

INTRODUCTION

The prevalence of children and young people with sexual behaviour difficulties is becoming widely known in the literature. Home Office criminal statistics for England and Wales in 1996 show that 35 per cent (700/2,000) of people cautioned for sexual offences were between the ages of 10 and 17. Of 6,500 people who were cautioned or found guilty of sexual offences, 23 per cent were aged between 10 and 20 (Home Office, 1997). The vast majority of these young people were male (Masson & Morrison, 1999). Children and young people are generally being exposed to increasing amounts of sexual information at an increasingly earlier age (Gil & Johnson, 1993) and are often confronted by complex sexual and social dilemmas before they have the intellectual and emotional maturity to cope (Moore & Rosenthal, 1993; Gil, 1996). It is therefore no surprise that many children and young people are showing increasingly sexualised behaviours and demonstrating, much earlier in their lives, an awareness of sexual matters.

The wide social availability of sexual information serves to emphasise the importance of talking to children and young people about sexual matters, as part of the responsibilities carried by parents and other adults entrusted with their emotional well-being and development (Moore & Rosenthal, 1993; Johnson, 1999). There is also evidence that it is beneficial for children and young people to be encouraged to talk to each other in a more formalised manner, through the use of structured peer support, particularly where there has been sexual abuse (Alaggia & Michalski, 1999). Without this support, children and young people are left to cope with the many confusing and prejudiced messages propagated by the media, popular culture and the fashion industry.

Throughout society, there is a powerful and oppressive social policing and shaping of sexuality and sexual desire (Steinberg, Epstein & Johnson, 1997; Durham, 2003). In particular, young people receive very powerful messages that emphasise the compulsory nature of heterosexism, which in turn leads to circumstances where young people are pressured to demonstrate their heterosexual competencies. This is particularly pertinent for adolescent boys,

where homophobia, characterised by homophobic name-calling and other bullying, becomes a significant feature of day-to-day peer group interaction (Nayak & Kehily, 1997; Durham, 2003). The consequences of being left to cope with these messages, as a predominant – and often the only – source of sexual information, is that children and young people become prey to oppressive images and stereotypes of ‘acceptable’ sexual behaviour. These create anxieties and self-doubt, and oppressively internalised misunderstandings about personal attributes and sexual and social competencies (Jubber, 1991; Bremner & Hillin, 1993). This leads to circumstances where many young people overestimate the sexual knowledge, understanding and competencies of their peers (Moore & Rosenthal, 1993). For some this leads to personal anxieties, retreat and sometimes solitude and depression; adolescence becomes a period of uncertainty and high anxiety. For others, these beliefs can significantly influence decisions to engage in abusive sexual behaviours.

In working with children and young people, Social Work, Health and Education services, and other related professions are charged with the responsibility of challenging these myths and stereotypes, countering them with more thoughtful and appropriate information and providing opportunities for the development of greater insight into how misunderstandings are generated. Working in this way allows children and young people to understand how myths and stereotypes enslave them in self-doubt, create personal anxieties that prevent them from reaching their potential and, for some, contribute to individual decisions to sexually abuse others.

This book will explore critically many of the current theoretical and practice issues involved in working therapeutically with children and young people who have instigated inappropriate or harmful sexual behaviours and will present extensive details of programmes of holistic therapeutic intervention. These programmes have been drawn from my practice and research experience of working as a specialist consultant, in a Social Services Department, dealing with over 500 cases, over the past 10 years. The book will emphasise the importance of approaching this area of practice with a clear understanding of why sexual abuse is widespread in our society, arguing that accurate theorising and effective therapeutic intervention will be based upon recognition of how socially embedded the problem of child sexual abuse is, and that it is in the main perpetrated by men or boys. Alongside these theoretical and practice issues, the book will also explore in detail seven case studies of young men who have committed varying acts of inappropriate or harmful sexual behaviours, analysing the therapeutic intervention that was provided for them, drawing out lessons for sensitive yet challenging practice. The case studies will highlight diversities in the paths that led the young men into committing acts of inappropriate or harmful sexual behaviour, and will identify the need for therapeutic intervention to

be holistic and reach beyond purely offence-specific work, to address the wider needs in the young men's lives, and to be linked to the provision of family support. Whilst each account presents a unique story, the study will identify aspects of commonality, both within the young people's experiences, and in the therapeutic responses they received. To this end, an ecological practice framework will be identified, through which to make sense and gain better understanding of children and young people's experiences, and on which to base future therapeutic practice. This framework will allow us to examine the wider social and cultural influences on children and young people's decisions to behave in a particular way. By looking at the wider social messages a young person receives about how he or she should feel and behave, we can find clues about how a wide range of factors may have intersected and accumulated to precipitate the circumstances, thoughts, feelings, beliefs and power relationships behind the inappropriate or harmful sexual behaviour.

