

## Royal Commission into Institutional Responses to Child Sexual Abuse

Submission in response to Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services

Submitted by email, November 30, 2015

By Mr Mercurio Cicchini  
Clinical Psychologist (semi-retired)

### **Introduction**

This submission is intended to assist the Royal Commission in identifying global issues pertaining to the sexual abuse of children and its management, and offer suggestions on how the task of improving systems might be progressed.

The first part suggests that to **improve advocacy and support and therapeutic treatment services** an overhaul is required in regard to how child sexual abuse (CSA) is conceptualised and understood by government, media, and members of the community. The second part presents some psychological information which may be of assistance in the development of an informed view of the causes, effects, and needs of parties affected by child sexual abuse which is considered suitable for public education.

A conceptual shift is necessary if progress is to be made in reducing the harmful effects of CSA in all community settings, and its perpetuation from one generation to the next. A better understanding will (a) *help address causal factors that contribute to children becoming future perpetrators*, (b) *promote personal responsibility in offenders and prospective offenders to recognise their risk factors and seek therapeutic assistance*, (c) *encourage, promote and support interventions and treatment services that serve to reduce and treat CSA*, and (d) *promote community change which recognises that all parties affected by CSA require support and assistance via an integrated community health approach*.

### **PART A. OVERCOMING THE BARRIERS THAT HINDER THE PREVENTION & TREATMENT OF CHILD SEXUAL ABUSE**

In an Australian Government publication on the long-term effects of child sexual abuse Mullen & Fleming (1998) suggested that “**the ideal response to child sexual abuse would be primary prevention strategies aimed at eliminating, or at least reducing, the sexual abuse of children**”. Whilst outside the scope of their review, the authors further indicated that such an analysis ought to consider “**the characteristics of abusers and the contexts in which abuse is more likely to occur, which are relevant to primary prevention**” (Mullen & Fleming, 2008, emphasis added). However, for various reasons this approach has not been favoured in Australia, where preventative efforts have primarily tended to focus on the following:

- (a) The teaching of *protective behaviours to children* in schools and other settings, and
- (b) *The management of known (convicted) offenders*, via *supervision systems* whilst on parole, *indefinite detention* if the offender is perceived as potentially constituting a continuing danger to children, and the setting up of *paedophile registers* which the public can access.

An addition to the above has been the work conducted in Western Australia – via the not-for-profit community education, prevention and treatment resources at the web page [www.PreventingChildSexualAbuse.org](http://www.PreventingChildSexualAbuse.org)

Whilst divergent efforts or schemes for protecting children ought not to be discouraged or discounted, clearly some strategies are more advantageous and effective than others. I have previously indicated that given that most adult offenders against children are either part of the family, or are in their social network, paedophile registers follow the inaccurate “stranger-danger” theme, and merely offers mythical protection and reassurance to parents via a kind of “smoke and mirrors” illusion. Parents, professionals and government need information based on reality about the causes of child sexual abuse, and how its occurrence can be reduced.

Only a small proportion of previously convicted offenders comprise the larger pool of future offenders, who as a group have no tell-tale flags indicating their risk, *other than their childhood histories, psychological make-up, and the coping styles they have acquired in response to stress or to maintain wellbeing*. These factors are the indices that warrant special attention to reduce the incidence of child sexual abuse. They are understood by a group of clinicians in Western Australia. The group believes that interventions aimed at the safety of children need to be based on a sound understanding of the causes of child sexual offending (i.e., developmental neglect, abuse and trauma), and from that firm foundation, the implementation of relevant measures that address those causes (which are basically psychological and emotional in nature) through treatment and education in the community.

The causes of CSA and future strategies to reduce its occurrence in institutional and other settings have been the subject of my previous submissions to this Royal Commission. However, several barriers exist worldwide to the implementation of a comprehensive mental health approach to the prevention of child sexual abuse (Letourneau, Eaton, Bass & Berlin, & Moore, 2014).

