The Journal of Forensic Psychiatry & Psychology,
March 2007; 18(1): 59–73

Routledge
Taylor & Francis Group

Children and adolescents who present with sexually abusive behaviour: A UK descriptive study

EILEEN VIZARD[1], NICOLE HICKEY[2], LESLEY FRENCH[3], & EAMON McCRORY[2]

[1]*University College London, UK,* [2]*Young Abusers Project, London, UK, and* [3]*The Bracton Clinic, London, UK*

Abstract
Background: This study describes the largest UK sample of young people presenting with sexually abusive behaviour to a fourth-tier NHS specialist service.
Aims: To describe the psychosocial and behavioural characteristics of these children.
Method: The case files of 280 referrals to a national assessment and treatment service for young people displaying sexually harmful behaviour were reviewed using a specially designed research protocol.
Results: The sample had experienced extremely emotionally deprived and abusive upbringings, with family instability and dysfunction. Early onset of sexual and aggressive behaviour, neuropsychological deficits, and mental health problems were noted.
Conclusions: A matrix of developmental risk factors underlies the onset of sexually abusive behaviour in this sample. The need for a developmental model of sexually abusive behaviour in children is stressed.

Keywords: *Sexually abusive, behaviour, developmental, trajectory*

Introduction

Of those convicted of a sexual offence, 20% are under 18 years of age (Home Office, 2003); 30–50% of all childhood sexual abuse is perpetrated by adolescents (Halperin et al., 1996; Horne, Glasgow, Cox, & Calam, 1991; Vizard, Monck, & Misch, 1995). Comparisons between five UK studies (Dolan, Holloway, Bailey, & Kroll, 1996; James & Neil, 1996; Manocha & Mezey, 1998; Richardson, Graham, Bhate, & Kelly, 1995; Taylor, 2003) on a number of key characteristics are presented in Table I. These findings are largely comparable to those from North American

Correspondence: Eileen Vizard, The Young Abusers Project, The Peckwater Centre, 6 Peckwater Street, London NW5 2TX, UK. E-mail: e.vizard@ucl.ac.uk

ISSN 1478-9949 print/ISSN 1478-9957 online © 2007 Taylor & Francis
DOI: 10.1080/14789940601056745

Table I. Abuser characteristics from UK populations of young sexual abusers.

	Richardson et al. (1995) $n=100$	Dolan et al. (1996) $n=121$	James and Neil (1996) $n=34$	Manocha and Mezey (1998) $n=51$	Taylor (2003) $n=227$
Removed from home	81%	64%	42%	22%	Not reported
Truancy from school	59%	44%	52%	14%	20%
Childhood sexual abuse (CSA)	41%	25%	35%	29%	32%
Physical abuse	55%	30%	42%	23%	21%
Emotional/ psychological abuse	Not reported	Not reported	61%	14%	10%
Prior contact with CAMHS	72%	40%	Not reported	37%	44%

studies (Awad & Saunders, 1991; Bagley, 1992; Becker, Cunningham-Rathner, & Kaplan, 1986).

The current study aims to build on previous work by describing a large sample of children and young people presenting with sexually abusive behaviour, using a comprehensive coding protocol that emphasizes those developmental factors hypothesized to play an aetiological role.

Method

The Young Abusers Project is a non-residential, specialist assessment and treatment service with a national catchment. Between 1992 and 2003 a total of 336 young people were referred to the service. Of these, 55 were excluded because of insufficient data. The remaining 280 young people (256 males and 24 females), aged 5–21 years of age, comprised the cohort described here.

An earlier study (Bladon, Vizard, French, & Tranah, 2005) was based on a subset of 141 of the present sample and described the demographics, psychopathology, and psychiatric data gathered on the children and young people who attended the YAP service from 1992 to 2000. While the present research has been informed by the findings of the Bladon et al. (2005) study, it is an entirely separate piece of work which has used different variables and investigated different issues.

