

Royal Commission into Institutional Responses to Child Sexual Abuse

Submission in response to Issue Paper 9: ADDRESSING THE RISK OF CHILD SEXUAL ABUSE IN PRIMARY AND SECONDARY SCHOOLS

Submitted by:

Mr Mercurio Cicchini

Clinical Psychologist (semi-retired)

Unit 5B, 2977 Albany Highway

Kelmscott WA 6111

Email: mcpsych@tpg.com.au Tel: 0414 730 866

This submission focuses on the screening of staff, i.e., **prospective teachers in Primary and Secondary schools**, and to Page 3, Topic C, Item 3 of Issue Paper 9 – **“What measures should boarding schools take to ensure that students are and feel safe?”** The response is in three parts.

Part A of this response emphasises the appropriate psychological assessment and selection (screening) of prospective staff (Page 2).

Part B briefly looks at how to protect children in school settings from other students who may have sexual preoccupations or display advanced sexual behaviours (Page 4).

Part C offers a comment about alternative psychological methods for screening for risk of future sexual offending in adults (Page 5).

Part D is a general comment, relating not to schools, but to the issue of child sexual abuse as a social problem. It suggests that solutions to the problem of child sexual abuse in institutional settings and the wider community requires education to complement improvements in legislation (Page 6).

Part E offers a psychological overview (Page 8).

Three appendices are attached:

Appendix 1 includes reader feedback on the community educational resources developed by the writer (Page 13).

Appendix 2 is an extract pertaining to the needs of children & considerations regarding desirable personal qualities in carers and teachers (Page 18).

Appendix 3 contains a sample of the type of information used in professional education from 2009 on child sexual abuse (Page 21).

PART A

Abuse by adults

This section suggests that the safeguarding children in school and boarding schools can be enhanced by adding another layer of child protection to those already in place, such as criminal records checks, referees' reports and standard selection interviews.

In my opinion, these processes are insufficient because (a) criminal record checks only detect a portion of adults at risk of abusing children in the future, and (b) the procedures for selecting teachers of children, or supervisory staff in boarding schools may not contain in-depth psychological information about factors indicative of potential prospective abusers that can be matched with the applicants' characteristics.

Whilst men comprise the overwhelming majority of sexual offenders against children, women are also known to engage in inappropriate sexual activities with children. When such acts occur with students, the term "educator sexual misconduct" has been coined in the United States to portray that issue (Shakeshaft, 2004; West, Hatters-Friedman, & Knoll, 2010). The latter article addresses the issue of female teachers or educators abusing children. "Educators" are defined as including other staff in school settings who have close contact with pupils.

The comments to follow apply to both male and female educational personnel. Research indicates that females and males who have inappropriate sexual contact with children have some common predisposing features, such as a history of sexual victimisation or neglect themselves (West et al., 2010). Whilst the issue of educator sexual misconduct is not my area of expertise, I believe that the developmental model I have developed and outlined in my 2013 submission, and the rationale for preventative interventions in out of home care and other settings have generic

validity, and can be applied to intercede constructively in school and boarding school settings to protect the welfare of students.

To be specific, I advocate the use of psychological knowledge about adult abusers derived from information accumulated via the psychological assessment of convicted offenders in Western Australia, which was outlined in my 2003 submission to the Royal Commission in response to issue Paper 4 (Preventing sexual abuse in out of home care). I made those suggestions based on my understanding of the dynamics of child sexual abuse, summarised in the 2013 Submission, and its Appendix. These were published in the Royal Commission Webpage as Submission No 24 to Issue Paper 4.

*The strategies suggested in my 2013 submission (Section B, pp. 5-6) can be applied to screening processes to assist in the identification of adults who are likely to have a higher than average risk of engaging in inappropriate sexual contact or relationships with children, and who may have no criminal convictions or history of allegations. In summary, a combination of both **psychological testing** and **review of life history events** can be applied to identify adults who could potentially be at a greater risk of abusing children with whom they have contact or supervise.*

Key points

- The educational resources produced by the writer in WA outline the psychological factors that can be applied to prevention in a variety of settings. *Attention is drawn to the fact that the contents of the prevention resources in place (referred to in my 2013 submission) have been endorsed by (a) Clinical & Forensic Psychologist practitioners, (b) Psychologists assisting victims, (c) University academics, & (d) former victims or survivors of abuse.* This can be seen from the comments in the FEEDBACK section on the website, www.PreventingChildSexualAbuse.org

I include the comments received from the above as Appendix 1 to this Submission (Page 16).

- Appendix 2 includes extracts from a discussion paper presented to the W.A. Legislative Review Committee in 2006 which was undertaking a review of WA Adoptions legislation. (I was the Psychologist representative in that Committee).

The extracts touch on the issue of child development (*the needs of children*) as well as the *psychological qualities which makes good or poor substitute carers, supervisors, and teachers.*

- Appendix 3 includes extracts from Conference presentations and materials prepared by the submission writer on the subject of child sexual abuse and its prevention. It includes interpretation of psychological test results of men convicted of sexual offences against children. It gives the basis for the writer's opinions and recommendations on the subject of child sexual abuse.

PART B

Abuse by peers

The issue of children and youth abusing other children is a field outside the writer's expertise. An early Australian review suggested that overall, children and youth commit between 9 and 16% of cases of child sexual abuse in Australia dealt with by police, and possibly much higher percentages of rapes of adolescent girls and adult women (Boyd & Bromfield, 2006). As indicated in Part E (below), violent offending has different developmental forces operating which might best be addressed by long-term strategies of improving parenting practices, and the treatment of at risk children affected by adverse life events. Boyd & Bromfield also concluded that analyses of causal factors at that time had been inconclusive. It could prove productive to apply a psychological needs model to the issue of child sexual abuse among child siblings and peers. That is possibly a task for the future.

For present purposes the education of teaching staff is important. Apart from being appropriately selected for both maturity and an absence of predisposing factors to engage in sexual activities with children (explored in Part A, above), it is advisable for personnel in schools and boarding schools to receive education about normal sexual development (e.g., **SECASA** – see reference, below) and signs of trauma (e.g., **“Every child every chance”** information pamphlets, Government of Victoria). That education would help in recognising students displaying sexual preoccupations or behaviour beyond the norm, who could be referred to appropriate professionals. This would enable each identified student to be interviewed and assessed by

school psychologists, or external agencies or specialists in that field (i.e., clinical, developmental, and abnormal psychology, or child sexual abuse treatment agencies). Such interventions/referrals could subsequently involve interviews with parents, family counselling and individual therapy. Criminal prosecutions of children are unlikely to prove of benefit because those at greatest risk of victimizing others are likely to have been victimised themselves, or exposed to risk factors in the family or living environment not of their making. However, when abusive behaviour is a concern, a collaboration of related agencies (school, parents, child protection authorities and treatment agencies) could ensure that both the perpetrator and those children potentially at risk would be considered and assisted. Consideration of what intervention model would best protect victims and assist the perpetrator needs discussion and evaluation, given that disruption and change in surroundings and carers are known to be potentially harmful to children's psychological development and wellbeing (Brazelton & Greenspan, 2000).

PART C

Comment on other Psychological Assessment procedures

Other psychological procedures exist for attempting to discern the sexual interest/attraction of adults to children for screening purposes. One such method involves the use of stimuli and measuring the effects of the chosen materials on a task. Basically, adults with an active sexual attraction to children respond differently to others. The main deficiency with this type of procedure is that it is most effective in identifying those people with an entrenched sexual orientation towards children – i.e., those classified as paedophiles. Such individuals comprise 50% of men who sexually abuse children (review by Tenbergen et al., 2015), so the method lacks efficiency as it would identify as many cases as it would potentially miss. Furthermore, not all people with paedophilic interests abuse children (Tenbergen et al., 2015).