The barriers that need breaking down identified by Letourneau et al. include: (a) the perception that the problem of CSA is *too complex*; (b) the influence of *emotional reactions and defenses* that “curtail an objective discussion of its prevention, causes and consequence”; (c) *unhelpful “media frames”* (e.g., the portrayal of offenders as Monsters; crime stories that “promote reactions of fear, by depicting rare and extreme cases as if they were commonplace”, and “replacing predictability with randomness”); (d) *reactive legislature* often based on the “Monster frame” that contributes to the perception of CSA being the result of forces outside ourselves, that are “largely unpredictable and

uncontrollable”; and (e) *fragmentation and polarisation of professionals* and groups working with victims and offenders, rather than having a unified approach towards the same end goals of prevention. Fortunately, in Australia, the schism between professional groups working to assist victims and offenders in the area of Child Sexual Abuse appears to be less of an issue than in other public health issues (such as domestic violence, which current policies and practices suggest has not yet integrated a developmental or childhood experience-related perspective of its origins/causes, despite the overwhelming worldwide psychological data base pointing in that direction).

In Australia it is encouraging that some calls for treatment and prevention interventions for CSA offenders comes from support groups and treatment agencies for former victims (survivors), as well as survivors who opinions have been sought individually by researchers. For example, research conducted by in the field of **intrafamilial** child sexual abuse, by a member of the professionals network Child Sexual Abuse Treatment & Prevention Network (WA) - Ms Janice Paige - found that many survivors considered the offending family member “*as a human being with a problem who needs help, rather than a criminal who deserves to be punished*” (Paige, & Thornton, 2015, emphasis added). The authors conclude that Paige’s findings “echoes Purvis and Joyce’s (2005) proposition that “child sexual abuse should not just be thought of as a crime, but as a serious social and public health issue requiring urgent attention” (p. 334). Furthermore, “*Many participants highlighted the need for more public education about the realities of child sexual abuse: who offenders are most likely to be and what behaviours to look out for, how to intervene to help stop abuse before it happens, and how to facilitate and react to disclosures in a way that helps the child. In effect, they wanted a public awareness campaign like those that have targeted drug awareness, smoking, and drink driving*” (Paige & Thornton, 2015). I strongly agree, as the issues pertaining to **extrafamilial** child sexual abuse pertain to the same offender dynamics involving emotional vulnerability of childhood origins, seen repeatedly in my assessment of child sex offenders in Western Australia. In a study of 44 extrafamilial child sex offenders in Canada that included both coercive and non-coercive offenders, Proulx, Perrault & Ouimet (1999) found that pre-offence factors of interpersonal problems, loneliness, and low self-esteem existed in the majority of extrafamilial offenders for a period of **more than a year prior to their offence**, offering (in my opinion) opportunities for prevention if community educational and treatment systems were in place and availed of. Immediate pre-offence factors included negative emotions, substance use, use of pornography, deviant sexual fantasies, and cognitive distortions justifying sexual contact with a child.

Part B, below, illustrates that adverse childhood experiences and victimisation are at the root of a great many mental health and crime problems, including CSA.

It is hoped that the Royal Commission report of its findings will pave the way for a more productive, collaborative and co-ordinated approach to safeguarding children of the future from child sexual abuse by sharing information and making recommendations that will aid in the knocking down of the barriers outlined above – and not reinforce existing prejudices and erroneous conceptions about the issue. PART B, below, suggests

directions for developing a more constructive approach for sharing information and understanding about the causes of CASA, and to reduce its incidence, and harmful effects, in institutional and other settings.

### **References**

Letourneau, E.J., Eaton, W.W., J. Bass, F.S. Berlin, & S.G. Moore (2014). The need for a comprehensive public health approach to preventing child sexual abuse. *Public Health Reports*, 129, 222-228.

Mullen, P.E., & Fleming, J. (1998). Long-term effects of child sexual abuse – 1998. NCPC Issues No. 9, *Australian Institute of Family Studies*, April 1998.

Paige, J. and Thornton, J. (2015) Healing from Intrafamilial Child Sexual Abuse: The Role of Relational Processes between Survivor and Offender *Children Australia*, vol. 40 (3) pp. 242–259 doi:[10.1017/cha.2015.21](https://doi.org/10.1017/cha.2015.21)

Proulx, J., Perreault, C., & Ouimet, M. (1999). Pathways in the offending process of extrafamilial sexual child molesters. *Sexual Abuse: A Journal of Research and Treatment*, 11(2), 101-116.

Purvis, M., & Joyce, A. (2005). Child sexual abuse is a global health problem: Where is Australia. *Psychiatry, Psychology and Law*, 12(2), 11.