Information was gathered from the file of each young person. These contained copies of social services assessments, previous psychiatric and psychological assessments, educational reports, and paediatric notes, contemporaneous with the reporting of the original abuse which had brought the individuals to the attention of the authorities. These sources were supplemented by one or more reports from the set of psychiatric,

psychological, and psychotherapeutic reports completed by the YAP clinical team, usually after direct clinical assessment of the child or young person. A developmental data collection protocol was devised for the study and completed by the second author, who had no prior contact with any of the sample. The protocol encompassed the following areas: demographics, referral details, biological parents' history, education history, care history, physical and mental health, abuse, neglect, history of sexually abusive behaviour, anti-social behaviour, and conviction data. The study was approved by the local ethics committee.

Results

Abuser characteristics

Demographic details. The mean age of the sample at the time of assessment was 13.9 years (*SD* 2.7 years). The majority (81%) were aged 11 – 17 years at assessment, although a significant minority (14%) were under 10 years. Ethnically the majority of the sample was Caucasian (83%), while 7% were of mixed race, 6% were African-Caribbean, 2% were African, and 2% were unknown. The majority of referrals came from London (35%), the Home Counties (20%), and south-east England (20%). Referrals from social services departments (62%) tended to predominate, but a substantial minority (21%) came from health professionals including psychiatrists and paediatricians.

Family environment. Difficulties within the family system were present for all the young people in our sample. These related both to parental difficulties and to the presence of abuse within the home environment. For example, just over a third of the biological mothers (35%) had mental health problems, with the same proportion having had childhood experiences of abuse or neglect. These figures are likely to represent underestimates of the actual levels, given that data on the biological parents was missing in many cases – particularly for the fathers. However, 10% of the fathers had disclosed abuse or neglect as a child. A total of 29% of the fathers had a criminal record, of whom 20% were convicted of violent offences. Domestic violence was common, with 44% of the biological mothers having experienced such abuse from a male partner.

Table II provides further evidence of the poor family environments experienced by the sample. For example, 73% experienced the break-up of their biological parents' marital relationship, and only 5% were still living with both biological parents at the time of assessment. More than half of the sample experienced inconsistent or overly punitive parenting, and 44% were exposed to lax sexual boundaries within the family, including open access to sexually explicit material or exposure to adult sexuality.

Table II. Family environments.

	n	(%)
Parental separation/divorce/death	204	(73)
Harsh parental discipline	148	(53)
Inconsistent parenting	178	(64)
Lack of parental supervision	137	(49)
Inadequate family sexual boundaries	123	(44)
Convicted Schedule One offender within the family	78	(28)
Childhood sexual abuse	200	(71)
Physical abuse	186	(66)
Emotional/psychological abuse	206	(74)
Physical neglect	166	(59)
Witnessing domestic violence	136	(49)
All five types of abuse/neglect	71	(25)
On the Child Protection Register	180	(64)
Death of a family member or significant other	84	(30)

A significant minority (28%) were also part of extended families containing at least one convicted Schedule One offender.

Virtually all those in the sample (92%) had suffered neglect, witnessed domestic violence, or experienced one form of abuse (sexual, physical, or emotional). In the majority of cases (76%) this maltreatment began before they were six years old. A significant minority (25%) had experienced all five forms of maltreatment by the time of referral. Most of the victimization was perpetrated by relatives, particularly parental figures, including step-parents.

Child sexual abuse (CSA) tended to occur in the family (61% were abused by relatives and only 8% were abused by strangers), with half the sample abused by the age of seven. The abuse was often serious, with at least 38% of those abused having been anally penetrated by their abuser. The sexual abuse tended not to be isolated experiences: the victims of CSA had an average of 2.1 abusers. While the majority of the abusers were male, a significant minority (21%) were adult females. The remaining forms of maltreatment (physical abuse, emotional abuse, and neglect) were all more likely to have begun in infancy (below the age of three) and to have persisted for a number of years before any intervention was made. The most common form of physical abuse was being hit, but children were also kicked (17%), burned (9%), injured with an implement (30%), or had things thrown at them (7%). Emotional neglect (88%) was the most commonly reported form of emotional abuse, although rejection (45%) and verbal abuse (58%) were also common. Scapegoating, which is perhaps more difficult to identify, was identified in 16% of the sample. While the absence of parental supervision (73%) was the most common form of neglect, there was often a lack of food (43%) or poor hygiene (56%). Over a third of the cases (36%)

were never on the Child Protection Register: among those who had been, sexual victimization was the most commonly cited reason.

