

Preventing Adolescent Harmful Sexual Behaviour: A NOTA Think Piece

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Introduction

Harmful or problematic sexual behaviour is relatively common: around 1/3 of child sexual abuse is perpetrated by children and young people under the age of 18 (Hackett, 2014) with early adolescence and the onset of puberty representing a peak time for sexual offending behaviour. A Freedom of Information request in 2013 -14 revealed that 4,200 children and young people in England and Wales were reported as having committed a sexual offence (Ministry of Justice, 2014). The majority of adolescents desist from such behaviour through natural maturation as they move into early adulthood (McCann & Lussier, 2008), but the minority who persist (between 5% and 20% in most recidivism studies to date) include higher risk adult sexual offenders (Vizard, Hickey, French, & McCrory, 2007).

Why is adolescence statistically associated with the onset of harmful sexual behaviour (HSB) for a minority of young people? Puberty and early adolescence is a time of significant physical and emotional change and development for most children, as well as a key stage in sexual development. Sexual identity and lifestyles are still not fully formed and the intimacy skills required for healthy physical and emotional intimacy are still developing, as are skills in perspective taking and reading social situations. Sexual knowledge is often partial and gathered from many different sources – TV, books, siblings, the internet, peers etc. Crushes, falling in love and the start of dating can be considerable preoccupations. It can be a period when sexual drives are at their most urgent but often least controlled and sexual experimentation can go wrong for even the most well-adjusted individuals. Rule breaking, sensation seeking and lack of consequential thinking are relatively commonplace amongst adolescents and may impact on sexual choices. For some young people learning disability and developmental delay may be significant factors that impact on aspects of social, relational and

sexual development in adolescence (Smallbone & McKillop, 2015). For some young people who have also experienced considerable adversity in their lives, excessive unmet emotional needs, use of coercion and aggression as coping strategies, poor emotional regulation skills, pre-adolescent sexualisation, and other aspects of unresolved trauma may also be present and may help account for a shift from typical sexual experimentation to forms of sexual aggression for some adolescents.

Harmful sexual behaviour can range from non-contact behaviour such as downloading images of child sexual abuse, voyeurism and exposure through to contact behaviour including sexual assault and rape. Abuse perpetrated by adolescents can have a catastrophic impact on victims, a significant social impact on families and communities and financial implications resulting from the costs of health and social interventions with both children who have been sexually abused and the children who have caused the harm. Yet most of our service provision in the UK and Republic of Ireland is focused on responding to such abuse *after* it has occurred, through assessment and interventions with perpetrators and therapeutic services for victims. Although there is increasing recognition that sexual abuse is a preventable public health problem, practitioners and researchers have focussed little on how we could target services to help prevent the emergence of this social problem (Brown & Saied-Tessier, 2015). What does prevention of adolescent harmful sexual behaviour mean for universal services, how do we target groups vulnerable in relation to this issue and how do we respond quickly and effectively to signs of emerging problems? This paper draws on research to propose some promising ideas in prevention, as well as outlining some of the current research gaps that hold back our understanding of how we could more effectively intervene to reduce the risk of sexually abusive behaviours in adolescence.

Pathways into abuse and family based prevention

Although there can be various developmental pathways into harmful sexual behaviour in adolescence, the evidence base to date tells us that children who display such behaviours often come from families that are described as multiply troubled and dysfunctional and in which chaos and stress is present (Hackett, 2014).

According to Rich (2011) the developmental pathway for young people with HSB post puberty, includes elements of adverse childhood experiences, including family instability and unstable living conditions, domestic violence, personal histories of neglect and abuse, and other disruptions to optimal child development. Righthand and Welch (2001) write that "dysfunctional patterns of family life are routinely reported among children and adolescents who display HSB, including family instability, disorganisation, and violence". Barbaree and Langton (2006) describe the families of

many young people with HSB as unstable with few resources, and Barbaree, Marshall and McCormick (1998) describe the majority of sexual offenders as growing up in families where disruptions in parent-child relations and experiences of violence, abuse and neglect are common.

