

RISK FACTORS AND CORRELATIVES TO PROBLEM SEXUAL BEHAVIOUR IN CHILDHOOD

A number of scholars stress the importance of understanding problem sexual behaviour in the context of early life and family experiences” (Lovell, 2002; Morrison, 1999; Staiger et.al 2005a; Araj, 1997). Whilst there appears to be a strong body of scholarship that supports this emphasis on childhood experiences, it should also be said that identifying the circumstances of children presenting with problematic sexual behaviours and then extrapolating retroactively from that to reified notions of childhood trauma as unequivocally causal is methodologically risky. Not all victims of childhood trauma go on to engage in problem sexual behaviour. Any identification of perceived pathways needs to be seen as contingent to individual circumstances, given that as Vimpani et al., (2002) argue “risk does not equate to destiny” (p. 26), and as Hatch points out, “identification of specific predictive, or risk factors still proves to be a challenge” (2005, p. 11).

Notwithstanding, studies on the circumstances of children and young people engaging in problem sexual behaviours consistently reveal a number of commonalities and as such they point to *possible* risk pathways. The NSPCC study by Lovell reveals that the majority of children and adolescents presenting with problematic sexual behaviours are adolescent males whose lives are characterised by social isolation, poor social skills, inadequate support and supervision, poor academic performance, poor behaviour at school, and truancy (Lovell, 2002). Lovell’s emphasis on contextual dysfunction echoes the arguments made by Veneziano and Veneziano who suggest that in addition to sexual abuse “factors such as family instability, disorganisation, and violence have been found to be frequent among youths who engage in sexually abusive behaviour” (p. 250). Clinical research from the U.K. further supports this, with reports from the NSPCC that children under ten years of age referred for their problem sexual behaviour were described as having “particularly troubled backgrounds with a history of physical and sexual abuse, substance misuse, emotional victimisation or abandonment, and. . . high rate[s] of psychiatric, learning or medical problems (Cavanagh Johnson, 1998; Lane with Lobanov-Rotsofsky, 1997, qtd in Lovell 2002. p. 4).

Lovell (2002) confirms that young people with learning difficulties are over-represented amongst those referred to the NSPCC for problem sexual behaviour, and the majority of this cohort have been subjected to physical or sexual abuse, or neglect.¹⁹ Veneziano and Veneziano also contend that physical and sexual abuse and neglect result in a variety of negative outcomes for adolescents, one of which is sexual perpetration:

[E]arly developmental trauma and familial dysfunction appear to be more common and severe in the histories of youths with sexual behaviour problems than in those of adult sex offenders. (Hunter and Becker, 1994, qtd. in Veneziano and Veneziano, p. 250)

¹⁹ Statistics from American studies on very young sexual perpetrators suggest that between 25 per cent and 50 per cent had been victims of sexual abuse. (Cavanagh Johnson, 1998, and Becker and Hunter, 1997. qtd. in Veneziano and Veneziano, p. 249-250).

Scholars and clinicians repeatedly cite prior traumatising as a risk factor to youthful sexual perpetration. Dr Michael Gliksman, clinical senior lecturer at Sydney University, said that in his experience, children younger than eight and a half years who abused other children were “acting out what they are being taught (by someone). At that age they can’t possibly know the full implications of what they are doing” (qtd. in Dalton, 1999). Child protection specialist Professor Freda Briggs agrees:

When a child abuses others, enquiries should be made as to how the abuser learned what to do. It is possible that the behaviour was learned from personal experience (as a victim) or from pornography.²⁰ When a female child is involved in sexual behaviour with older boys, it is sometimes found that she initiates the sexual behaviour, having learned it from being sexually abused herself. (Briggs, 1989, p. 7)

Briggs writes that children who repeatedly exhibit sexualised behaviours toward other children, dolls, and adults are often victims of long-term abuse; “the child has been taught to please the abuser in this way” (p. 5). According to Briggs there are a number of additional behaviours that may be displayed by child victims of sexual abuse. These include attention seeking behaviour, frequent truancy, blatant stealing, self-harm, alcoholism, drug abuse, prostitution and suicidal behaviour” (4).

