Preventing sexually abused young people from becoming abusers, and treating the victimization experiences of young people who offend sexually

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Abstract

Objective: This study was designed to determine whether it is possible to prevent those sexually abused boys who are at risk of abusing other children from doing so, and to assess whether factors associated with an experience of sexual abuse in young people who are offending can be dealt with as a key aspect of therapeutic work alongside treatment of offending behavior.

Method: The author examined cross-sectional and longitudinal research which demonstrates the impact on sexually abused children of living in a climate of violence, suffering physical abuse, exposure to abuse of maternal figures, and suffering disruption and poor quality of care and supervision. These factors are confirmed in prospective research.

Results: The application of these findings to therapeutic programs for boys who are sexually abused is described, including the assessment of care needs as well as the specific therapeutic work with the young person, and work to modify the family context. The specific treatment of victimization experiences in young people who have committed sexual offenses is also examined, with recommendations for modification of treatment approaches suggested.

Conclusion: It is vital in therapeutic work with boy victims of sexual abuse that the issue of their abusive potential be considered, even if a relatively small proportion of such boys will go on to abuse others. Given that boys who do sexually abuse are likely to have grown up in a climate of violence and poor care, methods of dealing with such victimization experiences need to be developed alongside offending focused treatments. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Prevention of sexual abusive behavior; Treatment of victimization experiences of offenders

* The support of the UK Department of Health is gratefully acknowledged for funding the cross-sectional and prospective study of risk factors for the development of sexually abusive behavior in sexually victimized males.

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PII: S0145-2134(02)00340-X
Introduction

Sexual abuse itself is one of the most common forms of child abuse. The majority of children who are sexually abused are females, but generally sex offenders are male. Although there is considerable emphasis on prevention through education programs aimed at teaching children self-protection skills, it would also seem to make more sense to focus prevention strategies on those who perpetrate abuse, that is, on the approximately 30% of young people and the 70% of adult males responsible for abusive behavior.

There has been a considerable growth in treatment services for both adolescent and adult perpetrators. Offender-focused approaches to child protection ensure that those responsible for child protection services are becoming aware of the way in which offenders target, groom, and abuse children, and organize professionals to minimize and doubt the testimony of the children they have abused. Treatment services for those responsible for sexual offenses are therefore an important preventative strategy.

Another preventative strand is to focus on the fact that sexual abuse seems to be a prominent factor in the lives of those young people and adults who do go on to abuse sexually. Reviews (e.g., Bagley, Wood, & Young, 1994; Seghorn, Prentky, & Boucher, 1987; Watkins & Bentovim, 2000) have indicated that sexual abuse may be an important risk factor among a number of other abusive experiences which may influence a boy to develop an orientation which is abusive to other children, both in adolescence and in adult life. It would therefore seem a sensible strategy to identify those boys who are at risk and to provide an appropriate intervention to prevent future abusive action. This article will summarize cross-sectional and prospective research that examines the factors that influence boys who have been sexually abused to abuse others, and will suggest a tentative program of work to achieve preventative goals. It will be noted that exposure to a pervasive atmosphere of violence in the home is a key factor associated with the development of abusive behavior. The implications for the treatment of sexually abused children will be explored with this in mind. This article will also address the issue of what ought to be the therapeutic focus for young people who have begun a career of abuse. Within offender treatment approaches, there is a proper focus on the need to confront the offending behavior of young people. However, there is a growing awareness that early experiences and attachment style has a major influence on offending behavior and needs to be a focus to help achieve an abuse free life, that is, young offenders may still be living in contexts of considerable stress and victimization at the time their perpetrating behavior is discovered. There needs to be a focus on such victimization experiences as well as offending behavior in their treatment.

Thus, the theme of this article focuses on the necessity of working with the extensive victimization experiences of children and young people at the time when children and young people are identified as having been sexually abused. When young people are identified as being responsible for perpetrating sexual abuse against others, as well as their offending patterns being worked with, it is also essential to assess and intervene with their victimization experiences.
Review of research on factors which influence victims of sexual abuse to become perpetrators

Finkelhor (1986) has argued cogently about the dangers of a single factor theory whereby victims of sexual abuse are expected in turn to become victimizers. He is concerned that such a notion could become a self-fulfilling prophesy. Kaufman and Zigler (1987) have warned of the impact of experimental design on the perceptions of the strength of association. They cite a study of physical abuse and neglect where retrospective analysis indicated a 60% rate of intergenerational transmission, while prospective analysis indicated a rate of only 18%.