PART D

The importance of community education

Whilst regulations, policies and procedures in government and other institutions in which children are involved can go some way towards protecting children, the long-term solution involves the development of awareness in society about the needs that have to be provided for in order for babies, children and adolescents to develop healthily and flourish. (Psychologically healthy youngsters do not become adults who prey on others, use or abuse others or substances or get addicted to pornography to sustain their wellbeing. Nor do they suffer unduly from mental health concerns). Information needs to be disseminated to promote an understanding that the problems in society, whether they involve criminal behaviours or mental health issues have developmental causes that must be addressed to reduce their occurrence. (Some research findings on the effects of negative childhood experiences are provided in Appendix 4). As understanding percolates into community awareness that problem behaviours in adults have causes, and are indicators of faulty problem-solving strategies that have been acquired, perpetrators can be encouraged to own up to and address their the poor choices they make at odd times, or on a regular basis, to displace unpleasant feelings of childhood origins.

Hitherto child sex offenders faced with hostility and a lack of compassion regarding their problems were tempted to flee into denial through fear and shame, and not take responsibility for addressing the psychological issues underpinning their actions. Those patterns of denial and avoidance of responsibility will only be minimised when offenders develop understanding alongside other members of the community of why people do the things they do, accept personal responsibility, and commit to self-improvement. The climate for such a favourable development depends on the actions of all of us, including legislative processes that dispense justice equitably, and do not mimic the scapegoating and demonising of sex offenders against children that seem to exist in all levels of society, including among prisoners in custody and some custodial staff. One example of disparity in the helping professions is the denial by an agency of treatment to adults in prison who are childhood victims of child sexual abuse because they became sexual offenders. The issue of future directions is further addressed in Appendix 4, below.

REFERENCES

Boyd, C. & Bromfield, L. (2006). Young people who sexually abuse: Key issues. *ACSSA Wrap* No. 3. Australian Institute of Family Studies. Also published as National Child Protection Clearinghouse, Practice Brief No.1. www.aifs.gov.au/nch/pubs

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

Every child every chance. Child development and trauma guides. Government of Victoria.
www.dhs.vic.gov.au/everychildeverychance

SECASA (South Eastern Centre Against Sexual Assault). Age Appropriate Sexual Behaviour in Children & Young People. Chart & booklet.
www.secasa.com.au

Shakeshaft, C. (2004). *Educator sexual misconduct: A synthesis of existing literature*. Washington, DC: US Department of Education.

Tenbergen, G., Wittfoth, M., Frieling, J.P., Ponsetti, J., Walter, M., Walter, H., Beier, K.M., Schiffer, B., & Kruger, T.H.C. (2015). The neurobiology and psychology of pedophilia: recent advances and challenges. *Front. Hum. Neurosci.*, 24 June 2015.
<http://dx.doi.org/10.3389/fnhum.2015.00344>

West, S.G., Hatters-Friedman, & Knoll, J. (2010). Lessons to learn: Female educators who sexually abuse their students. *Psychiatric Times*, 27 (8), 9-10.

PART E

Psychological overview

A comprehensive and informed community approach is needed to reduce child sexual abuse (CSA)

Mercurio Cicchini

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 offender¹, 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 life². 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 future³. 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, Denmark⁴.

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 violence⁵. In the webpage 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 molesters⁶. 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 abuse⁷. 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 others violent offenders are more extreme 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) 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 experts⁸. 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

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.

APPENDICES

Appendix 1

Feedback on “Preventing Child Sexual Abuse: A Guide for Health Professionals & Members of the Community” (Booklet and web page: www.PreventingChildSexualAbuse.org)

Praise for the ‘Guide’ from Readers

“I think your pamphlet is amazing and would like it to be included on Links and local community resources in my website... I think it is well-balanced and certainly gives a lot of information which is WELL-NEEDED. Good on you for writing it.”

Clinical Psychologist, WA

“The booklet is very comprehensive and well researched... Keep up the great work!”

Manager, Child abuse prevention organisation, N.S.W.

“I read it and discussed it with my doctoral student and we think it is a very good resource. I will put the link on my unit website next year.”

Forensic Psychology Professor, WA

“Nice website !! Thank you for your great work and contribution to the community.”

S.S., reader, NSW

“Thanks very much for forwarding the pamphlet. I met with colleagues today so we were able to discuss it. We think it’s very good.”

Clinical Psychologist, WA

“It is an easy read yet is thorough and informative. I particularly like the question and answer style.”

Adult female reader, & former victim of child sexual abuse

“This is a very concise, well-formulated booklet.”

Child protection & community health worker, USA

“Well done.”

Clinical Psychologist, WA

“Your small but significant booklet on your services for victims, families and perpetrators who find themselves needing help to negotiate their way through child sexual abuse is a must have directory for any human service.”

Director, Asia Pacific Forum for Restorative Justice

“What a fabulous brochure! I wanted to email my support for this initiative which is greatly needed in Australia. I look forward to the growth of this much needed resource in the future.”

MM, reader

“Thanks to your life’s work and passion to publish, something that I have wanted for a long time is happening!”

Psychologist, WA

“This is a very readable and useful book. A wonderful addition to our collection.”

State Library of WA

“Through working in the prison system for approximately 13 years and having worked with many sexual abuse perpetrators and victims I am very impressed and encouraged by your publication.

I particularly like how easy it is to read and how clear and non-blaming the language is for both victims and perpetrators. I believe this makes the content readily digestible for both groups while maintaining a clear and necessary message about sexual abuse never being condoned.

I also see the publication having strong educational potential for both groups, which for perpetrators may be able to contribute to sowing the seed for future intervention should they be in the “treatable” category.

For victims the publication has great potential to contribute to understanding and treatment as well in terms of how their health and development have been affected, while also giving some framework for understanding how they can be helped.

I believe there is real benefit in the publication being widely available and to that end am keen to obtain additional copies for distribution to colleagues and clients.”

Psychologist, WA

“I read it with great interest and can see its value clearly.”

University Professor & Professional Programs Psychology Director (Australia)

“The feedback on this website reflects my thoughts about the guide and those of the counsellors who bought it to my attention. Congratulations to you for your dedication to this work.”

Prison Counselling Service Manager

Appendix 2

Extracts from:

Cicchini (2006, November 16th draft). Best Interests of the Child & Adoptions Eligibility Criteria. *Unpublished paper prepared for discussion by the W.A. Legislative Review Committee reviewing the Adoption of Children Act (1994).*

"Psychologists are generally in agreement that events and experiences during a child's early years have profound long-term effects on subsequent wellbeing and functioning... (2006, p 1.)

"As a result of working with disturbed adults for about 30 years, my attention has been drawn to how childhood experiences come to influence a person's development and functioning in later life. A major concept in my understanding of these processes is the recognition that babies and children have a number of fundamental psychological needs that require inputs from caregivers in order for them to remain psychologically healthy and to thrive. What I've learnt is that whilst major issues such as physical, emotional, and sexual abuse are powerful shapers of later functioning, there are more subtle processes operating in the parenting environment that can produce either favourable or unfavourable effects on children. I can best sum this up by saying that children have the longest period of dependency upon adult carers as a proportion of lifespan, of all the species in the animal kingdom, and problems during this period are of major import. I have found that babies and children have a number of specific psychological needs, (numbering around 13 or 14) that need to be fulfilled during development for them to function fully and experience psychological health and wellbeing. A minority of needs (such as acceptance) operate in relation to both parents and peers - at slightly different stages of development. But the overwhelming majority of needs require input from carers during development, not from peers or siblings. The fulfilment or frustration of psychological needs is what also determines the individual's personality - determining what they seek and what they avoid. (Other contributors to personality are inherited characteristics, such as temperament or musical or maths ability)... (2006, pp. 1-2).