TERMINOLOGY

Throughout the book children and young people will be referred to as 'children and young people'. There will be no references to 'young abusers' or 'young perpetrators', instead the preferred phrase will be 'children and young people who have sexually harmed', or 'children and young people who have committed harmful or inappropriate sexual behaviours'. The extended phrases are considered to be more respectful and convey a reminder that first and foremost we are dealing with children and young people, alongside a positive aspiration that there is hope that they can change and move away from the problematic behaviours in question. A similar approach was taken in my previous study of young men who have been sexually abused (Durham, 2003). In referring to the sexual behaviours, rather than seeking to identify an all-encompassing phrase, the book will use the terms 'harmful', 'inappropriate', 'abusive' and 'aggressive' as appropriate to the context of the circumstances under discussion. Where possible, the book will use the past tense, 'young men who have sexually harmed', rather than the present tense, 'young men who sexually harm'. Throughout most of the text, masculine terminology will be used. However, whilst the book is about 'young men who have sexually harmed', reference to 'children' or 'young people' will be made when the content is applicable to all children or young people, and not just to boys and young men. Indeed, many of the issues to be discussed will be helpful to practitioners involved in working with girls and young women, especially the practice framework presented in Chapter 2, which can be used equally to analyse both the concepts of 'masculinity' and 'femininity'.

ORIGINS OF THE CASE STUDIES

At this stage it is important to note that all of the case studies in this volume are composite studies developed from practice experiences, all the names used are pseudonyms, and the circumstances described bear no direct resemblance to people in real life. Each case study will present an initial synopsis of the circumstances of the young man, and details of the inappropriate or harmful sexual behaviour he has committed. Following this, there will be an initial analysis of the main issues involved in the case, before presenting a 'case plan' that will give the details of therapeutic work undertaken with the young man and members of his family, including details of support provided to carers. Finally, there will be a discussion of the outcome of the work, and the continuing circumstances of the young man. The case studies will, by way of cross-reference, refer to specific intervention issues that will be analysed in the individual chapters of the book. The case studies and intervention issues discussed throughout the book are grounded in the experiences and accounts of the young men in the case studies, and many other children and young people referred to me during the course of my work and research as a specialist consultant working across a shire county, and from additional private practice. By using composites, the identity of the original cases are completely obscured, but behavioural details are real, and should therefore be considered to be the equivalent of qualitative field research, in the sense and spirit of the grounded theory approach (Glaser & Strauss, 1967; Durham, 2003).

HOW TO USE THIS BOOK

Part One of the book provides a theoretical context and discusses initial practice issues. Part Two provides extensive detail of a complete therapeutic intervention programme for young men who have instigated inappropriate or harmful sexual behaviours, containing detailed case studies of its application. The case studies demonstrate that the programme has been applied with significant variation, in accordance with each young person's needs, although having common core components that must be included. By reading the book from cover to cover, the reader will be able to understand the overall links that have been made between research knowledge and theory, and grounded therapeutic practice. Having read through the book, it can be subsequently used as a practice reference manual. The individual case studies will provide additional details and insights for this purpose, and can also be used for training purposes, with students, practitioners or perhaps foster carers being given a copy of the initial synopsis, alongside key questions relating to the training purpose – for example, what are the

therapeutic needs of the young person; what are the support needs of the family; what are the implications of having the young person placed with you in foster care?

STRUCTURE OF THE BOOK

Part One Theoretical Context and Initial Practice Issues

Chapter 2 A Practice Framework for Holistic Therapeutic Intervention

There are many theoretical explanations of how or why children and young people commit harmful or inappropriate sexual behaviours – developmental theories, trauma adaptation theories, preconditions theories, sexual abuse cycles, social learning theories, sociological theories. This chapter will briefly explore some of these explanations and will present an analytical practice framework that is able to accommodate many of their aspects, but with a particular emphasis on the importance and relevance of the social context of young people's experiences as being pivotal to our understanding of their behaviours. The framework emphasises the importance of anti-oppressive and child-centred approaches to the work, overtly modelling an appropriate use of adult power and specifically challenging oppression based on age, 'race', class, gender, ability and sexuality. The chapter will also provide a brief outline of the holistic therapeutic intervention schedule that will be discussed more fully throughout the course book. The chapter will conclude by using the framework to draw together a matrix of the potential influences on a young person's harmful sexual behaviours. Readers will see that many of these influences will be borne out in the case studies that are presented throughout the book.

