (teachers, church contacts, support professionals). A life course analysis that includes an ecological perspective reveals sets of relationships that interact, overlap and engage in reciprocal exchanges. Knowledge about these interrelationships is important knowledge for social work. Practitioners across the sphere of child abuse work need to know the ways in which these relationships interact, how they impact on and motivate the individuals involved, and how they impact on the family system as a whole. Hence, knowledge about offender aetiology is important for practitioners working with people who have been victims of abuse. Knowledge about victim work and how child protection workers respond to families is important knowledge for people working with adult offenders. Knowledge about the differing spheres of offending across a life course, and how these influence and are influenced by each other, is important generic knowledge for all workers in specialist abuse practice. Knowledge about how differing systems respond to children at risk is also important generic knowledge. The ecological perspective provides a tractable way of understanding how these areas interrelate and frame the complex abuse matrix. It reinforces the fact that the individual does not exist in isolation. This is the case regardless of whether the individual is an abuser, a protector, or a victim of abuse. Encouraging an exploration of the abuse matrix in context, reinforces the significance of the interaction of systems and processes that contribute to work with families at risk. Because the ecological approach reinforces the importance of interaction and reciprocal exchange, and incorporates multigenerational dimensions, it is also useful when looking at the issue of sexuality within the life cycle of a family system. Sexuality in general has been conceptualised individualistically, rather than as an interactional process within a family environment. It is likely that this attitude has been influenced by the historical legacy of discomfort with the topic, as discussed in Chapter One, and the unwillingness to perceive sexuality as a natural and healthy human process. Within the ecological perspective sex, like any other aspect of family life, is a dynamic factor that reflects a complex set of interrelationships within a multigenerational context. It is not possible to separate
sex and sexuality from other areas of family life as it is inextricably related to the culture of the family and the meaning they attribute to it at any given time. The ecological perspective in this sense has parallels with Durie's (1998) Whare Tapa Wha model of Maori health and wellbeing in that it is an holistic approach within which sexual and emotional wellbeing is inextricably linked with the physical, spiritual and family components of the self.

Within the ecological framework, the ‘family strengths perspective’ can be located. The strengths perspective in family practice has been most strongly supported by the work of Saleebey (1997). The formula is relatively simple: “Mobilize clients' strengths (talents, knowledge, capacities, resources) in the service of achieving their goals and visions and the clients will have a better quality of life on their terms” (Saleebey, 1997: 4). Linked to the competence-centred perspective (Pecora, Whittaker, & Malluccio, 1992) the strengths perspective requires a paradigm shift from a deficit to a strengths model. There is a “de-emphasis on pathology in that problems are considered a consequence of wider social conditions that impact negatively on the individual and family” (Connolly, 1999: 7).

The strengths perspective has been particularly influential in the New Zealand practice literature (Munford & Sanders, 1999; Connolly, 1999). Indeed, New Zealand writers within the family practice context have cautioned against philosophies that individualise problems, preferring the adoption of policies and practices that see problems in context: the impact of situational or contextual factors on the ability of families to raise their children well must be taken into account when developing policy and service responses to observed ‘problems’ in families (Munford & Sanders, 1999: 78). The notion of moving from a deficit model to a strengths model is also inextricably linked with seeing the family as a unique unit that has its own strengths and capabilities to respond to its own issues and challenges. Hence, strategies become family-centred:

This includes matching resources to needs identified by families, flexible intervention patterns that can be more or less tailored to the needs of the individual family/client, a working style which takes on the character of a partnership between worker and client/family, and an acknowledgement that decision-making should rest with the family. (Munford & Sanders, 1999: 92).
This commitment to a family decision-making model of practice has been adopted with alacrity by statutory child protection services within Aotearoa New Zealand. In 1989 new legislation directing statutory child protection practice was introduced which changed dramatically the way in which social workers were required to work with families. Within six months of the legislation being passed New Zealand statutory social workers were required to implement a system of child protection decision-making in partnership with families. Social workers, and everybody else working with children in the child protection area, had six months to shift from a deficit- to a strengths-based practice model. At a time of significant fiscal cuts, the New Zealand Government made twenty million dollars available to set up a programme of staff and community education. Essentially this was designed to prepare the country for a change in thinking with respect to families. The harnessing of family strengths within a shared decision-making model had become the primary intervention strategy within the child welfare system. Hence, the process of family group conferencing rests upon a family strengths philosophy of practice. It has, however, not been without its problems. As one might expect, a systemic approach to managing child protection decision-making brings with it its own set of complex dynamics (Connolly, 1999). Indeed, the whole notion of a true ‘partnership’ with families in child protection has been hotly debated as practitioners and managers of social services have struggled to give effect to participatory principles within a mandated child protection environment (Kaganas, King & Piper, 1995). Also, questions as to whether such ‘empowerment’ practices are even possible under cross-cultural conditions (in particular within the colonial context) when systems are controlled by a dominant culture continue to challenge workers and writers within the field (Matahaere-Atariki, Betanees & Hoffman, 2001). It is, nevertheless, to this service that sexually aggressive children and their families are referred. Such referrals require a complex response that recognises the protection needs of the child, and also the protection needs of others within the child’s network. It is also a service charged with the responsibility of demonstrating wider support toward the child, family, and wider system. Depending on the child’s age, the response may be guided by the care and protection provisions of the Children Young Persons and Their Families Act (1989), or the youth justice provisions within the same legislation. Either way, the legislation requires that workers ensure that the family is involved in the processes of investigation and solution-based strategies. When responding to with these families, therefore, it is important that workers understand the statutory role and how this role relates to the therapeutic services available.
CHILD PROTECTION WORK WITH FAMILIES IN CONTEXT:
THE STATUTORY MANAGEMENT SYSTEM

Within Aotearoa New Zealand, the statutory response to all children who are considered to be in need of care and/or protection is through the Children, Young Persons, and Their Families Act (1989). This legislation, which has now been in place for over ten years, was considered revolutionary when first introduced. It formalized a developing trend toward involving families in child welfare decision-making (Connolly, 1999). Establishing a process of family participation in child protection practice, it uses a model of family decision-making to resolve child protection issues. The Family Group Conference (FGC), considered innovative internationally, is a legally mandated meeting that brings the child’s immediate and extended family and supportive network together in a decision-making forum with professionals\(^1\). Essentially, it is a ‘family strengths’ model that promotes a participatory response to decision-making and recognizes the rights of family to contribute to decisions that affect them. The change in law sought to address some of the alienating consequences of earlier child welfare practices. It followed several years of debate and expressed dissatisfaction with child welfare practices in Aotearoa New Zealand. Like many other countries, New Zealand relied heavily on a system of alternative care for children needing care and protection. Foster care, group home care, and institutional care provided the main care options for children at risk, and entry into these systems of care often alienated the child from their family of origin. These systems of care often failed to adequately provide for the child’s long-term needs, and it was not uncommon for children to drift from one foster placement to another. For Maori, the indigenous people of Aotearoa New Zealand, the alienating systems of care for children were particularly devastating. As with many first nation people, Maori, while only 13% of the New Zealand population, are over-represented in welfare and prison statistics, and are generally under-achievers within the school system. Since the majority of care providers within the welfare system were Pakeha, alternative care for Maori children often resulted in cultural alienation, as well as isolation from family. Many within the Maori community were highly critical of the

\(^1\) For a full discussion of family group conferencing and its influence with respect to participatory practice with families in New Zealand and internationally, see Connolly, M. (1999), Effective Participatory Practice: Family Group Conferencing in Child Protection Aldine de Gruyter: New York. Chapter Two outlines the New Zealand experience with respect to this legislation and has been attached as appendix (4) to this thesis.
welfare practices that alienated Maori children from their cultural group and neglected family as an active partner within the child protection system. Ultimately, this organised criticism from the Maori community strongly influenced the changes in child welfare practice and law. In addition to addressing the alienating consequences of earlier practice, the aim of the legislation is to strengthen kinship networks by encouraging wider family participation in decision-making. It is based on the belief that families, given the opportunity, would be willing to participate in decision-making for their children. It is also based on the belief that it is possible to harness the strengths, experience, knowledge, and problem-solving skills of the wider extended family in decision-making within the child protection area. Hence, the model of family group conferencing provides a family-oriented solution context for children who are considered in need of care and protection. Being based on traditional indigenous decision-making principles, the FGC also reinforces the importance of incorporating a cultural dimension within the work. Cultural values which stress the importance of kinship networks, shared, consensual decision-making and an emphasis on the oral tradition, underpin the process of the FGC and in this sense it contributes to a range of services that are cognizant of the importance of culture in Aotearoa New Zealand practice.

This legislation has important implications for all families and workers who are involved in the child protection/abuse matrix. Adults who abuse their children will potentially be involved in the processes of an FGC. Children and young people who have been abused, and those who have been abusive toward others, are also likely to be involved in this solution-focused work. In many ways, the FGC done well, is a practice manifestation of an ecological approach to children's care and welfare. Any worker who works with adults, young people and children within the context of abuse work, is likely to be involved in the solution-based strategies for children at risk. In this regard it is important that they are aware of the philosophical underpinnings of the approach, how it works in action, and what will be their responsibilities with respect to the decision-making processes. It is to this system of family solution-based practice that sexually aggressive children and young people

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Footnote: Perhaps the most significant report concerning welfare issues and the needs of Maori people was introduced in 1986: *Puiao-te-Ata-tu (Daybreak)*. This report by the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare made many recommendations that ultimately influenced child welfare practice in a radical way. It emphasised the notion of retaining the child within the network and reinforced the need for community involvement in decision-making.
may be referred. As discussed in Chapter Two, children who molest may be assessed as children needing care and protection themselves, or they may be viewed as a perpetrator of abuse upon other children. Typically, their circumstances reflect both these situations and result in them being involved in both the child protection or management system described above, and a treatment system demanding specialist therapeutic services.

**SERVICES FOR SEXUALLY AGGRESSIVE CHILDREN AND THEIR FAMILIES: THE TREATMENT SYSTEM**

Within the literature, probably the most comprehensive development of treatment services for children who molest can be found in North America. There has been a proliferation of small service units in this area (see Araji, 1997 for a summary of programmes with sexually reactive children and their families). However, the practice-based work of writers such as Gil and Johnson (1993), Berliner & Rawlings (1991), Friedrich (1990, 1995), and Cunningham and MacFarlane (1991, 1996), have been particularly influential. Practice with families of abuse reactive children in Aotearoa New Zealand has been influenced by these writers, in particular, the work of Johnson who has presented regular workshops in New Zealand during the 1990s. Generally the modalities used have been a combination of groupwork with children and parents, family work, and individualised therapy. In this sense, work with the younger sexually intrusive child parallels the critical components of working with sexually aggressive adolescents and adults (Gil & Johnson, 1993). According to Gil and Johnson, one of the aims of individual treatment is to assess the child's readiness for other types of work, such as group therapy, since a child's lack of readiness for groupwork could jeopardize the potential success of the group. Assessment of the child's problematic behaviour and risk to others is also part of the individual approach to the work and will include a full history from the parents or caregivers of the child. Clearly, an important aspect of the work generally is the ameliorative focus in terms of stopping the child's sexually aggressive behaviour: Lane (1991:304-305) outlines comprehensively the goals of treatment with the sexually intrusive child and young person:

*The primary goals continue to be the development of understanding, control, and elimination of the sexually abusive behaviour and its immediate antecedents; interruption and correction of cognitive distortions that support compensatory, power-based behaviours, cycle progressions, and sexually abusive behaviours; reduction of arousal and sexual interest that*
supports the sexual abuse behaviour; development of social and coping 
skills and abilities that may preclude the compensatory aspects; and the 
development of an understanding of the consequences of the behaviour to 
victims and offender.

Attention to the child's own abuse history is a common feature of work with this 
group as many children have experienced abuse in some form, or come from families 
that have dysfunctional patterns and dynamics (Johnson, 1988; Gil & Johnson, 
1993).

Treatment goals that are committed to the amelioration of the problem behaviour 
tend to be similar across the range of services available for children and families, 
and are duplicated across modalities. Along with increasing safety for the child and 
others within the child's network, programmes also focus on skill development. For 
example, children who are sexually aggressive to others have frequently been found 
to be deficient in many skill areas (Gil & Johnson, 1993). Social skill development 
(e.g. communication skills, friendship skills) therefore becomes an important feature 
of the work, as does the development of other skills such as anger management, 
impulse control, self-monitoring, and being able to access support when necessary.

In terms of family treatment, psychoeducational groupwork with parents is also a 
common feature of the work with sexually aggressive children and their families. 
These groups provide basic information for parents about childhood sexual 
aggression, and assist parents to better understand the nature of healthy sexuality 
for children (Gil & Johnson, 1993). Increasing parenting skills, and offering a 
supportive environment for parents, is a further aim of the psychoeducational groups 
as they provide a context within which parents can offer and receive peer support. 
Resources are also now available for parents whose children are sexually aggressive 
that give advice on natural and healthy sexual behaviours in children, dispelling 
misconceptions about children and sex, and how to decrease problematic sexual 
behaviours in children (Johnson, 1999).

Although practice in Aotearoa New Zealand has been influenced by literature and 
practice developments overseas, there has been minimal attention to this area of 
work in the New Zealand literature. Practice-based literature has begun to emerge 
with respect to adolescent work (Lambie & McCarthy, 1995; Connolly & Wolf, 1996; 
Palairet, 2000), and clinicians have begun to share their work in terms of therapeutic
strategies with pre-adolescent boys who act out sexually (Flanagan & Lamusse, 2000). However, this work, while an important start, illustrates the paucity of research, and signals the need for a more active sharing of work and research in the area. Aetiological research, and research into statutory management and treatment efficacy in terms of this population is significantly underdeveloped in Aotearoa New Zealand. Since both the statutory management and many of the therapeutic services related to child sexual abuse have developed as a social work response, the fact that social workers are less active in research has impeded developments significantly. Further, the majority of workers in the sexual abuse treatment services are primarily clinicians who do not necessarily have research skills that encourage the development of rigorous research projects. Inevitably, as a small country, New Zealand will continue to rely on overseas research and literature to inform practice in the child abuse area. Nevertheless, there is a pressing need for indigenous research that reflects the cultural milieu of Aotearoa New Zealand and the specific concerns of its people.
Part Two

Social Work Research
Chapter Four

Methodology – Differing Paradigms and Knowledge-Building in Social Work Research

In taking an eclectic approach to research, this thesis has used a mix of methods to explore different knowledge building routes toward the development of informed practice. Using both quantitative and qualitative research, it makes a contribution to contextual knowledge-building by increasing understanding of the child/family/environment matrix with respect to childhood sexuality and sexual aggression in Aotearoa - New Zealand. In addition, the thesis uses the qualitative findings as a source of practice-building knowledge that helps to delineate processes within practice, illustrating how practice is inevitably shaped by the dimensions of the actors within it. This has involved blending methods within a single study that do not always readily blend. Quantitative and qualitative methodologies have differing philosophical aims and practical objectives that can, at times, produce an uneasy relationship. This chapter begins with an exploration of the nature of this relationship. It discusses the role of quantitative and qualitative approaches in social work research, and argues that practice has the potential to be richer by accessing broader sources of knowledge and methods. The chapter then goes on to discuss the two-phase design of this study using both quantitative and qualitative methods. For each paradigm, the chapter includes a discussion of sampling, methodological domains, how the research was conducted, and the analysis of data.

**Blending methods**

Over several years there has been considerable debate over the relative merits of using qualitative and quantitative methodologies in social research (Trute, 1997; Frankel, 1994; Hartman, 1994, Brannen, 1992; Salomon, 1991; Allen-Meares & Lane, 1990; Rossman & Wilson, 1985; Madey, 1982). Quantitative methods, which are derived from a positivist position, have been identified as “objectivist” and within the empiricist perspective (Trute, 1997:3). Techniques within this paradigm are “designed to yield objective, observable, reliable, numerical facts about particular, operationally defined components of social reality” (Allen-Meares & Lane, 1990:453). Alternatively, the qualitative paradigm views the social world as a “highly complex,
dynamic reality consisting of multiple layers of meaning and perspective that are strongly influenced by the interaction between the environmental context and the subjective interpretation of the situational actors" (Allen-Meares & Lane, 1990:454). Hence, quantitative research is concerned with seeking truth, while qualitative research has been concerned with diverse interpretations of multiple realities.

According to Gilgun (1994), social work in particular has had an ambivalence towards research as the traditional scientific view, reflected in the quantitative approach, has a lack of fit with social work practice. She argues:

*First of all, our caseloads are not random samples. That seems to leave us out as serious researchers. Second, we want to know how general statements provided by research can help us know what to do and how to interpret what we see. When this doesn't happen, research that might be important elsewhere is not relevant to practice.* (Gilgun, 1994:1.)

Gilgun and other social work writers have argued the need for social work to develop research skills and practices that do have a ‘fit’ with the social work ethos, and avoid the heavy reliance the profession has on research from outside the discipline (Smith, 2001).

One thread of the qualitative/quantitative debate has also proceeded along gender lines. Qualitative methodologies have more consistently been associated with feminist approaches, and feminist writers have been critical of the traditional scientific method. Within feminist writing, however, linking qualitative research with feminist research has also been contested. Writers have rejected the “implicit restrictions of the dogma of qualitative feminist research, arguing that a multiplicity of methods can coexist within a philosophy of research that is collaborative, process-oriented, and committed to social change” (Smith, 2001). Similar debates have been occurring within the area of cross-cultural research (Smith, 1999).

There is no doubt that the philosophical underpinnings, theoretical approach, and practice strategies of the two approaches differ. Whether or not this makes them mutually exclusive, however, is central to the qualitative/quantitative debate. Some within the purist camps, whether siding with qualitative or quantitative approaches, have maintained an almost war-like position arguing that the two methods are fundamentally different activities and should not be mixed (Rossman & Wilson,
1985). This dichotomous view is not shared by all social scientists, however, and increasingly attempts are being made to explore the blending of methods, while at the same time supporting the strengths and standards of the individual paradigms. Ultimately, both methods have been developed to make sense of a complex world, and accessing wider sources of knowledge from different methods to better understand that world is becoming an increasingly favoured strategy (Smith, 2001; Hartman, 1994).

The concept of triangulation has been identified as an important factor that supports the mixing of methods in social research (Trute, 1997; Creswell, 1994; Brannen, 1992). Developed from the early work of Denzin (1970, 1978) triangulation is the practice of combining or mixing methods with the aim of cross-checking information and interpretation, and thereby improving the accuracy and validity of the conclusions. Triangulation is more than a validation method however, as Jick (1979: 603) outlines:

*It can also capture a more complete, holistic, and contextual portrayal of the unit(s) under study. That is, beyond the analysis of overlapping variance, the use of multiple measures may also uncover some unique variance which otherwise may have been neglected by single methods. It is here that qualitative methods, in particular, can play an especially prominent role by eliciting data and suggesting conclusions to which other methods would be blind.*

In support of this, while the notion of triangulation has been more solidly associated with the traditional scientific method, it has also found favour with qualitative researchers and is considered by some to be “central to the hermeneutic process” (Rodwell, 1998: 99). The constructivist research framework promoted by Rodwell also uses triangulation as a ‘within-method’ strategy arguing that it should be used for “comparison, distillation, or convergent validation, or to see if the information holds up under comparison to something else” (Rodwell, 1998: 99). Triangulation, however, is also a factor of central importance in ‘between method’ studies, in other words, studies that draw on qualitative and quantitative methods. Green, Caracelli and Graham (1989) have identified triangulation as one of five good reasons to combine methods. In addition, they suggest that mixed methods can provide complementary opportunities to explore different facets of a phenomenon, they can
be instrumental in informing each other, they can raise contradictions and new perspectives, and they can increase the study's scope and vision (Creswell, 1994).

Creswell (1994) whose writings are particularly helpful in better understanding of the qualitative and quantitative debate, has been instrumental also in developing the potential for combining designs and methods. Creswell (1994) outlines three models from the literature for combining designs: the two-phase design, the dominant-less dominant design, and the mixed-methodology design. Within the two-phase design approach, the researcher conducts two phases of research within one project, one qualitative and one quantitative. In many respects, this is the most straightforward of the three models as it allows the researcher to keep the two methods clearly separate, and therefore maintain the differing paradigmatic assumptions as separate. The challenge for the researcher is to foster and demonstrate a conceptual link between the two approaches within the same study. The dominant-less dominant design models a strategy within which one method is clearly preferred (the dominant method) and the other offers a smaller contribution within the overall study. The strength of the dominant method here is the major advantage as it provides a consistency of aim and purpose for the study. The disadvantage rests in the subservience of the less dominant method that can remain unsupported by the major conceptual assumptions of the project as a whole. The third model outlined by Creswell is the mixed-methodology design representing the most complex and sophisticated of the three presented here. This model truly mixes methods. It requires the researcher to use aspects of both paradigms at all, or most, phases of the research. Hence, the aim, research questions, use of literature, use of theory and analytical method are informed by both qualitative and quantitative perspectives. In some respects, this model reflects what is a common thinking process that occurs in research – the movement between inductive and deductive strategies – hence the complexity matches the complexity of the research process generally. However, a significant disadvantage of the method is that unless the researcher is able to conceptually link the two perspectives philosophically, theoretically, and practically, there is a danger that one will subsume the other, or that the integrity of one or both will be undermined.

The two-phase design is the strategy used for mixing methods in this study. Simultaneous triangulation is used to explore the same central premise in both the
qualitative and quantitative phases of the research, and, in keeping with simultaneous triangulation, done at the same time.

The central premise of the study is that early family and sexual socialisation is significantly associated with the development of the sexual offending patterns of incarcerated child molesters. To explore this central premise, the study was divided into two phases:

**Phase 1**: A quantitative study that looked at statistical relationships between the early childhood sexual experiences of male offenders across a range of criminal groups (i.e. what they were doing)

and

**Phase 2**: a qualitative study that explored the family experiences, and particularly the childhood sexual experiences of those men imprisoned for child molestation (i.e. what they were doing, and what meanings they ascribed to what they were doing).

Because earlier literature indicates that men who sexually offend are likely to have been sexually aggressive to others during their adolescence and pre-adolescence, it was hoped that the findings from this study would better inform our understanding of sexually aggressive pre-adolescent behaviour. Since children are inevitably apart of a wider family system, the study also aimed to increase knowledge about, and understanding of, the child/family/environment matrix within which the sexually aggressive child is an active part. In this way, the study had a knowledge-building focus which informs understanding about sexually aggressive children and their families. In addition, it was hoped that the data would also produce knowledge that was practice-building, in that it would suggest ways in which social work might appropriately respond to the sexually aggressive child and family. Ultimately, it did this in unexpected ways. While the data have been used as expected to explore practice responses to this particular population, the qualitative study has also been used to illustrate practice processes - the way in which practice is influenced by the actors involved in the process, and how the personal and professional self impacts upon the nature and outcome of the work. The analysis of this issue is discussed further at the end of this chapter.
PHASE ONE: THE QUESTIONNAIRES

Population and sampling

The research was undertaken at Rolleston Prison, a medium security prison within the Canterbury region of Aotearoa New Zealand. Attached to one of the prison units is the Kia Marama Sex Offender Treatment Programme for adult males who have been convicted of child molestation. Before being accepted into the treatment unit at Kia Marama, the men will have spent some of their sentence in the general prison and will, therefore, be in the final stages of their imprisonment prior to parole or release.

The research participants represented a total cohort of one hundred and twenty five males. Eighty-one of these men came from the general prison, fifty-eight of whom were in prison for non-sexual crimes (e.g. burglary, car theft). Prison files for these men were examined to ensure that they did not have sexual offence connections. Twenty-three of the men from the general prison from were serving sentences for rape. The remaining forty-four men came from the Kia Marama programme and were therefore undergoing therapeutic treatment for their child molestation crime.

The men in the sample, therefore, comprised three groups:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non sexual offenders</td>
<td>58</td>
</tr>
<tr>
<td>Child molesters</td>
<td>44</td>
</tr>
<tr>
<td>Rapists</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125</strong></td>
</tr>
</tbody>
</table>

The men constituted a non-probability sample, having been selected by the researcher to serve the purpose of this particular study. Hence, no provision was made for random sampling. This type of non-probability sampling is referred to in the literature as purposive or judgmental sampling (Babbie, 1990). Although it is often considered preferable to use probability sampling techniques, because the study was exploratory in nature of it was appropriate to use a non-probability sampling technique. Also, the conditions at Rolleston Prison, which includes the Kia Marama treatment programme, are not commonly available in other prisons. Using a random sampling procedure would also have been prohibitive in this respect.
Because the men were in therapy at Kia Marama, there was an existing infrastructure of therapeutic support available to them should they need it throughout the process of the research or after the interviews were completed. This was discussed with the men at the beginning of the study and the therapists were also consulted so they could respond to any issues that may emerge.

The questionnaire and its domains

The questionnaire was developed by Dr Toni Cavanagh Johnson. Dr Johnson has published widely in the area of childhood sexuality and, in particular, sexually aggressive children and children who molest. Originally developed as an instrument for use in North America, the questionnaire was modelled on a similar one that was designed to explore the nature of pre-adolescent sexual activity and experience in the general population. The original questionnaire was used to test the subsequent model, and this resulted in a slightly modified version to better fit the Aotearoa-New Zealand context. Dr Johnson has copyright for the questionnaire and it is expected that comparative studies will emerge from the research in America, Canada, and New Zealand.

The questionnaire (Appendix 1) has been designed to explore the nature and extent of the men's sexual experiences when they were twelve years or younger. It begins with general questions about the respondent himself (e.g. age, race, education) and then asks other questions relating to family information (e.g. parent's occupation, family religion). Proceeding in five sections, the questionnaire explores the men's views about children's sexual behaviours, and then enquires about their own pre-adolescent sexual experiences. The five domains of the questionnaire are as follows:

Section One: *The men's opinions and views about pre-adolescent children and sex*

Here the questionnaire asks general questions about the sexual experiences of children under twelve years. For example, the first question:

In your opinion, is it normal for children to engage in some sexual behaviours when they are 12 years or younger?
Section Two: *The respondent's solitary sexual activities*

Questions about the respondent's pre-adolescent sexual activities when they were the only one involved are contained within this section (masturbation is an example of this kind of activity). The section explores the type of sexual activity, and how they felt about doing it.

Section Three: *The respondent's consensual sexual activities with other children*

Here the questionnaire covers sexual activity the respondent may have had with another child who agreed to participate. Again, the questions relate to the type of activity, and how they felt about the experience. In addition, the questions ask about the other child, for example, relationship with respondent and age.

Section Four: *The respondent's non-consensual sexual activities with other children*

This section includes sexual activity with another child, but this time it relates to forced activity, when the respondent bribed, tricked, or coerced another child to participate in the behaviour.

Section Five: *The respondent's experience of abuse by adults*

The final section is about the respondent's own pre-adolescent experience of sexual activity with adults, and covers information about the adult, and the respondents feelings about the experience.

**Questionnaire administration**

As noted above, a model for the questionnaire was piloted with a large class of university students (n=35). In particular, this was conducted to check content and face validity to address whether the questionnaire measured what it was expected to measure (Creswell, 1994) and to improve questions. The pre-test group included a mix of female and male students, and an ethnic mix of people from both Maori and Pakeha descent. As a result of the pre-test, some changes were made to the style and language used in the questionnaire, mostly to ensure clarity. A small number of additions were then made to adapt the questionnaire for use with an
offender sample group. For example, one addition asked questions around the respondents sexual offence history:

I have committed a sexual offence: □ yes □ no

I have been put in prison for committing a sexual offence: □ yes □ no

The questions about sexual offence history were also an attempt to double-check on the classification process. Although the prison files were consulted about criminal history, it was not possible to be sure whether a man in the non-sexual offender group had, in fact, committed a sexual offence. The question therefore, provided a second check with respect to this.

The administration of the questionnaire occurred in two phases. Firstly, men from the Kia Marama Sex Offender Treatment Programme were approached and invited to participate in the study. The researcher met with small groups of men who were undergoing therapeutic group work within the programme and explained the aim of the research, the process, and the potential outcome. Those who agreed to complete the questionnaire were asked to sign a consent form for the research (Appendix 2). While the questionnaire has its own consent form, an additional consent form was used to ensure that the men understood that neither acceptance nor refusal of the study would affect their sentence or treatment at the unit and that their information would remain confidential. During the administration of the questionnaire, the researcher was available to clarify any aspect of the questionnaire, or to respond to any other questions that arose from its administration.

The second phase involved the administration of the questionnaire to the men confined within the general prison at Rolleston. The same procedure was adopted, with the exception that the prison administration was more involved in accessing the men by “offender type” (i.e. non sexual offenders, and rapists). As noted earlier, prison files for the men were examined to ensure, as much as possible, that the men were divided into the two groups. Since the men were approached in small groups of eight to ten, the administration of the questionnaire took several weeks, as the availability of the men was constricted to certain times and, necessarily, the researchers visits had to fit into the prison schedule.
Analysis of data

Analyses of the questionnaire data were not without several problems, both practical and statistical.

It was prudent to recognise that the data were (necessarily) obtained from one prison. One hundred and twenty five inmates answered the questionnaire, but quite frequently some questions were ignored. One key group 'Rapists' were represented by a sample of only twenty-three. The value of the data is clearly dependent on (a) the veracity of the replies, (b) a willingness to reveal (even in confidence) intimate details about one's self, (c) ability to understand the questions, and (d) an ability to recall (sometimes painful) incidents in a person's life going back to childhood.

Statistically the questionnaire produces categorical data that can be investigated by a series of contingency tables (Agresti, 1990; Anderson, 1997). Categorical data can be:

- Dichotomous: e.g. Yes/No
- Discrete counts: e.g. 1, 2, 3, ...n
- Nominal: e.g. rapist, child molester, non-sexual criminal
- Ordinal: e.g. sexually inactive, some sexual activity, much sexual activity

Most of the data here can be classified as 'nominal' or occasionally 'ordinal'.

Such data can be usefully partitioned into two or more categories. Such division creates a so-called contingency table. We may divide data into the respective numbers that constitute 'Rapists' or 'Non-rapists', and 'Some-religious-denomination' or 'No-religion'. For example:

<table>
<thead>
<tr>
<th>Religion</th>
<th>No-religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapist</td>
<td>40</td>
</tr>
<tr>
<td>Non-rapist</td>
<td>50</td>
</tr>
</tbody>
</table>

Here both offender types have an identical sample size, but it is more common to have differing numbers in the sample, for example:
In both cases the question at issue is whether sexual type is independent of religious affiliation. The null hypothesis is:

$$H_0: \text{There is no association between sexual type and religious following.}$$

A plethora of statistical tests are available to test this hypothesis, many based on a Chi-squared statistic. A limitation to some is that it is a necessary prerequisite that the cell frequencies be $\geq 5$, or else the test become inaccurate. Fortunately an exact test exists, the so-called Fisher's exact test.

These principles are readily extended to bigger contingency tables, where segregation is extended to more than two criteria. For example, we may form:

<table>
<thead>
<tr>
<th>Religion</th>
<th>No-religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapist</td>
<td>40</td>
</tr>
<tr>
<td>Non-rapist</td>
<td>105</td>
</tr>
</tbody>
</table>

Again, the hypothesis to be tested is whether criminal activities are associated by sexual preferences. This can still be tested by Chi-squared statistics or Fisher's exact method.

In this thesis the questionnaire data were analysed invoking options of PROC FREQ from the SAS suite of statistical sub-routines (Stokes, Davis & Koch, 1995). Contingency tables of the various criteria were formed, and the null hypothesis of no association was tested by Fisher's exact method.

Phase One completed the quantitative component of the research. The analysis of this data is discussed in Chapters Five and Six. Phase Two involved the qualitative component of the study.
PHASE TWO: THE QUALITATIVE INTERVIEWS

Population and sampling

Since the study was interested, not only the nature of pre-adolescent sexual behaviour and its impact on sexual offending, but also the family experiences of men who sexually offend, qualitative interviews were undertaken with men from the child molester group. Participants for this part of the research were therefore engaged entirely from the men's groups at the Kia Marama treatment unit. The therapists at the unit were consulted, and twelve men were approached and agreed to participate in the research. While it was expected that the questionnaires would reveal certain types of information with respect to the men's pre-adolescent sexual experience, it was anticipated that the interview material would provide more insightful responses from the men. For example, the questionnaires asked questions about the type of early sexual experiences the men had, but provided little in terms of how they interpreted those experiences, or the meanings they ascribed to them. This is the particular strength of qualitative research. Through a process of qualitative interviewing, the men were able to share aspects of their early childhood experience, explore the ways in which they interpreted that experience, and how they thought it had impacted on their lives.