"I'm not going to go too deeply into this, other than to mention a few important needs that babies and children have. These are the need for succourance, for esteem, autonomy, acceptance, attention, approval or recognition, admiration, autonomy, control (or power), and order. These needs feature more strongly at certain developmental stages. However the ongoing fulfilment

of these needs is also a major factor in adult wellbeing - meaning that a current event which thwarts such a need in adulthood can be construed as being a stress, which impairs functioning and wellbeing. Vulnerability is a function of the extent to which current stresses impinge upon, or activate unmet needs of childhood origins. And importantly, the thwarting of needs during development brings about a burden of emotional pain in the individual, as well as shaping their beliefs about themselves and the world, which persist, feel true, and cannot be readily modified. How that comes about is an area of special interest to me... (2006, p. 2).

"My observation over many years, and backed up with the results of psychological testing, is that the quality of parenting reflects the carer's capacity to nurture, as opposed to having a preoccupation with the need to be nurtured oneself. This is a direct consequence of the quality of their own upbringing... (2006, p. 3).

"I have found that an unmet (or high) need for succourance is a common factor in the personalities of men who sexually abuse children in adulthood. Basically they suffered affectional neglect during development. Another factor is that they either had precocious sexual experiences, or were victims of sexual abuse themselves in childhood. But their neediness is the key issue. For example, I assessed a sex offender who abused a foster child who was subsequently adopted by the man and his wife. The man had an institutional upbringing at [REDACTED] and his succourance needs on a test I gave him were very high. In my view he would never have been approved if the test had been used as a guide in selection. **I have gathered considerable data which suggests this particular test could be used to identify poor prospects for the helping professions, teaching, fostering, and adoption because they could be at risk of exploiting children to meet their own needs...** (2006, pp. 3-4). (Emphasis in bold added 2015, and P.S. the man had a history of sexual activity with peers whilst in institutional care).

"My observation when conducting training programmes for prospective adoptive parents was that through a discussion of appropriate and inappropriate motives to adopt in group settings, some participants can recognise what is prompting their desire to adopt - for example, wanting to feel "normal", or pressure from relatives. The clarification of motivations and the discovery that one's motives are unsound can result in some prospective parents rightly deciding to withdraw from the adoption process. Others without insight may need to be

identified in the formal assessment interviews, and excluded in the best interests of the child". (2006, p.5)

2015 Comment: A similar process could be applied in the training of teachers and carers/supervisors in school settings.

2015 Footnote:

For several years from 1987 the writer worked part-time in the adoptions area (Adoption Research & Counselling Service, W.A.) providing counselling, running groups, educational courses for prospective adoptive parents, preparing community information & conference presentations, and conducting research.

Appendix 3

Extracts from 2009 CONFERENCE PRESENTATION MATERIAL (SAMPLE paper)

Preventing Child Sex Abuse: A New Approach Derived From Understanding the Unmet Childhood Needs of Adult Perpetrators

Mercurio Cicchini

Abstract

Forensic assessment of adult offenders suggests that boys with vulnerabilities arising from particular negative childhood experiences are at greater risk of becoming non-violent adult abusers. An understanding of this pathway can be applied to reduce the incidence of child sex abuse by harnessing energy in the community towards improving child-rearing practices. Prevention can also be promoted by a programme of community education which encourages preparedness among men who are abusers, or at potential risk of abusing children, to accept personal responsibility for their emotional difficulties, and to seek professional help.

My focus is to promote awareness of the childhood precursors to men sexually abusing children, their motivations and unmet childhood needs, and to suggest that there is much that we can do to reduce the incidence of child sex abuse in the future. In the process it should become apparent why not all former victims become abusers, and why some non-victims may become abusers.

Children are believed to have the longest period of immaturity in which they are reliant upon adult carers, as a proportion of lifespan, than any other animal species (W.M. Krogman, quoted by Allan, 1989). So what happens during that period of dependence and vulnerability is of profound importance to the future wellbeing of the individual, and their subsequent functioning within the community.

My conclusion, after three decades of delving into the causes of human problems is that negative childhood experiences involving the frustration of basic psychological needs are at the root of many social problems, including the sexual abuse of children by adults. That is because certain negative events in childhood produce intense feelings of pain and disappointment that carry forward in time to affect the individual's motivations, thought patterns and feelings, their personality dispositions, behavioral preferences, and vulnerability to future stresses which increase the likelihood maladaptive behaviours in adulthood, such as the sexual abuse of children.

Psychological needs are inputs necessary for growth and wellbeing, and the satisfaction or thwarting of which can be measured as motivational pursuits and behavioral tendencies in later life.

SLIDE 2

LIST OF IMPORTANT PSYCHOLOGICAL NEEDS**Important Psychological Needs**

ACCEPTANCE (a fundamental desire for inclusion, as opposed to isolation, rejection, bullying or being shunned)

ADMIRATION (this need is crucial during infant development, involving the display of positive affect --delight-- and interest by the carer)

AFFILIATION (or relatedness to others – to form friendships and associations) (HM)

APPROVAL/ RECOGNITION (to receive positive inputs or feedback) (HM – “Recognition”)

ATTENTION (to be noticed and paid attention) (HM – “Exhibition”)

AUTONOMY (the need for self-direction and freedom) (HM)

COMPETENCE (the need to feel capable and efficacious: to have mastery) (HM – “Achievement”)

CONTROL OR POWER (the need to be able to impact on the social and physical environment – to make things happen)

ESTEEM (to be valued, generating feelings of worth) (HM – “Abasement”)

NURTURANCE (desire & ability to care for others, particularly the young) (HM)

ORDER (a need for structure and predictability) (HM)

SAFETY OR SECURITY (to feel protected and safeguarded from potential threats of harm – to feel as being not at risk) (HM – “Harmavoidance”)

SUCCOURANCE (need to receive affection, physical touch and care) (HM)

Key: HM = Henry Murray (1938; 2008); “Explorations in Personality”. Oxford University Press.

Murray’s original label is in inverted commas, if changed in this list.

On the slide is a list of basic psychological needs that need to be fulfilled in children for them to grow into well functioning and healthy adults. Problems arise when, for whatever reason, those needs are impacted upon in a negative way. Those negative events include experiences that could possibly be avoided, like neglect from poor parenting, and victimization and indifferent treatment from adults or peers, as well as forms of childhood trauma that are accidental, and unavoidable. Unavoidable childhood stresses are the loss and grief reactions infants and children experience when they are separated from their primary carer by tragedy involving death, physical illness or mental illness in the carer. Illness in the child that results in separation from the primary carer can also be destructive as it can contribute to abandonment experiences and attachment disturbances that can fuel anxiety, depression, loss and low esteem.

My current mission is to share with professionals and members of the community the role of unmet childhood needs in the creation of human suffering through the lifespan. I have

also encapsulated my understanding of the factors that promote child sex abuse in an information guide for members of the public and helping professionals.

SLIDE 3:

GUIDE TITLE PAGE:

Preventing Child Sexual Abuse: A Guide for Health Professionals & Members of the Community

I won't be able to cover the contents of that guide here. I will briefly introduce the psychological background to that Guide – namely an understanding of how childhood experiences influences adult functioning, and how it applies particularly in the case of child sex abuse. This understanding has been derived from clinical practice, and is summarised below.

SLIDE 4:

NEED-FULFILMENT IN CHILDHOOD IS CONDUCTIVE TO GROWTH & WELLBEING

Human beings are motivated through the lifespan by important psychological needs which operate on a hedonic continuum, via the pleasure principle. Needs, both physical and psychological are experienced as negative feelings that serve as energizers or motivators of behaviour that try to have the need fulfilled or respected. When needs are gratified, the negative feelings are superceded in awareness by a more pleasurable feeling – which we might term contentment or pleasure. Such positive experiences slowly result in the formation of positive concepts of self and others, and the perception of a benign, supportive world which contributes to confidence, optimism and wellbeing.

