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**Developing Interventions for Young Females who  
Display Harmful Sexual Behaviours: a Literature  
Review of Interventions and an Exploration of  
What Practitioners Envision and Understand.**

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## **Overarching Abstract**

As children and young people (CYP) who sexually harm others account for between a third and a quarter of sexual offences and 30 - 50% of all childhood sexual abuse is perpetrated by adolescents, this population is increasingly attracting the attention of researchers, policy makers and professionals. Despite this, research concludes this area is not given the attention it deserves. The role of assessment and intervention work with those displaying harmful sexual behaviour (HSB) is particularly important in order to prevent further abuse and to see CYP as this first and foremost rather than being exclusively offence focussed.

From a literature review exploring what is known about interventions for CYP with HSB, 10 different interventions were analyzed and potential barriers and facilitators of effective intervention were identified. Findings question the need to tailor assessment and interventions to the specific needs of lesser understood sub-groups of CYP displaying HSB such as girls, those with learning difficulties and children under the age of adolescence, to attend to what may be effective for their varied and particular needs.

The empirical research aims to develop an understanding of and to accommodate the intervention needs of young females with HSB through semi structured interviews with 6 HSB practitioners in one local authority. Phenomenological methodology was applied to allow for consideration of personal experiences and data was analysed using Interpretive Phenomenological Analysis. The research findings are critically considered, suggesting how work should be tailored and how practitioners should adapt their practice in light of current research and psychological theory. Further, it expands on what is known and contributes to the development and future aspirations of the authority's HSB panel.

Each of the research chapters is presented at a length suitable for publication in the Journal of Sexual Aggression.



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# Chapter 1: Systematic Literature Review

## 1.1 Abstract

Work with children and young people (CYP) displaying harmful sexual behaviour (HSB) is an important means of child protection and therefore an integral part of educational psychology practice. Supporting this population to modify their behaviour ultimately protects other CYP, with assessment and intervention playing a large role in this. The National Institute for Clinical Excellence recently published their first guidelines to working with CYP with HSB. They state that further research is needed on the effectiveness of current interventions, to understand how to avoid CYP with HSB taken into the criminal justice system, to evidence effective interventions and to help target resources more effectively. Consequently, a systematic literature review was undertaken with the aim of answering the broad research question:

**‘What is known about Interventions for Young People with Harmful Sexual Behaviours?’**

This was based on a systematic search of the databases: PsycInfo, Scopus, Eric and Medline as well as hand searches of grey literature and relevant journals. Inclusion and exclusion criteria were applied and title and abstract filtering were used to establish relevance to the subject area. Ten papers detailing a variety of interventions were included in the review. A mixed method approach was used and data was analysed in light of the weight of evidence and a cross-study synthesis. The findings identified potential barriers and facilitators of effective intervention and are discussed in light of psychological theory. Conclusions support the need to tailor assessment and interventions to the specific needs of lesser understood sub-groups of CYP, particularly young females, to attend to what may be effective for their varied and individual needs.

## **1.2 Introduction**

As local authorities play a key role in child protection, this is a cornerstone of all educational psychologist (EP)'s practice (Mackay & Malcolm, 2014). Work with children and young people (CYP) displaying harmful sexual behaviour (HSB) can be viewed as an important means of child protection, as supporting them to modify their behaviour protects other CYP (NOTA, 2016). Jones (2010) further suggests that protecting children from sexual abuse and exploitation must be seen as imperative on a larger social scale to create a nurturing and caring society for its CYP.

CYP displaying HSB have increasingly attracted policy and research attention (Smith, Bradbury-Jones, Lazenbatt, & Taylor, 2013). Research suggests CYP under the age of 18 account for between a third and a quarter of all sexual offences, (Cawson, Wattam, Brooker, & Kelly, 2000; Lovell, 2002; Vizard, Hickey, French, & McCrory, 2007) . Furthermore, 30 - 50% of all childhood sexual abuse is perpetrated by adolescents (Halpérin et al., 1996; Horne, Glasgow, Cox, & Calam, 1990; Vizard, Monck, & Misch, 1995). There are no official statistics that tell us how many CYP display HSB, though research by Barnardo's (2017), reported that recorded cases of children committing sexual offences against other children rose by 78 per cent in England and Wales between 2013 and 2016, from 5,215 to 9,290, averaging more than 22 every day. Further, offences reported to the police are likely to be significant under-estimations because HSB is under-recognised and under-reported. The growth in public and professional concern is therefore unsurprising. (Almond & Canter, 2007). Jones (2010) describes this as a 'new social problem' (p. 248) and arguing that despite evidence, there has been a lack of appropriate intervention.

This paper presents a systematic review of research evaluating interventions for CYP displaying HSB aiming to assess what is deemed effective. In light of findings, the potential of such interventions as a strategy to rehabilitate CYP with HSB will be discussed.

### ***1.2.1 Harmful Sexual Behaviour: Seeking a Universal Definition***

Defining HSB is tricky. Lovell (2002) attributes this to disagreement about what is normal childhood sexual behaviour and differing views regarding how HSB is

perceived socially. Finkelhor, Ormrod, and Chaffin (2009) suggest HSB can vary widely, including grabbing peers in a sexual way and the rape of a much younger child. The NSPCC (2016) offers a diverse definition stating that HSB includes, but is not just:

- Using sexually explicit words and phrases
- Inappropriate touching
- Using sexual violence or threats and
- Full penetrative sex with other children or adults.

Rich (2011) adds that sexual behaviour between CYP is also considered harmful if one person is much older – particularly with more than two years' age difference or if one of the children is pre-pubescent and the other isn't. However, a younger child can abuse an older child, in particular if they have power over them (Rich, 2011). HSBs are not exclusive to CYP who have age derived powers as power through emotional maturity, gender, physical strength, intellect and where trust betrayal are relevant. (Palmer, 1997)

Significant cultural and religious differences determine what is viewed as 'normal' or 'acceptable' sexual behaviour. Araji (1997), suggests a significant feature of CYP's sexual behaviour is that it is motivated by curiosity and exploration rather than sexual gratification, with an element of mutual interest and consent. Therefore, coercive or forced sexual activity would not be considered a cultural norm and so deemed sexually harmful.

Consent is developmentally and legally complicated. Sperry and Gilbert (2005), suggest that a holistic, contextual interpretation of the behaviour is needed, to make the decision on whether or not the behaviour was consensual.

For the purpose of this thesis, HSB is defined as stated within the NSPCC's HSB operational framework:

‘Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult’.

(Hackett, Holmes, & Branigan, 2016)

### **1.2.2 The Importance for Educational Psychology**

Despite recognised importance of safeguarding, there is little reported EP research. In two child protection themed issues of Educational and Child Psychology (BPS, 2003, 2014a) only six (of 18) papers were written by EPs.

Regardless, EPs assessment and intervention role in child protection is well established, (Farrell et al., 2006, p. 14). German, Wolfendale, and McLoughlin (2000) explored EP involvement in child protection, suggesting they are well placed to be involved in early intervention. Consequently and arguably, EPs are well placed to provide intervention to support CYP with HSB.

#### **1.2.2.1 The role of the EP in HSB Interventions**

Intervention in HSB work is particularly important. NOTA (2016), suggest this is because interventions help support victim protection and prevent further abuse and have high success rates as few re-offend after treatment. As EPs have specialist knowledge of child development, they may be suitable professionals to work with this population given CYP’s continuing physical and psychological development. EPs may be able to understand and therefore best support the development of these CYP, to divert them away from HSB. NOTA (2016) also report that distorted thinking is less developed/entrenched for CYP than adults. This suggests the potential for change to support them in learning to control their sexual behaviour and take responsibility, as well as viewing them as CYP, rather than being purely offence focused.

Further, EPs are complex problem solvers, with applied psychology considered at its core, a problem solving profession (Monsen & Frederickson, 2008) and central to



effective practice (British Psychological Society, 2015). As such EPs have the knowledge and skills to adopt psychological models and perspective to human problems in order to make positive change (Monsen & Frederickson, 2008). The EP's role within HSB working could therefore be at a community practice level through individual and group work with CYP, their parents and professionals such as collaboratively developing strategies to ameliorate the CYPs difficulties within the home, enhancing self-esteem and confidence, family intervention work and to support CYP's successful reintegration of the CYP into school.

### ***1.2.3 The Forefront of Research?***

The National Institute for Health and Care Excellence (NICE, 2016) published best practice guidelines for professionals. They suggest research exploring what interventions are effective with CYP displaying HSB; this review's focus. They suggest that this is important, as most evidence is inconclusive. Evidence of effective interventions, they argue, could help target resources more effectively and ensure programmes are tailored to meet CYP's differing needs.

## **1.3 Method**

This review is based on Petticrew and Roberts' (2006) systematic method (Table 1.1).

Having established and described the topic's importance, a systematic review question was formulated. This was decided based on the NICE guidelines' recommendation for further research exploring effective interventions for CYP with HSB. This systematic literature review (SLR) question is:

**'What is known about Interventions for Young People with Harmful Sexual Behaviours?'**

### ***1.3.1 Identifying Relevant Studies***

The PsycInfo, Scopus, Eric and Medline electronic databases were searched, with hand searches of grey literature and journals considered of particular relevant: Educational and Child Psychology, Educational Psychology in Practice, The Journal

of Sexual Aggression and The Journal of Child Sexual Abuse (searches conducted between 15<sup>th</sup> September 2016 and 28<sup>th</sup> January 2017).

**Table 1. 1:** An overview of the systematic review process (based on the stages described by Petticrew and Roberts (2006)).

1	Formulate Systematic Review question	
2	Define relevance criteria and search terms	
3	Search for all relevant studies	
4	Screen studies using inclusion criteria	
5	Map features of the included studies	
6	Synthesise the study findings	
7	Communicate outcomes of the review	

To isolate relevant studies, databases were searched using the same search terms depending on database requirements. Searches were replicated as closely as possible through search tips or the databases' thesauri to allow for appropriate synonym inclusion in search term categories (Table 1.2). It is acknowledged that the search terms used were UK specific. For example, within North America, CYP displaying HSB are referred to as Juvenile sex offenders, a search term not used. Consequently, the review is of British studies only.

Following the initial search strategy, the inclusion criteria were applied. For initial screening, abstracts, or the full paper title, were read to aid inclusion and exclusion (Table 1.3). This identified 528 studies.

Further exclusion criteria were then applied to eliminate irrelevant studies (Table 1.3) identifying 63 studies. Full texts of remaining papers were reviewed through screening titles and abstracts for keywords to exclude further irrelevant papers leaving 10 papers for inclusion for the in-depth review.

**Table 1. 2:** Search terms used in the literature review.

<b>Intervention terms</b>	
exp intervention/intervention\$.mp/support.mp/help.mp/exp prevention/prevention\$	
<b>Phenomena terms</b>	
harmful sexual behavio*r.mp/sexual behavio*r problems/sexually harmful behavio*r/sexually inappropriate behavio*r/exp sexual abuse/exp sex offences	
<b>Target population terms</b>	
Children.mp/young people.mp/adolescents/teenagers	
<b>Key</b>	
<b>\$</b>	Denotes a truncation, a technique that broadens the search to include various word endings and spellings in this case 'prevent' and 'prevention' and 'intervention' and 'interventions' ).
<b>*</b>	Denotes a wildcard, similarly to a truncation, it substitutes a symbol for one letter of a word, useful if a word is spelled in different ways, but still has the same meaning (In this case, 'behaviour' and 'behavior').
<b>.mp</b>	Denotes a key word (in this case, interventions, harmful sexual behaviour and children and young people).
<b>exp</b>	Denotes that the subject heading has been 'exploded' (In this case the "exp" indicates that "intervention" was selected as a subject heading, along with all of the narrower subject headings in its tree hierarchy.

### **1.3.2 Detailed Description of Studies in the In-Depth Review**

The ten papers meeting the in-depth inclusion criteria are listed in Table 1.4. To develop a preliminary synthesis, characteristics of these were examined and the basic details were summarised and displayed through tabulation to simplify the process and aid analysis. The papers were separated into two groups; qualitative and quantitative papers. This provided a framework to map the features of the included papers for synthesis.

**Table 1. 3:** Inclusion and Exclusion Criteria.

<b>Inclusion Criteria</b>	
1	Research published in the past 15 years (2002-2017)
2	Interventions with those aged below 18 (not legally considered an adult)
3	Research published in English
4	Empirical research reported in peer-reviewed journal articles
5	Interventions focused on preventing those who have sexually harmed from continuing or repeating this behaviour
<b>Exclusion Criteria</b>	
1	Publication before 2002
2	Interventions with adults
3	Research not published in English
<b>Further Exclusion Criteria</b>	
1	Papers within non-relevant subject areas that had missed the initial screening
2	Harmful behaviours other than HSB
3	Those including non-relevant terms of a sexual nature
4	Papers exploring sexual abuse of children by adults

### **1.3.3 Employing a Mixed Method**

A mixed methods review methodology was employed given paucity of relevant literature and differing methodologies allowing sufficient data for analysis and combining the power of stories and numbers (Pluye & Hong, 2014).

This was guided by Oliver, Harden, Rees, Shepherd and Brenton's (2005) framework, a structure allowing the evaluation of interventions in complex social arenas that are best understood by drawing on a breadth of literature with diverse study designs. Interventions into HSB can be seen to fall into this category. This framework allows for the synthesis of the varied evidence work of this nature has produced.

**Table 1. 4:** Papers Included in Synthesis.

<b>Qualitative Papers</b>
1. Sexually harmful behaviour and treatment within an attachment-based framework: An adolescent case study (Banks & Ward, 2014).
2. Narrative practice and the signs of safety approach: Engaging adolescents in building rigorous safety plans (Gibson, 2014).
3. Solution-focused approaches to caring for children whose behaviour is sexually harmful (Milner, 2008).
4. Positive Practices: Solution-Focused and Narrative Therapeutic Techniques with Children with Sexually Harmful Behaviours (Myers, 2006).
5. 'The day the touching monster came!': Solution-focused and narrative approached to working with children and young people with sexually inappropriate behaviour (Myers, McLaughlin, & Warwick, 2003).
6. Dance movement psychotherapy and sexually harmful behaviour. <i>Body, Movement and Dance in Psychotherapy</i> (Piqueras-Ramos, 2016).
7. G-map's application of the Good Lives Model to adolescent males who sexually harm: A case study (Wylie & Griffin, 2013).
<b>Quantitative Papers</b>
8. Adolescents who have sexually harmed: An evaluation of a specialist treatment programme (Edwards, Whittaker, Beckett, Bishopp, & Bates, 2012).
9. Managing sexually harmful behaviour in a residential special school (Pritchard et al., 2012).
10. Multi-component behavioural intervention reduces harmful sexual behaviour in a 17-year-old male with autism spectrum disorder: A case study (Pritchard et al., 2016).

#### **1.3.4 Epistemological underpinnings**

Given the decision to follow a mixed methods approach, a Pragmatism research philosophy was applied to this review, as this offers a practical starting point for a pluralist methodology (Scott & Briggs, 2009). Further, including qualitative studies offers insight into the experiences of CYP displaying HSB and the practitioners working with them. This is likely to enhance the review (Thomas et al., 2004) and

reflects the general philosophical case for Pragmatism; that epistemology is empirical (depending upon and guided by individual experience) not foundational (Scott & Briggs, 2009).

### **1.3.5 Critically Appraising Papers for Quality and Weight of Evidence**

Papers were assessed using the EPPI-Centre Weight of Evidence (WoE) framework (Gough, 2007), a method applicable to any quality and relevance appraisal process. It allowed for the evaluation of evidence through clarification of judgements used based on the consideration of four specific dimensions detailed in Table 1.5. After quality assessment, the quantitative and qualitative papers were analysed separately using narrative synthesis and presented in tabular format. The findings were next juxtaposed in a cross-study synthesis to combine findings across both research methods and themes were sought and explained through Thematic Analysis (Braun & Clarke, 2006).

**Table 1. 5** Dimensions to Clarify Judgements in WoE Framework.

<b>Dimensions to Evaluate Evidence</b>	
<b>A</b>	Trustworthy in terms of own question (soundness of papers)
<b>B</b>	Appropriateness of the design and analysis used in the included papers for answering this review question
<b>C</b>	Relevance of the included papers' topic focus to the review question
<b>D</b>	Overall Weight in relation to review question taking into account A, B and C

## **1.4. Data Synthesis**

### **1.4.1 Characteristics of Included Papers**

Tables 1.6 and 1.7 summarise basic details of the 10 studies included in the in depth review. Nine were conducted in the UK using a case study design. All focused on HSB interventions with six using a multi-component approach or more than one intervention at one time. Studies were conducted within provisions specialising in the treatment of young people who have sexually harmed. The most popular interventions were narrative therapy (four studies) and Cognitive Behavioural

**Table 1. 6:** Summary of the Qualitative Studies Used Detailing Basic features.

Paper	Participants	Context of delivery	Intervention	Methods
Banks (2014)	1 boy aged 14	Unspecified context and deliverer of intervention (assumed author)  (UK)	Attachment based framework and interventions	Case study
Gibson (2014)	Boy aged 13	Unspecified context (intervention delivered by author)  (New Zealand)	Narrative practice and the Signs of Safety Approach to child protection (Turnell & Edwards, 1997) <sup>1</sup>	Case study
Milner (2008)	Boy aged 7 girl aged 12, girl 13, boy 13	Barnardo's The Junction Project (intervention delivered by a freelance solutions therapist)  (UK)	A solution-focussed approach to safety building and responsibility taking, specifically, the Signs of Safety Approach	Case studies
Myers (2006)	1 boy 'mid-teens'	Unspecified context (intervention delivered by author)  (UK)	Solution focussed and narrative therapeutic approaches	Case study

<sup>1</sup> A social work practice organised around child safety and built on the family's strengths which provides a framework to make assessments

Myers et al. (2003)	Boy aged 14	Barnardo's The Junction Project (intervention delivered by project social workers)  (UK)	Solution focussed and narrative therapies based on social constructivist and social constructionist notions	Case study (illustrated through conversations between the author and two project social workers)
Piqueras-Ramos (2016)	'Young boys' but focusses on one specific example	Unspecified context (Intervention delivered by author)  (UK)	Dance movement psychotherapy influenced by a person centred psychotherapeutic approach	Qualitative data collected through observations of the researcher, recorded in a reflective journal and classified into themes and subthemes (inductive process) using grounded theory
(Wylie & Griffin, 2013)	1 male 'early adolescence'	G-map <sup>2</sup> (intervention delivered by G-Map therapeutic staff)  (UK)	The Good Lives Model framework for therapeutic practice <sup>3</sup>	Case study

<sup>2</sup> An independent organisation providing a specialist service for those who have displayed HSB and often have a range of complex social and emotional needs.

<sup>3</sup> A Strengths based approach drawing from CBT, compassionate mind training, dialectic behavioural therapy experiential therapy, attachment informed treatment, trauma based interventions, schema focussed treatment, resilience based intervention and narrative therapy.



**Table 1. 7:** Summary of the Quantitative studies used detailing basic features.

Paper	Participants	Context of delivery	Intervention	Methods
<b>Edwards et al. (2012)</b>	34 boys aged 11-16 (various learning difficulties and other diagnoses mentioned)	SWAAY <sup>4</sup> (intervention delivered by individual therapeutic practitioners)  (UK)	The Gateway offence specific group work programme <sup>5</sup>	Group intervention. Quantitative data collected through the ASAP <sup>6</sup> psychometric test battery
Pritchard et al. (2012)	1 male aged 16, labels of MLD, ADHD and attachment disorder	Residential social school (intervention delivered by staff)  (UK)	Multi-component intervention comprised of restricting community visits, CBT, Social Stories and the ACHIEVE! behavioural programme <sup>7</sup>	Case study. Quantitative data using the collection of episodes of sexually harmful behaviour, aggression and disruption on structured incident reports by

<sup>4</sup> A specialist residential therapeutic provision specialising in the treatment of adolescent males who have sexually harmed and who present with complex and diverse needs.

<sup>5</sup> A CBT based rolling programme with a specific focus on the Rational Emotive Behaviour Therapy (REBT) model. This is supported by weekly individual therapy sessions.

<sup>6</sup> The Adolescent Sexual Abuser Project, who developed a set of uniform psychometric measures to assess adolescents who have sexually harmed in terms of their psychological functioning as well as their attitudes and beliefs in relation to sexual matters.

<sup>7</sup> A point and level system, a variation of a token economy used to reward appropriate behaviour.

				school and residential staff
Pritchard et al. (2016)	1 male aged 17, Autism label	Children's home (intervention delivered by staff)  (UK)	Multi-component intervention comprised of staff training, the ACHIEVE! Behavioural programme, CBT, active support, sex and relationships education, offence specific intervention and a behaviour contingency contract	Case study. Quantitative data using the collection of episodes of sexually harmful behaviour, aggressive episodes and absconding episodes against community visits per week. The week, topography and setting of each episode was also recorded

Therapy (CBT: also four studies). All studies using quantitative data used elements of CBT as an intervention. Qualitative data focussed studies reported a variety of interventions used.

Most studies focussed on adolescents, though participant age range was 7-17. One study included a participant under secondary school age (Milner, 2008). Of the 44 participants in the reviewed studies, only two were female.

#### **1.4.2 Weight of Evidence**

Hannes (2011) suggested that in choosing an assessment instrument for a review, one should consider the appropriateness of the choice in the context of the question and be mindful of the fact that whether or not a study meets the standard might depend on the instrument used. This was taken into account and the EPPI-Centre WoE framework tool was chosen as the process allows for consideration of the varying judgements resulting from a mixed- methods review, including theoretical differences.

WoE judgements are summarised in Table 1.8, which indicates that eight papers were judged to offer low WoE for dimension B. This was because the studies in each paper used only one case study. Due to the small sample size and their specificity (boys in their early teens) these papers were judged to offer limited generalisability. However, case study method was appropriate for answering the review question, as interventions into HSB have been reported as needing personalisation and tailoring in order to be deemed effective. Wylie and Griffin (2013) address the limitations that their research did not account for individual differences (e.g. gender and learning difficulties) as well as ethical debates regarding the issue of consent in case studies. This resulted in a medium/high rating for dimension A. Milner (2008) used four case studies with a wider age range (7-13 years) and an equal number of male to female participants. Consequently, this study received a medium WoE for this dimension.