COMPROMISED DEVELOPMENTAL OUTCOMES FOR CHILDREN

Lending weight to both the literature’s emphasis on the causal function of situational factors and the arguments for response at a systemic rather than an individual level, a number of Australian studies of risk pathways to criminal behaviour indicate the importance of acknowledging the effects borne by environmental factors during formative years. In a research paper for the Australian Institute of Family Studies, Vimpani et al., (2002) work very closely with The National Crime Prevention study of 1999 to emphasise the importance of the social environment in determining the overall wellbeing and developmental health of the child.

In recent years there has been a resurgence of interest in research on childhood development due partly to concerns about “deteriorating indices” of childhood adjustment to changes in society and family, but due also to an increasing recognition that socio-economic inequity in the early years of life impacts adversely on developmental pathways, particularly with regards to the effects of stress, poor parenting and poor nutrition (Vimpani et al., 2002). Research from the United Kingdom also indicates the degree to which life outcomes are contingent on early experiences. Keating and Hertzman (qtd. in Vimpani et al., 2002, p. 18) coined the term “developmental health and wellbeing” to describe the developing human organism’s response to experiences and environmental circumstances. They contend that the “physical and mental health, wellbeing, coping and competence of human populations arise in large part as a function of the overall quality of the social environment. (Vimpani et al., 2002, p. 3)

²⁰ Briggs stresses that sexualised behaviour in children is only rarely a result of exposure to pornography, and that it is important that this be considered a form of sexual abuse in itself.

From this, Vimpani et al., (2002) claim “many of the problems of adult mental health, addictive behaviour and crime have their roots in the experiences and environments encountered during early childhood, the most rapid period of human development” (p. 14). Further, they maintain that longitudinal studies undertaken in the US reveal that “low levels of ‘attachment’ or a lack of connection to family and school are serious risk factors for many health outcomes in adolescents (for example, emotional distress, suicidal behaviour, violence and substance abuse)” (p. 18).²¹

Both the NCP study and the work by Vimpani et al., are concerned with the environmental factors that affect childhood development in the broader community rather than Indigenous communities specifically. This work does, however, demonstrate that the greatest environmental risks to compromised developmental outcomes for children are the same as those listed elsewhere in this report as of overwhelming concern due to their prevalence in certain Indigenous communities.

It is crucial that consideration of the contemporary specificities of childhood development in Indigenous communities be contextualised according to the complexities of Indigenous customary child rearing and socialisation practices. These practices and processes cannot be assumed to be uniform across all Indigenous communities, and nor can these be considered to have remained static over time. Notwithstanding, the contemporary circumstances for Indigenous children have been shaped by practices, processes and beliefs that differ from those that have held in broader Australian society.

The anthropological literature on this is limited, yet the work of Annette Hamilton (1981) and Coombs et al., (1983) details specific empirical studies of childhood socialisation in select remote Indigenous communities. The findings of these now dated studies cannot be applied nationally, nor mapped unproblematically onto contemporary Indigenous contexts. Moreover, directing attention to these customary child-rearing practices is not to suggest that Indigenous children are *always* and *necessarily* guaranteed the familial care required to ensure positive developmental outcomes. Awareness of these customary and historical contexts of child socialisation and the varying degrees to which these may still inform contemporary practices in some contexts is nonetheless important.

The literature highlights a range of relevant issues in terms of gendered child rearing practices, the importance of pre-adolescence in the assumption of adult gendered roles, Indigenous learning principles, and processes for modelling appropriate behaviours. Contextually specific and nuanced understandings of child socialisation practices are a necessary component in understanding the contemporary challenges faced by children in certain Indigenous communities. The following discussion of “risk factors” to compromised developmental outcomes for children does not imply a homogenous or Eurocentric benchmark for child socialisation and childhood experience.

²¹ Other studies have linked low levels of attachment with the development of adult sexual offending behaviour (Smallbone and Dadds, 1998, qtd. in Hatch, p. 3).

RISK PATHWAYS TO JUVENILE OFFENDING

Developmental criminology posits that there are a number of risk factors that increase the likelihood of offending when present at specific developmental stages of childhood. A recent longitudinal study of 41,700 Queensland children indicates that of the risk factors to offending behaviour “none are as consistent as the detrimental effect of child abuse and neglect” (Stewart et al., 2002, p. 1). It is important to note, however, that the findings of this study clearly indicate that *not all* maltreated children go on to offend. There are certain factors associated with child maltreatment that appear to increase the chances of offending and determine whether the offending behaviour is likely to be life-course-persistent or evident only in adolescence.