SLIDE 5:

NEED-FRUSTRATION & TRAUMA RESULTS IN AFFECTIVE-COGNITIVE STRUCTURES BEING RECORDED IN MEMORY

On the other hand, significant frustrations, disappointments and traumas in infancy, childhood or adolescence result in what I term “a cataclysmic process” in which the upsets and disappointments are recorded in memory as intense negative feelings that subsequently continue to have ongoing adaptive functions. Those feelings have powerful motivating functions, both in the short and longer-term. They are often precursors to many antisocial acts later in life. That is, unmet needs operate as unconscious motivators.

Furthermore, at the time a trauma or upset is experienced in childhood, those intensified feelings trigger the formation of a primal attribution or explanation about the self or world which make sense, or explains the” why”, of the negative event. Here I am referring to what CBT practitioners call core beliefs, and which instigate what Transactional Analysts Gouling & Gouling (1979) refer to as early decisions.

SLIDE 6:

THE MENTAL RECORDS OF NEED-FRUSTRATION & TRAUMA HAVE SHORT-TERM ADAPTIVE FUNCTIONS: TO PREVENT FUTURE PAIN

Those primal attributions are formed for adaptive purposes – that is, with a view to prevent a future recurrence of distress (or negative affect). Those explanatory beliefs – for example, “I’m not good enough” or “nobody cares” endure and become a filter or mental template through which life events are viewed through the lifespan. At times the individual is only aware of the outcome of their explanations or predictions (the conclusion from their mental theory), and not the actual core belief, which in some cases is outside of conscious awareness. Those structures in memory - comprising negative feelings and negative beliefs are linked - and the subsequent arousal of one component by relevant stimuli can also arouse the other.

During childhood, a number of short-term and long-term adaptive responses are shaped by those mental structures in memory, such as the individual’s habits and personality dispositions, and behavioural preferences that attempt to avoid the recurrence of that encoded pain in the future.

Put simply, the negative feelings and beliefs arising from unmet childhood needs shape personality, wellbeing and functioning through the lifespan, and are common motivators in antisocial behaviour. The motivational force of those structures can be aroused by life stresses, and the ensuing behaviour can be understood as the individual’s attempt to reduce the experience of internal pain, disappointment or tension conditioned in childhood. Unmet psychological needs from childhood also manifest through the lifespan via the individual’s personality, thoughts, feelings, behaviors and motivations – both dispositional and situational/reactive.

The behavioral manifestations of unmet needs come in one of two forms, as an intensified pursuit of the need frustrated in childhood – a preoccupation to try and fulfil the unmet need, or its opposite - as an avoidance or shunning of that particular need in later life. An approval-seeking personality is an example of the former. An example of the latter is the behaviour of a person with a schizoid personality style who, through attachment disturbances and disappointment in childhood develops a lifestyle as an isolate or loner, and may rationalise it as a preference (rather than an avoidant coping style).

As the forgoing suggests, psychological needs are of crucial importance during development because the legacies of frustration endure. I can’t go into the details here of how I first detected those enduring consequences of need-frustration, but the first signs involved the activation of feelings during therapy which had been a precursor to offending. Another sign were cognitions perseverating around a particular need-domain.

Certain needs are more salient during particular developmental periods – such as autonomy in the toddler, adolescent and at mid-life. However all the identified needs

continue to operate and require fulfillment through the lifespan. People who have not been significantly deprived or traumatised in childhood continue to manifest an average level of pursuing the needs previously listed, whereas those who suffered neglect or trauma exhibit more extreme levels of need-pursuit or need-avoidance in the affected domain. We can see this in personality test results and by analyzing the person's behaviour, or their cognitions in the stream of consciousness. The latter refers to recurring thematic content in the person's thoughts and verbalisations.

SLIDE 7:

TRAUMA & PSYCHOLOGICAL NEED-FRUSTRATION CARRY FORWARD AS A VULNERABILITY OR ENHANCED SUSCEPTIBILITY TO STRESSES

That is because negative feelings arising from general or specific life stresses can re-awaken the historical record of pain and feed into the current distress experience of the individual.

SLIDE 8:

THE MENTAL STRUCTURES RECORDED IN MEMORY IN CHILDHOOD CAN BE ACTIVATED OR AROUSED BY LIFE STRESSES

SLIDE 9:

OFTEN THE ADULT INDIVIDUAL MIS-ATTRIBUTES THEIR DISTRESS TO CURRENT FACTORS ONLY

This problem can be addressed by education that helps in developing self-understanding and self-awareness.

So how do those pains from unmet needs from childhood carry forward to affect adult functioning and wellbeing? In later life, negative life events (stresses) can impinge on an unmet childhood need and trigger the arousal of the memory structures incorporating negative feelings and primal beliefs conditioned in childhood. The person's functioning is influenced by the motivational force of the structure, when it is activated. The person's perception and interpretation of events is also influenced by the structure. Many destructive acts in adults are attempts to reduce the conditioned pain of childhood origins. Current stresses activate or bring to the fore negative feelings (yearnings, if you will) arising from unmet childhood needs, and the individual reacts to the combined pool of pain or tension they experience by doing something that serves to make them feel better in the short-term. Such actions often have longer-term costs that far outweigh the immediate benefits to the individual of an improved emotional state. The improved feelings are short-lived, like the effects of a drug "hit". In due course the unmet need and its associated pain resurfaces, and another "hit" is required.

So negative feelings created in childhood as a consequence of trauma and psychological need-frustration have motivational properties aimed at reducing personal distress, and

bringing a more desirable feeling into awareness. Therein lies both the problem for society, and the pathway for treatment and prevention. When children display negative reactions in behaviour or mood, it is desirable for careers and helpers to identify the needs currently being thwarted, and promote environmental change so the child's distress does not become so intense as to become structuralized in the manner we observe in adults.

Another important concept in understanding deviant sexual behaviour is the wish-fulfillment function of inappropriate fantasies in attenuating the pain of unmet childhood psychological needs.

(Henry Murray, 1938 indicated that "under certain conditions fantasy may partially relieve the tension of a need; that is, it may be the equivalent of overt action").

(In the same way that the mind of a hungry person become occupied with thoughts of food, other unmet needs promote the entertainment in mind of fantasies that promise relief or a transformation of the pain one normally experiences. For example, someone who as a child was ignored and felt insignificant is likely to entertain and derive pleasure from the automatic thoughts that provide a mental solution to that problem – such as becoming a famous person. Similarly, negative feelings, such as powerlessness created in childhood can be attenuated by aggressive fantasies (and even activities) that offer the opposite feeling of potency and control. Unmet needs for power and control are more at issue in the motivation of aggression, and not the motivations of non-violent child molesters, who in my experience comprise the majority of men who sexually abuse children.

In overview, we can understand the occurrence of child sex abuse by considering the following:

- (a) Historical developmental factors that impinge on important psychological needs;**
- (b) The carrying forward of unmet needs as (1) negative feelings that have motivational properties, (2) as behavioral preoccupations, and (3) as cognitions that influence the processing and interpretation of current events.**
- (c) Finally, of crucial relevance is the capacity of current stresses in adulthood to impinge on and re-activate the negative feelings associated with unmet psychological needs from childhood arising from neglect, trauma, or misadventure.**

SLIDE 10

FACTORS OBSERVED IN THE MOTIVATION OF SEX OFFENCES AGAINST CHILDREN

The data for my psychological needs conceptualisation of child sex abuse comes from having assessed offenders in my work as a prison psychologist for 10 years, and as a consultant report writer providing psychological pre-sentence assessments to the criminal Courts for an additional 22 years.