At the same time, victim to abuser cycle has been noted to be relevant in those working with adolescent offenders. Becker (1998), in reviewing current knowledge of sex offending adolescents, noted that adolescent sex offenders reported more histories of maltreatment, both physical and sexual, compared to generally conduct-disordered young people. Findings with adult sex offenders again compliment what is described with young people. Rates vary considerably from study to study. Groth and Burgess (1979) reported 32% of their sample of child molesters had reported some form of sexual trauma. Briggs (1995) reported 93%, Faller (1988) 27%, Graham (1996) 70%, Pithers, Kashima, Cumming, and Beal (1988) 56%. Freeman-Longo (1986) argued that abuse involving multiple abusers or repeated abuse of long duration is more influential, indicating that it was not just the fact of abuse itself that was of relevance. Therefore, it would seem that the sexual abuse of boys in childhood may be an important contributory, but not a necessary, factor in the development of perpetrating behavior. Langevins, Wright, and Handy (1989) noted that only a small faction (16%) of their series had experienced extensive sexual abuse, but noted that a disorganized and aggressive home made them more vulnerable to sexual experiences outside their homes, one of which was sexual abuse.

There is also an increasing focus prospectively on the connection between childhood maltreatment and subsequent offending behavior (Rivera & Widom, 1990; Widom, 1989; Widom & Ames, 1994). There are a number of suggestions about how maltreatment connects with such behavior. Farrington (1991) highlighted the fact that a variety of adverse experiences, such as poverty, poor parental childrearing, and family criminality, predisposed to offending behavior, while Patterson, DeBaryshe, and Ramsey (1989) adopt a developmental approach noting the links between poor parenting, antisocial behavior, academic failure, rejection, association with deviant peers, and the subsequent initiation of offending behavior. This model was supported in Falshaw and Browne’s (1997) study of the adverse childhood experiences of young people who subsequently perform such violent acts that they are placed in secure accommodation.

Research at Great Ormond Street and the Institute of Child Health

Cross-sectional and longitudinal exploration of the factors that lead to the onset of sexually abusive behavior in males who are sexually abused in childhood

Cross-sectional study

This took the form of an intensive, hypothesis generating study on a relatively small number of young people (Skuse et al., 1998). A series of young people and their families were studied intensively. There were four groups recruited including:
1. Boys between 11 years and 16 years who had been victims of sexual abuse, who showed no evidence of perpetrating abuse against others;
2. Boys who had been victims of sexual abuse who were showing evidence of having begun to perpetrate against other children;
3. A group of boys with no evidence of sexual abuse but who nevertheless were offending sexually against other children; and
4. A group of young people who were showing antisocial behavioral problems but with no evidence of sexual abuse in their history, nor of abusing sexually against others.

Therefore, it was possible to carry out a variety of assessments on each group of these young people, to understand the specific factors which increased the risk of a young person who had been abused in childhood beginning to offend against other children. A total of 78 boys were referred to the study, 32 of whom had abused other children and young people.

In the first stage of the assessment, information was collected on intelligence, behavior, pubertal status, socioeconomic circumstances, and friendships. A socio-metric study was carried out in the schools the young people attended to understand peers’ perceptions of the boys. The second stage consisted of 3 months of individual weekly psychoanalytic psychotherapy. Sessions were conducted by a child psychotherapist, semistructured using a variety of standardized instruments including measures of attachment and hostility. Subsequent responses were analyzed using a grounded theory approach to derive childhood themes relating to the history of care and maltreatment. Less structured sessions covered the boys’ life histories, their patterns of sexually abusive behavior, and sexual fantasies. These were verified from independent sources. Birth mothers were interviewed about their own life history, their experience of maltreatment, and aspects of family life.

It was therefore possible to carry out a variety of comparisons and derive hypotheses to assist in understanding the processes that could contribute to offending behavior.

Important factors emerged from the analyses. There were no differences found between the groups who suffered abuse in terms of their experience of sexual victimization, based on personal accounts and contemporaneous records. Severity of abuse was ascertained from evidence of penetration, whether there were a number of perpetrators involved or whether abuse was within or outside the family. This lack of difference was unexpected because earlier work (Hyde, Bentovim, & Monck, 1995) indicated that those boys who went on to abuse others appeared to have been more severely abused over longer periods by a number of perpetrators. The numbers assessed were small, however, and there may have been a referral bias. However, selecting young people to intervene on the basis of more serious abuse may not be the sole factor in terms of preventing the development of offending behavior.

A number of other factors were looked at which seemed to be relevant during the assessment process. These included:

- Experiencing intrafamilial violence;
- Witnessing intrafamilial violence;
- Rejection by the family;
- Discontinuity of care;
- Rejection by peers;
Experiencing a generalized sense of grievance;
Poor identification with father figures;
Absence of a nonabusive male attachment figure;
Having a mother who was sexually abused in childhood;
Maternal depression;
Poor sibling relationships;
Having a mother who was physically abused in childhood; and
Low levels of guilt concerning abusive action.