One study employed a larger sample of 34 participants (Edwards et al., 2012). However, again this study used only males, aged 11-16, also judged to limit the study's generalisability. Edwards et al. (2012), is the only study to acknowledge the

**Table 1. 8:** Weight of Evidence.

<b>Dimension</b>	<b>A</b> (Trustworthy in terms of own question (soundness of papers))	<b>B</b> (Appropriateness of the design and analysis used in the included papers for answering this review question)	<b>C</b> (Relevance of the included papers' topic focus to the review question)	<b>D</b> (Overall Weight in relation to review question taking into account A, B and C)
<b>Qualitative Studies</b>				
<b>Banks (2014)</b>	Low	Low	Medium	Low
<b>Gibson (2014)</b>	Medium	Low	Medium	Medium
<b>Milner (2008)</b>	Medium	Low/Medium	Medium	Medium
<b>Myers (2006)</b>	Medium	Low	Medium	Medium
<b>Myers et al (2003)</b>	Medium	Low	Medium	Medium
<b>Piqueras-Ramos (2016)</b>	Low	Low	Low	Low
<b>Wylie &amp; Griffin (2013)</b>	Medium/High	Low	Medium	Medium
<b>Quantitative Studies</b>				
<b>Edwards et al (2012)</b>	Low	Medium	Low	Low
<b>Pritchard et al (2012)</b>	Low	Low	Low	Low
<b>Pritchard et al (2016)</b>	Medium	Low	Medium	Medium

absence of a non-treatment control group as a limitation. However, this raises ethical and practical issues related to the use of non-treatment control groups due to the nature of HSB. Still, it is acknowledged that randomised control trials have been conducted to explore comparisons between existing interventions and their efficacy. These have not been included in this review as the studies were not UK based. These include multisystemic therapy versus usual community services (Borduin, Schaeffer, & Heiblum, 2009; Letourneau et al., 2009) and CBT versus group play therapy (Carpentier, Silovsky, & Chaffin, 2006).

Pawson (2003) suggests that ethics may affect inclusion and interpretation in a review. Therefore, where mentioned in the studies, ethics was considered and the propriety of the studies was questioned as part of a critical appraisal to inform WoE. Pritchard et al. (2012) reported that they received assent rather than consent as the participant did not have full capacity to provide this. Consequently, the WoE was scored lower than those studies reporting receiving consent. Considering dimension C, three studies were rated low as the results and effects of the intervention could not be fully attributed to one intervention, as multiple methods were employed. These limitations were acknowledged by Piqueras-Ramos (2016), and suggestions were made to gaining greater validity.

#### ***1.4.2.1 Ontological and Epistemological Perspectives of Included Studies***

Gough (2007), reminds us of the importance of judging authors' and our world views in appraising research. The EPPI Centre WoE tool can function as an epistemic framework to support evaluation and synthesis of relevant evidence. This informed the dimensions in Table 1.8. Three papers were explicit about philosophical underpinnings. Piqueras-Ramos (2016), refers to their ontological position, 'founded on the belief that the world is formed by multiple realities and is interested in understanding a reality, rather than explaining its cause and effect' (p. 63). As such, a qualitative research perspective was taken in order to explore the potential benefits of dance movement psychotherapy. As Piqueras-Ramos's review question refers to what is known about the effects of an intervention, this study subsequently was given an overall WoE score of 'low' as the author states no interest in explaining the intervention's effect given their world views. Piqueras-Ramos claimed to explore

potential benefits, which can be argued as being effects in themselves. It was judged that this study was therefore questionable in its ability to answer their own question due to inconsistency with espoused world view.

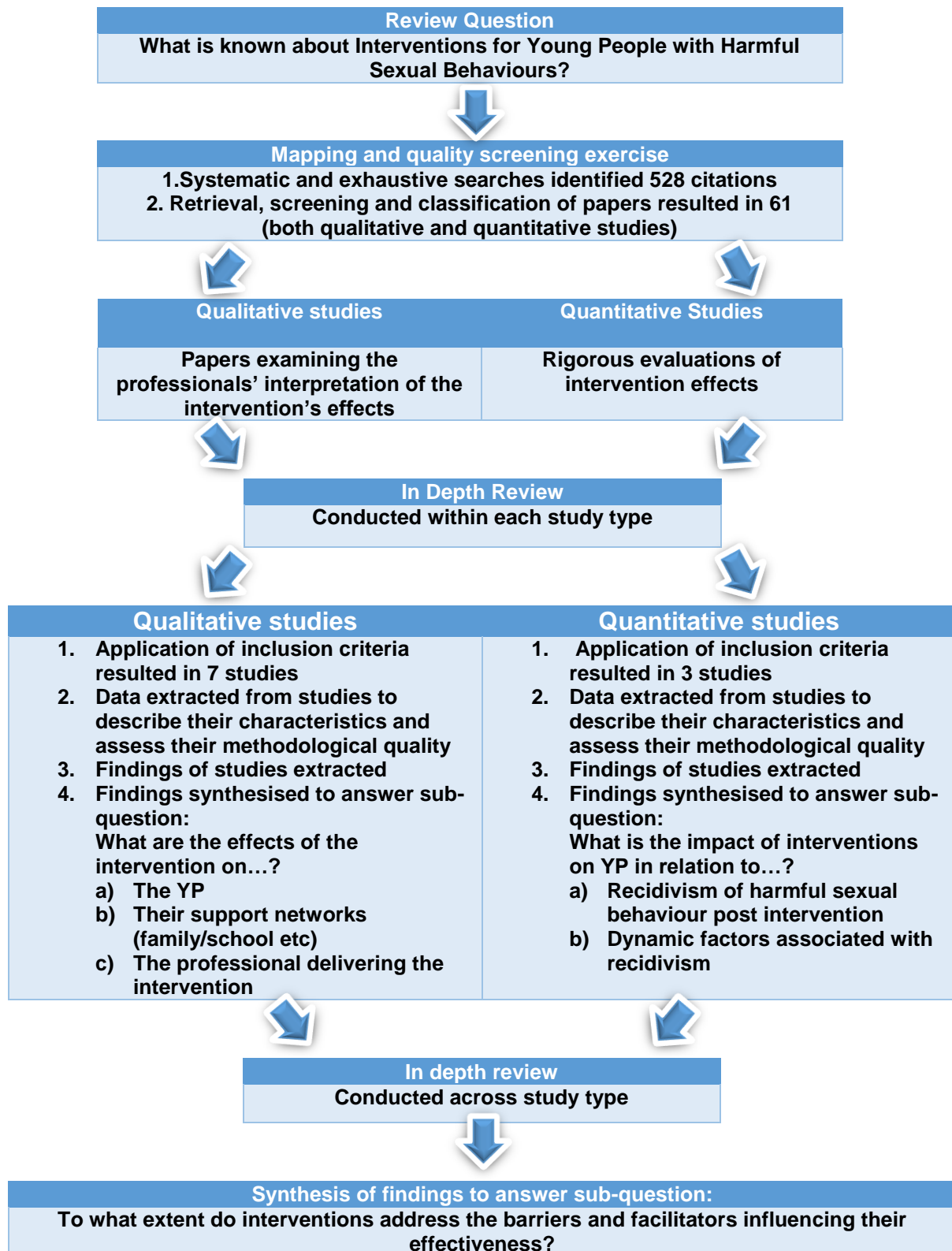
The other two papers were written by Myers (2006; 2003) whereby solution focussed and narrative interventions were explored. Myers et al. (2003) explain that solution focussed and narrative therapies are based on social constructivist and social constructionist notions. It is further stated that an 'explicitly social constructionist understanding of people and their behaviours' (p. 184) underpinned the work, suggesting that the methodology used was sound and could be trusted as it accords with the authors' world views. This contributed to an overall 'medium' score for the study's WoE. This was not evident within the Wylie and Griffin (2013) paper, where The Good Lives Model (GLM) was used comprising combined interventions, such as narrative therapy and CBT. Solution focussed and narrative thinking have been said to question the more modernist approaches (CBT) which are currently favoured in HSB work (Myers, 2006). It could be argued that the two interventions are philosophically incompatible, weakening the study's WoE. Regardless, due to the study's coherence, integrity and ethical considerations, it was judged as having medium/high WoE, only its contradictory theoretical and philosophical perspectives lessen this.

### **1.4.3 Narrative Synthesis**

Although Petticrew and Roberts' (2006) systematic review method guided the searching and appraisal stages, it did not provide methodological descriptions applicable to this synthesis. Subsequently, Oliver et al's (2005) synthesis methods, (Figure 1.1) were used with findings detailed below.

A narrative synthesis was used, allowing immersion in the data. This aided consideration of how findings of each study might contribute to answering questions about intervention development. The studies were analysed according to intervention type and reported findings/outcomes. Concerning the quantitative papers, two main questions emerged from the data:

**Figure 1. 1:** Summary of the Review Process (Adapted from Oliver et Al's (2005) Framework for Cross Study Design Synthesis).



- A) What is the impact of interventions on YP in relation to recidivism of HSB post intervention?
- B) What is the impact of interventions on YP in relation to dynamic factors (changeable risk) factors associated with HSB?

These findings are described in Table 1.9.

Three questions emerged from the qualitative papers findings:

- A) What are the intervention effects on the YP?
- B) What are the (changeable risk factors) on their support networks (family/school etc)?
- C) What are intervention effects on the professional delivering the intervention?

These findings are described in Table 1.10.



**Table 1. 9:** Synthesis of findings for Quantitative sub-questions.

Paper	A) What is the impact of interventions on YP in relation to recidivism of HSB post intervention	B) What is the impact of interventions on YP in relation to dynamic factors (changeable risk factors) associated with HSB
Pritchard (2011)	<ul style="list-style-type: none"> <li>• Intervention reduced the HSB of participant.</li> <li>• It was not evident which elements of the multicomponent intervention were necessary to result in the improvements realised.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased social participation</li> <li>• Decreased aggression and disruption (with regard to severity, duration and frequency of instances)</li> <li>• More willing to engage in classroom activity</li> <li>• Community activity component reported to help practice pro social and self-control skills.</li> <li>• Impulsivity improved (however YP on ADHD medication which affects this,so improvement may not be linked to intervention).</li> </ul>
Pritchard (2016)	<ul style="list-style-type: none"> <li>• Intervention associated with the reduction of problem behaviour in participant, which included HSB.</li> <li>• However it is not possible to identify which, if any, of the programme components contributed to the behaviour change.</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of how to gain staff attention in appropriate ways</li> <li>• Understanding of the effects of verbal behaviour</li> <li>• Understanding of how participant is perceived by others</li> </ul>

		<ul style="list-style-type: none"> <li>• Engaged in education</li> <li>• Ability to express own views in respectful, confident manner.</li> <li>• Participant could transfer skills learnt to multiple natural settings.</li> </ul>
Edwards et al (2012)	<ul style="list-style-type: none"> <li>• Not reported, study focused on improving dynamic factors linked to recidivism with no follow up as to the effect of this.</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements for all aspects of self-reported psychological functioning measured except impulsivity (bulleted below)</li> <li>• 2/3 of participants who pre-treatment were unable to be fully open about sexual drives and interests became more open after intervention</li> <li>• Treatment had a positive significant effect on group's ability to cope with and manage anger more effectively</li> <li>• A significant reduction in distorted thinking regarding children and sex</li> <li>• Increased understanding for how victims of sexual harm may have been affected by their experience</li> </ul>

		<ul style="list-style-type: none"><li>• No significant improvement for impulsivity</li><li>• Improvements in assertiveness, emotional loneliness and perspective taking ability</li><li>• Development of a more internal and less external locus of control</li><li>• Reduction in anger problems.</li></ul>
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**Table 1. 10:** Synthesis of findings for Qualitative sub-questions

Paper	A) What are the effects of the intervention on the YP	B) What are the effects of the intervention on their support networks (family/school etc)	C) What are the effects of the intervention on the professional delivering the intervention
Banks and Ward (2014)	<ul style="list-style-type: none"> <li>• YP was more open for exploration of the events that allow change.</li> <li>• YP was able to develop a close relationship with the professional allowing for a safe place for YP to disclose and explore issue surrounding HSB.</li> <li>• The use of narratives helped to construct the YP's story and supported narratives</li> <li>• YP was able to explore behaviours and their potential outcomes and began to develop empathy and understand how they were perceived by others</li> </ul>	<ul style="list-style-type: none"> <li>• Helped to reframe teachers' views of YP's behaviours within an attachment based framework (e.g reframing 'stealing' to the need for a 'transitional object')</li> <li>• Helped staff to develop more secure relationships within the school setting</li> </ul>	<ul style="list-style-type: none"> <li>• Allows professional to be non-judgmental and not condemning</li> <li>• Allows the facilitation of increased levels of trust</li> <li>• Encourages the professional to denounce the sex offender label and to instead see a YP displaying HSB</li> <li>• Encourages professional to understand and consider child's emotional needs and conflicting presentation</li> </ul>

	<ul style="list-style-type: none"> <li>• Through the use of narratives, the YP was able to reflect on and review their behaviour without the associations of humiliation and rejection</li> </ul>		
Gibson (2014)	<ul style="list-style-type: none"> <li>• Narrative allowed YP to talk without a sense of shame</li> <li>• Worked to create an alternate story to the 'problem saturated' one</li> <li>• Externalised the HSB which limited the YP's feelings of being criticised and distanced them from the behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Built upon the family's strengths</li> <li>• Involved a large number of people connected with the family and who saw the family regularly, as collaboration with children and family seen as essential to forming plans</li> <li>• Techniques from narrative therapy aided formation of networks of support</li> <li>• Built on whole family approach through strengths</li> </ul>	<ul style="list-style-type: none"> <li>• Moved the professional away from being the expert and into a more inclusive, partnership-based model</li> <li>• Externalised the problem to form good helping relationships to achieve positive outcomes</li> <li>• Allowed to form good working relationships and to gather accurate information through assessment</li> <li>• Offered opportunities to develop a relationship with the YP that addressed the HSB while not directly associating it with the individual, thus creating a less shaming environment</li> </ul>

		based, solution focussed and empowering practice	
Milner (2008)	<ul style="list-style-type: none"> <li>• Enabled the YP to externalise their HSB (and other problematic) behaviour</li> <li>• YP was reminded of the good things they have done</li> <li>• Enabled YP to see the 'exceptions' to their behaviour</li> <li>• Helped the YP to have confidence in their ability to develop strategies for handling and managing sexually concerning behaviour</li> <li>• Helped YP to identify their unique skills and resources</li> <li>• Helped YP to gain more control over their emotions</li> </ul>	<ul style="list-style-type: none"> <li>• Helped all family members to find a way of talking about the HSB, identify exceptions to it and build on these to develop safety</li> <li>• Everyone's strengths and resources were used to find a unique solution</li> <li>• The family became confident on their ability to develop an individual safe care plan that met everyone's safety needs</li> <li>• Their relationships with the YP was strengthened.</li> </ul>	<ul style="list-style-type: none"> <li>• Took away from the professional being viewed as the expert – instead saw the family as such</li> </ul>

	<ul style="list-style-type: none"> <li>• Helped YP to strengthen their relationships with their family</li> <li>• YP made intellectual and social progress; beginning to understand concepts involved in respectfulness and truthfulness, could handle complexity and was much more open and chatty.</li> </ul>		
Myers (2006)	<ul style="list-style-type: none"> <li>• Validated the YP's experiences</li> <li>• Allowed for externalisation to de-couple YP from the problem</li> <li>• Excavated exceptions to the problem behaviour to allow for the possibility of change</li> <li>• Allowed for consideration of future possibilities</li> <li>• After 6 months YP's general behaviour improved as had his ability</li> </ul>	<ul style="list-style-type: none"> <li>• Not reported</li> </ul>	<ul style="list-style-type: none"> <li>• Started with what the YP wanted to talk about to gauge their priorities and their view of professionals' usefulness (views the YP as the expert)</li> </ul>

	to concentrate, attend meetings and participate.		
Myers et al. (2003)	<ul style="list-style-type: none"> <li>• Allowed all involved to move away from labels such as 'sexual abuse' to more manageable and changeable concepts</li> <li>• Decoupled the YP from the behaviour</li> <li>• Helped to deconstruct how the problem was viewed</li> <li>• Allowed YP to reflect on their relationship with the problem and consider strategies to diminish it</li> <li>• Allowed the YP to find exceptions to the problem and develop these resistances to thicken the counterplot of the YP's narrative</li> <li>• Allowed YP to develop their own framework for working</li> </ul>	<ul style="list-style-type: none"> <li>• Allowed all involved to move away from labels such as 'sexual abuse' to more manageable and changeable concepts</li> <li>• Helped the family to see that they were able to make appropriate changes and to identify changes already made in supporting the YP</li> <li>• Helped family to move away from self-blaming and to a more productive position</li> <li>• Helped family to break down how they could achieve their preferred future and what support they would need</li> </ul>	<ul style="list-style-type: none"> <li>• Allowed all involved to move away from labels such as 'sexual abuse' to more manageable and changeable concepts</li> <li>• Approach Described as allowing for the professional to be more respectful of service users</li> <li>• Helped to deconstruct how the problem was viewed</li> <li>• Helped the professional to construct alternatives to the story given by the family</li> <li>• Allows professional to use accessible language and representations that the YP can understand</li> <li>• The use of SFT and narrative requires a shift in ontological position of the professional</li> </ul>



	<ul style="list-style-type: none"> <li>• The YP was able to recognise the influence of the problem linked to their feelings which gave them the ability to talk about the problem which they previously found hard to articulate</li> <li>• The YP was able to utilise their new skills to warn of their potential for further HSB, a positive step towards responsibility taking</li> </ul>	<ul style="list-style-type: none"> <li>• Allowed the family to consider their competencies which was helpful with goal setting</li> <li>• Helped to deconstruct how the problem was viewed</li> </ul>	<p>(seeing their role as a non-expert, influential yet not interpretive, responsible yet respectful)</p> <ul style="list-style-type: none"> <li>• Professionals reported that it made them feel more helpful in that they were a vehicle for change rather than an imposer for change which was empowering</li> <li>• Professionals reported that sessions felt more energising and creative compared to other methods</li> </ul>
Piqueras-Ramos (2016)	<ul style="list-style-type: none"> <li>• Recreated with the YP the responsive relation between caregiver and child</li> <li>• A secure base was constructed – an environment of trust, rapport and kinesthetic empathy</li> <li>• YP became more aware of the impact of their behaviour on others and was able to change their behaviour within the group and in their daily life</li> </ul>	<ul style="list-style-type: none"> <li>• Not reported</li> </ul>	<ul style="list-style-type: none"> <li>• Allowed for practitioner to use their body as an empathic receptor to understand and non-verbally respond to the YP through tone of voice, facial expressions, eye gaze and body motion</li> <li>• Professional was also able to use the intervention as a tool for assessment</li> </ul>

	<ul style="list-style-type: none"> <li>• YP was progressively able to self-regulate his anger</li> <li>• Decreased the YP's impulsivity and angry outbursts</li> </ul>		
Wylie and Griffin (2013)	<ul style="list-style-type: none"> <li>• Encouraged the utilisation of YP's strengths and developed their relevant skills</li> <li>• Helped to move YP away from/ reduced feelings of 'shame' connected to HSB through developing acceptance and belonging</li> <li>• Increased the YP's trust in their carers</li> <li>• Informed the development of the YP's internal skills and resources</li> <li>• Increased the YP's self confidence</li> </ul>	<ul style="list-style-type: none"> <li>• Not reported</li> </ul>	<ul style="list-style-type: none"> <li>• Not reported</li> </ul>

#### **1.4.4 Cross-Study Synthesis.**

Findings synthesis comprised analysis together of the re-emerging themes arising from study outcomes and questions surrounding the effects/impact of the intervention. Similarities and differences in study findings were highlighted and explanations sought through using Braun and Clarke's (2006) Inductive Thematic Analysis phases (see Table 1.11). The results of the thematic analysis are illustrated in Figure 1.2.