Removal from home. Three-quarters of the sample (76%) were removed from their family home into local authority care at an average age of 9.5 years (*SD* 4.4 years). They were then usually accommodated in foster care (77%) or residential children's homes (58%). A minority (10%) spent time in secure units, and 22% were admitted to therapeutic communities or other psychiatric services. (Note that percentages exceed 100% because they are not mutually exclusive.) At the time of referral, 34% were subject to either an interim or a full care order, while many of those in local authority care were placed on a voluntary basis.

Changes of placement (by the local authority or between family members) were experienced by the majority of the sample (80%). Of those with more than one placement, 45% had 1–5 moves while 31% had 6–20 changes in placement. Only 13% of the young people had remained in the same family home.

Intellectual functioning and educational difficulties. Following either a psychometric assessment of intellectual functioning using the WISC-III, or a clinical assessment using the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IIIR or DSM-IV), 37% of the sample were judged to be functioning below the 'average' level (IQ $\leq$ 84). Learning disability (defined as functioning at the equivalent of an IQ of 70 or less), was present in 24% of the sample. However, a much higher proportion exhibited general educational difficulties. Nearly three-quarters of the sample (71%) exhibited disruptive behaviour in school, and 42% were excluded because of their behaviour. As a result of poor behaviour and/or changes in care placement, 63% of the sample were required to move school between one and five times. More than half the sample (58%) were reported as being isolated from their peers, largely as a result of their behavioural problems, and 15% were actively rejected by their peers. In addition, 45% of the sample had received a statement of educational need, with combined learning and behavioural problems the most commonly cited reason. Over half of the sample (59%) had also required some form of educational assistance, such as classroom support, a school support unit, or removal to an EBD (Emotional and Behavioural Difficulties) school.

Physical and mental health. Peri-natal complications were identified in the histories of 26% of the sample. The same proportion had speech and/or language problems, while 39% had experienced developmental delays in walking or talking. Physical problems with an underlying psychological source were reported by many of the sample. For example, 30% had a history of enuresis and 16% a history of encopresis; 29% had deliberately

harmed themselves, often by cutting; and a minority (9%) exhibited eating disorder symptoms.

As outlined in Table III, the most prevalent psychiatric diagnosis was conduct disorder (CD), within which the most common form was 'childhood onset'. A further 35% exhibited symptoms of CD below the threshold for diagnosis. Diagnoses of post traumatic stress disorder (PTSD) were made in 29% of cases, but nearly half the sample (41%) reported sleeping problems including nightmares. Although a minority of the sample reached the threshold for a diagnosis of attention deficit hyperactivity disorder, 68% exhibited subthreshold levels of symptoms such as impulsivity and difficulty concentrating.

Anti-social behaviour. Sexually abusive behaviour (SAB) was not the only anti-social behaviour exhibited by the sample: Table III lists some of the other behaviours. Aggression towards others was particularly prevalent, with 58% of aggressors hitting or kicking their victims, 32% using an implement to inflict injury, and 14% strangling the victim. Adults, often care staff and teachers, as well as other children, were the predominant victims. A significant minority (27%) had a history of fire-setting. It was notable that the majority of the sample (91%) engaged in solitary anti-social behaviour while only 24% had committed anti-social acts as part of a group.

A minority of the sample (19%) had a criminal record at the time of their YAP assessment: 11% had convictions for sexual offences, 6% were convicted of violent offences, and 10% of non-sexual, non-violent offences. By December 2003 65% of the sample ($n = 181$) had reached adulthood

Table III. Psychiatric diagnoses and antisocial behaviour.

	n	(%)
DSM conduct disorder	140	(50)
DSM post traumatic stress disorder (PTSD)	82	(29)
DSM attention deficit hyperactivity disorder (ADHD)	6	(2)
DSM reactive attachment disorder (RAD)	48	(17)
DSM pervasive developmental disorder (PDD)	1	(0.4)
Physically aggressive	197	(70)
Verbally aggressive	178	(64)
Bullies/intimidates others	187	(67)
Fire setting	76	(27)
Stealing/theft	155	(55)
Lying	95	(34)
Destruction of property (not by fire)	133	(48)
Excluded from school	118	(42)
Cruelty to animals	52	(19)
Drug misuse	46	(16)
Alcohol misuse	30	(11)

(18 years old) – of these, 5% had been convicted as an adult of sexual offences, 15% had been convicted of violent offences, and 27% had been convicted of non-sexual, non-violent offences.

