

Have we gone too far in our responses to harmful sexual behaviour in childhood? Or not far enough?

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ARTICLE

"Don't Shoot, We're Your Children": Have We Gone Too Far in Our Response to Adolescent Sexual Abusers and Children with Sexual Behavior Problems?

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Where is our gaze?



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Chaffin and Bonner (1998)

Field still using treatment models borrowed and adapted from programmes developed for incarcerated adult paedophiles:

- “Disturbingly, what has changed is the **convictions that we have found the right track**. The field has evolved conventional wisdoms that... became accepted as fact when repeated and reinforced often enough”

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Chaffin and Bonner (1998)

The belief that 'sex offender specific' treatment is the only acceptable and effective approach...

That treatment must be long term and involve highly restrictive conditions...

That deviant arousal, deviant fantasies, grooming, and deceit are intrinsic features...

That teenagers and their parents must face the fact that they have a compulsive, incurable, life-long disorder...

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Chaffin and Bonner (1998)

- "(T)he emotionality and zeal surrounding sexual abuse and sex offenders as well as the positions of power we assume in treating coerced patients under the auspices of official authority should alert us to the potential for harming youthful patients by swatting flies with sledge hammers"

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I've talked before about the dangers of...

Aggregation:

The tendency for all concerning childhood sexual behaviours to be 'lumped' together as one thing

Escalation:

A propensity to see all expression of childhood sexual behaviour through a high-risk lens in risk averse systems

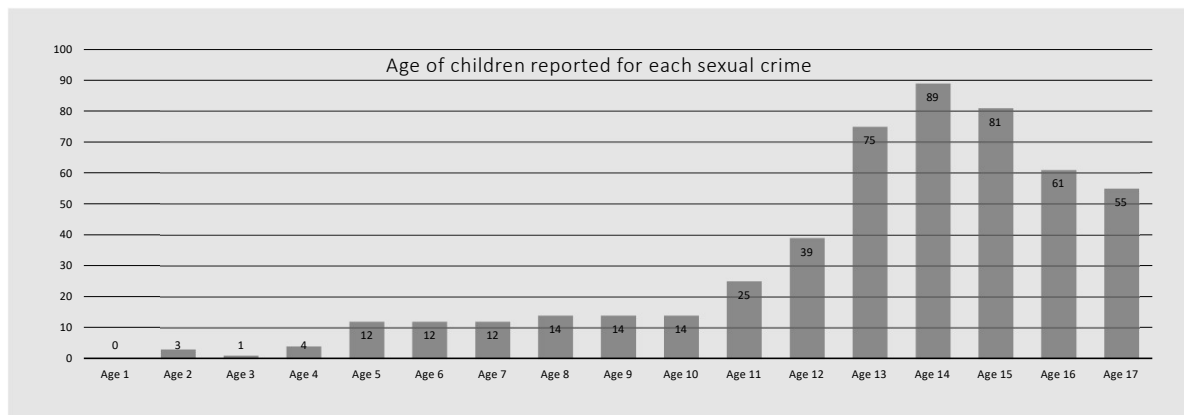
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Are we still
swatting flies with
sledgehammers?

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511 reports of 'sexual crime' involving children <18 over a 12-month period