**Table 1. 11:** Braun and Clarke's (2006) Thematic Analysis process

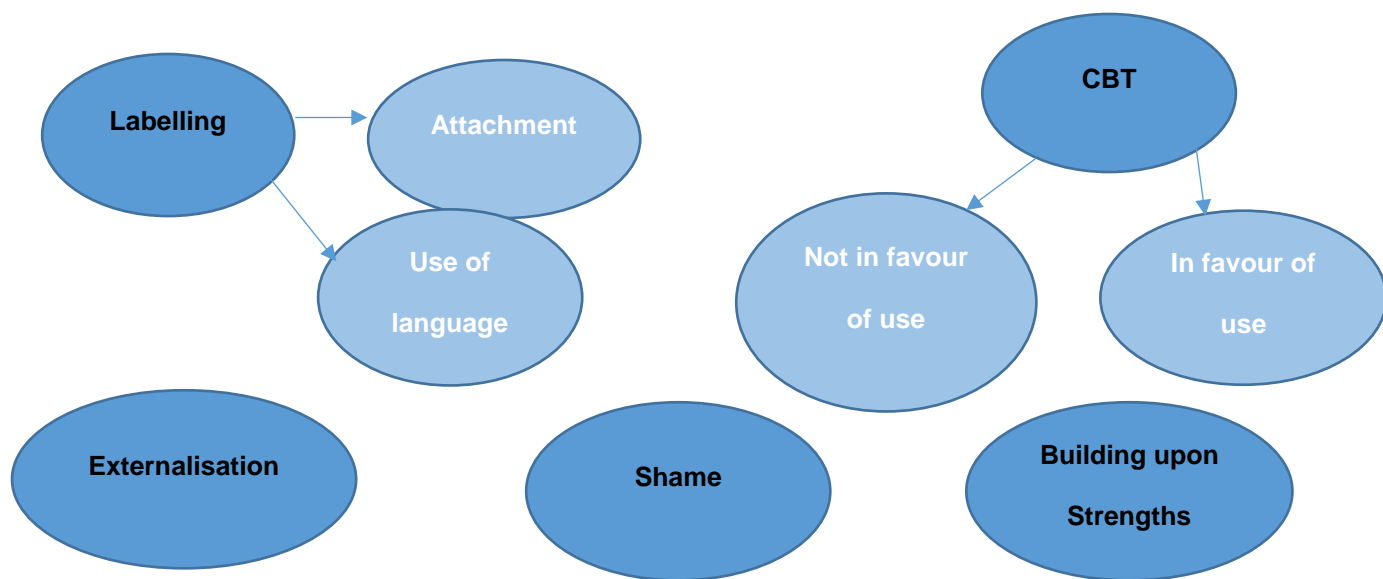
<b>Phase</b>	<b>Description of the Process</b>
Familiarisation with data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

The syntheses of quantitative and qualitative papers were then juxtaposed, allowing interventions to be assessed in light of the final sub-question:

**To what extent do interventions address the barriers and facilitators influencing their effectiveness'?**

This required identifying patterns of the themes relating to interventions' success (Figure 1.3). By comparing of the findings from each synthesis, the following factors were looked for:

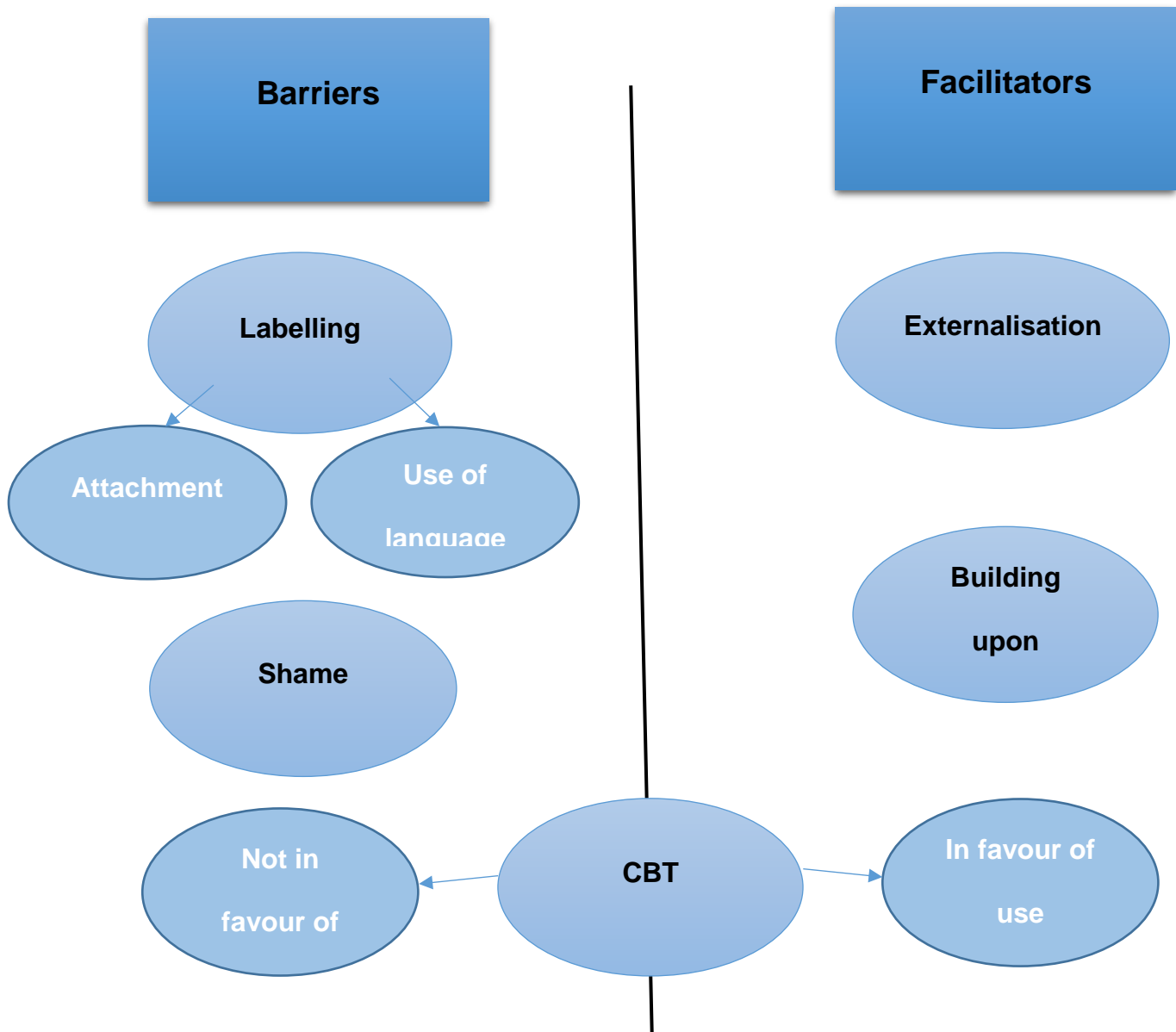
**Figure 1. 2:** Thematic map of themes and their definitions identified through thematic analysis



Definitions of themes:	
Theme	Definition
Labelling	A child or young person’s self-identity or behaviour is determined or influenced by the term used to describe or classify them. This includes diagnoses.
- Attachment	The term ‘attachment’ <sup>8</sup> has been used to explain or understand a child or young person’s harmful sexual behaviour (HSB), or as a framework for intervention or assessment.
- Use of Language	How CYP have been conceptualised regarding their HSB within the article through discourses claiming the ‘truth’ about them.
Shame	Reference has been made to the child and young person’s painful feelings surrounding their HSBs including how this is attended to within the intervention.
Cognitive Behavioural Therapy (CBT)	References to CBT (a psychosocial intervention for improving mental health) to address HSBs.
- In favour of use	Autours who use this intervention or who write positively about its effectiveness.
- Not in favour of use	Papers who do not use this intervention and have doubts about its effectiveness.
Externalisation	The method of separating the person from the problem to allow for the possibility of change.
Building on strengths	Where papers have made reference to using or identifying a person’s strengths (what a person does in everyday life that they are good at).

<sup>8</sup> Defined as an affectional tie that one person forms between himself and another (Ainsworth, 1989)

**Figure 1. 3:** Themes relating to the barriers and facilitators of the interventions



1. interventions that diminished identified barriers; and
2. interventions that built on identified facilitators.

The findings of this process are illustrated in Table 1.12.

**Table 1. 12:** Findings of cross-study synthesis: interventions that diminished barriers and built on facilitators

<b>Interventions recognised as diminishing barriers</b>										
	Banks (2014)	Gibson (2014)	Milner (2008)	Myers (2006)	Myers et al (2003)	Piqueras-Ramos (2016)	Wylie & Griffin (2013)	Edwards et al (2012)	Pritchard et al (2012)	Pritchard et al (2016)
Labelling	No*	Yes	No	Yes	Yes	No	No*	No	No	No
Shame	Yes	Yes	No	No	No	No	Yes	No	No	No

<b>Interventions recognised as building upon facilitators</b>										
	Banks (2014)	Gibson (2014)	Milner (2008)	Myers (2006)	Myers et al (2003)	Piqueras-Ramos (2016)	Wylie & Griffin (2013)	Edwards et al (2012)	Pritchard et al (2012)	Pritchard et al (2016)
Externalisation	No	Yes	Yes	Yes	No	No	No	No	No	No
Building upon strengths	No	Yes	Yes	Yes	Yes	No	Yes	No	No	No

\* Although the paper expresses their avoidance of labelling CYP as sex offenders, other labels are used in its place.

## **1.5. Discussion:**

### ***1.5.1 Narrative Synthesis Findings:***

Tables 1.9 and 1.10 show that all studies found the intervention used to be effective directly after delivery. However, comparison was difficult, as success criteria varied widely, measuring different outcome variables. Whilst all interventions reported success regarding reduction in, or no further instances of HSB, success was also measured by a variety of study dependent factors. These included reduction of aggression, ability to understand others' perspectives and enhanced ability to reflect. Comparison difficulties were exacerbated with multi-component interventions, as it was impossible to identify whether the effect was due to a single component or some amalgamation.

Qualitative papers were not only concerned with how the intervention had an effect on the YP, but also how the intervention supported the wider systems around the YP that may help them regarding their HSB. These included the YP's family and the professional delivering the intervention. However, this is not to imply that all quantitative studies disregard or do not report upon these factors; for example there are North American studies using randomised clinical trials reporting on the effectiveness of multi-systemic therapy (Borduin et al., 2009; Letourneau et al., 2009). (Please see p6 for explanation of their non-inclusion in this review.) This observation may therefore be attributable to the authors' chosen methodologies and epistemologies within this review. Authors whose papers could be categorised as quantitative, took a much more positivist approach and were more likely to characterise behaviours viewed as problematic (in this case HSB) as being attributed and perpetuated through the child's difficulties whilst not always attending to, or being explicit about, the role played by environmental factors. As such, quantitative papers measured the impact of their interventions solely on the YP's reduction or elimination of HSB or the risk factors which would predict this. The exception to this was Pritchard et al. (2016) who reported their intervention also had an impact on staff, enabling them to better understand the YP's behaviour function.

'Expert' is a theme arising frequently throughout the narrative synthesis, with the majority of qualitative papers taking the view that the YP themselves, or those close to the YP, are the experts in their lives rather than the professional (Farrell, 2010;

Joseph, 2008; Stobie, 2002a, 2002b). Contrary to the quantitative papers espousing the view that a person requires an expert to overcome their difficulty, the success of the intervention was measured through how the intervention allowed for the deliverer to facilitate the YP and their family in becoming the expert. This shows a clear shift in thinking in the qualitative papers away from the deficit model which appears synonymous with the quantitative papers using CBT based interventions, and instead using interventions which reflect this shift. However, it must be noted that CBT is not regarded as wholly deficit and offence focused, and that this observation refers to the very few quantitative papers covered in this review. Furthermore, CBT was also used within some of the qualitative papers to complement and enhance other interventions used as part of a multi-component intervention. Reoccurring interventions included the use of solution focussed and narrative therapies. These are strengths based, and therefore contradict the tradition and historical focus on assessment and intervention practices on pathology. Instead, they favour maximising human potential through acknowledging and nurturing unique positive characteristics (Kelly, Woolfson, & Boyle, 2008; Terjesen, Jacofsky, Froh, & DiGiuseppe, 2004).

### **1.5.2 Cross-Study Synthesis Findings:**

Through cross synthesis of both types of data using Thematic Analysis, themes were identified exploring similarities and differences between the studies (See Figure 1.2).

#### **1.5.2.1 Identified Themes**

Five themes were identified with only two themes occurring across qualitative and quantitative studies. These were presented with very different viewpoints, requiring the generation of sub-themes. Each is discussed below.

#### **Labelling**

‘...address the needs of the individuals, rather than their identity as a sex offender’.  
(Myers et al., 2003, p. 79)

Labelling was the most commonly occurring theme (identified in all papers) and was fundamentally important to how CYP were perceived by the researcher and the



consequent intervention used. Every paper using qualitative methodology made reference to the practice of labelling being unhelpful in some way, with suggestion that using particular labels is damaging and a barrier to change.

Qualitative papers such as Gibson (2014), claim that problem saturated dominant stories about CYP create barriers to co-operation in intervention and refer to how narratives created around CYP are far from the truth. As such, papers sharing this view use narrative techniques to create thick, rich contradictory stories viewed as 'more accurately reflecting the lived experience of people' (Myers, 2006, p. 184). In doing so, CYP are viewed primarily as CYP rather than future sex offenders, allowing them to be free from stigma and negative pathologising.

In comparison, quantitative papers used labels and did not reference any impact of doing so. This possibly relates to epistemic frameworks underpinning the methodology of these papers, all utilising CBT type interventions. For example, participants were referred to as 'sex offenders' (Pritchard et al., 2012) and all quantitative papers made reference to other terms and diagnoses used to classify behaviour, such as 'learning disability' (Pritchard et al., 2012, p. 302) 'ADHD' (Pritchard et al., 2012, p. 303) ASD (Pritchard et al., 2016, p. 369). In one case, there was no formal diagnosis, but the researcher stated that over half of participants reached diagnostic criteria for a 'conduct disorder' (Edwards et al., 2012, p. 95). The participants' IQs were also referred to in two papers (Pritchard et al., 2012; Pritchard et al., 2016). In doing so, the researchers could be described as assuming HSB may be attributed to the child or YP's difficulties alone, paying little attention to environmental factors.

### ***Use of language***

The language used in the papers may suggest how the authors position CYP and themselves as researchers. For example, Edwards et al. (2012) referenced 'treatment' (p. 91) and adequate 'dose' (p. 108) of such and referred to psychometric tests. It was also reflected through language use in the quantitative papers that interventions were to fix the child .e.g. 'helped teach the boy how to behave'

(Pritchard et al., 2012, p. 302) as there was something inherently wrong with them, e.g. 'sexual deviance' (Edwards et al., 2012, p. 93)

The language used in five qualitative papers appeared less problem saturated. 'Caring' for children displaying HSB, 'safety building' and 'reparative family life experiences' (Milner, 2008, p. 42) were used to support this. Myers et al. (2003) makes reference to how use of language affects the way we conceptualise CYP and by using terms such as 'abuser', language emphasises labelling and creates unhelpful identities where CYP are 'propelled into the same discourse as adult paedophiles' (p. 79). This locks children into being the problem rather than their behaviour. These larger ideas about language nature/use underpin social constructionism, and appears related to consequent use of interventions which utilise these notions, such as solution focussed and narrative therapies.

In one exception to this finding, Banks and Ward (2014) used similar language to that of the quantitative papers, e.g. 'the management and treatment of abusers' (p. 22) suggesting the CYP need to be contained. There is also reference to their behaviours as 'paedophilic actions' and to their 'poor levels of adequate metacognition' (Banks & Ward, 2014, pp. 26-27). However, Banks (2014) suggests that 'it is important that adolescents with harmful sexual behaviour do not experience a life-time label of 'sexual deviant' as they are less likely to sexually re-offend than adults' (p. 24), suggesting the author believes CYP should be conceptualised differently to adults due to differences in recidivism. It was hypothesised that this language may be a result of this particular paper still focussing on labelling but using attachment difficulties rather than the sex offender label.

### ***Attachment***

Three qualitative papers (Banks & Ward, 2014; Piqueras-Ramos, 2016; Wylie & Griffin, 2013) introduced a new theme, where the authors would reject the idea of labelling CYP displaying HSB: 'The interventions focus on addressing the inappropriate behaviour and therefore avoiding any labelling of young people' (Piqueras-Ramos, 2016, pp. 69-70), but then use the alternative label of attachment difficulties to attribute the HSB to instead: 'lack of positive attachment/a poorly

attached child' (Piqueras-Ramos, 2016, p. 62) 'disorganised attachment development' (Banks, 2014, p. 22) and 'avoidant attachment style' (Wylie & Griffin, 2013, p. 350). Wylie and Griffin (2013), propose that 'some labels are difficult to shift and alter' (pp. 346-347). This implies that attachment as a label is more malleable. However, this still places blame child's deficits, but on something possibly more socially acceptable with less stigma.

### ***CBT***

CBT use was a theme which occurred in nine papers. Along with narrative therapy, it was the most preferred method of intervention being used either exclusively or alongside other interventions in four papers. This is unsurprising, as CBT is the dominant response to working with those displaying HSBs (Hackett, 2004; NICE, 2016). However, viewpoints of CBT use differed greatly and was subsequently split into sub-themes as described below.

#### ***In Favour of Use***

Three papers that used CBT approaches were quantitative papers. Each presented reasons why this intervention was deemed most effective. These included that it has been shown as being an effective method with adolescents with learning disabilities (Pritchard et al., 2012), that the sessions allowed for participants to express how they felt, for the therapist to provide guidance and for the therapist to review behaviour episodes (Pritchard et al., 2016). Edwards et al. (2012) used a specific CBT based programme, which facilitates group members to identify, evaluate and challenge dysfunctional beliefs. Finally, Wylie and Griffin (2013), used CBT as part of a holistic therapeutic approach which drew from various interventions.

#### ***Not in Favour Of Use***

The remaining papers used various other interventions with half referring to past negative experiences of CBT use as the reason why other methods were used. Milner (2008), states that previously, CBT had been used as an intervention, but that there were doubts surrounding its effectiveness. Myers (2006) echoes this, presenting that claims about CBT as the most effective intervention come from a restricted research base, and that CBT approaches have been experienced by some

as difficult to understand and retain. Myers et al. (2003) also challenged the view that CBT is effective with those with learning difficulties, as one participant in was unable to access CBT as he did not understand it due to his learning differences. Myers et al. (2003), also found through discussion with professionals, that CBT approaches were viewed as rigid, stifled worker creativity and assumed a particular construction of HSB. It was also seen to not be individualised and viewed those displaying HSB as a homogenous group.

Doubts about its effectiveness have led to major rethinking and development of new practices for some authors. Following which, many have instead chosen to adopt solution focussed and narrative approaches, or practices influenced by these, as a direct response (Milner, 2008; Myers, 2006; Myers et al., 2003). Such approaches have been described as challenging the more modernist approach of CBT which is currently favoured in the area of HSB (Myers, 2006).

CBT is designed to focus exclusively on changing the behaviour of the CYP. Its value might therefore be seen as limited to those in favour of SF or narrative approaches, who view the problem as the problem rather than the person as the problem and help to facilitate individuals in developing their own problem solving strategies. This suggests an epistemic movement and radical rethink of effective interventions. Such a philosophical change in way of thinking, requires professionals to consider their ontology before undertaking any intervention in order for it to not be a barrier to effective delivery.

### ***Building Upon Strengths***

This was discussed in five qualitative papers. Myers et al. (2003), state that it is only recently that consideration has been given to strengths as well as deficits when working with CYP displaying HSB. This may be a result of those who have moved away from CBT based interventions in favour of SF and narrative therapies, as all five papers where this theme was prevalent used such techniques. Wylie and Griffin (2013), present that coming from a strengths based perspective avoids labelling and stigmatising individuals as it helps to create new narratives and avoids looking at deficits. Further, drawing upon not only the child or YP's strengths and resources,

but also those of the important people in their lives helps to find unique solutions, viewing everyone as experts in their own right (Gibson, 2014; Milner, 2008).

Building upon strengths yielded a variety of facilitators to working effectively with CYP displaying HSBs. Identifying strengths allows individuals to see greater opportunity for behaving positively (Gibson, 2014), focus on exception finding (Myers et al., 2003), has a role in reducing risks, promoting self-efficacy and optimism and increasing an individual's capacity to succeed (Wylie & Griffin, 2013). The strengths approach can also affect the therapeutic alliance, as it encourages the CYP to talk about a topic in a way that does not endanger the development of a working relationship, such as focussing on the difficult task of talking about their behaviour (Gibson, 2014).

### **Shame**

CYP understandably find it difficult to talk about their HSB, possibly related to feelings of shame. This was viewed as being a barrier to effective intervention as shame can be debilitating, engendering a range of behaviours that are counter therapeutic (Jenkins, 2005). This theme featured in three of the papers. One way of combatting and reduce feelings of shame is using a strengths based approach to increase motivation through focussed goal setting as opposed to emphasising the avoidance of HSB (Wylie & Griffin, 2013).

Shame brings with it resistance to engage in therapeutic approaches. For example, Banks and Ward (2014), explain that 'due to high levels of shame and embarrassment, he [the YP] was not able to express his sexual preferences openly' (Banks & Ward, 2014, p. 27). They suggest that approaches such as CBT may not adequately attend to the emotional impact shame has and the subsequent resistance to interventions. Instead, it is suggested that professionals should be empathic and attuned, and that shame should be separated from the individual to prevent disruption to the therapeutic relationship. As CYP experience the professional as non-judgemental, then they will become more open for exploration of change.

Gibson (2014), suggests that a further barrier shame brings is that it can lead to the belief of the CYP that there is 'something inherently wrong with them' (detrimental to sense of self) and what is more helpful, is feeling guilt which implies that 'there is something wrong with the behaviour' (p. 72). This supports research that feelings of guilt correlate with lower rates of reoffending, while feelings of shame correlate with higher rates (Hosser, Windzio, & Greve, 2008). A less shaming environment appears to be an important element of practice. Narrative techniques are viewed as one way in which a less shaming environment can be created as it allows for HSB to be addressed whilst not directly associating it with the individual through externalisation (Gibson, 2014).

### ***Externalisation***

This was referenced within four papers and had links to other themes such as shame (through its ability to reduce that barrier) and labelling (separating the person from the problem rather than having, holding and living the labels). As such, it can be described as a facilitator for effective intervention and a solution to challenges faced.

The act of externalising makes it possible for CYP to talk about their HSB more easily (Myers et al., 2003) and has been shown to increase the ability of the CYP to resist such behaviour (Myers, 2006). Hackett (2011), has shown that CYP who believed that they had separated themselves from abusive behaviour were more likely to cease engaging in HSB, which led to more positive life outcomes. This finding mirrors the externalising technique, suggesting that through externalising HSB, the use of metaphor to describe the problem and distancing the behaviour from the person allows for the possibility of change. Seeing the problem as the problem and not the person underpins both narrative and SF practice, which is likely the reason that externalisation is only referenced within papers utilising these types of interventions and is exclusive to the qualitative papers.

Externalisation of HSB is also helpful in forming positive professional relationships through limiting CYP's feelings of being criticised or blamed for their behaviour. Wylie and Griffin (2013), describe how this technique can therefore engage individuals who are initially resistant.

#### **4.2.2 Barriers and Facilitators of Interventions**

In light of the final sub-question:

‘To what extent do interventions address the barriers and facilitators influencing their effectiveness?’

themes were categorised as either a barrier or a facilitator (see Figure 1.3). From this, it was decided that:

Interventions that diminish barriers:

- 1) Move away from labelling CYP (this includes labels surrounding attachment).
- 2) Recognise the impact of the feeling of shame and address this.

Interventions that build on facilitators:

- 1) Build upon a child or young person’s strengths.
- 2) Externalise the problem from the person.

Each paper was judged against these criteria and the results are shown in Figure 1.3. Four papers made no reference to building on identified facilitators or diminishing the barriers. These included all of the quantitative papers. It may therefore be suggested, that as all of the quantitative papers used CBT based interventions, CBT may not be the most effective intervention in supporting CYP displaying HSB. The papers which may be viewed as using the most effective interventions were Gibson (2014) and Myers (2006). Gibson (2014) was the only paper to diminish all the barriers recognised in the synthesis and build upon all the identified facilitators whilst Myers (2006) built upon both facilitators and diminished one barrier. Both of these papers made use of narrative therapeutic techniques which suggests that when judged against the criteria identified in this synthesis, this may be the most effective intervention to use.