Abuse characteristics

Age of onset. The average age of onset of sexually inappropriate or abusive behaviour in this sample was 9.5 years (*SD* 3.7). Within the 261 cases for whom age of onset was identifiable, 54% began before the age of 10, and 46% began after the age of 11. We used these cut-offs as a proxy for pre- and post-adolescence.

Victims. Calculating the number of victims for each young person was complicated by a lack of detail within the available documents. As a result, the 684 identified victims are an underestimate of the actual number. Data are therefore not presented in the form of proportions of the total number of victims, but as the proportions of the sample victimizing certain types of victim. For instance, as outlined in Table IV, the majority of the sample abused female victims (88%), while 57% abused male victims. However, nearly half had a history of abusing both males and females. Child victims (i.e., under 18 years of age) predominate in this sample, and 57% of the sample had at least one victim who was more than five years younger than them. Notably, a significant minority of the sample (16%) had only ever abused children at least five years younger than them. Although adult victims were less frequent, 28% of the sample abused both children and adults. Those with a post-adolescent onset were more likely to have abused only adults, compared to the pre-adolescent onset group. Victims were most likely to be known to the perpetrators either as relatives (most often siblings), or as friends or school peers; only 11% of the sample abused

Table IV. Proportions of the cohort victimizing different types of victims.

	n	(%)
Male victims	159	(57)
Female victims	246	(88)
Male and female victims	132	(47)
Child ($\leq$17yrs old) victims	264	(94)
Adult ($\geq$18yrs old) victims	87	(31)
Child and adult victims	78	(28)
Animals	25	(9)
Relatives	175	(63)
Acquaintances/friends	200	(71)
Strangers	30	(11)

strangers. A minority of the cohort (9%) had also sexually abused animals, with half of these sexually penetrating the animal.

Sexually abusive behaviour. As with the calculation of numbers of victims, identifying specific details of the SAB was complicated by incomplete accounts, and the euphemistic terminology used by some referring agencies. Therefore, the data presented are again an underestimate of the actual prevalence rates, particularly of penetrative acts. As indicated in Table V, contact abusive behaviours were the most prevalent (94%). Only 3% restricted their abusive behaviour to non-contact behaviours (exhibitionism or voyeurism), although it was more common for the SAB to include both non-contact and contact behaviours (40%).

Grooming techniques used by members of this sample included inviting the victim to play on their computer, or to go up to their bedroom to play. Such techniques often lacked the sophistication of those used by adults, but were a means of isolating the victim from adults. Few of the perpetrators used physical threats against their victim, but a third used verbal threats to obtain the victim's compliance and/or silence following the abuse. A minority of the sample employed more worrying methods during the abuse. For example, 8% used excessive force, 4% abducted their victims, 3% used a weapon, and 1% tied up their victim.

The abuser's home or school were the most common locations for the abuse, with 31% abusing victims in both places, and 83% abusing in either place. A minority (11%) abused the victim in the victim's own home.

Most of the sample (91%) acted on their own in the commission of the abuse, though 3% ($n = 8$) only ever acted with a co-abuser, and 10% had a history of acting both on their own and with others. In addition to the sexual behaviours cited above, 5% had engaged in frotteurism, 6% had stalked a victim, 7% had engaged in sadistic sexual behaviour, and 5% had

Table V. Sexually abusive behaviour perpetrated.

	n	(%)
Fondling	232	(83)
Oral sex by abuser	59	(21)
Masturbation by abuser	38	(14)
Vaginal penetration by abuser	107	(38)
Anal penetration by abuser	94	(34)
Indecent exposure	80	(29)
Voyuerism	16	(6)
Prior grooming of the victim	95	(34)
Verbal threats of harm	102	(36)
Physical threats of harm	21	(8)
Acting with a co-abuser	37	(13)

exhibited fetishistic sexual behaviour with objects such as female clothing and nappies. Many of the sample (61%) disclosed deviant sexual thoughts or fantasies. Among this group, 38% included acts of penetration in their fantasies, 18% included sadistic sexual behaviour, and 4% thought about killing the victim.