For some adolescents, harmful sexual behaviour will be a continuation of problematic or inappropriate sexual behaviour displayed in pre-adolescence. A recent multi-agency inspection of youth justice cases involving adolescent sexual offending found several cases involving individuals who had started displaying problematic sexual behaviours in childhood which had not been adequately assessed or responded to (Criminal Justice Inspectorate, 2013). For pre-pubescent children who display harmful sexual behaviour, Gray, Busconi, Houchens and Pithers (1997) reported that families of sexually troubled children ages 6-12 were marked by high rates of domestic violence, sexual victimisation within the extended family, physical abuse of children, and parental arrest as well as single-parent homes and low family incomes. The authors concluded, these families were 'multiply entrapped' experiencing many practical difficulties and parenting stress.

For some, family is not just the context for the emergence of the behaviour but also the locus where abuse occurs. Although a significant minority of sexual offences involve adolescents abusing peers (see next section), the majority of sexual abuse involves adolescents sexually abusing pre-adolescent children, with up to a half of abuse of pre-adolescents by young people involve siblings or close family relatives (Allardyce & Yates 2012). Smallbone (2006) noted in one study of 200 hundred young people that sexually abused pre-adolescent children, the majority committed offences in the context of nurturing (e.g. babysitting) or play activities (e.g. play fighting) often in intimate settings (e.g. bedrooms).

A number of conclusions about prevention can be drawn from the above:

- Young people who display harmful sexual behaviour often share similar backgrounds to young people involved with non-sexual offending behaviour (Seto & Lalumiere, 2010). Indeed, a proportion of adolescents involved with sexual offending behaviour are already known to services for other forms of offending behaviour prior to the onset of HSB. Accordingly general preventative programmes that reduce the impact of criminogenic influences on adolescents and their families as well as bolstering protective mechanisms (Farrington, 2007) will have some impact on reduction of adolescent harmful sexual behaviour. Further research into developmental risk factors for criminal behaviour in adolescence and adulthood could helpfully examine unique subgroups of offenders such

as sex offenders if we are to target prevention strategies more effectively.

- Introducing concepts such as child and adolescent sexual development and how to support your child's healthy sexual development in work with families who present to services with a complexity of need may be beneficial. Addressing such concepts through widely used evidence based parenting courses such as Triple P, Incredible Years or Parents Plus may be a way of targeting vulnerable families in a non-stigmatising manner to help promote sexual abuse prevention in home environments.
- From a psychological formulation perspective we should be able to promote early prevention strategies targeting particular families where appropriate. Integrating psycho-educational inputs around healthy sexuality and relationships into focused therapeutic and family support for children who have been maltreated could have a preventative role. However a formulation based approach would mean that more resources could be accessed and more targeted interventions offered if multiple risk factors that are commonly linked to the etiology of harmful sexual behaviour in childhood and adolescence are identified in early childhood (e.g. witnessing domestic violence and experiencing sexual abuse). Similarly, for pre-pubescent children who display problematic or harmful sexual behaviours (some of whom will be presenting behaviours reactive to their own experience of victimisation) a formulation based approach would ensure that the most effective nature and intensity of therapeutic work was offered.

Schools Based Prevention

Although the majority of sexual abuse perpetrated by adolescents occurs in domestic settings, there has recently been growing public awareness of sexual harassment and sexual violence in school settings; a recent 2016 FOI request revealed that 5,500 sexual offences had been recorded in UK schools over a 3 year period including 600 allegations of rape. A 2010 YouGov poll of 16 to 18 year olds found that 29% of girls experienced unwanted sexual touch at school. These findings are congruent with our understanding from the harmful sexual behaviour literature that around 1/3 of cases involve peer on peer sexual exploitation. Not all harmful sexual behaviour is solo activity: some studies have suggested up to 1/3 of adolescent sexual offending is group based (Bijleveld & Hendricks, 2003) and there has been evidence of sexual abuse of victims and female gang members being associated with adolescent gangs and initiation / group bonding processes (Beckett, Brodie, Factor, Melrose, Pearce, Pitts, Shuker, & Warrington, 2013).