For some years I used a personality test as an aid in clinical/forensic assessment. The test measures some psychological needs identified by Henry Murray and

colleagues in “Explorations in Personality”, published in 1938. The book is a classic in psychology, and was re-issued in 2008.

Although the test is commonly viewed as a measure of normal personality traits in adults, in practice it is actually a more dynamic measure that identifies unmet psychological needs from childhood that persist as personality dispositions and inclinations. The dimensions or traits tapped are individual variations in motivational preoccupations on a number of needs that human beings have in common.

Murray’s theory was derived from the intense study of the histories, personalities and motivations of 50 men of college age, and thus had a retrospective focus. Murray’s needs are hypothesized or inferred tendencies that serve to motivate or energise adult dispositions, the strength of expression of which individualises someone’s personality. Thus Murray suggested that adults have a variety of needs or motivational preoccupations in common in adulthood which had their source in negative childhood experiences. Such dispositions serve to motivate or energise behaviours that bring about a more desirable state in the individual – a reduction of pain or tension, and an increase in pleasure, as suggested by Freud’s pleasure principle. An appreciation of this principle makes it possible to understand a variety of clinical phenomena, including child sexual abuse. Murray (1938) also listed a number of negative childhood experiences, which he called “press” that had the potential to influence personality and motivation – through their influence on psychological needs as motivators.

2015 footnote:

*Murray’s list of **press** include variables such as various types of “family insupport”, (taking the form of family discord, capricious discipline, unsettled home, poverty, etc). He lists danger and misfortune, lack or loss, rejection, unconcern and scorn, maltreatment by others, dominance, coercion, and prohibition, succourance, nurturance (indulgence), deference, praise and recognition, affiliation, friendships, deception and betrayal, various categories of sexual events such as exposure or seduction, deception or betrayal, and inferiority.*

Some of these variables have been investigated in the field of developmental psychopathology and are proving Murray’s analysis to be quite prophetic.

WHAT DO WE MEAN BY PSYCHOLOGICAL NEEDS?

Henry Murray spoke of psychological needs as inferred motivational tendencies created in the brain by childhood events that foreshadowed the occurrence of benefit or harm to the individual. Also as “an electro-chemical process of some sort which is inwardly felt as the force of desire”. For Murray the need concept “*stands for a force (the physico-chemical nature of which is unknown) in the brain region, a force which organises perception, apperception, intellection, conation and action in such away as to transform in a certain direction an existing, unsatisfying situation*” (Murray, 1938, p.124).

Subsequently Abraham Maslow proposed that psychological needs are the inputs or ingredients required for promoting growth and wellbeing in children, and to produce a

well-adjusted adult. Maslow saw these needs as being essential ingredients, which if gratified during development produce positive growth and wellbeing, and if thwarted result in blockages and preoccupations that hinders growth, as seen in the neuroses of adults. My clinical observations with offenders and members of the community in the 1980's confirmed the suggestion that various psychological needs are indeed the ingredients or "nutriments" (in the US, "nutrients" here) required for growth and wellbeing which, if hindered during childhood, result in motivational preoccupations in adulthood along the lines suggested by both Murray and Maslow.

So psychological needs are inputs necessary for growth, and the satisfaction or thwarting of which can be measured as motivational pursuits and behavioral tendencies in later life.

The slide (below) shows the results of a **non-sexual** offender on several scales of the test. I am referring to it to illustrate how test profiles are interpreted.

SUMMARY OF PROFILE: NO. 1

HIGH SCORES:	LOW SCORES:
DOMINANCE 98	ABASEMENT 6
ACHIEVEMENT 94	DEFERENCE 8
AUTONOMY 88	SUCCOURANCE 13
EXHIBITION 82	ORDER 20
CHANGE 70	AFFILIATION 24

In essence, we have a man who is dominant (high DOMINANCE) and dislikes to acquiesce to others (Low DEFERENCE), he is likely to be narcissistic (very Low ABASEMENT score, suggesting a defensive adaptation involving inflated self-esteem arising from unmet admiration needs in early childhood). He has unmet needs for attention (High EXHIBITION). However he avoids others as sources of care, nurturance and protection (Low SUCCOURANCE) and has Low needs for interpersonal involvement or relationships (AFFILIATION). He dislikes ORDER or structure, preferring entropy. As a coping style, he seeks novelty and stimulation (High CHANGE). Novelty and stimulation--seeking can serve as distracters to, or a palliative for, inner tensions of childhood origins.

In terms of his lifestyle in adulthood, this man showed leadership qualities directed towards inciting hatred towards, and suppressing, particular minority groups. He was assessed in prison, after being convicted.

But what are the needs of SEX OFFENDERS AGAINST CHILDREN?

Unmet psychological needs from childhood feature in the personality dispositions of men who engage in the non-violent sexual abuse of children.

A number of years ago I started to get an impression, when writing up psychological assessments of offenders for the Courts, that many men who sexually abused children shared some common characteristics on a personality test I was using. So I went back over the most recent 20 test profiles of men who had offended sexually against children. These are summarised in the Table that follows:

SLIDE 11 (next page)
20 CASES

	AGE	CHILD SEX (age)	SEX ABUSE BY	OFFENCES	ABASEM'T 60% HIGH 5% LOW	SUCC'RNCE 70% HIGH 5% LOW	AUTONOMY 20% HIGH 35% LOW	AGGR. 40% HIGH 15% LOW	HET 35% HIGH 20% LOW	DOM 10% HIGH 65% LOW	EXHIB 30% HIGH 30% LOW
1.	43	10	15 yo	Ind Dealings	75	42	21	82	62	44	44
2.	40	5	Adult	Ind Dealings	99	83	2	46	69	19	29
3.	24	13	Adult, age 6	U/I ind assault	49	71	97	82	58	14	66
4.	71	?	?	Ind Dealings	99	83	88	29	1	19	missing
5.	20	7 or 8, 11-12	NONE	Agg. Sex Assault	75	98	10	11	91	3	37
6.										14	92
7.	36	10 in institution	NONE	Carnal knowledge; Sexual assault	96	95	54	8	82	14	1
8.	33	13	NONE	Ind Dealings	96	77	54	87	89	9	37
9.	17	NO	NONE	Ind Dealings	99	87	37	76	29	14	82
10.	42	?	Adult, (10, 11)	Ind Dealings	69	71	62	46	29	9	14
11.*	37	10	M&F foster parents	Incest	86	93	10	46	85	9	66
12.**	57	?	?	Unlawful & Ind Dealings	69	83	46	69	58	85	9
13.		No	Adult; 10-12	Ind Dealings	91	26	7	54	85	57	5
14.	50	5,6 brother 17	Adult (7,8;10-12)	Ind Dealings	69	87	46	54	42	57	95
15.	47	5-7 (mastbn)	NONE	Ind Dealings	12	33	54	82	97	69	22
16.		?	?	Sex Assault (9yo)	69	71	84	82	20	14	92
17.	35		Fondled (10)	Incest	86	65	95	97	73	31	75
18.	60				81	65	10	69	80	95	47
19.	20	?	?		69	83	70	76	66	9	98
20.	29	12-13; abuse of sisters	11 by woman 40		100	71	3	37	66	25	47

SCORE 70+ deemed to be HIGH; 30 or less to be LOW

The next Table summarises the Percentage of the 20 Cases gaining High and Low scores on several Subscales

ABASEMENT	SOCCOURANCE	AUTONOMY	AGGRESSION	HET'SEXUALITY	DOMINANCE	EXHIBITION
60% HIGH 5% LOW	70% HIGH 5% LOW	20% HIGH 35% LOW	40% 15% LOW	35% HIGH 20%LOW	10% HIGH 65% LOW	30% HIGH 30% LOW

The most significant observation were as follows:

70 % of these offenders had HIGH needs for SUCCOURANCE; and 5 % LOW. *HIGH SUCCOURANCE is indicative of strong unmet dependency needs (deprivation of the need for affection and physical touch & care); LOW SUCCOURANCE reflects a disinclination to seek help or care from others (schizoid adaptation).*

65 % had LOW needs for DOMINANCE (which is the opposite in our previous offender).