Developmental trajectories of young sexual abusers

Within the sample, a group with an early onset of SAB (i.e., ≤10 years old) who also continued to sexually abuse in adolescence (EO: $n=93$) were identified, and differentiated from those with a later onset of SAB (i.e., ≥11 years; LO: $n=120$). They were compared on a range of psychosocial factors (see Table VI), the results of which indicate that the EO group experienced significantly higher levels of psychosocial adversity than the LO group. These two groups were also compared on the age of onset of four types of victimization experiences. There were no differences found in relation to the mean age of onset of either emotional abuse or physical

Table VI. Comparisons between EO and LO trajectories on psychosocial factors.

	EO ($n=93$)		LO ($n=120$)		
Psychosocial factors	*n*	(%)	*n*	(%)	OR (95% CI)
Parental mental health problems	47	(50)	40	(33)*	1.9 (1.1–3.4)
Parental maltreatment	41	(44)	40	(33)	
Parents in care as children	25	(27)	18	(15)*	2.8 (1.1–4.1)
Parental criminal convictions	31	(33)	35	(29)	
Parents separated/divorced	71	(77)	84	(70)	
Peri-natal problems	30	(32)	25	(21)	
Early poor temperament	35	(38)	26	(22)**	2.2 (1.2–3.9)
Inconsistent parenting	72	(77)	64	(53)***	3.1 (1.7–5.7)
Lax family sexual boundaries	55	(59)	30	(25)***	4.3 (2.4–7.8)
Lack of parental supervision	60	(65)	36	(30)***	4.2 (2.4–7.6)
All previous three items	31	(33)	11	(9)***	4.9 (2.3–10.5)
Spent time in care	77	(83)	88	(73)	
6+ changes in placement	47	(50)	36	(30)**	2.4 (1.3–4.2)
CSA	77	(83)	70	(58)***	3.4 (1.8–6.6)
Physical abuse	71	(77)	66	(55)**	2.8 (1.5–5.1)
Emotional abuse	78	(84)	76	(63)**	3.1 (1.6–6.1)
Physical neglect	67	(72)	49	(41)***	3.7 (2.1–6.7)
Exposure to domestic violence	47	(51)	53	(44)	
Insecure attachment	63	(68)	40	(33)***	4.4 (2.4–7.8)
Hyperactive/impulsive/inattention	70	(75)	73	(61)*	1.9 (1.1.–3.6)
Excluded from school	47	(51)	48	(40)	
Substance misuse	14	(15)	32	(27)*	2.1 (1.0–4.1)
IQ ≤ 84	47	(51)	34	(28)**	2.6 (1.5–4.6)

*$p < .05$; **$p < .01$; ***$p < .001$.

neglect. However, experiences of sexual abuse (EO 5.4 years, LO 9.1 years) and physical abuse (EO 3.9 years, LO 5.9 years) were found to occur significantly earlier in the EO group.

The results of comparisons between the groups on SAB during different developmental periods are displayed in Table VII. They indicate that within the EO group SAB began in early childhood, not just middle childhood. It is also important to note that during the adolescent period the two groups

Table VII. SAB committed by EO and LO groups during different developmental periods.