Chapter 3 Assessing Sexual Behaviour

In working with young people's harmful or inappropriate sexual behaviours, it is important to be very clear about what these behaviours are, and which behaviours are to be considered appropriate and not harmful. It is also important to recognise that there is wide variance of opinion, standards and values within the community and across cultures and religions, about which behaviours are considered to be acceptable. Acceptability of sexual behaviours also has a historical dimension. It has long been recognised in the literature that the context of children and young people's overall

development, including not least their sexual development, is constantly changing (Gil & Johnson, 1993). The changing social context and the wide variation of personal standards and values make it difficult to establish a baseline of acceptable or appropriate sexual behaviours. However, by being clear about what we mean by sexual abuse, it is possible to define those sexual behaviours that are harmful. This chapter will seek to address some of these problems of assessing sexual behaviour by initially setting out a flexible and widely encompassing definition of child sexual abuse and inappropriate and harmful sexual behaviour, followed by materials that will be helpful to practitioners and carers in assessing the appropriateness of sexual behaviours.

Chapter 4 Family Assessment

The responses of parents or carers to their child's inappropriate sexual behaviours may greatly influence the success of any intervention, or alternatively contribute to maintaining those behaviours. Parents and carers have an important role to play in supporting a child or young person to be motivated towards taking responsibility for his behaviours, and attending programmes of therapeutic intervention. They will have an important role in continuing to supervise and monitor the behaviours of their child or young person. Practitioners should therefore make every attempt to work with parents, explain the work being undertaken and to emphasise the positive benefits of their support. This chapter will outline the rationale, process and content of a comprehensive and specialist family assessment, concluding with a discussion of the key issues involved in providing ongoing family support.

Chapter 5 Foster Care

When foster carers provide placements for children or young people who have sexually harmed or who have shown inappropriate sexual behaviours, they are faced with a range of very difficult and challenging tasks. In managing these placements successfully, foster carers are required to deploy a high level of skill and patience, and will require a significant degree of professional support. This chapter will explore many of the difficulties faced by foster carers in these circumstances, and will discuss the necessary arrangements that need to be in place to support them, and to minimise the risk of the young person committing further harmful or inappropriate sexual behaviour. In particular the chapter will provide a template for a written agreement between foster carers and other professionals, which clearly iden-

tifies the nature and precise details of the young person's harmful or inappropriate sexual behaviour and specifies the necessary supervision and support arrangements to prevent their recurrence. Finally, the chapter will draw attention briefly to many of the issues highlighted for foster care having relevance for placements in residential care.

Part Two Therapeutic Intervention with Young Men Who Have Sexually Abused

Chapter 6 Assessment and Initial Engagement

In assessing children or young people who have committed harmful or inappropriate sexual behaviours, there is a need to establish their account of what has taken place, and to consider the extent to which this has congruence with what others have reported. In collecting this information, practitioners will from the outset need to simultaneously look for clues about the young person's abilities and competencies, and his willingness to avoid such behaviours in the future. A holistic assessment will consider the whole person, his life and his relationships with others, and it will search for strengths within the young person on which to build upon his commitment and willingness not to harm others. The assessment will importantly need to keep at the forefront the immediate risks presented to others by the young person – setting in place adequate support and supervision arrangements for all parties involved. This chapter will explore some of the key issues in carrying out these assessments, looking at the difference between static and dynamic risk assessment factors, and the importance of balancing risks against strengths. The chapter will then derive a guide to the essential components of an initial assessment, and will conclude with a detailed examination of the process of initial engagement, highlighting the need for a sensitive and transparent approach that will empower the young person in a manner which allows him to consider his mistakes and make important steps towards an improved way of managing his life, without hurting others. The chapter will discuss how to manage an assessment if the child or young person has himself been sexually abused. It will include a suggested initial written agreement, and will discuss methods of motivational interviewing.