Yet our understanding of the role schools can have in preventing sexual abuse and violence amongst peers is still limited. Clearly appropriate policies and guidance can ensure that incidents are responded to appropriately in schools, but the following preventative measures show some promise:

- PSHE (personal, social and health education) and age-appropriate SRE (sex and relationship education) is still not mandatory in our schools in the UK and the Republic of Ireland. Surveys of young people's views on PSHE is generally negative, foregrounding that it is often does not adequately reflect the issues and experiences of young people (e.g. Morrison, 2016). In the context of sexual abuse prevention Finkelhor and Daro (1997) have suggested educational approaches should 'work towards acceptance rather than stigmatization of sexual diversity, reduce feelings of shame and independence, enhance communication between people and the ability to empathise with another's sexual reality, and, model activities in the context of mutual respect and affection'. A rethinking of current PSHE so that it more proactively engages with issues around sexual abuse and harmful sexual behaviour in both school and domestic settings may be worth pursuing: Smallbone, Marshall and Wortley (2008) argue that young men attending such programmes might benefit from being taught that noticing sexuality in children and even having sexual feelings towards children is not in itself a biological or psychological abnormality and does not need to lead in itself to abusive behaviour. Targeting of such programmes on more vulnerable young people (some of whom may miss key school inputs for varying reasons) is important including those excluded from mainstream education. To date we are unaware of any research that looks at the impact of PSHE on sexual abuse prevention and adolescent harmful sexual behaviour and this may be an area for further evaluation.
- Young people with learning disabilities and autistic spectrum disorders are over-represented in studies of young people who display harmful sexual behaviour (Hackett, 2014) and targeting of PSHE that openly discussed harmful and offending sexual behaviours alongside healthy sexuality seem defensible. Further research on impact of PSHE on LD and ASD youth in reducing risk of sexual violence would help tailor resources more effectively.
- There are to date a range of schools based sexual violence prevention programmes, some of which are examined in a systematic review by DeGue, Valle, Holt, Massetti, Matjasko, & Tharp (2014). These authors note that many of the evaluations of these programmes have focussed on attitudinal rather than behavioural change but there is some evidence

that certain programmes have an impact with participants being less likely to be identified as victims and perpetrators of sexual violence in comparison to control groups. Such programmes seem to be best focussed in early adolescence, should focus on self-control, self-reflection, communication skills and social skills and need to be implemented as part of a comprehensive, multi-level strategy to reduce sexual violence. There is promising data in relation to interventions such as MVP (Mentors for Violence Prevention) that enhance school students ability to become active bystanders in the prevention of bullying, sexual harassment and teen dating abuse (Katz, Heisterkamp, & Fleming, 2011). To date the evidence for such 'whole school' approaches that foreground peer education has focussed on attitudinal change and qualitative evidence on how the programme has been experienced rather than evidence quantifying violence reduction generally or sexual violence reduction specifically. None the less, holistic approaches supporting schools to be safer environments for children's social and sexual development may be a key factor in the prevention of adolescent harmful sexual behaviour, particularly peer to peer sexual exploitation.

- As noted above, for some adolescents harmful sexual behaviour may have its roots in problematic or inappropriate sexualised behaviour in early childhood. The focus of schools based preventative efforts should not just be secondary education: it may be helpful to work with child care providers such as nurseries and primary schools, providing education to care providers on normative sexual development and behaviour in children, as well as guidance as to how to manage behaviour that is deemed unusual or concerning and spotting early warning signs.

Online Prevention and Adolescence

Online harmful sexual behaviour takes many forms, from coercive sexting and 'revenge porn' - abuse through dissemination of intimate material - to viewing images of child abuse and grooming with a view to contact behaviours. It is difficult to quantify what proportion of adolescent sexual abuse takes place online, but it is being recognised by specialist services as an increasing area of growth (Palmer, 2015).

Access to online pornography may be a significant factor which triggers harmful sexual behaviour for some children and adolescents. It has been found that many young people with problem sexual behaviour have been exposed to pornography as early as age 7. Knight, Ronis and Zakireh (2009) identified early exposure to pornography as a sexual risk factor for harmful sexual behaviour. Loding (2006) found that exposure to pornography,

actual sexual acts, and nudity prior to age 10 was significantly higher among sexually abusive youth than among those who had not displayed harmful sexual behaviour. This may link to a lack of sexual boundaries and parental supervision within the family home as well as impact of online content. These findings need to be placed against normative data on use of internet pornography amongst adolescents: a study from 2015 showed 39 % of boys and 3% of girls in England, with a mean age of 14.7 years, were voluntarily and regularly watching online pornography (Stanley, 2016).