	EO ($n = 93$)		LO ($n = 120$)		
	n	(%)	n	(%)	OR (95% CI)
Early childhood (0 – 6yrs)					
Anal penetration	7	(8)	0	(0)	n/a
Genital – oral contact	7	(8)	0	(0)	n/a
Abuses male child	23	(25)	0	(0)	n/a
Abuses child $\geq$ five years younger	0	(0)	0	(0)	n/a
Abuses a stranger	0	(0)	0	(0)	n/a
Sexual activity with animals	4	(4)	0	(0)	n/a
Verbal coercion	1	(1)	0	(0)	n/a
Physical coercion	0	(0)	0	(0)	n/a
Acting with co-abuser(s)	1	(1)	0	(0)	n/a
Abuses adult female stranger	0	(0)	0	(0)	n/a
Middle childhood (7 – 10 years)					
Anal penetration	21	(23)	0	(0)	n/a
Genital – oral contact	21	(23)	0	(0)	n/a
Abuses male child	53	(57)	0	(0)	n/a
Abuses child $\geq$ five years younger	26	(28)	0	(0)	n/a
Abuses a stranger	2	(2)	0	(0)	n/a
Sexual activity with animals	3	(3)	0	(0)	n/a
Verbal coercion	9	(10)	0	(0)	n/a
Physical coercion	3	(3)	0	(0)	n/a
Acting with co-abuser(s)	7	(8)	0	(0)	n/a
Abuses adult female stranger	0	(0)	0	(0)	n/a
Adolescence (11 – 17 years)					
Anal penetration	27	(29)	41	(34)	
Genital – oral contact	23	(25)	33	(28)	
Abuses male child	64	(69)	60	(50)**	2.2 (1.3 – 3.9)
Abuses child $\geq$ five years younger	47	(51)	84	(70)**	2.3 (1.3 – 4.0)
Abuses a stranger	7	(8)	18	(15)	
Sexual activity with animals	8	(9)	3	(3)*	3.6 (1.0 – 14.2)
Verbal coercion	23	(25)	54	(45)**	2.5 (1.4 – 4.5)
Physical coercion	5	(5)	8	(7)	
Acting with co-abuser(s)	6	(7)	17	(14)	
Abuses adult female stranger	4	(4)	11	(9)	

*$p < .05$; **$p < .01$.

are more similar than dissimilar, although the EO group were significantly more likely to abuse male children, and the LO group were significantly more likely to abuse much younger children and to use verbal coercion.

Discussion

This study describes the characteristics of the largest UK cohort of children and adolescents presenting with sexually abusive behaviour. Our findings are broadly consistent with previous UK and North American studies. The abusive behaviour enacted by this population varies in severity and form. The findings indicate that the abuse is often carried out alone, and entails penetration and the targeting of younger children. A minority of cases displayed particularly worrying behaviour, including the abuse of animals and the use of physical threats.

Our results suggest that a matrix of adverse developmental experiences is likely to represent the aetiological basis for the onset of SAB. Two key areas – vulnerability factors and developmental context – may pertain to this suggestion.

Vulnerability factors

The first question to be addressed is whether we can now begin a cautious effort to isolate the most salient vulnerability factors shared by this population. On the basis of the findings presented here, and those reported by previous studies, five core areas of development appear consistently impaired in these children.

Dysfunctional family environment. The majority of children in our sample had been removed from their home because of abuse, neglect, or family breakdown. This is unsurprising given that many of our referrals were from social services departments dealing with cases of serious neglect and abuse. However, other factors that may indicate family dysfunction have generally not been reported by previous studies. We found evidence for a generic pattern of family dysfunction in 86% of our sample, reflected in the presence of one or more of the following: parental mental health problems, paternal criminality, marital difficulties or separation, and subsequent absenteeism of the father. The impact of family dysfunction on SAB may be primarily mediated by disruption to normal attachment processes, and is commonly reported in studies of adult sexual offending (Marshall & Barbaree, 1990; Ward & Siegert, 2002).

Aggressive socialization. A total of 66% of our sample had experienced physical abuse. Of the remainder, 28% had either witnessed domestic violence or had a father convicted of violent offences. In total, therefore,

76% of our sample had been directly or indirectly exposed to models of aggressive behaviour. The EO (early onset of SAB) group experienced physical abuse at a significantly younger age than the LO group. This physical abuse exposed the EO group to aggressive socialization at a younger and more vulnerable developmental stage, possibly contributing to distorted beliefs and cognitions about interpersonal violence. Again, while other studies have reported variable levels of physical abuse (e.g., 55% in Richardson et al., 1995; 21% in Taylor, 2003), the proportion of children exposed to violence in general has not previously been made clear. However, such family disruptions and experiences of violence and abuse may contribute to poor parental attachments and deficits in interpersonal functioning, which may, in turn, predispose to a coercive style of interpersonal interaction (Barbaree, Marshall, & McCormick, 1998). For instance, there is accumulating evidence that witnessing or experiencing domestic violence may be a risk factor for later perpetrating behaviour (Skuse et al., 1998), and a potential mediator between being a victim and a perpetrator of sexual abuse (Salter et al., 2003).

