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Exploring the relationship between neglect and harmful sexual behaviours in children and young people: Evidence Scope 3

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Section 1: Introduction

This evidence scope explores the potential associations between a background of child neglect and children and young people who display harmful sexual behaviours (HSB). For the purpose of this scope, HSB is defined as:

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult. (Hackett, Holmes and Branigan, 2015)

This scope is the third of three linked evidence scopes commissioned by Action for Children and the National Society for the Prevention of Cruelty to Children (NSPCC) with Research in Practice.

- > Scope 1 considers the potential relationship between neglect and child sexual exploitation (CSE) (Hanson, 2016).
- > Scope 2 explores the relationship between neglect and adult-perpetrated intra-familial child sexual abuse (IFCSA) (Allnock, 2016).

So while the first two scopes deal primarily with children and young people as *victims* of differing types of sexual abuse, this review is specifically concerned with the challenging area of children and young people who harm or *victimise others* as a consequence of their sexual behaviours.

A note of caution is required about this distinction, however. As will be seen in the sections that follow, children and young people who present with harmful sexual behaviours (HSB) are commonly both *victimised* and *victimisers* and in many cases their harmful sexual behaviours represent ‘one element of a range of predisposing experiences, underlying vulnerabilities and presenting problems in their lives’ (Hackett, 2014: 11). Therefore, there is considerable overlap between issues associated with HSB and the two other scopes in this series.

Readers should also bear in mind that there has been an unfortunate tendency to pathologise and demonise children and young people who present with HSB. In their paper entitled *Don’t shoot, we’re your children*, Chaffin and Bonner (1998) warn against the punitive, aversive and absolutist tone in which ‘treatment’ beliefs have grown about children and young people with HSB.

Collectively then, the three evidence scopes offer an opportunity to see beyond what at times is an arbitrary categorisation of children’s experiences of harm and harming others. They offer an opportunity to investigate the broad question of the sexual abuse of children from three distinct vantage points. Together, they seek to assess the potential associations between these three varying elements of the sexual abuse of children and the wider issue of child neglect.

Aims of the evidence scope

The overall aim of this scope is to explore the associations that exist between HSB and child neglect. In so doing, it seeks to answer the following questions:

- > How common is neglect in the backgrounds of children and young people who display HSB?
- > How strongly is neglect identified as a risk factor for HSB?
- > Is there evidence that neglect is associated with any particular subtypes of HSB?
- > What are the *potential* associations and mechanisms between exposure to neglect and the development of HSB?
- > To what extent is neglect included in existing explanatory and pathway models regarding the development of HSB?
- > How well do existing intervention responses proposed for HSB deal with the issue of neglect?

In order to answer these questions, this evidence scope is structured in the following way:

- > Section 2 sets the context for the scope. It considers the range of terminology used in discussion of HSB and makes some important distinctions in order to clarify what we mean by HSB. Crucially, it emphasises the importance of seeing HSB as a continuum of behaviours in childhood and adolescence, encompassing problematic, abusive and violent behaviours. This section also discusses what is meant by ‘neglect’ (discussed in more detail in Scope 2).
- > Section 3 briefly summarises what is known about children and young people who display HSB, with specific reference to the distinction between those whose HSB is directed towards their peers and those whose behaviours target younger children.
- > Section 4 examines the available evidence on the maltreatment histories of children and young people with HSB, including specific evidence for the frequency of neglect. It offers some *tentative* conclusions about the developmental course of HSB and the role of neglect, and outlines a *speculative* model for understanding the possible direct and indirect ‘pathways’ to HSB. As some forms of HSB have been theorised as part of a spectrum of antisocial and offending behaviour in youth, this section also discusses evidence on the impact of neglect on antisocial behaviour.
- > Section 5 considers whether particular forms and impacts of neglect may be associated with particular subtypes of HSB. In order to illustrate these potential but complex associations, Section 5 hypothesises a further model depicting multiple routes from exposure to neglect, through distinct impacts, to triggers for HSB.
- > In Section 6 the scope concludes by considering the extent to which approaches for assessment and intervention with children and young people displaying HSB have addressed issues of neglect. Importantly, it also asks whether neglect may itself be sometimes a consequence of such approaches.

Why should we be concerned about harmful sexual behaviours in children and young people?

Concern about children and young people who harm others as a result of their sexual behaviours has grown significantly in recent years. The UK has seen a steady increase in awareness of young people who come to the attention of professionals because of their sexual behaviours. Most Local Safeguarding Children Boards (LSCBs) now offer short courses on this topic as part of their LSCB training programmes (Hackett, Carpenter and Patsios, 2013). Practice responses to children and young people who have committed sexual offences have also been subject to official review, with the publication of an influential criminal justice joint inspection report into the effectiveness of multi-agency work in England and Wales (CJJI, 2013).

There have been persistent calls for more joined-up policy and more consistent assessment and intervention responses (Smith et al, 2014). At the time of writing, it seems that some progress is being made. NSPCC and Research in Practice are currently co-leading the piloting of an *Operational Framework for Children and Young People with Harmful Sexual Behaviours* (Hackett, Holmes and Branigan, 2015) across several LSCB areas in England and Wales. Early in 2016, in partnership with Barnardo's, Nusrat Ghani MP launched a cross-party parliamentary inquiry into children and young people who display HSB. And significantly, in September 2016 the National Institute for Health and Care Excellence (NICE) is due to publish its first public health guideline on assessment and intervention responses for this specific group of children and young people. The time is therefore right to examine the issue of sexual harm by children and young people along with other subtypes of child sexual abuse.

Why examine the specific relationship between neglect and HSB in children and young people?

Authors writing about the issue of harmful sexual behaviours in childhood and adolescence have spent much of the last 20 years seeking to raise professional awareness of the problem of HSB as a specific issue that is worthy of the consideration of policymakers and practitioners (Calder, 2007; Erooga and Masson, 2006). Although they have been partially successful, as noted above, an unforeseen and undesirable consequence has been that children and young people presenting with HSB have come to be seen as somehow different from other children with difficulties (Chaffin and Bonner, 1998). As a result, the HSB field has tended to draw on frameworks and knowledge from research on adult sex offenders, whilst simultaneously under-emphasising the links that exist between HSB and other developmental and behavioural problems faced by children and young people (Longo, 2003).

With awareness of the issue of harmful sexual behaviour in children and young people now established, it is more important than ever to consider HSB not in isolation as a distinct and unique phenomenon, but as a critical developmental experience for children and young people that sits alongside – and indeed may be the symptom of – other developmental challenges for children (Rich, 2007; Hackett, 2007). In this regard, investigating the role of neglect and other forms of maltreatment on the development of HSB represents an important shift in the HSB field. Therefore, all three scopes in this series, dealing with intra-familial child sexual abuse, child sexual exploitation and harmful sexual behaviour, are dealing with conceptually related and interlinked aspects of children's experiences of sex, abuse and harm.

Constraints of the current evidence base

Since the early 1990s, well over 200 research articles have been published internationally relating to HSB by children and young people (Hackett, 2014). On one level, this would appear to represent good progress for a relatively newly established field of investigation with an under-developed evidence base. However, as noted above, much of the early literature has its roots in research on adult sex offenders and the relevance of the theories and approaches offered from this literature has been called into question (Longo, 2003).

In addition, relatively little empirical research has been published about young people presenting with HSB in the UK context. A systematic review of the evidence on assessment and interventions for HSB (NICE, 2016 in press) undertaken to inform the NICE Public Health Advisory Committee (to support the development of the public health guideline on HSB) identified 39 studies that met the NICE criteria for inclusion; of these, 13 were quantitative and 26 were qualitative, but none of the quantitative studies and only nine of the qualitative studies were UK based.

The NICE committee raised a number of concerns about the limitations of the evidence base, including, crucially, the lack of empirically validated assessment and intervention models for younger children, young women with HSB and young people with learning disabilities who present with HSB (NICE, 2016 in press). The committee also highlighted the almost total absence from the international literature of any discussion of less extreme forms of HSB (ie, *inappropriate* and *problematic* sexual behaviours as described on the continuum in Section 2).

The earliest review of policy and practice in relation to HSB in the UK (NCH, 1992) highlighted the way in which the issue of children and young people presenting as ‘perpetrators’ of sexual abuse fell between two very distinct policy and practice systems, namely the child welfare and the criminal justice systems. This long-stated fissure is also reflected in the nature of the existing evidence base. The evidence on HSB straddles some distinct and arguably not very well integrated sets of literature and theories.

The research on HSB has relatively little to say about the specific issue of neglect. While descriptive studies have consistently identified prior victimisation as an antecedent to HSB, neglect has rarely been identified as a distinct element. There has been little, if any, focused consideration of the specific role that neglect may play in the development of HSB, or the potential associations between specific subtypes of HSB and particular forms of neglect. Similarly, the broader literature on child neglect has, perhaps unsurprisingly, rarely addressed the question of HSB (for further discussion on the constraints and limitations of the evidence base, see Appendix A).

Section 2: What are harmful sexual behaviours in children and young people? And what is meant by 'neglect'?

What are harmful sexual behaviours?

Sexual abuse has been defined variously both across jurisdictions in the UK and internationally (see Appendix B). In general, definitions focus on the engagement of children or other victims in a range of sexual behaviours where victims are unable to give informed consent or where they are manipulated, coerced or forced to take part in sexual activity that is developmentally inappropriate or harmful for them.

As set out in the introduction, this scope uses the following definition:

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult. (Hackett, Holmes and Branigan, 2015)

However, as this section makes clear, as a relatively new field of investigation, research, practice and policy in relation to HSB are all characterised by wide variations in terminology, many of which are value-laden and can have a significant (and adverse) influence on how children and young people who display HSB are thought of and responded to.

What is the scale of HSB in children and young people?

While sexual abuse was initially conceived as a set of behaviours perpetrated by adults on children, as professional understanding of sexual abuse has developed over the last two decades, awareness has grown of the frequency of sexual abuse perpetrated by children and young people under 18. For instance, *An Overview of Sexual Offending in England and Wales* published by analysts from the Ministry of Justice, Home Office and Office for National Statistics (2013) highlighted that 491 of the 5,977 offenders found guilty of sexual offences in 2011 in England and Wales were juveniles under the age of 18; in other words, one in twelve (8.2%) of all those convicted was a young person. Moreover, in their study of child maltreatment in the UK (using a randomly generated postcode sample of over 6,000 individuals), Radford et al (2011) found that almost two-thirds (65.9%) of the contact sexual abuse reported by children and young people was perpetrated by under 18 year olds.