- We increasingly live in a society where many complex aspects of adolescent development concerning relationships and healthy sexuality now take place online. A small minority of young people are actively involved with technology mediated sexual offending. However, there is growing evidence to suggest that adult concern about adolescent sexual expression is leading to some normative online behaviour being problematised or criminalised for children and young people. This in turn, leads to considerable confusion amongst parents, carers, professionals (including police) and legislators about where adolescent sexual experimentation online ends and sexual exploitation online begins. More widespread training and support to professionals and parents in this area would improve effective early identification of online issues.
- Continued educational work with children, young people and parents / carers in relation to e-safety has an important role to play in prevention, along with public information and access to resources for professionals who work with children. There is evidence that some groups (LGBTQ youth; young people with learning disabilities and ASD; young people with mental health problems) may be at elevated risk online and preventative measures should be targeted accordingly (Palmer, 2015). A better understanding of risk factors contributing to victimisation online would be an obvious area of research – evidence to date suggests that risk factors in relation to offline sexual exploitation are different from those relating to online exploitation (Palmer, 2015).
- Evidence to date suggests that the majority of young people who look at online pornography do not develop behavioural difficulties, but for some it can significantly influence both attitudes and their interactions with others. A better understanding of how predisposing and precipitating factors cluster here would be useful if we are to understand pathways into problematic and abusive behaviour. A key new area for examining HSB may be the neuroscience of behavioural addiction. Compulsive and impulsive behaviours, emotional lability and impaired judgement are characteristic of all addictions (Hilton, Carnes & Love, 2016) and core brain changes produced by compulsive use of internet pornography have similarities to those found in the brains of substance

abuse addicts (Voon et al 2014). Also adolescent resilience online and protective factors need to be more comprehensively researched to balance a potentially deficit orientated analysis of how risks factors cluster for some individuals who display HSB.

- There is some research to date suggesting that safe and confidential spaces for young people can help support them exploring worries about their own sexual thoughts or behaviour, particularly with respect to sexual attraction to younger children (Beier, Oezdemir, Schlinzig, Groll & Hellenschmidt, 2016). It is likely that online resources may be particularly invaluable here as young people may find this is a less stigmatising way of obtaining advice and support with these issues.

Conclusion

Ensuring that children and adolescents have the skills and knowledge to build healthy and respectful relationships is a key aspect of childhood learning. Developmentally appropriate knowledge, support and advice about healthy sexuality needs to be available at all stages of children's lives from pre-school to beyond secondary education. Universal services need to recognise the prevalence and reality of adolescent harmful sexual behaviour and ensure that the issue is acknowledged and addressed. The promotion of key messages about healthy and problematic adolescent sexual behaviour needs to be reinforced particularly with families who are struggling with issues relating to care and protection.

Education and preventative programmes are important aspects of prevention, but the evidence would suggest that harmful sexual behaviour emerges not solely from distorted or unhelpful attitudes to what is acceptable in relationships, but rather the interaction of such attitudes with emotional, social and sexual regulation skills. Education and preventative programmes would probably need to be further reinforced with higher risk groups (e.g. boys who have been looked after or accommodated) and would need to link to targeted support around regulations skills.

Our reading of the relevant literature would also suggest that punitive approaches do not have a significant role to play in prevention. More aggressive strategies making an example of young people who transgress sexual boundaries are likely to stigmatise individuals who have concerns about their own sexual behaviour rather than helping people move on from experiences of shame and stigma. We need a tiered child-centred approach to prevention that evolves over time by foregrounding the voices and views of children and young people about how we build a safer society. Increased learning from educational initiatives in other jurisdictions may also

help us develop effective preventative strategies in the UK and Republic of Ireland.

This all needs to take place within the context of a culture where sexual abuse is recognised as a significant public health problem and where care and thought is given to the promotion of political, cultural and social messages that amplify power differences between genders and between adults and children. This is vital as these messages – whether promoted by politicians, the media, professionals, family members or by children themselves – implicitly promote attitudes that are the backdrop to abusive behaviour towards children.