Research themes and interview questions

Unstructured interviews were conducted with the men with few questions in mind, using a life history approach (Rubin & Rubin, 1995). The interview began with a discussion about the research project in total, how the questionnaires represented the first phase of the research looking at the early sexual experiences of men at the prison, and the interviews expanded the project to also explore the nature of the men's family experience. Hence the aim and purpose of the research was discussed and the participants were fully aware of the emphasis of the research and its conversational approach. This had important consequences. It meant that the interview conversations were already framed around a life history approach, with a special emphasis on childhood sexuality and the men's experiences of family life generally. Hence, they picked up the notion of telling their story, and this tended to maintain the flow of the interview. The interviews followed a continuous design process (Rubin & Rubin, 1995), which allowed new areas of enquiry to be
accommodated as the interviews progressed. Using a flexible, continuous design in conjunction with the framework outlined above enabled the exploration of new areas, while at the same time keeping a focus on the topic.

A few main questions were developed prior to the interviews and these served to guide the discussion. These areas covered the topic in ways that reflected the underlying focus of Phase Two: family experiences, and particularly the childhood sexual experiences of the men. The question areas were also designed to flow from one to the next thereby making smooth transitions. The main question guide was as follows:

- Early memories of family
- Attachments (e.g. alliances, disruptions, supportive networks)
- Family patterns (e.g. parenting, disciplining, nurturing, expectations)
- Sexuality and sexual behaviour
- Abusive experiences
- Adult reflections

In the final stages of the interview, the men provided their own insights into their lives and reflecting on their early childhood experience, adult transitions, and their offending lifestyle. Although not part of the original structuring of the interviews, these adult reflections occurred naturally in the first two interviews and, consistent with the continuous design, were then incorporated into the main question areas. As a consequence, they provided a rich source of insightful information, as the men explored their offending patterns and whether they thought they were influenced by their childhood, adolescent and adult experiences.

**Conducting the interviews**

The interviews generally took around two hours to complete. As discussed above, the purpose of the research was outlined. In addition, the process of the research was discussed including: the audio-taping of the interviews; the transcription of the interview data into the computer for analysis; the destruction of the interview tapes and transcripts once analysis was completed; the general security of the
material during the research process, and assurance of anonymity. The issue of consent was then discussed, and the consent form was signed by the interviewee (Appendix 3). This included consent to the audio-taping of the interviews.

Toward the end of the interview a ‘toning down’ process was undertaken (Rubin & Rubin, 1995). For many of the men, the interview raised painful and emotional issues. It was important that the men felt supported and not violated by the interview experience, and with this in mind, the interview closed with a discussion about future plans once the men were granted parole. Without exception this produced enthusiastic and optimistic responses from the men, including what they had learned from the programme at Kia Marama and how they proposed to put this new learning into action when they were released. It also helped them to reflect on how they would reintegrate with family, and what support they had available to them on the outside.

**Analysis of data**

The data was analysed in two stages. Firstly, influenced by the grounded theory procedures of Strauss and Corbin (1990), an inductive thematic analysis was undertaken to identify emerging themes using a 1st and 2nd level coding system (Figure 4.1). Secondly, using a 3rd level of coding, the data was analysed for difference where the men’s stories were either similar to, or departed from each other in unique ways. Hence the process of thematic analysis and analysis of difference began by a careful word-by-word, sentence-by-sentence development of themes:
Phase 1: Concrete Analysis

Research data

Detailed Coding (Generative)

1st level
- analyse word-by-word
- analyse sentence-by...
- analyse paragraph by para...

2nd level
- isolate themes

Confirmed by data

Phase 2: Interpretive Analysis

THEMES

Development of Conceptual Categories

Discontinuities
- creating ideas
- seeing patterns
- identifying relationships
- systematizing connections

Resilience

Sexualisation

Protective factors

Abusive factors

Further Conceptual Categories

Individual stories

Explanatory Propositions
- understanding meaning
- identifying implications
- refining ideas
- linking research

For example:
- domains of resilience
- pathways to sexual crime

3rd level
- generalize story
- identify departures from story

Confirmed by data

Phase 3: Theorising Process

Development of Explanatory Propositions
- understanding meaning
- identifying implications
- refining ideas
- linking research

For example:
- domains of resilience
- pathways to sexual crime

Explanatory Propositions
- life course analysis
- developmental trajectories

Confirmed by data
Approximately thirty early themes were identified, some of which are illustrated in Figure 4.1. From here the themes were reduced to manageable components in the development of conceptual categories. In a process of reconfigurative coding, the themes were reworked into units of meaning that were reflective of relational patterns and connections, and the men's unique interpretations of their life course history. The theorising process of the two phases of analysis generated from 1st and 2nd level analysis (resulting in the thematic analysis) and 3rd level analysis (resulting in the life course trajectory analysis) are discussed separately in Chapters Seven and Eight respectively.

**UNEXPECTED OPPORTUNITIES**

In addition to the two phases of analysis discussed above, an interesting opportunity for further analysis emerged as the data was interrogated. Inevitably, when a researcher closely examines interview transcripts for content meaning, there is opportunity to also examine conversational process. Interview processes, like conversations, are interactive, moving and shifting according to the dynamic of the relationship. Both participants in the conversation will have their own interests, concerns, and agenda that can influence the direction of the interview. Since interviews, like conversations, are influenced by the values, beliefs, and assumptions of the actors involved, how these impact on the process of the interview itself is important in better understanding research practice. Further, since there are parallel processes across different types of interviews, such analysis of interview data can provide a rich source of knowledge about the interactive and reciprocal exchanges that occur in research interviews and social work interviews alike. During the analysis of the qualitative data, it became evident that aspects of the personal and professional self influenced the process and direction of the interview. Once this had been most strongly identified within an interview, the transcript was further interrogated to explore the nature and pattern of this exchange. The analysis of this interrogation is discussed in Chapter Nine.

Having discussed the methodological approaches used in this study, Chapter Five will begin the first of the analytical chapters. Chapters Five and Six address Phase One of the research and report on the findings of the quantitative part of the study. This is followed by three further analytical chapters addressing the qualitative phase of the research.
Chapter Five

Findings – Sexuality and the Adult Male Offender

The first of the analysis chapters begins with an exploration of the data from questionnaires administered to three groups of incarcerated men. People imprisoned for child molestation, rape, and non-sexual (NS) crime completed the questionnaire that asked questions about their early sexual experience and behaviour. By exploring the links between type of adult offending, and exploitative and/or non-exploitative sexual activity during childhood, we have the opportunity expand our knowledge of how sexuality may influence a person’s developmental trajectory. Understanding the differences in developmental experience, and how this experience may influence criminal behaviour, can also help us to build a map for more appropriate assessments of men accessing treatment. Further, by increasing our knowledge of the early formative experiences of adult males who offend we can contribute to a more in-depth understanding of the complex matrix surrounding children and adults who sexually offend.

RESULTS

As discussed in Chapter Four, PROC FREQ from the SAS suite of statistical subroutines was used to analyse the questionnaire data (Stokes, Davis, & Koch, 1995). Data was tested by Fisher’s exact method against a null hypothesis of no association. Once the findings of significance were identified, the life course framework was used to organise the findings. From this, the data was divided into three main areas: family context, childhood sexual behaviour, and adult responses. Across these three areas comparative findings of significance have been noted, and these are followed by a discussion.

Family context

The first set of analyses compares the three offender groups on their self-reported description of their family context. Significant differences were found across the groups with respect to the offender’s own education and subsequent occupation.
While all groups reported relatively high completion of secondary schooling (NS 87%, child molesters 77%, and rapists 71%), the child molester was the most likely to experience tertiary education (11.4%) compared to 7.4% of the NS group. None of the rapists reported any tertiary education (G.A. (6) = 11.1, p<0.087). In addition, the child molesters were more likely than other groups to have entered skilled (e.g. teachers aide, lab technician) and professional types of employment (e.g. teacher, engineer). Fifty-two percent reported skilled employment versus 40% of the NS group and only 7% of the rapists. Conversely, 57% the rapists in the sample reported entry into the unskilled labour force (e.g. labourer) versus 34% of the child molesters, and 39% of the NS group (G.A. (6) = 14.3, p<0.027). There was no significant difference across the groups with respect to parental occupation. Nor was there a significant difference across groups with respect to offender marital status or ethnicity. Religious affiliation within the family of origin, however, was significantly different across the offence groups within this study. Eighty percent of the child molesters reported a religious family background, versus 71% of the rapists, and 46% for the NS group (G.A. (8) = 23.7, p<0.003).

The child molesters and the rapists in the sample group reported higher levels of abuse during their childhood. Half of the rapists reported having been physically abused by a parent or guardian, and 48% of the child molesters also reported physical abuse. This is compared to 12% of the NS group (G.A. (4) = 25.6, p<0.001). The rapists also reported higher levels of emotional abuse (64% versus 55% of the child molesters and 24% of the NS group (G.A. (4) = 20.3, p<0.001), and reported high levels of childhood neglect, 79% versus 43% of the child molesters and 28% of the NS group. (G.A. (4) = 25.5, p<0.001). The rapists and child molesters also reported higher levels of sexual abuse, 71% for the rapists and 45% for the child molesters, versus 28% for the NS group (G.A. (6) = 26.2, p<0.001).

**Childhood sexual behaviour**

The second set of analyses compares the offender’s childhood sexual experiences. The questionnaire (Appendix 1) explored four areas of sexual activity: solitary sexual activity (e.g. masturbation), consenting sexual activity with another child, coercive sexual activity with another child that was without consent, and sexual activity with adults.
Solitary sexual activity

The first area of sexual activity that was explored related to the man's solitary sexual activity. There was no significant difference across the criminal groups regarding solitary sexual activity: the incidence of solitary sexual behaviour by type, or age. There was, however, a significant difference in terms of how they rated the solitary sexual experience. Nearly 30% of the child molesters and the rapists reported negative effects, versus 6% of the NS group (G.A. (6) = 14.4, p<0.026).

Sexual activities with other children

There was also a significant difference with respect to the second area of sexual activity that was explored: sexual activities with other children. In terms of consenting sexual activity, the child molester was significantly more likely to report consenting activity during childhood, 84% versus 64% of the rapists and 66% of the NS group (G.A. (2) = 4.9, p<0.083). The type of sexual activity between the children was not significant across the three groups, nor was the difference in age between the children, but the relationship with the other child was significant. For both the child molester and rapist groups the activity was more likely to be with other children within the family network (41% and 54% respectively). Conversely, the NS group reported 87% more activity with children outside the family (G.A. (4) = 12.6, p<0.013). In addition, with respect to their consensual childhood sexual experiences, the child molester group reported significantly higher positive feelings (63% versus 40% for the rapists and 36% for the NS group) (G.A. (4) = 12.1, p<0.017). All the groups reported high levels of stimulation.

The third area of data analysis explored in this section relates to non-consenting sexual activity during childhood. The child molesters in the study reported greater levels of non-consenting sexual activity with other children during childhood than the other two groups. Twenty-seven percent of the child molesters reported exploitative sexual activity, versus 14% reported by the rapists and 3% of the NS group (G.A. (4) = 16.0, p<0.003). Also, the child molesters were significantly different from the other two groups with respect to the rate of activity across the range of sexual behaviours. The range of activities has been delineated according to the degree of intrusiveness. The lower degree of intrusiveness includes activities such as kissing and hugging. Medium level intrusiveness includes showing genitalia,
touching other children etc. Higher level intrusiveness includes activities such as vaginal and anal intercourse and putting their penis in another child’s mouth. Within the lower level of intrusiveness, the child molesters reported 18% activity, versus 14% for the rapists and 1% for the NS group. They reported 25% activity in the medium level activity range, versus 7% for the rapists and 1% for the NS group. In the higher level intrusiveness range the child molesters reported 14% activity, versus 7% for the rapist group and 1% for the NS group (G.A. (6) = 38.9, p<0.001). The child molesters were also significantly more active in non-consenting activity other children during their own pre-adolescence reporting 36%, versus 14% for the rapists and 13% for the NS group (G.A. (6) = 17.5, p<0.008). There was no significant difference across groups with respect to the offender’s relationship or affinity with their victim, age of victim, or their method of coercion.

Sexual activity with adults

The final area of analysis in this section relates to the men’s childhood experience of sexual activity with an adult. As noted earlier, the rapists and child molesters reported higher levels of sexual abuse than the NS group. Seventy-one percent of the rapists and 45% of the child molesters reported having been sexually abused, versus 28% for the NS group (G.A. (6) = 26.2, p<0.001). They also reported much higher feelings of confusion and negativity about this experience: 33% of the child molesters and 26% of the rapists (G.A. (8) = 27.8, p<0.001) compared to 20% for the NS group. The child molesters and the rapists were significantly different from the NS group with respect to the age at which they experienced sexually abusive behaviours from other adults. A third of the rapists who reported being abused had been abused before they were ten years of age, a third during the 11-15 year age range, and a third between the ages of 16 and 18 years. Similarly, 33% of the child molesters who reported being abused reported having been abused before they were 10 years old, 40% when they were 11-15 years, and 27% when they were 16-18 years of age. By comparison, the NS group reported 19% abuse before they were 10 years of age, 15% during the 11-15 year range, and 66% when they were sixteen years and older (G.A. (6) = 20.6, p<0.002). They also reported a higher prevalence of multiple abuse, 29% of the rapists reporting >10 times, the child molesters 27%, while the NS at 4% reported a much lower incidence (G.A. (8) = 25.3, p<0.001). Again the rapists and child molesters reported much stronger negative feelings about their abuse, 64% and 43% respectively, versus 19% of the NS group (G.A. (6)
There were no significant differences between the groups with respect to the number of abusers or the age of abuser, however there was significance with respect to the gender of their abuser. Of the men that specified gender, the rapists reported 35% abuse by adult women, versus 30% by males. The child molester group reported 48% male and 24% female, and the NS group reported 13% males, and 21% females (G.A. (6) = 30.6, p < 0.0001).

**Adult responses**

The third main area of analysis compares the offender’s perceptions as an adult about childhood sexuality, and their adult responses to their experiences as children.

The child molesters were significantly more likely to consider it normal for children to engage in sexual behaviours during their pre-adolescence: 70% versus 57% of the rapists and 41% of the NS group (G.A. (4) = 10.3, p<0.035). However, there was no significance in terms of what type of behaviour was considered ‘normal’, nor was there significance regarding what their adult responses would be if they discovered children engaging in sexual activity.

As an adult looking back on their own sexual experiences during childhood, the child molesters and rapists were significantly more confused about their experiences and were much more likely now to consider them negatively. The rapists reported 61% feelings of confusion and negativity, versus 59% for the child molesters and 22% for the NS criminal group (G.A. (8) = 27.8, p<0.001). When reporting on their own childhood sexual victimisation the child molesters and the rapists were significantly less likely to consider their experience as abusive at the time: 43% of the child molesters, 43% of the rapists, and 18% of the NS group (G.A. (4) = 24.2, p<0.001). However, they are much more likely to consider it abusive in retrospect. Fifty-seven percent of the child molesters and the rapists, looking back, consider they have been sexually exploited as children, versus 16% of the NS group (G.A. (4) = 24.7, p<0.001).

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1 Because there was no significance across the groups with respect to types of normal behaviour this has not been explored further. However, individual groups did express what they consider to be ‘normal’ sexual behaviour for children and these will be discussed in Chapter Six when profiles of child molesters and rapists are developed.
In terms of the offender's exploitation of others, not surprisingly, the rapists and the child molesters reported much higher activity. Eighty-four percent of the child molesters and 57% of the rapists reported that they had abused others when they were in their adolescent and adult years, while the NS group reported under 2% (G.A. (4) = 81.8, P<0.001). The sex of their victims was significantly different across the groups. The rapists reported only abusing females, while the molesters had a preference for females but also abused boys and girls (G.A. (4) = 110.4, p<0.001). The rapists in the sample mostly focused their abuse on adult women (75%) while, as one might expect, the child molesters had a greater focus on children (80%) and minimally abused adult people (G.A. (4) = 25.7, p<0.001). The rapists also reported higher abuse of strangers (58%), the child molester reported more in-family abusive activity (53%, of which 16% was with step-children), the abuse therefore being located closer to home (G.A. (4) = 13.1, p<0.011).

Having noted the findings of significance with respect to the questionnaire data, the implications of the findings will now be discussed.

**DISCUSSION**

Previous research into the socio-economic groupings of child molesters and other criminal types has provided conflicting results. When looking at the social class groupings of juvenile sex offenders and non-sexual delinquents, Awad, et al. (1984) found that the sex offending group were more likely to come from middle-class family backgrounds. This conflicts with other studies (Roberts, McBee & Bettis, 1969; Tolan, 1988) which argue that a lower class grouping increases the risk in terms of adopting abusive life styles. Other studies again suggest that sexually offending behaviour transcends socioeconomic status (Marshall, Laws, & Barbaree, 1990; Salter, 1992). The reports from the men in this study support the findings of Awad et al. (1984). Here the child molester group was more likely to have a father whose occupation was within the skilled or professional area, and the men themselves were more likely to enter higher education and move into skilled or professional work. However, it may be more useful for future studies to look at how social class intersects with other variables such as patterns of family interaction, forms of discipline, environmental constraints and opportunities, and the families' exposure to stress (Tolan, 1988). It would also be important to consider conviction and sentencing biases. Studies could also consider other parental and family...
characteristics such as substance abuse, intergenerational patterns of abuse, psychiatric history, and family structure (Graves, Openshaw, Ascione & Ericksen, 1996).

When considering the criminal groups as a whole, it is likely that the men's family environment experience has been influential in terms of the type of offending subsequently enacted. The significantly higher reporting of childhood sexual abuse with respect to the child molesters and the rapists, indicate that their early experience may have influenced their developmental trajectory with respect to sexuality quite specifically, as opposed to criminality in general. Their early introduction to inappropriate sexual activity, and the onset of abuse being significantly more likely before they reached ten years of age, may have influenced the normal development of their sexuality. For example, sexual abuse or inappropriate sexual behaviour may be seen as normal by the abused and/or early sexualised child. Because of their experience, the abused child may also see the blurring of sexual boundaries between adults and children as normal. This normalising of abuse can then impact on the man's adult perceptions. Research into cognitive distortions that support the sex offender's belief that their abusive behaviour is mutually beneficial to the child has been increasingly reported by writers in the area (Ward, 2000). A developmental trajectory that incorporates abuse, abusive behaviour, and the blurring of sexual boundaries between adults and children as normal, may increase the child's vulnerability for these patterns of behaviour to continue throughout the life course. The data in this study suggests that child molesters, in particular, have experienced a highly sexualised early childhood. While the degree of solitary sexual activity (for example, masturbation) is on a par with the other two groups, they were significantly more active in terms of sexual behaviour with others, both consenting and non-consenting. Their sexual experience, in this sense, is also more positively reinforcing as they report greater levels of stimulation and positive feelings about their behaviour which appears to be more highly valued by them. The fact that they are also more active across the range of sexual behaviours (in terms of non-consenting sexual activity) may also be relevant. Being significantly active in the more highly intrusive range of activity (for example, fellatio, and vaginal and anal intercourse) and experiencing higher levels of stimulation, may create a personal environment within which levels of activity interact and serious exploitation is more likely to continue. Placed against the research of Johnson and Feldmeth (1993), the child molesters in this sample
would fall within their Group III and/or Group IV analysis. Group III children participate in extensive non-coercive mutual sexual behaviours (described as higher level intrusiveness above) whose behaviours are linked to negative perceptions of their experience. Within this study there was a significant difference in the way in which the sex offenders felt about their early sexual experiences, 30% expressing negative perceptions of the experience versus 6% of the NS group. Group IV children are sexually aggressive to others using coercion to gain participation. These children also have more highly sexualised thinking and action, which is also consistent with the child molester group in this sample. The fact that these men have experienced over-stimulation in terms of their early sexual socialisation, and have gone on to sexually abuse children, may also suggests an inability for them to integrate these experiences in a meaningful way (Johnson & Feldmeth, 1993).

With respect to how early experience influences adult attitudes, the more highly sexualised environment experienced by the child molester would therefore seem to have been influential in terms of his adult attitudes toward children and sex. Being significantly more likely to consider it normal for pre-adolescent children to engage in sexual activities, it is also likely that these views have been influenced by the child molesters own highly sexualised behaviour during childhood. Further, the child molesters continued focus on children, and in particular children with the closer family network, reflects a patterning of behaviour across a man's life span, developing into an entrenched pattern of adult offending. The fact that the child molester group and the rapist group in this study chose victims within their family network is on the upper end of the percentage range found in other studies. Other studies have suggested that relatives constitute 6%-40% of the offender's victims (Groth, 1977; Fehrenbach, Smith, Monastersky & Deisher, 1986; Wasserman & Kappel, 1985). Whether these offending patterns replicate the man's own sexual victimisation (as discussed by Garland and Dougher, 1990) is explored further within the qualitative analysis later in the thesis.

The family environment with respect to child care and protection would also appear to be significant to the child's development and, in particular, the sexual development. The high reporting of neglect by the rapists, their lower educational achievement and their subsequent move into the unskilled labour force, may be suggestive of a group that is less likely to have had their basic childhood needs met. Child neglect is frequently associated with low income, multi-problem families, who have poor
housing and living conditions where low educational and occupational levels are apparent (Tomison 1995, Daro, 1988). Families characterised by the neglect of children are less able to provide a sense of reliability for the child. Combined with high levels of physical and emotional abuse, this may result in the child developing feelings of anger and a lack of power and control over their environment. For the child molester, while also reporting the experience of childhood abuse, neglect was not a strong feature of their response. It was, nevertheless, still much higher than the NS group.

The child molester group and the rapist groups in the sample also reported higher levels of sexual abuse in their early childhood experience than the NS group. At 45% and 71% respectively, the finding merely adds to the conflicting range of abuse prevalence found within the studies discussed earlier in Chapter Two. Indeed, the findings of the qualitative interviews with the men who molest children discussed in Chapter Seven, further confounds the situation as most of the men interviewed described experiences of sexual abuse during childhood. While the questionnaire findings may suggest a link between abuse and abusive behaviour, the qualitative interviews demonstrate that if there is a link, it is very complex and includes a multitude of factors that interact with the early abusive experiences of the men. Both the questionnaire findings and the interviews, however, support the notion that children who are exposed to a combination of abuse types may be predisposed to sexually abuse as adults (Bagley, Wood & Young, 1994; Prentky & Boucher, 1987).

A likely consequence of an abusive environment within which there are strong elements of emotional abuse, is that the environment is also subjected to high levels of control and constraint for the child. Abuse, to a significant degree, relies upon the abuser being able to control the environment and thus maintain the levels of abuse. Rigidity and control have been identified as common features of the abusive family dynamic (Graves, et al., 1996; Maddock, 1995). The high reporting of a religious family background for the child molesters and rapists in this study may be relevant to this. When applied negatively, strongly religious family environments are also likely to be characterised by rigidity. Rigidity, strictness, power and control are interactive concepts that can be more fully understood in relation to each other. Exercising power and control in one area creates an environment within which it more readily manifests itself in another. When power is used to overcome the self expression of another within the family context, there is inevitably a response from
the less powerful person. When adult abuse of a child is a factor, the disempowered child has few options and is likely to internalise those feelings of powerlessness and vulnerability. Combined with a strongly religious family environment, it is possible that the interactive concepts of rigidity, power and control can be further intersected with notions of right and wrong, heaven, hell, shame and pleasure, producing confusing and conflicting feelings in the child. Dougher (1988) points to an association between a religious family background and repressive sexual attitudes, and the way in which religious beliefs may produce confusing ideas about sexuality. The extreme power systems that operate within strongly religious family environments, imbued as they are with notions of absolute power, may therefore reinforce the power of the adult over the child in a more general sense. The question of religiosity within the family background of an offender has not been strongly developed within the literature. According to Graves et al. (1996), there is a general view that those people with a commitment to religion are less likely to transgress social norms. They, however, consider the issue of religiosity to be more complex combining the degree of commitment, its relationship to moral and ethical socialisation, and conformity to a religious belief system. Within this sample, while the men were raised in families committed to religion, and conformed to a particular belief systems, it is possible that the association with moral and ethical socialisations was lacking. In addition, the link identified by Lisak, Hopper and Song (1996) between emotional constriction, gender rigidity, and family violence may also be significant here, producing a further reinforcing variable relating to and interacting with other expressions of power and control, for example in the religious context:
Further research into how religious belief manifests itself in the life of abusive families, and how this may relate to issues of rigidity, power and control, could more fully explore religiosity as a factor in abusive family environments.

The questionnaire findings in this study have reinforced some of the difference between the sexual offenders within the sample and the non-sexual group. Further data from the questionnaires, while not significant, also provided information that helped to delineate the experiences of the child molester group from the rapists within the sample. Chapter Six will now look at the individual responses of the child molesters and the rapists, and, based on these responses, will provide profiles that characterise them as a group.
Chapter Six

Findings – Profiles of Criminal Groups: the Child Molester and Rapist Compared

Having examined the sexuality data across the criminal types in Chapter Five, a pattern of experience can be seen to have emerged with respect to the child molesters. This chapter will draw these characteristics together in a statistically supported profile that may help us to better understand the nature of the overall group experience. Profiles can be useful in providing a broad snapshot of a particular group. It enables analysis of data that is not significant by comparison with other groups but is reflective of the particular group experience. While offering a profile takes the analysis away from the uniqueness of individual experience, it can be useful in providing a degree of systematic coherence (Lofland & Lofland, 1984: 96). As such, it provides a tool of systematic analysis that can draw attention to certain characteristics, and can alert the researcher to those characteristics that are generally absent (Tolich & Davidson, 1999). Further, understanding the individual and group experience can have implications for treatment and contribute to a broader, more comprehensive theory of sexual violence. In addition to the child molester profile, a profile for the rapists represented in the study is also provided. The small number of rapists within the study prevents the profile from being representative, and is offered here only as an indicator of comparative difference. It is also important to note that the profiles here are developed from incarcerated offenders and may not relate to others who may have similarly offended but who have not been through the legal and penal systems.

Child molester profile

From this study, the child molester is most likely to be of European descent (68%), heterosexual (69%), and be separated or divorced from his partner (around 46%). He will have worked in a professional or skilled occupation, most likely blue collar. Professional work is identified as those occupations that include teaching, medicine, and engineering, while skilled work includes occupations such as teachers aide, technician, plumber, builder etc. For the molester, this is consistent with his father’s occupational background, while his mother was a home person. When his mother
did work outside the home, occupation was divided equally across skilled and unskilled work, house cleaning and shop work being examples of unskilled work. His mother would not have worked in any of the professional occupations.

Scholastically, the child molester would have completed secondary schooling, and a few (11%) would have attended university. In this, the child molester is significantly more likely to go to university than men in the other criminal groups. He would have come from a religious family background, almost eighty percent reporting an identified family religion.

In terms of his attitudes to childhood sexuality, he is most likely to consider it normal for children under twelve years of age to engage in some sexual behaviours. In this his views are generally consistent with the men in the other criminal groups. Like them, he would consider passive sexual activity to be normal, for example, teasing at school, looking at 'dirty' pictures, peeping at people in the bathroom. He is a little more certain than the other criminal groups about what he considers other 'normal' sex play activities, such as playing doctor, masturbation, touching and exploring another child. A few of the child molesters (almost 10%) consider activities such as cunnilingus, vaginal and anal intercourse to be normal sexual activities for a child under twelve. If he discovered his own child engaging in sexual behaviour with another child he would take action to stop the behaviour by talking to the children and to the parent of the other child. Some of the child molesters (19%) would consider that the behaviour was wrong and punishable.

He is unlikely to have been told the 'facts of life' by his parents and is even less likely to have received any formal sex education. Like the other criminal groups he is more likely to have picked up information from family and friends (42%) and some he will have picked up through the media (24%). He is, however, more likely than the other groups to have developed his understandings about sex from pornography (22% versus 15% for the rapist and non-sexual group). During his own pre-adolescence, he would have participated actively and regularly in solitary sexual experimentation, for example, genital exploration and masturbation (89%). He is more likely than the other groups to have had consensual sexual experiences with other children during his pre-adolescence. While most of this sexual activity would be within the areas identified above, he is also reporting (22%) more aggressive activities such as putting his penis into another child's mouth, vaginal and anal
intercourse. He is most likely to have a familial relationship with the other child, (41% versus 13% for non-sexual offenders). Generally, the child molester expresses more positive feelings about his consensual pre-adolescent sexual activities (63% versus 40% for the rapists and 36% for the NS group), and describes them as positively stimulating.

The child molester is significantly more likely than the non-sexual criminal groups to be sexually exploitative to other children when they were pre-adolescent (27% versus 3%). He is likely to sexually exploit other children much more actively across the range of activities, from more general exploratory activities (touching and exploring another child's genitals) to more aggressive activities (such as pretending intercourse, fellatio, or vaginal and anal intercourse). He uses trickery as the main method of engaging other children into sexual activity, but also uses verbal or physical threats. While having a preference for girls, the child molester is likely to have abused both boys and girls during his pre-adolescence and he is slightly more likely to have had exploitative experiences with his siblings.

Thinking back about all of his pre-adolescent sexual experiences, including abusive experiences with adults, he is likely to have felt confused and negative (59%). He rates the effect of his early sexual experience as being 'bad', only 5% would rate it as having had a 'good' effect. He is more likely than the non-sexual offenders to have reported having been sexually abused (46% versus 28%) and would seem to have experienced a higher degree of abuse frequency (13% > 50 times). However, while other groups express certainty about whether or not their experiences were abusive, the child molester is less certain, 18% being quite unsure. When he looks back on his experiences as an adult, though, he recognises them as having been sexually abusive. With respect to other types of abuse, he is more likely than the non-sexual offender to have been physically abused (48% versus 12%), to report emotional abuse (55% versus 24%), and to have experienced childhood neglect (43% versus 28%).

During adolescence and adulthood, perhaps not surprisingly, the child molester is more likely to have offended sexually toward others. He abuses mostly female children, (70%), but also abuses boys (27%). Clearly he is very much more child focused and abuses children across the age range (9% abuse of victims under 6 years of age, 36% of victims aged between 7-12, and 44% of the victims being in the
13-18 age group). He is much less likely to sexually exploit adults (victimising 8% in the 18-30 age group, and 3% > 31 years). He is much more likely to abuse within his closer family group (36% incestuous) and he is also significantly abusive to step-children (16%).

Generally then, the group characteristics of the child molesters within this sample suggest early backgrounds that are more abusive than neglectful, family occupations described as professional, higher educational background, and strong religious influences. Their early childhood is more likely to be characterised by greater sexual activity and experimentation, both in terms of solitary experience, consensual and non-consensual activities with other children. However, these activities are more likely to be remembered as confusing and perceived negatively. Not surprisingly, the child molester is more focused on the abuse of children rather than adults, and is more likely to abuse children within his known network. Most will have been married at some stage in their lives and some remain so (nearly 30%). Only a quarter of the molesters have remained single, suggesting a greater opportunity for the majority of them to experience family life in a cohabiting situation.

**THE RAPIST PROFILE**

By comparison, the rapists in the sample are less likely to have ever been married and are half as likely than the child molesters to be in cohabiting situations (the total non-cohabiting being 86%). Most will remain single, and less than 15% are currently married. The remaining 43% of the rapists report being divorced or separated. The rapist, therefore, is more likely to be outside a familial arrangement. Like the child molester generally he will be European in origin, although more will be of Maori descent (22% versus 12% of the child molesters).

Although likely to have completed secondary education, the rapist is the least likely of the criminal groups to do so. The percentage remains reasonably high, however, at nearly 72% (by comparison with the child molesters at 77%). He would not go on to tertiary education, but would be likely to enter unskilled employment, for example labouring. This is generally consistent with his father's occupational experience, although there is a greater change across the generation, the rapist's father being more likely to be in skilled employment than the rapists themselves, a possible indication of downward drift.
The rapist's family background will be influenced by religious beliefs and values. Like the child molesters, the rapist will come from a religious family background, however, while the child molesters report nearly 80% identified family religion, the rapists report just over 71% (still very strong by comparison with the non sexual group at 46%).

The rapist will generally consider childhood sexual activity for children under 12 years to be normal. He is not so likely as the child molester to think so (57% versus 70%), but nevertheless is significantly more likely to think so by comparison with the non-sexual group (41%). He views correspond to those of the other criminal groups with respect to what type of activities are normal, for example, the passive activities outlined earlier and more active sex play activities (e.g. playing doctor, masturbation, touching and exploring another child). Twelve percent of the rapists will view activities such as cunnilingus, vaginal and anal intercourse as normal for a child under twelve. Like the child molester, if he discovered his own child engaging in sexual behaviour with another child he would also take action to stop the behaviour by talking to the children and to the parent of the other child. Sixteen percent of them would consider that such behaviour was wrong and punishable.

Like the other criminal groups, he is unlikely to have had formal sex education and his parents are unlikely to have told him about sex. Also consistent with the data from the other groups, he will be more likely to pick up information from family and friends and slightly more would have been influenced by media (30% versus 24% of the child molesters and 22% of the non sexual group). Although, again, less active than the child molester, the rapist also participates actively in solitary sexual experimentation during his pre-adolescence (71%). Although less active than the child molester, the rapist is also likely to have consensual sexual experiences with another child during his pre-adolescence, recording similar levels as the non sexual group (around 65%). His activities are the most likely to involve other members of his family group (54% versus 41% for the child molester, and 13% for the non sexual group), and while he reports the highest levels of stimulation from this activity, he feels less positive about it than, for example, the child molester (40% versus 63%).