## **PART B. A COMPREHENSIVE AND INFORMED COMMUNITY APPROACH IS NEEDED TO REDUCE CHILD SEXUAL ABUSE IN INSTITUTIONAL & OTHER SETTINGS**

Crime and mental distress are universal problems which create pain for society, as well as economic costs through lost productivity. Fortunately, there is an increasing awareness through the work of social workers, psychologists and psychiatrists that many social problems (such as crime and mental illness) have their origins in the individual's childhood years when personality is being formed. In essence, a baby, child or adolescent who is traumatized or victimized physically, emotionally or sexually has an increased risk of becoming an offender<sup>1</sup>, or to suffer from internal emotional problems such as anxiety, depression, low self-esteem, a lack of wellbeing, or from some other form of mental illness in later life<sup>2</sup>. Neglect of basic psychological needs during development is as equally damaging as abuse and trauma: indeed infants and children whose needs for individualized attention, affection, care, protection from fear, or soothing of stresses are not responded to sensitively by their carers are at greatest risk of becoming psychologically disturbed in the future<sup>3</sup>. Indeed, even early weaning has been found to be associated with a risk of adult hospitalisation for alcohol-related issues in a sample of 6562 people born in Copenhagen, Denmark<sup>4</sup>.

This knowledge about developmental factors and the vulnerability of infants and children, when broken down into recognizable processes, can provide a key for both treatment and prevention.

The sexual abuse of children is a worldwide problem occurring in a variety of settings: institutions, schools, sporting groups, church organizations, and most frequently of all, within the family home and social network. Sometimes abusers who are strangers abduct and murder their child victims. This type of offence is most alarming and fear-generating for parents, and abhorrent to all - but fortunately it is quite rare. Importantly, the causal dynamics of this crime are substantially different (more severe) to those of the typical child molester whose motive, whilst egocentric and damaging, is not the infliction of violence<sup>5</sup>. In the webpage [www.PreventingChildSexualAbuse.org](http://www.PreventingChildSexualAbuse.org) the role of affection in CSA is explained. Affectional issues have featured in the reports of spontaneous attributions (explanations) of religious clergy who have offended against children, but unfortunately the researchers did not accept those facts at face value, and merely saw them as distortions and justifications. Also, the childhood antecedents of rapists differ from those of child molesters<sup>6</sup>. Another difference is that in violent sexual offenders a fusion exists between aggression and sexual feelings, whereas affection fused with sexuality is the core issue in child molesters (e.g., Cicchini, 2009C; 2012). Most child abusers are former

---

male victims of child sexual abuse<sup>7</sup>. There has been a problem in the message getting through to the community that the majority of child molesters are not violent, are not malicious criminals with long histories of antisocial activity, and that the factors that spawn rapists and other violent offenders are more extreme than those that produce child, adolescent and adult abusers of children. (Specifically violent offenders, including those that rape have suffered much more childhood violence, maternal loss, neglect and abuse than others, and developed aggressive/violent strategies for maintaining wellbeing and control in response to stress, loss or threatened loss. A factor which appears to distinguish non-violent CSA offenders from violent sexual offenders against adults are that the former engage in attributions in which the perceived cause of need-frustrations and offending are internalised (such as via negative self-image, low esteem and self-blame), whilst violent offenders are more likely to invoke external attributions (blaming others), in relation to both the perceived cause of their offending and general attributional style for negative events (McKay, Chapman & Long, 1996). But that does not mean that violent offenders are beyond help, provided the relevant issues are addressed). A summary of the developmental causes of domestic and other violence, and suggestions for community intervention to address the issue is available upon request.

The writer has had a long-term involvement in the psychological assessment of adult offenders for the criminal Courts in Western Australia. In the course of that work, as a kind of “black-box” investigator of human tragedy in a variety of forms, an understanding was acquired of the childhood antecedents of psychological and behavioral disturbance. I have been sharing that knowledge with professionals, members of the public, Government Ministers, the media, and this Royal Commission. However, the message and information - whilst considered congruent with the experience of helping professionals with expertise in the field and the public - is not heard by the major stakeholder with the power and resources to effect change required to progress the issue in a positive direction. Leadership is required to promote a cognitive shift from the prevailing media frames that hamper progress in the treatment and prevention of CSA by the dissemination of important information that promotes understanding and openness to change.