Accurate figures on the true scale of the problem of sexual abuse committed by children and young people are difficult to establish, not least because of the secrecy so often involved in the commission of such acts, as well as the highly variable ways professional and juridical systems deal with allegations of abuse. However, many commentators now agree that somewhere between one-quarter and one-third of all sexual abuse in the UK involves children and young people under the age of 18 as the alleged abusers (Almond, Canter and Salfati, 2006).

Variations in terminology

Researchers and professionals have used a huge variety of terms to describe both children and young people who are identified as harming others as a result of their sexual behaviour and to describe the behaviours themselves. These include terms such as 'adolescent/juvenile sexual offenders', 'young abusers', 'sexually reactive children', 'adolescent rapists', to name but a few. Some, arguably all, are inaccurate, unhelpful and/or misleading. For example, the term 'juvenile sexual offender' is used repeatedly in studies to describe samples that contain both pre-pubescent children and adolescents, as well as children and young people who have not been convicted of a criminal offence at all.

Moreover, the whole issue of 'children' as 'abusers' is an emotive subject which challenges stereotypical and polarised views of children as passive victims and abusers as adult predators. The varied terms used both in academic research and in the context of professional practice are often value-laden and tend to reflect the position of those using the terms as much as they describe the specific dimensions of the behaviours in question. This means *professionals need to exercise extreme caution about the use of potentially very damaging labels* for children and young people whose sexual behaviours come to their attention.

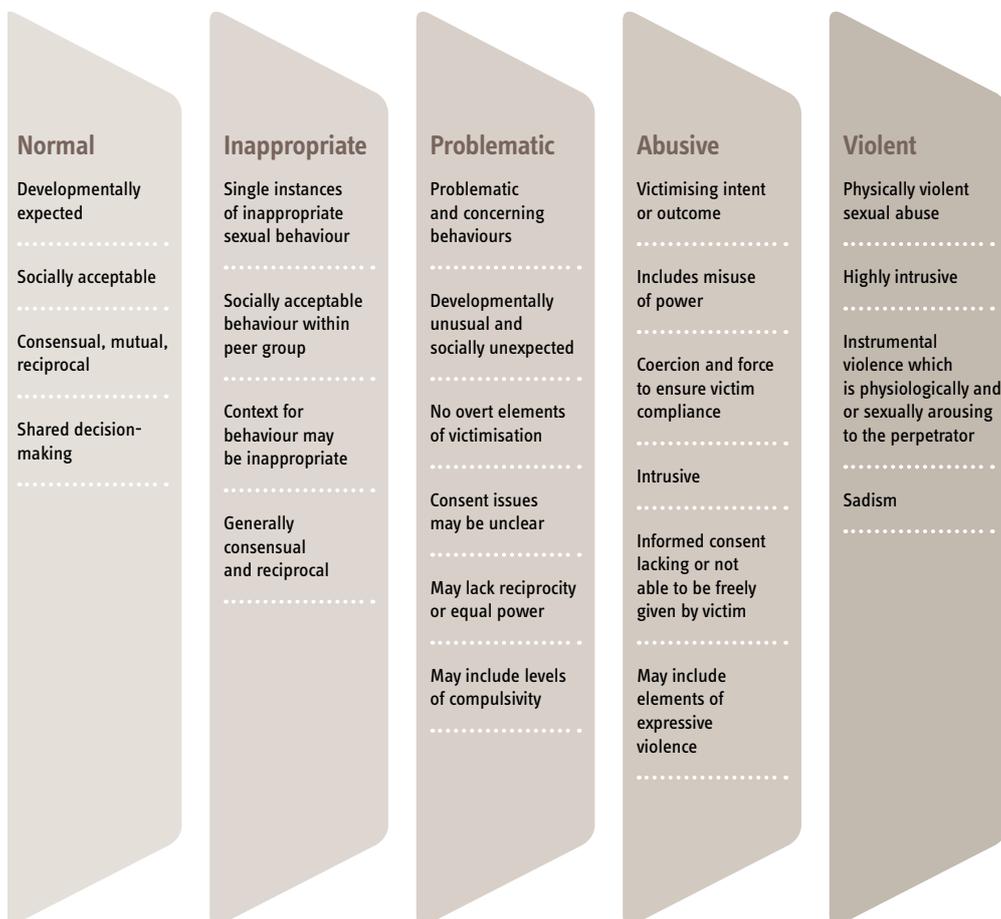
The variations in terminology also underline that HSB by children and young people is not one categorical issue, nor do those who display HSB constitute one group of children. Rather, HSB is a set of behaviours with distinct meanings and motivations, undertaken by a developmentally and socially diverse set of children and young people. Vizard, for example, has criticised:

... the misguided search for one all-encompassing term that will cover children as young as 6 or 7 years old with persistent, over-sexualised or sexually aggressive behaviour, 11 year olds who may have committed penetrative offences and have faced criminal charges, as well as older adolescents with established sexually offending behaviour towards younger children or adults. (Vizard, 2006: 2)

A continuum of sexual behaviours

Defining sexual behaviours that are harmful, and distinguishing them from healthy and normal sexual behaviours at different developmental stages, is a complex process, not least because it involves subjective and value-based judgements on the part of practitioners. Sexual behaviours in childhood may be described on a continuum, which ranges on the one hand from normal and developmentally appropriate, to highly abnormal and violent on the other, as shown in Figure 1.

Figure 1: A continuum of children and young people’s sexual behaviours (Hackett, 2010)



Making distinctions about where on this continuum any given behaviour fits is not straightforward, however. The perceived appropriateness of sexual behaviours varies substantially across time both within and between societies (Hackett, 2014). Any sexual behaviour demonstrated by children or young people also needs to be seen within a developmental context, not only because of the differing status of pre-adolescents and adolescents (given the ages of criminal responsibility within the criminal justice system) but because sexual behaviour has very different meanings and motivations across childhood and adolescence and into adulthood. Some behaviours that are normal if demonstrated in pre-adolescent children would be concerning if they continue into adolescence. Others are considered a normal part of the development of adolescents but would be highly unusual in pre-adolescent children (Ryan, 2000). For the purposes of this scope, therefore, the term ‘child’ is used specifically to refer to children who are pre-adolescents (generally defined as in their pre-pubertal stage of childhood)¹ and the term ‘young person’ describes those who are adolescents (broadly defined as in their pubertal stage of development).

Using the idea of a continuum to understand the range of sexual behaviours being demonstrated by an *individual* child or young person is important. All too often, when a child or young person has demonstrated a specific incident of ‘abusive’ behaviour, all of their subsequent sexual behaviours are viewed through this particular lens. Even normative and healthy forms of sexual expression may be viewed as evidence of further HSB, for example. In this sense, progression through this continuum is neither inevitable or ‘one-way traffic’ for an individual child. Rather than defining the whole child through their most extreme behaviour, seeing a child’s behaviour as much more nuanced and fluid is critical to an appropriate professional response to that child’s overall presentation.

¹ This distinction is specific to Scope 3. (In Scopes 1 and 2, the term ‘child’ is used more generally and can apply to children and young people up to age 18, although the terms ‘adolescents’ and ‘young people’ are sometimes used to specify older children.)

'Abusive' versus 'problematic' behaviours

One further definitional distinction that has been drawn out is the difference between sexual behaviours that are 'abusive' and those that are 'problematic' (Hackett, 2014). Hackett proposes the term 'sexually abusive behaviour' to indicate sexual behaviours that are initiated by a child or young person where there are elements of manipulation or coercion (Burton et al, 1998) and/or where the subject of the behaviour is unable to give true (informed and non-manipulated) consent. By contrast, the term 'sexually problematic behaviour' is used to refer to activities that do not include an element of victimisation, but which may interfere with the development of the children demonstrating the behaviour or may provoke rejection, cause distress or increase the risk of victimisation of the children involved. The important distinction here is that *whilst abusive behaviour is, by association, also problematic, problematic behaviours are not necessarily abusive*. As both 'abusive' and 'problematic' sexual behaviours are developmentally inappropriate and may cause developmental damage, Hackett proposes the term 'harmful sexual behaviours' as an overarching term.

HSB and national safeguarding guidance

Although 'harmful sexual behaviour' is a term now commonly used by and within professional organisations in the UK, it is not currently officially defined in some of the policy frameworks that underpin safeguarding practices across the UK. In England and Wales, the issue of children and young people who present with HSB no longer features in the current version of *Working Together* (HM Government, 2015), even in the section that lists links to other specific safeguarding topics, such as CSE and gang-exploited young people. The *National Guidance for Child Protection* in Scotland, however, includes a discrete section on 'Children and young people who display harmful or problematic sexual behaviour', although this term is not defined (The Scottish Government, 2014). By contrast, the equivalent guidance in Northern Ireland, *Co-operating to Safeguard Children and Young People* (DHSSPS, 2016), includes a more extensive section on the issue, but uses the rather outdated term 'children who sexually abuse others' (this guidance is currently being updated).

The term HSB is (to date) rarely used in the international literature and research studies tend to use a range of terms, as reflected above. In this scope, where studies use particular forms of terminology, these are reflected in the text in order to represent the literature as closely as possible - their use does not imply uncritical acceptance.

What is meant by 'neglect'?

'Neglect', like HSB, is a broad construct and is used to describe a variety of behaviours with varying impacts on children and young people. At its heart, however, 'neglect' is essentially parental failure to meet the needs of the child' (Horwath, 2013: 15). It is generally considered to be the *omission* of specific behaviours by caregivers (often without the intention to harm), rather than acts of *commission* as is characteristic of other forms of maltreatment such as sexual or physical abuse (Connell-Carrick, 2003). However, it can include acts of commission, such as forcing a young person to leave home before they are ready.

Neglect is defined in *Working Together* as: '*The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development*' (HM Government, 2015: page 93; see Appendix B for the full definition).