Many of these were factors that emerged when working with young people who had abused sexually. In this cross-sectional study the most significant factors, however, were those relating to experiencing intrafamilial violence, witnessing intrafamilial violence, and experiencing care rejection.

These experiences preceded the sexually abusive behavior that led to referral. We understood that what differentiated this group was “living in a climate of intrafamilial violence,” which may or may not have directly involved the boys as a victim. It was felt that discontinuity of care and rejection amplified the effects of witnessing and being subject to violence.

There were similarities in the lives of boys who abused sexually but who had no history of sexual abuse themselves. They grew up in a family context where they were exposed to a climate of violence in the home. In addition, their mothers had themselves been subject to extensive sexual and physical abuse not only in their own childhood, but in adult life. These boys were exposed not only to a climate of physical violence, but also a sexual violence which may have had a similar effect to being sexually abused themselves.

Although this cross-sectional study could not look at mechanisms, we hypothesized that experiencing physical violence directly or being exposed to a climate of violence subjects a child to prolonged fear and stress, often for long periods of childhood development. This will adversely affect key developmental tasks and personality development through early childhood, middle childhood, adolescence, and adult life (Pynoos, Sorensen, & Steinberg, 1993).

Discontinuity of care, living in turn with various parents and step-parents, or being in local authority care could lead to a profound feeling of rejection. This had a bearing on the formation of attachments, and may result in the lack of a secure relationship with an adult. Severe, unpredictable stresses have links with psychopathology in both adolescence and adulthood. We felt that these boys were having the worst of both worlds, suffering both disruption of care and violence. They were missing confiding relationships that could have protective effects.

We also felt that directly traumatic and traumagenic effects of pervasive violence led to subjected helplessness, the evacuation of defensive aggressive fantasies, and traumatic visualization of abusive experiences (Bentovim, 1995). Later sexualization of aggressive fantasies led to the “eroticization” of aggression, which leads in turn to abusive behavior. We felt that such aggressive behavior may well be a fight response, taking the form of revenge fantasies acted out in adolescence to reverse a sense of powerlessness, and project such feelings on other young people as a way of feeling less burdened themselves. This was a detailed study on small numbers, and findings must be treated with caution.
Prospective study

These findings were further tested in a prospective manner (Skuse et al., 1999). All males referred to Great Ormond Street under the author’s care for reasons relating to sexual abuse from 1980 to 1992 were studied (224 male subjects). Demographic data and information about sexual victimization of the sample was collected from clinic and Social Services files when these were available. Evidence of the development of offending behavior was obtained by further scrutiny of Social Services files when they were available in the years that followed original victimization. In addition, criminal record data were studied from a range of sources, national police conviction records, and local police caution records to ascertain which of the young people had gone on to abuse.

We were therefore able to address the following questions:

- What proportion of sexually victimized subjects would become sexual perpetrators in later life?
- What is the risk of victims becoming offenders?
- What proportion of such victims are dealt with subsequently through criminal procedures?
- What proportion of those individuals who perpetrated during adolescence continue to offend in later life?
- What experiences would increase the risk of a sexually victimized young person becoming a perpetrator, and what experiences would decrease this risk? and
- Which risk factors should alert professionals to the danger of a young person going on to abuse others, and which factors can be brought into play to prevent this process occurring?

Young people who had been abused sexually were investigated intensively by both Social Services Department and at Great Ormond Street, who referred young people for treatment. There was considerable information available that shed light on any subsequent perpetration, which became evident through tracking the young person’s subsequent history. In general terms, the study confirmed that the originally defined risk factors from the cross-sectional studies were supported by the prospective study. Detailed results will be reported shortly.

It is also important to draw attention to the impact for boys living in a context of neglect and pervasive violence perpetrated against maternal figures, who may not have themselves been sexually abused. There may be an increased risk for these boys of perpetrating themselves, which needs to be kept in mind when working with such young people.

Implications for practice to reduce the risk of victims of sexual abuse becoming perpetrators

To avoid the development of perpetrating behavior, it is necessary to develop appropriate intervention strategies:

- At the time when abuse has been disclosed;
- During the phase of work when the child or young person is protected from abuse;
• Careful consideration needs to be given about rehabilitation of children abused within their family context to their family; and
• Alternative family placements need to be found for those children who will continue to be exposed to a climate of violence, neglect, and rejection.

It seems likely from the work of Saradjian (1996) that female abusers may well share many of the factors which lead to the abusive pattern shown by boys. There is a lesser likelihood of girls becoming abusers, and many of the factors which lead to explosive violent behavior on the part of boys may well lead to explosive violent behavior against themselves, noted in girls who are self-mutilating, or show anorectic or self-harming patterns of behavior. Boys may also show similar patterns.