Like the child molester, but not as likely, the rapist will be sexually exploitative toward other children during their own childhood (14% versus 27% of the child
molesters), but is significantly more likely to than the non-sexual group (3%). He is likely to feel confused and negative about his experiences during his childhood.

The rapist is most likely to have been sexually abused during childhood, reporting higher levels than the child molesters (71% versus 46%) and the non-sexual group (28%). While he was less likely to consider his experiences abusive at the time, looking back as an adult, he is more inclined to consider it abuse now. He is likely to have been physically abused during his childhood (50%), is more likely than all groups to report emotional abuse (64%), and is considerably more likely to experience neglect (79% versus 43% for the child molester and 28% for the non-sexual group). He is most likely to rate the effects of his childhood abuse as negative.

The rapist reports high levels of abuse of others during his adolescence and adulthood, although not as high as the child molester (57% versus 84%). He abuses females only and his focus is mainly on the adult woman population. Unlike the child molester the incarcerated rapist is most likely to abuse people outside his known network (i.e. strangers). Although he will have sexually abused others during his own childhood and adolescence, 83% of his offending has been during his adult years (versus 69% for the child molester).

Generally then, the group characteristics of the rapists within this sample suggest early backgrounds that are significantly more affected by neglect than other criminal groups, suggesting a significant deficit in terms of the satisfaction of their basic childhood needs. Their early family background is also abusive in other ways, and they regard their experience as negatively affecting their adult lives. Coming generally from working class backgrounds, they are also from families that have strong religious beliefs. They are less likely to complete their education, and more likely to move into unskilled occupations. Most remain single or in non-cohabiting situations, and much of their offending takes place during their adult years.

1 It is important to reiterate that the data in this study comes from an incarcerated rapist sample. The number is limited, but importantly it represents only a group who have been imprisoned for rape. It may be that rape charges that involve stranger rape are more likely to be successfully prosecuted. Rape allegations that involve a victim that is known to the alleged abuser may be more difficult to prosecute as the question of consent becomes an issue.
THE CHILD MOLESTERS AND RAPISTS COMPARED

Having identified profiles that characterise the two criminal groups, a comparative example will now be offered illustrating the developmental pathways toward an abusive pattern of offending. This has been built around the three set analysis developed in Chapter Five: the early family context, offender’s childhood sexual behaviour, and the offenders subsequent adult responses:
Child molester

**Early Environment**
- ↑ Socioeconomic background
- Father in skilled occupation
- Mother at home
- ↑ Educational achievement
- Religious family background
- ↓ sex education with higher access to pornography
- Physically abusive
- Half experience neglect
- ↑ Sexual abuse experience

**Sexual Activity**
- ↑ solitary sexual activity
- ↑ consenting activities with others
- ↑ nonconsenting activities with others
- ↑ aggressive sexual activity
- Negative feelings about sexual activities

**Adult Responses**
- ↑ separation and divorce
- ↑ level of cohabiting
- Skilled professional occupation
- ↑ abuse of others in known network
- ↑ 'normal' view of childhood sexuality
- ↑ sexual offending
- ↑ perception of own abuse

Molestation of children

Rapist

**Early Environment**
- ↓ Socioeconomic background
- ↓ educational achievement
- Religious family background
- ↓ sex education
- ↑ sexual abuse experience
- ↑ emotional abuse
- ↑ physical abuse
- Very high neglect

**Sexual Activity**
- Active in solitary sexual behaviours
- Higher exploitation of others
- Feels confused and negative about the experience
- ↑ stimulation experience

**Adult Responses**
- Single marital status
- Generally noncohabiting
- ↓ involvement in intimate relationships
- Unskilled occupation
- ↓ considers childhood sexual activity as normal
- ↑ perception of own abuse

Rape of adult women

Figure 6.1: Developmental pathways toward an abusive pattern of offending.
This comparison between the child molester and the rapists in the sample contributes to a growing research interest in comparing these two groups of offenders. These studies reinforce the importance of distinguishing between groups to assist in the delineation of offender-specific characteristics (Overholser & Beck, 1990).

While rapists and child molesters have been found to have characteristics in common, for example, the likelihood of them coming from disturbed family backgrounds (Bard et al., 1987), high reporting of childhood abuse (a finding supported by this study, and also Tingle et al., 1986), and the tendency for child molesters and rapists consider their own sexual abuse a normal part of childhood development (Overholser & Beck, 1990), they also have significant differences. According to the appraisal of the research by Barbaree et al. (1994), the criminal histories of the two groups differ. Rapists have usually been found to be diverse in their criminal activities, while child molesters have been found to be less varied. In addition, child molesters generally begin their criminal career later than rapists, and there are differences with respect to their intelligence (Marshall, Barbaree & Christophe, 1986) and their scholastic achievement (Bard et al, 1987). A lower intelligence subgroup within the child molester samples creates a greater variance within the distribution of scores, a point that reinforces the need for specialist within group treatment services.

A study by Tingle et al. (1986) explores some of the developmental differences and similarities between rapist and child molester groups. A higher percentage of the rapists in their sample came from disrupted family backgrounds or 'broken homes'. The rapists also reported higher levels of aggressive behaviour during childhood, more likely to have difficulty getting along with adults (e.g. parents, teachers) and were more frequently expelled from school. In addition, the rapists were more likely to have been involved in contact sports, to hurt the people to whom they are aggressive, and to destroy property (including fire starting activity). While the child molesters also experienced conflictual family relationships, these were more likely to be centred around dependency issues with respect to the mother. A finding by Tingle et al. that differs significantly from the findings within this thesis is the reporting of having felt neglected by the parent or caregiver. While this study significantly distinguishes the rapist as feeling most neglected during childhood the Tingle et al study found equal reportings by the child molesters and the rapists of around 25%. In the Tingle study however, the neglect was specifically related to the mother figure and did not relate to the father or other caregivers. In terms of
parental rejection, Bass and Levant (1992) found that child molesters adjudged their parents as more rejecting and controlling than the control sample, and while the rapist sample concurred with respect to the perception of mothers, the rapists' fathers were not judged by them as being more rejecting.

Within this study, unlike the child molester, the rapists is less likely to have been married or cohabiting. This is at variance with other research (Glueck, 1956; Christie, Marshall & Lanthier, 1979) indicating that rapists were more likely to have married or have cohabited.

Alcohol usage seems to be more relevant to the rapist sample than the child molesters. The study undertaken by Overholser and Beck (1990) found that rapists were more likely to report the consumption of alcohol or use of other substances at the time of their offences. Since this may be indicative of the offender’s pattern of alcohol use, Overholser and Beck suggests that treatment services need to include alcohol and drug components in their programmes.

Psychosocial studies have also delineated child molesters and rapists into distinctly different clinical groups. Hillbrand, Foster and Hirt (1990) found that across the range of psychological and psychosocial variables, rapists exhibited more severe psychopathology than child molesters. This included the rapists’ sense of self worth, and self-esteem, vulnerability and helplessness. It also considered the offenders’ social relationships, dysphoric mood state (lack of sense of wellbeing), mismanagement of aggression, and tenuous masculine identity. Interestingly, they conclude that the severity of the psychopathology, together with the rapists’ violent history, and childhood psychiatric symptomatology and substance abuse, indicates that with long-term institutional treatment the rapist is likely to respond to treatment. Conversely, they argue that the more ego-syntonic psychopathology (a more characterological condition with lower distress scores) of the child molester indicates a less optimistic prognosis.

The issue of response styles, moral reasoning, and cognition has also been considered by researchers in terms of rapists and child molesters. Nugent and Kroner (1996) found significant differences between the measures of denial and response styles of the two offender groups, and differences between the likelihood of them admitting their offences. Their findings suggest that child molesters are more likely to be
concerned about what others think about them, while rapists indicated less concern in this regard. This, together with the greater number of victims and repetitive offending, may reinforce a greater need for denial in the child molester that becomes more strongly integrated into their lifestyle as an enduring cognitive characteristic. Comparisons across the nature of offenders' interpersonal relationships have also been undertaken with respect to rapists and child molesters (Valliant, Gauthier, Pottier & Kosmyna, 2000). When measuring the quality of an offenders relationships toward others (comparing a rapist, incest offender, child molester, general offender, and non-offender sample groups), rapists were found to have the lowest score. Conversely, the incest group had the highest score, followed by the general offenders, child molesters, and (closest in score to the rapists) the non-offenders. The higher scoring by incest offenders is consistent with other research that indicates that they are better able to interact in group therapy (Valliant & Antonowicz, 1992), and that rapists are generally found to be deficient in social skills and less effective in their interpersonal relationships (Marshall, Christie & Lanthier, 1979; Knight & Prentky, 1990).

Using profiles can assist a worker to better understand the patterning of experience and behaviour with respect to men who offend in different ways. When undertaking groupwork with offenders, profiles can highlight commonality with respect to the significance of early experience, sexual activity and adult responses, and can suggest possible treatment strategies or lines of therapeutic inquiry. For example, if the child molester profile indicates that the men are likely to consider pre-adolescent sexual activity as normal, then exploring this within the context of group treatment could be beneficial. However, while profiles can offer much in terms of alerting the worker to common characteristics, recent research also points to a growing recognition that sexual offenders are heterogeneous in their profiles, criminal diversity and treatment requirements (Porter, Fairweather, Drugge, Herve, Bert & Boer, 2000). While child molesters may share common characteristics, not all exhibit the same characteristics, nor do they have the same family and personal experiences and applied responses. This raises difficulties, not only with the conceptualisation and classification of the problems, but also influences decisions about the nature of

2 The researchers offer no explanation for this finding. It seems most surprising that the non-offender control group would score significantly lower than the other offender groups, and only marginally higher than the rapists. The control group consisted of male undergraduate students attending a General Arts programme at university.
treatment strategies and service responses. Work that has been done to delineate the particular characteristics and treatment needs of rapists (Polaschek, Ward & Hudson, 1997) and child molesters (Ward, Hudson, Marshall & Siegert, 1995) is important to the better understanding of the aetiology and treatment responses to sex offending. According to Miner and Dwyer (1997:36) "(A)s our knowledge about sex offender treatment increases, we become more aware that the effects of interventions differ with respect to the characteristics of the offenders being treated." Hence, our knowledge about offender aetiology and treatment possibilities needs to be both general and specific. Increasing our knowledge of offender-specific groups is important to the better understanding of different criminal groups and also in exploring of group treatment strategies that have a better fit with the offender profile. General profiles can also provide the basis from which more specific within group classifications can be developed. Increasing knowledge about individual experience and a person's unique responses is also important. How a person makes sense of their experiences, and how this contributes to their own offending patterns can also be significant when working with issues of sexual offending. This is where pathways, or trajectories can be helpful, in the development of more individualised treatment strategies. Attention to the specific and individual responses men who sexually offend forms the basis of the first two qualitative analyses in this study and are now discussed in Chapters Seven and Eight.
Chapter Seven

Findings – Qualitative Interviews
Analysis 1: Thematic Inquiry

The quantitative analysis of the questionnaire data in Chapters Five and Six provided a broad range of findings that offered a general picture of the early sexual experiences of the three offender groups. Consistent with most quantitative studies, the data represents the reported experiences and opinions of the people in the study, but does not provide detail of how the men interpret their experiences. As discussed in Chapter Four, the meaning people ascribe to their experience is more readily explored in the context of qualitative research. While the quantitative findings discuss generalised experience, the qualitative findings record the specific uniqueness of the ways in which the men have made sense of their experience and behaviour. The findings that relate to the men’s own abuse, provides a good example of how quantitative findings can be further explored and better understood by qualitative inquiry. The quantitative findings tell us that the sex offenders in the sample report higher incidence of abuse in their early childhood than the non-sexual group. The qualitative interviews explore further how the men perceive their own abuse, and how it has impacted on their early and adult lives. This chapter begins the three-part qualitative analysis undertaken in the study, and provides a thematic analysis of the data, discussing findings within two main areas: Abusive Factors, and Resilience. Within this thematic analysis, the men’s experiences are characterised in a set of sub-groups, which are then explored within the context of Ward’s (in press) Etiological Pathways Model. The Pathways model, which was discussed in Chapter Two as a potential bridging framework for understanding sexual offending from a wider ecological perspective, is used here to illustrate the linking of common experience within subgroups. It is used again in Chapter Eight to explore in greater depth the individual experiences of some of the men.

Abusive Factors

In Chapter Five and Six the questionnaire data indicated that child molesters, are likely to have experienced more extensive sexual activity in their pre-adolescence and adolescence than the non-sexual offenders in the sample (for example, 84% of
the child molesters reported consenting sexual activity, versus 64% of the rapists, and 66% of the non-sexual group). Findings from the qualitative interviews reinforces this further and suggests that they are more likely to have experienced a range of sexual activities, and moreover, have experienced sexual activities that were exploitative. The first part of the thematic analysis focuses on abusive factors within the context of two interconnecting themes: sexualisation, and rules and sanctions.

All of the twelve men interviewed had experienced some kind of abuse as a child. Eight of the twelve men interviewed described physical abuse of varying degree, and all but one of the men had been sexually abused. More than half had experienced both sexual and physical abuse:

Figure 7.1: The men’s experience of abuse

However, the nature of the abuse, and the way in which the men perceived and responded to it was markedly different. Some of the men interviewed had experienced a highly sexualised early childhood which was combined with early sexual abuse and often physical abuse. In these situations the sexual abuse they experienced in early childhood was inextricably linked with their developing sexualisation, often creating confusion of positive and negative experiences. These men were more likely to indicate distorted sexual scripts. These are discussed within the first of the four interconnected themes.
Abusive factors: Sexualisation

Seven of the twelve men interviewed had experienced highly sexualised early environments. They can be divided into two subgroups. Subgroup 1 had sexualised childhoods that were entirely associated with serious sexual abuse when they were between 3 and 5 years of age. These experiences were emotionally devastating for the child, and were the only sexual experiences they had in their early life. Although they experienced a high level of sexual activity during their early childhood, it was nearly always abusive and generally did not involve normal sex play with other children. Inappropriate touching from adult relatives when being bathed was a common experience. Sometimes the abusing adults were unknown to the child, as described by this man’s experience:

*Before I went to school I was sent around to different places. I remember this woman would take me into her room, and um I remember lying on her body and she was rubbing me up and down and stuff. And then my mother would come back (gasps). (Begins to cry.) I suppose my mother was desperate.*

Early touching and fondling soon turned into more intrusive sexual abuse. By the time all three of the men in this subgroup were seven years of age they had been sodomised, and used by groups of adults. The experiences were often linked with other humiliations. For example, this boy’s mother left a strange man behind with her two young sons:

*...When she went out a man stayed behind. He went for my brother, to touch him. I ran across to stop it. He raped me. I was seven then. I think the hardest part for me was ah... I told my mother, I mean there was blood. You could not help but see that. And I couldn’t walk, and when I, when I told her, she got, she went with the guy, um, and I thought he was gonna hurt mum. And we opened the door and she was in bed with him, you know. You know (gasps) sex.*

**Int:** Did you feel betrayed by that?

*Oh yes, yes, I think that was the worst. I think I died then.*

For all three men in this group, the abusive experiences continued, often they were sadistic and depraved. Usually they included physical abuse. Their sexual development was informed almost entirely by these abusive experiences, and their
own abuse became the benchmark for what they perceived to be 'normal' sexual
development for children. Their relationships were impoverished and they could recall no feelings of having been loved or protected as children. As adults, their relationships have been severely affected by sexual concerns and ultimately has impacted on their capacity to establish lasting relationships.

**Figure 7.2: Characteristics of Subgroup 1**

<table>
<thead>
<tr>
<th>Socialisation</th>
<th>Abuse experience</th>
<th>Sexual behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly sexualised early environment</td>
<td>Exposure to serious sexual abuse, linked to physical abuse by adults</td>
<td>High level of sexual activity</td>
</tr>
<tr>
<td>- Minimal normal sex play with peers</td>
<td>- Early touching and fondling leading to highly intrusive sexual behaviour (sodomy)</td>
<td>• Deviant sexual patterns reinforced</td>
</tr>
<tr>
<td>- Minimal masturbatory activity for sole pleasure</td>
<td>- Deviant sexual experience e.g. paedophile groups</td>
<td>• ↓ experience of warmth and/or attachment in sexual relationships</td>
</tr>
<tr>
<td>- Sexual activity with adults normalised and associated with pain, distress, and abandonment</td>
<td>- Abuse combined with sadism and humiliation</td>
<td>• Negatively reactive responses to sexual behaviours</td>
</tr>
</tbody>
</table>

Subgroup 2 also experienced a highly sexualised early childhood, but this experience involved a high level of enjoyable sexual activity, both sole activity (masturbation) and with others (highly sexualised play). Characteristic of Subgroup 2 is a large family experience, with many children and much opportunity for sexual play and experimentation. They received minimal sex education from parents or other adults, in fact, for many, sexual talk with adults was absolutely taboo. Nevertheless they learned much through sexual interactions with others:

*I was very young, very young, and ah, I was taught by older cousins.
I loved them, and to me it wasn’t abuse. It was beautiful - enjoyable. I was five or six, you know. Just learning the feel of, rubbing, hugging. It wasn’t a bad experience.*

It was usual for lower level sexual activity to develop into a more highly intrusive range of sexual behaviour as illustrated in these two examples:

*We’d be in no clothes all day, you know. Especially when it’s hot.
Boys and girls. No such thing as clothes. So just touching, started quite early I’d say. I was about six.*
Int: Exploring your own body and others?

*Yes, and others. You know, touching each other. It's a natural thing to do sort of thing.*

Int: And touching was as far as it went?

*Aw it got further you know, like intercourse and that. We all had a go I think. I'd be about nine when I first tried it.*

and:

*I remember once when I had a cousin stay with us. I would've been young, between five and seven. He stayed with us, and him and I slept in the same bed. And then he started sucking my penis.*

Int: How old was he?

*We were the same age.*

Int: How did you feel about that?

*Aw, I felt really good. Really, really good. And he stayed for about a week.*

The men associated these experiences with a high degree of enjoyment and pleasure. While many of the activities were between children of the same age, in all cases they also included sexual experiences with adults. By the time they were aged 7, all had sexual experiences with older uncles. Generally they were positive about the experience. For example:

*I still believe that what my uncle did to me didn't hurt me or anything. You know we loved him and he loved us. You know he'd get the whole group of us, boys and girls, and get us to masturbate him and all that. You know he'd do the same to us. He never hurt us physically or abused us or threatened us or anything like that.*

Int: It felt alright for you?

*Yeah, you know, I felt alright. I felt comfortable.*

Int: How old were you then?

*Aw, I'd say he started on me when I was about seven.*
Often the sexual pleasure was highly anticipated:

*I don’t hold any animosity towards my uncle. I used to look forward to him coming. I couldn’t get over the way I used to sort of hope that he’d jump into my bed. Sometimes he’d just jump into his own bed and I’d be really disappointed.*

All of the men in this subgroup developed a strong need when they were quite young to experience frequent sexual activity. They would often masturbate for long periods of time during the day, while peeping at, or fantasising about local children within the known network.

**Figure 7.3: Characteristics of Subgroup 2**

<table>
<thead>
<tr>
<th>Socialisation</th>
<th>Abuse experience</th>
<th>Sexual behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly sexualised early environment</td>
<td>Sexual experience with adults</td>
<td>High level of sexual activity</td>
</tr>
<tr>
<td>• Large families</td>
<td>• Positive and/or ambivalent experiences of abuse</td>
<td>• Excessive masturbation</td>
</tr>
<tr>
<td>• Considerable opportunity for sexual</td>
<td>• Sexual pleasure reinforced</td>
<td>• Inappropriate peeping</td>
</tr>
<tr>
<td>experimentation</td>
<td>• Abuse combined with love, nurturing and attention</td>
<td>• Deviant fantasy development</td>
</tr>
<tr>
<td>• Broad range of sexual activity,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including sexually intrusive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>behaviour</td>
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</tr>
</tbody>
</table>

**Abusive factors: Rules and sanctions**

The rest of the men in the study, five of the twelve men interviewed, had preadolescent sexual experiences that are consistent with Ryan’s (2000a) description normal or developmentally expected behaviours (see Figure 1.2). Within this subgroup (Subgroup 3) some talked of being ‘late starters’, as they gradually found out about sexual things. Like other young people entering puberty, they remembered being self-conscious as they started to show signs of sexual development:

*I can remember being, being, I can remember being super – all of a sudden being real conscious, you know, when I started growing pubic hair and things like that, you know? I started getting real sort of (laughs) sensitive. I started to need to change on my own, you know, bathing myself, and showering, things like that. I was super conscious.*
Others talked of ‘show and tell’ games and noticing their developing sexuality, games they said were not ‘sexual’:

*Okay, I played doctors and things like that, but they weren’t actually sexual. That was just playing around. It wasn’t sexual, it didn’t seem to me, my memory of it wasn’t a sexual thing.*

While the men’s sexual development in this group did not seem to be unusual, a common feature of their experience included a strongly controlled environment. Sometimes this included harsh physical sanctions for perceived misdemeanours (where most behaviour was perceived as a misdemeanour). Many of the men in this group came from families that were physically abusive. The experience of this man was not uncommon within the group:

*He (dad) started off with his hands, then he went to his fists. Then he went to a razor strap after someone had pointed out that using his fists wasn’t on. Then when I cut that up and chucked it under the house, he went to a tomato stake. ...And it finished up with an lump of wood, and then went back to his fists.*

Harsh discipline was often used to maintain control within the household:

... *We weren’t allowed to talk at meal times*

Int: *So there were strict rules around what the children were allowed to do?*

*Kids are there to be seen and not heard. That was what it was like.*

Int: *What happened if you were heard?*

*You got a clip around the ear hole and made to go to bed without dinner. Sometimes we would have things beaten out of us.*

Others in the subgroup had experienced sexual abuse as an older child (11-12 years) which resulted in them being caught in single restrictive relationships that prevented them from developing relationships with others. This meant that they missed out on important age appropriate socialising experiences as their lives became constrained by the abusive relationship. For example, one man was sexually abused by an older male when he was 12 years of age. This continued until he was 16 years during which time the boy did not associate with other young people of his own age,
either male or female. He commented that he felt uncomfortable with other young people, and did not know how to approach girls.

In addition to the controls that were a strong feature of the boy's development, they also had other vulnerability factors that interrelated with their abuse. Some had physical vulnerabilities (e.g. extreme thinness), some were emotionally constrained (e.g. extreme shyness), while some had problems with emotional dysregulation (e.g. strong feelings of anger/resentment with corresponding behavioural responses). These vulnerabilities made them susceptible targets. Social isolates, the men often experienced childhood humiliation and were the target of jokes. This was one of many similar stories told during the interview:

*Being made a fool of, yeah. I remember in primary school, I went across to the secondary school side and I needed to go to the toilet. They told me where to go, and they told me the wrong end, you know, down there. And I couldn't find it, and I ended up wetting myself. And everybody laughed... I couldn't never understand why people wanted to hurt, upset and make a fool of somebody else.*

Quiet, nervous, and withdrawn children they also became susceptible targets of sexual abuse. The attention often filled a void in a lonely life:

*It used to make me feel really secure. You know, because I was his and I wanted to be his. I wanted him to stand up for me, and he did. He was loyal to me too. Um, and so he actually filled, he filled that part of my life where I was sort of you know, lonely. He used to really look after me.*

While experiencing a normal early sexual socialisation, this third subgroup is characterised by a highly controlled family environment that often contained physical abuse and sometimes, sexual abuse. Already low in personal self esteem, their personal vulnerability factors further enhanced their target susceptibility:
**Figure 7.4: Characteristics of Subgroup 3**

<table>
<thead>
<tr>
<th>Socialisation</th>
<th>Abuse experience</th>
<th>Additional factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal or normal exposure to sexualised environment</td>
<td>Physical abuse and harsh sanctions</td>
<td>Vulnerability Factors:</td>
</tr>
<tr>
<td>• Age-appropriate sex play</td>
<td>↑ high controlled family environment</td>
<td>• e.g. extreme shyness, unusual physique</td>
</tr>
<tr>
<td>• Usual puberty transition</td>
<td>Sexual abuse (aged 12+)</td>
<td>• Emotional disregulation</td>
</tr>
<tr>
<td></td>
<td>↑ high controlled sexual environment</td>
<td>• Low self esteem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• High need to please</td>
</tr>
</tbody>
</table>

**Etiological pathways**

The experiences of the men in the subgroup analysis have been further explored within the context of Wards Etiological Pathways Model (in press), and are described in Figure 7.5 below:
Highly sexualised early environment
- Broad range of abusive activity with adults
- Sexual activity normalised and associated with pain, distress and abandonment

Subgroup 1
High level sexual activity
- ↑ level of abuse
- Deviant sexual experience ++

Pathway 1:
- Dysfunctional ideas about children's sexuality
- Deviant sexual arousal
- Idealised relationships

Subgroup 2
High level of sexual activity with children and adults
- Positive and/or ambivalent reactions
- Abuse not considered abusive
- Abuse associated with love, nurturing and attention

Pathway 2:
- Sex/intimacy confusion
- Vulnerability = sexual need
- Highly sexualised relationships
- Non-lasting relationships

Subgroup 3
Physical abuse
- Highly controlled environment
- Low self esteem + low social skills

Pathway 4:
- Problems with emotional regulation
- Emotional structures unidentified and uncontrolled
- Punishment informed abuse strategy
The men in Subgroups 1 and 2 who had a highly sexualised early environment fit well within Ward's Pathways 1 and 2 (See Figure 2.3). To briefly recap, men who demonstrate the characteristics of Pathway 1: Multiple Dysfunctional Mechanisms, have distorted sexual scripts which create deviant sexual arousal, tend to idealise relationships and have dysfunctional ideas about children's sexuality. By comparison, men who are characterised by Pathway 2: Deviant Sexual Scripts and Relationship Schema, while also having distorted sexual scripts, in addition they have dysfunctional relationship schemas. Confusing sex and intimacy, they often perceive relationships in sexual terms, have difficulty maintaining relationships, and frequently experience rejection. The men identified here in Subgroups 1 and 2 all appear to have distorted sexual scripts that have caused them to interpret intimate or sexual encounters in certain ways. According to Ward:

...(T)he nature of the abuse experience bestows content to the sexual script concerning a preferred or typical partner (e.g., an adult), type of sexual behaviours to be engaged in (e.g., masturbating adults), context of sexual activity (secrecy and favour giving), and cues that signal the onset of sexual activity (e.g., feeling sad, lonely, or angry behaviour on the part of an adult). The type of distortion in a sexual script will be a function of the kind of sexual practices the child is exposed to, the nature of the relationship with the abuser, and the coexistence of violence or other abuse experiences (Ward, in press: 26).

Consistent with this analysis of script development, the nature of the sexual scripts for the men in Subgroups 1 and 2 were quite different and strongly reflect the experiences they have had as children. Interestingly, all the men in the first subgroup who were severely abused have characteristics that are consistent with Ward's Pathway 1 profile (Multiple Dysfunctional Mechanisms). Perhaps because of the damage inflicted upon them by their own abuse, they demonstrate most strongly the deviant sexual arousal within the four clusters (deviant sexual arousal, intimate deficits, emotional disregulation, and cognitive distortions). They also consistently exhibit dysfunction in other areas. For example they have a tendency to idealise their relationships. Sometimes this was a consequence of them being disappointed with their adult relationships, usually concerning sex. Sometimes the idealising of the relationship reflected a rigidity of ideas about the kind of sexual behaviour that is appropriate or desirable within those relationships, which ultimately becomes unsustainable. Deviant sexual arousal creates a powerfully compelling need for
them to abuse children, the intensity of which is illustrated in the words of this man recalling the first time he abused a child:

When I first touched her, I was really shaking. I didn't, you know I was rubbing her legs and, I started to shake and I, and I knew. I knew that this was wrong. Um, but that need was so great. That's something I can't describe, that, that need to touch her was so, it was, it was like destiny. I can't describe it.

They also demonstrated entrenched cognitive distortions as illustrated in this man's words:

I never penetrated her with my penis or anything like that. I did it with my finger. As a matter of fact she liked it. Because I was supporting her as a stepfather. I took on the smallest one because she needed a lot of love.

In contrast to this group, Subgroup 2 men who experienced a highly sexualised early environment, many aspects of which were highly enjoyable even when sexually exploitative, fit consistently with Ward's Pathway 2 profile (Deviant Sexual Scripts and Relationship Schema). Like the men in Subgroup 1, the four men in this group also indicated distorted sexual scripts, and had become prematurely sexualised mainly through significant exposure to a wide range of sexual behaviour and sexually exploitative behaviour. The men in this group expressed positive feelings about their abusers, often saying that they did no harm, and that they loved them or enjoyed their attention. This mixed message about love, intimacy, and sex can be seen to have a number of potential consequences. Firstly, it may have influenced their relationship schema (consistent with the Pathway 2 profile) in the sense that their capacity to separate trusting relationships from exploitative relationships, appropriate sexual relationships from inappropriate relationships, and intimate relationships from physical relationships becomes confused. As adults, the men in this subgroup had significant difficulties in developing enduring relationships finding them ultimately unsatisfying. Secondly, the mixed messages about intimacy and sex may also cause them to confuse sexual cues (Ward, in press). The men’s highly sexualised perceptions were sensitive to all types of responses from others and it is likely that they would have been at risk of misinterpreting behaviour as sexual. Also, most of these men demonstrated a drive for impersonal sex, either by promiscuous behaviour with women or children, or by excessive masturbating and/
or peeping. Even when the men were in existing relationships, they continued this, at times, indiscriminate and impersonal sexual activity to satisfy their sexual need. None of the men in this group managed to sustain interpersonal relationships; these were irrevocably damaged by their sexual activities.

The seven men discussed in Subgroups 1 and 2 above, all indicated the early development of distorted sexual scripts. However, it would seem that not all men who molest children develop such scripts. Sex offending is a complex phenomenon that cannot be explained by single causal mechanisms. The men described in Subgroup 3 have experienced a minimal to normal exposure in terms of early sexualised environment, but nevertheless followed an offending pathway. Ward's Pathways 3 and 4 can be used to explore these men's experience (Figure 7.5). Again to recap, men who demonstrate characteristics of Pathway 3: Intimacy Deficits, have normal sexual scripts, but tend to have developed insecure attachments which result in problems with adult relationships. They tend to develop maladaptive strategies to avoid unsuccessful adult relationships, often experience considerable feelings of loneliness, and substitute children as surrogate partners. Men who are characterised by Pathway 4: Emotional Dysregulation, also have normal sexual scripts, but have problems with emotional regulation, their emotional structures often being unidentified and uncontrolled. They link sex with emotional wellbeing, and use sex as a soothing strategy. They use children to satisfy sexual need, and to punish partners.

Three of the seven men in Subgroup 3 had experienced what would be considered a normal early sexual socialisation, but had then been exposed to sexually exploitative behaviours when they were 11-12 years of age. Two of these three also experienced physical abuse as a child. All three had significant physical vulnerabilities that weakened their self-esteem and created difficulties for them in terms of developing relationships with others. For example, one man was painfully thin as a child. He would not participate in physical activities and his level of self-consciousness about his physique created a barrier to his ability to respond normally with other children. He also became the brunt of practical jokes that made him withdraw even further from contact with others. Despite this alienation from others, these men consistently demonstrated a need to please and seek approval. This man's words captured the feelings of others in the group:
It's been a problem of mine, and I've always felt it's really important to, to um, impress people. To be liked. It's been really, really important for me to be liked. I can't stand, I hate being rejected.

This need to connect with others was constantly thwarted for them by the very strategies used to develop relationships. Partners became 'smothered' by the men's acute intimacy needs, causing them to feel further rejected and lonely. At times of acute loneliness these men rather 'fell into' pseudo-adult relationships with children as a way of relieving this high level of emotional neediness.

The other two men in Subgroup 3 exhibited very different responses. Again, they experienced an early sexualisation within normal range, but they were subjected to high levels of physical abuse and considerable constraint and control within their family environment. The background and responses of the first of these men seems consistent with Ward's Pathway 4 analysis indicated by emotional disregulation. Men within this pathway will have normal sexual scripts, but will have problems with utilising social supports and modulating negative emotions. Anger and emotional disregulation is a consistent pattern within this profile, and children are used to satisfy sexual need and punish their partner. The man discussed here, demonstrated considerable anger and resentment toward people in his family, his partner, and the systems he confronted. While one might expect a person in his position to be angry at what he considered to be unfair treatment (by his account, unfair charges laid against him, inaccurate description of his offences, lies and manipulative behaviour by his wife, dishonest and untrustworthy behaviour by his relatives), his responses, nevertheless, were considerably more aggressive and resentful than any of the others interviewed. He consistently took delight in the thought of punishing others, for example, showing his parents that his brother was not the 'golden boy' they thought him to be. Here he talks about his relationship with his wife, the couple problems they had, and how this related to his behaviour toward his stepdaughter:

Instead of confronting the issue, which was our relationship problems, I tried to punish her for what she was doing as a result of our relationship problems. And I tried to use her daughter to do

1 This man was in prison because of offences relating to his stepdaughter.
that. That's why I did it. And our relationship problems centred from me being, assertive to aggressive. When things went wrong. And according to her that made her afraid of, actually opening up to me. I don't quite believe it but I'm beginning to accept it.