The Welsh Government (through the *Social Services and Well-being (Wales) Act 2014*) has recently removed the reference to 'persistence', as has the government of Northern Ireland in its revised guidance issued in March 2016; the English and Scottish definitions still contain this reference, however (see Appendix B for the full definitions that apply in all four countries). All definitions reference physical, emotional, nutritional, supervisory and medical neglect, although the wider literature also recognises educational neglect (Horwath, 2007; Moran, 2010). (Appendix C sets out the types of neglect and their associated features.)

How common is neglect?

In all four countries of the UK, neglect is consistently cited as the most common reason for children to be the subject of a child protection plan or on a child protection register (Jütte et al, 2015). In England in 2014-15, for example, 43% of all child protection plans were made for neglect (DfE, 2015). There were 7,726 recorded offences for cruelty to children in 2013-14 - a rate of 7.6 per 10,000 children aged under 16, the highest it has been in a decade (Jütte et al, 2015). Many more cases of neglect fall below the threshold for intervention (Dickens, 2007).

Neglect occurs across childhood and adolescence (Stein et al, 2009; Radford et al, 2011; Daniel, Burgess and Scott, 2012). Radford et al's population study, *Child Abuse and Neglect in the UK Today*, perhaps best captures the prevalence of neglect in the UK. The study involved more than 6,000 participants across three groups:

- > 2,160 parents or guardians of children under age 11
- > 2,275 young people aged 11 to 17
- > 1,761 young adults aged 18 to 24.

The study found that neglect was the most common form of child maltreatment reported in the family: 5% of parents or guardians of children under age 11 reported neglect (3.7% reported severe neglect); 13.3% of 11 to 17 year olds reported neglect (9.8% reported severe neglect); and 16% of 18 to 24 year olds reported neglect in childhood (9% reported severe neglect). Boys and girls report relatively equal rates of neglect, with the largest disparity among the 18 to 24 year olds (7% of boys and 11% of girls reported neglect in childhood) (Radford et al, 2011; Stoltenborgh, Bakermans-Kranenburg and van IJzendoorn, 2013).

Despite it being the most common form of maltreatment, Brandon and colleagues (2014) point to a number reasons why practitioners may find neglect both hard to identify and difficult to respond to:

- > Professionals may become accustomed to the chronic nature of neglect.
- > Neglect relatively rarely manifests in a crisis that demands immediate action.
- > Professionals need to look beyond individual parenting episodes to understand neglect in context.
- > Professionals may also be reluctant to make judgements about parenting, particularly where there are cultural underpinnings and where poverty may be a contributory factor.
- > Neglect may be experienced alongside other forms of abuse that make it difficult to identify.

There is also a well-established link between poverty and neglect, with suggestions that professionals often equate or confuse poverty with neglect (Duva and Metzger, 2010).

The harm resulting from neglect can be wide-ranging, apparent in multiple domains of a child's life and can manifest across the life course (Tanner and Turney, 2003; Rees et al, 2011). While the impacts are thought by many to be most damaging in the early formative years, particularly in the first 18 months of life (Brown and Ward, 2013; Munro, 2011), harm is understood to be cumulative. With continued exposure to neglect, measures of development have been observed to dramatically decline over time, such that the longer a child is exposed to neglect, the greater the harm will be (see Brandon et al, 2014). (See Scope 2 for a full description of the evidence relating to cumulative harm.)

Table 1: Impacts of neglect across the life course

The two categories in the left-hand column are indicative rather than definitive; they are intended to illustrate how neglect can impact across the life course. It is not possible to predict when (or which) impacts may occur in any individual's life.

LIFE STAGE	REPORTED IMPACTS
<p>Early impacts² – ie, impacts most commonly associated with an early onset</p>	<ul style="list-style-type: none"> > Alterations in the body's stress response (the hypothalamic-pituitary adrenal system) > Insecure attachments > Delayed/declining cognitive development > Decreased language function > Low self-esteem > Low confidence > Negative self-representations > Withdrawal, difficulty in making friends > Acting out / aggression / impulsivity > Poor coping abilities > Poor problem-solving skills > Disorganised attachments > Low achievement in school
<p>Medium and longer-term impacts³ – ie, impacts that are more likely to manifest over the medium to longer term (including, in some cases, emerging in later adolescence or adulthood)</p>	<ul style="list-style-type: none"> > Depression, anxiety > Dissociation > Poor affect/emotion regulation > ADHD symptoms > Running away > Anti-social behaviour > Violence and delinquency > More likely (than peers) to be arrested for violent offences > Substance misuse and addiction > Social withdrawal, social isolation > Conflict and hostility in relationships > Poor educational achievement > Longer-term mental health problems, including PTSD and personality disorders (such as 'borderline personality disorder'*) > Suicide attempts > Physical health problems, such as increased risk of hypertension and chronic pain <p>* The use of this term reflects its occurrence in the literature and does not imply uncritical acceptance; we recognise the term BPD can unhelpfully suggest a person has a deficient 'personality' rather than a set of adaptive responses to childhood maltreatment.</p>

² Barnett et al (1999); English et al (2005); Erickson, Egeland and Pianta (1989); Hildyard and Wolfe (2002); Howe (2005); NSCDC (2007); Manly et al (2001); McCrory (2010); Naughton et al (2013); Strathearn et al (2001); Sylvestre, Bussi eres and Bouchar (2016); Toth et al (1997). See also Tanner and Turney (2003), Brandon et al (2014), Davies and Ward (2012) and Corby et al (2012) for more detailed overviews of these impacts.

³ Anda et al (2006); Bolger (1998); Broidy et al (2003); Erickson and Egeland (1996); Gil et al (2009); Hong et al (2011); Hulette et al (2008); Johnson et al (2000); Kaufman and Widom (1999); Macfie, Cicchetti and Toth (2001); Norman et al (2012); Petrenko et al (2012); Widom (1989a and 1999); Widom, DuMont and Czaja, (2007); Wilson and Widom (2010); Wright, Crawford and Del Castillo (2009).

The language used by children to describe neglect and its impacts is powerful in its simplicity, as this research shows.

How do children perceive neglect?

A study by the University of Stirling, commissioned by Action for Children (Burgess et al, 2014)

Researchers surveyed 1,582 children and provided them with a list of known indicators of neglect. They asked children to tell them if they'd ever known children who had experienced any of the indicators. Three-quarters said they recognised at least one of the indicators presented, including other children who frequently miss school, who have few friends (at school or home), whose parents don't seem to know where their child is or what they're doing, whose clothes may not fit or may be old or smell bad, children who look unwashed or are often dirty, or who might say they don't get meals at home.

The researchers also talked directly to some children and found they could describe, often in powerful ways, what it feels like to be neglected. Children spoke of the emotional toll neglect can take, including never being hugged, 'not getting loved' and being 'left at home alone'. They said neglected children can find themselves getting into trouble with the police. And some described feelings of social isolation and exclusion, and feeling unable to tell anyone about what is going on.

Children recognise they are neglected when: they are left on their own; when they have to go looking for food; when parents don't care for them; and when parents can't afford things. Children also recognise that neglect can be physical and/or emotional, and say that emotional neglect is worse than physical neglect.

Summary of key points

- > *Approximately one-quarter to one-third of all sexual abuse in the UK concerns children and young people as the alleged abusers.*
- > *HSB is a term used to describe a continuum of concerning, inappropriate and abusive sexual behaviours across children and adolescents.*
- > *Literature on HSB has traditionally drawn on frameworks and knowledge from research on adult sex offenders, whilst at the same time under-emphasising the links that exist between HSB and other developmental and behavioural problems faced by young people.*
- > *The impact of neglect is wide-ranging and varies according to the developmental stage of the child.*

Section 3: What is known about children and young people with HSB?

A full review of the literature on children and young people with HSB is beyond the remit of this scope, but a short summary is important in order to be able to contextualise the remainder of the evidence scope. (For a full discussion of the literature see Hackett, 2014.)

Children with sexual behaviour problems

Pre-adolescent children with sexual behaviour problems are a diverse group with differing levels of need who display a wide range of problematic sexual behaviours that are beyond what might be considered 'normal' for their developmental stage. According to Johnson and Doonan (2005), only a small sub-group of children demonstrating problematic sexual behaviours are engaging in sexually abusive behaviour. In order to reduce confusion, they suggest that for a *pre-adolescent* child's behaviour to be defined as 'sexually abusive', *all* of the following criteria should be met:

1. The child has intentionally touched the sexual organs or other intimate parts of another person, or orchestrates other children into sexual behaviours.
2. The child's problematic sexual behaviours have occurred across time and in different situations.
3. The child has demonstrated a continuing unwillingness to accept 'no' when pressing another person to engage in sexual activity.
4. The child's motivation for engaging in the sexual behaviour is to act out negative emotions towards the person with whom he or she engages in the sexual behaviour, to upset a third person (such as parent of a sibling), or to act out generalised negative emotions using sex as the vehicle.
5. The child uses force, fear, physical or emotional intimidation, manipulation, bribery, and/or trickery to coerce another person into sexual behaviour.
6. The child's problematic sexual behaviour is unresponsive to consistent adult intervention and supervision (Johnson and Doonan, 2005).

Studies of children with sexual behaviour problems suggest this group of children (that is, those engaging in abuse at this age) are likely to have experienced what Gray and colleagues call 'catastrophic levels of maltreatment' (1999: 616) from early in their childhoods, combined with what the authors describe as high levels of 'family distress and instability' and 'economic disadvantage' (1999: 604). Problematic sexual behaviours may emerge as a direct consequence of children's own experience of being sexualised through abuse, or may represent a more complex and indirect response to trauma and neglect.

At the same time, Chaffin and colleagues (2002) suggest that there is no distinct profile of children with sexual behaviour problems and they conclude that empirical attempts to develop robust subtypes based on behaviours have not yet yielded clear and consistent results. However, given their extensive abuse histories, in particular the frequency with which they are victims of intra-familial child sexual abuse, the evidence in Scope 2 on that subject will be particularly relevant to consider the needs of this group of pre-adolescent children. In particular, the welfare of these children should be the primary concern of intervention, and cases involving *younger children should be dealt with in qualitatively different ways to those involving adolescents with HSB* (Chaffin, Letourneau and Silovsky, 2002), with specific attention given to their developmental and cognitive capacities and trauma histories.