**Preventing victims developing offending behavior**

*Work during the phase of disclosure that sexual abuse has occurred in boys*

Disclosure that sexual abuse has occurred always evokes an intense crisis because of the effect of breaking the web of secrecy and silencing. The Descriptive and Treatment Outcome Research at Great Ormond Street demonstrated that denial that abuse had occurred was the most frequent response by perpetrators in a series of 99 children. Only a small proportion (9% of abusers) took full responsibility for their actions. Fifteen percent took some responsibility, while the largest proportion (74%) continued to state they were not responsible, accusing the child of lying or professionals for constructing abuse falsely (Hyde, Bentovim, & Monck, 1995; Monck et al., 1996).

Watkins and Bentovim (2000) noted the difficulties for boys in being able to state they had been abused at all. Boys are more likely to be abused outside the family, and there may well be denial on the part of boys because of fears that their freedom will be restricted if they report abuse. In addition, boys often experience intense fears that abuse occurred because their abuser has perceived something “homosexual” in their bearing, which led to them being picked out. Therefore, considerable denial on the part of boy victims is a common factor, as well as denial by abusers.

The Great Ormond Street research showed that frequently maternal responses fitted in with the father’s perception. Thirty-six percent of mothers were perceived as negative and disbelieving, while only 44% supported the child unequivocally. By the time the children were referred for therapeutic work, it was not surprising that 60% of the children were living in alternative contexts, and a third of children continued to be disbelieved by both parents by the time the children were referred for treatment. Children’s mental health as measured by levels of anxiety, depressive symptoms, post-traumatic symptoms, and self-esteem was influenced in part by the extensiveness of abuse, but was also significantly related to whether the child was believed and supported by their mother, or whether they were criticized and therefore felt a negative sense of esteem. Younger children were more likely to be believed and supported than if the victims were older.

Therefore, it is essential during this phase of disclosure to ensure that there is an
assessment of the extent of abuse, its nature, length, severity, extensiveness, and who is responsible. This work often takes a period of time to overcome the reluctance, anxiety and denial, and fear of consequences of disclosure, particularly with boys.

An assessment of the family context is essential to ascertain the pattern of risk versus protection. Exposure of the child or the young person to physical violence, domestic violence, a history of abuse perpetrated against parents (particularly the mother), the presence of neglect, failure of supervision, and the absence of nonabusive carers within the family context are all essential aspects of the initial assessment following disclosure. The assessment also needs to find out whether protective factors are present, such as in the research, positive relationships with adults, siblings, peers, and the quality of alternative care.

To assess the risk of abusive behavior occurring, it is necessary to explore the development implication of victimization behavior on basic functioning—the regulation of emotional life of the child, attachment style, and sense of self. Of particular concern are emotional responses that are externalizing rather than internalizing.

Externalizing responses in the emotional life of the young person include hyperarousal, intrusive actions, violent fantasies, explosive outbursts, and the development of an intimidating, frightening style, anger and grievance, sexualization of closeness, and sexual aggression (Thomas, 1995).

There is also concern if attachments are dismissive, indiscriminate, controlling, or disorganized in form. The sense of self may well be affected if there is a fragmented sense of self, identification with the aggressor, and evidence of early imposition of sexual and aggressive behavior on others, a blaming punitive style, or an aggressive bullying style of relating (Cicchetti & Toth, 1994).

These patterns are all indicative of a style that is potentially dangerous, threatening, and evidence that the child or young person is possibly moving from a victim to a perpetrator mode.

Decisions about care in the context of initial assessments, potential for change

Research on factors which are associated with abusive action focus on the climate of family violence and the need to ensure the abused child lives in a supportive context. The decision about care depends on the prognosis for change within the family context, the extensiveness of the needs of children and their timeframe, and the capacities of the parents to acknowledge their role in direct or cumulative family violence effects and the potential for change. Using the framework developed to assess prognosis (Silvester, Bentovim, Stratton, & Hanks, 1995), we find the following classifications helpful.

Hopeful prognosis

It is possible to make a hopeful prognosis and to maintain children within the family context if family members acknowledge their roles and responsibilities; an abusive parent accepts that he or she needs to live separately to seek help in their own right; protective parents are firm in their belief that the child has been abused and are able to maintain the
relationship with the child, despite the pressure brought against them by an abusive partner; the child is not blamed for having spoken; the parents are willing to work on personal and family issues, to confront personal experiences of violence, to deal with past and present domestic violence to which children have been exposed, and to demonstrate a capacity to work with professionals.