Of the 41,700 Queensland children born in 1983 Indigenous children were over-represented in both the child protection data and the juvenile justice data. Maltreated Indigenous children were found to be four times more likely to offend than non-Indigenous children. This variance can be explained, in part, by considering the vastly different experiences of child maltreatment for Indigenous and non-Indigenous children. Notifications are more likely to be substantiated for Indigenous children, and there is a greater likelihood that Indigenous children will be the subject of repeat notifications (AIHW, 2006). Maltreatment of Indigenous children is also more likely to persist into adolescence and there is a greater likelihood that these children will be placed in out-of-home care (Stewart et al., 2002). These differences reveal more than the disproportionate extent to which Indigenous children suffer maltreatment: each of these variables are identified as predictors of the likelihood of offending behaviour in childhood and adolescence.

This Queensland study is important in that it contributes to the body of knowledge on the causal link between maltreatment in childhood and the early commission of offences. These findings are particularly salient in terms of Indigenous children, however, in that both the prevalence and the particularities of child maltreatment of Indigenous children demonstrate increased risk pathways to juvenile offending. Moreover, and more positively, this report points to opportunities to reduce the over-representation of Indigenous juveniles in the criminal justice system by preventing or lessening maltreatment, thereby interrupting the causal pathways to youthful offending.

SELF-REPORTED CONCERNS OF AUSTRALIAN CHILDREN

Importantly though, it is not just health practitioners, child development specialists and criminologists who identify specific risk factors as cause for concern. Often without a voice in the discourses that concern them most, Australian children and young people have an important role to play in conveying what *they* regard to be issues of concern. Mission Australia’s (2007) annual survey of Australian young people aged 11-24 years provides one of the most representative longitudinal data sets for both the self-reported issues of concern for young people, and where they turn for help if they experience personal problems.²²

²² Of the 29,000 children and young people who responded to the 2007 Mission Australia survey nearly 1,700 were Indigenous. This total data set comprised residents from every state and territory, capturing responses from those living in capital and non-capital cities. In 2007 the multi-modal online and paper based delivery of the simple 12 question survey aimed to attain a broadly representative data set whilst also going some way toward mitigating the low response rate caused by compromised literacy in some young people. In all, the broad based survey and its six-year longitudinal data set offer a valid source for understanding the self-reported concerns of young Australians.

Body image, family conflict and coping with stress are the top three concerns for the broadest Australian sample. Indigenous respondents identified *body image, alcohol and family conflict* as their major issues of concern. Indigenous children were far less likely to report difficulties in coping with stress than their non-Indigenous counterparts. Instead, over a third of Indigenous children reported alcohol as one of their major concerns (Mission Australia, 2007). Moreover, the figures on Indigenous children who are concerned about alcohol remain high even in the sample's youngest age group. Nearly a third of the 11-14 year-old Indigenous children surveyed indicated they considered alcohol to be a significant concern (Mission Australia, 2007).

Family conflict is a major concern for both Indigenous and non-Indigenous Australians, yet both groups overwhelmingly reported that family relationships topped the list of the things they most valued (Mission Australia, 2007). The role family play in young people's lives is complex as it is not only a source of stress but also a major source of support. The top three sources of advice and support for Indigenous and non-Indigenous respondents were identical; *friends, parents and relative/family friend*. Although the sources of advice are the same for Indigenous and non-Indigenous children, Indigenous children rely on these sources proportionately less as they are more than twice as likely to seek assistance from a community agency than their non-Indigenous peers (Mission Australia, 2007). This information is instructive, as are the data on the kinds of issues about which Indigenous children are likely to require additional information.

When asked whether they had adequate information on the issues that were of concern to them Indigenous respondents most commonly indicated that they would like more information on the following: (listed in order of frequency) sexuality and sex education; alcohol and drugs; depression; suicide and self harm; school and study; sexual abuse and family conflict (Mission Australia, 2007). These findings should not be interpreted as suggesting that Indigenous youth *currently* access advice from community agencies on sexuality, alcohol, drugs, etc. Rather, the survey findings point to both a service delivery need and opportunity. By virtue of the fact that they are twice as likely to access community agency advice than their non-Indigenous peers the crucial information gaps identified by Indigenous respondents are compelling for those interested in service delivery reform. This is all the more so given that each of the issues Indigenous youth have identified as service delivery needs are listed as risk factors to compromised developmental outcomes, pathways to crime, and problem sexual behaviour.