Young people with harmful sexual behaviours

Overwhelmingly, adolescents engaging in HSB are male. For example, in Ryan et al's (1996) study of a large sample of 1,600 adolescent sexual abusers, males represented 97.4% of the total sample. In one UK sample of 227 young people referred for HSB, only 19 were female (Taylor, 2003). And in Hackett et al's (2013) review of 700 UK case files of children and young people with HSB referred to nine UK services over a nine-year period, 97% of those referred were male.

In other respects, however, adolescents who present with HSB are a very diverse group. This diversity applies not only to the nature of their behaviours (such as the degree of physical force used, the accompanying levels of sexual arousal, the age and gender of victims, etc), but also to broader developmental issues such as their family and educational background, intellectual capacity, experiences and motivation.

Studies have not always focused on this diversity of background, however. For example, studies such as Finkelhor, Ormrod and Chaffin's large US sample (2009) tend not to include any details of race or ethnicity. In their study of 700 case files, Hackett et al (2013) found that in 93% of cases where the child or young person's ethnicity was recorded, it was described as white. Hackett (2000) has suggested that the historical lack of attention to issues of diversity and difference in the HSB literature is linked to a tendency to emphasise young people's identification as 'sex offenders' over other factors of identity. In the UK, this has led to inadequate service responses to children and young people from a variety of minority groups.

Chaffin and colleagues conclude that adolescents who sexually abuse have no single defining profile and no one set of personality characteristics, family backgrounds, personal histories or conditions. However, compared with non-sexually offending young people, young people with HSB have been found to have *under-developed social skills*, higher incidences of *learning disabilities*, more *depression* and problems with *impulse regulation* (Chaffin, Letourneau and Silovsky, 2002). In the largest published UK sample to date, involving 700 children and young people with HSB, 38% of those referred to specialist services because of HSB were assessed as having a learning disability (Hackett et al, 2013).

It is likely that there are a number of sub-groups within the total population of young men presenting with HSB, each with distinct needs (this will be true of the much smaller group of young women too). In particular, young men whose HSB targets developmentally younger children appear to be different from those who sexually offend against peers (though their behaviours are not entirely mutually exclusive). Compared with those who sexually offend against their peers, young men whose HSB is directed against younger children tend to have under-developed levels of social competency, but a lower level of general offending and conduct problems. They are more likely to abuse girls but nearly half target at least one male victim (CSOM, 1999). By contrast, those who sexually offend against their peers tend to show higher levels of general 'delinquency' and 'antisocial behaviours' as well as violence and non-sexual criminality (Parks, 2007). They overwhelmingly assault young women and adult women (CSOM, 1999). The key elements of this distinction are demonstrated in Table 2, proposed by Lleversee (2013) on the basis of Hunter et al's (2003) analysis of a sample of 182 'juvenile sex offenders' from a range of intervention programmes across the US.

Table 2: Categories of adolescent males who sexually offend (Leversee, 2013)

Those who target pre-pubescent children	Those who target pubescent and post-pubescent females
<ul style="list-style-type: none"> > Greater deficits in psychosocial functioning > Use less aggression in their sexual offending > More likely to offend against relatives > More likely to meet criteria for clinical intervention for depression and anxiety 	<ul style="list-style-type: none"> > Employ more force in the commission of their sexual offence > More likely to use a weapon and to be under the influence of alcohol or drugs at the time of the offence > Less likely to be related to their victim > Less likely to commit the offence in the victim’s home or in their own residence > More likely to have a prior arrest history for a non-sexual crime > Demonstrate less anxiety and depression, and less pronounced social self-esteem deficits

Specifically, much HSB by young men against developmentally younger children takes place in family contexts with siblings or other child relatives as the victims. Therefore, the broader evidence on IFCSA (and its relationship to neglect) in Scope 2 may also be relevant to understanding this group of children and young people with HSB. By contrast, young men who sexually abuse peers are significantly more likely to offend against non-family members in contexts away from the family home and within peer group contexts where elements of exchange are used in the commission of the abuse. Therefore, for this group, there may be crossover with the evidence scope on neglect and CSE (see Scope 1).

HSB in young women

As most of the studies of young people with HSB are drawn from overwhelmingly male samples (even though the gendered nature of the samples is not always reflected in the way authors present their findings), it is important to be cautious about assuming that findings (such as those reported above on subtypes of HSB) are relevant to the small number of young women who are known to present with HSB.

Although there is increasing recognition of young women who sexually abuse others, empirical studies are rare. Mathews and colleagues (1997) compared a sample of 67 young females and 70 young males who had displayed HSB, taking into account their developmental and victimisation histories, as well as their abusive behaviours. When compared to the young men with HSB, the young women had typically experienced more chronic and extensive maltreatment in their childhoods, had been sexually abused at an earlier age and were more likely to have been abused by more than one abuser. Overall then, it appears that a small proportion of all adolescents with HSB are young women and that these young women may have backgrounds which differentiate them from their male adolescent abuser counterparts. In particular, young women with HSB are highly likely to be victims of chronic child sexual abuse combined with other forms of maltreatment experience. Again, the evidence around IFCSA and child neglect in Scope 2 may be specifically relevant here.

Summary of key points

- > *Pre-adolescent children with sexual behaviour problems display a wide range of problematic sexual behaviours that are beyond what might be considered usual for their developmental stage.*
- > *Adolescents who present with HSB are a very diverse group. This diversity applies to their backgrounds and the broader developmental issues they have faced, as well as to the nature of their sexual behaviours and their meanings and motivations.*
- > *There has been a tendency to see the problem of HSB as a discrete phenomenon that is unrelated to other forms of maltreatment experience or problematic behaviour in children and young people.*
- > *Much is to be gained by considering the associations and possible links between HSB and other significant developmental challenges across childhood and adolescence.*

Section 4: What do we know about the maltreatment, and specifically, the neglect experiences of children and young people with HSB?

A range of studies have examined the demographic characteristics of children and adolescents with HSB. As a relatively new area of investigation, it has been important to describe the ‘population’ and to understand the range of developmental factors that may be associated with, and perhaps implicated in, the development of HSB in childhood and youth.

Within these studies, researchers have focused extensively on the presence or absence of victimisation experiences for those children and young people who go on to sexually victimise others. Most of the descriptive studies have relied on reviews of case file data to establish the frequency of victimisation experiences. This means they are limited by the likelihood that in some cases information on abuse is not recorded accurately or consistently, as well as by the probability of under-reporting and non-disclosure by children and young people receiving a service as a consequence of HSB. Most demographic studies also lack any kind of comparison group, so it is not easy to determine whether reported rates of victimisation are higher or lower than would be found in other groups. Nonetheless, these studies provide something of a reference point to explore the possible associations between exposure to child maltreatment, including neglect, and the development of HSB.

The issue of victimisation experiences among young people with HSB has been a consistent matter of debate and contention (Hackett, 2004), particularly the presence of sexual victimisation experiences in the backgrounds of young people with HSB. This relates to the proposal of a possible ‘victim-to-abuser’ link, though Calder (2001: 27) suggests that ‘the reason why some victimised youths later perpetrate and others do not has not yet been fully explored’. *The overwhelming majority of victims of all forms of abuse do not go on to abuse others* (Widom, 1989b) and using the idea of a ‘cycle of abuse’ to explain or predict abusive behaviour in young people is damaging to victims.

Hackett provides an example of how the notion of the victim-to-abuser cycle may be misconstrued and misused. He describes a request from a social worker to provide advice on a case:

I am doing an assessment for the court regarding a 14-year-old girl who was sexually abused when she was 9. The court would like to know what potential risk she poses to her siblings and I would like to be able to quote research into what percentage of abused people go on to abuse. (Hackett, 2004)

This illustrates a fundamental, and not uncommon, misunderstanding of the difference between a factor that is *predictive* and one that is *explanatory*. As most victims do not go on to abuse, being a victim of abuse is a *poor* overall predictor for young people who go on to sexually abuse others (Hackett, 2004). However, if victimisation rates are high in those with HSB (or in some subtypes), then victim experiences may in part help us to understand the influences upon those with HSB.

How common is child maltreatment and neglect in the backgrounds of children and young people who display HSB?

Table 3 summarises findings on the presence of neglect and other maltreatment types in existing UK studies into HSB by young people, with comparison to the largest international sample of young people with HSB which reports on this issue.

Table 3: Findings on rates of neglect and other victimisation of children and young people with HSB

Authors	Country	Sample size	Age of sample (in years) at referral	Neglect	Sexual abuse	Physical abuse	Emotional abuse
Ryan et al (1996)	USA	1,600	5-21	25.9%	32%	41.8%	10%
Boswell et al (2014)	UK	58	16-19	48%	84%	81%	47%
Hackett et al (2013)	UK	700	5-18	Not recorded	50%	38%	12%
Hutton and Whyte (2006)	UK (Scotland)	189	5-20	45%	31%	37%	50%
Taylor (2003)	UK	227	4-16	17%	32%	21%	10%
Manocha and Mezey (1998)	UK	51	13-18	11.8%	29.4%	23.5%	13.7%
Richardson et al (1995)	UK	100	11-18	Not recorded	41%	55%	Not recorded
Dolan et al (1996)	UK	121	12-18	Not recorded	25.5%	30%	Not recorded

As can be seen, the data presents a mixed picture of the frequency by which children and young people have experienced maltreatment prior to the development of their HSB. This variability is likely to be down to a wide range of factors, including the different ways in which abuse histories are recorded, varying definitions used, and differences in the service user groups from whom the data was collected.

Because of the sexual nature of HSB, the *sexual* victimisation of children and young people with HSB has been emphasised in many of the studies. As can be seen in Table 3, reported rates of sexual victimisation in UK samples vary from approximately 25% to 84% of children and young people referred for HSB. Support for an *explanatory* association between experiences of sexual abuse and some young people's HSB is plausible in relation to the Traumagenic Dynamics Model of the impact of child sexual abuse proposed by Finkelhor and Browne (1985). In their model, Finkelhor and Browne describe 'traumatic sexualisation' as one key domain of impact of child sexual abuse and they include indicators such as sexual preoccupation, precocious sexual activity and aggressive sexual behaviours, which are elements of HSB. This is also discussed in Scope 2.