He was intensely angry that he did not have a 'normal' family relationship within which he was loved and nurtured. He had waited until his marriage before having sex with anyone (a family script that was strongly reinforced), and he saw marriage as the solution to his unhappiness. Despite the fact that he went into marriage with the knowledge that he lacked social skills, relationships skills, and the capacity to understand the workings of a 'normal' family, he believed that being married was what he needed for his own emotional wellbeing. Perhaps not surprisingly, the marriage did not fulfil these expectations, and, instead, he found himself as a passive recipient of abuse and disrespect.

It is interesting that the early experiences and adult offending patterns of eleven of the twelve men interviewed fit reasonably readily within the context of Ward's Pathways analysis. However, while this has usefully demonstrated the potential of the model, its general robustness would need to be tested by a larger number of participants than has been presented here. It is also interesting that the twelfth man interviewed, while demonstrating some of the characteristics that are consistent with Ward's Pathway 5: Antisocial Cognitions, the model fails to capture the essence of his pattern of experience and offending. While indicating a normal sexual script development, and demonstrating elements of personal superiority (consistent with the Pathway 5 profile), he does not indicate pro-criminal attitudes or anti social tendencies in the usual sense. His adoption of a gay lifestyle does, however, distinguish him from the other men in the study, and in this sense he is outside social norms with respect to sexuality. Whether this could indicate an alternative version of Pathway 5 which embraces alternative sexuality rather than anti social tendencies, or whether the pathways model generally is better able to examine the nature of heterosexual experience would be an interesting issue to explore in future studies.
RESILIENCE

The second area to be discussed within the thematic analysis is resilience. Consistently during the interviews the men talked about how they coped or did not cope with their experiences. The ways in which they tried to protect themselves, and yet were constantly targeted, and how their lives seemed totally void of serendipity is explored in the following section. Again the discussion is framed around interrelated themes: discontinuities and resilience building.

Resilience factors: Discontinuities

All but two of the men in the study had experiences in their lives that created discontinuities. For eight of these men this involved separations from parent figures, the reasons for which varied. Four of the men experienced family breakdown, with parents separating while they were in their early childhood. This often created an unexpected crisis in their young lives:

*We moved when I was five years old. We were dragged away from there. Ah my mother remarried, lived with a guy - I don’t know, so he became my stepfather.*

**Int:** When you say you were dragged away, what do you mean by that?

*Well I, I remember being like, five, you know, not much aware of things. But I really didn’t want to leave my father at that stage.*

**Int:** So your parents were separating at that time?

*Yeah, it was my mother’s wish to leave him, so we had no choice in the matter. I was just picked up from school one day. I never went home. We came straight down here.*

For some, these separations also included periods of neglect and lack of parental care:

*It’s strange because sometimes my mother was there, sometimes she wasn’t. We just didn’t know. I mean, I think I remember seeing my father once, um, he’d come back. But he didn’t stay for long.*

**Int:** Where did he go?

*Um... I don’t know.*
Int: When your mum wasn't there, who looked after you?

_I looked after - the best way I could - my younger brother. It was just us really._

Int: How old were you then?

_Ah, about four or five._

Three of these men experienced institutional care as their parents were unwilling or unable to look after them. This created considerable disruption for the children, often subjecting them to abuse in foster care, or strict regimes in institutional settings.

The other four men who had periods of time away from their parents experienced some kind of in-family alternative care arrangement. Three of these men were Maori and the move was not unusual as many Maori families at that time shared the care of children. It worked out positively for two, but for the other it was a distressing move:

_I stayed with my grandparents for about a year_

Int: Why was that?

_Um, they came to adopt my older brother, and he didn't want to go. So guess who put up their hand? (laughs)_

Int: Did you want to go?

_No. Someone asked me. And I wanted to say no and I couldn't. I said yes._

Int: Sometimes it's hard to say no isn't it?

_Yeah, yeah. Sure is. So I got adopted. (laughs) I adopted myself out!_

Int: Did you see much of your parents?

_No. I was with my grandparents for about a year, year and a half. But I was pining that much, that in time they sent me back._

Sometimes the in-family care involved the boy's exposure to sexual abuse, as was the case for the Pakeha in this group. For him, the move to live with his uncle was
the beginning of a horrific period during which he was systematically abused both physically and sexually.

The remaining two men whose lives were affected by change experienced discontinuity of another kind. Both men's fathers worked away from home and as a consequence, they rarely saw them. For one, the father figure was just absent, a man that came and went with seemingly little connection with the family. For the other, the father was used as a threat – "when your father comes home he'll...." Both men in this situation had extreme difficulties developing relationships with others during childhood, and had intimacy/relationship difficulties with women when they were adult.

According to Gilligan (1997), one of the three 'building blocks' of resilience is a secure base. This is reflected in the child's capacity to develop secure attachments and has the effect of supplying a secure base:

A young person's sense of secure base is cultivated by a sense of belonging within supportive social networks, by attachment relationships to reliable and responsible people, and by routines and structures in their lives (Gilligan, 1997:16).

Few of the men in this study would have been able to achieve this 'building block' of resilience. The men who did have routines and structures in their lives tended to experience impoverished relationships at home and were unable, either because of external constraints or a lack of social skills, to build a network of supportive relationships outside the family. The other two 'building blocks' of resilience that have been identified by Gilligan are self-esteem, and the child's sense of self-efficacy. Each of these will now be considered in the context of the discussion of resilience.

**Resilience building**

The idea that risk and protective factors are important to a developing sense of resilience has been developed in the literature in recent years (Werner & Smith, 1982, 1992; Rutter, 1985; Masten, 1994; Gilligan, 1997). Compas, Hinden and Gerhardt (1995:273) have outlined risk and protective factors as follows:

(R)isk factors are those characteristics of the person or the environment that are associated with an increased probability of maladaptive
developmental outcomes. Protective factors are hypothesized to interact with sources of risk such that they reduce the probability of negative outcomes under conditions of high risk but do not show an association with developmental outcomes under low risk.

In the literature, intrinsic factors have been identified that include the child’s own contribution to the development of resilience, and extrinsic factors that promote resilience including family and wider community contribution. Within this study both intrinsic and extrinsic factors have been identified, and a discussion of these frames the following analysis. For the men in this study it is clear that both intrinsic and extrinsic protective factors have been used as a strategy to protect the child, and sometimes this has contributed positively to the child’s sense of self. However, sadly, at other times the strategies adopted have tended to reinforce existing risk factors with the effect of further increasing their vulnerability.

**Resilience: Intrinsic factors**

Most of the men that were interviewed had either physical vulnerabilities (e.g. extreme thinness, speech defect, hearing problem) or personality characteristics (e.g. extreme shyness, slow learner) that made them susceptible to bullying at school and abuse at home. These characteristics often got the boy into strife. For example, this boy could not gauge what things got him into trouble and what areas he needed to keep clear of:

**Int:** Did you know what things would get you into trouble?

*No, no, I used to always, always get hidings for the same things. I was a bit, I suppose, I was a lot slower than my brother who was a year older than me. He seemed, seemed to get in less strife than I used to.*

Physical disabilities created situations where the boy felt picked on and humiliated. For example this boy had a hearing disability:

*I had embarrassing experiences. Like I’d go all the way to school with my pants on back to front. And people would try and tell me, but I couldn’t hear them, didn’t understand them. I thought they were just making fun of me. I had this impression of, of the outside world, that people were always pointing the finger at me and laughing all the time.*
Being a bit slower, being shy, or having a hearing problem and wanting to please everyone all the time, often gave the impression of naivety:

\[ I \text{ used to get picked on quite a bit in school because I was ... I believed things. People tell me something, I believe them. I still do it now. If somebody tells me something then I've got no reason, to misbelieve them. I believe them and I get sucked in. I was always getting sucked in. That was a big problem I had when I was a child. I used to get targeted by other kids. } \]

Often their experiences caused them to withdraw from others. This boy was troubled with nervous psoriasis:

\[ \text{It affected my growing, my own self image and so forth. Because when people were talking to me all I could see them doing was looking at the scabs. I was covered. My face, me hair, my whole body was absolutely covered. I still have odd areas of it now, and still have the effects. Because of it I steered away from people. I, I just withdrew in myself.} \]

This act of withdrawal is an example of a strategy that was used by many to reduce their exposure to risk. Sometimes they combined their withdrawal with solitary activities such as reading. Others made active attempts to fit in, for example, rugby even though they did not enjoy it. Sometimes sport put them at risk. One man described being sexually abused when he went to softball, a sport that he used to love.

Trying to build some resilience against the effects of abusive experience was a common feature of the men’s response. One man talked about always thinking the worst, then when it didn’t happen he felt better. Another blanked his mind to the abuse:

\[ \text{It got to the point when my mind would go blank when he was doing things like that to me. Or I would hold on to something warm. I knew that it made no difference whether I yelled or whether I said nothing. Nobody's going to know. So I just took it.} \]
Sometimes they would seek safety outside the family:

_Sometimes it was a free-for-all. My only way that I need to counteract any of that was to always end up in hospital. Make out I was sick, because it was the safest place for me to be. When they said there was nothing wrong with me I would go “there is!” (crying). I didn’t want to go home._

Some of them men tried to protect others from abuse and it made a great difference to them to feel themselves as the ‘protector’. However, in one of the more poignant descriptions of how one of the men protected his brother from an abuse-ridden environment, he later realised he had not been a protector at all:

_I would do everything I could to, to help him. I’d let no one touch him. I thought, well if its gonna be, it will be me. I’d help him and I always took it instead of him. I thought I’d got round it. But then I found out it was happening to him too. Everything I did was for nothing. I’d I’d done, done done it all for nothing (cries)._  

Along with a secure base, the development of self-esteem has been identified as one of the important building blocks of resilience. According to Gilligan (1997:17) central to self-esteem is the person’s sense of competence and worthiness, and intrinsic to this is “some comparison by the individual between how they would like to be and how they think they actually measure up”. How the men measured up to their own expectations, and the expectations of others, was something they were constantly aware of. The above example is just one of many in which the men tried to take control, accomplish tasks, or successfully manage difficult processes in their lives. Often they were thwarted in their attempts, or their deeds remained unnoticed. They did, nevertheless, consistently demonstrate the need to try; however their environment provided little cushioning potential and opportunities to support success were rare or inconsistent.

Although many of the men had experienced impoverished family relationships, there were times when action by family, or others outside the family, had been resilience building, with sometimes positive, sometimes negative effect.
Resilience: Extrinsic factors

Childhood bullying presented a significant problem for the men in the study, many of whom were victimised by others at school. Parents, concerned about this encouraged them to 'fight back'. However, as a strategy for a shy quiet child this did not tend to be successful:

Dad was always, you know, hit 'em back, you know, hook back into it. The bigger they are the harder they fall - but that doesn't work you know. I know that's supposed to be true. But it just doesn't work, or it didn't work for me. It doesn't work for a quieter person like myself.

Sometimes boys were encouraged to take up more aggressive sports such as karate, but often such activities were not in the nature of the child:

I liked, I enjoyed the practice stuff on my own. But when I had to fight other boys, well, I left. That's when I lost interest. I don't like competition. I don't like single competition and I still don't. I still don't.

The strength and confidence needed to be successful in this type of sport was often beyond many of the men as boys. When initiative was evident, it was not always fostered. For example, this man talked about playing school rugby:

Yes, I had some good experiences at school. But my school teacher, when I was in standard six, didn't like me, and I didn't like him. And, I wouldn't forgive him for what he did. I was chosen to play for the rugby reps, but you had to be nominated from your school first, and he wouldn't.

While the men could readily bring to mind cruel or thoughtless actions toward them, they often could also remember moments of kindness. Even brief experiences when adults demonstrated care toward them were remembered as significant moments in their lives, making a difference to the way they perceived the world. For example, this man remembers a woman who gave him and his brother food when it seemed like nobody was looking out for them:

There was one particular lady that came in. I remember her. She gave us something to eat. It was a pie. An apple pie. We smiled at
her and she smiled back. She, she stayed for a bit. It wasn’t long but I remember it.

When kindness was extended from a parent, it was particularly welcome. This man spent some of his time in a children’s home and he talked about visits from his father:

He was big, and he was, well he picked me up you know, and aw shoot. But it was just so.. I was so pleased to see somebody, and when he picked me up, I mean I just felt .. aw I felt alive. I felt, aw, you know, you’re coming to get us. And he said “I can’t yet. But I’ll see you every week”. And, aw, yeah, you know, mum had said that but she never came. But dad did. He started coming every week.

Sometimes resilience-building strategies were confusing for the child, but curiously, they felt they had worked in the longer term. This man spoke of the thrashing he received from his uncle when he got lost:

I was about nine when I got, when I got, lost. I got lost, I got lost in a bush. By the time I got out it was dark. And I got whipped by my uncle for that. You could drop me anywhere in this county and I’d never get lost. But, that time - it was terrible to get whipped after being lost. But I think it stopped me from panicking. I don’t think I’d ever panic again. I did panic when they put me in jail, and I couldn’t see daylight. I had a bit of claustrophobia. But I remembered those sort of things. I remembered them for a reason.

Developing a sense of self efficacy is the third building block of resiliency that has been identified by Gilligan (1997). He argues that parenting style can be significantly influential in terms of the child’s development of a sense of internal control or competence and that parents can “help children to believe they can make a difference in their situation or, on the contrary ... that they are ‘helpless’ children to whom life happens” (Gilligan, 1997:17). Within this study there were many times when the men, as boys, found themselves to be helpless and unable to control, manage or change what was happening to them. This inability to develop a sense of internal control and competence may also have impacted on their responses to risk situations in terms of their adult sex offending. For example, rather than exercising internal controls, the men often looked externally for control. After abusing a child one of
the men rushed to find a woman: “I met up with another, ... another woman, and I grabbed this relationship and took off”. Another looked to God for external control:

*I’ve developed a faith, you know a faith in God. When I was reading the Bible that first time. The first thing that really struck me was - at last here’s a set of rules that I can follow. I’d never really read it before. I’d read it and been told stories about it, but it never hit me like how it did then. And that was one of the thoughts that hit me - at last I have a set of rules that I can follow.*

Generally, the families of the men in the study provided little in terms of helping the children develop a secure base, a positive self-esteem, or a sense of self-efficacy. However, not all the men had negative family experiences. Some of the Maori men particularly talked of the strong family values they were taught during their childhood. They spoke about the importance of genealogy, of Maori protocol, honour and respect. One man in particular, whose story is explored within the context of a developmental trajectory analysis in the following chapter\(^2\) has returned to the lessons of his grandfather to help him through his offender treatment. On the face of it, this man would appear to have had much resilience building experience during his childhood. Other factors have been significant for him, particularly a highly sexualised early experience reinforcing a distorted sexual script and an increased vulnerability in terms of sexual offending. Pathways to offending are multifarious. While the men in this study have certainly had their share of harsh and often cruel experiences, resilience or resilience building is only one factor. Each man has a unique and complex set of experiences, learning opportunities, and personal characteristics that have interacted with his sexual and intimacy needs. According to Compas, Hinden and Gerhardt (1995: 273), the “recognition of individual differences in pathways of ... development is closely linked to interest in those factors that place individuals at risk for a negative trajectory.” Within this study a combination of risk factors can be seen to influence each man’s development across the life course and have been significantly influential in terms of their adult offending patterns. Having now thematically explored the collective stories of the men and drawn them together within the context of Ward’s Pathways Model, the next chapter will focus more narrowly on the individual stories of three of the men. Influenced by the life course perspective, the men’s stories are considered in greater depth and

\(^2\) See Joe’s Story: Sexualisation and sexual offending, Chapter Eight
their developmental trajectory mapped from early childhood through to adolescence, and on to adulthood.
Chapter Eight

Findings – Qualitative Interviews
Analysis 2: Developmental Trajectories

Following the life course concept of development, and in particular sexual development and sexual offending, this chapter will consider three of the interviews with the child molester group from a life course perspective. Whereas Chapter Seven drew together the collective stories and common experiences of the men and built them into the Pathways analysis, this chapter will explore each man’s unique story. The stories indicate that developmental trajectories or individual pathways, have been forged by a building block of behaviours and experience. Consistent with the life course approach, the men’s stories have been divided into three parts: childhood years, college years, and adult years. After illustrating each man’s trajectory across the life course, Ward’s (in press) Etiological Pathways Model will be used to further illustrate the way in which a person’s background, experience of vulnerability, and symptom clusters of offending mechanisms (emotional, intimate, cognitive, and arousal components) combine to define their unique offending pathway.

Childhood Abuse and Adult Offending

Bill’s story

Bill’s family were wealthy people. He was the second child of a large family that was split chronologically into two groups: the first set of three children, of which he was a part, then three younger children who were born when he was much older. He always felt the unwanted child:

_Bill:_ I was never wanted. I was told I was never wanted. It always hurt. It was one of my first memories. My sister was wanted, my Mother made a fuss of her, because she was the first girl the only girl at that time. I resented that because I felt really left out and put out. And my older brother, could do no wrong. He was, ... the pride and joy of the family.
His first memory of meeting his father was a frightening experience. For the first few years of Bill's life his father had been away at war spending an extended time in a prisoner of war camp. The night he returned home, Bill was asleep in bed, and his father woke him to meet him for the first time:

Bill: My first memories of him frightened the living hell out of me. I got woken up at night time. I remember this vividly. And I saw this bloody thing and these big, glass eyes and I freaked, and I screamed the roof off. Dad had this leather flying helmet on and these great goggles. And of course I'd look up out of bed, you know, all I could see was this bloody, great, giant thing standing there, Awww. Screamed the bloody roof off.

Ever since that time Bill has been desperately afraid of the dark. Even in prison as an adult, he has needed to have a night light.

Family relationships were fraught. Bill was bullied by his brother, and always seemed to get on the wrong side of his father resulting in severe beatings. At first Bill would cry, but gradually he became more active in his responses. He would work out plans to take revenge and would delight in getting his own back as well as showing his father that he couldn't hurt him:

Bill: As I got older, and I used to get up and tease him. I used to make fun and he would beat shit out a me. He would hammer me and I'd laugh, I'd laugh and oh, Dad nearly killed me. (laughing). One day I got a hiding from Mum, and one from Dad and of course, when my brother was better I got one from him too. But I loved it.

Marie: The revenge was worth the beating?

Bill: Oh yeah I laughed all the way through it. Of course he, when Dad was hitting me I screamed with laughter. I was actually bullet proof. I don't remember even feeling it, but he gave me a hell of a bashing eh. The more he hit, the higher I roared with laughter.

During his early childhood Bill remembers no demonstrations of affection. In fact, he remembers very little physical contact at all from his mother who was the sole parent during his early life:
Bill: She had hardly anything to do with me. Whenever she laid hands on me, to dress me or something, she always jerked me or pulled me or pushed me. It was never a caress or soft touch or anything like that so I learned to dress myself very early, at a very early age. ...I resented people touching me in the finish. I didn't like it, because I didn't know what it was going to lead to. And it became worse, um, when my Uncle decided he'd take me and bring me up.

Marie: Your uncle started to look after you?

Bill: Yes, I'd just started school. Ah, I lived with him and my grandparents for a while before anything happened. Both Nana and Grandad were still alive.

Bill's uncle had been keen to take the young six year old boy to live with him. Initially, Bill was pleased with the move. His uncle was kind and displayed much affection and attention toward him. The next year or so were relatively happy years. He liked living with his grandparents and uncle, although some of his uncle's behaviour made him feel uncomfortable. He would bathe the young boy, even though Bill told him he could do it himself:

Bill: I used to tell him I was big enough to bath myself, because I'd got to that habit at home. Mum never used to bath us.

Marie: You told him you could do it for yourself?

Bill: Yeah, but he'd still come into the bathroom and he would bath me and I didn't like that because, I'd gotten big enough to do it, you know. I suppose all kids like to be a little bit independent. And of course he would wash where he shouldn't and ah, take his time doing it. And, I'd get an erection, and he'd embarrass me about that. But he just kept doing it and I just got so used to it in the finish, I thought, well ...I didn't think about it, you know after the first three to four times. I couldn't work that out, it didn't mean anything to me. It was pleasant I suppose, but I never give it any real thought.

Within the first two years of living away from his parent's home, Bill's grandparents died and he was left alone with his uncle. Bill had been close to his grandparents, particularly his grandfather, and was deeply distressed when he died. On Bill's seventh birthday his uncle abused him seriously. This abuse not only damaged him

Chapter Eight
physically, but created confusion and deep distress. Bill poignantly described this pain and confusion, and his attempts to comfort himself:

Bill: I hid under the house. I had a big canoe that my grandfather made for me so I hid in that. And, ah, my uncle had a little, Scotty dog, that you see on the whisky bottle?

Marie: Yes, I know them.

Bill: Well, that dog went away and it came back and jumped into that canoe and had brought me a potato, a little bit of raw spud. And it stayed in that canoe with me all day... It did. And I just cuddled that dog and hid in that canoe.

Marie: What did you think about when you were under the house?

Bill: Well I didn’t know what to think, I was frightened, I was bleeding, I was sore, I, I didn’t know what to make of it. And I couldn’t work out what I’d done wrong, you know what I mean? I don’t know what I’d done. I tried to remember if I’d broken anything, or - I never stole, I mean it never even entered my mind to steal things. So, I never even thought about that. I just couldn’t - well I didn’t know what I’d done wrong. I wondered if I’d left some doors open somewhere, an’ horror of horrors, left the front gate open. That was about the worst thing I could think of that I could have committed.

This incident began a series of increasingly abusive experiences for Bill when his uncle introduced him to a paedophile ring. One of a number of boys abused within the ring, he was subjected to several years of sadistic sexual and physical violence of increasing depravity. A doctor involved in the ring would treat the boys when they were injured or infected. Once Bill tried to tell his mother, but this did not help:

Bill: She went bloody berserk. Shit, I can still get horrors when I think of that. She was doing the washing. And this bloody, big stick sitting on the copper. And she broke that over me, and kicked it, and a jug with, with the ironing cord, the old fashioned ones with the braid around them, and plugged in one end of the iron and the other in the wall. She done all of that an’, just beat me head over. Kicked the living bejesus out of me. Jumped on me and, gave me a hell of a hard time. Aw, she went right off her, bloody face...
Hence Bill's pre-college years were characterised by significant physical, emotional, and sexual abuse. His experiences during these early years have been identified along a developmental trajectory which can be found in Figure 8.1: Developmental trajectory – Bill.

**College years**

Bill suffered abuse within the paedophile ring for several years. During this time he was unruly at school, fighting with other students, teachers – anyone, with no concern for the consequences:

*Bill:* Fight? Aw, the bigger the better. And I got some shocking beatings. But the more you hit me, the worse I became. I kept getting up, and getting up, and getting up, and I wouldn't fight fair. If I knocked you down I'd, I'd then jump all over you. ...I never became a bully. I never picked on the weaker, in fact, quite the contrary. I championed them. Those that were being picked on, or starting beating up on a little, little kid, that was my signal to go and I charged into the fray, and I thoroughly... I loved it and I vented all my anger, through physical ... through fighting. School teachers, anything. I wouldn't care, I mean, I'd just, never give a thought to the consequences. I'd just sail on.

He had few supports at school, and he was unable to bring friends home, which increased his feelings of isolation:

*Bill:* I couldn't have a paper round, or a milk round or anything like that, no way. I was not allowed. I was discouraged from, ... he encouraged me not to play sport. He kept me away from that. Of course I took part in the school sports, but he wouldn't let me play football on a Saturday. And, ah, he wouldn't let me have friends at home. He would always have a reason that sounded good to me. So I never had any friends.

This isolation also meant that he did not have girl friends during his early adolescence. The only girl he really came into contact with was a girl introduced to the paedophile ring:

*Bill:* My first experience ... with, with a girl was when they bought a young girl into the, into the group and they said, to me, ... you have
to excuse the French. They said, "We want you to fuck her". So I sodomised her, because that's all I knew to do. I didn't know any other way. And they laughed. I remember that vividly.

Just before his fourteenth birthday, during a school discussion, Bill found out about homosexuality. He had heard the work 'poofter', used in a derogatory sense, and wondered what it was. The explanation created huge distress for him. Realising the homosexual aspect of the paedophile ring made him question his own sexuality.

Bill: And of course because I felt that I was one, and not by choice, I never looked at girls. I never looked at anyone in a sex, ... with a sexual, view in mind, ever. Um, I saw enough of that at home I think. Well I'd never considered my school mates as sexual partners, or school girls as sexual partners. It never entered my mind about girls.

This inner doubt so disturbed him that he left school on that day and never went back. Taking some of the film evidence of his abuse with him, he threatened his uncle with disclosure, left the house, lied about his age and joined the navy.

He loved being in the navy. It gave him an apprenticeship and taught him about life. However, his anger spilled over sometimes. For example, when one of the other sailors joked about him being naïve with women, raising the question of his sexuality, Bill beat him senseless. Almost to prove his heterosexuality to himself and others, he began going to prostitutes. He began to feel that his life was normal.

Again Bill’s experiences have been plotted along a developmental trajectory (see Figure 8.1).

**Adult years**

Bill struggled to develop and maintain relationships in his adult life. His early sexual experience left scars that created barriers to his enjoyment of sex. He was unable to participate in what would be considered normal-range sexual activity, creating tension and conflict within his relationships. For example, he would react negatively to sexual acts:
Bill: (My wife) had natural and healthy appetites. I didn't see it as such and she would, suggest something out of the norm. I would go bloody berserk. I would immediately go into a, a screaming, bloody tantrum. Call her a depraved bitch. And ah, will you listen to that bloody perversion. You know what I mean? And of course, that's very off putting.

Immediately after sex he would be compelled to take a shower to clean himself:

Bill: *I'm a compulsive showerer, I've spent hours in the bloody shower trying to get clean. And of course that is not a good thing to do. Only it makes the woman feel dirty and unclean. I've had numerous women, and it was all the same. The moment I've had sex, I'd have a bath or a shower and I'd stay out there until the water run cold.*

His marriage broke down, and a back injury resulted in him having to leave the navy. He was devastated by these events. Nevertheless, he kept trying with women, and he started building models as a hobby. However, he had a series of unsuccessful relationships with women, and also had humiliating experiences around sex. One day he overheard two women he had been with make disparaging comments about his sexual capabilities. This upset him profoundly and he never had sex with a woman again. For Bill, young boys were the perfect sexual partners. He felt able to control the sex, they were accepting of him, and they liked him:

Bill: *They're not judgemental. They're not criticising my bloody, sexual performances. I'd never, again wouldn't perform oral sex or let them perform oral sex, or anything like that, I wouldn't be amongst it, you know what I mean? And I thought well, it's a relief. And the boys made me feel like I was somebody. They met that need that,... I needed somebody to care for.*

Unable to relate to adults, and particularly adult women, he felt comfortable with the boys. The models that he made captured the boy's interest and he began to engage a number of the boys in sex. Entirely oblivious to their needs, he was unable to see the parallel processes in terms of his own abuse and his abuse of them. His adult trajectory is characterised by a series of unsuccessful relationships, and abuse of young boys. It is combined here with his pre-college and college years in a developmental trajectory:
### Figure 8.1: Developmental trajectory – Bill

<table>
<thead>
<tr>
<th>Childhood years</th>
<th>Extrinsic factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intrinsic factors</strong></td>
<td><strong>Extrinsic factors</strong></td>
</tr>
<tr>
<td>Felt 'unwanted'</td>
<td>Born to large wealthy family</td>
</tr>
<tr>
<td>Afraid of dark, frightened child</td>
<td>Father absent</td>
</tr>
<tr>
<td>+++ distress</td>
<td>Physical abuse by father +++</td>
</tr>
<tr>
<td>Revengeful responses</td>
<td>No physical affection during childhood</td>
</tr>
<tr>
<td>Initial response dislike, but became accustomed</td>
<td>Bullied by brother</td>
</tr>
<tr>
<td>Pleased with move</td>
<td>Touched by uncle in bath</td>
</tr>
<tr>
<td>++ initial feelings re move</td>
<td>Moved to uncle and grandparents aged 6</td>
</tr>
<tr>
<td>Deep distress +++</td>
<td>Uncle and grandparents kindly</td>
</tr>
<tr>
<td>Physical injuries, confusion +++</td>
<td>Grandfather dies</td>
</tr>
<tr>
<td>Told mother, physically beaten</td>
<td>Uncle sexually abuses causing injury</td>
</tr>
<tr>
<td></td>
<td>Sexual abuse by uncle +++</td>
</tr>
<tr>
<td></td>
<td>Introduced to and used by paedophile group</td>
</tr>
<tr>
<td></td>
<td>+++ physical, sexual and emotional abuse</td>
</tr>
<tr>
<td></td>
<td><strong>Age 12 goes to college</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College years</th>
<th>Extra</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intrinsic factors</strong></td>
<td><strong>Extrinsic factors</strong></td>
</tr>
<tr>
<td>Unruly at school</td>
<td>Continued exposure to paedophile ring</td>
</tr>
<tr>
<td>+++ aggressive behaviour</td>
<td>Isolated from peers by uncle</td>
</tr>
<tr>
<td>numb feelings re abuse</td>
<td>↑ sadistic experience</td>
</tr>
<tr>
<td>+++ distressed feelings</td>
<td>No 'normal' childhood sexual experiences</td>
</tr>
<tr>
<td></td>
<td>Understood concept of homosexuality (age 14)</td>
</tr>
<tr>
<td></td>
<td>Leaves school (aged 14)</td>
</tr>
<tr>
<td></td>
<td>Paedophile activity stops</td>
</tr>
<tr>
<td></td>
<td>Joins navy underage</td>
</tr>
<tr>
<td></td>
<td>First experience with woman prostitute</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult years</th>
<th>Extra</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intrinsic factors</strong></td>
<td><strong>Extrinsic factors</strong></td>
</tr>
<tr>
<td>++ feelings about navy life</td>
<td>Continued in navy</td>
</tr>
<tr>
<td>distress ++</td>
<td>Back injury results in leaving navy</td>
</tr>
<tr>
<td>negative attitudes toward sex</td>
<td>Starts building models as hobby</td>
</tr>
<tr>
<td>internalised shame, +++ distress</td>
<td>Series of unsuccessful relationships with women</td>
</tr>
<tr>
<td>Unable to relate to adults</td>
<td>Humiliating experiences with women ++</td>
</tr>
<tr>
<td></td>
<td>No further sexual relations with women</td>
</tr>
<tr>
<td>Begins to idealise relationships with boys</td>
<td>Contacts with young boys begins</td>
</tr>
<tr>
<td></td>
<td>Small group activities with boys</td>
</tr>
<tr>
<td></td>
<td>Sexual abuse of boys</td>
</tr>
</tbody>
</table>
Using Ward’s Pathway Model, Bill’s experiences can be seen to be more consistent with Pathway 1: Multiple Dysfunctional Mechanisms. Within this pathway, a person will have distorted sexual scripts that often reflect a sexual abuse history. Bill’s early desensitisation to sexual touching, sadistic linking of pain and pleasure, and the depraved demands of the paedophile ring impacted significantly on Bill’s ability to respond positively to sexual activities as an adult, and created tension within his adult relationships. These distorted sexual scripts increased Bill’s vulnerability to commit sexual offences in that he sees young male children as ‘ideal’ partners, and this increases the risk of him acting out his paedophilic interests. His unsatisfactory sexual relationships with women, reinforce the ‘rightness’ of his relationships with boys. The ridicule he was exposed to from women damaged further his already beleaguered self-esteem. In becoming his preferred sexual partners, the boys provided a safe set of relationships that he felt good about and which impacted much more positively on his sense of self.

For Bill, the four common clusters of problems (deviant sexual arousal, intimacy deficits, inappropriate emotions, and cognitive distortions) that interact with wider systemic influences, are strong factors in his interactive processes and behaviour toward others. His early family environment characterised by a faulty learning history, lack of attachment and warmth within his parent/child relationships, and his extensive sexual abuse history, increases his vulnerability and its potential to interact with and reinforce the four common clusters. From here the pathway toward sexual crime has developed with its own unique identity.

The second case study to be used in this chapter, involves a man who has been raised in a generally supportive family, but whose personal vulnerability has created an intense, unsatisfied need for intimacy.

**EMOTIONAL INTIMACY AND SEXUAL OFFENDING**

**David’s story**

David was in prison for sexually abusing a female child over a number of years.

