

relationship with degree of childhood sexual abuse.

### Complex causal models

There is (almost) never just one causal agent for a single outcome. Adequate prediction of later disturbance or illness requires consideration of multiple risks and protective factors and their interplay (Cicchetti & Sroufe, 2000). We should not be asking “What is the reason that X becomes a child sex abuser?” but “What are the factors that have initiated and maintained X on a developmental pathway that is associated with becoming a child sex abuser?”. We should ask why two individuals with the same risk factor have different outcomes. An analogy of vulnerability to trauma has been described in the context of three dolls made respectively of glass, plastic and steel that were exposed to the same standard blow from a hammer (Anthony, 1968). Under impact the glass doll shattered, the plastic one showed a dent and the steel one remained unscarred. The retrospective design of Glasser *et al*'s study does not allow us to estimate what proportion of children who have been sexually abused go on to become child abusers in adulthood, but it is, presumably, a small minority. Future research needs to examine cases where children appear to have overcome or been protected from negative consequences of their early childhood adversities. Such knowledge would have important implications for the development of prevention and treatment programmes for children who experience early victimisation.

The ideal way to answer these questions and look for links between childhood abuse and adult outcomes is to carry out longitudinal studies that carefully trace the developmental pathways of abused and non-abused children throughout life (Kraemer *et al*, 2000). It may be possible to speed up this long and costly process by using preexisting cohorts or official sources of information. Widom & Ames (1994) used a prospective cohort design to assess the criminal consequences of childhood sexual abuse. Official criminal records were traced for a large sample ( $n=908$ ) of children with a validated history of sexual abuse, physical abuse or neglect, and a control group matched for age, gender, race and family socio-economic status. The authors found no evidence for a cycle of sexual abuse as proposed by

Glasser *et al*. Rather, they found that all three of the abuse groups (sexual, physical and neglect) were significantly more likely to be arrested for a sexual offence (including prostitution) than were the controls. In fact, although children who had been sexually abused were significantly more likely than controls to have an adult arrest for prostitution, they were not significantly more likely than controls to have adult arrests for other sex crimes.

### How little we know

No single study, no matter how large, can provide all the answers about the complex topic of child abuse. We need to know more about the psychological and functional outcomes of victims of childhood sexual abuse and we urgently need to know more about why some adults sexually abuse children. Epidemiological information on sexual ‘perversions’ is notoriously poor (Meyer, 1995). The legacy of Freud encourages psychiatrists and psychologists to look to childhood for the roots of adult behaviours. We do not wish to be seen to blame the victim, but how can we protect children from adverse consequences of abuse if we do not even know what these are? How can we devise effective treatments or interventions for child abusers if we have no idea what drives their actions? Glasser *et al*, with this fascinating study which exposes psychoanalytic theory to epidemiological scrutiny, have opened the scientific debate on this important issue and shown us how little we really know.

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## BREAKING THE CYCLE: CHALLENGE AND OPPORTUNITIES

Tapping into such a rich database the paper by Glasser *et al* raises important but complex issues challenging the direct causal link between involvement in sexual activity with an older person and subsequently becoming an adult who perpetrates child sexual abuse.

Definitions of incest and paedophilia have and will in practice continue to be shaped and influenced by changing legal frameworks and social policy. The authors remind us that about half of fathers and stepfathers referred for treatment to clinics for having abused children outside the home had at the same time been abusing their own children.

All the disadvantages of a retrospective case note study on an unusual clinical population can be set against the advantage of knowledge to be gained from possible full disclosure of both degree and nature of ‘offence’ behaviour in a specialist ‘confidential’ psychotherapy clinic of the 1980s.

Little reference is made to either the impact of the social and psychological constitution of gendered power relations – whether economic, social, political, domestic or sexual, operating at the level of individual, interpersonal, institutional or societal beliefs – or to the current good practice and policy guidance in this field (Cabinet Office, 1999).