Rates of sexual victimisation are higher in pre-pubescent children with sexual behaviour problems than they are in young people with HSB. Therefore, there is a suggestion that the connection between sexual abuse victimisation and subsequent HSB is greater among younger children and becomes progressively weaker through middle childhood and into adolescence (Chaffin, Letourneau and Silovsky, 2002). Similarly, rates of sexual victimisation in samples of young women with HSB are very high (Masson et al, 2015). Therefore, the connection between sexual abuse victimisation and subsequent HSB in adolescent females may be stronger than in adolescent males.

Although the establishment of an association between traumatic sexualisation (through sexual abuse) and subsequent HSB in some children and young people may therefore seem plausible, one surprising factor in descriptive studies of children and young people with HSB is the high rate of *non-sexual* maltreatment in their developmental histories. In some cases, the rate of non-sexual abuse matches or exceeds the rate of sexual abuse in the young people's backgrounds. This is an important finding which is contrary to widely held assumptions about the 'causes' of HSB and the assumptions often made about the presence of a 'victim-to-abuser cycle' (Chaffin, Letourneau and Silovsky, 2002).

For example, Taylor (2003) reports on all 227 children and young people from one city in the West Midlands who were referred (over a six-year period) to a specialist intervention project for having sexually abused a child. One half (49%) of the group had themselves been the subject of a section 47 investigation, as alleged victims of abuse, prior to referral for HSB. But while almost one in three (32%) of the whole sample of 227 were reported to have been sexually abused, 21% were reported as having experienced prior physical abuse, 10% emotional abuse and 17% neglect. For those young people whose HSB began before the age of 12 (n=106) the rate of neglect was 27%, as opposed to just 8% of those whose HSB began after age 12.

Similarly, Hutton and Whyte (2006) describe a sample of 189 Scottish children and young people referred because of HSB. Where information was available, the caregiving backgrounds of two-thirds of the children were described as 'insecure', and only 12% had experienced no known abuse or trauma prior to referral for HSB. Parental neglect was described as a feature of the backgrounds of 45% of the sample. Overall, the authors conclude that the group had frequently experienced multiple forms of trauma and negative environmental experiences.

Van der Put and colleagues (2015) examined group differences in a sample of juvenile offenders who had committed a range of violent and sexual offences, comparing those with learning disabilities with those who were non-disabled. Overall, 48% of juvenile offenders with learning disabilities had a history of neglect victimisation, compared with 21% of non-disabled offenders. The authors also found a significantly higher correlation between a history of neglect and sexual offending in the learning disabled group. Overall, however, they found that experience of a particular type of maltreatment was most strongly related to the same kind of offending behaviour in both groups; in other words, physical abuse was most strongly associated with violent offending, and sexual abuse victimisation was most strongly associated with subsequent sexual offending.

How common is poly-victimisation in the backgrounds of children and young people who display HSB?

As can be seen from the studies described above and Table 3, children and young people with HSB appear to be characterised more by histories of general and pervasive maltreatment than by experience of sexual victimisation in particular (Chaffin, Letourneau and Silovsky, 2002). Hackett and colleagues (2013) describe a sample of 700 cases of HSB based on retrospective case file analysis of all referrals (over a nine-year period) to nine UK-based services offering interventions to children and young people with HSB. Where such information was available, two-thirds of the sample of children and young people (n=412) were known to have experienced at least one form of abuse or trauma, including physical abuse, emotional abuse, severe neglect, parental rejection, domestic violence and parental drug and alcohol abuse; half (50%) of the total sample had experienced a form of abuse other than sexual abuse.

In this regard, the concept of poly-victimisation (Finkelhor, Ormrod and Turner, 2007b) may be relevant to understanding the antecedents to HSB. Finkelhor and colleagues propose that the negative impact of child sexual abuse appears heightened when the child's experience of sexual abuse occurs within the context of other forms of victimisation and trauma. In their UK prevalence study for the NSPCC, Radford and colleagues (2011) found strong associations between experiences of sexual abuse and physical violence and victims' poorer emotional wellbeing, including self-harm and suicidal thoughts. The authors conclude that children and young people who are 'polyvictims' are an extremely vulnerable group who need early identification and intervention in order to prevent longer-term problems.

What do we know about neglect and families of children and young people with HSB?

The studies described above examine histories of neglect and other forms of maltreatment as part of their overall description of samples of children and young people presenting with HSB. However, much of the literature on HSB says very little about the nature and functioning of the children's families. This is a serious limitation with the HSB evidence base. There has been a tendency to see HSB as individual pathology rather than to view such behaviours in their environmental context or even as a consequence of environmental factors. Overall, the evidence on families of children and young people with HSB is under-developed. It tends to rely on small-scale studies of clinical samples, which means caution needs to be applied when generalising findings to the broader range of families whose children and young people present with HSB.

Where the literature does consider family functioning, families of young people with sexually abusive behaviours are widely described as multiply troubled. In their UK study, Manocha and Mezey (1998) found that 'discontinuity of care' (defined as a history of living with different parental figures or placements in care) was a feature of almost half of the young people in the sample. Additionally, discordant and problematic intra-familial relationships were reported as features of a third of all the families. Domestic violence was recorded in 19 families (37%) with regular parental violence towards children in a further 12 families (23%). Parental criminality (27%), a lack of sexual boundaries in the family (25%), history of sexual abuse in the family (35%) and a history of substance misuse or parental mental health problems (23%) added to an interlinking catalogue of family problems.

In a North American study, Pithers et al (1998) assessed the circumstances of 72 families of children aged between 6 and 12 years old who displayed problematic sexual behaviours. In nearly three-quarters of cases (72%), the children's biological parents were living below the recognised poverty level; and in 70% of biological families, children had witnessed violence between their parents. Almost half of all primary caregivers had no partner. The researchers also found high levels of insecure parent-child attachment⁴ and suggest that parents were used to exercising little general oversight of their children's behaviours, a factor which has been seen as one indicator of neglect. The authors conclude that these families are 'multiply entrapped' (Pithers et al, 1998: 139). The study's key finding is that families of children and young people with HSB are likely to be disadvantaged in many ways and poverty, disadvantage and a range of difficult issues of violence and abuse within the family frequently add to the stress brought about by the child's HSB. Scope 2 offers more exploration of how neglect interacts with issues of poverty, parental mental ill health and domestic abuse.

⁴ It is important to note that insecure attachment is very common; although it is not optimal, it is not in itself cause for alarm (Shemmings, 2016).

Many parents have to come to terms with their child's HSB within a context of societal intolerance towards anyone who has committed a sexual offence; the consequence of HSB being identified can further exacerbate the isolated and difficult circumstances in which neglect thrives.

This is further exemplified in Hackett, Telford and Slack's (2002) analysis of a group-work programme for parents of children and young people with HSB. Parents shared their extreme sense of anxiety, and subsequent social isolation, in the face of threats of community reprisals and violence following their child's HSB. The authors talk about the 'almost paralysing impact' of this issue on parents' functioning and on their ability to carry out what appeared to them to be the bewildering demands placed upon them as parents by professionals. This might lead us to question whether and how *social and professional responses to HSB can combine to inadvertently exacerbate some of the underlying factors that may have been contributing to development of the HSB in the first instance.*

More recently, Yoder, Ruch and Hodge (2016) used focus groups to investigate the views and experiences of treatment providers in the US. The authors describe two distinctive typologies that characterise the family systems of young sexual offenders: 'closed' family systems and 'open' family systems. Open family systems, they suggest, lack fluidity, autonomy and rules; they have disordered structures and poor patterns of communication, and are characterised by isolation and disconnection between family members. There are few restrictions on children's behaviour, and overall parental supervision is poor. Children in 'open families' are also frequently exposed to inappropriate sexual materials and behaviours.

This cluster of factors that Yoder and colleagues associate with their 'open family system' type therefore include many elements that might equally be present in a neglectful family context, both physical and emotional neglect (though the authors do not frame their model in this way). While this categorisation is a little crude (and indeed the authors suggest that families should be seen as being on a continuum rather than in distinct categorical types), the model is interesting in that it tentatively highlights the way in which a neglectful family experience may set a foundational context for the development of some types of HSB.

However, caution needs to be applied when considering the small number of studies that do focus on the families of children and young people with HSB, as described above. First, while it may be possible to isolate a number of factors in the backgrounds and functioning of parents of children and young people with HSB, most parents in the general population are not subject to the same degree of scrutiny from professionals. It is therefore difficult to know whether factors (eg, neglect histories) that emerge from those studies represent features of particular salience in families where children and young people present with HSB, or whether similar patterns would be found in families of other children with behavioural difficulties, or in the general population (Hackett, 2004).

Second, in much of the writing about (and indeed in professional responses to) the families of children and young people with HSB, the emphasis is on ‘problem identification’, rather than consideration of the strengths of the families or their similarities with families in the general population. The evidence from parents (Hackett, Telford and Slack, 2002) is that practice approaches to families are often deficit-oriented. Parents are blamed and viewed very negatively by professionals following the discovery of their child’s sexual behaviour problems.

A third concern is the propensity for professionals to place responsibility onto mothers in cases of HSB and to let males who are abusive ‘off the hook’ (see, for example, Calder, 2001). Research on ‘parents’ whose children have displayed HSB is primarily restricted to mothers; there is virtually no published work on fathers or father figures (New, Stevenson and Skuse, 1999).

This preoccupation with mothers is also a feature of the wider literature on child neglect. For example, Mulkeen describes how practice responses to neglect are underpinned by a discourse of ‘mother-blaming’:

... a discourse of ‘mother-blaming’ which renders women responsible for matters over which they have little control and the reinforcement of men’s power when their abuse remains invisible in professional interventions are the unintended consequences of ignoring the gender dimension of work in this challenging field.
(Mulkeen, 2012: 74)

When it comes to neglect, mothers are assumed to be at fault (Horwath and Bishop, 2001; Mulkeen 2012); and when it comes to sexual abuse of their children (including by their children), mothers are presumed to have ‘failed to protect’. The combination of these two discourses in families where HSB has occurred is particularly toxic and isolating for many mothers, who are regarded at best with suspicion and at worst overtly blamed for things often outside of their control. The position of mothers whose children sexually abuse their siblings is particularly difficult in that mothers are often forced to make uncomfortable and impossible choices between supporting the child who has victimised and the child who has been victimised (Hackett, Telford and Slack, 2002).

Finally, a fourth concern is the tendency to homogenise all families of children and young people as the same. Yoder et al suggest that as the research base on families of youth sexual offenders grows, ‘an argument can be made that family contexts are as distinctive as the youth committing the crime’ (2016: 1581).