20% had HIGH Autonomy (independent outlook), and 35% LOW.

60 % had poor esteem, demonstrated via a self-punitive attitude (HIGH ABASEMENT) & 5% LOW (narcissistic inclination). *Abasement refers to having a self-punitive attitude.*

40% acknowledged experiencing anger (HIGH AGGRESSION)

35 % scored HIGH on HETEROSEXUALITY (strong interest in socialising or engaging sexually with the opposite sex).

SLIDE 12

SEXUAL OFFENDING AND EARLY HISTORIES

SLIDE 13

(20 CASES TABLE)

Reference is made to the 20 CASES table above.

The second column shows the Age of the offender at the time of assessment. (Offending may have occurred many years earlier, in some cases, or more recently).

COLUMN No 3 shows the age at which sexual activity was first experienced (if recorded), and Column 4 (**Sex abuse by**) refers to their own sexual victimisation in childhood.

Although this extract is not 100% complete on these measures, half this sample had been sexually abused in childhood, mostly by adults, when aged 5 to 13. One was abused at age 5 or 6 by his 17 year-old brother.

Some had engaged in precocious sexual activity in childhood: one reported starting to masturbate regularly at age 5.

A more recent sample of offenders shows a high incidence of childhood sexual abuse or sexual experimentation with peers (first noted in some sex offenders by Gebhard et al., 1965), as well as problematic childhoods associated with indifferent parenting, separation, or peer rejection. Aloof, absent and disengaged fathers is another recurring factor in more recent cases.

COMMENTARY

In addition to affectional neglect and victimisation being a very important factor contributing to the perpetuation of child sex abuse, I have become increasingly conscious of the importance of precocious sexual activity with peers in the pathway of becoming an offender. To obtain information about sexual history I would ask, “what was your earliest sexual experience? I also asked about subsequent sexual experiences, in the course of which other instances of consensual activity, or abuse, sometimes came to light. Often memories were sparked and additional earlier episodes of sexual activity came to mind. In some offenders, their recall of abuse or earlier consensual sexual activity becomes clearer in the course of therapy when there is a focus on reviewing early experiences.

Asking people if they were abused is not a clever way of obtaining relevant information. A man who was abused at age 11 by a woman aged 40 did not consider he was abused, because he enjoyed the experience. Indeed many victims of sexual abuse do not experience severe pain, but are corrupted and damaged psychologically through the experience of pleasure. That does not mean that abuse does not cause psychological damage, because it often does. Briefly, the next slide shows some of the effects of victimization. This forms part of the information Guide I have been developing.

SLIDE 14:

POTENTIAL EFFECTS ON VICTIMS OF CHILD SEXUAL ABUSE

VICTIMISATION CAN:

DAMAGE SELF ESTEEM & TRUST IN OTHERS

PRODUCE SHAME & SELF-DOUBT

INDUCE SELF-BLAME THAT ENDURES

INCREASE VULNERABILITY TO STRESS

PRODUCE SELF-HARM TENDENCIES

IMPAIR SEXUAL FUNCTIONING, PROMOTE AN AVERSION TO SEX, OR

CREATE SEXUAL PREOCCUPATIONS

CREATE CONFUSION IN SEXUAL IDENTITY OR ORIENTATION

DEADEN THE EXPERIENCE OF FEELINGS, BOTH GOOD & BAD

CONTRIBUTE TO ARRESTED PSYCHOSOCIAL DEVELOPMENT

INCREASE THE RISK OF BECOMING AN ABUSER (MALES)

SLIDE 15:

PUTTING THE PIECES TOGETHER:

WHAT INDUCES MEN TO COMMIT SEXUAL OFFENCES AGAINST CHILDREN?

After keeping an eye on the variables identified in these early cases, I noticed that a large number of the offenders I subsequently saw (the majority) had been victims of sexual abuse in childhood. The research figures vary on that score. Research also tells us that the majority of childhood victims **do not** become sexual offenders. So victimisation, on its own, does not fully account for why childhood victims become perpetrators, although victimisation is clearly very significant.

I noticed that some perpetrators who did not report being victims either had not seen themselves as victims because they enjoyed being seduced and felt proud and masculine, or had engaged in precocious sexual activity with peers in childhood, and thought nothing of it. Could it be that early sexual experiences “taints” the child, regardless of their individual make-up, and induces them to become sexually preoccupied? I don’t think that is the case, because again it seems that more boys have precocious sexual experiences than become perpetrators. We must look for some other factor, or catalyst, to appreciate what may be going on.

In trying to piece together the aetiology of child sex abuse, researchers and clinicians have identified the issue of low esteem, autonomy and assertiveness – personal inadequacy, if you like. Intimacy deficits, and identification with children are also relevant. Arrested emotional development and immaturity are commonly observed among adult offenders, who generally see themselves as victims of poor childhoods. In my view, negative events in childhood are responsible for those features.

SLIDE 15:

**UNMET DEPENDENCY NEEDS
& SEXUAL OFFENDING**

I also propose that abnormal manifestations of dependency needs in adulthood, created by affectional deprivation and attachment traumas, are highly influential in the path of becoming an abuser. By abnormal, I mean both very high and very low levels of affectional needs (SUCCOURANCE), when assessed in adulthood.

Also relevant are the following:

- **CONFUSION BETWEEN AFFECTION & SEXUAL FEELINGS**
- **SEXUAL FEELINGS used AS PACIFIERS FOR UNMET DEPENDENCY NEEDS & STRESS RELIEF**

Another important concept is that precocious sexual activity, consensual or not with peers, or through victimisation by adolescents or adults, has the potential to create a

confusion between affection and sexuality in children. **This confusion is more likely if, at the time of the sexual experience, the child is suffering from a significant degree of deprivation – that is, has unmet needs for affection and physical touch, or attention.** Here I am referring to the individuals who later, as adult offenders, manifest HIGH needs for SUCCOURANCE.

Unmet dependency needs can at times also be manifested as sexual preoccupations due to sex taking over the place of unmet needs for affection, acceptance, attention or admiration as a means of achieving wellbeing or soothing negative feelings of childhood origins. (An overseas study comparing sexual offenders against children with rapists showed that the former have greater sexual preoccupations than the latter).

Increasingly, it is also apparent to me that offenders against children who manifest unusually LOW needs for SUCCOURANCE or for AFFILIATION also have had problems with unmet dependency needs and affection in childhood – but they shut down the pursuit of such needs as a result of broken trust, often related to disrupted maternal attachment and disappointments. A large proportion of adult offenders (both sexual and non-sexual) come into the category I would call, “left behind children”; children whose attachment with carers was disrupted at some point during their development, most often by separation and/or neglect and deprivation.

However affectional deprivation and neglect in childhood is not restricted to sexual offenders against children. I recall routinely asking one man in prison what his childhood had been like, and he burst into tears. I asked him what the problem was:

“Too many Uncles”, he said tearfully. Apparently his mother would bring lovers home to have sex, and on those occasions would make her son go out and play in the yard by himself. It was such a common occurrence that the child learnt to feel excluded and not important to his mother.

I was recently told of another woman who had 7 children by 7 different fathers.