David and his family are Pakeha. He is one of four children raised, he says, in ‘pairs’ with significant age gaps between the two groups. David’s mother generally
provided the primary caregiving. His father's job involved a good deal of travel and he was away approximately fifty percent of the time. Until his parents separated when he was a teenager, David remembers his family life as being warm and supportive. Family members were demonstratively affectionate and strong bonds were encouraged. Although he imagines that there may have been some tension at home between his parents prior to them separating, he was not aware of it and remembers the family home as a 'happy' place. Although generally quite happy at home, David described himself as a quiet, passive and very shy child who was self-consciously thin:

David: I was very quiet, very quiet, withdrawn, child. Um, I was quite happy. I wasn't very adventurous. (Sighs). And I was quite shy. Um, I changed all that, in later years. I, I changed, and I ... I was completely opposite. (laughs) But in my younger days, I was, very shy. I, I wouldn't wear short pants, I'd always, you know, I'd want to wear longs, and obviously long sleeves. I was, I was very conscious of being skinny.

He was quite naïve and often bore the brunt of other children's cruelty:

David: I could never, ... I could never understand why kids were so cruel (sighs). Because the kids, ... I used to get picked on quite a bit in school, an' because I was so skinny. Also, I believed things people told me. I still do it now. I still, I still, if somebody tells me something then I've got no reason, to, to misbelieve them. And I believe them and I get sucked in. But um, (laughs) but ah, that was a big problem I had when I was a child. I used to get targeted by other, ... other kids - be made a fool of. They used to tell me to do something, go somewhere, do something. And I realised that it was something I wasn't allowed to go. And everybody would laugh. Um, I, remember in primary school, I went across, ... I was crossing the high school side I needed to go to the toilet. And they told me to go to the wrong end, you know, down there and I couldn't find it and I ended up wetting myself. And everybody laughed, and, you know, and things like that, you know.

He told his parents of the treatment and his father told him to fight back. However, ultimately, these strategies were unsuccessful as he did not like to fight and was, essentially, non-aggressive.
Boundaries and privacy were respected in the family household, and while David and his sister were treated as a ‘pair’, and were bathed together and so on, once his sister began to mature she was moved to her own room. David remembers little about his sexual experiences during his pre-adolescence. When he was about eight years of age, however, he does remember playing ‘doctors and nurses’ with another girl of the same age, but he did not consider this sexual:

David: I think I was about eight. Um, what was involved? Ah, the usual (laughs). Just, "you show me yours, I'll show you mine." And I think um, did we sort of. I seem to recall sort of um, playing straw, ... straws and things and trying, to put them in, into her vagina. Things like that. It didn’t develop, very much. It happened two or three times. We were basically on a doctors and nurses sort of basis. I can’t remember it being actually sexual,... sexual thing. I can’t remember it being sexual arousing or any thing like that. But I remember sort of, I remember thinking how, I remember, thinking how different, her anatomy was, than to ours, to males, and boys.

He learned about masturbation in his late pre-adolescence from other boys at school, and, gauged by them, he considers himself to have been a ‘late developer’.

Seen from a life course perspective, David’s early childhood can be identified as generally happy at home, but with experiences outside the home that impacted on his self-concept and esteem. His pre-college years have also been presented along a developmental trajectory and can be seen in Figure 8.2: Developmental trajectory – David.

College years

David’s early teenage years were eventful both for him, and in terms of the family and its stability. When David was twelve years of age, he was abused by a work friend/colleague of his father. The abuse continued over a four-year period. David was a loner as a young person, often spending time on his own, and not able to connect with others. He was still very thin, and he continued to feel self-conscious about the way he looked. Describing the beginning of his experience with the older man he points to the way in which it relieved some of his loneliness:
David: He came along and he gave me, ... he sort of, ... he made me special. And he did, he treated me really special. I was his. And I liked that, I liked, I had somebody of my own. And um, so he filled that gap, you know. He filled something, the void in me then. Um, and he was sensitive to me, you know. ... It used to make me feel really secure. You know, because I was his. I wanted him to stand up for me, and he did. He was loyal, to me too. Um, and so he actually filled, ... he filled that, that part of my life, where I was sort of, where I was, I, you know. I looked forward to it, being with him. And you know, and, and I could ask for things and he would, he would give them to me. And he used to sort of really look after me.

He did not consider the man's behaviour abusive at the time. He was sure that the man loved him and meant him no harm. Nevertheless, the relationship confused him. On the one hand, he enjoyed the relationship, on the other, it filled him with questions about his own sexuality:

David: It confused me, because I thought I was gay. Because it was two guys. I thought I was gay, and I, ... I had a, ... I did have a problem, I thought you know, am I gay? Am I a poofter? But I didn't know, I didn't really know what gay was.

As a child and young person, David always felt the need to please others. He felt acutely what it was like to be rejected and this need to please and be liked featured strongly in his relationships with others. It was an aspect also of his relationship with his abuser:

David: I can honestly say that I enjoyed a lot of it, Um, I think he exploited me a bit, because I was such a passive person, that, you know, sometimes I didn't want to become sexually engaged and I indicated that, but he insisted and I, ... I found it easier to give in, because, you know, you know ... yeah, I just couldn't say no.

He variously felt used by this man who sodomised him regularly, pleasured by him, and grateful to him for being so nice and loving. The four-year relationship, however, had other significant effects in terms of his development during his early teenage years. While other boys were meeting girls and learning about courtship, David was entirely focused on the abusive relationship, which was the first and only relationship he had experienced. While it meant he did not have to cope with the
highs and lows of adolescent courtship practice, it also meant that he missed out on important learning experiences.

During these years, David’s parents separated and the family went through an upsetting time of instability. Prior to the separation, David’s father began drinking heavily and he describes the family as generally ‘dysfunctional’ during that time. Throughout this period of instability the only constant factor in his life was the relationship he had with his abuser. (See Figure 8.2 for a presentation of David’s developmental trajectory during the college years).

Adult years

After leaving school, David did well at work and bought himself a house. His relationships with women were characterised by a careful courtship pattern:

David: I am only sexually interested, and attracted to people who I am emotionally involved with. I do not become involved with sex. I have been criticised by many of my partners: “Come on, come on.” And I’ve almost lost some of my partners because I’ve been holding off, holding off because I like to go through all the stages. You know all the kissing and touching, and touching and da da da. And, um, and after, ... after this, ... my first girlfriend after I left, this abusive relationship, she got, ... she actually broke off with me because I was too slow. I went out with her for ten months, and I got as far as touching her breasts, and touching down here. And that’s, ... that’s as far as I’d go for ten months, it was too slow for her.

Marie: So intimacy is important in a sexual relationship for you?


As an adult, David experienced difficulties in his relationships with women. He searched for an intimate relationship and finally met someone and began living with her. However, this relationship did not last. The woman left, and David felt utterly rejected:

David: She, yeah, she rejected me. And, I didn’t have, ... didn’t have another girlfriend for about four years. Because, yeah, because I was just so broken, so broken. I just couldn’t get emotionally close. And ah, I had, through this, through this period of time I had, ...
had a young person next door, who I particularly was very, very, very close to.

Ultimately it was this need for this intimate partner, a ‘soul-mate’, that resulted in his abuse of a neighbour’s daughter, Sally. Sally was four years of age when she moved in with her mother to the house next door. David quickly befriended Sally and her mother, and became something of a father figure to the child. David described his relationship with Sally thus:

**David:** spent every weekend over at my place. And we would travel away. She would come away off on holidays. She’d come away because I used to travel, ... I used to travel up north to see my parents, my Mum. And Sally would often come, ... come with us, um, with me and others.

He also developed a close friendship with Sally’s mother who became a confidant. This went on for several years during which time David started seeing another woman. This lasted for two years after which the woman broke off the relationship and again David was alone. He started to rely on his relationship with Sally to help him through:

**David:** Sally saw me hurting, and um, and we moved closer together, not sexually, we just moved emotionally closer. Um, and I became emotionally, ah, dependant on Sally, ah, through this break up period of time. And, um, it’s from there, that’s when I started moving sexually closer to her. And started, just started, started, started touching her um, started you know, um playing with her hair, things like that. Um, (sighs) I was in a high-risk situation, right from an early age. Sally slept with me, on the weekends, right from an early age, right from when she was five.

His feelings for Sally became sexual from this time, and he first abused her when she was eleven years old. He began to imagine Sally as his intimate partner and soul-mate:

**David:** I fooled myself that Sally could be my partner, you know I could trust her you know. Mary let me down, you know she started drifting off with someone else. Broke my heart, and um, and Sally
and I were so close. And I thought, well, maybe we could be, maybe she could be my partner.

Although David's violation of Sally was serious, he described the charges laid against him in a way that minimised this abuse:

David: *I got charged with sexual violation. I pleaded guilty to sexual violation, and um, which is automatic two third (sentence). But it wasn't sexual violation, um, I violated her, yeah, I sexually violated her, but it wasn't violation. It was an indecent act, or indecent assault. Um, you know it wasn't a violation charge at all. I did not hurt her. I love her.*

At the time of the interview, David continued to believe that he had a special relationship with Sally:

David: *Over the last few weeks, or over the last few days in particular, Sally's been really vividly in my mind again, and I know, and I know that she actually, ... I can tell that she's, ... that she want's to, ... connect. And I'm actually sending mental, ... mental signals back to her again. I know it, we're going to have a connection soon, ...again.*

Looked at from a life course perspective, David's experiences can be presented along the following developmental trajectory:
Figure 8.2: **Developmental trajectory – David**

<table>
<thead>
<tr>
<th>Intrinsic factors</th>
<th>Extrinsic factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childhood years</strong></td>
<td></td>
</tr>
<tr>
<td>Small thin child</td>
<td>Born to large family</td>
</tr>
<tr>
<td>Positive feelings of strong family bonds</td>
<td>Supportive family</td>
</tr>
<tr>
<td>Quiet and naïve. Very thin.</td>
<td>++ affection</td>
</tr>
<tr>
<td>Ashamed of physique</td>
<td>Father absent 50% of time</td>
</tr>
<tr>
<td>Not comfortable with aggression</td>
<td>Bullied at school</td>
</tr>
<tr>
<td>Shame + low self esteem</td>
<td>Father encourages aggressive response</td>
</tr>
<tr>
<td>Normally curious about sexual matters</td>
<td>Humiliated and bullied at school</td>
</tr>
<tr>
<td>Describes self as 'late developer'</td>
<td>Played 'doctors and nurses'</td>
</tr>
<tr>
<td></td>
<td><strong>Goes to college</strong></td>
</tr>
<tr>
<td><strong>College years</strong></td>
<td></td>
</tr>
<tr>
<td>Loner, friendless, self-conscious</td>
<td>Sexually abused by father's colleague (aged 12)</td>
</tr>
<tr>
<td>Confused feelings about abuse, positive &amp; negative</td>
<td>Abuse continues</td>
</tr>
<tr>
<td>Abuse fills loneliness gap</td>
<td>No peer activities</td>
</tr>
<tr>
<td>Questions own sexuality</td>
<td>Parents separate</td>
</tr>
<tr>
<td>Distress ++</td>
<td>Father alcoholic</td>
</tr>
<tr>
<td>Constant relationship with abuser</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Abuse continues until</strong></td>
</tr>
<tr>
<td></td>
<td><strong>David leaves school</strong></td>
</tr>
<tr>
<td><strong>Adult years</strong></td>
<td></td>
</tr>
<tr>
<td>Careful courtship pattern</td>
<td>Succeeded in work</td>
</tr>
<tr>
<td>Seeks intimacy +++</td>
<td>Financially secure. Owns home</td>
</tr>
<tr>
<td>+++ loneliness</td>
<td>Relationships do not last</td>
</tr>
<tr>
<td>Feelings of rejection +++</td>
<td>Difficulties with adult relationships</td>
</tr>
<tr>
<td>Sees himself as ‘father figure’</td>
<td>Mother and daughter move in next door</td>
</tr>
<tr>
<td>Close bond develops with child</td>
<td>Spends time with child</td>
</tr>
<tr>
<td>+++ intense loneliness and rejection</td>
<td>Increases intimate contact with child (non-sexual)</td>
</tr>
<tr>
<td>Fantasises about child as ‘partner’</td>
<td>Another adult relationship breaks down</td>
</tr>
<tr>
<td></td>
<td>Abuses child</td>
</tr>
</tbody>
</table>
From a life course perspective, David’s need for acceptance and emotional closeness within his relationships has been an enduring aspect of his developmental trajectory. While family relationships remained close and supportive, relationships outside the family were always difficult for him. His acute feelings of self-consciousness, and the series of humiliating experiences he had as a child, combined to bruise his already fragile self-esteem. Passive in his interactions with others, his desperate need to please made him a vulnerable target for abuse.

The abuse he experienced from his father’s work colleague added a further layer of uncertainty to his life. It damaged the sexual boundary between adult and child, limited his capacity to experience normal adolescent relationships, and ultimately affected his judgement in terms of what constituted the abuse of a child. He explains the clouding of his judgement here:

**David:** I never really felt, ... as if he, you know, took, ... anything from me. That’s why I say it doesn’t actually feel like abuse. It didn’t actually feel like abuse. The worst thing, ... the worst thing it did, was that, um, well, I think it did, it clouded my, um, judgement. And because I never thought it did any harm to me, therefore, you know, that, it, I allowed me to think it didn’t hurt Sally.

Using Ward’s (in press) Etiological Pathways Model, David can be seen to conform to Pathway 3: Intimacy Deficits. Having a normal sexual script, David’s preferred partners have consistently been adult women with whom he has attempted to develop enduring intimate relationships. Although he does not demonstrate signs of poor early attachment to parental figures, he nevertheless has experienced major difficulties relating to others outside the family during his childhood and adolescent years. A high level of self-consciousness and fear of personal rejection in childhood has continued to inform his adult responses. When his adult relationships with women break down, he experiences intense feelings of loneliness and emotional neediness.

Consistent with a Pathway 3 offending pattern, David’s ‘loving’ relationship with Sally became sexual when triggered by adult rejections and intense loneliness. He fantasised about this little girl as a ‘pseudo-adult’ and began to consider her a surrogate partner. However, when an adult women option came along for him, he switched from Sally, exerting pressure on the child not to tell and spoil his chance of
making a success of his new relationship. At the time of interview, David was still only part way through his therapy. He remained conflicted in terms of his relationship with Sally, indicating that he still believed they experienced a 'special' relationship. He did not consider their relationship to be irreconcilable, and although he believed that the abuse he perpetrated was wrong, somehow he considered it less damaging because of the strength of his love for her.

Moving from David's story, which traces a connection between intimacy deficits and sexual offending across the life course, the next man's story explores the particular influence of sexualisation and physical need, and its potential to affect a developmental trajectory.

**SEXUALISATION AND SEXUAL OFFENDING**

**Joe's story**

Joe was in prison following his sexual abuse of two eight year old girls.

Joe came from a large family of ten children, raised in a rural Maori community. He describes his family as being warm and loving, committed to a Christian philosophy, and providing a strong positive environment for the children and other members of their large whanau (family). In common with many other Maori families, parenting children was a shared endeavour. Whanau lived within a closely-knit village community. When Joe was three years old his sister, who was living with maternal grandparents, went to college. Joe then went to live with his maternal grandparents and was raised by them, although, as indicated earlier, he maintained close and regular contact with other members of his whanau within the village.

He describes his early caregiving environment as being warm and affectionate and indicated that his grandparents 'spoilt' him:

*Marie: What were your grandparents like?*

*Joe: Very, very caring. I was spoilt. Like I said, you know, they'd make sacrifices. I'm sure now, when I look back on my life, they must've had some other needs. There must have been many things they wanted that they couldn't get.*
Marie: But they wanted you.

Joe: Yeah, well, they did.

Although Joe's early family environment was indulgent, warm and affectionate, he did not do well at school. His early schooling was practically nonexistent. He refused to go to school because of the harsh treatment he received there. Although Maori was Joe's first language, it was forbidden at school. As Joe explains:

Joe: I refused to go to school. Didn't want to be caned or strapped. So I just wouldn't go.

Marie: What did your family think of that?

Joe: Aw, well, my grandfather used to get annoyed. When I'd come back and he'd see the marks on me. And, um, I'd tell him why - for the simple reason that I couldn't speak English, well, none of us could really.

Marie: So in school you were beaten with the stick or cane for speaking Maori?

Joe: Yeah, because I'd speak Maori rather than English.

Marie: Did the other kids get the same treatment?

Joe: Oh yeah, all of us did. But some of them would sort of persevere you know about that. I couldn't.

Joe's treatment at school was a stark contrast to his experience at home where discipline was fair and reasoned:

Marie: Did your grandparents have to discipline you much?

Joe: Yeah.

Marie: How did they do that?

Joe: Every time I, ... I did something wrong. They'd sit me down and tell me what, why. This is how you do it and this is why we want you to do it in this way.

Marie: So a talking was enough to keep you in line?

Joe: Yeah.
Marie: You didn’t get smacks?

Joe: No.

Although Joe’s schooling was severely disrupted by his school refusal, he did not become isolated from his peers. The village was characterised by large family groupings and there were many children. Play outside school hours was a rich source of social learning for him and the other children. Sex education was very much a part of this, although it was not transmitted in any formal sense: sexual matters were not discussed within the family. Rather, the children participated actively in sex play, learning and experimenting with each other:

Marie: Were sexual things talked about in the family?

Joe: No, never ever talked about. You know, I mean, from the time I can remember, from when we were young, you know, you know, no problem right up to the time I went to college. No clothes all day you know. Especially when it’s hot. Boys and girls. No such thing as clothes. So just touching started quite early I’d say. I’d say it’d be round about, six, maybe seven, you know.

Experimenting with each other’s bodies was a frequent and usual activity, younger children observing older children and copying their behaviour. Some of the older children made attempts at sexual intercourse, and the younger children tried this too, usually without success:

Joe: Aw, it went further, you know, like, ah, intercourse and that. We all had a go I think I,...I’d be about nine when maybe when I first tried it. Aw, didn’t know what to do and Ah, stupid. You know?

Marie: Who did you try it with?

Joe: Well cousins, you know, we were all related to one another. It was a stupid thing.

Marie: Did it work?

Joe: Well it didn’t you see, you know, you see the older one’s doing it. And we’d say “Well we’ll try that,” because we see something we’d try it. Aw, nothing, and then you just forget it. Ah, stupid, nothing happened, so you just, go fishing or whatever, play, you know.
Not all sexual experiences were with peers, however. From the time Joe was seven or eight years of age, one of his older uncles also participated in this sexual behaviour with Joe and the other children in the family. This experience never felt abusive to Joe, nor does he consider it abusive now. He loved his uncle and it seemed like a normal activity, of the nature of his broader experiences with the other children.

Although sometimes shy with adults, Joe was a talkative, polite child, active in sport and play. His grandfather taught him about Maori protocol and the importance of whakapapa (genealogy). Strong family values were woven into his early childhood experience, along with the family commitment to Christianity.

Hence, Joe's pre-college years (see Figure 8.3: Developmental trajectory - Joe) were characterised by a warm and loving family environment, highly sexualised, within which the adult/child sexual boundary had been breeched. Also, Joe's schooling had fallen seriously behind, and he was unable to communicate in English, something that would be required of him in college.

College years

When Joe was thirteen years of age he went to college. This involved a move from his home area to a boarding school, a move that he found most difficult. Not only was he behind in English language, his sorely missed the warmth that characterised his home environment. In addition, his grandfather became very ill before he was due to leave:

Joe: The first two months, maybe, ... maybe three months at college was hard. They were sad times for me. And you see I lost my grandfather when, ah, ... the day I was supposed to be coming in. I think that was really, really devastating for me.

Marie: Did you go to the Tangi (funeral)?

Joe: Yeah, I was home, I was, when he died. That was the day I was supposed to go to college. Didn't want to go.

Not a good start to his college years, Joe found hostel life hard. He missed his grandfather terribly, and felt lonely and alone. Early on, however, he made friends
with other Maori boys who also struggled with learning English. This group became his major support.

Unexpectedly, he found the learning of English an engaging and enjoyable:

Joe: I loved English. It was a language that I, I sort of, I don’t know whether I hated it or not when I was young because I didn’t know what the meaning of hate was. But because I was finding it difficult to understand what was being said to me, hard to express myself. So I really had to push myself through English. And, I think I became fascinated by English in the end.

A bright child, Joe was able to catch up on his school work. In addition, being sporty helped him fit into the sports-conscious school. Within his supportive peer group environment he also managed to avoid some of the negative aspects of hostel life. Older boys took sexual advantage of the younger hostel boys. The tight group of young Maori boys whom Joe described as “fearsome”, however, protected him from being targeted.

Unfortunately, the strong friendship group did not protect Joe from all experience of sexual exploitation. After the boys had gone to bed at the hostel, a teacher at the school molested him a number of times. This included fondling and oral sex, a practice that many in the hostel had been subjected to. This experience Joe clearly distinguishes as being different from the treatment he received from his uncle. He explains how the abuse developed at the school:

Joe: Aw, yeah there was boys messing with boys. Like the older boys taking on the younger one, you know, in the hostel, you know, and ... even had a, ... jolly house master was like that.

Marie: One of the teachers you mean?

Joe: Yeah. And that’s when I found it was revolting me. I knew it was wrong some how. And yet when I was younger, there was nothing wrong with it.

Marie: So you could tell the difference in those experiences when you were young and at home, and this one when you were at school?

Joe: Yeah. Somehow I knew it was wrong, you know. Aw, to me he was a stranger, you know. And then I think because of the difference
between my teacher and my uncle, it was totally different you know. I still believe what my Uncle did to me didn't hurt me or anything. You know, we loved him and he loved us. You know, he'd get the whole group of us, boys and girls, and get us to masturbate him and all that. You know he'd do the same to us. Aw, we just treated it as, ... big joke. Because he, um, never hurt us physically, or abused us, or threatened us, or anything like that. It was different with the teacher.

The teacher was reported eventually and left the school. However, during this time Joe began a period of intense and frequent masturbation, watching the girls at the school, fantasising about them, fantasising about the girls at home, and masturbating to the fantasy. This began to occupy a significant amount of his time, and became what he called 'an obsession'. This developed in strength and continued until he left school and went to the city to undertake an apprenticeship.

Again, looking at Joe's experience as a developmental trajectory (see Figure 8.3), his college years can be identified along a line of abuse, loneliness, and increasing sexualisation through intense fantasy and masturbation.

**Adult years**

Joe moved to the city and began an apprenticeship. He found it hard moving from the protected environment of the hostel to the big city. However, he was able to connect with other young people, and spent a good deal of time socialising and going to dances. There were many young women around and there were opportunities for him to relieve his high level of sexual expression. He was in his early 20s when he met his future wife:

Marie: And you met her and decided she was the right one?

Joe: Not at the time, no. I married her much later. I still didn't love her then.

Marie: Why did you marry her?

Joe: Because I was pressured.
Marie: By?

Joe: My father. You know, I think deep down, you know um, part of my religious upbringing I think was, sort of, ...was there. I knew it was wrong, ...to live like that (outside marriage). Because, aw, I was being told plenty of times, you know. (laughs).

Marie: So you felt that it needed to be sanctioned by marriage?

Joe: Oh yeah, yeah. Absolutely

The early years of the marriage were rocky. Joe was unpleasant to his wife, not physically abusive, but constantly behaving in undermining and belittling ways. In many respects they seemed mismatched, something that was strongly evident also in their sexual relationship and interest. Joe was sexually active with others during this time. However, after a few years and the birth of their daughter, they became closer and a fondness developed. Creating a bond between them, the child’s birth changed things for Joe and he says that from this time he started to learn to love his wife.

Unfortunately, at a time when they were beginning to become emotionally more attached, physically they were becoming distant. This was due, in part, to his wife’s illness and need for major surgery, and resulted in them no longer having any kind of physical relationship:

Joe: She had an operation and it went kind of haywire. I just about became an alcoholic, just about. But I needed to pull myself out. Yeah, but, um, sexually you know, it was non-existent. I think it sort of affected us and it affected her too. Because, um, my wife knew my needs. And, ah, she knew I was playing up. She’s caught me three times doing it (masturbating) and I would say to her “Go, go.” And I actually wanted her to leave me, you know, just get out of there. But I don't know whether she didn't leave because she felt guilty that I was playing up.

Joe’s practice of fantasising and masturbating to the fantasy, continued throughout this period. He mainly fantasised about college girls, teenagers he remembered from his school days, and friends of his daughter. Increasingly his need for sex became greater. He had sex with other women, and visited prostitutes. Ultimately, however, these experiences proved emotionally unsatisfying for him:
Joe: I used to look forward to (my daughter) bringing friends back. I'd fantasise, and when I think they had gone, I'd have a shower and then I'd masturbate. I used a lot of prostitutes. Any woman I could get, it didn't matter to me. But it was never the same, you know. Um, I never enjoyed it, when I was supposed to. And you're supposed to enjoy it, I think. (laughs). Sometimes even when I was half-drunk you know, aw, it was no good. I'd go to the prostitute and I'd cry, you know making love to the prostitute I'd be crying and I'd be thinking of my wife. Crazy.

At this time Joe was troubled with a recurrent back injury, something that was creating difficulty for his work. He started working odd days in schools teaching Maori language. He then responded to an advertisement for an assistant teacher at a school in another city, was accepted, and moved to work there. Uncertain whether he would be able to make a success of the job, he left his wife and daughter behind. It proved a difficult transition for him, and in the early weeks he became lonely and quite depressed.

Then something quite unexpected happened in the classroom. He caught sight of two eight year old girls playing with each other at the back of the room. Joe described this sighting:

Joe: A thing happened in that classroom, you know, sort of jolted me. Um, a couple of girls that were playing with one another. It was only just a fluke I spotted them. And they were sitting in the back of the class. Just caught a glimpse. I thought, no, it couldn't be. But then I, um, I moved around so I could actually see without them knowing that I was watching. .. them playing with one another. And I, yeah, it did, it reminded me, you know, sort of jolted my memory back when I was that age. It was like I was there. It was a real jolt.

He began to watch them, and became aroused by it. Being used to fantasising about adults and teenagers, at first he found it difficult to see the children sexually. It took him a while to begin to fantasise about the little girls, but the more he watched the easier it became, and the pattern of intense fantasising and masturbation to the fantasy re-established itself:

Joe: I got aroused by it and that's when the fantasising sort of went beyond my control, I suppose. No that would be wrong, because it
was under my control, I'm learning that here. But, you know, it felt out of control. I started to fantasise and then, you know, I wish, and I'd wish I was there doing it as well, with them, you know. I said to myself "I mean, I've done it before, why can't I join them?"

From this point he began to groom the little girls, making them his special 'pets' and creating opportunities to spend time with them, and, ultimately abusing them. It was the abuse of these girls that resulted in him being charged and imprisoned.

Joe's experiences across the life course can also be viewed along a developmental trajectory:

Figure 8.3a: Developmental trajectory - Joe

<table>
<thead>
<tr>
<th>Childhood years</th>
<th>Intrinsic factors</th>
<th>Extrinsic factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Developed sense of being wanted</td>
<td>Born to large family</td>
</tr>
<tr>
<td></td>
<td>Talkative with other children, but polite and shy otherwise</td>
<td>Indulgent upbringing by grandparents</td>
</tr>
<tr>
<td></td>
<td>Sporty, playful</td>
<td>Positive discipline</td>
</tr>
<tr>
<td></td>
<td>Close bond with grandparents</td>
<td>Minimal schooling, harsh punishment at school</td>
</tr>
<tr>
<td></td>
<td>Strongly positive sexual feelings</td>
<td>+ teachings of Maori protocol + genealogy by grandfather</td>
</tr>
<tr>
<td></td>
<td>Perceived abuse as normal, strong attachment to uncle</td>
<td>no formal sex education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>↑ sexualised environment with other children +++</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religious upbringing ++ with emphasis on moral standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abused by uncle (aged 7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>↑ sexual activities including intercourse, frequent and regular +++</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aged 12 goes to college</td>
</tr>
</tbody>
</table>
### Developmental trajectory - Joe (continued)

<table>
<thead>
<tr>
<th>Intrinsic factors</th>
<th>Extrinsic factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>College years</strong></td>
<td></td>
</tr>
<tr>
<td>↑ distress</td>
<td>Grandfather dies first day of school, attends Tangi</td>
</tr>
<tr>
<td>↑ distress. Dislikes college, misses home and grandfather</td>
<td>Returns to college</td>
</tr>
<tr>
<td>Intensified feelings of loneliness</td>
<td>↑ sexual activity between boys at college (exploitative)</td>
</tr>
<tr>
<td>Strong bonds with other Maori boys develops</td>
<td>↑ sexual activity with self and others++</td>
</tr>
<tr>
<td>Did not tell about abuse</td>
<td>↑ masturbatory activity with sex and others+++</td>
</tr>
<tr>
<td>Felt negative about teacher experience ++</td>
<td>Leaves school</td>
</tr>
<tr>
<td>Misses sexual expression allowed at home +++</td>
<td></td>
</tr>
<tr>
<td>Loneliness intensifies</td>
<td></td>
</tr>
<tr>
<td><strong>Masturbatory activity to fantasy +++ continues and strengthens</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Adult years</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of loneliness+++</td>
<td>Moved to big city</td>
</tr>
<tr>
<td>Sex/intimacy confused</td>
<td>↑ sexual activity (promiscuous)</td>
</tr>
<tr>
<td>No feelings of love</td>
<td>Completed apprenticeship</td>
</tr>
<tr>
<td>Macho attitudes, belittles partner ++</td>
<td>Meets future wife</td>
</tr>
<tr>
<td>No feelings of love for wife</td>
<td>Pressured into marriage by family</td>
</tr>
<tr>
<td>Bonding begins with daughter and wife</td>
<td>↑ sexual activity with other women</td>
</tr>
<tr>
<td>↑ loneliness</td>
<td>Birth of daughter</td>
</tr>
<tr>
<td>↑ fantasy +++</td>
<td>Sex stops with wife (mid 40's)</td>
</tr>
<tr>
<td>Feelings of shame, sadness and loneliness</td>
<td>↑ masturbation +++</td>
</tr>
<tr>
<td>↑ loneliness +++</td>
<td>Uses prostitutes ++</td>
</tr>
<tr>
<td>↑ arousal</td>
<td>Takes teaching job in another city, leaves family behind</td>
</tr>
<tr>
<td>Begins fantasising +++</td>
<td>Sees pupils masturbating</td>
</tr>
<tr>
<td></td>
<td>Grooming begins and abuse</td>
</tr>
</tbody>
</table>
Viewed from a life course perspective, Joe's experiences suggest a developmental pathway characterised by a strong individual sex drive, a highly sexualised early childhood, and a series of events that have interacted and combined to increase his vulnerability to sexual offending. His trajectory fits within Ward's Pathway 2 analysis: Deviant Sexual Scripts and Relationship Schema. While Joe's early childhood was notable for the warmth and supportive environment it appeared to provide, other factors seemed to intensify his need for sexual expression. His early introduction to sexual activity was of increasing intensity (from sexual experimentation, to oral sex acts and sexual intercourse). At the same time, his abuse by his uncle created confusion with respect to sex, intimacy and love, and in addition, had the effect of breaking down adult/child sexual boundaries. Confusingly, this boundary breakdown was firstly perceived positively in terms of his uncle, and later perceived negatively in terms of the abusive experience he had with his teacher.

Frequently associated with times of intense loneliness, he used sex (almost obsessively) to relieve his own mix of distress, sexual tension, and need for personal reassurance. Increasingly, his relationships were perceived in sexual terms. While this satisfied his physical need for sex in the short term, it served only to highlight his loneliness. Remaining emotionally distant from his wife, and being unable to develop intimate relationships within his life, he nevertheless searched for intimacy. Seeking intimacy through sex (demonstrating a distorted sexual script and dysfunctional relationship schema) compelled him toward the kind of places where sex was available, but ultimately where intimacy was not part of the contract (through indiscriminate casual sex with numerous women and prostitutes). His abuse of children seemed to be less an indication of Joe's sexual preference for children (indeed, initially he had difficulty fantasising about younger children), but more a question of opportunity and his own sexual and emotional need at that time. The combination of these two things was illustrated most potently during the interview when Joe described his sighting of the girls playing with each other in the classroom. Prior to this, while he had fantasised about teenage girls and women, he had not perceived pre-adolescent girls as sexual objects. In his sighting of the two little girls behaving sexually, the confused mix of his own childhood sexual activities and their's affected him powerfully, transporting him back in time and negating the boundaries between himself as a sexual adult and the two children. While previously his trajectory had focused toward adult women and teenagers, this experience forged a new pathway that began with observation of the girls being
sexual with each other, moved to his fantasy, moved to masturbation to the fantasy of children, and on to sexually abusing the girls.

The analysis of Joe's developmental trajectory is consistent with Ward's characterisation of Pathway 2 offenders. These men are frequently prematurely sexualised, but do not necessarily have major distortions relating to the development of sexual preferences for children. Joe's drive for impersonal sex, confusion with sex and intimacy, and late onset of sexual offending which is associated with periods of extreme loneliness, is also consistent with the Pathway 2 analysis.