What can we conclude about the developmental course of HSB and the role of neglect?

The data presented above suggests that a significant proportion of children and young people with HSB have themselves experienced maltreatment, including neglect.

As the reported rates of victimisation vary so significantly between studies, it is important to exercise caution in drawing any conclusions. It has often been assumed that young people with HSB have higher rates of victimisation in their backgrounds than other young people. However, as the overwhelming majority of studies do not compare young people with HSB with other young people without significant behavioural problems or with other psychosocial problems, it is not possible to make this assertion. As Chaffin, Letourneau and Silovsky (2002) point out, abuse histories are often described as pandemic in prisons and specialist residential treatment facilities for young people with HSB; however, histories of abuse and negative childhood events are high in most groups of young people in residential settings – they are not unique to those with HSB.

While it has commonly been assumed that HSB is related to prior victimisation, findings suggest that an experience of any form of maltreatment, neglect included, is an inadequate *predictive* factor for the development of HSB. In other words, a history of neglect in itself is a poor predictor of the development of HSB because most victims of neglect do not go on to sexually offend or to present with HSB. At the same time, for children and young people who do go on to display HSB, their experiences of being victimised may be very relevant in *explaining* the developmental pathways they have taken towards HSB. Children and young people with HSB are therefore ‘characterized more by pervasively negative histories in general’ (Chaffin, Letourneau and Silovsky, 2002: 206) than by any one type of maltreatment experience.

A hypothesised model for explaining possible associations between victimisation and HSB

So far researchers have failed to identify specific pathways underpinning the associations between victimisation and HSB. Multiple influences are involved and it is likely that there are direct, indirect and interactive pathways from exposure to maltreatment and the subsequent HSB. A hypothesised model for understanding these possible pathways is offered in Figure 2.

As depicted in Figure 2, mechanisms proposed to *explain* the possible direct (or ‘proximal’) associations between victimisation (particularly sexual victimisation) and subsequent HSB include the following ideas:

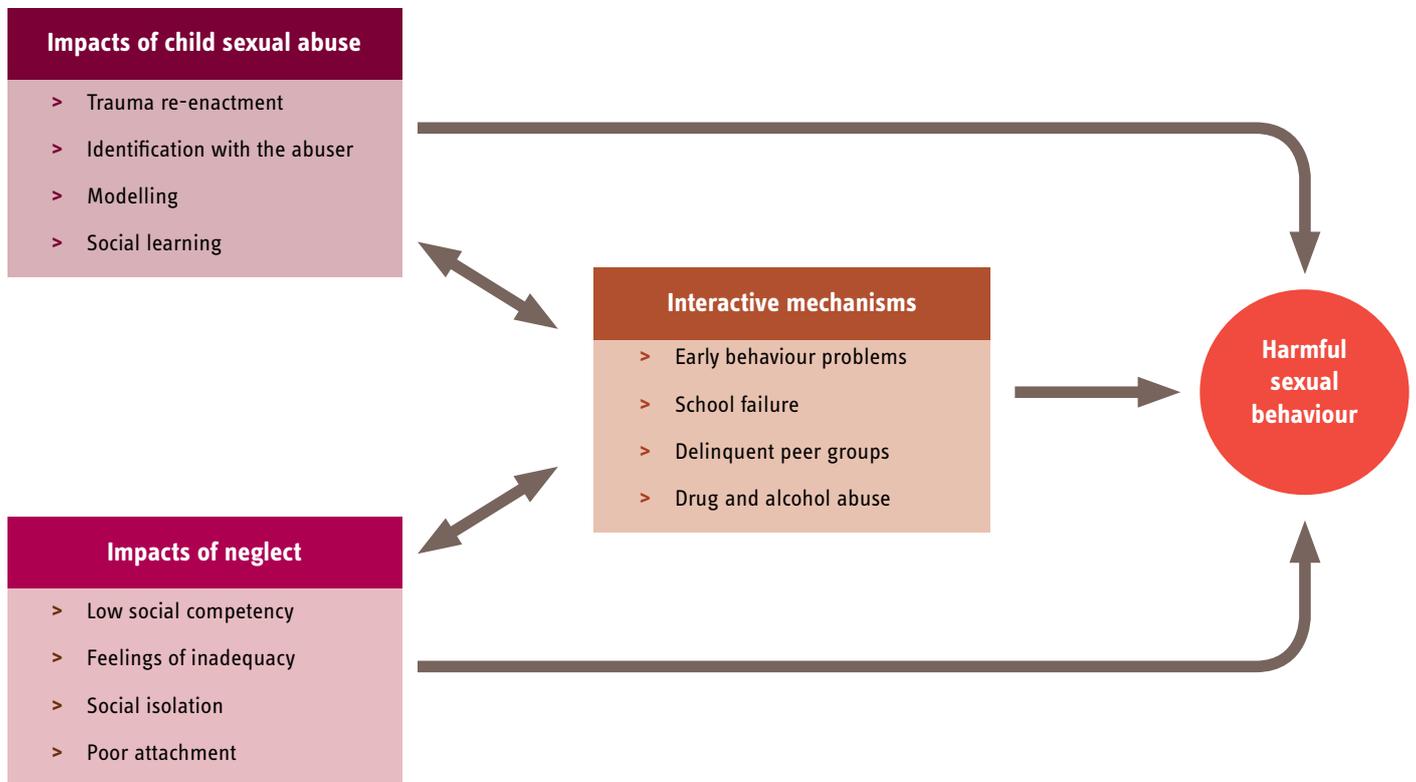
- > young people are re-enacting or replicating elements of the abuse they have experienced in the commission of acts of HSB (Veneziano, Veneziano and LeGrand, 2000)
- > young people are seeking to achieve mastery over the conflicts that result from their victimisation (Watkins and Bentovim, 1992)
- > the HSB is a learnt behaviour (Ryan et al, 1987)
- > young people have been groomed, deliberately manipulated and behaviourally conditioned as a consequence of their victimisation (Hunter and Becker, 1994).

Neglect does not stand out from other forms of maltreatment as a particular direct pathway to the development of HSB. However, some of the well-established impacts of neglect – such as social isolation, inhibited social competency and disrupted attachments (Horwath, 2013; see Scope 2 for a fuller discussion of the impact of neglect) – are well-established factors in the presentation of young people with HSB, particularly those who victimise younger children (Leversee, 2007). So for some children and young people, experiences of neglect may represent an indirect (or ‘distal’) developmental precursor to HSB.

In addition, there may be pathways to HSB that mirror those for conduct disorder or for non-sexual violent offending in general – for example, early behaviour problems, school failure, delinquent peer groups, and drug and alcohol abuse may all be relevant (Chaffin, Letourneau and Silovsky, 2002). Multiple victimisation experiences in childhood (in other words, neglect accompanied by sexual or physical abuse) are associated with an increased risk of negative responses in adolescence, which may include general deviance, criminality and aggression, sexual violence and intimate partner violence. Therefore, there may be an *interactive effect* for children who have experienced neglect in the context of other experiences of maltreatment, which combine to increase vulnerability to factors associated with the development of generalised antisocial behaviour and HSB, especially HSB directed towards peer groups. The family environment and parenting practices, including the presence of neglect, may also play a particular role for some children and young people in rendering them more or less susceptible to the effects of child sexual abuse (Latzman and Latzman, 2015).

It is critically important to emphasise that the model proposed in Figure 2 is *speculative*; it has been developed specifically for the purposes of this scope and so should be treated with caution. It should be tested empirically through further research.

Figure 2: Possible pathways to harmful sexual behaviour (HSB) - A hypothesised model



Summary of key points

- > *Maltreatment histories are a well-established feature of the backgrounds of a significant minority of children and young people who present with harmful sexual behaviours.*
- > *Reported rates of all forms of maltreatment, including neglect, in the backgrounds of young people with HSB vary considerably.*
- > *Findings on the extent of prior victimisation are limited because of a lack of comparison groups. As most findings are derived from clinical samples at higher levels of risk and harmful behaviour, the reported rates may not be representative of the broad spectrum of children and young people with HSB.*
- > *Most attention has been given to the purported 'link' between exposure to child sexual abuse and subsequent HSB. However, other forms of maltreatment appear to be as frequently reported in the backgrounds of children and young people with HSB.*
- > *So far researchers have failed to identify specific pathways underpinning these associations and it is likely that multiple influences and pathways are involved.*
- > *Experiencing neglect, or any one type of abuse, is a poor predictor for the development of HSB. Most victims of all forms of abuse do not go on to develop HSB.*
- > *Exposure to trauma, per se, is the key developmental factor in laying the ground for the subsequent development of HSB.*
- > *Though neglect does not create a direct pathway to the development of HSB, for some children and young people, experiences of neglect may represent an indirect (or 'distal') developmental antecedent to HSB.*

Section 5: What is known about the impact of neglect on antisocial behaviour in adolescence?

The previous section examined the complex relationship between HSB and victimisation in children and young people. However, HSB can also be seen, in part, as a particular type of antisocial behaviour in adolescence. Specifically, general antisocial behaviour is strongly associated with the subtype of peer directed HSB described in the second column of Table 2.

Interest in ‘peer-on-peer’ sexual abuse has increased in recent years with the work of Firmin (2015) and Beckett et al (2013) on gang-related sexual violence among young people. For example, Beckett and colleagues (2013) found significant levels of sexual victimisation within gang environments, including: pressuring and coercing young women to have sex; sex being used in return for goods, status or protection in the gang; individual and multiple-perpetrator rape; or young women being exploited to have sex with gang members in order to gain group membership. They also highlight the often blurred boundaries between young people’s gang experiences of being either a victim or a perpetrator of sexual violence – many young people experience both.

So what is the evidence on any potential associations between experiences of neglect and subsequent aggression and antisocial behaviour?

Logan-Greene and Semanchin Jones (2015) suggest there is strong empirical support for a connection between maltreatment and later aggression and ‘delinquency’. Although it has been assumed that physical abuse is most strongly associated with later violent behaviour, they suggest the evidence is mixed. In fact, Yun, Ball and Lim (2011) found that neglect was a stronger predictor of ‘delinquency’ than physical abuse. Other studies have reported that neglected children are at greater risk for juvenile drug and alcohol offences (Ryan, Williams and Courtney, 2013) or violent behaviour (Knutson et al, 2005) than children who have not experienced neglect. Similarly, Graham et al (2010) found that neglect that occurs across developmental stages was a robust predictor of peer aggression. And Ryan and colleagues (2013) found that adolescents who had an ‘open case of neglect’ (ie, they were currently being supported with issues of neglect) were more likely to engage in repeat criminal offences than those who had no neglect history.

