

# Working With Men Who Have Sexually Abused Children

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Attention to those who offend and their abusive conduct has gained prominence in the literature, both with regard to the development of theory and in relation to treatment approaches. The response has, until recently, relied heavily on the deductive application of psychological theory, especially from the cognitive-behavioural area. New approaches, however, are emerging.

The impact of the sexual molestation of children is both pervasive and enduring. Lives of individuals are devastated. The social fabric of families and communities is damaged, often for generations. The cost to society is considerable and painful. The insidious nature of such abuse gives rise to strong public response, often seen in the expression of powerful feelings when instances come to light. Child sexual abuse has, as a consequence, become a compelling subject for the concern and attention of social work and other human services. The plight of those who are the victims of abuse, understandably, has assumed priority in terms of social response, and the literature and records of human service practice reflect this. However, given the pervasive and cyclical nature of the offending, there is clearly a need to intervene preventively with those who seek to engage children or trade in their images for sexual gratification.

## Who are child sexual abusers?

The stereotypical image of a lone, elderly man in a raincoat sitting among children at the Saturday matinee session has largely given way to more contemporary profiles. Perpetrators are generally, but not limited to, males, including adolescents and older men, with a small proportion of females. Nevertheless, archetypal images of the abuser as a shadowy stranger, perhaps barely perceived as human, have proved remarkably persistent. This may, in part, be explained by the anonymity and secrecy surrounding the crime and the circumstances in which it is committed. Most sexual abuse of children is carried out under a veil of deception and concealment. It is usually presented by perpetrators to children as normal, or acceptable, even beneficent adult-child interaction. The child is typically inveigled into protecting the secret of the abuse out of fear of

the terrible consequences of its disclosure.

Sociologist Ken Plummer provides an explanation of the limits on what can be socially “known” about “paedophiles” (Plummer, 1995). He argues that, with respect to the non-offending adult population, hardly anyone wishes to be audience to the paedophile’s personal story. Further, says Plummer, those who profess a sexual interest in children are just as reluctant to tell their stories, fearing punishment, ostracism, or shame. The story can neither be heard nor told easily.

Yet, we learn from the literature, those who experience sexual attraction to children represent a remarkably diverse group, with membership from across social rank, ethnicity, income, and occupation. Even the level of criminality of the abusing population is – sexual offending apart – relatively low (Hanson, Scott, & Steffy, 1995). All this has led the experienced practitioner and influential theorist, Bill Marshall to conclude that these men have more in common with the general population than they do with other types of criminal offender (Marshall, 1996). A further conclusion might be that sexual abuse is a remarkably complex phenomenon and can be as difficult for experts to understand as it is mystifying and alien from the perspective of lay people.

## Scope of programmes and services

Despite the complexity of this picture, efforts to provide programmes and services that seek to address child sexual offending are widespread. They are also successful. Effective programmes are capable of producing decreases in the rates of reconviction by 50% or more. Evaluatory studies suggest that the performance of programmes provided in Aotearoa New Zealand is consistent with these outcomes (Bakker, Hudson, Wales, & Riley, 1998; Lambie & Stewart, 2003). Programmes for both adult and youth offenders operate in the community as well as in institutional settings, such as prisons and hospitals.

Contemporary programmes tend to provide

an eclectic mix of “treatment” components to address the wide range of rehabilitation needs considered relevant to those who have offended sexually. Individual clinical assessment is likely to take account of personal historical factors as well as the emotional, cognitive and behavioural factors more directly involved in the offending itself. Programmes in North America (Marshall, 1999), the United Kingdom (Mann & Thornton, 1998), Scotland (Spencer, 1998), and New Zealand (Hudson, Wales, & Ward, 1998) identify a broad set of treatment goals that reflect the diversity of clients and the range of their rehabilitation needs.

In addition to the provision of direct intervention services, programmes often incorporate risk assessment, outcome reporting, release planning and reintegration functions, and research.

## Theories

In order to offer successful programmes, there is a need to develop theory that will usefully account for both the attraction to, and the practice of, child sexual abuse. Furthermore, such theory must be able to be presented in ways that participants can be effectively helped to desist.

The conceptualisation of child sexual attraction and abuse has undergone a marked evolution. Attempts to characterise it as “paedophilia” – that is, as a singular psychological “disorder” – have proved largely unhelpful (Marshall, 1997). Efforts to describe the behaviour purely in terms of cause and effect also have limitations from the point of view of working therapeutically with clients. Such descriptions tend to invite a view of the client as a passive element in the abuse process (Jenkins, 1990). This is particularly problematic in work with sexual abusers, very many of whom are inclined from the outset to decline or evade responsibility. Theoretical efforts involving offenders have, therefore, shifted toward a more phenomenological approach, emphasising the contextual experiences of

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clients in proximal relation to their offending. For instance, while the childhood experiences of clients may be of significance, their direct experiences associated with the build up to, and enactment of, abuse are more worthy of clinical attention.