The finding that family conflicts are a primary source of concern for Indigenous children is also borne out in data from Kids Help Line.²³ The three major reasons that children seek support from Kids Help Line are for assistance regarding family relationships and peer relationships, and assistance in moderating their own behaviour (Kids Help Line, 2006). These are the top concerns for both Indigenous and non-Indigenous children, although the proportions differ such that for Indigenous children family relationships, self-behaviour, and peer relationships are of primary concern, whereas for non-Indigenous children it is issues associated with family, peers and self-behaviour that prompt contact with Kids Help Line.

²³ In 2006 Kids Help Line registered a total of 539 counselling sessions with Indigenous children and young people. This represents a 26 per cent increase in demand since 2005. This increase may not be solely attributable to increased need in Indigenous children. In 2006 Kids Help Line promoted their services at Croc Festivals in parts of remote Australia in an effort to engage Indigenous children in need. This increased demand may reflect a need that has been unmet previously due to a lack of awareness amongst Indigenous children of the services offered by Kids Help Line. An earlier information sheet with data on callers from Indigenous backgrounds indicates that data regarding ethnicity are recorded for only approximately 25 per cent of calls (Kids Help Line, 2005, p. 1). This indicates the need for counselling services for Indigenous children (already disproportionate to population) is likely to be much higher than Kids Help Line figures suggest.

In recent years there has been an alarming upward trend in the number of children from all backgrounds seeking assistance in regulating their own behaviours. Kids Help Line report that this is now the third most common concern for all children, and the second most common concern for Indigenous children, ahead of relationships with their peers. "The nature of concerns about managing emotional and behavioural responses are varied but include anger management, violent behaviour, self-injurious behaviour and coping with traumatic experiences" (Kids Help Line, 2006, p. 13).

Grouped together these behaviours indicate that children and young people are experiencing difficulties in coping with their circumstances and in effectively navigating complex familial and developmental pathways. Whilst they look to their family for advice and support it is very often family conflict that is the source of their concern in the first place. Kids Help Line report that of the 57,000 counselling sessions conducted in 2006 more than 21,000 of these were with children who were significantly distressed and/or 'at risk' (Kids Help Line, 2006, p. 11). The findings of these recent national surveys of children demonstrate the urgent need for increased attention to both risk pathways and protective factors for children.

THE IMPORTANCE OF MAINTAINING PROTECTIVE PATHWAYS

In general, factors identified to have a protective function include the existence of "secure relationships in multiple settings (school, home, peers), the adoption of clear health and social values, and the acquisition of good interpersonal skills" (Mission Australia, 2007, p. 19). Mission Australia data and the Kids Help Line statistics indicate that the familial connectedness required as a protective factor is undermined for many Australian children, an argument supported by the ACF. Analysing the national YouthScan survey of children between the ages of 10 and 17, Tucci et al., (2006) stress the importance of children being exposed to appropriate behaviour modelling and sufficient protective measures by adult family members. Consistent with the findings of the Mission Australia survey respondents to the YouthScan questionnaire idolise those close to them rather than celebrities, and it is from their parents and friends that they will seek advice about the world, their relationships, their bodies, and so on.²⁴ Once more, this reliance on familial role modeling and support is counter-pointed by children's claims that they are stressed, growing up too quickly, and seeking more time with their families.

More than ever before children are exposed to the adult world. Yet, many are poorly equipped to deal with it. This study reveals that many children lack confidence in themselves and feel that they are not doing well enough. They are experiencing emotional turmoil with the incidence of children feeling worried, sad and angry on a regular basis concerningly high. (Tucci et al., 2006, p. 19)

The demand on Kids Help Line for counselling on family relationships, and the data from both Mission Australia and YouthScan all point to children's continued faith in familial support, despite a decrease in the provision of such. All indications are that children themselves are reporting that their primary protective factor of familial connectedness is eroding.

²⁴ Indigenous and non-Indigenous children and young people report equally that the people that they most admire are family (30.3%), friends (14.1%), with entertainers (7.9%) and sports figures (7.4%) ranked third and fourth respectively (Mission Australia, 2007).