This evidence suggests that early neglect may not only be a risk factor for the development of HSB in adolescence, but that neglect that persists into adolescence may be a factor in influencing ongoing problematic and offending behaviours, including HSB. It is also possible that specific subtypes of neglect may be associated with particular types of delinquency in adolescence, including particular subtypes of HSB. For example, Hoeve et al’s (2009) meta-analysis found that lack of parental supervision and appropriate monitoring was the strongest predictor of delinquency, along with psychological control (ie, emotional abuse) and social rejection. In the HSB field, lack of parental supervision and association with deviant peer groups has been closely linked with peer-on-peer HSB (Letourneau et al, 2009), whereas psychological control and social isolation have been more often associated with HSB involving the abuse of younger children (Ryan et al, 1987).

Using a longitudinal sample, Logan-Greene and Semanchin Jones (2015) investigated the effects of chronic neglect – including two particular subtypes, which they call ‘failure to provide’ (ie, failing to provide for children’s basic needs such as food and shelter) and ‘lack of supervision’ – on adolescent delinquency and aggression. They found that ‘failure to provide’ was the key factor contributing to the development of aggression and violence, especially among boys. The authors conclude that these findings support earlier theorising that chaotic home environments impact on healthy attachments, emotion regulation and social competency, all of which have been identified as factors in the aetiology of sexual offending (Marshall and Barbaree, 1990).

Logan-Greene and Semanchin Jones (2015) also found that gender was a moderator of neglect and aggression, with boys more likely to respond to chronic neglect by developing both aggressive and antisocial behaviours. They emphasise this does not mean girls are immune from its effects; rather, the effects may be expressed differentially – girls are more likely to internalise the impact as opposed to the externalising behaviours frequently exhibited by boys, though this is a broad generalisation. Importantly, they also found that the presence or absence of broader social problems partially mediated the connections between neglect and aggression in boys. Those children (both boys and girls) facing other difficulties in addition to the neglect were significantly more likely to develop deficits in social skills and social ties – factors that are closely associated with the development of sexually abusive behaviours directed against younger children. Once again, this highlights the possibility that different types and combinations of neglect may be more closely associated with specific types of HSB.

Are different types and impacts of neglect associated with particular subtypes of HSB?

Earlier sections of this evidence scope (as well as the evidence presented in Scope 1 and Scope 2) have outlined the possible associations between neglect and a range of outcomes for children and young people that are, in turn, frequently associated as antecedent or ‘trigger’ factors involved in the development of HSB. It is not possible to provide evidence for a straightforward and direct link between neglect and HSB; rather, its effects are better conceptualised as indirect and interdependent with other adversities in children and young people’s lives.

A concept model of potential pathways between specific types of neglect and subtypes of HSB

The situation is further complicated by the multidimensional nature of both neglect and HSB. As has been seen above, HSB is an umbrella term for a wide range of behaviours that may be categorically distinct. Neglect is also a broad concept that encompasses a range of subtypes – see *Appendix C* for an overview of the types of neglect. These include, for example, physical neglect (including the failure to provide for a child’s basic physical needs), as well as emotional neglect (including the verbal abuse, constant criticism and intimidation of children). This opens up the possibility of being able, tentatively, to trace the possible ‘pathways’ between specific types of neglect and specific HSB subtypes. Figure 3 provides a concept model which summarises these possible pathways by linking subtypes of neglect and their possible impacts to established trigger factors and subtypes of HSB.

The work of Ward and Siegert (2002) on pathways into sexual offending is also integrated into the model. Ward and Siegert propose that there are multiple pathways leading to sexually abusive behaviour, each of which involves a core set of dysfunctional psychological mechanisms. These mechanisms constitute vulnerability factors and are influenced by direct and indirect factors, such as prior life experiences and learning events, as well as biological, cultural and environmental factors. Ward and Siegert’s model suggests four distinct and interacting psychological mechanisms:

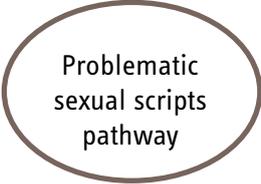
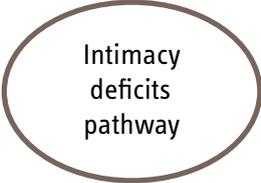
- > intimacy and social skill deficits
- > distorted sexual scripts
- > emotional dysregulation
- > and antisocial thinking.

Each mechanism, they suggest, depicts a specific offence pathway with different psychological and behavioural profiles, and separate aetiologies and underlying deficits.

The model proposed in Figure 3 therefore attempts to bring together the evidence on neglect in order to depict the possible multiple routes from exposure to neglect, through their distinct impacts, to triggers for HSB. As hypothesised in Figure 3, for some young people there may be a particularly strong route from their prior experience of physical neglect, (especially if this was combined with physical and domestic violence), through general aggression and the antisocial thinking pathway into peer HSB. For other young people, there may be an alternatively strong route from emotional neglect to disrupted attachments through the intimacy deficits pathway into HSB directed against younger children. For other young people, generalised neglect (especially if combined with sexual abuse) may influence their pathways towards problematic sexual scripts and HSB towards either children or peers.

The model is speculative and is offered tentatively. It is *not* meant to infer causality between neglect and HSB or to suggest that neglect is predictive of HSB. However, where a young person displaying HSB has experienced neglect, the model may help to inform understandings of the possible influences upon that young person from their early exposure to neglect towards their subsequent HSB.

Figure 3: Possible routes from exposure to neglect to triggers for subtypes of HSB

	Manifestations	Possible impacts	HSB trigger factors	Ward and Siegert pathway	HSB subtype
NEGLECT	Physical:	<ul style="list-style-type: none"> > Heightened sensitivity to anger in others > Threat hypervigilance > Poor self-care 	<ul style="list-style-type: none"> > Rule breaking > Generalised aggression > Interpersonal violence > Deviant peer groups and environments 		Peer type HSB <ul style="list-style-type: none"> > More likely to target peers and females > Relational, community based and group contexts > ‘Generalists’ > Violence and criminality > Adolescent CSE offending
	Generalised:	<ul style="list-style-type: none"> > Social delay > Anxiety > Poor social competence 	<ul style="list-style-type: none"> > Difficulty predicting consequences of behaviour > Low self-esteem > Under socialisation > Social and sexual isolation 		
	Emotional:	<ul style="list-style-type: none"> > Deficits in emotion processing > Poor affect regulation > Depression 	<ul style="list-style-type: none"> > Misreads sexual cues > Impaired empathic skills > Blunted pattern of emotional reactivity 		Pre-pubescent child type HSB <ul style="list-style-type: none"> > More likely to target younger children > Mixed gender and male victims > Victims mainly family members > ‘Specialists’ > Use of coercion > Learning disability more common > Adolescent CSA offending
					

Summary of key points

- > *General antisocial behaviour is particularly strongly associated with the subtype of peer directed HSB.*
- > *There is some evidence that neglect may be associated with more general deviance, 'delinquency' and offending behaviour in adolescence.*
- > *Early neglect may not only be a risk factor for the development of HSB in adolescence, but neglect that persists into adolescence may be a factor in influencing ongoing problematic and offending behaviours, including HSB.*
- > *It may be possible to identify possible 'pathways' between specific types of neglect and specific HSB subtypes.*

Section 6: Approaches to HSB and neglect

How well do existing assessment and intervention models proposed for HSB deal with the issue of neglect?

As stated earlier in this scope, the literature on HSB in childhood and youth has not offered much explicitly about child neglect. To illustrate this, some of the best established frameworks for assessment of young people presenting with HSB, such as J-SOAP II, ERASOR and AIM2, deal indirectly with issues associated with neglect, rather than forefronting neglect as a discrete factor in assessment. J-SOAP II, for example, includes an item on a young person's history of sexual victimisation as a risk factor, but does not extend this to a history of neglect. Instead, it introduces an item on caregiver consistency before the age of ten, as well as items on antisocial behaviour and conduct disorder. And the second edition of the well-respected UK book *Children and Young People Who Sexually Abuse Others* (Erooga and Masson, 2006) contains only one reference to 'neglect' across its 17 chapters and this is a passing reference (in a case example) to a young person's prior experience of 'severe physical neglect'. To be clear, these observations do not imply criticism of the individual pieces of work – but rather are a reflection on the 'blindspots' that remain despite much progress in the HSB evidence base.

Recently, there has been a shift in thinking away from approaches to children and young people with HSB that focus wholly on their offending behaviours towards interventions that are more holistic. For example, Multi-Systemic Therapy (MST) (Letourneau et al, 2013) draws on systems theory in order to understand the fit between identified sexual behaviour problems and their underpinning contexts. Rather than focusing exclusively on HSB, the approach is designed to engage with the young person's broader social ecology and actively encourages family contributions as well as involving the young person's peer group. In this sense, then, MST does not just rely on improving a young person's cognitive understanding of their HSB, but seeks to change the very conditions in their environment that may have been implicated in the development of the HSB, such as the conditions associated with neglect.

Other authors have described approaches that focus more on trauma (Mulholland and McIntee, 1999; Hackett, 2002), as opposed to an orthodox offence-focused approach. Although most of these models emphasise dealing with sexual abuse victimisation as a facet of working on HSB, there is no reason why such approaches should not be extended to include other forms of trauma, including neglect.

Finally, there is considerable and growing interest in the role of attachment theory and young people with HSB, and the development of models that see the reconstruction of positive attachment relationships as critical to addressing HSB (Rich, 2007).

All of these relatively new theoretical developments open up the possibility of working on issues of neglect as part of the intervention responses to HSB. Whether the systems, policies and frameworks in place across the UK enable these approaches to be put into practice is another question and is one to which this scope now turns.