Doubtful prognosis

These are situations where it seems necessary to use the care process because there is far more uncertainty about outcome, doubt about the capacities of parents to work with professionals, or to achieve positive outcome within the child’s timeframe.

In these situations, there is often a high level of uncertainty whether the child or adult is responsible for the state of the child, or the child is tentative, unsure of support from caretakers. There may be a limited perception for the need to change on individual or marital basis, or a degree of uncertainty about the capacity of the parent to be able to change, to manage to extricate themselves from a seriously violent relationship. There may be a pervasive multigeneration pattern of abuse or addiction/alcoholism that seems extremely difficult to confront or to change. These are situations of considerable doubt, and statutory proceedings may be required to test the parents’ capacity to reverse seriously abusive contexts.

Hopeless prognosis

These are situations where there is an absolute failure to acknowledge the child’s state, his or her statements of abuse are absolutely rejected, or it is imputed that the professional has been putting ideas in the child’s mind.

Whatever the context that children are living in, depending on their needs for care, it is essential that an appropriate treatment is developed, particularly for those children who have been exposed to high risk contexts and have had few protective factors in their living situation.

Treatment and protection in a context of safety

Once the initial assessment has been carried through with a decision made about where child should live and with whom, it then becomes essential to work during the context of safety to reverse the effects of abuse. Providing a positive context of care is the essential first step, and any therapeutic work that does not have a background of adequate care is likely to be ineffective. Therapeutic work cannot be a substitute for good care but can only facilitate the process.

Therapeutic work to reduce offending potential

Repair of attachments

Disruptive, disorganized attachments that result from living in a climate of violence and abuse need work not only in the family context, providing a “re-parenting” experience, but
in individual and group therapeutic contexts. It is essential that individual work with children and young people who have been abused focus on building a positive attachment between the therapist and the child as one of the elements to repair avoidant, or disorganized attachments (Freidrich, Luecke, Beilke, & Place, 1992). There needs to be the fostering of acceptance between the therapist and the child and sensitivity to the attachment style of the child, rather than expecting a uniform response. There should be a reasonable degree of warmth and responsiveness, but not too intense; otherwise the child may be reminded of an abusive context that groomed him or her to accept inappropriate sexual activity. Therapeutic work needs to be rewarding, developing relatedness, finding solutions in a collaborative fashion. A working alliance needs to be created which develops connectedness and availability and safety, a considerable challenge for young people showing a dismissive, disorganized pattern that tests therapists’ capacity to maintain an alliance.

Group work can help a young person gain a sense of belonging and identity, and to find a healing “family” context in a group with other young people and therapists, preferably of both sexes. There needs to be the fostering of boundaries, safety, and confronting the re-enactment of abusive models occurring between group members and the therapists, with constant confrontation and finding alternative ways of relating.

Work needs to take place between family members who accept that abuse has occurred in the child in the first instance. The possibility of family work including the perpetrator can be considered at a later date to foster understanding of what led to abusive action and the intergenerational effects that may be re-enacted. Small or rapid treatment gains are necessary using activities to enhance shared affiliation, pleasure, and achievement.

Management of emotional dysregulation

The essential core of helping children and young people regulate their emotions is through the sharing of abusive experiences, so that the emotional negative impacts of abuse and externalizing responses and post-traumatic stress symptoms can be exposed and processed (Deblinger, Lippman, & Steer, 1996). It is essential to explain that the aim is to reduce anxiety, that children are given training in coping skills and in the expression of emotion by developing a vocabulary for emotions, identifying their own and others’ emotions, coping with anger/arousal/anxiety, being able to describe emotions associated with abuse, and to develop relaxation skills.

It is essential that coping strategies are developed before there is exposure and attempts to describe the extensiveness of abusive experiences. Cognitive behavioral approaches (Deblinger, Steer, & Lippmann, 1999; Finkelhor & Berliner, 1995; Jones & Ramchandri, 1999) have been demonstrated as being highly effective approaches to dealing with emotional dysregulation. It is important for the child to find ways of being able to deal with re-enactment, visualizations, explosive feelings, and responses. The use of play, creative productions in vivo visiting contexts, and visualization of episodes are all methods of exposing and sharing. There needs to be considerable care in how experiences are shared: limiting the amount shared in each session; structuring sessions to limit exposure time; using creative psychoeducational approaches, diagrams, pictures charts, and games as ways of separating the experience from self during the process of working through; and reducing
emotional arousal. Collaborative/problem solving/solution-focused approaches to the work is essential with careful monitoring of responses, particularly with boys who are showing extensive externalizing behavior.

