

Professionals' understanding of challenging sexualised behaviour in children who have experienced sexual abuse: An analysis

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Abstract

This paper examines professionals' construction of their understanding of challenging sexualised behaviour in children who have themselves experienced sexual abuse. Seven experienced professionals, working directly with children under 16 who had been sexually abused, were interviewed using a semi-structured interview schedule that was based on four key themes identified from a review of literature (gender; labelling; choice, responsibility and agency, and, training). Complementing the use of the semi-structured interview, a vignette was used to apply the questions to a fictional case study where the gender of the central figure was altered between female and male. Following a feminist social-constructionist perspective the transcripts were analysed using Foucauldian discourse analysis and discursive psychology. Analysis showed gendered discourse ran throughout the transcripts and intercepted with therapy discourse. The implications of these findings are to alert practitioners to the limitations of their own discourses and to highlight the shortcut in thinking that therapy discourse can create. The research illustrates the need to avoid identities and labels being given or assumed about a child which could then become increasingly entrenched as the child becomes older.

Keywords: sexualised behaviour, discourse analysis, gender

Introduction

It is widely acknowledged that children who have experienced child sexual abuse can display behaviours that are disturbing but function as coping mechanisms. These can include highly sexualised and sexually inappropriate behaviours which sometimes involve other children (Burgess, Hartman and McCormack, 1987; Bentovim, 2002; Myers, McLaughlin and Warwick, 2003; Moore, Franey and Geffner, 2004; O'Reilly, Marshall, Carr and Beckett, 2004; Barter, 2013; Hackett, Phillips, Masson and Balfe, 2013). Some argue that an abusive childhood

can lead the abused child to feel powerless and to seek to master these feelings by exerting the power and control over others that they themselves have experienced (Dey and Print, 1998; Emerson and Frosh, 2001; Glasser et al., 2001). Finkelhor (1984) identified four consequences for children who have been abused in childhood:

- difficulties with their sexual relationships and identities
- feelings of distrust, fear and anger
- powerlessness which can lead to a mental dissociation and subsequent identification with the abuser
- feelings of guilt, low self-esteem and shame

These behaviours may be described as “testing” or “challenging” by the people around the child (Macdonald and Turner, 2005: 1266) as they contradict the beliefs and expectations that are generally held as to how children should behave. Adults may revolt against these behaviours by stigmatizing the child or not validating their experiences and subsequent ways of coping with them (Balbernie, 1994: 21). By focusing on “narratives of distress and disorder” the use of behaviours as a “socially located practice” – as mechanisms of survival – is negated (Warner, 2003: 240).

One of the challenges to arise from increased interest in sexually aggressive behaviour in children is the refusal of society to address sexuality in childhood and subsequently to deny or minimise the sexual offences of children. This leads to difficulties for professionals (and others) who try to explore and understand abusive behaviour (Dey and Print, 1998: 120, 121). The consequences of this difficulty are heightened when a child is being a sexual risk to others and displaying sexually challenging behaviour (Brownlie, 2001) and where there may need to be a consideration of issues of victim selection and circumstances in which risk may present (Allardyce and Yates, 2013).

This paper discusses the findings of a research project carried out to explore professionals’ understanding of challenging sexualised behaviour in children who have experienced sexual abuse. Through Foucauldian discourse analysis, gendered and therapeutic discourse are highlighted. The aim of the paper is to encourage and enable reflection on the role of professionals working with these children.

Background

The research was informed by a systematic literature review, the findings from which are presented below under four key themes: labelling; gender; choice, agency and responsibility; and training.

Labelling

From a symbolic interactionist perspective, labels are essential to the formation of self-identity, affect how individuals and how other people react to them. Labels often focus on deficits so that the person is positioned in relation to the 'other' who is deemed 'normal' (Myers, McLaughlin and Warwick 2003). Myers argues that labelling has an impact in the treatment and recovery of children who are young abusers, particularly through a reduction in the subject positions that are open to them in relation to their gender and the behaviour they exhibit (2003; 2005). The abused person is positioned continuously as a product of the past abusive relationship and that they are implicitly seen as different or special in contrast to their non-abused counterparts (Reavey and Warner, 2001).