The neglectful consequences of policy and practice responses to HSB

This scope has examined the potential associations between neglect and HSB in children and young people, focusing in particular on the role that neglect may play as an antecedent to the development of HSB. At the same time, neglect as a construct may also be relevant as a way of understanding the problems associated with current responses to children and young people who present with HSB. In other words, it *could* be that HSB is an antecedent, or a significant risk factor, for subsequent neglect in childhood and adolescence.

A number of key themes are relevant here. First, the ongoing lack of strategy, policy and services available to children and young people who display HSB may be viewed as an example of the neglect of the professional system, which has at times failed to deal consistently, fairly and appropriately with instances of HSB. For example, Smith et al (2014) highlight huge ongoing variability in the procedures set out across the devolved nations of the UK to deal with cases of HSB. They also point out weaknesses in the consistency and effectiveness of practice responses at ground level across many local authority areas. This is a feature, too, of the Criminal Justice Joint Inspection report (2013), which identified serious weaknesses in assessment and early intervention processes across England and Wales. This element of *system neglect* may also have particular significance in relation to some sub-groups of children and young people with HSB, most notably young people with learning disabilities and those from black or minority ethnic backgrounds for whom practice responses have been seen to be particularly poor (Smith et al, 2014).

A second theme of potential relevance here relates to the *focus* of professional responses. There has been an overwhelming emphasis to date on practice responses to children and young people with HSB that address risk and seek to prevent sexual recidivism, but fail to address the broader life goals and needs of young people. For example, in their study of long-term outcomes for children and young people following the end of interventions (follow-up took place between 10 and 20 years after initial referral), Hackett et al (2012) found that only a minority had reoffended as they entered adulthood – but the majority were living in hugely neglected and neglectful circumstances. These were characterised by social isolation, stigmatisation and loneliness, as well as underachievement in relation to education, employment and poor physical health. Depression and poor mental health outcomes were common. It could be argued, therefore, that the professional system in the UK has sought to deal with the risk presented by children and young people with HSB, but has neglected to address their broader vulnerabilities as children in need.

A further and related theme is that of *social policy neglect*. Children and young people with HSB are bound up in the way in which adult sex offenders are treated and viewed in society more broadly. The social consequences of stigmatisation as a ‘sex offender’ mean it is very hard for young people or their families to get their needs met adequately (Comartin, Kernsmith and Miles, 2010). This, it can be argued, leads to pervasive neglect of a group of children and young people in social policy terms. Harris and colleagues (2015) highlight how the application of policies and sanctions to young people with HSB that are designed for adult sex offenders fails to consider the developmental contexts in which their HSB occurs. They suggest that measures such as the registration of young people on sex offenders’ registers and community notification policies are not only punitive and contrary to the general rehabilitative approach to youth justice issues, but they also exacerbate rather than reduce the risk of reoffending behaviours through the way that they negatively impact on young people’s social adjustment.

This is seen most clearly, perhaps, in a Human Rights Watch report in the US, which investigated the experiences of 281 young people with HSB (Pittman, 2013). The vast majority (86%) of young people interviewed reported experiencing serious mental health consequences following their registration as ‘sex offenders’, including depression, isolation and suicidal thoughts. More than half of those interviewed also experienced school problems as a consequence of their registration, including school exclusion and denial of education, and nearly half (44%) reported significant homelessness and instability in terms of their housing. In its policy paper, the Association for the Treatment of Sexual Abusers (ATSA, 2012) argues that the application of adult sex offender policies to young people with HSB works to disrupt their prosocial development, negatively affects their abilities to form positive peer networks and inhibits school and employment opportunities. In other words, the social policy response to young people with HSB, within a broader social context of abject rejection and hostility to anyone who has committed a sexual offence, is likely to lead to outcomes that are neglectful.

Although this work was undertaken in the US, where sex offender policies are more extreme than they currently are in the UK, these findings are of particular concern in relation to attempts to introduce such measures in the UK. In a survey of 186 UK service providers working with children and young people with HSB (Hackett, Masson and Phillips, 2005), 75% were concerned about the implications of children and young people being caught up in the provisions of the *Sex Offenders Act 1997*. In its response to the government’s proposals to reform the law on sex offenders and sex offences, the National Organisation for the Treatment of Abusers (NOTA) commented:

There is considerable concern that a number of adolescents are unnecessarily and inappropriately subjected to requirements such as sex offender registration, custodial sentencing and involvement in intensive long-term therapeutic programmes with the result that they become increasingly isolated, defensive and stigmatised. (NOTA, 2003)

Summary of key points

- > *The literature on HSB has not had a lot to say explicitly about child neglect.*
- > *Recent theoretical developments open up the possibility of working on issues of neglect as part of the intervention responses to HSB.*
- > *The ongoing lack of strategy, policy and services available to children and young people who display HSB across the UK may be viewed as an example of the neglect of the professional. Approaches that fail to address the broader life goals and developmental needs of children and young people with HSB are neglectful.*
- > *Social policy responses to young people with HSB, within a broader social context of abject rejection and hostility to anyone who has committed a sexual offence, are likely to lead to outcomes that are neglectful.*

Section 7: Practice implications

This scope does not give reason to presume neglect in the majority of children and young people who go on to develop HSB. Neglect is a poor predictor for the development of HSB because most of those who experience neglect do not go on to sexually offend or to present with HSB. Overall, however, the evidence does suggest that a significant minority of children and young people with HSB have experienced maltreatment, including neglect. And for these children, their experiences of being victimised may be relevant in explaining developmental pathways towards HSB.

The evidence has not so far identified specific pathways underpinning the associations between victimisation and HSB. Multiple influences are involved and it is likely there are various indirect and interactive pathways from exposure to maltreatment and subsequent HSB. So while this scope does not give reason to presume neglect as part of the history of children and young people with HSB, it should urge us to think about the vulnerabilities of those who have experienced neglect (including as part of a pattern of multiple victimisation) and how those experiences may contribute to the development of HSB.

In particular, the evidence set out in this scope should urge us to recognise that children and young people who display HSB are and remain children and young people with significant needs that we must endeavour to meet. To date, the overwhelming preoccupation, in both policy and practice responses, with risk and preventing sexual recidivism means these children have come to be seen as somehow different from other children with difficulties, as somehow less in need. The tendency has been to see HSB as a discrete phenomenon unrelated to other forms of maltreatment or problematic behaviour. Yet for many of these children, HSB represent 'one element of a range of predisposing experiences, underlying vulnerabilities and presenting problems in their lives' (Hackett, 2014); and approaches that fail to address their developmental needs are themselves neglectful.

Implications relating to Scope 3

1. Government needs to support a shift in thinking away from approaches to children and young people with HSB that focus wholly on their offending behaviours. This will avoid young people being unnecessarily and inappropriately subjected to requirements such as sex offender registration, custodial sentencing and involvement in programmes that can lead to them being increasingly isolated, defensive and stigmatised.
2. Local policy makers and practitioners should ensure that professional responses to HSB do not inadvertently lead to neglectful outcomes for children and young people with HSB. Instead, interventions and approaches to HSB should be more holistic, must engage with the children and young people's broader social ecology and need to actively encourage the family's participation.
3. Service leaders and practitioners should ensure approaches that both stop HSB and help meet the child's broader developmental needs, drawing on interventions such as Multi-Systemic Therapy and relationship-based approaches that seek to 'reconstruct' positive attachments.
4. When assessing HSB and its underlying motivations, practitioners should be alert to the *possible* role that neglect may have played as a developmental antecedent to HSB. Addressing ongoing neglect in children and young people's family and environment is an important part of a 'systems'-based response to HSB. Training and high-quality supervision are essential to ensure practitioners are equipped and confident to explore these issues sensitively with families.

Research implications

1. Researchers investigating the experiences of children and young people demonstrating HSB should routinely collect data about children and young people's experiences of neglect as well as their sexual and physical abuse histories.
2. More research is needed to understand the specific pathways underpinning associations between neglect, other forms of victimisation and the development of HSB.
3. More research is needed to understand the consequences in terms of neglect of social policy and societal responses to children and young people with HSB.

Implications relating to all three scopes

1. Neglect is the most common form of maltreatment reported in the family, and yet arguably remains a neglected issue. Government must prioritise tackling the causes of neglect and ensure that resources reflect its prevalence and impact. Resources must be sufficient for local areas to enable children and families to receive support at an early stage so that harm can be prevented.
2. Serious consideration should be given to adopting a public health approach to addressing neglect; this would involve population-level activity as well as targeted support, drawing more on data of need and focusing on social determinants of neglect.
3. Support for families where neglect has been identified should not focus exclusively on parenting. Local commissioners and service leaders should ensure therapeutic support and interventions are also provided to help children and young people recover from the impacts of neglect.
4. Access to support is all too often predicated on thresholds, which can be a barrier to families receiving the early help neglected children and their families need. Service leaders should consider redesigning service pathways and routes to support, drawing in particular on the expertise of family support and community-based services. In designing pathways, attention should be paid to the potentially inhibiting issue of stigma.
5. The care system must place the wellbeing of looked after children, including recovery from past trauma, at the centre of all processes and decision-making. This will include prioritising permanence (love, security and a sense of belonging) and children's relationships with those close to them. Including young people systematically in future research and practice development would support this aim.
6. Multiple placement moves for children in care should be all but eliminated, given the long-term harm they can cause. When moves are unavoidable, their impact must be mitigated – for example, by keeping the child in the same school and making sure they retain the same key worker (or other permanent figure).
7. Professionals across the multi-agency workforce need support to help them identify and respond to emotional neglect in particular, an often hidden form of maltreatment that can have far-reaching impacts on a child or young person's life. Routine well-being checks exploring the child's perspective on their emotional wellbeing would support this.
8. Efforts must be made to increase the visibility of fathers in practice, policy and research around neglect. Too often mothers are the focus; this can mean the risks and protective factors that fathers bring to a child's life may be missed. Local service leaders can enable this through policy review and practice audits.
10. Local areas should ensure that there is a strategic overview of the collective endeavours of all agencies to address neglect. Plans should be informed by the expertise of all relevant agencies and by children and families themselves.
11. Policy, research and frontline practice do not always recognise and respond to the specific needs of particular groups affected by neglect and sexual harm – including LGBT, black and minority ethnic (BME), or disabled young people. Local service leaders should review whether support available needs to be tailored, drawing on the experience of children and families from these groups.

Exploring the relationship between neglect and harmful sexual behaviours in children and young people: Evidence Scope 3

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