Case Study – Neil (15)

Neil is a 15-year-old white British boy, and lives with his mother Jan and his younger brother Ricky who is 11, and his sister Becky who is six. Until recently, Jan's partner Ian, who is 25 and the father of Becky, also lived with

the family. Following concerns being raised by a family doctor around the origin of a medical complaint, the police and Social Services, following Child Protection procedures, interviewed Neil. Neil was tearful and disclosed that Ian had sexually abused him on many occasions, but that he thought it was mainly his own fault, because he feels that he could have stopped it. The sexual abuse was extensive and was sustained over a period of two years. Ian admitted abusing Neil and received a six-year prison sentence. There were also reports that Neil had sexually touched other boys on a school trip. Jan has expressed concerns that Neil had on several occasions exposed himself to his younger brother Ricky, and that these incidents were often accompanied by inappropriate sexual remarks. No police charges were brought against Neil, but he agreed to receive therapeutic support.

Chapter 7 Exploring Patterns of Behaviour

Many researchers and therapeutic practitioners in the field of sexual offending are in agreement that cognitive behavioural methods from the field of behavioural psychology are an appropriate component of an intervention programme for people who have sexual behaviour problems (Salter, 1988; Marshall, Laws & Barbaree, 1990; Ryan & Lane, 1991; Araji, 1997; Calder, Hanks & Epps, 1997; Hackett, 2004). These methods explore the connections between thoughts, feelings, physiological responses and behaviour, how behaviours are reinforced and what purpose or function they serve, or what need they meet in the individual. Therapeutic intervention, using these methods, seeks to assist the individual in understanding and developing a ready awareness of the interconnections between these processes, looking at thoughts, feelings and physiological responses before, during and after the behaviour being considered. By presenting a range of useful practice materials, this chapter will specifically explore how the patterns of harmful or inappropriate sexual behaviour can be broken down into their component parts, and how doing this provides many opportunities for behavioural change – the ‘Four Steps and Four Stops’ is a child- or young-person-centred representation of Finkelhor’s (1984) four preconditions of sexual abuse and ‘Steps to Offending’ is a further development of this; ‘STFA – Situation, Thought, Feeling and Action’ is a simplified behavioural chain; ‘Patterns and Cycles’ will explore some of the principles of sexual offence cycles, and will present a simplified offence pattern diagram that can be completed by children and young people, followed by a brief discussion of ‘Thinking Errors’. Finally, ‘Changing Sexual Fantasies’ will discuss the values and principles involved in helping young people develop appropriate sexual fantasies.

Case Study – Tony (14)

Tony, a white British boy, was 14 when his six-year-old sister Helen reported indirectly to her teacher that he had sexually assaulted her. At a subsequent police and Social Services interview Helen explained in detail that this had happened on five occasions over the past 12 months, and that she had told her parents and that her father had punished Tony by punching him and taking his computer off him. Tony was interviewed and admitted the offences, and reported a catalogue of emotional and physical abuse committed by his father. Tony was ‘accommodated’ by the Social Services Department and placed in foster care. He received a Final Warning from the police, on the basis that he agreed to undertake a programme of specialist therapeutic work. Tony never returned to live with his family.

Chapter 8 Victim Empathy

This chapter will explore critically the concept of empathy, placing the issue alongside wider considerations of adolescent development and social oppression. Empathy is an important issue in sexual abuse, in that those who abuse often fail to consider adequately the impact of their behaviour on the victim. This can often be a distressing part of the work for the child or young person who has abused, as it is a time when he has to fully consider the impact of his behaviour. The young person is encouraged and supported into thinking about what he has done and experiencing feelings about the harm he has caused, and if appropriate to find ways to put this into action, for example by writing or stating an apology to the victim, and by making commitments to behave in a more positive manner in the future. There will also be an exploration of how this aspect of the work may precipitate disclosures of experiences of being sexually abused. The chapter will present a wide range of practice materials and techniques aimed at enhancing a young person’s empathy and general understanding of other people’s perspectives.

Case Study – Alan (15)

At the age of 14 Alan, a white British boy, was convicted for sexually assaulting Paul aged five and Stuart aged seven – the two sons of his father’s new partner. Alan’s mother is addicted to heroin, and had not lived with him for the past six years. Alan’s father is often away from home and, as a result, Alan has lived with several different family members. Alan has also had difficulties at school, he finds it hard to concentrate, and is often taunted, called names and sometimes bullied by his peers. After committing these sexual

offences, Alan moved to live with his Aunt Alice. Alan received a police Final Warning and agreed to undertake a programme of therapeutic support aimed at addressing his sexual behaviours and helping him to resolve his family problems. He continued to receive therapeutic support for 18 months. He eventually returned home to live with his father's new family, after a 'family safety plan' was set up.