These developments have given rise to a theoretical approach that seeks to understand and regulate the responses of these men in risk-related circumstances. This approach prescribes practice based on an analysis of the man's personal goals, such as his choice of goals, his means of achieving them, and his decisions involved in their pursuit (Ward & Hudson, 2000). Moreover, the emphasis has shifted from the avoidance of certain situations and practices to promoting an awareness of alternative means for pursuing reward and satisfaction in life (Ward & Stewart, 2003).

### **Programme approaches**

Designing an integrated model for the offence process that captures the complexity of child sexual abuse and acknowledges its seriousness, while simultaneously being capable of engaging the client, presents a significant challenge.

Early behavioural programmes in the 1960s and early 1970s gave way to more sophisticated models through the 80s and 90s involving the role of “cognitive schemas”. This concept denotes the idea of templates of thinking and belief held by the individual concerning the self and relationships. It is hypothesised that such structures are developed through life experiences and internalised over time. Cognitive-behavioural therapy is a clinical development from this idea and came to be used extensively in work with child sexual abusers.

The adaptation of an influential model from the addictions field, Relapse Prevention, heralded an organising framework that has dominated programme provision to the present day (Pithers, 1990). Relapse Prevention (RP) conceptualises abuse as the culmination of a predictable sequence of thoughts, feelings, and actions. This model contends that a person disposed to abuse can learn to interrupt his own particular offence “chain”, and break the “links” in this cyclical process. To do this requires the acquisition of adaptive skills, practice, and habits of mind to help avoid identified high-risk situations in the future. The model has conferred many benefits in clinical work. It makes clear, logical sense and

is reasonably easy to grasp for both providers and those undertaking programmes. Moreover, the RP model provides a basis for positive expectation and promotes optimism with respect to managing future risk.

Relapse Prevention, however, supports only a linear, single-pathway account of abusive episodes and is becoming less able to accommodate the diverse and complex picture that is emerging from research. Further, from a clinical perspective the negativity of its emphasis on deficiency and avoidance is incompatible with more contemporary thinking about the importance of collaborative engagement. More recent adaptations of the RP idea have looked at accommodating multiple pathways to offending and an emphasis on clients developing more positive, respectful and pro-social, but rewarding, alternatives (Ward & Hudson, 1998; Ward, Hudson, & Keenan, 1998).

### **Programme content**

Contemporary intervention programmes typically seek to involve clients in devising non-abusive means of providing for their legitimate wants and needs and developing the habits and practices that will support this outcome (Ward & Hudson, 1998; Ward, Hudson, & Keenan, 1998; Ward & Stewart, 2003). Clients are encouraged to engage in open and honest self-disclosure around their goals and the abuse-related strategies they have used in the past for achieving them. Change is sought through skills training, behavioural and imaginal rehearsal, along with emotional regulation, largely in the context of groupwork. This work can involve educative methods, social therapy and psychotherapeutic techniques, role plays, emotional expression, skill-building exercises, and the modification of sexual arousal patterns by learning specific behavioural procedures.

The range of intervention targets varies somewhat between programmes and has altered over time, but commonly there is an emphasis on those matters which are seen to be thematically and empirically linked to changes in abusive behaviour. Typical components are:

- Motivation and readiness for change; responsibility and the maximisation of disclosure
- Promoting understanding of one's own “pathway” to offending; addressing distorted or unhelpful perceptions, attitudes and

beliefs around offending

- The impact of offending; empathic awareness and action
- Modification of abusive sexual fantasy
- Sexuality
- Habits of thought and belief around self and others; self respect
- Interpersonal “attachment style” and mature intimacy; respectful relating; social and interpersonal skills
- Problem solving; lifestyle balance; stress management; substance abuse
- Identifying steps toward and away from offending; risk management.

(See Marshall, Marshall, Serran, & Fernandez, 2006)

### **Context and climate**

The goals and intentions of programme providers, as described above, tend not to be easily achieved. That a man will willingly attend a programme identifying him as one who has sought sexual gratification from children, that he will openly disclose from the outset habits associated with attaining that goal and undertake the difficult and potentially stigmatising work considered necessary to address it: these are doubtful assumptions (see Frost, 2004).

Over the last five years or so considerable attention in the literature has been given to matters around the context in which these programmes are offered. The processes, climate, and style of programmes have been more specifically considered and examined. Outcomes have suggested a mandate for greater attention to these features in clinical work.

Regardless of setting, group process is the conventional modality for sex offender programme provision. Groupwork is seen as especially appropriate here as the group provides a context for countering the “isolation, secretiveness and shame” (Clark & Erooga, 1994) associated with identification as a child sexual offender. As well as the supportive elements of a well-functioning group in taking on the task of facing up to treatment, fellow group members can be both a source of interpersonal “feedback”, and a conduit for credible challenge.