Apparently she would hide some of her offspring in a cupboard when her suitors came to see her, in order not to put them off. But this damaged her children. One cupboarded son became a drug abuser in adulthood. He was violent towards his partner – the mother of his child - on account of irrational jealousy and insecurity. His partner (the victim) reported that she was handcuffed at home on one occasion so her abusive partner could go to town with his jealous mind more at ease.

We are still discussing the question of what motivates sex offenders against children. We have some clues from the personality tests, in the way of unmet dependency needs. Research has indicated that adult offenders saw sexual issues, and intimacy issues, as occurring immediately prior to their offences. Given the deprivation those men have experienced, that is not a surprise. Some research, and my own observations, are that many offences, both sexual and non-sexual, are often preceded by an increase in the experience of negative affect immediately prior to the first offence, or prior to a relapse. Some examples in generalist offenders are in Cicchini (1986 a; 1986 b).

2015 footnote: *An academic article on the above topic in relation to sex offenders against children is in preparation by the author.*

Typically that negative affect is the result of current life stresses or losses activating and bringing to the surface feelings recorded in memory during childhood when psychological needs are thwarted. Most commonly they are aroused by negative life events involving stress, interpersonal loss, or threatened loss.

When that arousal of negative emotion and cognitions occurs, the individual attempts to self-soothe or improve their negative mood, often by actions that attempt to fulfil the unmet need. Actual acting-out is often preceded by fantasies that hold the promise of better times ahead, which may include anticipating offending against a child. Such fantasies carry the prospect of an improved mental state, or a reduction of pain or tension, and are most likely motivated by unconscious, and sometimes conscious, memories of childhood sexual experiences. (That is, the effects of *traumatic sexualisation* – from being victimised or having precocious sexual experiences - i.e., when immature).

Clinical observations and integration of psychological test information suggests that:

One aspect of traumatic sexualisation (viewed here as a confusion or mingling of affection and sexual feelings) in childhood is increased by the presence of affectional deprivation or maternal separation

My suggestion is that traumatic sexualisation in children is most likely to occur if they are sexually abused or engage in precocious sexual activity with peers, or masturbation - but particularly **if they are at that time suffering from deprivation of affection, physical touch, and other dependency needs**. (Some offenders were born premature and missed out of normal skin and body stimulation in the early weeks of development as they were in humidicribs and not with their mother).

A vulnerability results in that deprivation leaves a residue in memory – an intensified feeling of pain, loneliness rejection, or feeling unloved – which if activated or triggered in adulthood by a negative life event, increases the risk that a sexual solution (or a regression to childhood type activities) will be sought to appease the negative emotion created by unmet dependency needs.

So the confusion between affectional and sexual needs in susceptible boys – meaning affectionally deprived boys - increases the probability that they will subsequently become sexually preoccupied, abuse a child for the first time, or relapse into sexual re-offending in response to life stresses.

In adults, that interim period between the re-awakening of childhood deprivation through a life stress and the initiation of an act is important. Most offenders recognize an absence of wellbeing – loneliness, rejection, stress or tension - but not the historical origins of those feelings.

After a current life stress, unconscious memories and processes associated with childhood sexual experiences can fuel positive fantasies of how to appease one's feelings of abandonment, disquiet, loneliness, or hunger for affection and physical touch. If the fantasies are acted upon, the pleasurable feelings are highly reinforcing, as they temporarily fill a hole that is missing – feeling loved, pleasure, the warmth of human touch, or feeling less lonely or abandoned.

Thwarted needs in childhood not only create negative feelings in memory that can be subsequently activated, but induce the formation of negative core beliefs or attributions - often involving self-blame and self-perceived deficiencies - “I'm not good enough”, “nobody cares, etc”. These core beliefs manifest through the lifespan, are readily recognized clinically, and are tapped by some personality test scales. Those beliefs also play a part in the defensive motivational processes the person engages in when a relevant vulnerability (the unmet need) is activated by a current stress. These negative core beliefs, as part of the personality structure also inhibit assertiveness and communication skills with adult partners or prospective partners. A number of child sex offenders have intimacy, sexual and communication issues with partners that they do not successfully attempt to resolve through fear and felt inadequacy.

Of course sexual offending can become addictive and hard to arrest, because by displacing unpleasant feelings, the affective-cognitive-behavioural chain that brought about an improved emotional state is reinforced. In certain individuals, alcohol or drug abuse as a means of coping with stress further reduces inhibitions and increase the risk of offending. And offenders can and do plan and scheme to recapture those temporary feelings of pleasure. However with the passage of time their unmet needs resurface sooner or later, at which point they require another “fix”, much like the drug addict. Their fix has to do with the unmet need for physical touch, love, attention temporarily satisfied through sexual or touch pleasure that fills the hole of affectional deprivation. In general, child molesters are very needy, and no amount of desired affectional inputs fills their unmet need. There are no practical solutions to emotional problems – only emotional ones.

It is imperative, if we are to move forward in prevention, to increase community understanding about the causes of evil in society, and the sexual abuse of children, in particular. The media and the public refer to monsters. My hope is that by having a better understanding and by appreciating that most antisocial acts are indeed poor attempted practical solutions to current stresses, combined with the effects of past emotional problems, then a positive proactive process can be set in motion.

As a community we need to recognize that as we sow, so we shall reap. Child sex offenders carry the legacies of dysfunctional childhoods in their mind and bodies, and many lack awareness of the inner tensions that influence their destructive desires and choices, or lack positive skills for coping with such tensions.

It is understandable that the community has little tolerance for offenders who are attracted towards abusing children and who sometimes repeat their destructive acts, because they

believe the person is being highly selfish and self-indulgent at the expense of their powerless victims. But the reality is, that the end point of offending is produced by internal emotional processes established in childhood over which the offender usually has limited insight. I believe that offenders choose to offend, because it creates pleasure and improves their wellbeing. But their power of their negative feelings influence their choices. Gruenberg (1967), a psychiatrist, has stated that people are free to choose their actions, but their choices are influenced by causes inside them. The motivational power of unmet psychological needs are the most important, most powerful, and recurring causes of child molestation, and many other forms of antisocial behavior. That is my conviction after assessing thousands of offenders over the past 32 years.

When offenders report wanting to give and receive affection as motivations for their offending, professionals sometimes think these are justifications and distortions. (A study on clergy who had offended comes to mind – Saradjan & Nobus, 2003. They report abusive clergy having pre-existing belief along the lines of, “I did believe that ‘love’ implied giving attention and comfort to someone and experienced in a sexual manner”). In reality offenders are bringing to light their unmet childhood needs, which they try to meet inappropriately. As one writer put it, “In many instances their interest in children is more than just sexual, representing the kind of interpersonal contact with which they feel most comfortable” Bancroft (1978, p. 106). They often replicate their own abusive experiences, not uncommonly with victims the same age as themselves when victimized, or the age of their childhood partners. That is not always the case, because some offenders are attracted to, and exploit, the burgeoning sexual feelings of adolescents, who may be more responsive to their overtures and less threatening than adults, in terms of potential rejection. Immaturity and a vulnerability to rejection are commonly observed in non-violent sex offenders against children.

The role of stress in initiating offending or a relapse needs emphasising, Life stresses in adulthood can impinge upon the pool of negative feelings in memory, and their primal attributions which form the core of their perceptual style regarding important life events. In the sex offender against children a number of life stresses have the potential to re-awaken his unmet affectional needs. These include perceived rejection, loneliness, experiences of loss or a reduction in intimacy. Such events can trigger the negative affect and cognitions originally created by affectional frustration in childhood. Unfortunately many offenders often don’t have a clear awareness of the internal processes that enhance their desire to offend sexually as a means of self-soothing. As previously stated, they also have difficulties realizing that current stresses are not the total cause of their current distress, but that a historical flow-on from childhood can be a major contributor. And emotional problems of childhood origins require emotional solutions, not practical ones, such as acting-out sexually.