The information that can be shared includes the following:

- (a) How childhood experiences are carried forward in time to influence the individual’s behavior and sense of wellbeing (e.g., Chapter 2, from Cicchini, 2009; available upon request).
- (b) The crucial ingredients in family life that can promote healthy psychological growth in children so they become well-adjusted adults – namely the respect and fulfilment of basic psychological needs in infants, children and adolescents. The individual psychological needs of young children, currently not recognised by sectors within the community, need to be considered when making decisions about childcare;

---

- (c) The risk factors that increase the likelihood of a child becoming an offender or psychologically impaired in the future (see below);
- (d) What kind of social factors facilitate understanding (enlightenment), which promotes a psychologically healthier community in which parents and carers with difficulties are supported so they can provide better care for their children. (See Part A, above, and my other submissions to the Commission);
- (e) How adults at risk of abusing children can be helped to recognise the risk factors (vulnerabilities) from childhood, current personality inclinations, adult stresses and choices (such as use of pornography) - and to take action by seeking help. (This information is in [www.PreventingChildSexualAbuse.org](http://www.PreventingChildSexualAbuse.org)) and
- (f) How offenders can be encouraged to take personal responsibility for their problem behaviours (rather than fleeing through denial), and to put effort into achieving rehabilitation (see above web page).

Based on the above understanding, I believe there is a need for a comprehensive approach to reducing the incidence of, and harm from, the sexual victimization of children. This approach needs to include a number of elements:

1. Community education about positive parenting practices (the basic psychological needs of babies and children that require fulfilment – e.g., safety & security, acceptance, attention, admiration, affection and physical touch (succourance), autonomy, esteem, order/stability, competence, etc, detailed in my previous submissions and attachment-related needs identified by child experts<sup>8</sup>. This can be extended to include teaching children in schools about every child's need for acceptance, nurturance (care), safety, autonomy and esteem, to reduce the harmful effects of bullying in its various forms, and ostracism.
  2. Practical and emotional support of parents and carers of at-risk children (those likely to experience neglect, instability or trauma through change, or separation from their primary careers).
  3. Dissemination of information about the potentially damaging effects of sexual abuse on the victims and their families, which can promote suicide, or last a lifetime.
  4. Community values which promote the view that the sexual abuse of children is never justifiable due to the psychological damage the young can incur from precocious sexual experiences whilst emotionally immature.
  5. An understanding that perpetrators need to take responsibility for their harmful acts and that due to the reinforcing nature of sexual pleasure they need to take active steps to reduce the risk of a recurrence.
  6. Resources for the provision of appropriate psychological treatment and after-care for child, adolescent and adult perpetrators of sexual abuse to promote improved problem-solving skills in order to reduce the risk of reoffending.
-

7. Availability of psychological treatment and support to victims, and protective measures from further risk which do not create undesirable side effects and unintended harm.
8. Community education programmes and media campaigns supported by government funding so a more enlightened view of the causes, treatment and prevention of sexual abuse can inform, guide and protect the community, and in particular its most important assets – children.
9. The sharing of information about the true causes of child sexual abuse by as many members of the community as possible, as well as professionals, so these issues can be confronted and addressed in a positive manner.
10. For sexual offenders against children be referred to as sexual offenders, and not paedophiles, unless an entrenched paedophilic orientation has been established, and never as “monsters”, because those labels entail a form of emotional abuse that have no positive value.
11. That as most perpetrators of child sexual abuse are former victims, they should be able to receive the same opportunities for treatment as are offered to other victims, without prejudice and with professionalism and compassion.

#### **References:**

Cicchini, M. (2009). *Let Your True Self Shine: How to recognise and overcome the Barrier that maintains low self-esteem*. Kelmscott, Western Australia.