Looked at from an ecological life course perspective, the three case studies discussed in this chapter reinforce the significance of the complex mix of factors that can influence a developmental trajectory. Biological factors, (for example, sex drive and sexual impulsivity) combine with social and cultural factors (such as sexual socialisation, parenting, and early childhood experience), occur in the context of the person's learning history, and the constraints and opportunities provided by the wider network and community across the life course. The common clusters of deviant sexual arousal, intimacy deficits, inappropriate emotions, and cognitive distortions then interact with these and the uniqueness of the person's pattern of vulnerability. Within this context, factors become more or less significant across the developing life course as, for example, distorted scripts interact with intimacy deficits, which then impact on the man's interpersonal interactions and relationship with the wider system.

From a clinical perspective this complex mix of factors that impact on an offending pathway presents a unique challenge. According to Ward (in press) different profiles that illustrate differing pathways will require different therapeutic responses. The men's stories that have been described in this chapter, while experiencing similar cluster factors, also have quite different ways in which they have pursued sexual crime. Bill's early experience reinforced distorted sexual scripts that seriously impacted on his behaviour and offending pathway. It would be helpful, therefore, if this were to be the primary focus of the therapy as he is likely to require intensive reconditioning interventions to impact on these dysfunctional scripts (Ward, in press). Joe, whose highly sexualised early experience also reinforced distorted sexual scripts but with the additional problem of dysfunctional relationship schema, may benefit from a therapeutic focus on issues of self, intimacy and sexuality. This could help
him to disentangle his confusion about sexual need, sexualised relationships, and his need for intimacy. By contrast, David has developed normal sexual scripts but shifts his partnership focus to children when feeling rejected and intensely lonely. He would therefore benefit least from sexual scripts therapy, and more from a focus on relationship skill development and learning how to manage his vulnerability areas.

The practice implications of better understanding this complexity of interaction between the individual and the wider system will be further discussed in Chapter Ten. Chapter Nine will now discuss the final section of the three-part qualitative analysis in which this last interview with Joe has become the focus to explore praxeology in the context of working with abuse.
This thesis has placed a strong emphasis on the value of an ecological systems approach to a better understanding of the complex nature of sexual offending. Extending this concept it has used the life course analysis within an ecological framework to explore the ways in which adult offending patterns and knowledge about the life course of men who sexually offend increases our knowledge of children's sexuality, and how this relates to adult offending. The findings of both the quantitative and qualitative research have been knowledge-building in terms of the child/family/environment matrix and its relationship to the patterning of exploitative behaviour in children. Inextricably linked with the ecological framework is the way in which the social worker interacts within the family system. The reciprocal nature of relationships within the ecological perspective and the significance of the worker's philosophy, views, and perception, is important practice-building knowledge in the context of child protection work. Practice-building research is not disconnected from knowledge-building research. Information about the child/family/environment matrix will be interpreted by practitioners in different ways, creating unique practice responses. These practice responses become part of the subject of practice-building research, and because of this, knowledge-building research and practice-building research are also interactive and ultimately have the potential to inform practice outcomes. Whether the worker is working with men who sexually offend, young people who act abusively, or with families more generally, an examination of the self as an integral and active agent within this complex matrix is essential to the development of praxeology in abuse work. Praxeology, or the study of professional conduct within social work, is inextricably linked with the influence and action of the worker within the client system. What happens between the worker and the client, and between the client, client system and worker can be, of course, a most dynamic force for change. Practice research into what happens between the worker and the client, and how the intersecting systems impact on the nexus of change, is therefore important for the ongoing development of praxeology within the abuse field:
This chapter is particularly concerned with this nexus, and the way in which the worker system and the client system intersect and engage in a process of reciprocal exchanges that influence client outcomes. In this chapter one of the interviews analysed in Chapter Eight is used to illustrate how reflexivity influences the pathway of a client/worker process. In doing so, the chapter highlights the importance of understanding reflexivity as a central component of practice within the abuse field. However, before going on to look at the interview, the chapter will provide a context to the discussion of reflexivity by tracing its developmental history.

**REFLEXIVITY AS A FACTOR IN CHILD PROTECTION WORK**

In recent years the concept of reflexivity and reflexive practice has emerged within social work discourse as the complexity of the client and worker-in-situation has been confronted and explored (Sheppard, 1998; Pease & Fook, 1999; Connolly, 2001). The notion of social work reflexivity traces its development from two main areas: the seminal works of Schöen (1983, 1987), providing the groundwork for understanding reflective practice in action; and the sociological writings of Bourdieu (1990) and Giddens (1984). Central to Schöen's work around reflective practice, is the notion that professionals do not respond to complex situations using 'technical rationality' in the application of theory and technique derived from scientific knowledge to solve difficult problems. Theory can only help so far, and beyond this the skilled practitioner uses 'professional artistry' to help them respond to unique, uncertain and conflicted situations within practice (Schöen, 1987:22). This artistry, or the art of practice, can be developed by a process of action and reflection. Payne, (1997:122) outlines this process of action/reflection:

*We have a concrete experience, which we observe and reflect on, construct new ideas about and then experiment, leading us to have a further concrete experience about which we can reflect. This model places emphasis on observation, testing our reflection against what we see and experience, not*
allowing it to become divorced from, and indeed enabling it to build upon, the real world which we experience.

This process of action/reflection is familiar to child protection workers, and is often used as a strategy in supervision as a worker reflects upon an investigation, the impact of their intervention, and how it may have been undertaken differently. However, practice literature in child protection seems to largely ignore the growing interest in reflexivity and reflexive social work practice. Reflexivity is centrally concerned with the effect of the self on that being studied, researched, or worked with. In social work practice, reflexivity is the process by which the worker’s thinking influences the action - which then influences the situation and how it is subsequently interpreted and responded to. Reflexivity becomes a process which provides “an opportunity to understand the way in which the worker’s personal views and interpretation intersects with practice-in-situation” (Connolly, 2001:21). Hence a circular process of action, reflection, reflexivity and new action can be identified:

Figure 9.2: The circular process of reflexive practice (Connolly 2001)

The notion of social work reflexivity can also trace its history from the sociological literature and in particular the work of Bourdieu (see Bourdieu & Wacquant, 1992), and Giddens (1984). According to Giddens (1984:282), “(T)he knowledgeability of human actors is always bounded on the one hand by the unconscious and on the other by unacknowledged conditions/unintended consequences of action.” Within this analysis, the awareness of the context of interaction also promotes the awareness of reflexivity to influence and/or control the interactional flow. This is important as it points to the potential for reflexivity to be either a conscious or unconscious process. It follows from this that as an unconscious process it has the potential to contribute to unintended and/or unanticipated consequences of which the actor is also unaware.
Alternatively, the analysis creates a context within which a conscious awareness of reflexivity and its process can influence and control the interaction.

Despite the fact that the notion of reflexivity and reflexive practice has begun to filter into social work discourse in recent years, it has not been particularly influential within the child protection and abuse practice literature. This is surprising since practice in child protection and violence work generally is so strongly influenced by individual, professional, and societal values and beliefs around children and their care. How we construct our views about children's care and their abuse inevitably influences how we respond to the problem of children at risk. How we respond to children at risk is very much influenced by our capacity to reflect carefully on practice, and to understand how a process of reflexivity - the interactive reciprocal effect of the personality or presence of the worker on what is being investigated - affects work with children and families. Increasingly within the social work literature, writers have promoted the notion of the reflexive practitioner as being socially aware of this worker-client situation (Sheppard, 1998; Sheppard, Newstead, Di Caccavo, & Ryan, 2000). For example, Sheppard argues:

\begin{quote}
The notion of reflexivity emphasizes the social worker (i) as an active thinker, one able to assess, respond and initiate action, and (ii) as a social actor, one who actually participates in the situation with which they are concerned in the conduct of their practice. Thus the reflexive practitioner, in practical terms, is one: who is aware of the socially situated relationship with their client(s), i.e. with a clear understanding of their role and purpose; who understands themselves as a participant whose actions and interactions are part of the social work process; who is capable of analysing situations and evidence, with an awareness of the way their own participation affects this process; who is able to identify the intellectual and practice processes involved in assessment and intervention; who is aware of the assumptions underlying the ways they 'make sense' of practice situations; and who is able to do so in relation to the nature and purposes of their practice. (Sheppard, 1998:767)
\end{quote}

However, the converse to the aware reflexive practitioner has received less attention. A lack of appreciation of the power of personal and professional reflexivity can create the potential for theory and practice to be built upon reflexive responses that have more to do with the theorist, clinician, or researcher, than the subject being studied. Writing from a sociological perspective, Bourdieu cautions against such theorising:
In my view, one of the chief sources of error in the social sciences resides in an uncontrolled relation to the object which results in the projection of this relation onto the object. What distresses me when I read some works by sociologists is that people whose profession it is to objectivize the social world prove so rarely able to objectivize themselves, and fail so often to realize that what their apparently scientific discourse talks about is not the object but their relation to the object (Bourdieu & Wacquant, 1992:68-69).

It could be argued that one of the more dramatic examples of this dark side of reflexivity-in-action is to be found in the psychological work of Sigmund Freud. In 1897 when Freud was in the midst of a personal crisis - and ten years before he published his theory of the Oedipus Complex - he wrote to an intimate confidant:

> Being totally honest with oneself is a good exercise. A single idea of general value dawning on me. I have found, in my case ... the phenomenon of being in love with my mother and jealous of my father, and I now consider it a universal event in early childhood.... (the) Greek legend seizes upon a compulsion which everyone recognizes because he senses its existence within himself. Everyone in the audience was once a budding Oedipus in fantasy and each recoils in horror from the dream fulfilment here transplanted into reality, with the full quantity of repression which separates his infantile state from his present one (Toews, 1998:65).

Essentially, we may be looking here at an entirely egocentric discovery that later became the basis from which Freud convinced the scientific community of a universal process. Despite having no clinical evidence to the contrary, he quickly and completely abandoned his earlier ‘seduction theory’ in favour of this new idea that was so potently reinforced within his own experience. Later he was to claim “the beginning of religion, morals, society and art all converge on the Oedipus complex” (ibid., 66). Few have had the power to the influence the world’s thinking in the way of Freud, and clearly this is an extreme example of how the personal self can have the capacity to influence outcomes. Nevertheless, reflexivity functions as an unavoidable but normal process and will inevitably influence how we operate as researchers, clinicians, workers and theorists, for good or ill.

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1 The ‘dark side’ of reflexivity is phrased here to reflect a lack of vision, where the actor is unable to see properly. ‘Dark’ in this sense has no evil intent.
REFLEXIVITY IN ACTION

The following interview provides an example of how reflexivity functions to inhibit, or enhance the worker’s capacity to see clearly the impact of the self within an interactive process. By a careful analysis of this process between the two actors, an argument is made supporting the importance of better understanding reflexivity and its significance within a critically reflective approach to practice.

The interview used to demonstrate the process of reflexivity is that undertaken with Joe, earlier discussed in Chapter Eight. Sections of the text of the interview are used, followed by a reflective discussion on the interactive process. The first area will discuss interactive process during the interview within which reflexivity does not prevent the exploration of areas even when cultural values differ. Thus the light side of reflexivity is discussed. This is followed by an illustration of the potential ‘dark side’ of reflexivity.

The light side of reflexivity

During the interview Joe began to share how he felt about his offending and how this had impacted upon the way he felt about his relationship with his whanau, hapu, and wider iwi. Joe had a supportive early family experience that was characterised by a large extended family, placing a strong emphasis on the importance of Maori culture and the values embodied within it. Joe begins by telling the researcher about his early experience of being taught important values by his grandfather:

Joe: *What was really important was honour and respect. My grandfather taught me that. Most importantly, I think, he taught me about my genealogy. About Maori protocol.*

Int: *What lessons about Maori protocol did he give you?*

Joe: *Oh, plenty. It’s tied in with honour and respect really. It’s always important to, you know, show elders respect. To, ... to honour them.*

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2 The ‘light side’ of reflexivity in this context reflects a process within which the worker’s vision is not clouded by a set of unhelpful personal or professional factors.

3 Whanau, hapu, and iwi form the organisational structure of Maori society and relate approximately to family, extended family, and tribal network.
But not just elders, everyone. But elders were particularly important.

Int: How were they honoured?

Joe: It's interesting thinking back about that. It wasn't so much that they were, you know, put up high or anything. But it had to do with them being respected for the knowledge they had. It was important to listen. You wanted to though. It wasn't a chore to listen. I loved my grandfather. He taught me everything.

Int: When you say your grandfather taught you about genealogy, what does that mean to you?

Joe: It gives me a place. It gives me a place in the world. It connects me with people who are important to me. And I guess, I'm important to them.

Reflection on process

Here the interview proceeds in an exploratory way, teasing out Joe's meaning in terms of the cultural learning he received from his grandfather. Although the interviewer is not Maori, the interviewer's Pakeha assumptions are kept to a minimum by probing questions that explore the precise meaning of terms and concepts. Following up on cultural themes (for example, genealogy in this extract), and following the direction of the interviewee also reduces the potential for the interviewer to use their own interpretation of concepts and for the interview to follow a pathway directed by the interviewee.

Later Joe talked about his offending and its impact on his position within his whanau:

Joe: Being in here (prison) has really changed things. It's, ... it's well, ... it's. Aw.

Int: It's changed things for you and your whanau?

Joe: Yeah, yeah. They've been supportive alright. Aw, but I've brought all this on them. It's hard to go back.

Int: In what way have they been supportive?

Joe: Well, you know, they've been in touch. But I feel badly about that.

Int: So people in your family want to keep in touch, but you feel it's hard
to respond, to go back?

Joe: Yeah, I'm ashamed to go back. What I've done makes me ashamed to go back.

Int: What would going back be like for you?

Joe: Well, you know, I've disgraced everyone. They may not think that, but I do. I've broken all those rules about honour and respect.

Int: The lessons your grandfather gave you?

Joe: Yeah, yeah, exactly.

Int: What advice do you think he would give you now?

Joe: Aw, I dunno. I guess he'd say there are lots of ways to make amends. This is wrong. Yeah, it's wrong alright. But I'm still part of the whanau I guess.

Reflection on process

Again, the interview follows the direction set by the interviewee. The interviewer's response, following the theme of shame, honour and respect helps Joe to explore his thoughts about his situation and his differentiation between how he feels about his offending and how he thinks his whanau feels. The additional probe relating to his grandfather's advice encourages Joe to expand on this differentiation, as he explores the connection between his perception of his position (in disgrace) and the possible reaction of his whanau about his position which is reflected in his grandfather's advice (remains connected). Similar to the earlier extract, the process can be seen to have helped the interviewer maintain a sense of distance from her own perceptions and assumptions about how Joe or his whanau may be responding to his offending and imprisonment.

In this part of the interview, the interviewer is tracking and following the cues of the interviewee, and in so doing is minimising the potential for her reflexive reactions to be the directing factor. In the next set of extracts, reflexivity can be seen to darken the vision of the interviewer as the direction of the interview becomes less responsive to the interviewee's interest.
The dark side of reflexivity

Within the interview Joe spent some time describing the steps toward his sexual offending. Joe was in prison for sexually abusing two little girls. As an adult and a teacher, he was in a position of power with respect to the children. The following extract describes the grooming process he undertook before the first act of significant abuse:

Joe: A thing that happened in that classroom, you know, sort of jolted me. Um, a couple of girls that were playing with one another. It was only just a fluke I spotted them. And they were sitting in the back of the class. Just caught a glimpse. I thought, no, it couldn't be. But then I um, I moved around so I could actually see without them knowing that I was watching, them playing with one another. And I, yeah, it did, it reminded me, you know, sort of jolted my memory back when I was that age. It was like I was there. It was a real jolt.

Int: How old were the girls?

Joe: Um eight. Yeah, and um, you know, so I, ... I sort of smiled to meself you know. And, well, there you go, this wasn't only me, wasn't only us, you know.

Int: You were able to manoeuvre yourself so you could see them.

Joe: Yeah

Int: How did you do that?

Joe: Well, I could get the kids to sit near me. I could arrange it. But I can't get over what a jolt it was at first.

Int: How long did that go on for?

Joe: Aw, for a few weeks I suppose.

Reflection on process

Here the interviewer, while following Joe's cues to some extent, chose not to pursue the clear direction offered by Joe to explore further the nature of the 'jolt' he felt by seeing the two little girls playing with each other. He mentioned it four times in this short passage which might have indicated to the interviewer that it was an area of potential exploration. However, here the interviewer is focused on Joe
manoeuvring the girls so that he could watch them. Hence, the grooming process was more important to the interviewer than the way Joe felt about the experience. In the next extract, which follows the above, the researcher's assumptions about what motivates this grooming of the girls becomes increasingly apparent.

**Int:** And during this time you arranged it so that you could watch the girls?

**Joe:** Yeah, that's right.

**Int:** What happened then?

**Joe:** Well, you know. And, ah, and I started to use those two girls. I made them pets, they're my pets, you know, any old thing to get them to be with me. Be in my sight where I could see them, ah, playing with each other. And like I was getting so bad that I wanted to touch them too, soon.

**Int:** You had the power to get them to do what you wanted?

**Joe:** Yeah, I suppose. But you see it was them playing with each other. I started to fantasise about that.

**Int:** What kind of things helped you to get them to do what you wanted?

**Joe:** Praising them in front of the class even though their grades were way down, sort of thing. . . . I remember when I first touched, . . . the first time. I got so aroused by them playing with each other you see. I'd been fantasising about that.

**Int:** And the fantasy led to touching the girls?

**Joe:** I got so aroused by it. That's when the fantasising sort of went beyond my control. No, that would be wrong because it was under my control, I'm learning that here. But you know it felt out of control.

**Int:** How did you move from fantasising about the girls to touching them?

**Reflection on Process**

Following on from the earlier extract, the interviewer here is pursuing the notion of Joe 'arranging' the activities of the girls in order to increase his access and ultimately enable him to abuse them. When Joe says that the urge to touch them became so
great, the interviewer continues exploring his control over them. Joe, while not disagreeing with the interviewer, consistently provides alternative possibilities. The language he uses to describe his feelings and behaviour is much more related to issues of arousal, fantasy, and his lack of control of his feelings. By comparison, the interviewer is the first to introduce power – Joe’s power over the girls – into the conversation. Words related to the notion of ‘power’ had been introduced earlier, significantly, the interviewer’s use of manoeuvre to describe Joe’s activities. Even though Joe reiterates the importance of his response to the girls behaviour, his fantasy, and the strong sexual urges he experienced, the interviewer again clearly prefers an exploration of power and control issues and how they relate to his offending. This is despite Joe’s best efforts to alert her to alternative possibilities (indeed in this he is remarkably persistent). As a consequence, potentially rich areas of discussion relating to Joe’s motivation for abusing the girls, and the way in which his urges impact on his sense of control, are neglected, creating an interactive pathway that is more clearly directed by the interests of the interviewer.

While one explanation for this could obviously be related to the interviewing skill of the researcher and the lack of appropriate probing and follow up questions, this deficit was not apparent in the earlier examination of the interviewing process. A plausible alternative explanation may be found in the analysis of reflexivity. As noted earlier, the power of personal and professional reflexivity can create the potential for theory and practice to be built upon reflexive responses that have more to do with the theorist, clinician or researcher, than the subject being studied. The final chapter of this thesis explores further the clinical implications of personal and professional reflexivity, and offers a model that has been developed to reinforce reflexivity as a conscious process. Here, a detailed examination of the interview extracts above suggests that the interviewer, either consciously or unconsciously, may well have been more persuaded by power and control as an aetiological factor in sex offending than other explanations, for example, sexual motivation, impulsivity, and sexual need.

According to a number of writers, professional attitudes are importantly influential to the provision of therapeutic services (Hogue, 1993; Trute, Adkins & MacDonald, 1992). Indeed, Saunders (1988) suggests that the way you perceive sexual abuse or sexual crime (i.e. your causal attributions) will determine how you deal with it. While it is increasingly recognised that sexual offending is multifaceted and is
unlikely to be explained by simple univariate models of sexual abuse, the power and control explanation has been particularly influential (Brownmiller, 1975; Riger & Gordon, 1981; Donat & D'Emilio, 1992). The phrase 'rape is about power, not sex' has been strongly reinforced within the feminist movement, and it is likely that this has been influential in shaping the views of generations of people. Following this argument, if you are persuaded by the power and control factor as a major aetiological explanation, it has the potential to significantly influence the way in which you respond in practice.

In general, the literature discussing professional attitudes and how they impact on the delivery of services has been macro-focused, reinforcing the significance of aetiological explanations and their impact on the nature and extent of services provided. By contrast, professional reflexivity in the micro sense, along with personal reflexivity has received scant attention in the literature. The analysis of this interview suggests that it may well be productive to investigate further how reflexivity works in the practice setting. How personal and professional values influence the direction and pathway of an interview is likely to affect practice outcomes. It would seem important therefore to develop strategies that may help the worker not only better appreciate the significance of reflexivity, but also how it might be identified and worked with as a conscious process. Using these ideas to build practice knowledge and better understand social work praxeology is the subject of Chapter Ten.
Part Three

Research, Theory and Practice with Children and Families
Chapter Ten

Synthesis – Routes Toward the Development of Informed Practice: Praxeology and Abuse work

In the introduction of this thesis the notion of there being differing routes toward the development of informed practice was proposed (Figure i.1). The study has promoted the use of different methods, both qualitative and quantitative, as knowledge-building and practice-building strategies for social work. Consistent with the two phase design approach of mixed method research it has delineated the different paradigms in separate chapters. This has allowed them to be discussed by their own merits and standards (Creswell, 1994). There has been, nevertheless, considerable conceptual integration as the knowledge-building and practice-building research implications inevitably converge. The purpose of this chapter is to now bring the two areas together by linking their respective contributions toward the development of informed practice. Influenced by an ecological systems analysis (Green & Ephross, 1991) it will do this by exploring their contributions within a micro, meso, and macro practice systems framework. Firstly, it will consider the micro practice system implications of the research by considering reflexivity and reflective practice and its relationship with the development of social work praxeology. Moving then to meso practice system issues, it will discuss the interaction between the research findings and the possibilities of enhancing social work with families and communities. Finally, it will consider how the research adds to macro practice system issues by using the findings more broadly in support of the development of praxis-oriented social work.

**MICRO SYSTEM PRACTICE ISSUES:
PRAXEOLOGY AND THE REFLEXIVE PRACTITIONER**

In Chapter Nine the issue of reflexivity and reflective social work practice was raised as a critical aspect of social work generally, and in particular, within the area of child protection work. While these concepts have largely been ignored in the child welfare practice literature, they remain important given practice in this area is so strongly influenced by individual, professional and societal values and beliefs around children and their care. As discussed earlier in the thesis, praxeology in the
social work context has to do with the study of professional conduct within the practice environment. Understanding the nature of the evolving social work process, identifying the ways in which this is influenced by the personal and professional self, and reflecting upon this to explore new practice outcomes becomes a necessary part of practice evaluation and development.

The insights provided by the analysis of the interview with Joe in Chapter Nine, while clearly tentative, reinforce the possibility that personal and professional reflexivity has the potential to impact on the process of an interview. If this is indeed the case, it is also reasonable to assume that it could influence not only the direction but also the outcome of an interview, and perhaps even the broader intervention strategy. In general, reflectivity and reflexivity have been used interchangeably as active processes of practice analysis. However, since reflexive and reflective responses are connected but essentially different, it seems important to distinguish more clearly between them. Once delineated, it is possible to identify how one, reflectivity, can be used to explore the other, reflexivity, and thus expand our understanding of the potential phases of what could be a critically reflective process.

The interrelationship of reflexivity and reflective practice is germane to the development of social work praxeology. According to Mohan (1999:61), social praxeology is an undeveloped discipline. Using social praxeology in the context of social praxis, he argues that “it may seek to address causes and consequences of human tragedies and social problems from a radically different perspective”. In this way, “(T)he transformation of human reality is a function of social praxis.” In contrast to Mohan’s social praxeology analysis and its link with praxis as social reform, here the notion of praxeology is interpreted more broadly, examining professional conduct from micro processes (for example, reflexivity) to praxis-oriented practice (for example, within the context of macro change effort).

In Chapter Nine the dark and light sides of reflexivity were explored. The dark side of reflexivity can be seen to occur when reflexive reactions and responses inhibit the development of a client-driven process. Here, the worker runs the risk of facilitating a process that has more to do with the worker’s need/interest/process, than the client’s. Conversely, the light side of reflexivity enables the worker to gain insight into the client’s situation, enhancing the potential for a client-driven process, while at the same time recognising that the worker’s reflexive response is central to
the unfolding of that process. This chapter will not argue whether or not reflexivity occurs, but how we might profitably engage in reflexivity to further practice development?

In order to better understand and make use of reflexivity in social work, delineating it from the reflective process provides a tractable way of understanding its potential for practice. Three phases in a reflexive/reflective process are now offered in the following conceptual model of self-confrontation (Figure 10.1.). Within this model the worker can identify reflexive reactions, critically reflect upon their reflexivity, and explore the potential for developing reflective practice outcomes. By this delineation, the model reinforces the possibility of reflexivity being a conscious process, and therefore able to be confronted and worked with as a micro practice issue.

Figure 10.1: Phases in a reflective practice process

The phases in Figure 10.1 include: a reflexive process, critical reflection, and a reflective practice outcome. Each of these phases will now be explored in detail.

**Reflexive process**

As discussed in earlier chapters and elsewhere (see Connolly, 2001), a reflexive process occurs as an automatic, unconscious response to interactions within the environment. In contrast to the notion of transference and countertransference, which is more frequently analysed within a psycho-pathological framework, reflexivity is an everyday, normal, and expected process. Whenever we confront a situation, we have a reflexive reaction that influences our response to that situation. Reflexive reactions can be identified in a number of locations. The *personal self*
provides one location for reflexive reactions. Using Bourdieu’s (1990) notion of personal identity and its impact on the construction of the object, the personal self can be seen to be critically influenced by a range of differing factors: the person’s gender, class, nationality, race, education, family background, experience, and so forth. The family provides a powerful socialising effect with respect to the developing individual. The way we view a situation or phenomena can be critically shaped by values and beliefs developed during our formative years. While family values and attitudes are inevitably filtered by other experiences within the environment, they can also be reinforced by societal values and beliefs, creating an even more compelling influence. Because work in the child protection area is infused with strong emotions, values and beliefs around what constitutes abuse and how society should protect children, the degree to which reflexivity, and particularly the dark side of reflexivity, influences professional judgement and conduct, is important. Recognising reflexivity as a factor in child protection work, therefore, seems imperative to child protection praxeology.

A second location for reflexive reactions can be identified within the sphere of the professional self. Again adapting Bourdieu’s work, and his notion of the ‘intellectual field’ (Wacquant, 1998) the professional self, infused with explanatory theories and professional attitudes within context, can also create a reflexive response to client/worker situations. For example, as illustrated in Chapter Nine, if a worker has integrated knowledge about abuse aetiology that reinforces a single common explanation, then this knowledge may unwittingly restrict the worker’s exploratory investigation. The need to recognise, work with, and critique reflexivity within not only the personal, but also the professional self, therefore, becomes very important. This demands “critical dissection of the concepts, methods, and problematics (the worker) inherits as well as for vigilance toward the censorship exercised by disciplinary and institutional attachments” (Wacquant, 1998:226). An example of ‘disciplinary and institutional attachments’ can be identified within child protection practice in New Zealand social work. Chapter Three discussed the philosophical and ideological underpinnings of family based-child protection work that has been adopted within this country as a means of managing child protection and children in care. Central to this way of working (i.e. ‘institutional attachment’) is the belief that the child’s biological family, and kinship network, is of primary significance in terms of the ongoing care of the child, and that the family needs to be supported to maintain the child within the family system. Further, any work undertaken by
protective services must maintain and strengthen the stability of the family. The wholesale adoption of these central tenants, enshrined in legislation, provides a disciplinary framework for the praxeology of child protection work in Aotearoa New Zealand. Whether or not this approach to child protection work is valid, reasonable, or desirable is not the point here. In the context of this discussion, what is important is how Bourdieu's ‘institutional attachment’ may create the potential for professional reflexive responses that channel practice outcomes toward institutional imperatives. The censoring potential of the professional and personal self - enacted through reflexive reactions - can also, therefore, potentially contribute to practice outcomes.

Because reflexive reactions are automatic and outside our control, it is not possible for us not to have them. However, as noted earlier the dark side of reflexivity has the potential to interfere with the social work helping process, and it is argued here that a better understanding of reflexivity, and an awareness of its impact on practice responses, can help us to bring reflexivity to our conscious awareness. It is further argued that by doing this we can critically reflect on these reflexive reactions as a step toward achieving reflective practice outcomes.

**Critical reflection**

Reflective practice as a social work strategy has been part of social work discourse for a number of years (Schon, 1983, 1987; Gould and Taylor, 1996). More recently the notion of critical reflection has taken hold (Pease and Fook, 1999). Fook (1999) draws a distinction between reflection and critical reflection in practice. Rather than merely reflecting upon, or thinking about practice, a critical reflective response can be seen to significantly challenge the values and attitudes associated with professional conduct and provides a more productive means by which practice can be critiqued. Returning to the three phase framework outlined in Figure 10.1, undertaking a critical reflective process follows the reflexive process.

Within the critical reflection phase, a process of interpretation is promoted. Interpreting responses initially requires an identification of reflexive reactions. Carefully listening to language used within the practice relationship can help to identify reflexive reactions. In this research project, the interview with Joe was taped and transcribed to allow full analysis of the detail of the interaction. Transcribing interviews into text can be helpful in tracking reactions, and similar
processes can be used in practice (Rossiter, 1995). Carefully analysing social work interviews provides a rich source of material that can reveal much in terms of a worker's ability to follow cues, develop exploratory pathways, and identify what interactive processes influence direction. While it is clearly unrealistic to critically reflect upon every practice interview in this way, doing it from time to time, with different practice relationships, can have the effect of sensitising a worker to reflexive process. Here we are talking about critical reflection in retrospect, and generally it is discussed in this way (Fook, 1999). However, social workers could also practice critical reflection during practice encounters. Being able to think about and respond to reflexive reactions during social work interviews (and thereby understanding the driving forces within the interview) would seem to be preferable to fixing it up later. However, the 'fixing up' certainly has the potential to prevent the dark side of reflexivity occurring again. The interviewer in Chapter Nine will not be likely, wholeheartedly, to follow a power and control strategy when interviewing men who molest children again.

In addition to identifying reflexive reactions, a reflective process can encourage an examination of the values and beliefs underpinning these reactions. Since reflexive reactions are often buried in tacit cultural knowledge, it is likely that they will also be connected to a set of cultural values and beliefs that are reinforced within the personal and professional process of socialisation. Examining the origins and the implications of these values and beliefs is an important aspect of a critical reflective process. Concomitant with this, two associated processes are identified: the challenging of assumptions, and the highlighting of stereotypes. Any critical examination of beliefs and values will also include an interrogation of the underpinning assumptions that are supportive of them. If we return to Aotearoa's family-based child protection approach discussed in Chapter Three, a critically reflective response to the assumptions inherent in the approach requires a worker to challenge professional reflexivity and to consider how these interact with the worker's own process of personal reflexivity. The family-based system of child protection, which is based on indigenous processes of decision-making, can also reinforce cultural stereotypes – for example, that Maori people will necessarily be more comfortable with a family-participatory model of practice, and that non-Maori will be less so. In Chapter Nine the example of the researcher being informed by professional stereotyping of sex offender motivation illustrates this point. Because the researcher was persuaded by a power and control analysis of sex offending,
areas of discussion relating to sexual motivation and impulsivity were not vigorously pursued, despite cues offered by the interviewee. Professional expertise can be powerful in the development of theoretically reinforced stereotypes. While professional expertise can, of course, enhance understanding, it can also have the potential to inhibit exploratory enquiry. A process of critical reflection can be used to identify, better understand, and reconstruct unhelpful assumptions and stereotypes based within the social and the professional sphere.

Recognising power and its effects can also be helpful in a critically reflective process. Critically exploring power and how it operates within a practice relationship, is promoted here as an important feature of critically reflective practice. It requires an understanding of the potential use of personal and professional power (Connolly, 1999) and how this may influence the direction of practice. Power, or influence, changes a course of interaction, whether exerted by the worker or the client. Using one’s power to influence a process, or the behaviour of another, may be viewed negatively and can have negative effects. If a power response is an unconscious reaction to reflexivity, the worker may not be aware of its genesis, and may respond unhelpfully to the client. Notwithstanding this, power is inevitably used by both workers and clients as part of the usual process of interaction and, if understood, can have the effect of positively influencing processes. Recognising and understanding power and how it operates within systems of interaction is an important component of reflective practice.

Reflecting upon one’s own reflexive process can then have potential practice outcomes. It can enable a worker to consolidate knowledge or values, having confronted their genesis, and their capacity to assist the worker to better understand and respond in the practice context. Conversely, it can challenge the worker’s attitudes and how they may be influencing practice. From here, new ideas can be generated and new practice pathways developed.