References

- Allardyce, S. & Yates, P. (2013). Assessing Risk of Victim Crossover with Children and Young People who display Harmful Sexual Behaviours. *Child Abuse Review*, 22: 255–267
- Barbaree, H. E. & Langton, C. M. (2006). Effects of child sexual abuse and family environment. In H. E. Barbaree, & W. L. Marshall (Eds.), *The juvenile sex offender* (2nd ed., pp. 58-76). New York, NY: Guildford Press.
- Barbaree, H. E., Marshall, W. L., & McCormick, J. (1998). The development of sexually deviant behaviour among adolescents and its implications for prevention and treatment. Understanding, assessing and treating juvenile and adult sex offenders. *The Irish Journal of Psychology*, 19, 1-31.
- Beckett, H., Brodie, I., Factor, F., Melrose, M., Pearce, J.J., Pitts, J., Shuker, L. and Warrington, C. (2013). " *It's wrong-but you get used to it": a qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England*. University of Bedfordshire.
- Beier, Klaus M., et al. "'Just dreaming of them": The Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ)." *Child abuse & neglect* 52 (2016): 1-10.
- Bijleveld, C., & Hendriks, J. (2003). Juvenile sex offenders: Differences between group and solo offenders. *Psychology, crime and law*, 9(3), 237-245.
- Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 34, 105-113.
- Borduin, C. M., Letourneau, E. J., Henggeler, S. W. and Swenson, C. C. (2003). *Treatment manual for multi-systemic therapy with sexual offenders and their families*. Unpublished manuscript. University of Missouri: Columbia.
- Brown, J. & Saied-Tessier, A. (2015) *Preventing child sexual abuse: Towards a national strategy for England*. NSPCC: London
- Criminal Justice Joint Inspection (2013) *Examining Multi-Agency Responses to Children and Young People Who Sexually Offend: A joint inspection of the effectiveness of multi-agency work with children and young people in England and Wales who have committed sexual offences and were supervised in the community*. London. HM Inspectorate of Probation.
- de Graaf, de Haas, Zaagsma & Wijsen (2016). Effects of Rock and Water: an intervention to prevent sexual aggression. *Journal of Sexual Aggression*, 1, 4-19.

DeGue, S., Valle, L.A., Holt, M.K., Massetti, G.M., Matjasko, J.L. and Tharp, A.T., 2014. A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior, 19*(4), 346-362.

Farrington, D. (2007). Childhood risk factors and risk-focussed prevention in M. Maguire, R. Morgan and R. Reiner (Eds.) *The Oxford Handbook of Criminology* (4th ed.) Oxford: Oxford University Press

Finkelhor, D. and Daro, D. (1997). Prevention of Child Sexual Abuse. In Helfer, M.E. and Kempe, R.S. (Eds.), *The Battered Child* (5th ed., rev. and exp.), pp. 615-626. Chicago, IL: The University of Chicago Press.

Gray, A., Busconi, A., Houchens, R., & Pithers, W. D. (1997). Children with sexual behaviour problems and their caregivers: Demographics, functioning, and clinical patterns. *Sexual Abuse: A journal of research and treatment, 9*, 267-290.

Hackett, S. (2014). *Children and young people with harmful sexual behaviour – Research Review*. Dartington: Research in Practice

Hackett, S., Telford, P, & Slack, K. (2002). Group work with parents of children who sexually harm. In Calder M. (Ed), *Young Who Sexually Abuse: Building the evidence base for your practice*. Lyme Regis: Russell House Publishing.

Henggeler, S. W., Letourneaus, E. J., Chapman, J. E., Bourduin, C. M., Scheew, P. A., and McCartan, M. R. (2009). Mediators of change for multisystemic therapy with juvenile sexual offenders. *Journal of Consulting and Clinical Psychology, 77* (3), 451-462.

Hilton, D. Carnes, S., and Love, T.L. (2016) Sexual Addiction in Robbins, T. Everett, B. and Nutt, D. (eds.) *Neurobiology of Addiction*. Oxford, OUP.

Katz, J., Heisterkamp, H.A. and Fleming, W.M., (2011). The social justice roots of the mentors in violence prevention model and its application in a high school setting. *Violence against women, 17*(6), 684-702.

Knight, R. A., Ronis, S. T., & Zakireh, B. (2009). Bootstrapping persistence risk indicators for juveniles who sexually offend. *Behavioural science and the law, 27*, 878-909.