It was in 1978 that Louise Armstrong's early and now classic feminist text on incest, *Kiss Daddy Goodnight*, was first published. In utilising material from a specialist forensic psychotherapy clinic the psychotherapeutic encounter is applied in the service of those who have traditionally been silenced – children sexually abused. At the same time it addresses core concerns expressed by Finkelhor (1986) that the implication of inevitability in ‘cycle of violence’ theory might “strike terror into the hearts of boys who have been abused” or become a “self-fulfilling prophecy”.

The concept of 'developmental pathways' is a more accurate and helpful utilisation of 'cycle of violence' as a theory for explaining and understanding the contributing factors and causal relationships that connect childhood abuse with adolescent and adult male perpetration. For each individual, dispositions conditioned by childhood abuse are subject to many different kinds of combinations of motivating and mediating factors that ultimately determine whether or not and in what circumstances being abused can lead on to abusing.

### Adolescents

It is surprising that the current debate about diagnostic categories for those abusers aged under 16 – possible "sexual arousal disorder of childhood/adolescence" (Vizard *et al*, 1996) – is not explored by Glasser *et al*. Further, given the growing literature on young abusers, it is questionable whether the 19% of this sample aged 19–21 can be labelled as "mature adults with fixed personalities" and whether or not more could be learnt from teasing out the data on older adolescents still hopefully in a phase of transition.

"Adolescent limited" and "life course persistent" (Moffitt, 1993) antisocial behaviour is now clearly recognised. While research informs our prediction of sexual and non-sexual recidivism in adult offenders, and while factors are known to increase risk that delinquents will become adult criminals, the information to guide prediction of sexual recidivism in adolescent abusers is limited. The majority of factors found to predict sexual recidivism are historical and stable (history of abuse and conduct disorder) and have been seen as fixed and difficult to change through treatment.

Dynamic risk factors, which are the target of cognitive-behavioural treatment in general adult criminality, have not emerged from large reviews as predictors of sexual recidivism (Hanson & Bussière, 1996). Measures to assess dynamic variables that are the core targets of sexual offender treatment – victim empathy, cognitive distortions, relapse prevention – have only relatively recently been developed.

### Findings

The significant association of sexually deviant practices with use of pornography has heightened relevance in an era of sexually abusive images of young children on the internet. The link made between male abusers abused by their mothers has resonance with the findings of Briggs & Hawkins (1996). Incarcerated child molesters were more likely to have been abused by females. Compound loss as described is a broad category and its specificity in relation to sexual abuse needs further exploration. Boswell (1996) has described the marked impact of loss and abuse on incarcerated adolescent males serving long sentences for acts of violence.

Delineating the developmental pathway of a possible minority subgroup of the victim-to-violence cycle is a significant contribution to the field but should be seen as only part of a much wider picture.

Glasser *et al* bring with their findings a psychodynamic understanding based on identification with the aggressor as a means of turning traumatic passive experiences into active ones as the perpetrator returns to the theme of rage and aggression seen in a range of sadistic and violent acts (Bailey, 2000). It is to be hoped this is not seen as a resurrection of the at times destructive cognitive-behavioural *v.* psychodynamic treatment debate but that each can inform the other in addressing the needs and risk of the individual.

### Implications

From this high-risk cohort the most pathogenic experience is to have been a victim of both incest and paedophilia, then a victim of paedophilia alone and then a victim of incest alone, supporting in general the literature on victim-to-victimiser cycles.

The findings of Glasser *et al* can inform both adult forensic services treating adult perpetrators (in particular that group of fixated paedophiles) and child and adult mental health practitioners involved in treatment of victims of sexual abuse. To enable effective child protection all mental health practitioners need a full understanding of factors that contribute to cycles of abuse.

Wyre (2000) argues that the controls exercised by the abuser on the relationship appear to have more bearing than

the type of abuse itself on the likelihood of abused child victims going on to become abusers in adolescence or adulthood. For the future, measures need to be developed to systematically evaluate family context variables such as parental attitudes to sexual abuse, as well as measures to evaluate prepubescent children who abuse, together with further investigation of female juvenile offenders. Having described a high-risk subgroup of victims who have experienced both paedophilia and incest, the challenge remains to develop treatment programmes that accurately target criminogenic need, and then to evaluate the impact of treatment programmes through long-term follow-up.

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