Understanding reflexivity-in-action raises a number of issues for child protection social work. The work is broad, involving both the investigation of abuse situations, and the support of children and their families. The investigative phase of an abuse situation involves mandated responsibilities that are in place to ensure the safety interests of the child. Within this context, the social worker wields much power, and is, appropriately, able to use this power to protect the child. While the fostering
of a client-driven process within this context is clearly difficult, child protection responses in Aotearoa New Zealand (as discussed in Chapter Three) are based on partnership and participatory models of practice. Inevitably, therefore, social workers have to be able to negotiate their way through sets of competing demands that often reflect the conflicting needs of the child and the family. At the same time, the social worker needs to understand the way in which reflexivity, both personal and professional, interacts with this. Unless the social worker understands how power and its effects work within the practice context, and in particular, their own power, there is a danger that statutory power can be used inappropriately or prematurely. Unless the social worker understands their own system of values and how it interacts with the development of stereotypical responses and the way in which they operate within the practice setting, they may inappropriately interfere with the process of the work.

The notion of professional reflexivity is particularly important in statutory child protection work. The move from deficit-based to strengths-based models of practice requires a paradigm shift that requires the worker to adopt a philosophy that sees the family offering great potential in solution-focused child protection work. This is not always easy when a social worker is confronted daily with families that hurt their children. Within this context, deeply embedded views about families may conflict with an agency’s philosophical frameworks for practice. Professional reflexivity is also influenced by Bourdieu’s ‘institutional attachment’ (Wacquant, 1998) discussed earlier. In the end it is the worker, however, that interprets and gives effect to agency mandates and their views, that are informed by personal and professional reflexivity, have the potential to significantly impact on practice outcomes.

This raises the importance of supervision in the monitoring and facilitation of practice. Supervision has been a well-used strategy in child protection work and is considered essential to the development of best practice. However, the demands and pressures of child welfare practice often militate against a critically reflective process. Supervision frequently ends up focusing on administration, and the practical realities of protecting children. While these are clearly necessary, the processes of child protection work can be overlooked. It is the intervention processes of child protection that are most affected by this discussion of reflexivity-in-action. Supervision has a role to play in this. Debriefing of investigations is important in
child protection work, however, how well it is done inevitably varies. Usually this is
done by the worker and the supervisor after the event, and generally involves a
report of what took place and a discussion of how the worker felt about it. It is less
usual for the session to include a process of critical reflection. Used transparently
and with agreement between the worker and supervisor, the model presented earlier
(Figure 10.1) could also be used as a supervision tool. In this context, the significance
of the professional self is particularly reinforced as the model explores the nature of
professional attitudes and how agency mandate contributes to the reflexive and
reflective process.

While the research exploring the nature of the reflexive process contributes to micro
system issues in practice, both the qualitative and the quantitative analysis of the
study also have meso system practice implications.

**MESO SYSTEM PRACTICE ISSUES:**
**KNOWLEDGE FOR CHILD PROTECTION WORK**

The quantitative and qualitative findings in this study combine to provide a picture
of the early experiences of men who have assumed an offending lifestyle. The
quantitative study further delineates between men who have committed sexual
offences, and those who have not. Within the study both the child molesters and the
rapists in the sample reported child abuse experiences, and the significance of the
early family environment was noted. The quantitative findings also indicated that
the child molesters, in particular, experienced a more highly sexualised early
socialisation. The child molester and rapist profiles, discussed in Chapter Six, began
the analysis of pathways toward an abusive pattern of offending, which was
investigated further in Chapter Eight when developmental trajectories were
identified. Knowledge-building research such as this provides the broader contextual
knowledge that also contributes to practice with children and families. As noted
earlier, the role of the child protection worker is broad-based. Contextual knowledge
about the experience and offending patterns of men who abuse children also
contributes to the better understanding of the work. The findings from both phases
of this study will now be explored within the context of meso practice.
The quantitative study as knowledge-building research

As noted earlier, the child protection social worker’s brief is broad, and is connected to the web of relationships surrounding a child in need of care and protection. Knowledge of the fields that intersect with the child protection system is, therefore, also important. Generally, however, child protection practice in Aotearoa New Zealand has developed along specialist lines. For example, people who work with children often have little to do with people who work with offenders. A consequence of this is that expertise surrounding the specialist areas also tends to remain within the domain of that specialist field. Unless knowledge filters across professional boundaries, the full picture of the child within the context of the wider environment is narrowed. This reinforces the need for child protection workers to update, and remain familiar with research that touches on the boundaries of their practice. The findings of the quantitative study contribute to a more in depth understanding of the complex matrix surrounding children and adults who sexually offend, and in doing so, provides contextual knowledge for practice.

The development of profiles that delineate the two offending pathways: that of the child molester, and the rapist (Figure 6.1), has the potential to increase awareness of the way in which early environment, and childhood sexual activity impacts on adult responses and how this can influence an offending pattern. The child molester profile presents a picture of the group that may broaden the expectations of the generic workers in the field. For example, the profiles indicate that the child molester is more likely to come from a higher socio-economic background and have a father in a skilled occupation. This may result in a reassessment of assumptions about sex offenders and socio-economic status. Also, the finding that relates to religiosity within the family history of the men who molest children indicates that this may be a factor that needs to be considered when working with families in this area. Religion and its effects on family functioning has received minimal attention in child protection practice specifically, and social work more generally. Spiritual and religious belief systems can provide a strongly positive force for families, particularly those families experiencing stress and crisis. However, negative religiosity that is rigidly enforced can be unhelpful and adversely effect family functioning. As such, it needs to be understood by workers entering the family system.
The findings that relate to childhood sexual activity also provide important contextual information about the way in which early aggressive sexual activity during childhood can result in a pattern of offending across the life course. That a large number of the men who have abused children were sexually aggressive during their childhood inevitably raises the issue of childhood sexuality and sexual aggression in children, and the need to take seriously patterns of childhood sexual aggression that might progress to adolescent and adult offending patterns. The higher reporting of sexual abuse with respect to the child molesters and the rapists suggest that their early experience may have influenced their developmental trajectory with respect to sexuality in particular, as opposed to more general criminality. This therefore suggests the need for social work to recognise the possible link between childhood aggression and adult offending.

The high levels of different types of abuse reported by the men participating in the study: sexual, physical and emotional abuse, also supports earlier findings that children who are exposed to a combination of abuse may be predisposed to act out in adulthood (Graham, 1996; Bagley, Wood & Young, 1994; Seghorn, Prentky & Boucher, 1987). This has important implications for practice. Social work intervention in child protection often targets the more serious cases of child abuse. While physical safety is obviously important, it is also important to recognise that child protection work includes protection of a child's developmental trajectory. A trajectory that is adversely forged by abusive factors can have future ramifications. Supportive interventions for children and families are likely to have a greater chance of success if they are developed early. Working with entrenched patterns and long-standing abusive family dynamics will always be more difficult to change.

The qualitative interviews and how they inform child protection work

The findings from the qualitative interviews that were undertaken in this study have developed further the notion of developmental trajectories, and the way in which early experience impacts on an offending pathway. The interviews with the men reveal unique developmental trajectories that have been influenced by a complex set of factors. They have all led to a sexually offending lifestyle, but they are essentially different. Men who molest children, while having some common characteristics, are not homogenous nor were they as children. They did not all
have highly sexualised early socialisation experiences, and, as seen by the Etiological Pathways analysis in Chapters Seven and Eight, their patterns of adult offending have also been quite different. It would therefore seem useful for child protection workers and services to recognise the unique developmental pathways forged by children in the context of their family and wider environment and incorporate these in their treatment strategies for sexually aggressive children and their families. For example, if we return to the stories of the men in Chapter Eight, the childhood experiences of Bill and Joe, while both highly sexualised, were nevertheless significantly different. Had they been referred for social work services, they would have also required quite different social work responses.

This raises a number of issues for practice. Firstly it reinforces that there are, in fact, unique patterns of experience, created by the complex mix of interrelated factors within the child's environment. Sexually aggressive children are not homogeneous. Social workers cannot expect them to behave so, and even when they do fit a familiar pattern, they may also depart from it. Social workers therefore need to develop practice and research that explores the experience of sexually aggressive children and build this into their practice repertoire. This is connected to the second issue raised for practice: the need for workers to develop social work responses that can meet the unique needs of children and families. 'Family Package' strategies that take into consideration the unique and complex interactions experienced by the child within the environment are likely to have a greater chance of success than simple univariate model responses. For example, a family package strategy that responds to a highly sexualised child (as indicated by Joe's story in Chapter Eight) might include a strong emphasis on boundaries in families, and the role of families to educate and guide children, their sexual activities and development. Hence, it would include an educational programme for parents about childhood sexuality and ways in which parents can respond to behaviour that is outside the normally expected range. Conversely, unlike Joe, some of the men in the study had significant difficulties in relating to others, producing behaviours that were socially isolating. In these situations, a family package strategy might include helping the family to develop the child's network in appropriate ways. The study revealed that some of the families of the men did try to build resilience in their child, but lacked the knowledge and skills to do so. Harnessing the strengths and commitment of the family in these situations is an important feature of the work. Accurately assessing the nature of the child's difficulty can assist the worker to be more helpful to the
family, and the family strengths perspective assists the worker to identify the strengths and resources within the child's network. Harnessing the cultural strengths of a family may also become part of a family package strategy.

Reinforced throughout the thematic data analysis is the importance of family as a protective or abusive factor in the child's life. It can be seen from the qualitative study that while some families were abusive, not all were. The interviews exposed other areas of vulnerability for the boys that also may have impacted on their development trajectories.

From a meso practice system perspective, adding to the increasing body of research and literature, the data in this study reinforces the potential for the child's family and wider supportive network to provide either protective factors or risk factors for the child. It is evident that the immediate and wider family surrounding these boys could not always be relied upon. In-family care arrangements were often the most abusive and certainly could not be seen as a source of protection. Protective factors, however, are important – even when abuse is not occurring. Some of the parents of the men in the sample tried very hard to encourage resilience in their son. The problem was not so much the lack of trying, but the strategies they adopted. Sometimes even a supportive family did not seem to be able to critically influence a child's low self-esteem in the face of other vulnerability factors. In these situations the child's ability to use social assets is important. However, the clinical focus has often been to provide strategies to encourage individual resilience – the intrinsic factors that determine a person's capacity to succeed despite conditions of adversity. The findings from this study suggest that while intrinsic resilience factors are clearly important, extrinsic factors can also help to cushion a child within a harsh environment. However, despite the family strengths approach to practice that was discussed in Chapter Three, there has been relatively little emphasis on broadening the scope for resilience building within Aotearoa - New Zealand social work practice with children and families. Since social work has such a strong emphasis on the mobilisation of wider systems of support, the foci for social work attention in this area could be the active development of strategies that encourage both intrinsic and extrinsic resilience building factors. Returning to Gilligan's (1997) building blocks of resilience, the secure base and the promotion of self-esteem and self-efficacy all have important extrinsic implications, and have significance across the child's...
wider network. Again the ecological framework provides wider resilience domains as systems interrelate:

*Individual hardiness is best understood and fostered in the context of the family and larger social world, as a mutual interaction of individual, family, and environmental processes (Walsh, 1998:24).*

Social workers become an important part of the child’s environment and can have an influence on the building-blocks of resilience. The child’s exposure to discontinuity can be further damaging to the development of resilience. Despite the emphasis on the family participatory model of child protection practice in Aotearoa New Zealand, children are still being moved around both within and outside family care. This suggests that the lessons from the research relating to the importance of a secure base for children are not yet being integrated into practice strategies. Following from Gilligan’s building block concept, because the secure base provides the stability for other resilience building blocks, it cannot be extricated from the others. Hence, discontinuity and instability will damage resilience building potential and therefore also damage self-esteem and self-efficacy development. The experience of the men in this study suggests that discontinuity has been one of the factors affecting their developmental trajectory. It is a salient reminder that workers need to continually recognise discontinuity as a potential risk factor for children and to ensure that it is not further perpetrated by the interventions used within the practice setting.

If resilience building is conceptualised more broadly, then the possibilities of also looking more broadly for protective factors becomes part of the social work strategy. The potential for social work to reaffirm its commitment and resources to community social work, both in child protection work and in other areas of practice, then assumes greater significance. In the past decade the move toward increasing the managerialism and bureaucratisation of social work services has done little to foster community involvement child protection that is in partnership with the state. This is despite Aotearoa New Zealand developing innovative participatory legal structures to deal with children in need of care and protection. For example, the Care and Protection Resources Panels that were established under the Children, Young Persons and Their Families Act (1989) as a tangible link with the community, in many cases have become an arm of the state. The increased specialisation of child protection social work has also meant that social workers have ended up doing narrowly proscribed, relentless statutory tasks, usually with the most difficult
families. Community social work that requires linking with community networks and becoming part of the community system, has become something of a luxury in the demanding statutory context. Despite the laudable direction of family decision-making that was set in place by creative legislation over ten years ago, practice continues to be deficit-based and reliant on the health of the personalities within the child's immediate family system. In this respect little has changed to address the social and economic networks that have a significant impact on their lives.

Community social work in the child protection area involves the creation of supportive networks and team approaches to the development of child protection services. Social work has much to offer in this sense. The profession has always had an emphasis on an ecological analysis that promotes the importance of the person-in-environment fit. Further, the strong theoretical push toward the strengths perspective in family practice is most firmly championed by the social work profession. It fits well with social work ethics and values and is more in sympathy with cross-cultural practices. Community social work promotes smaller units of statutory activity that is connected to the neighbourhoods within which they exist. It also involves social workers having a broader brief that includes a mix of family support work and work toward the mobilisation of community initiatives, as well as the more difficult families that currently constitute the practice realities of statutory workers. The recent move in Aotearoa New Zealand toward having statutory social workers in schools is an important development. However, it may well be that these positions will only succeed in the neighbourhood support sense if they are well resourced and are part of a wider community development strategy. Having a few social workers scattered across many schools is unlikely to create the kind of system support envisaged by the initiative. One of the salient features of the experience of the men in this study has been the lack of professional vigilance. Although teachers and health professionals were, from time to time, made aware of the boys in distress, few had received help. The few that did found themselves placed in alternative care for short periods. Building networks of support around children at risk is not a new idea, however, the specialist nature of child protection work militates against it. Community strategies that include social workers in schools, statutory child protection workers, health professionals, neighbourhood support services, and culturally-based organisations, if co-ordinated and prepared to work together, could provide a much more viable safety support network for the child at risk.
Supporting an ecological analysis within child protection work requires attention to the complex mix of factors that have been discussed throughout this thesis. It requires an understanding of health issues, educational issues, psychological issues, cultural issues, and the issues that relate to the constraints and opportunities offered by the environment. Because different professions have different areas of expertise, mobilising services that enhance the ecological and strengths-based approaches is not always easy. Indeed, specialisms within professional groupings do not necessarily contribute to collaborative interagency communication. Community social work in child protection, however, relies on the workers capacity to engender supportive agency networks that harness the strengths of the professional community. Hence the strengths perspective has wider implications.

Community social work, within which the worker mobilises the strengths of the family system, inevitably has wider implications for the community. These are now discussed as macro practice system issues.

**MACRO PRACTICE SYSTEM ISSUES: PRAXIS AND THE RESILIENT COMMUNITY**

The notion of building resilience in the individual and family context suggests that there are potentially multiple domains for resilience building within the wider networks surrounding the child:

**Figure 10.2: Potential domains for resilience building**

The essence of resilience is captured in the domain’s capacity to develop successful outcomes under conditions of adversity. Within this, there are assets and risks that influence the domain’s capacity to be resilient. In broadening the resilience concept,
it is also possible to consider services as resilient, within communities that are also resilient.

In this broader analysis, the notion of identifying and strengthening assets, and minimising risks within the context of resilience building becomes particularly important. Strengthening assets and minimising risks are interconnected, as are the domains of resilience potential noted above. Providing resilient services that are strong and robust will have positive benefits for service users and ultimately the general protection of children. Policies need to be robust and enduring, but nevertheless flexible enough to provide for the range of family situations it responds to. The current crisis confronting statutory child protection services in Aotearoa New Zealand is an example of a service that it not resilient. Although supporting the notion of partnership with family, it consistently struggles to be seen as a 'strengthening families' organisation. Using Gilligan's (1997) notion of resilience building blocks, it can be seen that over the past fifteen years the agency responsible for the statutory care and protection of children has been consistently unable to achieve the basic building blocks of resilience. It has been unable to develop and sustain a secure base (through numerous processes of restructuring); it has been the focus of huge critical analysis and is regularly pilloried by the media (resulting in significant lack of staff morale); and has been subjected to many questions regarding its internal competence and efficacy.¹

Unless the services that are in place to protect children are strong and consistently reflect the wider societal vision of protecting children and supporting families, they are unable to play their part in the child protection network. Good practice relies on the development of positive partnerships and the fostering of relationships that create a safety support network for the child. Partnerships not only include those between families, agencies, and communities, but also across agencies. Professional networks that do not foster partnerships encourage small pockets of specialist activity with little cross-fertilisation.

¹ At the time of writing, the Department of Child Youth and Family, the statutory agency responsible for child care and protection in Aotearoa New Zealand, is undergoing a further review. Judge Mick Brown will be reporting the findings of this review, and it is hoped that it will contribute to positive change within the department's areas of service delivery.
These partnerships and relationships with families, agencies, and communities are not fostered when the statutory agency is in crisis and unable to retain staff. Since the highly managerial approach has not provided an environment that is conducive to keeping staff within that organisation, perhaps a change to the way in which it undertakes the task is now worth considering. A move to a community development approach in child protection may be more likely to foster a more resilient statutory agency.

Building resilient communities is important for child protection and public safety. Resilient communities are those that can respond positively to the adverse challenges confronting them. Inevitably, however, communities are only developed from the combined efforts of the people within them. Harnessing the strengths within the domains of resilience identified in Figure 10.2., therefore, becomes part of the strategy for building resilient communities. Healthy communities are likely to foster resilient children. For example, initiatives providing support and education around the development of healthy family sexuality could contribute to individual, family, and community resilience. There is a good deal of confusion about what is ‘normal’ sexuality for children. It is an area of relevance to parents, families, workers in preschools, schools, and support services generally. Professionals working in this area have much to contribute both preventively and remedially to help families work toward positive expressions of sexuality, and to provide advice about ways of dealing positively with the range of sexual behaviours exhibited by children.

Responding to violence in society is also important to the development of resilient communities. Within this study, participants were significantly affected by experiences of abuse from inside the family and without. Bullying within the school context has been a feature of this experience for the men. Bullying is one abuse type existing within a range of violence within communities. Minimising risks of violence by the development of anti-bullying and anti-violence community initiatives are also an important part of building community health and safety. Working toward co-operative programmes and using interagency skills and knowledge again will be likely to support more successful outcomes across the range of abuse domains.

One of the important messages from this and other research is that the child/family/environment matrix is complex, and so too is social work practice within the abuse field. It demands a broad knowledge base and it is important that workers who
work in the area are familiar with the range of interrelated research and clinical practice across differing but connected fields of violence work. This raises the significance of the study's findings in terms of social work training and education, and research.

Social work education has responsibilities that traverse the range of micro, meso, and macro areas of practice. Beginning with the micro practice training issues, since reflexivity has been identified as an important component affecting practice, it would seem important that social work educators consider incorporating the developing ideas regarding reflexivity and critical reflection into the practice teaching components of social work programmes. People new to social work often struggle to appreciate the way in which personal and professional values, beliefs and perceptions can influence the nature of the work with children and families. Nevertheless, research indicates that social workers, like everybody else, are subject to social stereotypes and cultural messages about sex and violence, and that these can inform professional attitudes and influence the way in which the work is undertaken (Connolly, Hudson, & Ward, 1997). This study has demonstrated that such attitudes have the potential to influence the pathway of a social work interview, and, therefore, the direction of an intervention quite substantially. The model presented earlier in the chapter (Figure 10.1) may also offer potential as a useful tool for training. Used more broadly in the classroom setting, students could bring their own fieldwork practice situations to the phases of the reflective learning process, encouraging an in-depth analysis of personal and professional reflexivity, critical reflection, and hopefully a more informed practice outcome.

Micro skills training could also be enhanced by an additional focus on reflexivity as a factor within the social work process. Since reflexivity occurs within the interactive process of both the social worker/client, and researcher/participant interview situations, incorporating an awareness of reflexivity also in the interview skills training area for practice and research would seem to have much to recommend it.

The study has also promoted the need for social workers to develop their knowledge base across the different fields of practice within the abuse areas. Reading research findings from studies that touch the statutory child protection boundary is, of course, important, but a way of enlivening the research knowledge is for social workers to undertake collaborative research across agency and disciplinary boundaries. Where
research expertise is needed, developing reciprocal training and research links with social work researchers within the university setting would provide mutual benefits as academics and professional staff share their expertise and knowledge, and contribute to the promotion of a practice research culture in agencies. This brings us back to the notion that social work can benefit from both knowledge-building and practice-building research. Partnerships in research can develop expertise within and across disciplines, and using a range of methods to illuminate the experience of people accessing professional services can enrich a generic knowledge base. Also, the ecological perspective, and the family strengths model that is embedded within it, has the potential to strengthen the theory, practice and research developments in child protection social work, and adds much to the contribution of social work across disciplines.

Essentially, developing macro systems to support families and communities also involves a fresh commitment to the macro or social change effort in social work. Social work training that incorporates micro, meso and macro perspectives have the opportunity to reclaim some of the lost ground in child protection work. With increasing specialisation, child protection work has become mechanistic. Its links with social change have become obscure. A return to the identification of social work as an occupation concerned with the humanising of social services, and the development of partnerships that strengthen the fabric of society has become imperative. Some ideas that support this approach have been identified above and have been tied to an ecological framework of micro, meso, and macro practice. In addition, and to end this thesis, we will return to the process that links micro, meso, and macro practice — the development of praxis-oriented social work in action. Praxis is the ideological strengthening of practice (Connolly, 2001) and involves the need for both reflexive and reflective practice in terms of social work activity across worker/client, worker/agency, agency/community, and agency/state boundaries. Social work practice is influenced by multiple sets of opinions, values and beliefs that emerge from these activities. The need to examine how these factors impact on the social worker's own practice standards and values becomes part of the ongoing process of worker self-confrontation and development. The social worker is part of the complex network surrounding children at risk. Knowledge-building and theorising around the child/family/environment matrix makes an important contribution to the ongoing work with families needing child protection support. How the worker contributes to this matrix within the micro, meso, and macro context.
is also important practice-building knowledge for social work. Understanding reflexivity, the significance of the personal and professional self and the way in which this relates to a process of critical reflection, thus provides a framework for praxis-oriented practice within a social change agenda. Ultimately, this becomes part of the skill base for the reflexive practitioner.
References and Appendices
References


Frankel, S. A. (1994). Two paradigms and so much to know: The role of quantitative and qualitative approaches in social work research. *Manitoba Social Worker, 26, 3, 6, 10.*


References


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References


Appendix A:

QUESTIONNAIRE CONSENT FORM

By signing this form I show that I have agreed to participate in the study on sexual experiences during childhood. This involves filling out a questionnaire.

By signing, I show that I understand that...

• this research is independent of the Department of Corrections

• the information I provide is confidential and is available only to Marie Connolly of the University of Canterbury and that questionnaires are answered anonymously and no record of individual responders is kept

• participation in this study is voluntary and I that I may decline participation with absolutely no repercussions whatsoever

• I will not be advantaged in terms of my prison sentence

• I may stop filling out the questionnaire at any time, even after agreeing to participate in the study, and I may leave questions blank if I do not wish to answer them

• some of the content may lead to feelings of distress, and hence the process of filling out the questionnaire may be upsetting.

Signed:.............................. Date:..........................
Appendix B:

INTERVIEW CONSENT FORM

This is to state that I voluntarily agree to participate in programme of research to be conducted by Marie Connolly at the University of Canterbury. I understand that the primary purpose of the research is to develop an understanding of the early sexual and family experiences of men attending treatment for sexual offending at Kia Marama, and to study the relationship between childhood experience and adult sexually aggressive behaviour. By signing this form I show that I have agreed to participate in the study. This involves an interview.

By signing, I show that I understand that...

- this research is independent of the Department of Corrections
- the information I provide is confidential and is available only to Marie Connolly of the University of Canterbury, also that my anonymity will be preserved
- participation in this study is voluntary and I that I may decline participation with absolutely no repercussions whatsoever
- I will not be advantaged in terms of my prison sentence
- I may discontinue the interview at any time, even after signing this form and agreeing to participate in the study, also that I may refuse to answer questions if I choose
- some of the content may lead to feelings of distress, and hence the process of filling out the questionnaire may be upsetting
- that this interview will be audiotaped for later analysis by Marie Connolly
- that the results of the research may be published, again with my anonymity preserved.

Signed:................................. Date:...........................
Appendix C:

Questionnaire

It is now generally recognized that many children have some sort of sexual experiences while growing up. Some of these are with other children, some are with older adolescents, and some are with adults—strangers, friends, and family members. Some of these experiences are exciting and pleasurable, while others are upsetting and painful. Some are generally forgotten, some remembered fondly, and some continue to evoke painful memories. Although these experiences are often important events in a child's life, little is known about them.

We would like to have you remember any experiences that you had while growing up which might be considered sexual. Sexual is being used in its broadest sense to mean behaviors related to the sexual organs or behaviors between people which are in some way related to their sexuality. By sexual we mean anything from telling dirty jokes, to playing "doctor", to touching other children's "private parts", to sexual intercourse. The questions relate to experiences you had when you were 12 years old or younger.

Everything is completely anonymous. When the study is completed, the results will be given for the group, not for any individual.

Your participation is voluntary. If for any reason you do not want to participate you do not have to do so. If you start to fill out the questionnaire and then wish to stop, you are free to do so. If you do not want to answer some of the questions leave them blank.

If filling out this questionnaire causes you emotional discomfort and you wish to speak with someone, ask for help from the person who gave you the questionnaire.

If you agree to participate in this study, please put a Tick here.
If you do not wish to participate, please return the questionnaire unanswered.

There are six sections in this questionnaire. Below is a preview of the sections. Read the directions for each section carefully as you go through the questionnaire.

Section 1
General questions about sexual experiences of children 12 years or younger.

Section 2
Sexual experiences when you were 12 or younger in which you were the only one involved.

Section 3
Sexual experiences you had at 12 or younger in which you and one other child agreed to participate.

Section 4
Sexual experiences you had at 12 (twelve) or younger in which you bribed, tricked, threatened, physically forced or otherwise coerced another child to engage in sexual behaviors with you.

Section 5
Questions regarding sexual experiences you had with adults when you were 12 or younger.
PLEASE FILL IN THE FOLLOWING INFORMATION ABOUT YOURSELF:

Age:_____

Marital status: __Never Married __Married __Divorced __Separated __De facto

Tick one: __European __Maori __Pacific Island __Asian __Other _____

Tick one: __Homosexual __Heterosexual __Bisexual

Your work: (be specific)__________________________________________

Tick one.
__Unskilled worker (eg labourer, cleaner)
__Skilled worker (eg plumber, teacher's aide, technician)
__Professional (eg teacher, medicine, engineer)

Father's occupation when you were 12 or younger (be specific)
__________________________________________

Tick one.
__Unskilled worker (eg labourer, cleaner)
__Skilled worker (eg plumber, teacher's aide, technician)
__Professional (eg teacher, medicine, engineer)

Mother's occupation when you were 12 or younger (be specific)
__________________________________________

Tick one.
__Unskilled worker (eg cleaner, shop assistant)
__Skilled worker (eg teacher's aide, lab technician)
__Professional (eg teacher, medicine, engineer)

Family's religion:
__Catholic __Protestant __Jewish __Christian
__Fundamentalist __No religion __Other________

Your education. Tick (✓) as many as apply.

__High school __Polytech __University

I have committed a sexual offense __yes __no

I have been put in prison for committing a sexual offense __yes __no
SECTION 1

This section is made up of general questions about sexual experiences of children 12 years or younger.

1. In your opinion, is it normal for children to engage in some sexual behaviors when they are 12 years or younger? Tick (✓) one.

___ Yes  ___ No  ___ Not sure

2. If you answered yes to question 1, please tick all the behaviors you feel are normal for children 12 years or younger to engage in. Tick (✓) as many as apply.

___ Invitation or request to do something sexual
___ Teasing at school by running/peeking in bathroom, lifting skirts, telling dirty jokes
___ Playing "doctor"
___ Talking about sex
___ Kissing or hugging other child
___ Showing "private parts" to other child
___ Touching, exploring, masturbation of self
___ Touching, exploring "private parts" of other child
___ Looking at "dirty pictures"
___ Watching people in bathroom, bedroom, etc. when they are unaware of child's presence
___ Putting objects in the vagina or rectum of another child
___ Putting mouth on penis or vagina of another child
___ "Humping" or pretending intercourse
___ Vaginal intercourse
___ Anal intercourse
___ Sexual contact with animal/s
___ Putting objects in own vagina/rectum
___ Other ____________________________

3. Imagine you have a child and you walk in and see your child engaging in sexual behavior with another child. What would you do? Tick (✓) as many as apply.

___ Tell them to "stop"
___ Punish children
___ Assume it is harmless
___ Think child is doing something bad/wrong
___ Find out if either child is forcing the other
___ Do nothing, ignore children
___ Call police
___ Talk to the children
___ Tell parents of other child
___ Other ____________________________

4. When you were 12 years and younger how accurate do you think your understanding was of each of the following. Use the scale: 1 = "no knowledge", 2 = "incorrect understanding", 3 = "some accurate knowledge", 4 = "accurate and complete understanding".

___ Conception
___ Contraception
___ Venereal diseases
___ Sexual intercourse
___ Abortion
___ Masturbation

5. When you were 12 or younger where did you get your understanding about sex, sexuality, sexual intercourse, where babies come from? Tick (✓) as many as apply.

___ From parents
___ From uncles/aunts
___ From friends
___ From legitimate magazines
___ From music videos
___ From observing others
___ Sex education in school
___ From brothers/sisters
___ From cousins
___ From books
___ From television
___ From pornographic material
___ Observing animals
___ Other ____________________________

6. Did a parent/s sit down with you to tell you "the facts of life"?

___ Yes  ___ No
SECTION 2

In this section you are asked questions about the sexual experiences you had when you were 12 or younger in which you were the only one involved. If you did not have any experiences of this kind, please Tick here ___ and go directly to Section 3.

1. Please indicate which of the following sexual behaviors you did during the three age periods: birth (0) to 5 years, 6 to 10 years old, and 11-12 years old. Tick (✓) the behaviors you did during each age group.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>0-5 years</th>
<th>6-10 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploration of self including genitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fondling of self</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Masturbation of self to orgasm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Putting objects in your vagina/rectum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking at &quot;dirty pictures&quot; in books, videos, movies, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hurting own &quot;private parts&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking at your body in the mirror</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual contact with animals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teasing at school by running/peeking in bathroom, lifting skirts, saying &quot;bad&quot; words</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching people in bathroom, bedroom, etc. who were unaware of your presence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thinking a lot about sex during day</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dreaming about sex while asleep</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. While you were engaging in the sexual behaviors between 6-10 years old and 11-12 years old, how did you feel? Tick (✓) as many as apply.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>6-10 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good/fine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silly/giggly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excited (not sexually)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually stimulated (as an adult might feel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didn't feel anything</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didn’t like it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scared</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confused</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Rate your feeling as a child about your sexual experience/s in which you were alone.

___1 Bad   ___2 Sort of Bad   ___3 Okay   ___4 Pretty good   ___5 Very good
SECTION 3

In this section you are asked questions about sexual experiences you had at 12 or younger in which you and one other child agreed to participate. Please note, this section asks questions about sexual experiences in which you were involved with one other child at a time. If you did not have any experiences of this kind, please Tick here ___ and go directly to Section 4, page 6.

1. Which of the following behaviors did you do in the three age ranges 0-5 years, 6-10 years, 11-12 years? Tick (✓) the behaviors you did during each age group.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>0-5 years</th>
<th>6-10 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teasing at school by running/peeking in bathroom, lifting skirts, telling dirty jokes, saying &quot;bad&quot; words</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kissing and hugging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching people in bathroom, bedroom, etc. who were unaware of your presence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showing &quot;private parts&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touching, exploring &quot;private parts&quot; of other child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking at &quot;dirty pictures&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other child touching your &quot;private parts&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking about sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You inserting objects into vagina/rectum of another child</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>&quot;Humping&quot; or pretend intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Putting your penis in other child's mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other child putting penis in your mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child inserting objects into your vagina/rectum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual contact with animal/s</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Were the other children? Tick (✓) all that apply.

- Brothers and/or sisters
- Cousins
- Friends
- Strangers

3. Were the other children? Tick (✓) all that apply.

- Within one year
- 1 to 2 years younger
- More than 2 years younger
- 1 to 2 years older
- More than 2 years older

4. About how many children did you do this with?___
5. While you were engaging in the sexual behaviors between 6-10 years old and 11-12 years old, how did you feel? Tick (✓) all that apply.