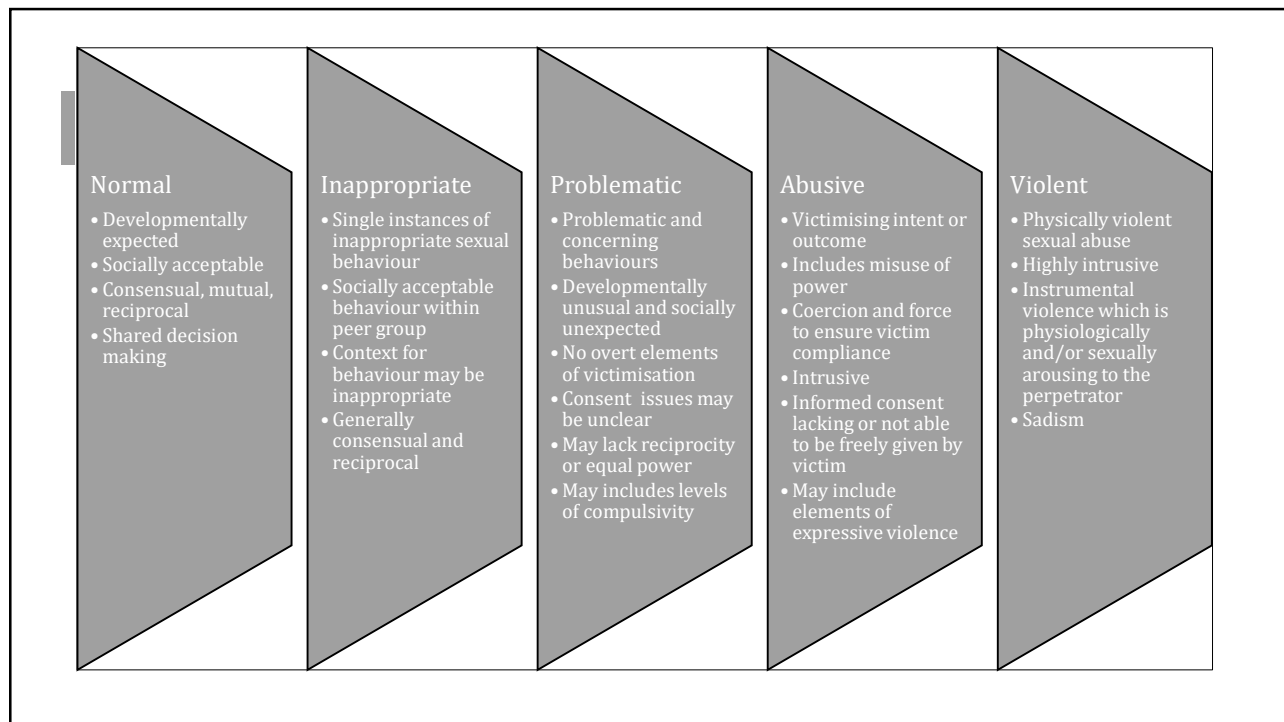
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Eight cases recorded very young children aged four years old or under as sexual crime 'suspects'. Ethics? Attributions?

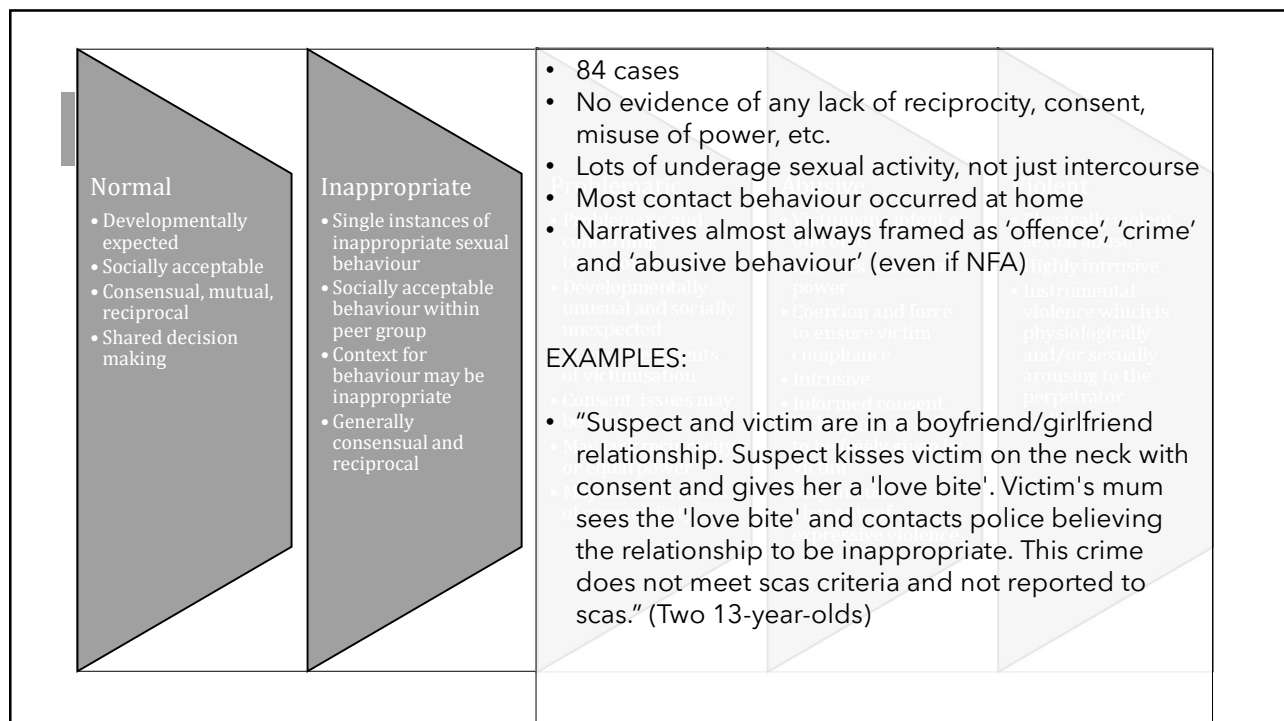
Examples:

- "4-year-old boy digitally penetrates the vagina of 4-year-old girl"
- "At school and on 2 separate occasions 4-year-old suspect pulls knickers down of 4-year-old victim before kissing her on the vagina area"
- "Whilst in upstairs bedroom of grandmother's home address, 5-year-old f. victim removes nappy of 2-year-old m. suspect and momentarily places penis of suspect into victim's mouth. Following incident 2-year-old suspect informs his mother what has happened"

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Have we gone too far in the response to normative and inappropriate childhood sexual behaviours?

When does recognition of a problem become an assault on the very notion of childhood?



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Proportionate and balanced?



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Chaffin and Bonner (1998)

- "We have encountered residential programs where teenaged boys were sanctioned if they looked at girls, were required to look at the floor when they passed females in the hall, and where the message was conveyed that all forms of teenage sexuality were offending. We have listened to teenage boys hesitantly confess that they admitted to offense histories and deviant fantasies that they did not have, simply because it was expected and required before they would be released from residential programs."

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Miccio-Fonesca (2023)

- "Treatment," seems loosely applied to youth, often broadly recommended with little to no differentiation regarding age and gender, severity of sexually abusive behavior, and/or adjudication status. A "one size fits all" is often prescribed, with treatment reflecting the traditional stance of "offense-specific" therapy

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	Normative	Inappropriate	Problematic	Abusive	Violent
Key behavioural elements	Developmentally accepted. Consensual.	Consensual and reciprocal. Accepted in peer group. Context may be inappropriate.	Developmentally unusual and socially unexpected. No overt elements of victimisation. Consent may be unclear.	Victimising intent or outcome. Misuse of power. Lack of consent.	Highly intrusive. Physically violent sexual abuse.
Assessment levels indicated	Screening.	Screening. Brief assessment. Early help assessment.	Early help assessment. Brief/ comprehensive assessment.	Comprehensive assessment. HSB focused risk assessment.	HSB focused risk assessment. Specialist assessment.
Likely intervention focus	Parent education and support (for example on appropriateness of child's behaviours).	Boundary setting. Support. Low key behaviour management.	Behaviour management. Socio-educative work with the child/ family. System/ context change.	Protection of actual and likely victims. Risk management and relapse prevention. Supporting prosocial behaviour.	Protection of victims and public. Violence prevention. Risk management and relapse prevention. High level of management and supervision.

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Context

The importance of seeing the behaviours in context

The importance of understanding the contextual influences on the child's behaviour

The importance of intervening contextually to support systemic/ environment change

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Individual pathology models still dominate

- A deep rooted tendency to focus on the individual over the structural/ contextual
- In this frame, the response becomes very much one of changing or 'fixing' the individual, not the underpinning contextual drivers that might explain the sexual behaviour.
- This reinforces individualism at the heart of our responses to children presenting with HSB.

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HSJ1

Individual pathology model v. contextual understandings of HSB

Individual pathology

- Maladaptive thinking
- Dysfunctional family experiences
- Attachment problems
- Trauma and abuse
- Anti-sociality
- Sexual deviance
- Preferential

Withdraw from environment. Assess and treat the individual

Contextual

- Environmentally driven
- Group influenced
- Not reflective of underlying deficits or deviance, but of cultural norms
- Circumstantial

Engage with and change environment.
Assess and treat the context

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Actively supporting sexual development



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Rights

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Themes for rights-based practice might include...

- Treating children as citizens
- Sexual citizenship; how to be a good sexual citizen
- Rights as a way of navigating 'victim' 'perpetrator' dichotomies
- The importance of mobilising caregivers in supporting children's rights
- Children's rights as a framework for prevention
- What communities and states can do to support children's rights?

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Summary: simultaneously too far and not far enough!

- Community cases: concerns about system balance, sensitivity and responsivity?
- Behaviours contextually and environmentally influenced but not matched by responses that are contextual and environmentally focused
- Individual pathology models critiqued by Chaffin and Bonner 26 years ago... are still in evidence. Have we thought to question and challenge our convictions?
- Rights, rights, rights! We already have a framework here. But is it sufficiently mobilized and deployed in our field?
- Responses too behaviourally and not sufficiently developmentally focused:
 - "So far as I know, not a single author has clearly recognized the regular existence of a sexual instinct in childhood; and in writings that have become numerous on the development of children, the chapter on 'Sexual Development' is as a rule omitted"

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