I believe that for things to improve we need community education about psychological and developmental processes, so the real causes of human problems can be tackled. That is the purpose of the Guide I have been preparing with respect to the prevention of child sexual abuse. The Guide offers information on why people commit crimes, the effects of abuse, and in particular the motivations and vulnerabilities of men who sexually abuse

children. Its goal is to increase an understanding that negative childhood experiences that impinge on important psychological needs are the cause of the personal suffering that members of the community experience, and that they also underpin the destructive and unacceptable behavior of sexual offenders against children.

An immediate goal is to help general members of the community and the men who are either current or past abusers, or prospective offenders, to understand their vulnerabilities and common distal and proximal life factors that can trigger offending. With prospective offenders identifying their potential risk, and being encouraged to seek professional help, we can work constructively towards reducing the incidence of that type of crime. So the first tack involves increasing awareness that antisocial behaviours involve offenders attempting to use harmful and wrong practical solutions to solve emotional problems of childhood origins, and that such issues require psychological solutions.

An ongoing task will also be to improve understanding in the community about the childhood origins of subsequent human problems such as anxiety, depression, and crime. With that knowledge we must do all we can to improve child-rearing practices, provide assistance to impaired carers, and offer remedial help at the earliest opportunity to both children and adults who have suffered psychological harm during development. And that must include those who happen to be offenders.

The material in the information guide I have been putting together can be produced in hard copy, or made accessible via the Internet and media, Endorsement and promotion of that type of material by Government agencies would help in it achieving greater community penetration.

The Guide touches on the effects of child sex abuse; why people offend, what increases or reduces the risk of offending, and what signs men should look for to assess their potential risk of abuse. Finally, it encourages those who have already offended, or could be at some risk of offending to get help.

Input from agencies will be required to provide a list of community resources, and contact details, of where offenders and those of at risk of offending can seek professional help.

If anyone would like to view the Guide I am developing, and offer comments & suggestions, please contact me.

Parties interested in using this type of material in a preventative programme should contact the author for permission and assistance with drawing up the content. Email: spotbeam@tpg.com.au subject: "csa community education"

Some of the contents are shown below:

2009 DRAFT

Pamphlet Title: PREVENTING CHILD SEXUAL ABUSE: A Guide for Health Professionals & Members of the Community

SAMPLE CONTENT (2009 DRAFT)

Are there background and trigger factors that can contribute to an adult sexually abusing a child, for the first time, or in a relapse?

Yes. Upset feelings or low mood are often a precursor to negative behaviours, including child sex abuse.

These upsets usually relate to recent life stresses, losses, or setbacks which serve to arouse additional distress from a pool in memory of childhood trauma or need-frustration. Unwholesome thoughts, fantasies and desires which promise a quick-fix can flow out of such misery, and are sometimes acted upon. That is to say, that in addition to current upsets, there are also background factors related to life experiences during childhood that contribute to the offender's inappropriate acting-out. What happens is that the current stresses impinge on a person's sensitivities or vulnerabilities that were acquired during childhood. With such a fusion of current and internal historical stresses, poor problem-solving can result.

Q. What are some common examples of (a) current & (b) historical stresses?**(a) Recent losses or setbacks**

Losses associated with relationships or work that diminish feelings of being loved, accepted, or worthy;
Increased involvement in caring for others
Feeling rejected, ignored, or unloved
Partner absent or unavailable
Feel sexually frustrated

(b) Negative childhood experiences

- Lack of parental affection and warmth
- Multiple foster carers or institutional upbringing
- Maternal separation or perceived abandonment
- Excessive discipline
- Excessive chores or responsibilities to look after others whilst still immature
- Sexual victimisation or sexual contact with others whilst still a child

Q. What can make me vulnerable to sexually abusing a child?

Some risk factors were described in the previous section, but a more complete list of relevant factors include the following:

- Low esteem, difficulty relating with adults, or asserting oneself
- Sensitivity to rejection
- Still feel like a child emotionally – feel not grown up
- Felt unloved in childhood
- Lack of physical touch or affection from parents in childhood
- Participation in childhood sexual activity, either by having been victimised, or engaging in precocious sex as a child
- Feeling more comfortable with children than adults, and developing special friendships with children
- Having to have sex to feel loved or feel reassured
- Using sex to recover from upsets or solve emotional problems
- Viewing child pornography and masturbating to images
- Collecting pornography, or being otherwise sexually preoccupied
- Sexual attraction/arousal to children is not suppressed
- Experiencing a confusion of love and sex
- Not talking to others about your needs when feeling upset, lonely or unloved
- Being preoccupied with wanting to show affection and love to children because no one showed you the love you wanted.

ANOTHER ITEM ADDRESSES THE FOLLOWING QUESTION:

Q. What should I do if some of the above items relate to me?

SELECTED REFERENCES

- Allan, J. (1989). *The human difference*. Oxford: Lion Publishing Corporation.
- Bancroft, J. (1978). The prevention of sexual offences. In C.B. Qualls, J.P. Wincze, & D.H. Barlow (Eds.), *The Prevention of Sexual Disorders: Issues and approaches* (pp. 95-113). New York: Plenum Press.
- Cicchini, M. (1986 a). *The Origins and Nature of Maladaptive Cognitions: Part 1. A Hedonic Homeostatic Model of Maladaptive Behaviour and Cognition*.
www.users.tpg.com.au/joycic/publi.html
- Cicchini, M. (1986 b). *The Origins and Nature of Maladaptive Cognitions: Part 2. Perceptual and Motivational Effects of Negative Affective Suppositions*.
www.users.tpg.com.au/joycic/publi.html
- Gebhard, P., Gagnon, J., Pomeroy, W., & Christenson, C. (1965). *Sex Offenders: An analysis of types*. New York: Harper & Row.
- Gill, C.L. (2004) *The victim to offender hypothesis: An investigation into the relationship between childhood sexual victimization and child sexual offending*. Dissertation submitted in partial fulfilment for the degree of Master of Psychology (Counselling) at Curtin University of Technology.
- Goulding, M., & Goulding R.L. (1979/1997). *Changing lives through redecision therapy*. Grove Press: New York.
- Gruenberg, G.E. (1967). Determinism, economic and geographic. *New Catholic Encyclopedia*, Vol 4, pp. 810-811. New York: McGraw-Hill.
- Pithers, W.D., Kashima, K.M., Cumming, F.G., Beal, L.S. & Buell, M.M. (1988). Relapse prevention of sexual aggression. In R.A. Prentky & V.L. Quinsey (Eds.) *Human Sexual Aggression: Current Perspectives* (pp. 244-260). New York: New York Academy of Sciences.
- Saradjhan, A. & Nobus, D. (2003). Cognitive distortions of religious professionals who sexually abuse children. *Journal of interpersonal violence*, 18(8), 905 – 923.

END of 2009 CONFERENCE SAMPLE MATERIAL 2015 FOOTNOTES

- Similar material to the above was presented at a number of professional conferences. After feedback was received, and registered psychologist practitioners offered their support and interest, the “Guide” was published in W.A. in late 2012 / early 2013.

- Printing was funded by a small group of WA Psychologists who also distribute it at no cost to consumers. The Guide was unveiled at the *Australian Psychological Society Biennial Gathering of the Child, Adolescent and Family Psychology Interest Group, at Katoomba, New South Wales. April 11-13, 2013*. Subsequently the Australian Institute of Family Studies was informed of its existence.
- A list of service providers in W.A. are on the Links/resources menu of the webpage www.PreventingChildSexualAbuse.org