Inappropriate sexualization. A high proportion of our sample had experienced sexual abuse (71%). Of the remainder, 21% had either been exposed to lax sexual boundaries, or had a Schedule One offender within the extended family. Together these figures indicate that a total of 78% of the sample had abusive or inappropriate sexualized experiences. Furthermore, the EO group, on average, experienced sexual abuse nearly four years earlier than the LO group, indicating that they were exposed to very inappropriate sexualization from early childhood. It is possible that such early trauma served to disrupt normal and age-appropriate sexual development in these children.

Neuropsychological deficits. One or more of the following were shown by 73% of the sample: learning disability, developmental delay, language problems, and problems in executive functioning (reflected in attention deficits and impulsivity). The precise nature of these cognitive deficits represents a poorly understood vulnerability factor that requires systematic investigation in future studies.

Mental health problems. The results of psychiatric assessment were included in three of the five UK studies (Dolan et al., 1996; Manocha & Mezey, 1998; Richardson et al., 1995), which were compared on key characteristics (see Table I) but subthreshold symptomatology generally goes unreported. In the cohort presented here 75% of the referred children presented with mental health problems even when conduct and attention problems were excluded. These were reflected in the presence of one or more of: sleep problems, nightmares, enuresis, encopresis, self-harm, or eating problems.

Each of these factors are likely to be associated with anxiety-provoking experiences in general and post-traumatic stress disorder in particular.

Developmental context

Our findings highlight five key areas of vulnerability that appear to characterize the majority of our sample. However, the heterogeneity of young sexual abusers, as evidenced by the differences between the early and later onset trajectories, suggests that it is important to examine the combination of and/or interactions between vulnerability factors across developmental periods. For example, further investigation is needed to determine whether there are 'dose' effects of experiencing more severe vulnerability factors, or if the risks posed by vulnerability factors stem from the developmental period during with they were experienced.

Current theories of sexually abusive behaviour pertain only to adults, although reference is increasingly made to developmental constructs (Hall & Hirschman, 1992; Ward & Siegert, 2002). We suggest that it is insufficient, if not inappropriate, to model juvenile SAB within an adult framework. It is important to remember that only a minority of young people presenting with SAB will go on to be convicted of sexual offences as an adult. Sipe, Jensen, and Everett (1998) reported a conviction rate of 9.7% for sexual offences in adulthood following a six-year follow-up from adolescence. While this represents a significant minority, many others (37%) go on to offend violently and non-violently in adulthood (Sipe et al., 1998), demonstrating antisocial outcomes of equal concern to society. These differential outcomes further support the existence of multiple developmental trajectories within this population. So, while some of these young people will be convicted for sexual offences as adults they are likely to be a minority. Another trajectory appears to lead to the development of pro-criminal attitudes and non-sexual violent offending. A further trajectory may be represented by the emergence of chronic and severe personality difficulties (Vizard, French, Hickey, & Bladon, 2004), but again this is only likely to be followed by a minority.

The task for future research is to identify and empirically establish the developmental trajectories and associated vulnerability factors that characterize young sexual abusers. Further statistical interrogation of the current dataset will contribute to this task, but longitudinal studies are also needed to provide outcome data pertaining to late adolescence and adulthood.

Clinical implications

- Risk assessments for both juvenile and adult sex offenders should be within a 'life course' developmental framework which will help to identify appropriate treatment provision and management strategies.

- Risk assessment of children with SAB should include assessment of antisocial behaviour and emerging personality disorder.
- Increased clinical awareness of developmental trajectories within SAB in childhood is needed to target appropriate resources towards different subtypes of children and hence to promote prevention.

Limitations

- The study sample was drawn from a specialist, fourth-tier NHS forensic CAMHS (Child and Adolescent Mental Health Service) service so the results may not be generalizable to other clinical situations.
- There was no comparison group of non-sexually abusing delinquent children, so it is not possible to say exactly how, or if, this sample differs from other referred forensic samples in terms of adverse early experiences or risk factors for later offending.
- Since there was no follow-up period within this study, it is not possible to comment on the eventual outcomes for the EO and LO developmental trajectory groups beyond the age of 18 years.

Declaration of interest

This study was supported by a research grant from the Home Office DSPD (Dangerous and Severe Personality) Unit.

