

# **Sexually harmful behaviour in young children and the link to maltreatment in early childhood**

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**Conclusions from a UK study of boys referred to the National Clinical Assessment and Treatment Service (NCATS), a specialist service for sexually harmful behaviour.**

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**November 2009**

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Research into sexually harmful behaviour (SHB) in children has evolved towards a general recognition that neglect and maltreatment in early childhood, including sexual abuse, may predispose the onset of sexually harmful behaviour. The study of pre-adolescent onset SHB in boys is a relatively recent development, but evidence is now emerging from perspectives ranging from neuroscience to qualitative case analysis to suggest that a complex interweave of factors helps explain why some children begin to display this worrying behaviour while others do not.

Neglect and maltreatment (often including sexual abuse) experienced within the family is a core influence on child development, in particular on closely linked relational faculties of attachment and sexuality. Genetic predisposition (Caspi et al, 2002) and unresolved trauma suffered by a parent, in particular the mother (Skuse et al, 1998), tend to erode resilience to maltreatment in boys. This results in disorganised/disoriented attachment in infancy, and a diminished capacity to contain emotions and to reflect on them. Subsequently, in childhood they adopt externalised coercive strategies to manage relationships. After an experience of sexual victimisation, these strategies take on a sexual character.

A PhD thesis completed in 2007 by Colin Hawkes, children's services manager at NSPCC NCATS, draws on attachment theory to explain how neglect and maltreatment by caregivers may predispose the child to being sexually abused, and how the experience of such abuse can act as a precursor to developing sexually harmful behaviour in pre-adolescent boys. That is not to say that all children who are neglected or abused will eventually abuse others, but that the root causes of a child's sexually harmful behaviour can generally be found in the nature of their relationships with their caregivers in early childhood.

Hawkes' (unpublished) study findings relate to a sample of 27 boys who began to cause sexual harm before the age of 10, based on information extracted from NCATS case files. All were referred to NCATS due to the seriousness of their sexually harmful behaviour. In view of the relatively small sample size and the severe nature of these particular cases, the conclusions derived from this study may not necessarily hold for the general population of children with sexually harmful behaviour. However, they do warrant consideration in the assessment, management and therapeutic treatment of such children, and particularly in deciding on suitable fostering arrangements or other care settings.

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### **Attachment and sexuality**

Attachments – close emotional relationships – have a significant influence on emotional development during childhood, serving to keep the child and primary caregiver physically and emotionally close, and providing a template for the child to learn to explore their physical and emotional world as he or she grows into adulthood and into parenthood.

Attachment and sexuality are closely related in that they both integrate sensory experiences of taste, sound, smell and touch, and require emotional, affective and behavioural skills to interpret and communicate intention. As with attachment, sexuality also depends on being able to achieve and sustain physical and emotional proximity.

Relationships with parents or other caregivers are therefore crucial to the development of both “systems”. External events and changes in care-giving directly affect each separately, but also indirectly, through changes in the other.

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## **Neglect, abuse and their impact on attachment**

A number of studies, including Howe (2005), Lemma (2004), and Lemma and Levy (2004) have linked neglect and maltreatment by caregivers to insecure attachment, as well as an erosion of the capacity to contain and reflect on subsequent harmful or traumatic experiences.

Hawkes (unpublished) examined the research subjects' family histories and found that around three-quarters of the boys had been either maltreated or neglected; in a quarter of all cases, adult drug use had also played a part. This meant that the children had grown up in an environment where their physical or verbal expressions of distress or arousal were not understood, but rather met with angry or fearful responses from their caregivers. Wilful or unconscious ignoring, misunderstanding or repressing of the children's needs were also recurring themes. Even developmentally normal sexual behaviour by the boys was not understood by caregivers, who tended to react as though the child was a sexual threat or in some other way a sexual peer. The child's sexual needs were not recognised and in the most extreme cases they appeared to create a pseudo-adult sexual persona to meet the expectations of caregivers.

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## **Insecure attachment as a precursor to sexually harmful behaviour following sexual victimisation**

Hawkes (unpublished) found that 63 per cent of the sample met the criteria for insecure attachment before the age of five. Although not formally assessed, this was evident from the high levels of neglect and maltreatment the children had experienced, as well as certain behaviours or problems the boys had before their sexually harmful behaviour manifested itself: bedwetting and/or soiling without medical cause (59 per cent), sleeping problems (51 per cent), eating disorders (33 per cent), fighting or other aggressive behaviour (74 per cent), bullying or being bullied (85 per cent), self-harming (44 per cent) and causing fires (30 per cent).

Insecure attachment, limiting their developing mind's emotional intelligence and cognitive capacity, then paved the way for a self-fulfilling cycle where anticipation of rejection and harm came to be realised through reliance on strategies that provoked precisely these responses: a fertile environment for being sexually abused.

All of the boys in the sample were known or suspected to have been victims of child sexual abuse – on average by the time they were five years old. Raised in families where attachment needs had not been met, their resilience to sexual victimisation was eroded. Strategies already employed to deal with attachment anxieties were used to cope with anxiety generated by sexual vulnerability and sexual anger. Unable to contain and reflect on their situation, the child perpetrators had translated their confusion and anxieties into concrete sexual action, giving them some temporary relief either through identification with the sexual aggressor or through a particular aspect of the sexual act.

In the vast majority of cases (more than 70 per cent) the boys' sexually harmful behaviour followed within a very short period (up to six weeks) of the abuse taking place – only two cases involved boys whose sexually harmful behaviour had started prior to being abused. There were also clear parallels between the nature of the abuse they had suffered and the abuse they perpetrated themselves.

The abuse mostly involved children who were on average 3.8 years younger than the research subjects. The case files revealed stark examples of young, insecure, sexually abused boys being left to care not only for themselves, but also for younger siblings or other children known to them: a setting where confusion between care-giving and sexual functioning aspects of attachment is highly likely to occur. Some had harmed both boys and girls within and outside their families.

Hawkes suggested that the SHB perpetrated by the boys fell into three categories: firstly, “reactive” behaviour that coincided with or started within six weeks of them suffering sexual abuse; secondly, “attachment linked” SHB, which began later and appeared to coincide with events likely to cause elevated anxiety; and finally, “prematurely arouse” SHB that appeared calculated, to provide a specifically sexual reward.

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## Conclusion

These findings have substantial implications for the assessment, accommodation, management and treatment of children with sexually harmful behaviour. Early identification, assessment and reparative intervention with children and their families is strongly recommended and the negative impact of delay and inaction is stressed. There is growing evidence that if SHB is allowed to continue, brain, emotional and sexual development may adapt and become increasingly difficult to change.

The findings also underline the importance of sharing information about prior sexually harmful behaviour with foster carers. The research advises that wherever possible, such children should not be placed with other foster children (or siblings where one has abused another) until a reliable assessment and any necessary treatment has been carried out.

Such assessments should refrain from the euphemisms (such as “an unpleasant incident”) and jargon (such as “inappropriate sexual behaviour”) that are sometimes used, as these may cover up the details of the nature and extent of the abuse or harmful behaviour, and make assessment of risk less reliable. Euphemisms are generally used unconsciously or, on occasion, employed because workers are afraid that accurate description may compromise the child’s chances of finding a suitable placement. It is, however, crucial that the full facts are known to those responsible for making placement decisions.

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