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The group can, under propitious circumstances, become an important component in the change process, contributing to the leadership function, and establishing pro-social norming. Nevertheless, professional facilitation is universal in mandated work with sexual abusers. The qualities and style of the practitioner at the level of direct service provision have been recognised as key components in successful programme outcomes (Marshall & Serran, 2004). Sex offender work has, in the past, been traditionally associated with an aggressively confrontational style, a style which is now closely associated with poor client engagement and negative treatment outcomes. Conversely, a firm but flexible approach using a supportive and empathic style is associated with favourable outcomes. Providers who display these characteristics have been seen to maximise treatment benefits in recent studies (Marshall & Serran, 2004).

A further justification for practitioners adopting an empathic and supportive therapeutic style is the influence of social modelling as a component of the process of treatment provision. The milieu and moral ambience of programmes, especially those based in prisons, are susceptible to the influence of broadly antisocial influences. Particularly with respect to child sexual offenders, the therapeutic climate is threatened by inmate sub-cultural norms around secrecy, collusion, abusive practices, and deferred responsibility. In a therapeutic environment, opposite norms should ideally prevail: openness and honesty, collaboration, respectful practices, and embraced responsibility.

Establishing and maintaining a social environment based on these latter norms is a way of countering such influence. One means of supporting this, especially in programmes based in institutions, is to propagate a "therapeutic community". The therapeutic community construct is considered a process modality in its own right and has been applied in a range of intervention settings (Baker & Price, 1995). Systemically, it is compatible with the group modality, operating at a higher level, subsuming the treatment group as a sub-system. Democratic but formal meetings, activities, celebrations of success, work placements, and other community activities reinforce pro-social principles and challenge their opposites. As a planned environment for offenders, the therapeutic community

seeks to provide a context that is supportive of respectful interaction. The goal of the therapeutic community in institution-based offender programmes is to encourage the extension of the treatment discourse beyond the more formal in-group experiences of clients to other domains within the institution (see Frost & Connolly, 2004). In this way, it is intended that inmates or residents will go beyond merely "talking the talk" of the therapeutic group, and that they will "walk the walk" of the therapeutic community.

### The future

The development of programmes for men involved in the sexual abuse of children has come a long way over some 40 years. Research and theorising continue with vigour and are increasingly broad in scope. Indeed, the advancement of ideas as we move toward a more comprehensive and integrated theory of child sexual offending, threatens to outstrip progress in programme adaptation. In particular, there is a need to develop for use in practice a conceptual model of offending that reflects both the diversity of offenders and the complexity of their experience, along with the sophistication of the current literature. This requires the formulation of a central metaphor, modifying or replacing the current use of offence "chains", maps, and multiple pathway representations, all of which are straining to accommodate advances in understanding.

Arguably, there are three key requirements of such a model: it must be consistent with contemporary thinking in the field; it must be engaging of programme participants; and it must be sufficiently "portable" to be mentally retained and applied in day-to-day life. While this is a difficult task, it is largely a technical one. There are challenges in this field – personal, clinical and ethical – that are at least as demanding. In view of the critical importance of working successfully with those who are inclined to sexually abuse children, they are worthy of our concern.

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## NZS 4454:2006: Screening, Risk Assessment and Intervention for Family Violence including Child Abuse and Neglect

### Standards New Zealand

The first national family violence Standard aims to reduce harm, enhance victim safety and increase offender accountability by providing a Standard for screening, risk assessment and intervention for agencies working with victims and perpetrators of family violence.

The Standard, entitled: *NZS 8006:2006 Screening, Risk Assessment and Intervention for Family Violence including Child Abuse and Neglect*, will be used by agencies or individuals that work with families and children.

Initiated and sponsored by the New Zealand Police, the development of the Standard was managed by Standards New Zealand, and involved a committee of experts from a range of sectors including: Health, Child, Youth and Family, Women's Refuge, Corrections, Justice, Education, Barnardos, Police, and Plunket.

New Zealand Police Acting Assistant Commissioner, Roger Carson, says: "It is vital to support and co-ordinate the efforts of agencies and services working to help people affected by family violence. This Standard provides that necessary guidance, and will enable agencies to collaborate more effectively for the benefit of the families involved."

### The Standard will also:

- Enable those at the forefront of family violence issues to work more closely together to improve safety, protection and accountability.

- Set up a common language and consistent processes for agencies to use, enabling a consistent and culturally appropriate response to family violence, abuse and neglect.
- Provide a systematic approach to dealing with violence and identifying best practice guidelines for screening, risk assessment and safety planning.

The Standard is available in pdf and html formats from:

[www.police.govt.nz/resources/](http://www.police.govt.nz/resources/)

Copies of *NZS 8006:2006 Screening, Risk Assessment and Intervention for Family Violence including Child Abuse and Neglect* can also be purchased from:

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