Protective parents require coping skills training themselves, identifying their own feelings related to the abuse of their child, and then gradually being exposed to a discussion of their children’s experiences and activities. They need to enter discussions about sex education, personal safety, and coping with post-traumatic symptoms, sexualized behavior, and emotional outbursts. Group and family work can reinforce ways of sharing, particularly by children of similar ages and stages of development (Bentovim, Elton, Hildebrand, Tranter, & Vizard, 1988; Hyde et al., 1995).

**Developing a positive sense of self**

The treatment aims of helping children and young people develop a positive sense of self which will prevent the victim-offender cycle includes developing a correct attribution for events, creating a healing alternative story, and becoming safe from retraumatization and the abuse of others.

Both individual and group work approaches need to confront the cognitive/affective processes evoked by abuse. Adequate motivation is required to explore and understand the attributions of self-blame, guilt and responsibility for having been vulnerable, for having allowed oneself to be targeted and groomed into abusive activities. There needs to be the development of a cognitive skill to dispute the nature and origin of beliefs that blame the self rather than the other (Deblinger et al., 1996). An alternative healing belief story needs to develop. What may seem to be frightening—flashbacks, intense angry outbursts, abusive revenge, and fantasies—are connoted as pathways to autonomy and strength, turning powerlessness to power. Even though they may appear to be dangerous, at the same time they need to be seen as part of a healing process.

There needs to be extensive explanation given for the process by which the child or young person has become abused, the silencing and rationalization used to entrap and silence. Sexual feelings evoked and beliefs need to be corrected. There needs to be openness and acceptance of all communications, and a full history of experiences obtained including victimization and victimizing experiences. Boys who are in the process of becoming offenders find their sexual lives filled with confusing images of themselves, their abuser, and feelings about other children which create a considerable sense of shame and guilt. An assumptive therapeutic style which names such processes with familiarity and comfort will enable boys to share their extremely uncomfortable experiences.

Dysfunctional thoughts about body image, body change, and gender orientation is also an essential accompaniment of such experiences. One of the common defensive processes, for instance, which boys have described is imagining that heterosexual activities were going on when they were being abused by a male. When confronted with who is the female partner this often helps gain an understanding of why boys may feel confused about their identity, about their bodies, about themselves, whether they are homosexual, and whether they have abnormal sexual feelings.

There needs to be work with guilt and responsibility concerning the inevitable sexual
arousal that needs careful explanation. Education about healthy sexuality, gender, and the law is necessary. Young people need to understand the process of healthy and unhealthy cycles of relationships. The notion of a dating cycle which helps young people learn how relationships are made with peers can be helpful in contrast to an abusive cycle which may very well be part of the developing offending behavior, including fantasies, masturbatory activities including their own abuse and abuse of others, and a sense of grievance. They need to understand that it is possible to blame young people who evoke sexual arousal in themselves, rather than own responsibility and take control of their own actions and response. This phase of work is particularly relevant when working with young people who themselves are at risk of developing abusive patterns of behavior as noted. In our original cross-sectional study, young people were seen who were beginning to show some signs of the transition to abusive patterns of behavior.

It becomes essential to develop personal safety skills, notions of ownership boundaries, and safe space to deal with powerlessness in a more effective way, without using aggressive or intimidating behavioral approaches, to understand the link between powerlessness, grievance, and revenge. It is essential to identify potentially dangerous situations and to recognize the justification/distortions of thinking that confuses sexuality and affection, interrupting and challenging such cycles, and to find safe ways of finding support within the community. Such issues need to be tracked within groups and family contexts, particularly when a family member has been able to acknowledge abusive action, take part in appropriate therapeutic work, and take responsibility and truly apologize to the victim of abuse.

Stage of rehabilitation to family life

To their own families

The ideal is for children who have been abused to be able to be restored to their own family, for the relationship with their caring parent to be strengthened. Where abusive family members can take responsibility, there should be thorough work on reversing abusive patterns, and a process of apology, reconciliation, and understanding of processes which led to violent behaviors, freeing the victim of a sense of guilt and grievance, and considering the possibility of rehabilitation of the abuser to the family. A number of areas need to be worked with in families.

Working on a climate of violence—exposure and experience of physical abuse

A key factor that leads to the promotion of an offending behavior is the exposure to physical violence and neglect. In this phase of assessment, the possibility of therapeutic work with families focused on this issue needs to be evaluated. Where there is acknowledgment of such factors, then involving the family either as a whole or in parallel work with the young person and the family needs to be considered. As far as approaches are concerned, Kolko (1996) contrasted cognitive behavioral treatment with family therapy against a community care control group. Both therapeutic approaches were more successful than control in
reducing parental violence towards children, and reducing children’s externalizing/aggres-
sive behavior lessened the transmission of an aggressive style, improved family cohesion, and reduced conflicts. A multisystemic approach (Henggeler, 1999) also stresses the need for collaborative work with all family members, the utilization of evidence-based approaches, and an active approach which can demonstrate tangible gains.