References

Awad, G. A., & Saunders, E. B. (1991). Male adolescent assaulters: Clinical observations. *Journal of Interpersonal Violence*, *6*, 446–460.

Bagley, C. (1992). Characteristics of 60 children with a history of sexual assault against others: Evidence from a comparative study. *Journal of Forensic Psychiatry*, *3*, 299–309.

Barbaree, H. E., Marshall, W. L., & McCormick, J. (1998). The development of sexually deviant behaviour among adolescents and its implications for prevention and treatment. *The Irish Journal of Psychology* (Special issue: *Understanding, assessing and treating juvenile and adult sex offenders*), *19*, 1–31.

Becker, J. V., Cunningham-Rathner, J., & Kaplan, M. S. (1986). Adolescent sexual offenders: Demographics, criminal and sexual histories and recommendations for reducing future offenses. *Journal of Interpersonal Violence*, *1*, 431–445.

Bladon, E., Vizard, E., French, L., & Tranah, T. (2005). Young sexual abusers: A descriptive study of a UK sample of children showing sexually harmful behaviours. *The Journal of Forensic Psychiatry and Psychology*, *16*, 109–126.

Dolan, M., Holloway, J., Bailey, S., & Kroll, L. (1996). The psychosocial characteristics of juvenile sexual offenders referred to an adolescent forensic service in the UK. *Medicine Science and Law*, *36*, 343–352.

Hall, G. C. N., & Hirschman, R. (1992). Sexual aggression against children: A conceptual perspective of etiology. *Criminal Justice and Behaviour*, *19*, 8–23.

Halperin, D. S., Bouvier, P., Jaffe, P. D., Mounoud, R. L., Pawlak, C. H., Laederach, J., et al. (1996). Prevalence of child sexual abuse among adolescents in Geneva: Results of a cross sectional survey. *British Medical Journal*, *312*, 1326–1329.

Home Office. (2003). *Criminal statistics: England and Wales 2002. Statistics relating to criminal proceedings for the year 2002.* London: The Stationary Office.

Horne, L., Glasgow, D., Cox, A., & Calam. R. (1991). Sexual abuse of children by children. *Journal of Child Law*, *3*, 147–151.

James, A. C., & Neil, P. (1996). Juvenile sexual offending: One year period prevalence study within Oxfordshire. *Child Abuse and Neglect*, *20*, 477–485.

Manocha, K., & Mezey, G. (1998). British adolescents who sexually abuse: A descriptive study. *The Journal of Forensic Psychiatry*, *9*, 588–608.

Marshall, W. L., & Barbaree, H. E. (1990). An integrated theory of the etiology of sexual offending. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 257–275). New York: Plenum Press.

Richardson, G., Graham, F., Bhate, S. R., & Kelly, T. P. (1995). A British sample of sexually abusive adolescents: Abuser and abuse characteristics. *Criminal Behaviour and Mental Health*, *5*, 187–208.

Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., et al. (2003). Development of sexually abusive behaviour in sexually abused males: A longitudinal study. *Lancet*, February 8th (9356), 471–476.

Sipe, R., Jensen, E. L., & Everett, R. S. (1998). Adolescent sex offenders grown up: Recidivism in young adulthood. *Criminal Justice and Behaviour*, *25*, 109–124.

Skuse, D., Bentovim, A., Hodges, J., Stevenson, J., Andreou, C., Lanyado, M., et al. (1998). Risk factors for development of sexually abusive behaviour in sexually victimised adolescent boys: Cross sectional study. *British Medical Journal*, *317*, 175–179.

Taylor, J. (2003). Children and young people accused of child sexual abuse: A study within a community. *Journal of Sexual Aggression*, *9*, 57–70.

Vizard, E., French, L., Hickey, N., & Bladon, E. (2004). Severe personality disorder emerging in childhood: A proposal for a new developmental disorder. *Criminal Behaviour and Mental Health*, *14*, 17–28.

Vizard, E., Monck, E., & Misch, P. (1995). Child and adolescent sex abuse perpetrators: A review of the research literature. *Journal of Child Psychology and Psychiatry*, *36*, 731–756.

Ward, T., & Siegert, R. J. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime and Law*, *8*, 319–351.