Chapter 9 Sex and Relationships Education

Sex and relationships education is a lifelong learning process of discovering and acquiring information, developing knowledge and skills and forming attitudes about gender, sex, sexuality, relationships and feelings. Most young people will explore their sexuality with or without adult approval; it is helpful if they are encouraged to feel comfortable with their growing sexuality, so that they can develop their self-esteem and have a positive self-image, and feel comfortable about making their own decisions. To do this, all children and young people need to have access to age-appropriate sex and relationships information and advice. If a child or young person has been exhibiting inappropriate or harmful sexual behaviour, then it is particularly important that he receives an assessment of his sexual history, and, based on this assessment, some formal sex and relationships education as part of a wider programme of addressing these behaviours, and helping him to develop the knowledge and skills to meet his future needs appropriately. This chapter will discuss the components of a comprehensive programme of sex and relationships education, exploring some of the values involved, which will vary between different cultural and religious perspectives. It will also explore issues relating to informed consent and peer pressure, sexuality, and sexual oppression, including homophobia and pornography. The chapter will also signpost the reader towards a range of sex and relationships education resources, including information about contraception and sexually transmitted diseases.

Case Study – Luke (15) and Jon (15)

Luke and Jon are 15-year-old black Afro-Caribbean non-identical twin brothers. Luke and Jon are very close friends with their neighbour and school friend Colin, who is a white British boy, also 15; they have known each other all their lives and their parents are also close friends. The boys would regularly sleep over in each other's houses for most weekends. On one particular occasion when Colin had been staying over, he had woken up to find Jon and Luke in one bed, engaging in sexual activity. On another night Jon was

up late and Luke was asleep. He woke up Colin and asked him if he would like to get into his bed. He felt quite pressurised and agreed to do this for a short while. Jon's mother Marcia heard a disturbance and entered their bedroom, to find Jon and Colin in bed together. Luke and Jon's parents approached the local Social Services Department for help, which led to all three boys being questioned by social workers about what had happened. It was established that Jon had instigated the behaviours, and had used a degree of pressure to get Luke to cooperate. A programme of therapeutic work was planned for Luke and Jon, following a police decision at a planning meeting to take no further action.

Chapter 10 Self-esteem

Children and young people who commit inappropriate or harmful sexual behaviours often have multiple difficulties in their lives, and quite complex needs. Holistic approaches to therapeutic work recognise the importance of addressing these wider needs and will seek to build upon children and young people's strengths, competences and self-esteem, so that they become more able to meet their needs appropriately, and live positive lives without harming others. If a child or young person does not value himself, he is not likely to value others and is therefore more likely to treat others badly, either intentionally or unintentionally. This chapter will explore issues relating to self-esteem and will discuss and signpost some practical ways of addressing the wider needs of children and young people who have sexual behaviour difficulties – raising self-esteem, developing positive friendships, improving family attachments, developing positive problem solving, managing peer conflicts and achieving positive life experiences.

Case Study – Mark (9)

Mark is a nine-year-old white British boy and is very intelligent, although he does not achieve well at school, and finds it hard to concentrate. Mark has had a disrupted life; his parents separated when he was four. At this time he lived for 15 months with his father in a one-bedroom flat, sleeping on a sofa-bed. For the past three years, Mark's father has settled into a new family, he has remarried and has two stepchildren, Stephen aged six and Jill aged four. Mark has considerable conflict with his stepmother, the outcome of which is that he can only stay with the family for limited periods of time. During this period, Mark has lived partly with his mother, and partly with his paternal grandmother. Mark's mother has bouts of severe depression and has an alcohol problem. For 18 months she lived with a man who was

physically and sexually violent towards her. On many occasions this man was physically violent towards Mark, often blaming him as being the cause of his problems. Mark witnessed a great deal of this violence. Eventually Mark moved to live permanently with his grandmother. It was reported to Social Services that, at school, Mark had put his hand down another boy's trousers and touched his penis. Two weeks later, there was a police and Social Services investigation into reports that Mark had sucked the penis of his six-year-old stepbrother, and forced him to do the same to him. It was also reported that he forced Stephen to lie on top of Jill, both without clothes on. An extensive programme of therapeutic work was undertaken with Mark, and with members of his family, including providing extensive support for his grandmother.