Specific work with the family that can reduce the risk of offending behavior includes (Monck et al., 1996):

- Extensive work on clarifying exactly what abusive action has been perpetrated, by whom, attempting to ensure that full responsibility is taken, blame reduced, and appropriate apologies given;
- Constant work on denial, minimization, and projection of blame so that children who are abused do not take on inappropriate responsibility with a sense of guilt and perpetuation of externalizing responses;
- The issue of power, powerlessness, and appropriate empowerment needs to be con-
stantly focused on within the family context to redress the inappropriate use of power; appropriate assertion should replace intimidation;
- Blurred and confused role boundaries need to be corrected so that inappropriate role modeling and identification with the aggressor is not amplified within the family context; and
- Loss and bereavement is appropriately focused on to assist young people who cannot live with their families of origin to deal with the “identification with the aggressor,” which is a process of dealing with such losses.

New families

A significant number of young children who are abused and living in a climate of violence, perhaps as many as 30%, will not be able to live with a family member because of the processes of denial and refusal to accept responsibility (Hyde et al., 1995). There are considerable difficulties for foster families and alternative placements caring adequately for children who have been extensively abused and who are at risk of re-enactment of abusive behavior within foster families. Residential care needs to be organized to provide alternative care for children who have been abused and to make intensive individual and group work available.

Work on the victimization experiences of those young people who have gone on to abuse other children

Given that victimization experiences play such an important role in the development of abusive behavior, it is essential that at all phases of work with young offenders consider the issue of their victimization experiences. The impact on their development and their behavior needs to be tracked, working with both the offending behavior and the experiences which
may be continuing to be a formative influence on their lives at the time when perpetrating behavior is disclosed.

**Work during the phase of disclosure**

It is essential during the phase of disclosure that a detailed assessment of actual patterns of offending behavior and of victimization experiences be made. Such instruments as the Trauma Symptom Inventory (Briere, 1995) are valuable tools to begin an evaluation of specific victimization experiences. As with all such measures, it is important to use the young person’s responses as a way of beginning to address the issues and begin the processing of experiences.

Clinician-administered PTSD Scale for Children and Adolescents (CAPS-CA; Nader et al., 1996) is helpful as they invite a young person to indicate which events they have experienced from a list of traumatic events and then proceed to take each event and ask for specific evidence of post-traumatic effects, re-experiencing, avoidance, arousal, and general responses.

**Decisions about care and management of a young person**

Although the main task in assessing young people who abuse is to look at the issue of the degree of risk they pose to those who they have victimized in their own family or community, it is also essential to assess their requirement for protection because of the continuing influence of victimization they have experienced, such as exposure to violence perpetrated against maternal figures, continuing neglect, and poor supervision, as well as specific physical abuse. We were struck in our original hypothesis-generating study at the value of foster care for young perpetrators of living in supportive foster care, providing the general protective factors that we noted. Although not negating the high risk factors, this went some way to neutralizing them by providing nonabusive caretakers, particularly paternal figures, providing a model where maternal figures were not abused by paternal figures, a climate that was supportive rather than violent, and adequate supervision as well as material care. This provides a degree of re-parenting as an important general context for specific therapeutic work.

**Treatment in a context of safety from further victimization, and prevention of ongoing victimizing behavior**

The approaches that we noted in therapeutic work with victims are also relevant to the treatment of victimization experiences of those who are perpetrating. The important consideration is how the work with victimization fits into the overall therapeutic program of work on offending patterns of behavior. Practice has frequently focused on the requirement to understand the victim’s perspective as a necessary stage to developing a relapse prevention program. This ignores the way victimization experiences can be extensively intertwined with offending impulses. These require clarification and attention at all stages of the therapeutic process: at the assessment stage, in establishing the pathway to abusive behavior and the cycle of abusive action, and developing an abusive-free life.
To address these issues requires the development of an extensive module of work if the implications of the research findings are to be adequately addressed. At the same time, there needs to be an awareness of the dynamic process of presentation of victimization issues as a way of avoiding confronting offending behavior.

Disorganized dismissive attachments present a constant challenge to resolving attachment issues, and developing a positive sense of self is a complex process. There needs to be exploration and understanding of attributions of self-blame for their own abuse and the way they have blamed their victims for evoking abusive impulses in themselves.

Stage of rehabilitation to families where abusive behavior has been perpetrated

Young people who have abused need to share the details of their abusing behavior with their families and to carry out appropriate apology sessions with victims. They also need to have acknowledged the extensiveness of their earlier abusive experiences as part of a rehabilitation process. Parallel work with families is required to address these issues if there is hopeful prognosis to work with such issues. Work with families is also essential for young people who cannot return to their families and who are being worked with in residential settings. This requires care and therapeutic structures to enable a young person to become safe in the community, safe to develop their own relationships in the future, and a caring approach to their own children, thus assisting in the comprehensive prevention of sexually abusive behavior in the community.