-----  
 Cicchini, M. (2009C) (Conference Presentations)

Cicchini, M. (2009). *New directions for the prevention of child sex abuse derived from an understanding of the psychological needs of adult male perpetrators. Children & the Law International Conference, Prato, Italy, September 7-10, 2009.*

Cicchini, M. (2009). *A psychological needs model of how negative and positive childhood experiences are carried forward through the lifespan. Children & the Law International Conference, Prato, Italy, September 7-10, 2009.*

Cicchini, M. (2009). *Preventing child sex abuse: A new approach derived from understanding the unmet childhood needs of adult perpetrators. Asia Pacific Conference on Child Abuse & Neglect. Perth, Western Australia, November 15-18, 2009.*

Cicchini, M. (2009). *Unmet Psychological needs during development and the prevention of child sex abuse. Australian and New Zealand Society of Criminology Conference. Perth Western Australia, November 22-25, 2009.*

Cicchini, M. (2009). *Preventing Child Sex Abuse: A New Approach Derived From Understanding the Unmet Childhood Needs of Adult Perpetrators. Australian and New Zealand Association of Psychiatry, Psychology, and the Law Congress, Perth, Western Australia, November 26-29, 2009. Symposium Title: Knowledge of Offending as an Aid to the Prevention of Child Sex Abuse.*

Cicchini, M. (2010). *Understanding, Treating and preventing criminal behaviour via a developmental psychological needs model. Australia and New Zealand Association of Psychiatry, Psychology and Law. Surfer's Paradise, Queensland, August 26-29, 2010.*

---

Cicchini, M. (2013). *Psychological information as a tool for reducing the incidence of child sexual abuse. Paper presented at Australian Psychological Society Biennial Gathering of the Child, Adolescent and Family Psychology Interest Group, at Katoomba, New South Wales. April 11-13, 2013.*

Cicchini, M. (2012). *Preventing Child Sexual Abuse: A Guide for Health Professionals & Members of the Community.* Kelmscott, Western Australia. ISBN 978-0-9806833-3-2.

The contents can be downloaded as a pdf at no cost from

[www.PreventingChildSexualAbuse.org](http://www.PreventingChildSexualAbuse.org)

Cutajar, M. C., Mullen, P. E., Ogloff, J. R. P., Thomas, S. D., Wells, D. L., & Spataro, J. (2010). Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse & Neglect, 34*(11), 813-822.

McKay, M.M., Chapman, J.W., & Long, N.R. (1996). Causal attributions for criminal offending and sexual arousal: Comparison of child sex offenders with other offenders. *British Journal of Clinical Psychology, 36* (1), 63-75.

## Notes

### 1. Childhood antecedents of depression & other disorders:

“For instance, poor maternal care, physical or sexual abuse, parental marital discord, exposure to family violence, parental loss, and parental mental illness or substance abuse have all been linked to childhood and adult depression (reviews in Burbach & Borduin, 1986; Goodman, 2002; Hammen, 1991; Kaslow, Deering, & Racusin, 1994). However, childhood adversities such as poor parenting, parental marital discord, parental mental illness, and childhood abuse are predictive of a broad range of psychological disorders (e.g., Coie et al., 1993; Johnson, Cohen, Kasen, Smailes, & Brook, 2001; Repetti, Taylor, & Seeman, 2002)” (Phillips, Hammen, Brennan, Najman, & Bor (2005, p. 13). **Reference:** Phillips, N.K., Hammen, C.L., Brennan, P.A., Najman, J.M., & Bor, W. (2005). Early Adversity and the Prospective Prediction of Depressive and Anxiety Disorders in Adolescents. *Journal of Abnormal Child Psychology, 33*(1), 13–24.

**2. Abuse & neglect in childhood produce offending:** E.g., in a US study, Rivera & Widom (1990) followed up the adult convictions of a large sample of children with official Court records of having been victims of abuse or neglect and compared these with a matched sample without such a history. Results showed that those with a history of victimization were significantly more likely to be violent offenders as adults. **Reference:** Rivera, B. & Widom, C.S. (1990). Childhood victimization and violent offending. *Violence Vict. 5*(1), 19-35.

See also Cutajar et al., (2010) regarding long-term effects of child sexual victimization. **Reference:** Cutajar, M. C., Mullen, P. E., Ogloff, J. R. P., Thomas, S. D., Wells, D. L., & Spataro, J. (2010). Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse & Neglect, 34*(11), 813-822.