O'Dell criticises these therapeutic discourses for taking in language of choice, power and liberation and leaving no space for those discourses to be explored independently (2003: 134) consequently, it becomes a language of trauma and mental disorder rather than one of power, control, and inequality (Reavey, 2003: 148): questions of who has power and knowledge are ignored (cf. Foucault, 1990).

Using Foucauldian discourse analysis, as this research does, it is possible to explore "the role of discourse in wider social processes", understanding the participants' language without ignoring the context (Willig, 2001: 107).

Gender

A second key theme to arise from the literature review is 'gender'. This research looks at how challenging sexualised behaviour is presented differently between boys and girls and what this means to those working with these children. The existing literature suggests that if boys are abused there tends to be a language of risk and prevention whilst for girls there is a language of re-victimisation or seduction; boys have acting out disorders linked to aggressive and antisocial behaviour, and girls are seen as having private internalised behaviours (Haaken, 1998).

How boys are understood to deal with child sexual abuse is often linked to wider societal expectations of male roles and norms of behaviours. Emerson and Frosh argue that within the literature there is an assumed intolerance to feelings of helplessness for boys. This encourages the belief of a "cycle of abuse" which has a role in promoting, maintaining, and supporting abusive behaviour (Emerson and Frosh, 2001: 78, 79, Glasser, et al. 2001; Freel, 2003).

Choice, Agency and Responsibility

The concepts of 'choice', 'agency' and 'responsibility' present complex issues with regard to the subject of child sexual abuse and must be considered in relation to the subject positions available, i.e. those of perpetrator and victim (Haaken, 1998). These issues are further complicated when considering children who exhibit sexually challenging behaviour and the extent to which choice and

responsibility are understood to be located within the individual as opposed to the environment.

Agency is another term related to choice and responsibility. To have a sense of agency is to feel in control of what one is doing. A key focus of research in this areas is whether a sense of agency is reduced amongst children who have experienced abuse. Myers et. al. (2003) looks at the relationship between sexually inappropriate behaviour and the child or young person, and how discourse negotiates this relationship. This involves separating the behaviour and the labelling of the behaviour from the person, and so allowing a space in between. It is within this space that responsibility, choice and personal agency can be found and expanded. Instead of labelling a child as a ‘sexual abuser’ or ‘potential sexual abuser’, sexually inappropriate behaviour can be looked at and discussed in an alternative way (Myers et. al. 2003). Once the behaviour has been objectified, it is hoped that it may become more manageable and possible to find ways of controlling it.

Training

The fourth theme, ‘training’, includes the influence of participants’ professional training on their practice and the theories and perspectives that they find helpful in working with children who display challenging sexualised behaviours. When it comes to working with children who have been sexually abused and who display challenging sexualised behaviours, it is important for professionals to come to terms emotionally with the behaviours and the histories with which they are confronted. An awareness of how situations may cause one to feel and act, especially when situations that are difficult to deal with or trigger responses of disgust, anger and aggression, is seen as particularly helpful (Team Teach, 2003).

Method

Design

This feminist, social-constructionist study is grounded in Foucauldian discourse analysis and discursive psychology. These approaches were aligned with the ontological and epistemological position of the researcher and permitted an analysis of the language to be undertaken alongside consideration of the potential influences of power and societal factors.

Foucauldian discourse analysis is a qualitative methodology rooted in Foucault’s examination of power and discourse construction, as expressed through language and practices, where the stress is on power relations. The method analyses:

- how the participants view their practice:
- the recognition that such views are organised in a predictable way and, following on from that:

- how the statements about their practice are created;
- what can be said and what cannot;
- how spaces for new statements are created, and,
- how practises are made practices real and open at the same time (cf. Kendall and Wickham, 1999).

Discursive psychology and Foucauldian discourse analysis can work together to allow an understanding of the active nature of language, and the way that it constructs reality rather than simply being a perception of reality (Willig, 2001; Willig and Stainton-Rogers, 2007).