Concluding comments

When working with boys who have been sexually abused, it is important to assess whether, in addition to abuse, there is the additional presence of a pervasive atmosphere of violence in their home where a maternal figure is either victimizing or is extensively victimized, and where young people, as well as being sexually abused, are extensively neglected. These are the young people who are at risk of abusing, particularly if they are showing symptoms such as soiling and cruelty to animals. They require extensive help, both for their own experiences of abuse and to avoid future abusive behavior.

Those young people who have begun a career of abuse against other children require a program of work not only to deal with their own offending but also to explore their victimization experiences, to ensure that ongoing influences are addressed, the impact of such victimization experiences explored both in the way that offending behavior is triggered and perpetuated, and also in the way that such young people relate to those who care for them. Therapeutic work needs to address these issues as well as offending issues if a significant preventative impact is to be achieved.

References


Résumé

Objectif: Déterminer s’il est possible d’intervenir pour que des garçons victimes d’agressions sexuelles et aptes à agresser d’autres enfants, ne s’adonnent pas à ces agressions; et aussi d’évaluer si les facteurs qu’ils associent aux agressions sexuelles chez des jeunes agresseurs peuvent faire partie intégrante de la thérapie, de concert avec des interventions thérapeutiques ciblant le comportement agressif lui-même.

Méthode: Étudier les recherches longitudinales et latérales qui démontrent ce que représentent pour les enfants agressés sexuellement de vivre dans un climat de violence, d’endurer les mauvais traitements physiques, d’être exposés aux agressions des figures maternelles et d’endurer l’interruption et la mauvaise qualité des soins et de la surveillance. Les recherches prospectives confirment ces facteurs.

Résultats: L’article décrit la mise en exécution de ces constats par rapport aux programmes thérapeutiques ciblant les garçons agressés sexuellement. On évalue aussi les soins qui leurs sont nécessaires, les interventions thérapeutiques auprès de ces jeunes et les efforts pour modifier le milieu familial. Enfin, l’article considère les interventions thérapeutiques visant les agressions vécues par les jeunes victimes qui ont eux-mêmes agressé et recommandent des modifications à apporter vis-à-vis des approches thérapeutiques qui sont proposées.
Conclusions: Il est essentiel que les interventions thérapeutiques auprès de garçons victimes d’agressions sexuelles prennent en considération la possibilité que ces jeunes pourraient devenir des agresseurs, même si, de fait, ceci a lieu relativement peu souvent. Puisque les jeunes agresseurs ont probablement grandi dans un climat de violence, qu’ils ont bénéficié de peu de soins, on se doit d’élaborer des interventions qui visent leurs expériences en tant que victimes, de concert avec les interventions ciblant leurs comportements agressifs.

Resumen

Objetivo: Determinar si es posible evitar que los muchachos sexualmente abusados en riesgo de abusar otros niños, lleguen ha hacerlo; y evaluar si los factores asociados con una experiencia de abuso sexual en personas jóvenes que están ofendiendo puede manejarse como un aspecto principal del trabajo terapéutico junto con el tratamiento de la conducta ofensiva.

Método: Examinar investigaciones transversales y longitudinales que demuestran la importancia que tiene para los niños sexualmente abusados el vivir en un clima de violencia, sufriendo abuso físico, expuestos al abuso de las figuras maternales, y sufriendo interrupción y pobreza en la calidad del cuidado y la supervisión. Estos factores son confirmados en investigaciones prospectivas.

Resultados: Se describe la aplicación de estos hallazgos a los programas terapéuticos para muchachos que han sido abusados sexualmente, incluyendo la evaluación de las necesidades de cuidado así como el trabajo terapéutico específico con el joven, y el trabajo para modificar el contexto familiar. Se examina también el tratamiento específico de las experiencias de victimización en personas jóvenes que han cometido ofensas sexuales y se sugieren recomendaciones para la modificación de los enfoques en el tratamiento.

Conclusión: Es de vital importancia en el trabajo terapéutico con muchachos víctimas de abuso sexual que se considere el tema de su potencial abusivo, aun cuando una proporción relativamente pequeña de estos muchachos se convertirán en abusadores de otros. Dado que para los muchachos que sí abusan sexualmente, es muy posible que hayan crecido en un clima de violencia y cuidados deficientes, es necesario desarrollar métodos para manejar estas experiencias de victimización junto con los tratamientos centralizados en la ofensa.