## **1.6 Conclusions and Recommendations**

This SLR explores what is known about interventions for CYP displaying HSBs. Findings showed there are a variety of interventions delivered to CYP with HSBs, varying in their approaches and philosophical underpinnings. CYP who complete interventions attending to their HSBs, are less likely to continue these behaviours or to relapse regardless of the type of intervention they receive (Hackett, 2004), with research suggesting a threefold decrease in re-offending among adolescents who receive treatment (Edwards et al., 2012). However, uncertainty remains regarding which factors may make some interventions more effective than others.

Through analysing data from ten different interventions, it was concluded that interventions considered to be most effective were those that saw the participants as a CYP first, diminish the barrier of labelling them as sex offenders, recognise and address the impact of shame felt by the CYP in relation to their behaviour, build upon the CYP's strengths and externalise the problem behaviour. Therefore, although preventing further victimisation is acknowledged to be one of the major treatment objectives with CYP displaying HSB, this research suggests that effective interventions will do more than this alone and should aim to address the development of a CYP's protective factors and competencies whilst building on the therapeutic alliance.

The type of interventions which attend to these factors and deemed most effective, were strengths based approaches such as narrative therapy and solution focussed practice, both providing useful frameworks to develop self-efficacy allowing the CYP to believe that they can be successful and make positive changes. They also engage the CYP by providing a way in which difficult conversations can be had without compromising the relationship with the practitioner delivering the intervention.

It was found that such approaches are alternatives to CBT influenced interventions and therefore require shifts in approach. There was a clear divide in the papers analysed between those who promoted CBT as an effective intervention and those who did not. This supports Hackett's (2004) finding that opinion is split in professional literature on the effectiveness of CBT interventions with CYP displaying HSB. Despite CBT having a strong evidence base and being the intervention with



arguably the largest application with this population, the extent of its effectiveness with CYP with HSB, has yet to be established. Those in favour of alternative interventions argue that they are more individualistic and take into consideration other aspects of the CYP's functioning and the wider systems at play rather than being abuse specific. However, this review was limited by the omission of non-UK studies such as those conducted within North America which compare the effectiveness of different interventions through the use of randomised clinical trials. For example, Carpentier et al. (2006) compared CYP receiving CBT with those receiving group play therapy. A ten-year follow-up found that the CBT group had significantly fewer future sex offenses than the play therapy group (2% vs. 10%) and did not differ from the general clinic comparison (3%), supporting the use of short-term CBT. This suggests that with the inclusion of non-UK studies, this review could be strengthened to analyse the full scope of the effectiveness of CBT as well as other interventions not explored, with the potential to yield different findings.

Finally, further research is needed in order to comprehend and tailor assessment and interventions to the specific needs of lesser understood sub-groups of CYP displaying HSB such as girls, those with learning difficulties and younger children, in order to attend to what may be effective for their varied and particular needs and for this to be reflected in policy and practice (Hackett, 2004; Smith et al., 2013). Attention should also be given to the lack of longitudinal research. This could elucidate the effect of particular interventions over time not only in relation to recidivism, but also in holistically addressing the development of the CYP and their families' competencies and functioning through multi-systemic interventions.

## **Chapter 2: Bridging Document**

### **2.1 Introduction**

The purpose of this document is to bridge between the findings of the Systematic Literature Review (SLR) and the development of the empirical research. Subsequent epistemological, methodological and ethical considerations were made in light of this, as well as attention to why this research is important to children and young people (CYP), me, the service in which I work, the profession of educational psychology and nationally. Emphasis is also given to how the findings of the empirical research may contribute to research practice in the area of harmful sexual behaviour (HSB).

Further, this chapter will act as a vehicle through which I can put my research into context, to provide a narrative voice to my journey as a researcher and to apply psychology to my findings.

### **2.2 Context**

During the time of writing, as part of my doctorate, I was on placement within a local authority (LA). The authority is very proud of its work assessing and supporting CYP who display HSB<sup>9</sup>. As such, they continually seek to develop knowledge and expertise in this area making research into HSB important to the LA. Therefore, the Principal Educational Psychologist (PEP) approached me to ask if I would be interested in conducting my research in this area.

As HSB is a child protection issue, research into the area is also important to the profession of Educational Psychology, as it is argued that for every Educational Psychologist (EP) to be a true advocate for children, young people (CYP) and their families, then child protection is an area of work that must concern both them and service managers (German et al., 2000). However, despite the recognised importance of the topic, there is a paucity of papers written and research undertaken by practising EPs. It is therefore interesting that for a topic so central to EP practice, it is not reflected in the number of papers, suggesting 'a distinct lack of original work

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<sup>9</sup> See Appendix A for the LA's HSB project leaflet for further information.

being conducted in this field by practising EPs' Mackay and Malcolm (2014, p. 6) . Furthermore, I considered that research and work into this area may also be of interest to EPs with regard to widening the professions remit into community work.

Research into this area is of high importance nationally and is recognised as a priority by the government. The role of intervention work with those displaying HSB is particularly important. NOTA (2016) report that this is because interventions support the protection of victims, the prevention of further abuse and are an important part of working with CYP displaying HSB as they are CYP first and work should not be offence focused alone.

During my search for literature, The National Institute for Health and Care Excellence (NICE, 2016) published their first guidelines on HSB among CYP detailing recommendations and best practice for professionals. Recommendations for research included exploring effective interventions for CYP displaying HSB; the focus of my SLR. They advise that this is important as most evidence on interventions is inconclusive coming from small clinical populations of adolescent males convicted of sexual offences. NICE indicated that more research is needed on the effectiveness of current interventions and to understand how to avoid CYP who display sexualised behaviour being taken into the criminal justice system. Evidence of effective interventions could also help target resources more effectively and ensure programmes are tailored to meet CYP's differing needs. Consequently, this area of research is current and well-timed so has the potential to yield interesting results which I found exciting as both a researcher and an applied psychologist.

### **2.3 The Golden Thread – Linking My SLR to My Empirical Research**

Upon completion of my SLR, I reflected on its specific function; to develop a rationale for my empirical research question (Willig, 2013). This motivated and encouraged me to explore how the findings from my review could be used to create a piece of unique and useful research that builds on what is known from existing literature and helps to further develop policy and practice regarding HSB.

The findings of my review included an understanding of key facilitators and barriers towards effective intervention for CYP displaying HSB, whilst also highlighting that there is a dearth of research into whether interventions are effective across and influenced by the CYP's individual differences. This was particularly so for young children (below secondary age) and girls displaying HSB. I was aware that these were both areas of importance to the future aspirations of the HSB Practitioner Group in my LA, whose future objectives include a focus on early prevention and in tailoring assessment/intervention to individual differences. In light of my findings, and a desire to develop policy and practice in the HSB arena, this defined my central question.

I discussed these findings and possible research questions arising from this with my PEP. She explained that the HSB panel was equally interested in developing their assessment/intervention process with regard to working with girls and those under the age of 11, as this was the youngest age that their assessment/intervention process attended to. Reference was also made to practitioners' views of what is "normal sexuality" for both girls and boys and professionals "leaving their identities behind" when they undertook HSB work. I also considered the feedback from my project proposal, to ensure that my ideas for empirical research questions were not too far removed from my original idea and to ensure that it still linked to, and built upon, my SLR. The panel's advice was to explore 'the rich experiences of practitioners' rather than developing a 'tool' for the authority to use as I had originally proposed. Both the discussion and panel feedback influenced my decision to research girls rather than younger children, as I was interested in exploring practitioners' experiences of working with girls who have sexually harmed and how this may affect their way of working, especially as assumptions had already been made about this.

I then drew on the literature in the field in order to make a case for my decision to ask a particular question about both girls displaying HSB and practitioners' experiences of HSB working. Existing research in the field has neglected the dimension of gender in HSB for a variety of reasons, including societal ideas of femininity and sexuality, which are discussed within my introduction to my empirical research. In support of my decision to pursue practitioners' experiences as part of

my research question, LAs participating In the Local Authorities Research Consortium 7 (LARC 7), have also identified their own priorities for further investigation including research with practitioners and managers to understand how the local multi-agency pathway for identifying and addressing HSB is operating in practice (Clements, 2017). I wanted to combine the elements of gender and rich experience of practitioners in order to form a question and originally decided to explore how practitioners experience and conceptualise working with girls displaying HSB.

## **2.4 Epistemology and Methodology**

After deciding on the area for the focus of my research, consideration had to be made to designing and carrying out the research. This required a variety of philosophical factors, including epistemology and methodology. Within my SLR, a mixed methods approach was taken. SLRs have traditionally relied on evidence from quantitative studies, however it was acknowledged that the nature of HSB work is often complex and multi-faceted, which may be more suitably explored by the inclusion of qualitative methods. Further, due to the limited amount of research within the area of HSB, in order to not limit what was available any further, this decision was made on a pragmatic level.

There was a clear distinction between the world views and philosophical standpoints of the researchers who undertook previous HSB research. HSB research is approached from a generally realist stance, however there has over recent years been an emergence of social constructivist and social constructionist notions due to the use of solution focussed and narrative therapies as interventions rather than the traditional CBT. As such, readers may notice that the language within my SLR varies to reflect the epistemological stance of the author of the paper being analysed. For example, the questions I address when analysing the interventions described within the quantitative papers, use words such as 'impact' which were not used when analysing the qualitative papers as it was not deemed to be in keeping with their world views.

My own epistemological standpoint is that of a phenomenological researcher, as I am interested in exploring and describing my participants' experiences in the way he or she understands it, and not from some theoretical standpoint. This approach's aim is to capture the meaning individuals attribute to phenomena based on their descriptions (Holloway & Todres, 2003). My epistemological perspective could therefore be described as postmodern, in my recognition that human experience is complex, is grounded in the world which is experienced inter-subjectively, and has meaning (Mason, 2017). As such, a qualitative methodology was considered appropriate.

Through reflecting on my methodology, I reformulated my research question. Willig (2013) suggests that rather than this being a problem, it demonstrates that the researcher is approaching the research with curiosity and an open mind. My first draft question read 'How is working with girls who display HSBs experienced and conceptualised by practitioners?' I decided to exchange the word 'conceptualised' for 'understood' as I recognised that by using the word 'conceptualised' I am assuming that my participants mentally combine the characteristics of girls, whereas 'understood' suggests that I am exploring how my participants comprehend working with girls without supposition. I also replaced the word 'experienced' to 'envisaged', for during my call for participants, the few practitioners who had worked with girls were not available, so all participants had no experience working with this population. Answers to questions specifically towards working with girls would therefore have to be how they predicted it would be and may therefore be helpful for the LA's HSB panel to plan for future work with females.

## **2.5 Research Design**

As the purpose of this research is to detail, interpret and understand the professional's experiences, I considered that knowledge regarding these experiences may best be gained through researcher and participant interaction (Edwards & Holland, 2013). In consideration of this, my chosen method was semi-structured interviews. Through using a phenomenological approach, I recognize that respondents are viewed as real, active, and interpreting, and will intend to find meaning in experience. I therefore immersed myself in the method from the start to

attend to this understanding, including how I structured and created the interview questions. Understandably, there will be those who consider structure in phenomenological interviewing as its antithesis, however, structure does not necessarily have to tell you what to ask, but rather how to manage the process of questioning (Bevan, 2014). In support of structure within phenomenology, Ricoeur (1967), states that “in the early stages at least, phenomenology must be structural” (p. 5) and has no universal method. Therefore, a phenomenological researcher can be autonomous in how they structure their interviews in a way that supports a comprehensive investigation (Bevan, 2014).

Interviews were recorded using a Dictaphone and after the data was collected, it was transcribed to be analysed using Interpretive Phenomenological Analysis (IPA). This method allowed for participants’ experiences of working with CYP displaying HSB to be explored, whilst continuing to recognise the individuality of participants and their contexts (Cohen, Manion, & Morrison, 2011; Robinson, 2014).

## **2.6 Participants**

The LA has a practitioner group trained in assessment and intervention for CYP who display HSB. The group consists of various professionals from The Children & Young People’s Service, The Children & Adolescent Mental Health Service, The Youth Offending Service and The Voluntary Sector. This includes Clinical & Educational Psychologists, Therapists, Social Workers and Youth Justice Practitioners. Members of the practitioner group were chosen as potential participants as their commitment, enthusiasm and dedication is viewed as a large part of why the LA’s HSB project has continued and has been a success and were therefore recruited through purposive sampling.

I was aware that by exploring working with girls, this would narrow potential interviewees as the HSB practitioner group rarely received referrals for females. I also had to be mindful that my sample was representative of each professional group, including EPs. Through presenting my research to both the HSB practitioners and managers on development days, it became apparent that very few practitioners had worked with a young females. I reflected that these cases seemed low incidence

but high importance which made sourcing participants tricky. I decided that I would instead ask participants about their case work with boys and considering how it may be the same/different if the case was a girl, through exploring what would guide their thinking, (e.g. social renditions/interactions that may shape their consequences). The aim was to discover what directs their thinking of females and males displaying HSB and whether this was something they had considered at all. Biographical questions were also constructed such as the participants' motivations to engage in such work, why it is important to them and their professional background in order to gain a rich understanding of my participants' experiences and how I find clear meaning from this.

## **2.7 Ethical Considerations**

Throughout my research, regard was given to the British Psychological Society (BPS) code of Human Research Ethics (BPS, 2014b). Ethical approval was obtained from both the university and the LA ethics boards to begin the study before acquiring consent from potential participants. To gain informed consent and to explore participant interest for my research, I attended both the HSB practitioner and manager panels in my LA to discuss my research. Upon completion of my SLR, I presented my findings, and how these informed my empirical research, to the HSB team during a development day for the practitioners and later to the managers at a panel meeting. This gave me the opportunity to outline my research question and design as well as providing a space for individuals to ask any questions about the study.

Following this, the information given during the presentation was reproduced in an e-mail which was sent to all practitioners and managers involved in the HSB group for a call for participants. Along with this, information packs<sup>10</sup> (detailing the purpose of the research and what it involved) and consent forms<sup>11</sup> were also provided. Additionally, I checked the participants' understanding of the process prior to interview, to confirm informed consent. Further, I reminded participants of their right to withdraw at any time and without given reason before the interviews took place.

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<sup>10</sup> See Appendix B

<sup>11</sup> See Appendix C



Participant anonymity was assured and identifiable features arising from the interviews were anonymised (e.g. identities, job role etc). All participants were also given a verbal and written debrief<sup>12</sup> at the end of the interview.

As information was collected via Dictaphone, the audios were transcribed and anonymised before being destroyed.

### ***2.7.1 Maximising Benefits and Minimising Harm***

Essential consideration was also given to avoiding any potential harm to my participants including their well-being, personal values and invasion of privacy. I considered the research from the standpoint of my participants, in accordance to Ethics Principle 3: Responsibility, stated in the BPS' Code of Ethics and Conduct (British Psychological Society, 2009). In weighing up the cost to the individual participant versus potential societal benefits, risks were assessed. It was decided that any risk to participants was minimal as my participants were professionals who are not considered vulnerable adults. Risks included the loss of time to individuals, possible recall of distressing events and the possibility of impairing the participants' relationships with others.

To manage the risk of participants' loss of time, I recognised that this may be a discomfort for many individuals. Therefore, the time needed to participate was identified within my participant information sheet and was reiterated before the start of the interviews. I provided the time of approximately 30 minutes within the information pack in order to err on the side of overestimation. Recalling distressing events due to the topic and nature of the work was considered a possible risk in terms of causing some level of emotional stress to both the participants and myself as a researcher. I therefore ensured that the debriefing form included my contact details should participants wish to contact me regarding this, as well as informing their supervisors should they require any supervision after the interviews. I also applied this to myself. Finally, to avoid impairing the subjects' relationships with others (e.g. making personal information available to their employers), all information provided was anonymised and participants were given pseudonyms within the analysis and write up. Participants were made aware of this. The potential benefits of

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<sup>12</sup> See Appendix D

the research were seen to outweigh the risks which were deemed to be no greater than that encountered in working life. Such benefits were discussed and given in written form to the participants and are detailed within the context section of this chapter.

## **2.8 Potential Contribution of Findings to Research Area**

The Empirical research explores how working with girls displaying HSB is envisaged and understood by practitioners and how this may affect subsequent assessment and intervention work. Research into this area could help target resources more effectively and ensure that interventions are tailored to meet CYP's individual differences through consideration of practice implications such as intervention and assessment tools designed for specific genders.

The conclusions reached within the empirical phase of this research may contribute to the research area of girls displaying HSB and the practitioners working alongside them as well as aiming to unite these two strands in order to further the understanding of both.

## Chapter 3: Empirical Research

### 3.1 Abstract

Research into children and young people displaying harmful sexual behaviour (HSB) is largely male focussed for they account for 97% of offences committed. However, the percentage of females who sexually harm is most likely under reported.

Research confirms young females displaying HSB are different to both their male and adult female equivalents. Therefore, this should be reflected in assessment and intervention tools used by professionals in the field. This research aims to explore how such tools can be effectively tailored to this population through gaining the direct experience and understanding of practitioners currently working within the field of HSB by answering the following research question:

**‘How is working with girls who display harmful sexual behaviours envisaged and understood by practitioners and how might this affect subsequent assessment and intervention work?’**

Informed by a systematic literature review, a phenomenological approach was used to interview six HSB practitioners in a Local Authority in the Yorkshire and the Humber region. Interpretative Phenomenological Analysis was used to analyse data and four super-ordinate themes were constructed: Difficulties of HSB Working, Professional Practice, Understanding Sexual Behaviour and Gender Expectations/Stereotypes. Findings suggest that practitioners feel deskilled when faced with working with this population and that work would need to be tailored regarding developing relationships and for intervention to be more victim focussed. Practitioners also need to be aware of societal gender roles and expectations, their own potential bias and gender stereotypes. These are discussed in light of psychological theory and Implications for educational psychology practice are discussed.

## **3.2 Introduction**

The aims of this empirical study were to develop an understanding of and to accommodate the intervention needs of young females displaying harmful sexual behaviour (HSB) through exploring the lived experiences and perceptions of practitioners working within the field. The intention was both to expand on what is known and to contribute to the continued development and future aspirations of the (HSB) panel in one local authority (LA). The study therefore aimed to answer the following research question:

**‘How is working with girls who display harmful sexual behaviours envisaged and understood by practitioners and how might this affect subsequent assessment and intervention work?’**

This introduction considers young females displaying HSB, then compares them to their male counterparts which provides a rationale for the empirical study, through consideration of practice implications such as intervention and assessment tools tailored to specific genders.

### ***3.2.1 Females Who Display Harmful Sexual Behaviour***

Research into children and young people (CYP) displaying HSB is largely male focussed, (Hackett, Masson, & Phillips, 2005; Hollis, 2017; Masson, Hackett, Phillips, & Balfe, 2015; Vizard et al., 2007; Wijkman, Bijleveld, & Hendriks, 2014) most likely as males account for the majority of the offenses committed with some reporting as high as 97-97.4% (Hackett, Phillips, Masson, & Balfe, 2013; Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996). However, it has been suggested that prevalence figures are significantly underestimated, especially for females (Masson et al., 2015; McCartan, Law, Murphy, & Bailey, 2011).

This might be attributed to a variety of factors. Firstly, females feature less in HSB statistics due to the gender stereotype of women being nurturing (Denov, 2003; Giguere & Bumby, 2007; Hetherington, 1999) highlighting the culturally bound notion that women are less harmful (Denov, 2003; Frey, 2010). Relatedly, it may be that as females are more likely to sexually harm younger children, such experiences are

less likely to be reported; the behaviours described are often mis-interpreted as extensions of natural care behaviours, as females are perceived as maternal and caring (Hetherington, 1999), as well as sexually passive and innocent (Denov, 2003). This narrative is thickened, as research suggests that females displaying HSB are often involved in a care-giving role to the child such as mother or a baby-sitter (Vandiver & Kercher, 2004; Vandiver & Walker, 2002). Further, HSB is also viewed as a taboo area and people are reluctant to view CYP, especially females as sexual beings (McCartan et al., 2011).

These factors imply there may be a reluctance to challenge these assumptions and stereotypes and view young females as displaying HSB. This may consequently result in only a small number being identified and referred to appropriate services (McCartan et al., 2011). Therefore, to better understand intervention needs in this group, further investigation through research is warranted. (Banks, 2014).

### ***3.2.2 Comparisons Between Genders of CYP Displaying HSB***

There is no clear empirical evidence suggesting there are sufficient similar characteristics and patterns of offending between boys and girls to allow any coherent psychological typology grouping (Giguere & Bumby, 2007; Hackett, 2014; Vandiver & Teske, 2006). Further, there is insufficient evidence to suggest that girls who display HSB are the same as their adult counterparts (Giguere & Bumby, 2007; Hackett, 2014).

Similarly to males, females displaying HSBs tend to come from abusive family backgrounds (Hackett, 2014), but, are significantly more likely to have been victims of abuse (McCartan et al., 2011) and therefore have more extensive histories of physical and sexual abuse than males (Hunter, Lexier, Goodwin, Browne, & Dennis, 1993; Kubik, Hecker, & Righthand, 2002; Masson et al., 2015; Mathews, Hunter, & Vuz, 1997; Wijkman et al., 2014). Supporting this, Mathews et al. (1997) compared a sample of 67 girls and 70 boys who had displayed HSB regarding their own victimisation history. They found that whilst a significant proportion of participants had histories of victimisation, there were significant differences between girls and boys: with 78% of girls in their study reporting sexual abuse compared to 34% of

boys. 60% of girls also said that they had been victims of physical abuse early in their lives in comparison to 45% of boys.

Further, females tend to have been younger at the point of their first sexual abuse event (Mathews et al., 1997). Vandiver and Teske (2006) found that 64% of females in their research self-reported their first sexual abuse event prior to the age of six years compared with 26% of males. It could be that early childhood sexual abuse may be a greater trigger to later HSB in females than males. Strickland (2008) suggests it is therefore possible, that the trauma of such abuse may have particular relevance in understanding the behaviour and treatment needs of girls who display HSB, indicating that intervention must be more victim focussed. Similarly to males, females displaying HSB also often have learning difficulties (McCartan et al., 2011; Scott & Telford, 2006), though again this is more likely in females.

There are also differences regarding victim characteristics. Vandiver and Teske (2006) report that whilst males are more likely to commit offences against the opposite sex, females are more indiscriminate regarding the gender of their victims. Whilst males and females are both more likely to select younger victims, women are more inclined to select younger victims than males (Taylor, 2003), such as those under 12 (Fromuth & Conn, 1997), with females showing higher selection rates of children between infancy and 5 years of age (33% of females compared to 22% of males) Vandiver and Teske (2006). It has been suggested that this may relate to opportunity during caretaking activities such as babysitting (Fehrenbach & Monastersky, 1988; Mathews et al., 1997). Consistent with this view, it has been noted that females are more likely to display HSB towards relatives or acquaintances (Fromuth & Conn, 1997; Taylor, 2003).