Letourneau, E. J., Henggeler, S. W., Bouduin, C. M., Schewe, P., McCart, M., Chapman, J., & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1 year results from a randomised effectiveness trial. *Journal of Family Psychology, 23*, 321-336.

Loding, B. V. (2006). The relationship between attachment, trauma and exposure to pornography in juvenile sexual offenders. Unpublished doctoral dissertation, Clark University Worcester, MA. McCann, K. & Lussier, P. (2008) Antisociality, sexual deviance, and sexual reoffending in juvenile sex offenders: A meta-analytical investigation. *Youth Violence and Juvenile Justice. 6*: 363-385

Manocha, K., & Mezey, G. (1998). British adolescents who sexually abuse: A descriptive study. *Journal of Forensic Psychiatry, 9* (3) 588-508.

Miner, M. H., Robinson, B. E., Knight, R. A., Berg, D., Swinburne Romine, R., & Netland, J. (2010). Understanding sexual perpetration against children: Effects of attachment style, interpersonal involvement, and hypersexuality. *Sexual Abuse: A Journal of Research and Treatment, 22*, 58-77.

Ministry of Justice (2013) Freedom of information request: Ref FOI 84897, September 2013. Cited in *Children and Young People with Harmful Sexual Behaviours: Research Review*. Hackett, S (2014)

Morrison, C. (2016). *Young people's views on their school-based Relationships, Sexual Health and Parenthood (RSHP) education*. Healthy Respect.

Palmer, T. (2015). *Digital Dangers: The impact of technology on the sexual abuse and exploitation of children and young people*. Barnardo's / Marie Collins Foundation

Pithers W., Gray A., Busconi, A., and Houchens, P. (1998). Caregivers of children with sexual behaviour problems: Psychological and familial functioning. *Child Abuse and Neglect*, 22 (2), 129-141.

Rich, P. (2006). *Attachment and sexual offending: Understanding and applying attachment theory to the treatment of juvenile sexual offenders*. Chichester, UK: Wiley.

Rich, P. (2011). *Understanding, assessing and rehabilitating juvenile sexual offenders*. Hoboken, New Jersey: Wiley & Sons, Inc.

Righthand S., & Welch, C. (2001). *Juveniles who have sexually offended: A review of the professional literature*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

Seto, M., & Lalumiere, M. (2010) What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin*, 136(4), 526-575.

Smallbone, S. W. (2006). Social and psychological factors in the development of delinquency and sexual deviance. In H. E. Barbaree & W. L. Marshall (Eds.), *The Juvenile Sex Offender* (2nd ed., pp. 105-127). New York, NY: Guilford Press

Smallbone, S. & McKillop (2015) Evidence informed approaches to preventing sexual violence and abuse in Donnelly, P. & Ward, C. (2015) *Oxford Textbook of Violence Prevention: Epidemiology, Evidence, and Policy*. Oxford University Press.

Smallbone, S., Marshall, W.L., & Wortley, R. (2008). *Preventing child sexual abuse: Evidence, policy and practice*. Cullompton, UK: Willan Publishing

Stanley, N., Barter, C., Wood, M., Aghtaie, N., Larkins, C., Lanau, A. and Överlien, C., 2016. Pornography, Sexual Coercion and Abuse and Sexting in Young People's Intimate Relationships A European Study. *Journal of interpersonal violence*, p.0886260516633204.

Thornton, J., Stevens, G., Grant, J., Indermaur, D., Chamarette C., and Halse A. (2008). Intra-familial adolescent sex offenders: Family functioning and treatment. *Journal of Family Studies*, 14 (2-3), 362-375.

Vizard E., Hickey N., French L. and McCrory E. (2007) 'Children and Adolescents Who Present with Sexually Abusive Behaviour: A UK descriptive study'. *Journal of Forensic Psychiatry & Psychology*, 18 (1) 59-73.

Voon, V., Mole, T.B., Banca, P., Porter, L., Morris, L., Mitchell, S., Lapa, T.R., Karr, J., Harrison, N.A., Potenza, M.N. and Irvine, M., (2014). Neural correlates of sexual cue reactivity in individuals with and without compulsive sexual behaviours. *PLoS one*, 9(7), p.e102419.