<table>
<thead>
<tr>
<th>Feeling</th>
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<tr>
<th>Feeling</th>
<th>6-10 years</th>
<th>11-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didn't feel anything</td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Did any adult know about any of your sexual behaviors around the time they were occurring?

- Yes
- No

7. When you were a child, how did you feel about these sexual experiences? Tick (✓) one.

- 1 Bad
- 2 Sort of Bad
- 3 Okay
- 4 Pretty good
- 5 Very good
SECTION 4

In this section you are asked questions about a sexual experience(s) you had at 12 (twelve) or younger in which YOU bribed, tricked, threatened, physically forced or otherwise coerced another child to engage in sexual behaviors with you. If you did not have any experiences of this kind, please Tick here ___ and go to Section 5.

1. Please Tick (✓) all the behaviors you or the other child did.

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Tick (✓) the behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing and hugging</td>
<td></td>
</tr>
<tr>
<td>Showing &quot;private parts&quot;</td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

2. Were the persons you sexually abused? Tick (✓) all that apply.
   ______ Brothers and/or sisters       ______ Cousins       ______ Friends       ______ Strangers

3. How many times did you sexually abuse someone when you were 12 or younger? Tick (✓) one.
   ______ 1-2 times                    ______ 3-5 times      ______ 6-10 times
   ______ 11-20 times                   ______ 20-50 times    ______ 50 or more times

4. Was the sexual abuse to? Tick (✓) all that apply.
   ______ Girls                        ______ Boys           ______ Men            ______ Women

5. What age were the persons you sexually abused? Tick (✓) all that apply.
   ______ Within one year              ______ 1 to 2 years younger   ______ More than 2 years younger
   of your age                          ______ 1 to 2 years older      ______ More than 2 years older
   ______ Teenagers                     ______ Adults
6. How old were you when you sexually abused others? Tick (√) all that apply.

   ____ 2-4 years old  ____ 5-7 years old  ____ 8-10 years old  ____ 11-12 years old

7. How many people did you sexually abuse? ______

8. Did you physically hurt anyone during any of these sexually abusive behaviors?

   ____ Yes  ______ No

9. How did you get the other persons to do the sexual behavior? Tick (√) as many as apply.

   ___ I teased the child/ren
   ___ I bribed the child/ren
   ___ I physically threatened the child/ren
   ___ I tricked the child/ren
   ___ I verbally threatened the child/ren
   ___ I physically forced the child/ren
   ___ Other ________________________

10. If you knew the children, rate your feeling for them at times when no sexual behavior was occurring. Tick (√) one.

    ___ 1 Dislike  ___ 2 Sort of dislike  ___ 3 Okay  ___ 4 Sort of like  ___ 5 Like
SECTION 5

In this section you are asked questions regarding any sexual experiences you had, and the sexual experiences you had with adults when you were 12 or younger.

1. When you think back now about your sexual experiences as a child, how do you feel about them? Tick (✓) all that apply.

___ I didn't do anything sexual as a child
___ Good/fine
___ They were bad
___ Sad
___ Confused
___ I feel nothing
___ Sorry I did it
___ Guilty
___ They were normal
___ Other ____________________________

2. As an adult sexual person, rate the effect on you now of your sexual experience with another child when you were 12 or younger. Tick (✓) one.

___ I didn't do anything sexual as a child
___ 1 Bad
___ 2 Sort of bad
___ 3 Okay
___ 4 Pretty good
___ 5 Very good

3. When you were a child (12 or younger), did anyone older than 12 engage you in inappropriate sexual behaviors?

___ Yes
___ No

At that time (then), did you consider the inappropriate sexual behaviors sexually abusive?

___ Yes
___ No

At this time (now), do you consider the inappropriate sexual behaviors sexually abusive?

___ Yes
___ No

How many times did they do the sexual behaviors? Tick (✓) one.

___ 1-2 times
___ 3-5 times
___ 6-10 times
___ 11-20 times
___ 20-50 times
___ 50 or more times

How many older persons did this? ______

Were the older persons? Tick (✓) all that apply.

___ Male
___ Female

About how old were they? Tick (✓) all that apply.

___ 12-18 years old
___ 19-30 years old
___ 31-45 years old
___ 46 years or older
What was their relationship to you? Tick (✓) all that apply.

- Brothers and/or sisters
- Cousins
- Other
- Friends
- Strangers

How old were you when the older persons engaged you in inappropriate sexual behavior? Tick (✓) all that apply.

- 0-2 years old
- 3-6 years old
- 7-10 years old
- 11-12 years old
- 13-15 years old
- 16-18 years old

Rate the effect on you of your sexual experience/s with an older person. Tick (✓) one.

- No inappropriate
- 1 Bad
- 2 Sort of
- 3 Okay
- 4 Pretty
- 5 Very

How old were you when the older persons engaged you in inappropriate sexual behavior with adults?

- 0-2 years old
- 3-6 years old
- 7-10 years old
- 11-12 years old
- 13-15 years old
- 16-18 years old

How old were you?

- 0-2 years old
- 3-6 years old
- 7-10 years old
- 11-12 years old
- 13-15 years old
- 16-18 years old

What was their relationship to you?

- Daughter
- Stepdaughter
- Niece
- Others
- Son
- Stepson
- Nephew
- Strangers

How old were you?

- 13-15 years old
- 16-18 years old
- 19-24 years old
- 25-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60 years or older

Were you physically abused as a child?

- Yes
- No

Were you emotionally abused as a child?

- Yes
- No

Were you neglected by your parent or caregiver as a child?

- Yes
- No
This chapter examines the New Zealand Family Group Conference and illustrates the way in which the theory concerning professional and family partnerships in decision-making is incorporated into child protection practice. In looking at the development of the New Zealand legislation it will consider some of the complexities of balancing state and family decision-making. The chapter will consider:

- The antecedents of Family Group Conferencing
- The practical application of family decision-making
- The challenges of family involvement in child protection

In 1989 New Zealand radically changed its child care and protection legislation. The introduction of the Children, Young Persons and their Families Act (1989) revolutionized social work practice with children and families, and established a new practice direction for the future (Connolly 1994). This practice direction changed not only the way social workers interact with family, but also the way professionals within the care and protection field perceived family and the family’s contribution to finding safe solutions for children.

Prior to 1989, like many countries, New Zealand had developed care practices that relied heavily on alternative care options for children. The legislation of the time, the Children and Young Persons Act (1974), provided social workers and the police with the legal authority to intervene in family situations where children were at risk. Following such interventions it was not unusual for children to be taken into care by the state and placed in positions of alternative care, such as foster placements, family or
group homes, and institutional care. The legislation and the principles upon which practice was based at that time were almost entirely child-centered. Appropriately, the needs of the child were considered to be paramount, and it was believed that the "family" was the optimum unit that could satisfy a child's needs. It was the family, and more particularly the immediate family, that was charged to provide an environment in which the child could thrive and develop. When failure was identified within the original, immediate family, the professional response was often to replace the child with a foster family unit. Frequently, the foster family would not have had any links with the original family, nor would the child have necessarily been known to them prior to placement.

While it can be said that practice was child oriented, this was generally in terms of the child's immediate and short-term needs. Longer-term needs such as the child's need for permanence, security, and identity, both cultural and familial, were given less priority. This resulted in children remaining in foster care for long periods of time, although not necessarily in the same placement. While some fostering arrangements were maintained until the child reached independence, many were unsustainable over time (Connolly 1994). This resulted in children being exposed to a pattern of placement breakdown (Prasad 1975). Inevitably, this proved to be tragically self-perpetuating as the child graduated from foster homes to group homes and then to institutions when finally assessed as "difficult to place." Alternative care opportunities have always been expensive and considerable resources were put into the alternative care system. It would be true to say that far fewer resources were expended on the child's family of origin and maintaining the child's links with its kinship system.

During the 1980s there was much dissatisfaction with the negative effects these care practices were having on a growing number of children. Children of the indigenous people of New Zealand (Maori) were frequently being placed outside their kinship network, and many Maori felt the effects of this cultural loss. A system of care was introduced, Maatua Whangai (literally, the parents who feed), that used Maori kinship structures within a fostering framework to care for Maori children. Here, a greater emphasis was placed on the nurturing of children within the kinship network, and for Maori this included the extended family and tribal affiliations.

At the same time, social workers and other helping professionals began to place greater emphasis on permanency, and on finding ways to address the security needs of the child. While this was a positive step, it mostly involved securing permanence by way of adoption, legally formalizing long-standing fostering arrangements and often breaking a child's ties altogether with the family of origin. Moreover, it dealt primarily with children already in care situations and had little impact on children enter-
ing the system. Children were still being taken into care in relatively large numbers, and fostering remained the preferred care option.

In 1986, arguably the most significant report concerning welfare issues and the needs of Maori people was introduced: Puao-te-Ata-tu (Daybreak). This was a report by the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare (1986). The report made many recommendations with respect to the particular needs of Maori children and families. Ultimately, the report influenced child protection services in New Zealand in a radical way. It emphasized the notion of retaining the child within the family network and called for family and community consultation and involvement in decision-making (Connolly 1994). Practitioners influenced by Puao-te-Ata-tu began to explore ways of involving family in the processes of decision-making. A case example will help illustrate this developmental aspect of practice at that time.

A school reported to a busy welfare office that a nine-year-old child, Susan, had received an injury at the hands of her stepfather. Although the child had not previously been reported to protective services, the school had been suspicious on other occasions that Susan had been subjected to abuse at home. This time the injury was serious and a fracture to the arm was diagnosed. Susan lived at home with her mother, Mrs. Simmons, who was Maori, her stepfather Mr. Simmons, who was Pakeha (New Zealander of European descent), and two younger half-siblings. During the initial assessment of the situation, Susan was placed temporarily with her maternal aunt, who lived locally.

After the social work investigation, it was considered that Susan was in need of care and protection, and it emerged that Mrs. Simmons was concerned for her daughter's safety at home. The relationship between Susan and her stepfather had been difficult for some years, and the situation had deteriorated seriously in the previous few months. Motivated by the desire to involve the family, the social worker undertaking the investigation identified members of Susan's extended family and wider kinship group. Susan's maternal family were Maori and, although distanced geographically from their tribal area, they remained strongly attached to their wider extended family, who continued to live in northern New Zealand. Living locally were Mrs. Simmons's three sisters and their families. Susan's biological father, Mr. Peters, a Pakeha, also lived locally.

The social worker arranged a family meeting and invited all members of the family to discuss the child protection concerns. A neutral venue was used for the meeting with facilities that could accommodate large family groups if necessary. Because the social worker was Pakeha, she also invited a senior cultural consultant to the meeting. The consultant, a Maori man from the same tribal area as the maternal family, worked with the social worker to ensure sensitivity to cultural protocol.
The evening meeting began with a welcome in Maori and English. Mrs. Simmons was accompanied by her three sisters and their husbands, who were all Pakeha. Susan’s biological father, Mr. Peters, was also in attendance. The social worker explained the reasons for calling the meeting and also explained the process and outcome of the investigation. Family were invited to ask questions, although minimal advantage was taken of this opportunity. At the end of the social worker’s summary, there was a degree of uncertainty as everyone hesitated over what to do next. At that point, the cultural consultant suggested that he and the social worker could be available to help the family sort through the problems confronting them—or that they could withdraw and allow the family some privacy to talk. One of the sisters exclaimed, “Yous can go. We don’t want you fellas around here!” And so it was, the cultural consultant and the social worker left the family to deliberate on their own. It made every bit of sense that the family should have the opportunity to discuss ways of resolving matters in private. However, it was not common practice for social workers to withdraw to allow this process to occur. The cultural consultant explained that this was how things were done in Maori: the family talking collectively to resolve family issues. Time passed, and the social worker was called back by the family to answer specific questions, and was again sent away. Finally, the family called back the two workers and discussed the decisions made by the family group. These decisions included the securing of Susan’s placement with her aunt and uncle, legal steps to provide additional guardianship by her aunt, and arrangements for support and access. Decisions also included the practical and emotional support of Mrs. Simmons and her sister, and the family negotiated with the social worker possible services available. A plan was documented, and the social worker agreed to provide all family members with a copy of the decisions and plans. The cultural consultant concluded the meeting with words of closure in Maori and English, and everybody finished with a cup of tea.

Although it was not realized at the time, the principle of family decision-making and the participatory process of the meeting described above closely approximated the adopted model of future practice: the Family Group Conference. Social workers around the country, dissatisfied with the monocultural approaches to child protection, which neglected to view the child within the context of the family, were starting to explore ways of developing partnerships with family and the potential for harnessing the strengths of the wider family group. Practice wisdom quickly spread. At the same time, major concerns were being expressed concerning the institutionalization of children, and care practices that isolated children from their family network were coming under increased critical scrutiny. In the midst of all this discontent, a young child died
How the Act Works in Practice

while under welfare supervision. Such scandals often seem to speed welfare reform (Connolly 1994), and this case proved to be no exception. The death was widely publicized and the subsequent report was highly critical of the professionals’ lack of attention to the involvement of extended family (Pilalis, Mamea, and Opai 1988). It was considered that extended family and others within the child’s network had potential to offer important protections. To neglect them was to seriously reduce the safety options available. Thus, the strands of practice change, cultural pressure, and the tragedies of protective care and supervision came together to significantly influence policy and lawmakers. The Children, Young Persons and their Families Act was introduced in 1989. By including “Families” in the title it proclaimed its intent: to centralize the importance of family with respect to child care and protection law. It formalized the sporadic participatory practice trend and pushed New Zealand social workers wholeheartedly into a new way of thinking and behaving. Naturally, this did not happen overnight.

At a time when the New Zealand government was in a phase of significant fiscal retrenchment, the Department of Social Welfare was allocated a large sum of money to prepare for the implementation of the new legislation. The preparation time was six months—not long, considering the paradigm shift necessary to make the new law work. Teams of regional advisors were established, and the mammoth task of training social workers, other professionals, and the community began. Particular attention was paid to explaining the vision of the legislation, its cultural relevancy, and the importance it placed on supporting the cultural strength of the family, extended family, and kinship network. It reinforced the concept of family involvement and family responsibility, and the shift in emphasis from state to family care of children. Not everybody was happy with this shift in emphasis. Some people questioned the wisdom of allowing family decision-making responsibility when, in many cases, the family had caused the problem in the first place. However, social workers committed to the new changes repeatedly responded by reinforcing the concept of partnership in decision-making, and particularly the potential value of harnessing the resources of the wider extended family group.

HOW THE ACT WORKS IN PRACTICE

Despite continued debate, New Zealand does not have mandatory reporting provisions within its child care and protection legislation. The legislation does, however, provide the means by which any person can
report to the authorities children he or she considers to be at risk. It offers some definitions of what is meant by an absence of care and protection, but these are of a general nature. For example, section 14 states:

(a) The child or young person is being or is likely to be harmed (whether physically or emotionally or sexually), ill-treated, abused, or seriously deprived; or

(b) The child’s or young person’s development or physical or mental or emotional well-being is being, or is likely to be, impaired or neglected, and that impairment or neglect is, or is likely to be, serious and avoidable . . .

Once reported to a social worker or police, the child’s situation is investigated. Such referrals typically follow standard investigative procedures. However, in addition to previous practice, the legislation introduces a formal process of consultation with members of a Care and Protection Resource Panel (CPRP). The CPRPs are advisory committees that provide advice to workers in the protective services. They are attached to statutory agencies throughout the country, and social workers and the police are required to consult with them throughout the process of a child protection enquiry (see Figure 2.1).

Appointments to the panels include people from occupations and organizations that are concerned with the care and protection of children. This includes not only people with professional expertise, but also people with cultural and community knowledge and experience. As well as providing a consultative function, the CPRPs are required to promote coordination of services to children and young persons and their families (section 429). While having no executive power, the CPRPs have the effect of providing an additional monitoring system. In addition to this, by including laypeople, they reinforce the importance of community involvement and the aim of increasing the safety network surrounding children at risk.

Returning to the child protection enquiry (Figure 2.1), following investigation, there are three possible steps:

1. the investigation reveals no concern for the child’s safety and no further action is anticipated;
2. the investigation reveals that a care and protection concern exists, in which case a referral is made to a care and protection coordinator; or
3. the child is considered at risk of harm and immediate safety action is taken to secure the child’s safety and a referral is made to a care and protection coordinator.
Care and protection coordinators are senior, statutory positions created by the legislation. Their primary task has been to facilitate the provisions of the legislation and particularly to convene Family Group Conferences.

THE FAMILY GROUP CONFERENCE

The Family Group Conference (FGC) is a legal process based on traditional Maori decision-making practices (Connolly 1994). As a problem-solving forum, it provides an opportunity for the family, including the extended family, to hear the concerns and contribute to the decision-making process with respect to the child.

When a referral is made, it is the care and protection coordinator's job to make contact with people from the child's kinship system and invite them to the FGC. The emphasis is clearly on building the problem-solving
potential within the family. In a sense it is the equivalent of "many hands make light work," and with this in mind considerable attempts are made to encourage family to attend. If extended family live geographically distanced from the child, assistance can be provided to help them attend. The legislation is specific with regard to those persons who have an entitlement to attend an FGC. The child is an entitled member unless the coordinator believes that attendance would be detrimental to the interests of the child or that the child is too young to attend. The parent or guardian is entitled to attend, as are members of the family or family group. "Family group" is defined broadly to include persons with whom the child has a biological or legal relationship, and persons to whom the child has a significant psychological attachment. So, if a child has been in a long-term fostering situation, then members of the foster family to whom the child is attached are also entitled to attend. Other entitled persons include the coordinator, the referring worker, an agent of the court (if appropriate), legal representatives or lay advocates, and any other person whom the family may wish to have attend. The emphasis is on maximum family attendance, minimal professional attendance. Because attendance is legally mandated, individuals, family members or otherwise, cannot place restrictions on who can come to the meeting. Only coordinators have authority to exclude entitled people. In this regard, they have sweeping powers of exclusion and can deny attendance if it is considered to be potentially detrimental to the interests of the child, or is undesirable for any other reason. However, exercising this veto is considered to be an extreme use of power and is done only after careful consideration. If persons are denied attendance, the coordinator is required to ascertain their views and to communicate these to the meeting.

Inevitably, this process of contacting family can take time and it is important that the child is maintained in a place of safety while arrangements for the FGC are being made. If the child can not stay at home, then the first option for temporary care is always family. If this is not possible and strenuous attempts to place with family have failed, then placement first within the child’s known network is explored. A foster placement outside the child’s network is a last resort and then the return of the child as soon as possible to a member of the family becomes a priority.

The Family Group Conference itself can be seen to have three phases—information sharing, private deliberation, and reaching agreement (see Figure 2.2). The meeting typically begins with a culturally appropriate welcome according to the particular needs and situation of the family group. After explaining the purpose of the meeting and the participatory vision of the legislation, the meeting moves into the information-sharing phase. The legislation charges the coordinator with the responsibility of ensuring that all relevant information is available to the family group.
This would include information relating to the nature of the concerns for the child, the investigative process, and subsequent findings. This is often provided by the protective services worker or the person making the FGC referral. Sometimes other workers provide information, for example, teachers, medical personnel, or other professionals who have been working with the family. The information-sharing phase can be critical to the successful outcome of the FGC. Successful outcomes for children depend on the making of sound decisions. If information is held back, ill-considered decisions may result, for example, unwise placement decisions. The coordinator must, therefore, ensure that the people providing the information provide it in full. For some professionals this can present difficulties, particularly when it is seen to potentially undermine client confidentiality. Any conflictual issues such as this need to be resolved prior to the FGC. The sharing of controversial, disputed, or sensitive information may cause conflict within the meeting and the coordinator needs to be prepared to deal with this. The information-sharing phase of the meeting also provides the opportunity for the family to clarify information by asking questions, and this is also encouraged by the coordinator.

Once it is clear that the information is understood, the meeting can move on to the second phase, that of family private deliberation. The professionals withdraw, and the family consider whether the child is in need of care or protection. On the basis of this discussion, the family make decisions, and plan with respect to the child’s future. The principle of private family deliberation is strongly reinforced within the legislation. Briefly, it states that professionals who are entitled to attend the FGC are not entitled to be present during the private family discussions, unless they are invited to be there by the family [section 22(2)]. It is clear that the intent of the law is that the family should be able to talk by themselves. However, sometimes families have become so used to professional input and advice that they doubt their own ability to work through problems alone, and their initial response may be to ask that a worker remain. These situations can be successfully mediated by the coordinator, who can ask the professionals to withdraw, but reassure the family of assistance if they get stuck during their private time. Practice experience sug-
gests that private family time is an important aspect of the FGC process. There is a greater opportunity for honest exchange between family members if there are no professionals overhearing. Also, the formulation of decisions and plans during this phase provides the family with a sense of ownership of decisions and, arguably, a greater commitment to outcome.

The final phase of the FGC is the agreement stage. This is where the notion of partnership in decision-making is reinforced. The coordinator is required to seek agreement to the decisions, first within the family group itself, and second between the family group and the referring professionals. Frequently the finer details of decisions are achieved by negotiation, particularly when these have funding implications. The legislation requires the director general of Social Welfare to give effect to decisions of the FGC by providing the necessary services and resources as long as these are practical and consistent with the principles of the Act (Conlly 1994).

It is interesting to note that within the first twelve months of the legislation only a very small percentage of the FGCs failed to reach agreement. Of those, most involved dispute within the family, rather than between the family and the professionals involved. Only in very few cases did the Department of Social Welfare exercise its statutory power in disagreement (Angus 1991). When FGCs cannot reach agreement, the statutory authority is able, under the Act, to take whatever necessary action is deemed appropriate. This can include presenting the information before the Family Court.

Because the nature of child protection decision-making is complex, and because family dynamics are rarely straightforward, meetings can take a long time to work through. Often an FGC will take three hours, sometimes longer. If the process is protracted, then it is possible under the legislation to adjourn the meeting and reconvene at a later time. This, however, is done infrequently. By far, the majority manage to complete the phases of the conference on the day.

Because the FGC process is based on indigenous practices that reinforce the concepts of collective decision-making and extended family involvement, it has a sympathetic fit with many Maori families. The law, however, does not distinguish between cultural groups: all children assessed to be in need of care and protection go through the FGC process. While practice experience shows that Maori people do indeed respond well and with a degree of familiarity to the FGC process, it would also be true to say that families from other cultural groups have welcomed the opportunity to be involved in the decision-making around their children. Prior to the introduction of this legislation, extended family would not necessarily have been contacted if a child in their kinship network reached protective services. Now, not only are they advised, but they have a legal right be involved in this kind of family business. Where
previously links may have been tenuous, they are now strengthened and the possibility of increasing the safety net for children is enhanced. In general, people have responded well to this across cultural groups.

THE PRACTICE OF FAMILY GROUP CONFERENCING

In an attempt to provide a sense of how conferences may work, and to identify some of the factors that can influence the success or failure of FGCs, the following four case studies will be examined.\(^1\) Two of the conferences reached agreement, two did not, and an examination of the particular circumstances involved in each demonstrates both the strengths and the limitations of the FGC process.

Case Study One: The Jennings Family

The Jennings family had six children, aged from two to twelve years (see Figure 2.3). The family came to notice following a history of chronic neglect notifications. The school had on a number of occasions expressed considerable concern for the children, maintaining that they were poorly nourished and clothed, and that their behavior was disruptive in class and in the play area. It was alleged that some of the school-aged children were beginning to steal food from shops in the area and from other pupils at school. The children had also been found scavenging for food in the rubbish bins located around the fast-food outlets near the school. They were becoming increasingly isolated from their peers and appeared lonely and distressed in class. The family were under financial strain. Mr. Jennings worked in a factory and Mrs. Jennings, who was limited intellectually, cared for the children at home. Despite a history of contact with various social services, the children’s situation did not improve. The children were on the child protection register, and many case conferences had been held, attended by the parents and professionals involved, when plans were established to address the neglect issues. However, typically the plans were not followed through and no change was evident.

The coordinator’s initial investigation into the family provided information on the Jennings’ large extended family, most of whom lived locally. The extended family included a maternal aunt, two paternal aunts and paternal grandparents. Both maternal grandparents were deceased. All members of the extended family agreed to attend the FGC and the aunts were accompanied by their partners. None of the extended family members had been involved with a case conference previously.
During the information-sharing phase of the meeting, the family were shocked and surprised to hear of the children’s circumstances. None of the children were present at the meeting, and the worker was able to describe in detail the children’s behavior at school. As the meeting moved into the private deliberation phase the coordinator reassured the family that, because of the chronic nature of the family’s situation, it was important not to feel pressured into finding solutions in an afternoon. Interestingly, however, one of the uncles remarked that the situation had been allowed to go on far too long already and that some decisions would need to be made to offer immediate relief. The decisions of the conference reflected the considerable support offered by the extended family, which manifested itself in plans for greater supportive contact, child care, and financial assistance. Additional financial support was provided by the welfare agency, and ongoing supervision by a social worker was agreed to. A subsequent review of the decisions revealed significant improvement in the home situation.

Case Study Two: The Williams Family

Janice Williams, aged twelve years, came to notice following allegations that she had been sexually abused by her father. Janice is one of
three children (Figure 2.4). Following the abuse disclosure, Mr. Williams admitted the abuse and moved away from the family home. He was, however, keen to return home, and Janice expressed fear and apprehension at the possibility of her father coming back. Mrs. Williams relied heavily on her husband for support both in terms of managing the home and the care of the children. Mr. Williams had been very involved in the day to day running of the home, and after he left Mrs. Williams found it extremely difficult to cope. She struggled with the most straightforward of tasks and was feeling increasingly depressed. She also missed her husband, and although supportive of Janice, she wanted things back the way they had been.

Again, the coordinator found that the Williams family were part of a reasonably large kinship network. Mrs. Williams had a brother who lived locally. Other members of the maternal family lived some distance away. Mr. Williams’s two sisters lived within easy driving distance of the family. Both sets of grandparents were deceased.

All but one member of the maternal side of the family attended the FGC. Encouraged by the coordinator, the uncle who was unable to attend wrote a letter to the meeting expressing his views. Both of Mr. Williams’s sisters attended the meeting. In addition to the family, there were a num-

![Figure 2.4. The Williams family.](image)
ber of quasi-family members, friends who had known the family for many years and were present by family request. Because of Janice's fear and distress at the prospect of meeting her father so soon after the abuse, the coordinator exercised her statutory authority and excluded him from the meeting. As required by the legislation, Mr. Williams's views were recorded and were presented to the family group as part of the information-sharing phase of the meeting.

Prior to the FGC, members of the extended family had largely lost touch with each other, and the meeting provided the opportunity to renew lost links. Family were supportive of one another at the meeting, and the decisions reflected their desire to reestablish contact. With this in mind, regular contact visits were arranged and child care assistance was offered and subsequently provided by the family. Although the family acknowledged the fact that Mr. Williams wanted to return home, they also discussed at length the importance of Janice feeling safe. They also recognized Mrs. Williams's support needs and the conflicting nature of competing needs within the family. Finally, the family group decided that the daughter needed the security of a court restraining order with respect to Mr. Williams, and the paternal aunts undertook to provide him with support in terms of dealing with the decision. Financial assistance for the family was provided by the welfare agency together with ongoing support and supervision.

Case Study Three: The Browning Family

There were three daughters in the Browning family, ranging in age from six to fourteen years (see Figure 2.5). The family came to the notice of protective services following allegations of Mr. Browning's sexual abuse of all three daughters. Mr. and Mrs. Browning were separated at the time of the allegations, and Mrs. Browning confirmed that she had known that the abuse had taken place. Several previous allegations of sexual abuse had been made against the father, both in connection with his own daughters and a number of other children from a previous marriage. However, these had not reached the court system. Mr. and Mrs. Browning had experienced marital difficulties over a number of years, and they had developed a pattern of separation and reconciliation. Sometimes Mrs. Browning defended her husband, sometimes she gave evidence against him, and so it went on over several years. Mr. Browning had been clinically diagnosed with a psychiatric disorder. He behaved with violence toward the family and was intimidating toward protective services workers. He denied abusing his daughters, and was supported in this denial at various times by his wife.
Preliminary work with the family revealed that the Brownings had a large extended family. There were three maternal uncles, two maternal aunts, and two paternal aunts. Grandparents on both sides of the family were deceased. The coordinator made contact with members of the extended family and strongly encouraged them to attend the FGC. Despite strenuous attempts, however, most of the extended family members refused to attend the meeting. One uncle who was prepared to go later changed his mind following a disclosure by a family member that he had also been accused of sexually abusing children within the kinship network. Many of the family members expressed feelings of resigned hopelessness about the family, and said that the difficulties had gone on for years and that there was no potential for change. In the end, only Mr. and Mrs. Browning, the children and a family friend attended the meeting, and while two separate meetings were held to sort through the problems, neither reached agreement and the family was brought to the attention of the Family Court. Because Mr. and Mrs. Browning reconciled and Mr. Browning continued his violent behavior, the children were placed in foster care.

**Case Study Four: The Gough Family**

There were three children in the Gough family, aged two, four and a half, and nine years (see Figure 2.6). Mr. and Mrs. Gough were separated.
Prior to the separation the relationship had been unstable and violent and the children had been exposed to severe physical abuse by the father. Since the separation, Mrs. Gough, who was limited intellectually, had been in a number of relationships. The men with whom she stayed, themselves either intellectually limited or suffering from dysfunctional mental illness, continued to perpetrate abuse on the children. There were allegations of both physical and sexual abuse against Mrs. Gough’s current male friend. However, Mrs. Gough denied the abuse and seemed unable to understand the concerns of protective services workers. All three children were demonstrating significant signs of emotional and behavioral disturbance.

Both Mr. and Mrs. Gough had small extended family networks. Of the grandparent generation, only the maternal grandmother was alive, and she was estranged from her daughter. This was the result of a long-standing family feud, and there was considerable hostility directed toward Mrs. Gough, who was largely isolated from her family. The coordinator contacted one of the maternal uncles, who agreed to come to the FGC. The second maternal uncle was living overseas and could not be contacted.
The only available member of the paternal extended family, an aunt, refused to attend the conference, citing Mr. Gough's violent behavior as her reason for not becoming involved.

Consequently, only Mr. and Mrs. Gough, and Mrs. Gough's brother attended the meeting. There was considerable animosity between the parents, to the degree that they were unwilling to remain in the same room for any length of time. The level of hostility resulted in futile negotiations and even though two FGCs were held, neither could reach agreement. Again, the family were referred to the Family Court.

The case studies presented above and the practice experience of recent years suggest that there are emerging themes that influence the success or failure of FGCs. Perhaps not surprisingly, conferences that are able to harness the strengths of a wide family group seem to be the ones more likely to succeed. Clearly, extended family cooperation and interest are essential to successful outcomes, and positive FGC processes are characterized by family groups being supportive and involved in the decisions that are made. In the case of the Jennings and the Williams family, the conferences resulted in the families pulling together and providing support, resulting in a strengthening of the family network. Decisions took into account the needs of the family as a whole, as well as the needs of the children and, in general, the parents were also willing to cooperate in the planning and decision-making for the children.

The Browning and Gough family case studies demonstrated similarities that can be seen to negatively influence outcomes. In both situations there were few extended family members either willing or able to attend the meetings. The conferences therefore lacked the range of family support and breadth of problem-solving experience. In both cases, the abuse of the children was denied, and significant family members were either limited intellectually, or suffered from mental illness. Both families had a long history of welfare involvement, and the people who did attend the conferences were not positive about the process.

Giving effect to the empowering principles of New Zealand's Family Group Conference legislation has presented many challenges for workers and families. Essentially, New Zealand has enshrined participatory practice within a legal framework, and the practice has provided an important first step toward positively involving family in the processes of decision-making for children. The first eight years of practice has demonstrated that families can and do respond to the opportunity of being actively involved, and that such involvement can result in a greater commitment to outcomes. Experience has also shown that families and professionals can work in partnership and that sharing child protection responsibility can have the effect of increasing the safety net for children at risk. It is,
however, still a first step, and many issues have arisen that present a challenge to the participatory vision. These will be discussed more fully in Chapter 5. The work is still evolving, and it is important that strategies be developed to address the complexities of power-sharing in child protection. Certainly the concept of family decision-making has captured the imagination of workers, not only in New Zealand, but all over the world, as welfare providers strive to make social services relevant to the people who use them. As we discussed in Chapter 1, developing culturally sensitive services has also become an important aspect of modern child protection practice. We will now consider how traditional cultural processes have been used to address the particular needs of indigenous people as practice evolves and is perceived through a cultural lens.

**NOTE**


*Note on Authorship*

With respect to authorship responsibilities, Connolly and McKenzie jointly developed the original conceptualization of the book. McKenzie wrote Chapter 5, and had primary responsibility for Chapter 1, which was jointly written. The remaining chapters were written by Connolly.