### ***3.2.3 Tailored Intervention and Assessment?***

Due to the increasing research base confirming that young females displaying HSB are different to both their male and adult female equivalents (McCartan et al., 2011), this should be reflected in assessment tools, and interventions used by professionals in the field. (Hackett, 2014; Masson et al., 2015).

Such differences include that HSB by young females may be less an indicator of ongoing risk than of ongoing vulnerability (Masson et al., 2015). This suggests that professionals should not neglect the importance of promoting and developing their emotional, social and mental health needs. Particular attention is also needed to address victimisation experiences, as due to higher rates of abuse experienced by young females compared to males, particularly sexual abuse, this is likely a significant factor in the development of their HSBs (Hackett, 2004, 2014). This highlights the importance of more victim-focussed than offence-focussed interventions. (Hackett, 2004, 2014; Kubik et al., 2002; Masson et al., 2015).

The need for research and development of gender specific assessment tools and interventions has been indicated in literature. Kubik et al. (2002) suggests that particular attention should be given to the factors thought to be important in treatment, to help determine if the interventions for HSB currently used with males are appropriate for females. This calls into question whether assessment and intervention tools which are deemed effective for young males can be generalised across gender. Consequently, further research is needed to answer the questions posed above, and to raise awareness of best practice when working with young females displaying HSBs. This research aims to begin to answer such questions through gaining the direct experience and an understanding of practitioners currently working within the field of HSB.

### **3.3 Method**

An interpretive phenomenological approach was taken with the aim of studying participants' lived experiences rather than seeking universal truths or generalisations (Smith, Flowers, & Larkin, 2009, p. 1). A post-modern-realist epistemological perspective was applied in the recognition that participants' experiences are complex and grounded in the world which is experienced intersubjectively (Mason, 2017)

#### **3.3.1 Participants**

Five participants were recruited through purposive sampling in a Local Authority (LA) in the Yorkshire and the Humber region. Participants were all members of the LA's multi-agency practitioner group, trained in assessment and intervention for CYP who display HSB. Two participants were outreach practitioners for children with complex

behaviour and their families, one worked as a youth justice officer within the youth offending team, one worked in family support as an intervention worker and one an educational psychologist. Background experience was varied. Three participants had a background within psychology, including undergraduate degrees, a masters degree and a role as an assistant educational psychologist. One participant had a background in teaching children with special educational needs, particularly social, emotional and mental health needs. Three participants had a background in youth work and youth offending, including drug and alcohol abuse of CYP. Two participants had previously worked within adult mental health including substance abuse. One participant had postgraduate qualifications in social work.

None of the participants interviewed had any experience within their current role as HSB practitioners of working with girls displaying HSB. Therefore, answers to questions specific to this reflected how participants predicted this work may be, with regard to similarities and differences they expected.

### ***3.3.2 Research Design***

Semi-structured interviews were utilised due to their compatibility with my chosen method for data analysis, Interpretive Phenomenological Analysis (IPA), and to allow me to hear participants talk about a particular aspect of their life or experience (Willig, 2008). In this case, to detail, interpret and understand the professional's experiences of working with girls displaying HSB.

### ***3.3.3 Phenomenological Method: Interviewing and Questions***

As a phenomenological approach was taken, consideration was given to immersing myself in the method from the start through recognition that respondents are real, active, and interpreting, and have intention to find meaning in experience (Bevan, 2014). This therefore included the structure and creation of the interview questions. As such, an adapted version of Bevan's (2014) method of phenomenological interviewing was used as this provided a structure to enable the application of phenomenology as a total method for research and is not focused only on data analysis (See Table 3.1).



To employ the structure, I attempted to apply phenomenological reduction as far as possible whilst acknowledging my own immersion in the area of research. This necessitates attempting abstaining from the use of personal knowledge, theory, or beliefs, to become a beginner in the area of research. This required setting aside what is already known about a given phenomenon, known as bracketing (Husserl, 1970). It was acknowledged that total abstention was impossible due to the closeness I have to the environment, however I was aware of the need to not underestimate the value of my own natural attitude and immersion in my lifeworld.

By undertaking phenomenological reduction, this allowed me to stay true to and accept the descriptions of experience of the participants. The process subsequently allowed for epoché (Zahavi, 2003), an attitudinal shift allowing for new ways of

**Table 3. 1:** A Structure of Phenomenological Interviewing (adapted from the structure proposed by Bevan (2014)).

Phenomenological Attitude	Researcher Approach	Interview Structure	Method	Questions (based on the themes detailed in interview structure)
Phenomenological Reduction  (Epoché- attitudinal shift towards HSB, new ways of thinking/experiencing the phenomenon)	Acceptance of Participants Natural Attitude  (their individual understanding of the world and their role within it)	Contextualization (Eliciting the participants' consciousness of the world and how they are involved within it)	Descriptive/Narrative Context Questions	<p>"Tell me about your professional background?"</p> <p>"Tell me about how you got into working with children and young people (CYP) who display Harmful Sexual Behaviour (HSB)?"</p>
		Apprehending the Phenomenon (the way in which participants view their involvement in HSB assessment/intervention)	Descriptive and Structural Questions	<p>"Describe how you define HSB in your practice?"</p> <p>"Tell me about your role in the HSB assessment and intervention process."</p>
	Reflexive Critical Dialogue With Self  Active Listening	Clarifying the Phenomenon of HSB and the element of girls displaying HSB (Meaning Through Imaginative Variation)	Imaginative Variation: Varying of Structure Questions	<p>"Tell me about your direct work with CYP displaying HSB."</p> <p>"Describe your experience of working with girls who display HSB (if working with a girl not mentioned)? Or Describe your experience of working with boys (if working with boys not mentioned)."</p> <p>"Describe how your experience may change if the case you described earlier was a (girl/boy depending on answer to case in question 5)?"</p> <p>"Tell me why you think working with girls would be (different or similar depending on answer to question 7) to working with boys?"</p>

experiencing, theorizing, and thinking about a phenomenon, in this case, the HSBs of girls.

Through using this structure, interview questions were then created<sup>13</sup>, the focus for which arose from findings in the systematic literature review (SLR).

Contextualisation questions were included to examine participants' individual experiences through consideration of the context and biography from which their experience gained meaning. Questions which apprehended and clarified the phenomenon of HSB were also created to direct focus on the experience and to remain conscious of girls displaying HSB as an element of that experience.

### ***3.3.4 Procedure and Ethical Considerations***

Ethical approval was obtained from both Newcastle University and the LA ethics boards. In order to gain informed consent, I attended the LA's HSB practitioner and manager panels to discuss my research. Presentations of the findings from my SLR and how this informed my empirical research, were also presented to both practitioners and managers. Information given during the presentations was distributed via e-mail to all practitioners and managers along with information packs and consent forms (See Appendices A and B).

Participants' understanding of the process was further assessed prior to interview using an interview script<sup>14</sup>. Participants were reminded of their right to withdraw at any time and without given reason before the interviews took place and anonymity was assured. The questions were then read to participants and recorded using a Dictaphone. Participants were also given a verbal and written debrief at the end of the interview<sup>15</sup>. After the data was generated, it was written up as transcripts and analysed using IPA. Audio recordings were anonymised during the transcription process and destroyed post transcription.

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<sup>13</sup> See Appendix F for a copy of the interview questions and prompts script

<sup>14</sup> See Appendix E

<sup>15</sup> See Appendix D

### **3.3.5 Interpretive Phenomenological Analysis**

Post transcription, data was analysed using Interpretive Phenomenological Analysis (IPA) applying the process detailed by Smith et al. (2009) (see Table 3.2). In order to immerse myself in the data, I first read each transcript several times, initially alongside the recordings. This allowed me to enter each participants' world and actively engage with the data. Whilst doing so, I began my initial noting of the text, involving examining the semantic content and language use on an exploratory level. This included commenting on descriptive, linguistic and conceptual comments (Smith et al., 2009, pp. 83-91). Alongside this, my exploratory noting also included underlining text that seemed important in transcript and attempting to write why this was important and free associating by writing down whatever came to mind when reading certain words/sentences.

By doing so, I was able to push the analyses to a more interpretive level, acknowledging my sense making in this process. Notes were then organised into a list of emergent themes and tables were completed for each individual transcript in order to make connections between themes, which identified super-ordinate themes with key words which reflected each.<sup>16</sup> I then brought together all of the themes in order to look at patterns across the transcripts<sup>17</sup>.

As I was working with a larger sample size, measuring recurrence of themes across cases is important (Smith et al., 2009). As such, I decided that for a theme to be classed as recurrent, it must be present in at least half of all of the participant interviews. This allowed for enhancement of the validity of findings of a large corpus. Table 3.3 gives a visual representation of establishing recurrence. From this, a list of master themes was identified (see Table 3.4). One theme was discounted from the final master table due to only occurring in one interview.

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<sup>16</sup> Examples of analysis from stages 2 and 3 can be found in Appendices G and H respectively.

<sup>17</sup> See Appendix I.

**Table 3. 2:** *Method of Interpretive Phenomenological Analysis (adapted from the ‘steps to analysis’ detailed by Smith et al. (2009, pp. 79-107)).*

	<b>Step</b>	<b>Description</b>
1	Reading and Re-reading the Data	Immersing in the original data. Listening to audio-recording at least once whilst first reading the transcript.
2	Initial Noting	Examine semantic content and language use on a very exploratory level: <ul style="list-style-type: none"> <li>• Descriptive comments – describe content, key words, phrases, explanations etc.</li> <li>• Linguistic comments – language used.</li> <li>• Conceptual comments – third level annotation, interpretive deals with data on conceptual level, more interrogative and questioning. Underline these.</li> <li>• Deconstruction – de-contextualize to avoid simplistic readings and to fracture the narrative flow.</li> <li>• Alongside – exploratory noting – underlining text that seems important in transcript, attempt to write why underlined and important – free associating from participants’ text writing down whatever comes to mind whenever reading certain words/sentences.</li> </ul>
3	Developing Emergent themes	Reduce volume of detail (transcript and initial notes). Themes should express phrases that speak the psychological essence of the piece. Themes reflect not only the participants’ original words and thoughts, but the analyst’s interpretation. A synergistic process of description and interpretation. Theme titles that relate to concepts evident within the psychological literature.
4	Searching for connections across emergent themes	Chart and map how themes fit together. Not all emergent themes must be incorporated at this stage of analysis – some may be discarded. Dependent on overall research question and the scope. Specific ways to look for patterns/connections include: <ul style="list-style-type: none"> <li>• Abstraction – ‘super-ordinate theme’, putting like with like and developing a new name for the cluster.</li> <li>• Subsumption – similar to abstraction, where an emergent theme acquires a super-ordinate status.</li> <li>• Polarization – examine transcripts for oppositional relationships between emergent themes, focusing on difference rather than similarity.</li> <li>• Contextualisation – Identify contextual or narrative elements within an analysis.</li> <li>• Numeration – Frequency by which a theme is supported. Not the only indication of its importance and should not be over-emphasized.</li> <li>• Function – Examine emergent themes for their specific function. E.g. interplay of meanings.</li> </ul>
5	Moving to the Next Case	Repeat process. Treat each case on its own terms to give justice to its individuality. As far as possible, bracket ideas emerging from first analysis to the next.
6	Looking for Patterns Across Cases	Lay each table out on a surface and look across them. What connections are there? Which themes are the most potent? Final result can be displayed as a graphic but usually better in a table of themes.

**Table 3. 3:** Identifying Recurrent Themes<sup>18</sup>

Super-ordinate Themes	Grace	Josie	Sarah	Keith	Shaun	Present in over half sample?
Difficulties of HSB Working	No	Yes	Yes	Yes	Yes	Yes
Benefits of the HSB panel	No	No	Yes	No	No	No
Understanding Sexual Behaviour	Yes	Yes	Yes	Yes	Yes	Yes
Professional Practice	Yes	Yes	Yes	Yes	Yes	Yes
Gender Expectations/Stereotypes	Yes	Yes	Yes	Yes	Yes	Yes

**Table 3. 4:** Master Table of Super-ordinate Themes and Subthemes for the Group.

<p><b>1: Difficulties of Harmful Sexual Behaviour (HSB) Working</b>  Time constraints  Individual differences of children and young people (CYP)  The nature of the work</p> <p><b>2. Professional Practice</b>  Motivations for HSB working  Dual Role  Underpinning values and ethics  Personal Influences</p> <p><b>3. Understanding Sexual Behaviour</b>  Factors underlying HSB  Lack of CYP understanding  Lack of adult understanding</p> <p><b>4. Gender Expectations/Stereotypes</b>  Language used to describe CYP displaying HSB  Linking HSB displayed by girls to child sexual exploitation (CSE)  Expected differences and similarities between working with boys and girls  Expectations and stereotypes of Men and Women</p>
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<sup>18</sup> Participants have been given pseudonyms to retain anonymity.

### 3.4 Findings

Interviews were analysed referring to the research question:

**‘How is working with girls who display harmful sexual behaviours envisaged and understood by practitioners and how might this affect subsequent assessment and intervention work?’**

In light of this, four super-ordinate themes and their subthemes are presented below.

#### **3.4.1 Theme One: Difficulties of HSB Working**

Discussed by four participants, the following four subthemes were identified as particular areas of difficulty.

##### **Subtheme One: Time constraints**

Four participants reported that time affected their casework.

*“...it took us a good 6-9 months to complete that work.” (Keith)*

*“...the assessment is massive...It can take days and days.” (Sarah)*

Time Constraints – Q1&2

Josie discussed how the length of time assessments take, has led to inexperience.

*“...because of time constraints, I have only assessed one case, which took several months to do.” (Josie)*

Time Constraints – Q3

Sarah adds that practitioners do not get allocated time for their HSB caseload. Consequently, they do not have many cases, again suggesting that most have very little casework experience.

*“...all of us have to do the work out of existing resources, so we don’t get extra time to do the HSB work and it can be quite demanding...even the assessment is quite vast, so it can take a lot of time so we tend not to do loads of cases.” (Sarah)*

Time Constraints – Q4

Time was seen to affect the success of intervention work, as the lengthy process can be difficult for the CYP to manage.

*“6 months later we can be going back and talking about the same thing and I think they (the CYP) find that difficult...because to them, you know, they’ve talked about it and it’s over and they’re ready to move on. But it follows them around” (Sarah)*

Time Constraints – Q5

Shaun adds that when such work has been ordered by court, there is not enough time to build the relationships needed to talk about sensitive topics or to deliver the amount of work needed.

*“...it can take a year, two years for a young person to open up...and if you’ve only got a short period of time you don’t get the opportunity to do that.” (Shaun)*

Time Constraints – Q6

### **Subtheme Two: Individual differences of CYP**

4 participants acknowledged individual differences of the CYP they work with such as their age or learning needs.



*“One of the things I always do is assess learning styles...needs.” (Keith)*

*“Some of the young people...are about to leave children’s services...the impact that we can have...what we can engage them in is limited because they choose whether or not they want to engage.” (Sarah)*

Individual differences of CYP – Q1&2

All indicated they lacked experience working with girls displaying HSB and therefore found it hard to think about what this work may look like. Josie suggested she felt de-skilled in this area.

*“I’ve not had any experience of working with girls who display harmful sexual behaviours...with the boy I worked with, I was quite confident with the scoring system and the recommendations as it was based on an evidence based assessment tool whereas if that’s not available for the females then I don’t think that I would feel as confident working with them.” (Josie)*

Individual differences of CYP – Q3

### **Subtheme Three: The nature of the work**

Practitioners empathised that due to the nature of the work, the CYP are often emotionally affected.

*“It was difficult...the interview process...because you have to ask questions which are very direct and not easy for a young person to hear and to respond to.” (Keith)*

*“...the impact that’s had on them...what they’ve witnessed and what they have been subjected to in the past...makes it really difficult cos you are stirring up raw emotion”. (Shaun)*

The nature of the work – Q1&2

### **3.4.2 Theme Two: Professional Practice**

Although participants discussed difficulties of their work, they all made reference to how HSB working suited their individual practice, what drove them to work with this population and how this fitted in to their main role.

#### **Subtheme One: Motivations for HSB working**

All Practitioners shared why they took on their HSB practitioner roles. Grace felt this population were marginalised and wanted to change this.

*“I always enjoyed working with children that maybe society rejected a little bit or like who other people don’t necessarily want to work with and I enjoy... developing relationships and trying to support people to make positive changes”. (Grace)*

Motivations for HSB Working – Q1

Other participants took the role for personal development reasons including the challenge and opportunities.

*“...tapping into an area of work that had already worked in...keep the role diverse, that’s why I wanted to get involved in it... it was more like creative opportunities.” (Josie)*

*... something different...until you have actually done it, you don’t realise what it’s all about... the law side of things has always interested me...I got the opportunity to get into the court side of things... that’s where it kicked on... I really enjoyed that.” (Shaun)*

Motivations for HSB Working – Q2&3

### **Subtheme Two: Dual role**

Participants referenced how they held two roles simultaneously, their main job and HSB practitioner, suggesting that although there is some crossover, they have a dual role.

*“...it’s a side job, it’s a whole different, a whole different ball game really.”*

*(Shaun)*

Dual role – Q1

Similarly to the difficulties of HSB working theme, reference was made to how sometimes this dual role was difficult to manage due to time constraints.

*“...you’re also at the same time juggling your own full time post...so it’s difficult to try and balance...when you’re holding your own caseload and...you have to prioritise that”. (Keith)*

Dual role – Q2

### **Subtheme Three: Underpinning values and ethics**

It was clear that participants’ individual practice was driven by underpinning values and ethics. A common value was seeing the CYP as such first and foremost rather than viewing them as a sexual offender.

*"It's not just about what the child's done, it's about how they can be supported, what got them into that situation." (Josie)*

*"...a lot of our kids with sexualised behaviour have been misunderstood... so, it's about supporting children without criminalising them...and just to change those behaviours." (Sarah)*

*"...you're not there to judge...You're there to make sure they get the help they need...it is difficult...you have to basically forget why they are there for the sense that in this session, we're not talking about what you have done." (Shaun)*

Underpinning values and ethics – Q1,2&3

It was also important to participants that work completed with CYP was person centred, such as giving them autonomy where possible.

*"...we needed to keep at it until we felt the young person had developed a good enough understanding of the work that was meaningful to him...have them involved in it, in the process as much as we can of them kind of saying well this is where I don't have an understanding you know..." (Keith)*

*"...it's about giving them the opportunity to say who they want to work with."  
(Shaun)*

Underpinning values and ethics – Q4&5

#### **Subtheme Four: Personal Influences**

Those with children made reference to how this can affect their practice.

*“... I have got a 2 year old daughter and it has changed for me...when you’ve got a child sex offence, you drag, you kind of personalise it yourself. But, you have to not do that. In that way you do desensitize yourself.” (Shaun)*

*“I think my own reflections when I think about sexualised or harmful sexual behaviour in terms of gender is from my observations of being a parent or listening to teenagers speak about what society deems as appropriate social behaviours...” (Grace)*

Personal influences – Q1&2

#### **3.4.3 Theme Three: Understanding Sexual Behaviour**

All participants referenced understanding sexual behaviour from their own perspectives, other professionals and the CYP themselves. There was discussion around confusion between what is considered harmful, inappropriate and normal sexual behaviour.

#### **Subtheme 1: Factors underlying HSB**

Understanding why CYP sexually harm was considered important to know how to tailor support, look beyond the behaviour and to consider contributing systemic factors. Abuse was a frequently mentioned.

*“...you explore much more beyond the offence... the child’s history...experience of neglect, domestic violence, all those contributing factors. It’s not just about what the child’s done, it’s about how they can be supported, what got them into that situation. They haven’t just been born displaying those behaviours, it’s almost how they have been shaped growing up which has led to them displaying those types of behaviours.” (Josie)*

Factors underlying HSB – Q1

Some participants wondered if the contributing factors they considered for boys would be different for girls.

*“...they have all been exposed to pornography at an early age... there’s breakdown in relationships, there is significant attachment issues...there is other people in the family who have displayed harmful sexual behaviour in their past, I wonder if it would be the same of experiences of girls or whether that would trigger their own harmful sexual behaviour?” (Keith)*

Factors underlying HSB – Q2

Others believed that they would be the same.

*“...you look at every case on its own basis, but they’re displaying their behaviours for the same reasons males are, whether that is because they have been victims in the past...learnt behaviour...experimentation... a punishment element. They’re all doing the behaviours for their own reasons... I wouldn’t say there is any reason why female reasons for committing an offence would be any different.” (Shaun)*

Factors underlying HSB – Q3

### **Subtheme 2: Lack of CYP understanding**

Participants also considered HSB was due to a lack of CYP understanding.

*“...a lot of it is relating to their lack of understanding as well as maybe their experiences they have had.” (Grace)*

Lack of CYP understanding – Q1

This could be about boundaries, consent or knowledge of sex in general.

*“...one of the main ones we do with young people is about addressing consent, because obviously in the HSB remit, it’s a big thing.” (Shaun)*

*“...using social stories with him, looking at explicit teaching of sexual boundaries...what constitutes as sexual and what parts of the body is OK to touch and what’s not, so maybe where he hasn’t picked up on teaching because of his Autism.” (Grace)*

Lack of CYP understanding – Q2&3

### **Subtheme 3: Lack of adult understanding**

It was also suggested that HSBs are often mis-understood by parents and teachers. Participants spoke about how it was common for any sexual behaviour displayed by a CYP to be misinterpreted as harmful given differing opinions of what is normal.

*“...there is a fine line between harmful sexual behaviour... difficulty understanding sexual boundaries...inappropriate behaviours...quite a lot of my cases at the minute have been instances of sexualised behaviours that maybe school have raised as harmful or an issue.” (Grace)*

*“...people have made up in their minds that it is a sexualised behaviour and it’s inappropriate.” (Sarah)*

Lack of CYP understanding – Q4&5

### **3.4.4 Theme Four: Gender Expectations/Stereotypes**

As participants had no experience working with girls as a HSB practitioner, when envisioning what that work may look like, gender expectations, stereotypes and past experiences were discussed. This allowed for further understanding of how conceptualisations of gender may affect assessment and intervention work. There was a divide between those who imagined working with girls to be different to boys and those who thought it would be the same.