Chapter 11 Relapse Prevention

As a young person approaches the end of a programme of work, it is important that he or she has developed ways to apply what they have learnt to their day-to-day lives, and to be able to manage their risks appropriately. There will be many circumstances where he will be faced with decisions, the outcome of which will take him either towards or away from further harmful or inappropriate sexual behaviours. This stage of the work is often referred to as 'relapse prevention'. This chapter will outline briefly the main principles of relapse prevention, and will discuss a range of practical techniques for helping a child or young person avoid committing further harmful or inappropriate sexual behaviours. It is important for these techniques to be realistic and achievable, and tailored to the specific needs of the individual child or young person in a manner that addresses his unique pathway into committing the sexual behaviours in question. It is also important for relapse prevention work to be conducted in a context of building and developing children and young people's strengths, competencies and abilities to be able to live a positive life and meet their needs appropriately.

Case Study – Stephen (9) and Graham (14)

Stephen is a nine-year-old white British boy who has lived in foster care with Kevin and Alison Hunter for the past two years. Graham, a 14-year-old white British boy with moderate learning difficulties, had also lived in the placement for the past three years. It had been reported that on three occasions, Stephen had sexually touched two girls in his class at school. He has also been heard using sexualised language in the playground. Mr and Mrs Hunter have also reported that Stephen often uses inappropriate sexual

language at home and always tries to watch adult television programmes. The Hunters reported that one night in the foster home, Stephen went into Graham's bedroom and took his clothes off and woke Graham up asking him to show him his penis. Mrs Hunter was disturbed from her sleep by the landing light going on and went into Graham's bedroom and interrupted the situation. Stephen became distraught and blamed Graham for what had happened. Graham convinced Mrs Hunter that he was fast asleep before Stephen entered his room. Despite reassurance, Graham told his social worker that he no longer feels happy sharing his placement with Stephen, as he feels that he is going to be accused of doing something else. It was later established that Graham had been sexually abusing Stephen over the past three months and that he had threatened Stephen to keep quiet and encouraged him to come into his room at night time to play sexual 'games'. Prior to this incident it was not known that Graham had been sexually abused when he was five years old, prior to coming into care. Both Stephen and Graham received individual therapeutic support.

Chapter 12 Evaluation

In conducting programmes of therapeutic work with children and young people who have committed harmful or inappropriate sexual behaviours, it is essential to have a continuous and ongoing evaluation of the work being undertaken. The initial evaluation will be at the stage of an initial assessment report, where early important decisions about the child or young person's life will be made. These decisions will centre on the immediate needs for risk management in terms of securing and maximising the safety of all parties deemed to be at risk. As the work progresses into its interim stages, further evaluations may lead to additional assessments, changes in therapeutic direction, changes in supervision arrangements, placement changes, returns home and so on. A final evaluation will assess the overall effectiveness of a therapeutic programme, reporting positive changes or unresolved issues, and will conclude with a statement about the nature and level of ongoing risk presented by the child or young person, and the projected future role of others involved in his life, in terms of maintaining the changes made, by providing support and guidance. This chapter will consider a range of issues in carrying out these various stages of evaluation. It will initially identify the purpose of an evaluation, exploring in detail its essential content, recognising the importance of looking at risk and strength factors. The chapter will also consider statistical factors associated with a positive outcome, and will discuss some of the possible prediction errors, and will set out a checklist of essential evaluation factors, followed by guidance on the nature and content of a final assessment report.

Case Study – Carl (14)

Carl is a 14-year-old white British boy who lives with his mother June and stepfather David, and his brother Ian who is 17. Carl is of average intelligence, but has a range of physical and intellectual disabilities. Carl attends mainstream school, and receives special needs support. His range of disabilities have been formally diagnosed as being dyspraxia, but the diagnosis also recognised that this may overlap with aspects of Asperger's syndrome. From the age of six Carl began to repeatedly fondle his genitals, both at home and in public. He would always respond immediately to gentle correction, allowing his attention to be diverted. However, this would not stop him from repeating the behaviour, which became more and more problematic, particularly as he progressed through puberty. When Carl was 12, he began to masturbate, and would need to be reminded constantly by his parents and his brothers that this was a private activity that should not take place in the presence or in the sight of others in the family household. At school, when he was approaching the age of 11, Carl began to expose his penis to other pupils and made attempts to touch girls on their breasts and genitals. From around the age of 12, Carl's behaviours became much more frequent, and started to become much more overtly sexual, to the point that other pupils and some staff began to feel threatened by them. Carl's ability to respond to correction and diversion were hindered by his disabilities. Carl was referred for a programme of therapeutic work to address his inappropriate sexual behaviours, in the wider context of his disabilities.

Chapter 13 Conclusions

This chapter will draw together the main themes and conclusions of the book, again highlighting the importance of a holistic approach to therapeutic intervention with children and young people who have committed harmful or inappropriate sexual behaviours.