NICE National Institute for Health and Care Excellence

Expert testimony to inform NICE guideline development

Section A: Developer to complete	
Name:	Sharron Wareham
Role:	Research Practitioner/Team Manager
Institution/Organisation (where applicable): **Contact information:**	Barnardo's
Guideline title:	Harmful Sexual Behaviour
Guideline Committee:	Public Health Advisory Committee F
Subject of expert testimony:	Harmful Sexual Behaviour – the development of standardised assessment tools and intervention resources for girls who have engaged in harmful sexual behaviour.
Evidence gaps or uncertainties:	Data collected continues to undergo higher statistical analysis and as such it is likely early research findings may be added to and developed further. To date there are a smaller number of girls who have completed recommended intervention areas to measure positive personality/attitudinal shift, with the passage of time we would expect to provide more robust evaluation of the assessment measures and workbook.

1. How have you developed your approach and what are the indicators of success.
2. How does this approach differ from more orthodox CBT approaches.
3. Cross cutting themes that may be relevant to this area and of interest to the committee:
    - Minority populations
    - Young women/gender issues
    - Learning difficulties
    - Autism
    - Parents and carers

Section B: Expert to complete

Summary testimony: [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

Questions 1 and 2:

The project sought to access girls in mainstream school and other professional agencies. We ran a number of focus groups with girls and educational professionals which allowed us to modify existing tests and/or develop new ones.

We then requested completion of the assessment tools by teenage girls in school/agency settings. It was also pertinent to access young women who have offended non sexually also. At the same time, we gave the assessment tools to girls referred to us for harmful sexual behaviour. To maximise our sample, we also made the assessment tools available to those working with girls and young women involved with other specialist HSB services, including residential facilities.

On completion, we run appropriate statistical analysis on data gathered that allowed us to develop normal ranges for each test. We were then able, for the first time, to systematically consider young women who have harmed others sexually. This is a major step forward as it allows us to target areas of work to reduce risk of harm to themselves or others.

We also collated a range of demographic and behavioural information. This has allowed us to consider the different life experiences of young females involved in HSB. It has then been possible for us to consider girls and young women who have displayed HSB in comparison to adult female offenders/abusers. This is also an important first step as there was no existing research looking at how some girls progress into adult sexual abusing/offending.

It has also been possible to compare girls and young women who have harmed sexually with boys and young men who have harmed sexually. This has allowed us to consider similarities and differences in the attitudinal presentation of boys and girls who engage in this type of behaviour. Again, this work had not previously been undertaken.

The final stage of the project was to develop a specific treatment resource/workbook grounded in research findings. This represents a major advance in the intervention with girls and young women who harm sexually.

The draft workbook has been piloted by our service and selected services in the UK and was subject to an evaluation exercise. In addition to the usual means of evaluation, the assessment measures are administered to girls at the start and finish of the identified treatment programme. Thus, the impact of treatment using the workbook can be assessed.

Further modifications were then made to the treatment resource/workbook to maximise assessed effectiveness prior to publication.

The workbook approach has been developed via consultation, clinical guidance, practise and supervision within the Taith Service Team, Youth offending services and other specialist HSB services.

The approach draws upon CBT although includes attachment and trauma based interventions also. The approach is developmentally led and considers the child's needs within this context. The approach encourages unique case formulation for each child and family alongside recognition of areas of commonality drawn from research findings.

Question 3

Girls who display harmful sexual behaviour

Research into young people who display sexually harmful behaviour has increased greatly over the past 30 years. However, there remain relatively few studies specifically in relation to girls with sexually harmful behaviour.

Available research suggests that around 10% of victims of child sexual abuse are molested by women and girls, (Elliott 1993; Saradjian 1996) although some studies put this figure as far greater, with one study (Rich 2003) indicating that female perpetrators may account for up to 69% of sexual assaults on very young children (below 6 years). However, it appears girls are less frequently identified and referred for treatment, with girls representing a lower proportion of those referred to specialist agencies than these studies would suggest perpetrate sexual abuse. Similarly, current literature reflects a consensus that there is a general tendency to minimise or under respond to sexually harmful behaviour by girls. In practice this can significantly impact on the help offered to victims of sexual assaults by females, as well as reduce the likelihood of intervention for these young women, such that they are more equipped to develop healthy and safe future sexual relationships.

An Office of Juvenile Justice and Delinquency Prevention study (2001) commented on the lack of studies on girls with sexually harmful behaviour and identified a tendency to extrapolate from samples of adult females or samples that combined adolescent males and females. A concentration on male only samples has continued to be noted more recently (Kubik et al, 2002; Epps and Fisher 2004) and girls with sexually harmful behaviour are still regarded as 'a relatively unknown group' (Hendricks and Bijeveld 2006)

Consequently current assessment frameworks and intervention approaches for young people are based largely on professional understanding of boys. However, we know that gender is a crucial variable in the arena of sexual offending/ harmful sexual behaviour.