### **Subtheme 1: Language used to describe CYP displaying HSB**

Language used by participants to describe HSBs differed between genders and stereotypes were discussed.

*“...they would’ve had a more criminal perspective if it had been a boy that had made a video of a girl and streamed it...if it is from boy to girl that is seen as more predatory”....” (Grace)*

*“...he’s a mucky little pup... without making that child out to be some sort of pervert or whatever cos that’s what is sometimes fed to you from the people who know them”. (Sarah)*

*“...they saw it more as part of her vulnerability...it seems to still be more socially acceptable for girls to make inappropriate comments about boys or rude comments or maybe smack them on the bums, maybe that low level behaviour, but I still think that teenagers may view that as OK from girl to boy, seeing it as more fun”. (Grace)*

Language used to describe CYP displaying HSB – Q1,2&3

Sarah made a direct comparison:

*“...boys... get aggressive, they force people into situations they don’t want to be in... girls are more passive and it doesn’t tend to happen”. (Sarah)*

Language used to describe CYP displaying HSB – Q4

### **Subtheme 2: Linking HSB displayed by girls to child sexual exploitation (CSE)**

Girls displaying HSB were often linked to CSE and their HSBs attributed to being a victim.

*“...high risk of CSE and their own vulnerabilities...some of their behaviours were also becoming harmful...” (Grace)*

Linking HSB displayed by girls to child sexual exploitation (CSE) – Q1



Sarah implied that the CSE of girls leads to them displaying HSB towards themselves rather than others. She suggests that as such, boys and girls HSB's present differently:

*"...if he was female, he wouldn't have been doing what he was doing... with girls, it tends to be a little bit different... their sexualised behaviour tends to hurt them rather than anybody else...you might find girls running off in late hours approaching men in different ways that puts them at risk...CSE behaviours...though it hasn't led to them harming any others, again, they were harmed themselves..." (Sarah)*

Linking HSB displayed by girls to child sexual exploitation (CSE) – Q2

### **Subtheme 3: Expected similarities and differences between working with boys and girls**

Some participants considered how working with girls may be different to boys with regard to forming a professional relationship:

*"...developing a relationship can be different working with girls and boys... just developing trust and engagement...managing a session with a child can be different based on the gender." (Grace)*

*"...males would more easily talk to male and female practitioners. If I'm working with females generally, I feel that the nature of this work would be better with two female practitioners...girls have a lot more intimate parts of adolescence, puberty, growing up which they are less likely to and wouldn't want to talk to males about..." "I dunno if girls are more expressive about what they want to talk about." (Shaun)*

Expected similarities and differences between working with boys and girls – Q1

Shaun also considered that intervention may differ due to physical differences:

*“We do a lot of work about sexual education... the male going through puberty and adolescence would be a lot different so that work would be different.”*

*(Shaun)*

Expected similarities and differences between working with boys and girls – Q2

Josie suggested that sex education would be similar:

*“...all the recommendations and the work completed were similar to the work you would probably do with a boy... like sexual relationships education...”*

Expected similarities and differences between working with boys and girls – Q3

All participants discussed that the assessment tool used by the service (AIM2<sup>19</sup>) is specific to boys. Some believed that as such, a different tool would be required:

*“How does the gender impact on how we deliver the intervention...I would definitely consider within that line of assessment process how exactly it would change it, but I’m not quite sure... it’s something I would consider.” (Keith)*

*“...my understanding is that the AIMS2 assessment...is recommended for use with boys and not girls...so obviously we wouldn’t use that assessment tool.”*

*(Josie)*

*“I do quite a lot of AIMS2 assessments, which is an assessment tool designed for males which is a barrier when working with females.” (Shaun)*

Expected similarities and differences between working with boys and girls – Q4,5&6

Participants also believed that there would be similarities between working with boys and girls:

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<sup>19</sup> The AIM2 stands for Assessment, Intervention and Moving on. This process is applied by the LA to determine the level of risk CYP with HSB pose and what may be the most useful level of intervention to help them, and where possible, move on.

*“...gathering information about the history...liaise with the same people...gather the information in a similar way... looking at what’s appropriate, not appropriate, making sure that the positives are in place in a child’s life... access to positive activities... experiences and looking at moving forward... looking at strengths and risks...so there would be some similarities”. (Josie)*

*“...the basic information would be similar in terms of the family tree work, the background work...” (Shaun)*

Expected similarities and differences between working with boys and girls – Q7&8

Shaun added that boys and girls are similar as they both have potentially sexual thoughts:

*“...predominantly, teenagers are all going through the same emotions... all of them have potentially sexual thoughts whether the same gender, different gender, it’s all part of the growing up process so I would say they’re probably quite similar.” (Shaun)*

Expected similarities and differences between working with boys and girls – Q9

#### **Subtheme 4: Expectations and stereotypes of men and women**

Practitioners often referred to how gender expectations and stereotypes of adult men and women affected their views of girls and boys displaying HSB.

*“I’ve seen fathers, or people with a fatherly role in the family, that have exposed young men to pornography at a young age, so whether that motherly role would be different in terms of being less likely to do that, so maybe a female’s route into harmful sexual behaviour would be different.” (Keith)*

*“...you often hear of family members abusing children and I remember there was a case where it was an auntie and there was a personal reaction in myself...I don’t think that abuse is gender specific, but there was an element of surprise in me because it’s not something you hear of as often and I think there is something in your social stereotypes as you grow up about paedophiles or people who offend against children being male. There is an element of surprise even though there probably shouldn’t be...” (Grace)*

Expectations and stereotypes of men and women – Q1&2

#### **3.4.5 Summary**

Four super-ordinate themes were interpreted from the interviews regarding the exploration of how working with girls displaying HSBs are envisaged and understood by practitioners. As participants had not worked with any girls in their practice so far and their ideas might therefore be speculative, how they understood the work and the effect on future assessment and intervention work was explored through these themes. The significance of these will now be interpreted and described in light of what is already known and new understandings will be investigated.

#### **3.5 Discussion**

Findings suggest that practitioners’ understanding of how they would work with girls displaying HSB is formed from a variety of factors. They drew from existing experiences of casework and referenced difficulties they faced as practitioners. Interpretive comments about each theme are summarised and then discussed in relation to psychological theory below.

### **Difficulties of Harmful Sexual Behaviour (HSB) Working**

- Time constraints
- Individual differences of children and young people (CYP)
- The nature of the work

Practitioners identified that the professional field of HSB working is beset with difficulties which impact their work regardless of the gender of the CYP. The most obvious difficulty being the nature of the work which can be very challenging. Time constraints were viewed as further hindering this work, such as managing casework around their main role, not having the time they felt necessary to build effective relationships with the CYP and lengthy assessment and intervention processes. This resulted in very few cases (if any) being undertaken over a year and impacted on practitioners' feelings of competency, perhaps due to lack of practice. When considering work with young females, practitioners suggested that difficulties were exacerbated. As well as the difficulties already identified, the individual differences of the CYP they worked with had to be accounted for, which required further differentiation and a need for tools and knowledge the practitioners commented they did not have. Although gender was the main individual difference discussed, others included CYP under secondary school age and those with learning differences.

### **Professional Practice**

- Motivations for HSB working
- Dual Role
- Underpinning values and ethics
- Personal Influences

Despite reported difficulties, it's clear that participants valued their dual role and all discussed how working as a HSB practitioner fitted in with their main role and the skills they brought from one role to the other. All participants took on the role voluntarily and expressed their motivations for doing so, suggesting that they were driven by the challenge and valued the opportunity to make a difference for this particular group of CYP. Each practitioner's framework for practice was underpinned by similar values and ethics such as giving autonomy to the CYP they worked with

by being person centred in their practice and a desire to change the stigma attached to the CYP regardless of their gender. How practitioners imagined working with young females in particular was determined by personal influences such as their own children and working with young females in other contexts.

### **Understanding Sexual Behaviour**

- Factors underlying HSB
- Lack of CYP understanding
- Lack of adult understanding

Practitioners were aware of the set of complex factors that can contribute to the emergence of HSB in the CYP with whom they do and might work. This was considered important in decision making when considering how to tailor the work to be carried out. However, there were differing opinions of the factors underlying HSB in young females, with some believing they would be the same as boys and some believing they would be different. This is likely to impact how different professionals would deliver the work and therefore may, or may not, fully attend to the needs of young females if this work were to be conducted. As well as differing factors between genders, work was also compromised by CYP having differing understandings of what does and does not comprise socially acceptable behaviour, and adults holding equally varied views on these issues. This lack of understanding, especially for normal sexual development of CYP, resulted in behaviours often being misinterpreted making HSB working more complex due to a lack of consistency.

### **4. Gender Expectations/Stereotypes**

- Language used to describe CYP displaying HSB
- Linking HSB displayed by girls to child sexual exploitation (CSE)
- Expected differences and similarities between working with boys and girls
- Expectations and stereotypes of Men and Women

When participants considered working with young females, how this was envisaged was often determined by societal expectations and stereotypes of women. This had implications for how assessments and interventions might be carried out. There were conflicting opinions between practitioners: some suggesting the work would be the same and some thinking it may be different. This was reflected in the difference of language used by professionals and other adults in the CYPs' lives to describe the intentions of the sexual behaviours of boys and girls, and gendered stereotypes reported, which influenced their views.

### **3.5.1 Competence and Knowledge**

Individual differences between CYP played a role in practitioners' feelings of competence. Gender was one of these differences with practitioners indicating that they felt deskilled due to a lack of experience and training for working with girls and not having the correct assessment tool for the job. Time constraint was another difficulty mentioned by all participants. As the assessment and intervention process is so lengthy, this further affects how practitioners experience working with girls, for they may only get one case a year. As it is rare to receive a piece of casework where the CYP is a girl, this means that it is likely they will never come across a girl displaying HSB. All practitioners expressed conscious incompetence (Adams, 2018), as they do not understand or know how to work with girls and they recognize the deficit. This is likely to affect feelings of self-efficacy (Bandura, 1995). However, they also all had hopes and aspirations to eventually work with this population, suggesting that acknowledgement of their incompetence is positive, as it encourages them to move and train to eventually be competent.

### **3.5.2 Drivers: Motivation and Values**

All practitioners referred to what motivated them to work within the HSB arena. They valued working with marginalised CYP and the challenge and opportunities HSB working provided. As it was suggested that they would like the opportunity to work with girls and they value opportunity/challenge, this suggests motivation, which is likely to have a positive impact on how practitioners would approach the work. If issues of competence are dealt with, then feelings of self-determination and subsequent motivations to work with girls are likely to increase (Deci & Ryan, 1985).

Practitioners frequently mentioned ways in which they work including: being person centred, solution focused, non-judgemental and giving autonomy. This has implications of the types of interventions that would fit in well with the practitioners' ethics and values. Interventions deemed to be effective within the SLR included narrative and solution focussed methods which are underpinned by similar values, suggesting that such interventions are likely to be compatible for practitioners. In addition, practitioners need to be mindful the evidence base when considering appropriate interventions, as well as their own value position.

### **3.5.3 *Misunderstandings: What is Normal?***

Practitioners also tried to understand how they may work with girls by attempting to unpick the factors underlying their behaviour. Practitioners' views differed about whether these would be similar to that of boys or different. As work is tailored to the individual, this was seen as important. The causes of HSB are wide-ranging, so good practice is for practitioners to take a holistic approach that attempts to change the CYP's behaviour as well as addressing the reasons they engage in HSB (Hackett, 2006). There are therefore training implications in that practitioners would benefit from knowing the difference between the factors underlying both girls' and boys' behaviours in order to know how best to meet their needs through intervention. This includes making the interventions more victim focussed as girls are more likely than boys to have been victims of abuse (Mathews et al., 1997; McCartan et al., 2011). Despite recognition of the necessity of specific responses to sub-groups of young people (Hackett et al., 2005), there continues to be a gap in training for practitioners on minority ethnic young people, younger children, females or learning disabilities.

Further areas for training include understanding what normal, inappropriate or HSB is. Practitioners shared that other professionals such as teachers and parents are often unaware of this which can lead to inappropriate referrals and the unnecessary labelling of children who are sometimes presenting quite innocent and normal sexual behaviours. This is evident within literature, as Essa and Murray (1999) found that while teachers were clear that behaviours such as hitting, biting, or not listening to the teacher were unacceptable, they seemed much more ambivalent and uncertain about behaviours that they perceived to be sexual. Practitioners in this research said that this is even more the case when the CYP is female as they believed that less is understood about female sexuality than males.

There was also a lack of consistency when defining HSB, with some using a legal definition and others a definition that was values/ethics driven. The majority of practitioners also believed girls who had been, or who were at risk of being sexually exploited displayed HSB. Although they recognised that they were victims, many practitioners believed that they were harming themselves sexually by approaching



older men. However, HSB is defined as the behaviour of CYP engaging in any form of sexual activity with another individual, that they have power over by virtue of age, emotional maturity, gender, physical strength and intellect (Palmer, 1997). As such, behaviours described by practitioners would not count as HSB as the men they engage in sexual contact with are committing a crime as they have that power over the girl even if she initiated the contact. This is also an area that would require further understanding.

#### ***3.5.4 Social Norms and Gendered Expectations***

Although further training may answer some of the difficulties practitioners may face when considering work with girls, some aspects of what is likely to impact their work are formed by societal issues such as expectations and stereotypes of boys and girls. This was evident in the interviews through the language used by both practitioners and the adults they quoted. When boys displayed HSBs, it was viewed as something more criminal or perverted. For a girl, behaviours were seen as more innocent, socially acceptable and a bit of fun. Girls were described as vulnerable and harming themselves rather than others. Boys were viewed as aggressive. Such stereotypes are damaging as they perpetuate the narrative of girls being naive and innocent Denov (2003), which may result in HSB displayed by girls being taken less seriously and being underreported. Such stereotypes were mostly opposed by practitioners, but some were perpetuated with participants expressing shock when they knew of a girl displaying HSB. Such stereotypes would need to be challenged if work with girls is to be effective and holding such views may be a barrier to assessment and intervention.

#### ***3.5.5 Relationships***

A frequent theme was the suggestion that forming therapeutic relationships would differ according to gender and may be dependent on the gender of the practitioner. Felton (1986), suggests that this may be so, stating that gender issues affect therapeutic relationships because they can either hinder or help progress. She states that there are differences in the treatment dyad of male therapist–female patient and the female therapist–female patient and puts forwards that the therapists' views about gender identity, gender roles and sexual orientation affect the responses to

their patients. She refers to this as countertransference which can be viewed in this context as the emotional reaction of the practitioner to the CYP's contribution. Further, Felton (1986) puts forward that boys' relationships with male and female practitioners may differ to girls'. For example, girls who have female practitioners may have a mother-daughter type relationship, which might affect their engagement in assessment/intervention work. It has been suggested that 30% of the impact of any therapeutic activity is due to relationships (Lambert, 1992). In an NSPCC review of the Change for Good HSB treatment programme, practitioners reported that the therapeutic relationship between them and the CYP was important in helping CYP engage in the programme, help clarify things they were unsure about and to release bottled up emotions. The CYP found it important to work with someone who would listen without judgement and got to know them as a person (Belton, Barnard, & Cotmore, 2014). A barrier to creating such relationships is likely to be the time constraints discussed.

With a lack of research into girls displaying HSB, it is an area which warrants further exploration for their intervention needs to be better understood and accommodated, (Banks, 2014). This empirical research aimed to attend to this, however circumstances indicate that it was only possible to export this indirectly, which is acknowledged as a limitation.

### **3.6 Conclusions and Recommendations**

As it is unusual for professionals working with CYP to come across girls displaying HSB, there is a tendency to feel deskilled when faced with working with this population (Masson et al., 2015). This view was expressed by every participant. Research suggests that practitioners should not forget general good practice they would use when working with boys. This includes knowledge of normal child development and the impact of learning differences and trauma, which broadly speaking, was not addressed in participants' responses in interview. This should be supported by continued relationship-based practice and underpinned by ethics, values and skills associated with working effectively with vulnerable CYP and their families. This mirrors elements of the SLR findings, that effective interventions

address the development of both the CYP and their families' competencies and functioning.

This research set out to explore how working with girls who display HSB's is envisaged and understood by practitioners. Due to participants' lack of experience, this was predicted and explored in light of how practitioners foresee subsequent assessment and intervention work. It was found that the delivery of work would have to be tailored specifically to girls with regard to developing relationships and for intervention to be more victim focussed. Practitioners also need to be aware of societal gender roles and expectations, their own potential bias and gender stereotypes. This research can therefore perhaps be helpful for the LA's HSB panel in planning for work with females.

It was evident through interviews, that within the practitioner group, the values and motivation needed to work with girls displaying HSB are well established, but the fear of lack of confidence and competence needs to be addressed, so practitioners working with this population are less likely to feel unable to execute the course of action required to manage the situation.

### ***3.6.1 Limitations:***

The overall aim of the research was to investigate how working with girls displaying HSB was envisaged and understood by practitioners, in order to detail and interpret their experiences and how these may affect subsequent intervention and assessment work. With this in mind, there were several limitations which made acquiring this information and generalising it difficult.

Firstly, it was acknowledged that by collecting data through semi-structured interviews, this may have limited the amount and quality of data. For example, upon ending the interviews and stopping recording, each participant engaged in further conversation with the researcher regarding the topic, which led to a deepening of the discussion though this could not be used within the research findings. It was reflected that if this research was to be replicated, other methods or approaches to data collection may overcome this difficulty, such as focus groups. This would allow

for the bringing together of the participants, with the researcher as a moderator, to facilitate a group discussion about HSB. Participants found it difficult to talk at length about the topic of girls and HSB due to their lack of professional experience. By introducing a group dynamic, this may lead to brainstorming, generating ideas, and a deepening of the discussion because of the variety of participants and their experiences, which may lead to richer data and enhance the findings.

Secondly, it is acknowledged that the study sample was small and homogeneous. As such, this makes generalising these views to all HSB practitioners difficult. Although the findings of this study are bound by the group studied, Smith et al. (2009) suggest that 'an extension can be considered through theoretical generalisability, where the reader... is able to assess the evidence in relation to their existing professional and experiential knowledge' (p. 4). However, due to the small sample size and the practice field researched, this should be considered with caution. As the methodology of choice was IPA, a larger sample size would not have been feasible due to time constraints of the researcher and the lengthy process of analysis. Replicating the research using larger samples is likely to be useful to create better generalisability. Further, the sample comprised of volunteers who were interested in taking part, therefore not including those who did not wish to volunteer, whose responses may have differed from the five participants in this study.

The final limitation considered was that all participants were from one LA, which brings to question whether the organisational culture may have been relevant to practitioners' understanding and how work was envisioned, as issues surrounding this were not explored. Therefore, this study might reveal more about this particular authority than can be generalised to others. However, with regard to the context of this research, this is likely to be useful to the LA who were keen for the findings of this research to develop knowledge and expertise in this area and to inform their HSB panel in planning for work with females.

### ***3.6.2 Implications for Educational Psychology Practice***

The similarities and differences identified when working with boys and girls displaying HSBs suggests that there is a need for practitioners to adopt an approach in practice that acknowledges this. To address this, training of practitioners and other professionals was found to be an important. The research findings suggest that

practitioners have training in the core issues of HSB, but there is a gap in training for individual differences such as gender, despite recognition for of the necessity to respond in specific ways to such sub-groups (Hackett et al., 2005; Smith et al., 2013). This needs to be developed and is an area in which Educational Psychologists may be able to have some input. Such training would need to attend to normal sexual development, developing therapeutic relationships and looking beyond the HSBs of girls to understand the causes in order to consider wider familial and other systemic difficulties. This would also allow for effective practice for working with this population and consistency in understanding, which has been identified as essential to reaching long term outcomes for girls. (Masson et al., 2015).

As EPs work across multiple settings such as the school, the home, family/Children's Centres etc., they have detailed knowledge of the range of resources in and outside the authority, the procedures that are needed in order for CYP to access these, and of the role and function of other professional groups who work in the area. Such knowledge may be effectively used when working with CYP displaying HSB and their families, to fully understand their needs and to help facilitate joint working and decision making. This well positions EPs to work with others in identifying gaps in services for particular groups of CYP who sexually harm, such as girls, in order to develop and evaluate new initiatives through using evidence based strategies for change and developing individualised outcomes based on psychological variables.

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## Appendices

### Appendix A: Harmful Sexual Behaviour Project Leaflet

# The Harmful Sexual Behaviour Project

Information for parents/carers

## The Harmful Sexual Behaviour (HSB) Project

The HSB project provides assessment and support for children in relation to harmful sexual behaviour.

This leaflet explains what happens if a referral is made to the project.

### What happens when a referral is made?

#### 1 An assessment is carried out.

This includes collecting information so we can understand what help you and your child may need. We may need to share some of this information with the other organisations, so that they can help us provide the services you need. If we feel referrals to other services are needed we will ask you about this before we do it.

The assessment aims to assess the risk of further harmful sexual behaviour occurring, and to determine the context or circumstances that might increase risk.

It also aims to provide recommendations about management of the risk and contribute to an overall intervention or treatment plan

#### 2 A report will be provided

A written report will be provided after the assessment. Any report will only be relevant for up to six months. After six months, any risk being

considered must be addressed separately to the conclusions reached within the original report.

### **3 Interventions**

The report may recommend intervention work to support your child/young person.

#### **Who works in the HSB team?**

The HSB project is run by a team of practitioners from:

- The Children & Young People's Service
- The Children & Adolescent Mental Health Service
- The Youth Offending Service
- The Voluntary Sector

This includes Clinical & Educational Psychologists, Therapists, and Social Work and Youth Justice Practitioners.

Each practitioner has completed formal training in the assessment and interventions needed for young people who display harmful sexual behaviour.

The HSB team works under the authority of the Local Safeguarding Children's Board

#### **Working with other services?**

Plans and interventions from the HSB project are in addition to other possible statutory plans, from Social Care and Youth Offending Service.

Any analysis of risk completed by the HSB team may be used support other statutory plans that are in place.

**Contact Details:** [Practitioner to complete below]

**Practitioner Name** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

## Appendix B: Participant Information Pack

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anonymity purposes.



### Research Project into Harmful Sexual Behaviour (HSB) Participant Information Sheet

#### Introduction

My name is Leanne White and I am a Trainee Educational Psychologist in the third and final year of my doctoral training at Newcastle University. As part of my doctorate, I currently work on placement in (LA name removed to retain anonymity). For my research, I hope to interview practitioners working with children and young people (CYP) displaying harmful sexual behaviour (HSB).