Participants

Participants to the study were recruited through opportunity sampling. Staff at settings where it was known to the researcher that children exhibiting sexually challenging behaviour were present (for example a pupil referral unit, a young person's therapy centre, a play centre for children with challenging behaviour) were approached by the researcher and given an opportunity to opt into the study. In order to be included in the study, participants required: a minimum of five years working with children with challenging behaviour; to have read a research information sheet and to feel they had relevant experience and to have a sufficient level of spoken English.

A total of seven (four female and three male) professionals were selected, each with at least fifteen years post qualification experience. Table 1 outlines key characteristics for each participant.

Data collection

Data was gathered through a semi-structured interview which was comprised of questions relating to the four key themes of labelling; gender; choice, agency and responsibility; and training.

Before each interview began, each participant was presented with an information sheet, and informed consent was gained. Participants were provided with a consent form containing detailed information about the research design and process, their right to withdraw at any time; and how the data would be used. Ethical considerations from the British Psychology Society Code of Ethics and Conduct (BPS, 2009) were followed as well as the Data Protection Act (1998). Interviews were recorded using a digital voice recorder and ranged from 45 minutes to 1 hour 15 minutes. The interview consisted of two parts, the first was based around a vignette and the second followed a semi-structured interview schedule brackets (see Miller et al, 1997 for use of vignettes in qualitative research).

At the start of the interview, participants were presented with a vignette of a fictional case study centred on a fictional person who had been sexually abused

Participant	Age	Gender	Ethnicity	Profession	Years in Profession
P1	55	F	White UK	Child Psychotherapist	15
P2	58	F	White UK	Social Worker / Child Psychotherapist	27/8
P3	58	F	White UK	Child Psychotherapist	15
P4	56	M	White UK	Senior Play Worker	20
P5	59	F	White UK	Social Worker	37
P6	66	M	White UK	Social Worker	33
P7	63	M	White UK	Social Worker	38

Table 1: Participant Details

(four participants received a vignette in which the central figure was male and three participants received a vignette in which the central figure was female).

Transcription

The interviews were transcribed verbatim. The researcher immersed herself in the texts, reading each text at least once without marking them (Smith et al, 1999). The transcripts were then read and coded according to the research focus (Willig, 2001). This included looking at the key themes as ways to understand and talk about challenging behaviour. This required an awareness of the position of the researcher and understanding from previous work about this area of study (Foster and Parker, 1995: 166). Texts were then broken down into the following three headings:

Gender: Gender refers to male and female attributes which are used in reference to social and cultural differences rather than biological ones.

Child sexual abuse: This term describes the forcing or persuading of a child to take part in sexual activities.

Behaviour: This referred to how the child was acting, what they were doing in relation to themselves and towards others.

Extracts were selected for each heading and organised according to how the object (gender, child sexual abuse or behaviour) was talked about and the contradictions and tensions that occurred (Willig, 2001). During this analysis, the function of discourses was examined before looking at the subject positions that were made available by the discourses used.

Analysis

This section provides a summary of the data and observations gathered through the discourse analysis. First, the main observations are presented. Three key discourses are then discussed: gendered discourse, discourse of risk and protection and therapeutic discourse.

Main observations

All seven of those interviewed defined challenging behaviour in subjective terms, what “got under their skin” (P5) and what was against their own beliefs and expectations (cf. Team Teach, 2003; Balbernie, 1994).

The data confirmed a genuine desire in all seven of the participants to find meaning behind the challenging sexualised behaviour and a way to make sense of it. When exploring the meaning, the language of healing and recovery was used. Another frequently used discourse was about teaching: the need for the children to re-learn what behaviour is appropriate and inappropriate. This style of discourse reflected the literature on challenging behaviour as a coping mechanism for trauma, and a way of “acting out” (P2) the experience.

As with previous research (cf. O’Dell, 2003), the data from this study showed that the child having experienced a trauma such as sexual abuse was talked about in a language of ‘other’ positioned against that of the ‘normal’ child. This was emphasised by the use of a language of long-term healing and help.