Much of the literature published on adult female sexual offenders in recent years has concluded that female offenders are different to male offenders in several ways.

They are believed to abuse under different circumstances, as a result of different needs and are influenced by different psychological processes. As yet, however, there is no such research to suggest that girls who sexually harm are the same as adult women who do so. Utilising existing measures that have been standardised either with boys or adult women may not be fully effective in considering risk and the needs of girls with harmful sexual behaviours.

To date, we have developed norms for several measures which focus on aspects of sexual knowledge, openness, personality and sexual attitudes, for example self-esteem, emotional loneliness, and general empathy, as well as attitudes in relation to children and sex and sexual victim attitudes such as the extent to which a young person blames the victim, perceives the victim as being compliant, and/or perceives the victim as being unharmed by the behaviour. These are designed to establish needs and to help identify young girls of higher concern and potentially higher risk of repeating harmful sexual behaviour. The measures were developed based on information gained via focus groups held with adolescent girls and young adult women, as well as discussions with other professionals.

Findings suggest that, compared to non-offending girls, those known to have displayed HSB are not significantly different with regards to levels of self-esteem (although both groups presented as having low self-esteem when compared to boys and adult females), girls within the comparison group however were found to have significantly lower levels of self-esteem when compared to all groups.

Areas where no significant difference was noted between non offending girls and girls displaying HSB were emotional loneliness, fantasy, and distortions regarding children and sex. Again girls within the comparison sample were found to be significantly different when considering elevated distortions regarding children and sex.

Areas where significant differences were found when compared to non-offending girls included the ability of girls displaying HSB to manage personal distress, a reduced ability to gain perspective a reduced ability to display general empathic concern for others and levels of sexual knowledge.

Analysis of demographic data collected indicates girls who display HSB are more likely to have experienced trauma including sexual abuse, physical abuse, emotional abuse and neglect and domestic abuse when compared to boys displaying HSB. However, research findings and our experience has highlighted boys attending the service also have high levels of trauma experiences.

Completion of the TSCC by the girls who participated in the research indicates that if assessed by a clinician, 40% may invite a PTSD diagnosis and 33% may invite a diagnosis regarding anxiety and/or depression. Consideration of early life experiences and traumatic episodes then is key in delivering any longer term intervention to girls displaying HSB.

There is a tendency to view girls who display harmful sexual behaviour primarily as ‘victims’ and boys as ‘perpetrators’. Despite cultural resistance to perceive girls and young females as abusers, over the 3 year project we have seen our referral rate for girls increase significantly from 8% in 2010/2011 to 25% in 2014/2015. Behaviours

displayed by girls participating in the research did not differ significantly to those displayed by boys attending the service.

In our experience girls displaying harmful sexual behaviour tend to be managed within welfare services with 98% of the referrals received in relation to girls being made by Children's Services as opposed to Youth Offending Services. This coincides with the average age of referral for girls being younger when compared to boys. In comparison to boys attending the service the girls we support display similar levels of aggression in their general behaviour although they are not subject to the same level of sanction either within the education systems or Youth Justice System when compared to males. The impact of this while positive for the girls we work with, is problematic for the boys in that exclusion from education impacts significantly upon them receiving many of the factors believed to influence risk in young people displaying harmful sexual behaviour such as limited access to educational input, access to appropriate adult emotional support, limited access to peer relations and an increase in social isolation.

Analysis of the research findings indicates that girls displaying HSB are also vulnerable to CSE. 89% of the girls who participated in the research were found to be at risk of CSE.

Research findings suggest that while there is much communality in the life experiences of boys and girls attending the service, the development of attitudes and beliefs in relation to these experiences seem to be shaped differently in relation to gender. For example, girls who are exposed to domestic abuse in the relationships of significant adults may develop thinking errors around consent and compliance in their own relationships. Whereas boys with similar experiences may have elevations in relation to thinking errors around aggression and hyper masculinity. This may be an area of shared experience but there are very clear differences in terms of intervention to rebalance thinking errors.

Research and practise in relation to girls who display harmful sexual behaviour has highlighted the need for difference in the assessment and intervention approaches depending on gender. It has also highlighted the variations from professionals in the systems and supports offered depending upon gender. Our question now perhaps is what can we learn from working with girls to improve our practise with boys

References to other work or publications to support your testimony' (if applicable):

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.