**Also see below:**

Cicchini (2015) states, “For example, research with children has shown that physically harsh discipline is linked to various developmental outcomes such as externalising and internalising behaviours (Keily, Lofthouse, Bates, Dodge & Pettit, 2003). Raine (2002) considers that the relationship between physical child abuse and violence is well-established, citing research conducted in the 1980’s and 1990’s. Reckdenwald, Mancini & Beauregard (2013) cite additional studies indicating that abuse in childhood is associated with delinquency, general adult offending, intimate partner violence, sex offending, and child abuse, as well as increasing risk for antisocial behaviour in general, as well as drug and alcohol use. Edwards, Holden, Felitti & Anda (2003) found that the mental health level of a large sample of adults was inversely related to reports of emotional abuse in childhood as well as exposure to various kinds of maltreatment, which had often co-occurred. Amount of parental interest was found to be associated with level of self-esteem in a sample of boys by Coopersmith (1968). In the case of adolescents, Plomin, Manke and Pike (1996) cited by Neiss, Sedikides & Stevenson (2001) found that global self-esteem was related to the participants’ perceptions of their parents’ positive and negative parenting practices. Within a family, the sibling with the higher self-esteem reported more positive and less negative parenting. Peer rejection or acceptance is also a variable in the development of childhood aggression, and its absence. Borderline personality disorder in adults has been linked with problems in tolerating separation and loss, with “rigid tightness of the parental marital bond to the exclusion of the attention, support or protection of the children” (Mayne, 1981, p. 142). More recently, an association was found between indices of antisocial personality disorder in adults and self-reported high exposure to negative childhood events including maltreatment, teasing and lower maternal & paternal care (Kraстинs, Francis, Field & Carr, 2014).

In overview, Rutter’s (2002, p. 8) analysis of the nature/nurture research literature reveals that there are psychological risks associated with the following - “(1) persistent discord and conflict – particularly when it involves scapegoating or other forms of focused negativity directed toward an individual child, (2) a lack of individualised personal caregiving (as is usually the case with an institutional upbringing), (3) a lack of reciprocal conversation and play, and (4) a negative social ethos or social group that fosters maladaptive behaviour of one kind or another. The risk and protective factors involve not only the immediate family, but also the peer group (Rutter, Giller, and Hagell, 1998), the school (Maughan, 1994; Mortimore, 1995, 1998) and the broader social community (Leventhal & Brooksgunn, 2000)”. Rutter adds that poverty is important as a distal risk factor through its adverse effects on family functioning. Harsh parental punishment and stressful life events in general contribute to the risk of internalising or externalising behaviours in children (Keiley, Lofthouse, Bates, Dodge, & Pettit, 2003)”. **Reference:** Cicchini, M. (2015). A psychological needs model of the origins and influence of affective attributions (core beliefs). Under Review.

**3. Childhood maltreatment produces mental health issues and physical health problems over the life course.** Research cited by Edwards, Holden, Felitti & Anda (2003). **Reference:** Edwards, V.J., Holden, G.W., Felitti, V.J., & Anda, R.F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experiences Study. *American Journal of Psychiatry* (2003), 160 (8), 1453-1460.

**4. Reference:** Sorenson, H.J., Mortensen, E.L., Reinisch, J.M., & Mednick, S.A. (2006). Early weaning and hospitalization with alcohol-related diagnosis in adult life. *American Journal of Psychiatry*, 163, 704-709.

**5. Violence is not the motivator of CSA offences.** Groth (1979), who investigated rape offenders against adults and child molesters (CSA offenders) reported that the latter, “uses the child to gratify unmet needs for approval, recognition, and affiliation in his own life. He describes his attraction to children as an

expression of his own need for affection and explains that what is important to him about the sexual relationship is that it makes him feel important or special to the child; he feels loved and looked up to by the child” (1979, p. 142). **Reference:** Groth, A.N. (1979). *Men who rape: The psychology of the offender*. New York: Plenum Press.

Similarly, in an Australian study, Smallbone and Wortley (2000) reported that many CSA offenders were seeking an emotional relationship with their victims. **Reference:** Smallbone, S.W., & Wortley, R.K. (2000). *Child Sexual Abuse in Queensland: Offender Characteristics and Modus Operandi*. Brisbane Australia: Queensland Crime Commission.