It was also apparent that there was a sense of unease and a struggle about coming to terms with one’s own limitations as a professional and what this meant: Does therapy work and if not what would? Participants all felt concern at any alternatives including physical containment and that it was “not an ideal situation” (P3) but that sometimes “is necessary” (P2). Supervision and training appeared to be the way that the professionals made sense of this dissonance.

Throughout the interviews there was explicit resistance to and denial of gender differences with a neo-liberal discourse of individualism prevailing. However, as the interviews progressed, especially when participants spoke in relation to the vignette, it was significant to see how discourses of gender were used to make sense of agency, responsibility, and choice.

Gendered discourse

In and throughout each transcript, gendered discourse was used to make sense of the behaviours that children exhibit. This discourse permeated the transcripts both implicitly and explicitly, for example:

... the sort of received wisdom is that boys are more externalising and girls are more internalising... (P2)

These professionals were all aware of the “received wisdom” (P2) of gender differences, and the fact that these differences did appear in the work that they did. However, there was some resistance to categorising behaviour and to seeing the behaviour as divided by gender. There was also an awareness of the limitations and dangers of these categories and how they might lead professionals to overlook other behaviours:

... the fact that there are gendered differences that you’ll also then overlook the behaviour that you associate more in girls you’re not so ready for in boys and vice versa (P6)

The resistance to these categories were most apparent in the vignette section where questions were asked about different ways of working with the child depending on whether it was a boy or a girl. Despite vocalising a resistance, gender differences in assumptions of behaviour, both past, present and future were seen and used as analytical frameworks to make sense of the challenging behaviour. This was in terms of how behaviour was presented as a “symptom” (P6) of abuse. The following extract is from one of the male participants:

... girls grow up operating in an essentially ... verbal environment ... girls are nasty to each other saying nasty things, upsetting, manipulating um provoking that’s yeah a boy will often hit you with a piece of wood or something, these are not absolutes but they are tendencies... (P4)

Whilst there was an uncertainty which other participants also spoke of, boys’ behaviour was seen as more “straightforward” (P1) than the “manipulating” (P4) “charm” (P3) “seductive nature” (P5) of girls. In this instance, female behaviour was seen as an embodied temptation.

The language used in this next extract shows the ambivalence towards the potentially seductive power of the female child displaying challenging sexualised behaviour:

... more enticing, tempting ... setting up a situation and the situation may not even result in real kind of flesh to flesh but just the whole thing has that dynamic ... and it’s a worrying one ... in case, despite all the safeguarding ... a complaint or allegation is made... (P4)

The assumptions that underlie these differences restrict the subject positions that are made available for these children as well as the subject positions available for the professional in relation to the child. The question of where power is located in the child is interesting. Although the girls were described as more passive, there was an element of power within this, more so than within the physical overt aggression or sexualised behaviour displayed by the boys:

... at least with physical acting out you have to respond in some way... (P1)

With regard to the possible futures of abused children, all seven of the participants reflected an inherent belief about boys buying into and following a ‘cycle of abuse’:

... I’d like to remain positive, but he’s 12, there’s been a history of it, there’s always going to be problems of one form or another ... it’s a very hard cycle to break... (P3)

... I mean if somebody’s experience of sexuality has been abusive ... and in that sense there is a lower degree of responsibility and at the very least a child in that situation would need education about sexuality and responsibility and people’s rights not to be subjected to stuff... (P4)

Participants considered the futures of girls who have been abused to be more complex: the ‘complication’ (P7) being caught up with their already ambiguous position of being female:

... perhaps in some ways the female is more complicated because their future role may be as mothers as having children themselves, and perhaps even allowing their own children to be abused ... they are more vulnerable um a long time after sexual abuse... (P7)

Discourse of risk and protection

Participants whose vignette contained a male central ‘character’ expressed views which aligned with the literature on risk and protection of others:

... It would be important to keep my mind as open as possible, having said that I think with a twelve year old boy I think inevitably I would rightly or wrongly be a little bit more um attuned to the possibility that this child might be on the way to using some of his strength as a child approaching puberty to go in the direction of becoming a young abuser it would be somewhere in my mind as something that and again it wouldn’t be quotes his fault or his choice... (P2)