You have been chosen as a potential research participant as you are part of (the LA's) practitioner group trained in the assessment and intervention of CYP who display HSB. Your commitment, enthusiasm and dedication is viewed as a large part of why the authority's HSB project has continued and has been a success. Therefore, I hope you feel you will be able to support me in doing this research.

The authority is very proud of its work into assessing and supporting young people in relation to HSB and you will be aware that they have won awards for the system that is in place. As such, (the LA) continually seek to develop knowledge and expertise in this area. Therefore, I was approached by (LA's Principal Educational Psychologist) and asked if I was interested in conducting my research in this area.

#### The aim of the study

Findings from my review of existing literature suggest that there is a dearth of research into girls who display HSBs, In particular effective interventions. Following this, I have decided to explore the following question:

## **How is working with girls who display harmful sexual behaviours envisaged and understood by practitioners?**

In discussion with (LA's Principal Educational Psychologist) and through attendance at HSB Panels, it is recognised that tailoring assessment/intervention to individual differences is an area of importance to the future aspirations of the HSB Practitioner Group. HSB practitioners play an essential part in the success of the HSB project and In light of this, I hope to explore your experiences. My ultimate aim is to utilise the findings in order to support and inform best future practice within (the LA).

As well as local importance, this is also of significance nationally. The National Institute for Health and Care Excellence (NICE) recently published guidelines on HSB among CYP detailing recommendations and best practice for professionals. They recommended that more research is needed on the effectiveness of current interventions. Evidence of effective interventions could help to target resources more effectively and ensure programmes are tailored to meet CYP's differing needs. This is therefore the focus of this research.

## **What will this involve?**

If you were willing to participate, I would like to meet you at your place of work at a convenient time to conduct a short interview with you (lasting approximately 30 minutes), on the topic of girls who display HSB. This would not require any special preparation on your part and I will organise a private room for the interview to take place.

The interview will involve an audio recording which I will later transcribe. On completion of the transcription, the audio recording will be securely disposed of. The written transcriptions and the final report will be fully anonymised which includes the identities of participants.

## **What will happen to my information?**

All information collected will remain entirely confidential and remain compliant with the Data Protection Act (1988). Once data has been collected, it will be stored on a password-protected



computer system and only my supervisor and I will have access to the information. Data will be destroyed upon completion of the final report

**What if I change my mind?**

You are under no obligation to take part in this study. However, if you do choose to participate you have the right to withdraw at any time and without giving a reason.

**What do I need to do now?**

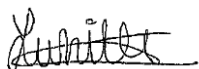
If you are happy to participate, please complete the attached consent form and return it to me at the e-mail address provided (this is also the address you have been contacted from) at your earliest convenience. On receipt of this form, I will contact you to confirm arrangements for the interview.

In the meantime, if you have any questions or if you require any further information, please do not hesitate to contact me or my research supervisor, Dr Richard Parker, Joint Programme Director for the Doctorate in Applied Educational Psychology at Newcastle University, at Newcastle University on the following email addresses:

(Removed to retain anonymity of the LA) or [Richard.parker@newcastle.ac.uk](mailto:Richard.parker@newcastle.ac.uk)

Thank you for your time.

Yours Faithfully,



Leanne White

Trainee Educational Psychologist

## Appendix C: Participant Consent Form

LA's logo removed for  
anonymity purposes.



### Participant Consent Form

Please read the following statements and indicate your response by inserting an 'X' into the textbox which is applicable to you.

1) I have read and understood the information pack.

Yes  No

2) I have been given the opportunity to ask questions and understand that I may ask additional questions at any time.

Yes  No

3) I am aware that I have the right to withdraw from this study at any time until completion of the final report.

Yes  No

4) I give my permission for the interview to be recorded (audio recorded only) and transcribed for the purpose of this study only.

Yes  No

5) I am aware that all data collected will be kept confidential and fully anonymised, in accordance with the Data Protection Act (1988)

Yes  No

6) I am happy to take part in this study and give my informed consent.

Yes  No

Please also provide the following information:

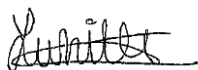
Name:

Job Title:

Contact Tel:

Contact E-  mail:

Yours Faithfully,



Leanne White

Trainee Educational Psychologist

## Appendix D: Participant Debrief Form

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anonymity purposes.



### Debriefing Sheet

Thank you for taking part in my research entitled: **'How is working with girls who display harmful sexual behaviours envisaged and understood by practitioners?'**

The aim of the interview is to allow participants' experiences of working with children and young people who display harmful sexual behaviours (HSB) to be explored. My hope is that this information will help to inform and develop HSB resources and to ensure programmes are tailored to meet CYP's differing needs

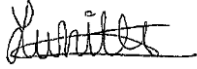
The information you have given me will be held anonymously and your data will be stored on a password protected computer to ensure confidentiality. Any hard copy data will be stored in a locked filing cabinet. Only my research supervisor and I will have access to the data. The audio from your voice recording will now be transcribed, and the transcription anonymised. It will be destroyed once the research is completed.

Please also be aware that you may still withdraw at any time and with no given reason.

If you think of any questions you would like to ask me regarding this research, please do not hesitate to contact me. My email address is: [l.j.white2@newcastle.ac.uk](mailto:l.j.white2@newcastle.ac.uk). Alternatively, you can also contact me via my work e-mail: (removed to retain anonymity of the LA). My supervisor is Dr Richard Parker from Newcastle University and his email address is [richard.parker@newcastle.ac.uk](mailto:richard.parker@newcastle.ac.uk). I would be happy to talk to you regarding any queries or comments that you may have.

Thank you again for taking the time to participate. Your contribution is much appreciated.

Yours Faithfully,

A handwritten signature in black ink, appearing to read 'L White', written in a cursive style.

Leanne White

Trainee Educational Psychologist

## Appendix E: Interview Script

### Pre-Interview Script

Hi, my name is Leanne White and I'm a Trainee Educational Psychologist from Newcastle University. I would first like to remind you of the purpose of the research, which is to investigate how working with girls who display harmful sexual behaviours (HSB) are envisaged and understood by practitioners. Before we go any further, can I just check that you have read and are content you have understood the details in the information pack? (If yes continue, if no, go through information pack with participant).

As part of this research, you have been selected as you are a trained practitioner for children and young people who display HSB. Therefore, you have been identified as playing an essential part in the success of the HSB project. I would like to take this opportunity to confirm that this is what you expected and understand and whether you are still happy to participate. (If yes, continue. If no, end interview and thank for their time).

I would like to also confirm that you are happy for the interview to be recorded for transcript purposes. This recording will only be made available to me and my research supervisor and will be processed for analysis. Once the research has been completed, your recording will be destroyed. Are you happy for your interview to be recorded for analysis purposes? (If yes, continue. If no, end interview and thank for their time).

Do you understand that you have the right to withdraw from this interview at any time with no repercussions and have the right to not answer a question if you do not wish to do so? (If yes, continue, if no refer back to pack and talk through).

Thank you very much for agreeing to be part of this study. During the interview you will be asked a series of questions which in total should take no longer than 30 minutes. Are you happy to begin? If so, I will start recording. (If yes, start recording and ask questions, if no, end interview and thank for their time).

## **Appendix F: Interview Questions and Prompts Script**

### **Interview Questions Script**

#### Start with biographical questions:

1. Tell me about your professional background?

Prompts: What is your job history? What is your educational background (e.g. degree etc?)

2. Tell me how you got into working with children and young people (CYP) who display Harmful Sexual Behaviour (HSB)?

Prompts: what motivated you into this line of work (personal or professional)? Why is it important to you? How is this linked to the way in which you work?

#### Move on to role specific questions:

3. Describe how you define HSB in your practice?

Prompt: What does 'HSB' mean to you?

4. Tell me about your role in the HSB assessment and intervention process.

Prompts: How are you involved? Can you give an example of how you do this?

#### Questions specific to comparisons between boys and girls:

5. Tell me about your direct work with CYP displaying HSB

Prompt: Tell me about a HSB case which you have been involved with.

6. Describe your experience of working with girls who display HSB (if working with a girl not mentioned)? Or describe your experience of working with boys (if working with boys not mentioned).
7. Describe how your experience may change if the case you described earlier was a (girl/boy depending on answer to case in question 5)?

Prompts: Would this be the same/different? Is this something which you have considered before? Do you use gender specific assessment/intervention tools?

8. Tell me why you think working with girls would be (different or similar depending on answer to question 7) to working with boys?

Prompts: Do you view girls displaying HSB as different to boys? If yes, in what way? If no, how are they similar? Do you view girls displaying HSB as similar to boys? (If yes, in what way? If no, how are they similar?)

9. Is there anything else you would like to add, for example has something else occurred to you as we've talked together that you'd like to emphasise on?

Prompts: Is there something you thought we'd talk about / I'd ask you that we haven't covered?

Thank you for your time. This is the end of the interview and I will now stop recording.

(Debrief)



## Appendix G: Example of Initial Noting

Interview 1 Transcript: (Grace)

Initial Comments	
Original Transcript	Exploratory Comments
<p>I: Ok, so I wonder if you could please tell me a little bit about your professional background.</p> <p>G: Right, so, my original background is in psychology, so I did a degree in psychology. Erm, whilst I was doing my degree I worked at in erm a mental health in patient unit so working with people who were sectioned or erm and a lot of them were adults and also doing detoxes, erm. I then worked as an assistant educational psychologist working in schools. I then went to work for a service supporting families where the children have got Autism and learning difficulties or sort of complex needs that impact on their behaviour.</p> <p>I: Aha.</p>	<p><u>'Original background is in psychology' Does this imply that it is felt psychology is no longer a part of their current way of working? Or is it less explicit?</u></p> <p><u>'Many of them were adults' was this specified as it was felt an important distinction to current work with children and young people? E.g. ways of working?</u></p> <p><u>'Now again working with families around sort of complex behaviour' 'again' – entering a similar role for the second time, what is important about working with this population to encourage the return?</u></p>

<p>G: Erm, I then did a post graduate course in social work and was a child protection social worker and and now again working with families around sort of complex behaviour, so a bit of everything!</p> <p>I: Very varied, thank you.</p> <p>G: And my background, each one of those there's been different variations of working with people who have erm displayed, not necessarily harmful sexual behaviour but behaviour that challenges other people or inappropriate sexual behaviours</p> <p>I: Yea.</p> <p>G: As well as offences and harmful sexual behaviours.</p> <p>I: Right.</p> <p>G: A bit of a mixed bag!</p>	<p>Makes distinction between 'inappropriate', 'harmful' and 'challenging behaviour' in general.</p> <p>Differentiates further between sexual behaviours that are harmful and being an 'offence'. <u>At what point is it viewed as an 'offence?' when child or young person is charged?</u></p> <p>'Given to me', 'wasn't through choice', 'allocated to me'_suggests lack of autonomy.</p>
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<p>I: So leading on from that could you tell me about how you got into working with children and young people who display harmful sexual behaviour, how did that come about?</p>	<p>'Offered as an opportunity' rather than thought it was an opportunity, again suggestive of it not being their decision or actively seeking this role themselves. <u>Or offered as in it wasn't forced or expected, giving some option of choice?</u></p>
<p>G: Erm, as a child protection social worker, I had cases given to me so it wasn't through choice as such, erm, they were allocated to me where, because of harmful sexual behaviour, erm. Before that, a lot of the young people who I supported, even though I wasn't supporting them around the harmful sexual behaviour displayed concerning behaviours erm and I was part of a multi-agency group and in this job I just got offered it as an opportunity erm</p>	<p><u>'Anybody can put themselves forward to do it' – but did she? Sounds as if choice was given and it was taken, 'I wanted to, I took the opportunity'</u></p>
<p>I: OK.</p>	<p>In comparison to before – 'not owned that piece of work but they had it so everything would get passed on to them'.</p>
<p>G: This is the first council I have worked for where their harmful sexual behaviour practitioner roles are spread out throughout the council so anybody erm can put themselves forward to do it, whereas where I used to work, the NSPCC, not owned that piece of work but they had it so everything would get passed on to them. So the AIMS assessment and all the interventions, so</p>	<p>'To actually do the interventions as well' – rather than the assessment. <u>Is this important, to see the work from start to finish? Does this maybe give a sense of completion?</u></p>
	<p>Clear comparison (positive) between role in HSB in previous roles and in current working for this authority.</p>
	<p>A different role or identity suggested.</p>

<p>although I have managed cases, from that perspective, I wanted to, I took the opportunity when I knew I could do it here to actually do the interventions as well.</p> <p>I: OK</p> <p>G: So it is quite different to what I am used to in my previous jobs.</p> <p>I: And how is it linked to the way which you work?</p> <p>G: It's not actually linked to the role, well it could be, but it's like a separate thing.</p> <p>I: Yea, I mean it doesn't have to link to your role, but the way you work.</p> <p>G: It's just assessment and intervention really and that's what, although I have done various different jobs, that's, the root of all of those has been the assessment of needs, intervention, developing relationships and trying to support people to make</p>	<p>Links to underpinning values – wants to work at all stages of the process; 'intervention', 'assessment', 'positive changes', 'making relationships'. 'It's what I like doing really!' Suggests wanting to work at all systemic levels – holistic?</p> <p>'I always' repeated – this is important, key to ways of working, again a value for way of working?</p> <p>Erm repeated, contemplative of how to describe these children and young people. Searching for a description she feels comfortable with that is fair for children and young people – 'maybe society has rejected a little bit'. Recognises others may not want to work with this population for this reason. Sense of equality?</p> <p>'I enjoy' – an extension of 'what I like doing' – it's being that individual who does not reject/judge.</p> <p><u>Views these children and young people as marginalised, wants to change this for them?</u></p>
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positive changes. It just fits in with what I like doing really! And I always, when I was a social worker in particular, I always enjoyed working with the children that erm, erm, that maybe society rejected a little bit or like who other people don't necessarily want to work with and I enjoy working with those type of kids.

I: Ok, I wonder if you could tell me about how you define harmful sexual behaviour in your practice.

As this was not forefront, this may not be what was important to her. More driven instead about personal meaning.

Mentions hurting 'themselves' too, also viewing that child/young person as also a victim. Sympathy maybe?

Interesting that understanding sexual boundaries mentioned specifically in relation to those with Autism/learning difficulties, therefore not necessarily 'harmful'. Can it be both? Recognises that individual differences play a role in the definition of harmful sexual behaviour (HSB).

Recognition of the lack of agreement of what is 'normal', 'inappropriate' and 'harmful', this is why it is hard to define.

G: Oh! I don't know the actual, legal official definition! Erm

I: It doesn't have to be the legal definition, it is what it means in general, what it means to you, so something a bit more meaningful.

G: So sexual behaviour which is either could harm, hurt the young person themselves either emotionally or physically or could harm someone else, erm, but because I work predominantly with people with Autism and learning difficulties I think there is a fine line between harmful sexual behaviour and difficulty understanding sexual boundaries and erm inappropriate behaviours.

I: OK.

G: I don't think it's clear cut – in my mind anyway. There probably is a definition, but.

'Just assessing' again referring to only doing parts of this type of work and not a case as a whole. Repetition of such suggesting that this is not necessarily how she would ideally want to work.

Sees this as a pointless exercise. Social work assessments often replicate those done by HSB practitioners.

I: OK, so can you tell me about your role, I know you have a little bit already, in the harmful sexual behaviour assessment and intervention process.

G: So, I have only just done my training, the AIMS training which is to assess harmful sexual behaviour and risk and make recommendations, but I haven't had yet had a case, erm, so I haven't done an AIMS assessment yet, but I have done a lot of social work assessments that are just assessing the harmful sexual behaviour and the risk and making recommendations, erm, but often one of those recommendations are to pass it over to a harmful sexual behaviour practitioner

I: Right.

G: Who would then do a specific assessment but often their assessment would replicate what would already be in the assessment anyway, so yea, I haven't actually done an AIMS assessment yet.

Again referring to what is 'appropriate' and what is not'. This appears to be an important distinction. Sees lack of understanding as key for individuals at least with learning difficulties/Autism as what may lead to HSB.

So therefore not viewed as harmful to those in the home as they understand that the young person struggles with boundaries? So is this understanding of the child or young person key to them in knowing how to help?

I: OK, so my next question is to please tell me about your direct work with children and young people displaying harmful sexual behaviour. So I know you said that you have not done any particular casework, yet, but that could be, erm, in your previous roles as well or anything where you have done this type of work , it doesn't necessarily have to link to the training for this casework.

G: So I haven't gone the good lives training yet, though I've done the training around engaging people with attachment difficulties, erm, but a lot of the cases I've got erm, we do a lot of work around helping children to understand appropriate sexual behaviour so a lot of the cases that I have got at the moment, children have displayed sexualised behaviour in school or towards family members, erm, that if, without support, could be deemed as harmful sexual behaviour, so I've got one case at the moment where the young boy with Autism, he is 13, he keeps inappropriately touching mum's breasts and trying to pinch her bum. Erm, and obviously if that was not addressed and he went on to do that to someone in the community or something

Referring to school's lack of understanding of what is normal sexual behaviour in CYP and how HSB can be automatically assumed.

Does this also extend to professionals?

Girls not mentioned by interviewer – participant aware of the focus, would gender have not been considered if participant unaware of research question?



<p>I: Aha</p> <p>G: It would be deemed as harmful, so, erm, more just using social stories with him, looking at explicit teaching of sexual boundaries, erm, what constitutes as sexual and what what parts of the body is OK to touch and what's not, so maybe where he hasn't picked up on teaching because of his Autism, it's doing that really explicit teaching, erm, but quite a lot of my cases at the minute have been instances of sexualised behaviours that maybe school have raised as harmful or an issue</p> <p>I: OK</p> <p>G: Erm, but it is, a lot of it is relating to their lack of understanding as well as maybe their experiences they have had, erm, I've done, I've forgotten what we're talking about! Haha!</p>	<p><u>'High risk of CSE' linked to HSB for girls for participant?</u></p> <p>Why <u>did it not go through? Would it have done if she were male?</u></p> <p>Again referring to other issues underlying the behaviour.</p> <p>So girl was harming others. No consent.</p> <p>Acknowledges how HSB is perceived differently between genders. 'More criminal perspective if it had been a boy'. How women are perceived differently in society, especially with regard to sex.</p>
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<p>I: Ha! So erm, any direct work you have done with children and young people displaying harmful sexual behaviours so things like particular cases you have been involved with</p> <p>G: Yea</p> <p>I: So I think you've answered that</p> <p>G: Yea, I've worked with quite a few girls, when I was a social worker who were high risk of CSE and their own vulnerabilities and some of their behaviours were also becoming harmful. So I have worked with err, one of the looked after children who I was a social worker for erm, she, had started to stream sex videos of herself and she'd put them on the internet which was deemed harmful sexualised behaviour erm, because obviously she was creating pornographic images of children. Erm, although that never went through, that did go through to a panel in the authority I worked in although it did not get allocated a harmful sexualised behaviour practitioner.</p>	<p>Perceives that girls' 'vulnerability' taken into account more so than boys'.</p> <p>Also cultural expectations of boys 'didn't make a fuss over it'. Boys therefore more unlikely to come forward when abuses by girls due to stigma attached?</p> <p>Considers if victim would have been supported differently as well as perpetrator due to gender differences.</p>
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<p>I: I wonder if you could tell me about how you think your experience might change if in that case that you described, it was a young male or a boy who did that?</p> <p>G: I, the case that I was just mentioning, my personal view, was that if, cos what happened was, she had, there was lots of other issues obviously, with that person, hence why she was a looked after child and had a social worker but she also in this particular instance, she had a boyfriend who, they were both under 16 and she had planned to film their sexual activity and stream it, but he wasn't aware that she was doing that so he didn't know that was happening and she had told friends at school that she was going to do it and it was almost like a bit of a dare erm that she wanted to do. My view was that if erm it, when the police had a look at a it, my view is that they would've had a more criminal perspective if it had been a boy that had made a video of a girl and streamed it</p> <p>I: OK</p>	<p>Acknowledges that assessment tool used is specific to one gender but unsure of the impact of this on girls as assessment tool not yet been used.</p> <p>Building relationships 'different' – in what way? Signifies approach to work would have to be different to attend to this. Does this then give case for tailored intervention/assessment?</p> <p>Feels gender of C or YP effects different aspects of developing a therapeutic relationship, e.g. 'developing trust', 'managing a session' and level of 'engagement'.</p>
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<p>G: Whilst, erm, whilst the other person was not aware of it, but that was my personal view, I was surprised they erm, they saw it more as part of her vulnerability, which was true, but I did wonder if that would still be the case. And also, the boy in question didn't make a fuss over it even though he was embarrassed, there wasn't any particular complaints put in, the parents didn't get involved</p> <p>I: Right, OK.</p> <p>G: Erm, and I didn't know if as the victim in that, if if, that would have been dealt with differently from that point of view as well, erm, but that was just one of my reflections on that particular case.</p> <p>I: Yea, that's great, thank you. Erm, so it sounds as if that's something you have considered before, the similarities and differences</p> <p>G: Yea.</p>	<p>Acknowledging own biases; e.g. 'more shocking or surprising on a personal level'. But would not 'display that' – <u>Therefore how are those feelings managed?</u> Aware that it may impact practice.</p> <p>'reflect' and 'impact' – these choice of words suggest a reference to being a reflective practitioner</p> <p>Repetition of the word 'surprise' reflecting how uncommon it is to hear about women/girls abusing others and also, again, referencing societal stereotypes of women in general. Also repetition of 'personal' (five references when talking about girls specifically– that this is a view unique to her.</p> <p>'Surprise' mentioned 5 times when talking about girls with HSB. An important feeling. Unexpected, doesn't happen 'as often'.</p> <p>Acknowledgment of social stereotypes 'paedophiles or people who offend against children being male' instilled as you grow up. This impacts our view and maybe therefore how we support girls who sexually harm.</p>
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<p>I: I wonder if you have ever used any gender specific er assessment and intervention tools?</p> <p>G: No, I've not done anything that's gender specific, although the AIMS training is designed for boys, I've not actually done it yet, so I don't know, no, I've just done each case, you know assessments which I would look at.</p> <p>I: Yea, thank you. Erm so the next question is, I wonder if you could tell me why, because we mentioned about that similarities and differences, I wonder if you could tell me why you thin working with girls would be different to working with boys?</p> <p>G: Hmmm.... I think, not necessarily the specific work I do, but I just find that sometimes developing a relationship can be different working with girls and boys, just as it would be if it was with any type of risk</p> <p>I: Yea, Yea.</p>	<p>'Although there probably shouldn't be' aware of her own biases but implication that the way she feels is wrong? Doesn't want to feel this way but does as a result of societal stereotypes. However aware not to let these affect practice.</p> <p>'Reflect' and 'reflections' referred to four times – again important to her practice? Not something she does without consideration?</p> <p>Personally reflects on being a parent of a teenage boy and how this shapes her opinion on what is socially 'acceptable' and what is not. Her reality/truth shaped by those experiences.</p> <p>'There is a lot' repeated – shows importance of her view that there is much to be done within the area of how boys and girls treat one another and how society views 'low' level sexual behaviour' from girls towards boys as less of a threat.</p>
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G: Or any piece of work, erm, I often find that different strategies, just developing trust and engagement and managing a session with a child can be different based on the gender. Not always, but erm.