Furthermore, CSA victimization (present in the majority of CSA offenders) is associated with future sexual offending, but not violent offending. “Based on data from 2,520 incarcerated male juvenile offenders from a large southern state, hierarchical logistic regression models suggested that CSA increased the likelihood of later sexual offending nearly sixfold (467% increase). However, CSA was associated with an 83% reduced likelihood of homicide offending and 68% reduced likelihood of serious person/property offending”. **Reference:** Delisi, M., Kosloski, A.V., Vaughn, M.G., Caudill, J.W., & Trulson, C.R. (2014). Does childhood sexual abuse victimization translate into juvenile sexual offending? *New evidence. Violence Vict.*, 29(4), 620-635.

**6. CSA offenders are less violent and less antisocial.** Personal observations, 1977-2015. These observations are supported by overseas research, including Groth (1979), who reported 9% of CSA offenders in his sample had committed a violent sexual assault. **Reference:** Groth, A.N. (1979). *Men who rape: The psychology of the offender*. New York: Plenum Press.

A report by Tingle, Barnard, Robbins, Newman, & Hutchinson (1986) compared the histories during childhood and adolescence of adult rapists and paedophiles (CSA offenders) admitted to a forensic psychiatric Evaluation and Treatment Centre. Rapists were more likely to have had arguments with their mothers, were more likely to have come from broken homes, more likely to have been expelled from elementary school, and about a third had difficulties getting along with teachers. Rapists showed more signs of aggression than the child molesters in regard to adolescent fights, physical injury inflicted during a fight, fighting under the influence of alcohol, & destruction of property. The criminal histories of adults also contained more violent crimes after age 18, and rapists had more close friends in trouble with the law as an adult. **Reference:** Tingle, D., Barnard, G.W., Robbins, L., Newman, G., & Hutchinson, D. (1986). Childhood and adolescent characteristics of pedophiles and rapists. *International Journal of Law and Psychiatry*, 9(1), 103-116.

The above supports Groth’s (1979) observations that the motivations for rape and CSA are different. Also, “Child sexual abusers' developmental histories were characterized by heightened sexuality; whereas rapists' childhood histories were more indicative of violence”. A comparison of 137 rapists and 132 child sexual abusers revealed that “Compared to rapists, child sexual abusers reported more frequent experiences of child sexual abuse (73%), early exposure to pornography (65% before age 10), an earlier onset of masturbation (60% before age 11), and sexual activities with animals (38%). In contrast to child sexual abusers, rapists reported more frequent experiences of physical abuse (68%), parental violence (78%), emotional abuse (70%), and cruelty to animals (68%)”. **Reference:** Simons, D.A., Wurtele, S.K., & Durham, R.L. (2008). Developmental experiences of child sexual abusers and rapists. *Child Abuse and Neglect*, 32(5), 549-560.

Also, “Childhood Emotional Abuse and Family Dysfunction was found to be a common developmental risk factor for pedophilia, exhibitionism, rape, or multiple paraphilia. Additional analyses revealed that childhood emotional abuse contributed significantly as a common developmental risk factor compared to

family dysfunction. Besides, Childhood Sexual Abuse was found to be a specific developmental risk factor for pedophilia". **Reference:** Lee, J.K., Jackson, H.J., Pattison, P., & Ward, T. (2002). Developmental risk factors for sexual offending. *Child Abuse and Neglect*, 26 (1), 73-92.

**7. Sex offenders against children more likely to be former CSA victims.**

See previous references. Also, Jespersen, Lalumiere & Seto (2009) reviewed the results of 17 studies involving 1,037 sex offenders and 1,762 non-sex offenders, and 15 studies comparing sex offenders against children and those who had offended against adults. The research examined the childhood histories of adult sex offenders and non-sex offenders. The results indicated that sex offenders against children were more likely to have been sexual abuse victims in childhood, compared with non-sexual offenders and sex offenders against adults. Sex offenders against adults were more likely to have been childhood victims of physical abuse than offenders against children. Offenders against adults had similar levels of physical abuse as non-sexual offenders. **Reference:** Jespersen, A.F., Lalumiere, M.L. & Seto, M.C. (2009). Sexual abuse history among adult sex offenders and non-sex offenders: a meta-analysis. *Child Abuse and Neglect*, 33(3), 179-193.

**8. E.g., Brazelton, T.B. & Greenspan, S.I. (2000).** *The irreducible needs of children: What every child must have to grow, learn and flourish.* Cambridge: Perseus.