This discourse was also expressed in relation to questions on professional job role:

... so it’s about letting everyone know the situation without breaching any confidences, without breaching and respecting the privacy of the child and of their situation, but also letting everyone know and protecting the child, but also protecting everybody else in the situation... (P3)

There was confusion around the responsibility of the professional to be aware of everyone’s best interests, and to protect others from the potential “risk” (P6)

of an abused child, if a boy, becoming an abuser in turn:

... well there are two angles in concerns for this boy himself and what's happened to him but also there are concerns for other children and how they can be safeguarded ... to ensure that he receives some sort of treatment in a context where he can get help and explore what's happened to him and his distress and to explain appropriate and inappropriate behaviour ... (P6)

The language of risk and protection links to the investment that participants have made in the 'cycle of abuse' theory and with the healing quality of therapy: the professionals are there to protect the child from hurting themselves and others and through therapy to make the risk of the 'cycle of abuse' conscious:

... that is the nature of trauma that you have to repeat things, you start going over things in a particular kind of way and even though you can see you're nothing but trouble I mean you get into trouble if you start touching people in school and so on ... that you can't stop yourself from doing it ... and that's the importance or should be of therapeutic intervention ... it should start to give them an element of choice... (P7)

The absence of a language of risk and protection was noticeable with the participants who had a girl as the main 'character' in the vignette. The absence was filled with concerns about the child's internal wellbeing and the welfare of future children:

... to really give her as much time as she wants to begin to express the way she feels and sees her world... (P2)

Of course you might worry about ...um...whether she has children in the future...she might choose an abusive partner (P1)

Male participants talked about the risk for them working with girls:

... she was a real hoot, so dangerous, she was like, when girls are bad they're bad, boys don't come anywhere near it really and eventually she pushed herself out of the playground by making an unfounded allegation, she caused disaster everywhere and she just upset me... (P4)

... it was an uneasy place to be taking on girls of 14, 15, 16 ... there was just an element of unease what if this girl made an allegation ... it never happened but it was a worry... (P7)

Difficulties arose particularly in the questions linked to the vignette about choice and responsibility. There was a dilemma around conscious and unconscious choice and the responsibility of the adult (therapist) to give choice and responsibility (back) to the child, to make it conscious.

... I don't think they have at the moment they don't have a choice at all sorts of levels conscious and unconscious but you could instil a conscious choice about looking about what their behaviour does to others ... I mean the choice would be how not to let this ruin the rest of your life... (P1)

The professionals all wanted the child to gain a sense of understanding and to achieve choice, responsibility, and agency. They all felt that there needs to be some level of action for these children, to 'own' the behaviour that they are exhibiting, to stop them being purely passive in the situation:

... you have got to get hold of it and I'm here to help you do that ... so you can take some responsibility for it ... with support they have to try and find a way to own and take responsibility for what they are doing and that's what youngsters who have been traumatised do find so very difficult (P7)

The choice for the child in this situation is in accepting the support and making an investment in the help that they get:

... I think the adults are responsible for helping them to make that choice, a child that's been that damaged, and I use the word damaged deliberately cos damage has been done to that child, and the adults around them are responsible for correcting it ... I mean their choice is can they choose to open up, can they choose to close up to a certain extent yes, but it's the adult that needs to persist and show them... (P3)

The above extract also displays the language of fixing and healing where the abused child is in a position of 'other' as the 'damaged' child.

Therapeutic discourse

During the struggle to find language to answer questions about choice and responsibility, a therapy discourse was used which appeared to assuage this dilemma. 'Therapy talk' gives, particularly to the professional and in their view to the child, a sense of meaning, it gives the child agency, choice, and responsibility. The participants believe it gives both the language to talk about trauma, and makes sense of what happened. This therefore, in their opinion, allows the child not to be passive about their experiences:

... it's about turning that around to the point that the child thinks yes I do still have some of those thoughts and do feel sometimes like doing those things but I'm not going to, because I can go and talk to someone about them next week and that helps it feel more manageable... (P7)

... she has within herself potentially the resources to um come through and leave that behind (...) if she has access to ongoing therapy that will be helpful