I: Do you view girls displaying harmful sexual behaviour as similar to boys?

G: I guess I would judge each case, not judge it, but look at each case about what the actual behaviours were, erm, but I have reflected that I also find it more shocking or surprising on a personal level, not that I would necessarily display that, but I feel more surprised when I know, when I have heard that something has happened and it's a girl, erm, and that's something which I reflect on and make sure that doesn't, you know, impact my practice but erm, I used to work a lot with adults when I was a social worker, and you often hear of like, family members, obviously abusing children in the family and I do remember where there was a case where it was an auntie and there was a personal reaction in myself which was one of surprise,

'Predatory' – again referring to language used by society to describe boys' HSB in comparison to girls'. The 'influence' this has in how we view HSB.

I: Yeah?

G: Not that I, not that I, I think I don't believe or I don't think that abuse is gender specific, but there was a personal element of surprise in me because it's not something you hear of as often, erm, and I think there is something in like your social stereotypes as you grow up about paedophiles or people who offend against children being male. There is an element of surprise even though there probably shouldn't be.

I: Thank you. So the final question is, is there anything which er, possibly something you thought we might talk about or that I would ask you which I haven't?

G: Erm

I: Or had something else occurred to you whilst we have been talking, or anything you would like to emphasise or add?

G: I think my own reflections when I think about sexualised behaviours or harmful sexualised behaviour in terms of gender is also from just my observations of being a parent or listening to teenagers speak about what society deems as appropriate social behaviours, so erm, I still think that there is a lot of work around boys behaviour towards girls, but I think there is a lot, I don't know how to explain this, I've found that from speaking to my own teenage son and his friends, it seems to still be more socially acceptable for girls to make inappropriate comments about boys or rude comments or maybe smack them on the bums, maybe that low level behaviour er, but I still think that teenagers may view that as OK from girl to boy, seeing it as more fun. Whereas if it is from boy to girl that is seen as more predatory and I don't know if that influences the way we view that kind of behaviour when it becomes more serious or further up the continuum, that's just my, when I think about gender and sexual behaviour, I think, that there is like an influence really. That's all!

I: Brilliant, well thank you so much for your time, so this is the end of the interview so I will now stop recording.



## Appendix F: Example of Developing Emergent Themes

Interview 1 Transcript: (Grace)

Developing Emergent Themes		
Emergent Themes	Original Transcript	Exploratory Comments
Psychology as part of professional background	<p>I: Ok, so I wonder if you could please tell me a little bit about your professional background.</p> <p>G: Right, so, my original background is in psychology, so I did a degree in psychology. Erm, whilst I was doing my degree I worked at in erm a mental health in patient unit so working with people who were sectioned or erm and a lot of them were adults and also doing detoxes, erm. I then worked as an assistant educational psychologist working in schools. I then went to work for a service supporting families where the children have got Autism and learning difficulties or sort of complex needs that impact on their behaviour.</p> <p>I: Aha.</p>	<p><u>'Original background is in psychology'</u>  <u>Does this imply that it is felt psychology is no longer a part of their current way of working? Or is it less explicit?</u></p> <p><u>'Many of them were adults' was this specified as it was felt an important distinction to current work with children and young people? E.g. ways of working?</u></p> <p><u>'Now again working with families around sort of complex behaviour' 'again' –</u></p>

<p>Inappropriate vs harmful sexual behaviour</p>	<p>G: Erm, I then did a post graduate course in social work and was a child protection social worker and and now again working with families around sort of complex behaviour, so a bit of everything!</p> <p>I: Very varied, thank you.</p> <p>G: And my background, each one of those there's been different variations of working with people who have erm displayed, not necessarily harmful sexual behaviour but behaviour that challenges other people or inappropriate sexual behaviours</p>	<p><u>entering a similar role for the second time, what is important about working with this population to encourage the return?</u></p> <p>Makes distinction between 'inappropriate', 'harmful' and 'challenging behaviour' in general.</p>
<p>Inappropriate vs harmful sexual behaviour</p>	<p>I: Yea.</p> <p>G: As well as offences and harmful sexual behaviours.</p> <p>I: Right.</p> <p>G: A bit of a mixed bag!</p>	<p>Differentiates further between sexual behaviours that are harmful and being an 'offence'. <u>At what point is it viewed as an 'offence?' when child or young person is charged?</u></p>

<p>Issues of autonomy</p>	<p>I: So leading on from that could you tell me about how you got into working with children and young people who display harmful sexual behaviour, how did that come about?</p> <p>G: Erm, as a child protection social worker, I had cases given to me so it wasn't through choice as such, erm, they were allocated to me where, because of harmful sexual behaviour, erm. Before that, a lot of the young people who I supported, even though I wasn't supporting them around the harmful sexual behaviour displayed concerning behaviours erm and I was part of a multi-agency group and in this job I just got offered it as an opportunity erm</p> <p>I: OK.</p> <p>G: This is the first council I have worked for where their harmful sexual behaviour practitioner roles are spread out throughout the council so anybody erm can put themselves forward to do it, whereas where I used to</p>	<p>'Given to me', 'wasn't through choice', 'allocated to me'_suggests lack of autonomy.</p> <p>'Offered as an opportunity' rather than thought it was an opportunity, again suggestive of it not being their decision or actively seeking this role themselves. <u>Or offered as in it wasn't forced or expected, giving some option of choice?</u></p> <p><u>'Anybody can put themselves forward to do it' – but did she? Sounds as if choice was given and it was taken, 'I wanted to, I took the opportunity'</u></p> <p>In comparison to before – 'not owned that piece of work but they had it so everything would get passed on to them'.</p>
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<p>Issues of autonomy</p> <p>Issues of autonomy</p> <p>Dual identity</p> <p>How work links to underpinning values</p>	<p>work, the NSPCC, not owned that piece of work but they had it so everything would get passed on to them. So the AIMS assessment and all the interventions, so although I have managed cases, from that perspective, I wanted to, I took the opportunity when I knew I could do it here to actually do the interventions as well.</p> <p>I: OK</p> <p>G: So it is quite different to what I am used to in my previous jobs.</p> <p>I: And how is it linked to the way which you work?</p> <p>G: It's not actually linked to the role, well it could be, but it's like a separate thing.</p> <p>I: Yea, I mean it doesn't have to link to your role, but the way you work.</p>	<p>'To actually do the interventions as well' – rather than the assessment. <u>Is this important, to see the work from start to finish? Does this maybe give a sense of completion?</u></p> <p>Clear comparison (positive) between role in HSB in previous roles and in current working for this authority.</p> <p>A different role or identity suggested.</p> <p>Links to underpinning values – wants to work at all stages of the process; 'intervention', 'assessment', 'positive changes', 'making relationships'. 'It's what I like doing really!' Suggests wanting to work at all systemic levels – holistic?</p>
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<p>How work links to underpinning values</p>	<p>G: It's just assessment and intervention really and that's what, although I have done various different jobs, that's, the root of all of those has been the assessment of needs, intervention, developing relationships and trying to support people to make positive changes. It just fits in with what I like doing really! And I always, when I was a social worker in particular, I always enjoyed working with the children that erm, erm, that maybe society rejected a little bit or like who other people don't necessarily want to work with and I enjoy working with those type of kids.</p>	<p>'I always' repeated – this is important, key to ways of working, again a value for way of working?</p> <p>Erm repeated, contemplative of how to describe these children and young people. Searching for a description she feels comfortable with that is fair for children and young people – 'maybe society has rejected a little bit'.</p> <p>Recognises others may not want to work with this population for this reason. Sense of equality?</p>
<p>Seeing child or young person as a child or young person first and foremost</p>	<p>I: Ok, I wonder if you could tell me about how you define harmful sexual behaviour in your practice.</p> <p>G: Oh! I don't know the actual, legal official definition!</p> <p>Erm</p>	<p>'I enjoy' – an extension of 'what I like doing' – it's being that individual who does not reject/judge.</p> <p><u>Views these children and young people as marginalised, wants to change this for them?</u></p>

<p>Lack of CYP's understanding of boundaries</p> <p>Inappropriate vs harmful sexual behaviour</p>	<p>I: It doesn't have to be the legal definition, it is what it means in general, what it means to you, so something a bit more meaningful.</p> <p>G: So sexual behaviour which is either could harm, hurt the young person themselves either emotionally or physically or could harm someone else, erm, but because I work predominantly with people with Autism and learning difficulties I think there is a fine line between harmful sexual behaviour and difficulty understanding sexual boundaries and erm inappropriate behaviours.</p> <p>I: OK.</p> <p>G: I don't think it's clear cut – in my mind anyway. There probably is a definition, but.</p>	<p>As this was not forefront, this may not be what was important to her. More driven instead about personal meaning.</p> <p>Mentions hurting 'themselves' too, also viewing that child/young person as also a victim. Sympathy maybe?</p> <p>Interesting that understanding sexual boundaries mentioned specifically in relation to those with Autism/learning difficulties, therefore not necessarily 'harmful'. Can it be both? Recognises that individual differences play a role in the definition of harmful sexual behaviour (HSB).</p>
<p>Underpinning values</p> <p>Working holistically</p>	<p>I: OK, so can you tell me about your role, I know you have a little bit already, in the harmful sexual behaviour assessment and intervention process.</p>	

	<p>G: So, I have only just done my training, the AIMS training which is to assess harmful sexual behaviour and risk and make recommendations, but I haven't had yet had a case, erm, so I haven't done an AIMS assessment yet, but I have done a lot of social work assessments that are just assessing the harmful sexual behaviour and the risk and making recommendations, erm, but often one of those recommendations are to pass it over to a harmful sexual behaviour practitioner</p> <p>I: Right.</p> <p>G: Who would then do a specific assessment but often their assessment would replicate what would already be in the assessment anyway, so yea, I haven't actually done an AIMS assessment yet.</p> <p>I: OK, so my next question is to please tell me about your direct work with children and young people</p>	<p>Recognition of the lack of agreement of what is 'normal', 'inappropriate' and 'harmful', this is why it is hard to define.</p> <p>'Just assessing' again referring to only doing parts of this type of work and not a case as a whole. Repetition of such suggesting that this is not necessarily how she would ideally want to work.</p> <p>Sees this as a pointless exercise. Social work assessments often replicate those done by HSB practitioners.</p> <p>Again referring to what is 'appropriate' and what is not'. This appears to be an important distinction. Sees lack of understanding as key for individuals at least with learning difficulties/Autism as what may lead to HSB.</p>
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<p>Lack of CYP's understanding of boundaries</p> <p>Inappropriate vs harmful sexual behaviour</p>	<p>displaying harmful sexual behaviour. So I know you said that you have not done any particular casework, yet, but that could be, erm, in your previous roles as well or anything where you have done this type of work , it doesn't necessarily have to link to the training for this casework.</p>	<p><u>So therefore not viewed as harmful to those in the home as they understand that the young person struggles with boundaries? So is this understanding of the child or young person key to them in knowing how to help?</u></p>
<p>Lack of CYP's understanding of boundaries</p> <p>Inappropriate vs harmful sexual behaviour</p>	<p>G: So I haven't gone the good lives training yet, though I've done the training around engaging people with attachment difficulties, erm, but a lot of the cases I've got erm, we do a lot of work around helping children to understand appropriate sexual behaviour so a lot of the cases that I have got at the moment, children have displayed sexualised behaviour in school or towards family members, erm, that if, without support, could be deemed as harmful sexual behaviour, so I've got one case at the moment where the young boy with Autism, he is 13, he keeps inappropriately touching mum's breasts and trying to pinch her bum. Erm, and obviously if that was not addressed and he went on to do that to someone in the community or something</p>	<p>Referring to school's lack of understanding of what is normal sexual behaviour in CYP and how HSB can be automatically assumed. <u>Does this also extend to professionals?</u></p>



<p>Professionals' lack of understanding of normal sexual development</p>	<p>I: Aha</p> <p>G: It would be deemed as harmful, so, erm, more just using social stories with him, looking at explicit teaching of sexual boundaries, erm, what constitutes as sexual and what what parts of the body is OK to touch and what's not, so maybe where he hasn't picked up on teaching because of his Autism, it's doing that really explicit teaching, erm, but quite a lot of my cases at the minute have been instances of sexualised behaviours that maybe school have raised as harmful or an issue</p> <p>I: OK</p> <p>G: Erm, but it is, a lot of it is relating to their lack of understanding as well as maybe their experiences they have had, erm, I've done, I've forgotten what we're talking about! Haha!</p>	<p><u>Girls not mentioned by interviewer – participant aware of the focus, would gender have not been considered if participant unaware of research question?</u></p> <p><u>'High risk of CSE' linked to HSB for girls for participant?</u></p> <p><u>Why did it not go through? Would it have done if she were male?</u></p> <p>Again referring to other issues underlying the behaviour.</p>
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<p>Link between HSB and CSE in girls</p>	<p>I: Ha! So erm, any direct work you have done with children and young people displaying harmful sexual behaviours so things like particular cases you have been involved with</p> <p>G: Yea</p> <p>I: So I think you've answered that</p> <p>G: Yea, I've worked with quite a few girls, when I was a social worker who were high risk of CSE and their own vulnerabilities and some of their behaviours were also becoming harmful. So I have worked with err, one of the looked after children who I was a social worker for erm, she, had started to stream sex videos of herself and she'd put them on the internet which was deemed harmful sexualised behaviour erm, because obviously she was creating pornographic images of children. Erm, although that never went through, that did go through to a panel in the authority I worked in although</p>	<p>So girl was harming others. No consent. Acknowledges how HSB is perceived differently between genders. 'More criminal perspective if it had been a boy'. How women are perceived differently in society, especially with regard to sex.</p>
<p>Factors underlying behaviour</p>	<p></p>	<p>Perceives that girls' 'vulnerability' taken into account more so than boys'. Also cultural expectations of boys 'didn't make a fuss over it'. Boys therefore more unlikely to come forward when abuses by girls due to stigma attached?</p>

<p>Gender expectations/stereotypes for boys</p>	<p>it did not get allocated a harmful sexualised behaviour practitioner.</p> <p>I: I wonder if you could tell me about how you think your experience might change if in that case that you described, it was a young male or a boy who did that?</p>	<p>Considers if victim would have been supported differently as well as perpetrator due to gender differences.</p>
<p>Gender expectations/stereotypes for girls</p>	<p>G: I, the case that I was just mentioning, my personal view, was that if, cos what happened was, she had, there was lots of other issues obviously, with that person, hence why she was a looked after child and had a social worker but she also in this particular instance, she had a boyfriend who, they were both under 16 and she had planned to film their sexual activity and stream it, but he wasn't aware that she was doing that so he didn't know that was happening and she had told friends at school that she was going to do it and it was almost like a bit of a dare erm that she wanted to do. My view was that if erm it, when the police had a look at a it, my view is that they would've</p>	<p>Acknowledges that assessment tool used is specific to one gender but unsure of the impact of this on girls as assessment tool not yet been used.</p>

<p>Consideration of negative language used to describe boys' behaviour</p>	<p>had a more criminal perspective if it had been a boy that had made a video of a girl and streamed it</p> <p>I: OK</p> <p>G: Whilst, erm, whilst the other person was not aware of it, but that was my personal view, I was surprised they erm, they saw it more as part of her vulnerability, which was true, but I did wonder if that would still be the case. And also, the boy in question didn't make a fuss over it even though he was embarrassed, there wasn't any particular complaints put in, the parents didn't get involved</p> <p>I: Right, OK.</p>	<p>Building relationships 'different' – in what way? Signifies approach to work would have to be different to attend to this. Does this then give case for tailored intervention/assessment?</p> <p>Feels gender of C or YP effects different aspects of developing a therapeutic relationship, e.g. 'developing trust', 'managing a session' and level of 'engagement'.</p>
<p>Acknowledgement of assessment tools being male specific</p>	<p>G: Erm, and I didn't know if as the victim in that, if if, that would have been dealt with differently from that point of view as well, erm, but that was just one of my reflections on that particular case.</p>	<p>Acknowledging own biases; e.g. 'more shocking or surprising on a personal level'. But would not 'display that' – <u>Therefore how are those feelings</u></p>

<p>Differences between working with boys and girls – relationship building</p>	<p>I: Yea, that's great, thank you. Erm, so it sounds as if that's something you have considered before, the similarities and differences</p> <p>G: Yea.</p> <p>I: I wonder if you have ever used any gender specific assessment and intervention tools?</p> <p>G: No, I've not done anything that's gender specific, although the AIMS training is designed for boys, I've not actually done it yet, so I don't know, no, I've just done each case, you know assessments which I would look at.</p> <p>I: Yea, thank you. Erm so the next question is, I wonder if you could tell me why, because we mentioned about that similarities and differences, I wonder if you could tell me why you thin working with girls would be different to working with boys?</p>	<p><u>managed?</u> Aware that it may impact practice.</p> <p>'reflect' and 'impact' – these choice of words suggest a reference to being a reflective practitioner</p> <p>Repetition of the word 'surprise' reflecting how uncommon it is to hear about women/girls abusing others and also, again, referencing societal stereotypes of women in general. Also repetition of 'personal' (five references when talking about girls specifically– that this is a view unique to her.</p> <p>'Surprise' mentioned 5 times when talking about girls with HSB. An important</p>
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<p>Acknowledgement of own biases</p> <p>Gender expectations/stereotypes</p> <p>Reflective practitioner</p> <p>Gender expectations/stereotypes</p>	<p>G: Hmm... I think, not necessarily the specific work I do, but I just find that sometimes developing a relationship can be different working with girls and boys, just as it would be if it was with any type of risk</p> <p>I: Yea, Yea.</p> <p>G: Or any piece of work, erm, I often find that different strategies, just developing trust and engagement and managing a session with a child can be different based on the gender. Not always, but erm.</p> <p>I: Do you view girls displaying harmful sexual behaviour as similar to boys?</p> <p>G: I guess I would judge each case, not judge it, but look at each case about what the actual behaviours were, erm, but I have reflected that I also find it more shocking or surprising on a personal level, not that I would necessarily display that, but I feel more surprised when I know, when I have heard that</p>	<p>feeling. Unexpected, doesn't happen 'as often'.</p> <p>Acknowledgment of social stereotypes 'paedophiles or people who offend against children being male' instilled as you grow up. This impacts our view and maybe therefore how we support girls who sexually harm.</p> <p>'Although there probably shouldn't be' aware of her own biases but implication that the way she feels is wrong? Doesn't want to feel this way but does as a result of societal stereotypes. However aware not to let these affect practice.</p> <p>'Reflect' and 'reflections' referred to four times – again important to her practice? Not something she does without consideration?</p>
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<p>Gender expectations/stereotypes based on personal experiences</p> <p>Feelings of shock and surprise when faced with girls who sexually harm</p> <p>Consideration of negative language used to describe boys' behaviour</p>	<p>something has happened and it's a girl, erm, and that's something which I reflect on and make sure that doesn't, you know, impact my practice but erm, I used to work a lot with adults when I was a social worker, and you often hear of like, family members, obviously abusing children in the family and I do remember where there was a case where it was an auntie and there was a personal reaction in myself which was one of surprise,</p> <p>I: Yeah?</p> <p>G: Not that I, not that I, I think I don't believe or I don't think that abuse is gender specific, but there was a personal element of surprise in me because it's not something you hear of as often, erm, and I think there is something in like your social stereotypes as you grow up about paedophiles or people who offend against children being male. There is an element of surprise even though there probably shouldn't be.</p>	<p>Personally reflects on being a parent of a teenage boy and how this shapes her opinion on what is socially 'acceptable' and what is not. Her reality/truth shaped by those experiences.</p> <p>'There is a lot' repeated – shows importance of her view that there is much to be done within the area of how boys and girls treat one another and how society views 'low' level sexual behaviour' from girls towards boys as less of a threat.</p> <p>'Predatory' – again referring to language used by society to describe boys' HSB in comparison to girls'. The 'influence' this has in how we view HSB.</p>
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<p>Reflective practitioner</p> <p>Gender expectations/stereotypes</p> <p>Gender expectations/stereotypes based on personal experiences</p> <p>Consideration of negative language used to describe boys' behaviour</p> <p>Gender expectations/stereotypes of girls and boys</p>	<p>I: Thank you. So the final question is, is there anything which er, possibly something you thought we might talk about or that I would ask you which I haven't?</p> <p>G: Erm</p> <p>I: Or had something else occurred to you whilst we have been talking, or anything you would like to emphasise or add?</p> <p>G: I think my own reflections when I think about sexualised behaviours or harmful sexualised behaviour in terms of gender is also from just my observations of being a parent or listening to teenagers speak about what society deems as appropriate social behaviours, so erm, I still think that there is a lot of work around boys behaviour towards girls, but I think there is a lot, I don't know how to explain this, I've found that from speaking to my own teenage son and his friends, it seems to still be more socially acceptable for girls to make inappropriate comments about boys or rude</p>	
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	<p>comments or maybe smack them on the bums, maybe that low level behaviour er, but I still think that teenagers may view that as OK from girl to boy, seeing it as more fun. Whereas if it is from boy to girl that is seen as more predatory and I don't know if that influences the way we view that kind of behaviour when it becomes more serious or further up the continuum, that's just my, when I think about gender and sexual behaviour, I think, that there is like an influence really. That's all!</p> <p>I: Brilliant, well thank you so much for your time, so this is the end of the interview so I will now stop recording.</p>	
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## Appendix F: Method Used to Look for Patterns Across Cases