(P2)

... I think he desperately needs somebody to um enable him to begin to understand what he needs and what he doesn't need... (P5)

All the interviewees drew not just on therapy discourse as a way of giving the child the access to choice, responsibility and agency, but also advocated therapy as treatment:

... I think a psychotherapist would speed the whole thing up and make it more likely for healing to happen... (P5)

... assuming people recognised he needed specialist help, so if you get the right calibre of help and if this young person is able to experience the person trying to help in a way that helps him feel safe... (P7)

However, there is some pessimism in this, even though all those interviewed had embraced the therapy discourse as one that would make a positive outcome possible. The pessimism is therefore seen not as a fault of therapeutic treatment, but of individual failings (the individual being the professional):

... but if the help is not there or doesn't make sense to the young person in terms of what they've been through and experienced ... and if they don't get help then I think the prognosis and the chances of a young person coming through that are um not very good... (P7)

If it was not a problem of individual failing it was a deep entrenched cultural, economic problem:

... it's sad to see but the culture and the pressures they came from just pull them back into certain kinds of behaviour that can only end in one direction and some people you just couldn't get them on a different track... (P7)

... I'm pretty sure that by now she's in a terrible state cos she was never going to be anything else than in a terrible state and there were other kids there from the same estate who did the same thing... (P4)

Discussion

The analysis of the interviews demonstrated the interception between gendered discourse and therapy talk and the affect this has on understanding challenging sexualised behaviour. Within the transcripts there was ambivalence about girls' positioning and behaviour, and there were difficulties in finding the language to represent this ambivalence. There appeared to be difficulties about the lan-

guage around choice, responsibility, and agency which was alleviated for the participants by drawing on a therapy discourse. The way that the participants talked about children displaying challenging sexualised behaviour affected the subject positions that were created for these children.

The analysis of these transcripts shows the hold that these experienced professionals' discourses have on their way of thinking. Discourses of therapy dictate professionals' understanding and their subsequent treatment of children they work with who have experienced trauma. The child is forced into preconceptions about diagnosis and treatment. This analysis has shown that there are limitations to relying on a professional discourse such as therapy – the professional is imposing this talk onto the child and may not be really hearing or listening to the child beyond the behaviour and the accepted therapeutic meaning of the behaviour. The transcripts show that meaning is allocated to the behaviour from therapy discourse, relating directly to the child, and choice, responsibility and agency are subsequently provided by the therapy discourse.

The eating up of other discourses that feminist writers (c.f. Haaken, 1998; Reavey, 2003) argue occurs within therapy discourses is also apparent within these transcripts. Child sexual abuse becomes apolitical. Feminism and politics and discourses of power are consumed by the omnipotent therapy discourse.

The analysis showed that there was a common gendered discourse running throughout all the transcripts. This was sometimes explicit and sometimes implicit in the ways that the professionals contrasted and understood challenging sexualised behaviour. The gendered discourse influenced the whole way of talking about challenging sexualised behaviour, and the effect that childhood traumas such as child sexual abuse has.

Professionals appear to be the people with power. They are expected to use their knowledge to restore choice, responsibility and agency to the child but they are also expected to protect others from the child's 'risk' (P6). However, as we have seen the child holds the power in their passive state. This is doubly so for girls as the ambiguous female. The female is seen to hold power through the perception of her 'manipulating' (P4) and 'charming' (P3) others – tricking those around her or indeed her future children.

Future studies could include exploration of children's experiences with therapy talk and consider whether they find it useful and what other ways there may be of looking at their past. The participants involved in this study were disproportionately trained from a therapeutic perspective and therefore would inevitably have made a concerted investment into this way of thinking. Nonetheless, therapy discourse is so engrained in our society that it is clear that any other discourse is not readily available. By using this discourse the professional can shortcut fully thinking about children and hearing what they are saying by imposing therapeutic understanding onto the child and giving meaning to both – the professional and the child – through this discourse. In addition, political, cultural and economic discourses are excluded. This is an important finding in terms of highlighting the power that therapy talk has to dictate diagnosis, treatment and understanding of children and their behaviour.

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