

| The Psychology of Individual Adult Abusers

Written Responses for the Scottish Child Abuse Inquiry

Fiona Munro

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Preface

The Scottish Child Abuse Inquiry (“SCAI”) held roundtable sessions on 22nd and 23rd March 2022, at its premises in Edinburgh. The sessions were open to the public.

The purpose of the sessions was to explore, with relevant experts, aspects of the psychology of those who abuse children in a way that would help the Chair of SCAI to understand them and to apply that understanding when deciding, at a future date, what recommendations ought to be made for the protection of children in care from abuse.

In advance of the sessions, the experts were invited to consider a set of questions and they provided written responses which were used to assist in facilitating the discussions. The responses provided by Fiona Munro, Consultant Clinical Forensic Psychologist, are set out below. Ms Munro was not, unfortunately, able to attend the sessions. She had the opportunity to consider her written response after reading the transcript and added the paragraph at the end, under the heading “Addendum”.

Written Responses

1. Individual Abuser Psychology

1a. Drawing on your professional experience, what characteristics of child abusers impact upon the likelihood and/or nature of their abuse of children?

All abusers are individuals; this is not a homogenous group. There will be different routes into offending, but, simply put, damaged people tend to damage others. These perpetrators will often, but not always, have a history of being abused personally. However there will also be some without any abuse history and who develop abusive behaviours desire being abhorred at their own behaviours.

Personality disorders (e.g. narcissistic, antisocial, psychopathic) will be present in some, and these individuals will have particular traits which allow them to commit the offences, e.g. lack of empathy for the child. If the person has little or no empathy then they can justify their behaviour to themselves and see it as acceptable, or consider that if a child is not saying "no" to them, then they are doing nothing wrong.

Similarly these individuals may have a strong need for the stimulation (not necessarily sexual) that comes from feeling powerful; they are in the adult role and need to be (and enjoy) exerting their authority (again, not necessarily sexual). Sexual stimulation and/or feelings of excitement at being in control and all-powerful for these moments of being abusive, may be highly rewarding.

Characteristics that make it more likely could be, e.g. having a sexual deviance in some cases; additionally or alternatively, in others it is their belief systems about sex with children.

The nature of the abuse will depend on what needs the abuse fulfils in the abuser, so if someone has paedophilic interests you would expect this to be displayed in the sexual abuse of the child. The abuser (if they were previously abused themselves) may re-enact what they experienced themselves and have come to see this as 'normal' sexual expression. It can also be the case that the nature of the abuse does not involve certain acts which they personally had found distasteful (when they were children).

Many survivors of abuse will comment that they thought it was all "just normal" and only as an adult recognise that it was abuse. Some who abuse children may say that any attention is better than no attention, that it was good to be made to "feel special". To take an alternative point of view (i.e. to recognise the behaviour as abuse), then take the enormous step of reporting, the adult would lead to immense change and rejection, e.g. losing the placement and have to re-start

life elsewhere—which for a child in care would be a repeat of previous upheaval probably, which they would seek to avoid.

1b. What does your professional experience tell you about abusers' perceptions of children and how those perceptions may contribute to their perpetration of abuse?

Some may have personal histories of abuse and consider "it did me no harm!"; some believe children learn through early sexual experience and that they are being kind to teach them nicely rather than one of their peers "fumble around and hurt them" later; some believe that as homosexuality became legal, so it is only a matter of time until the age of consent is lowered and paedophilia is legalised. Additionally, 'spare the rod and spoil the child' beliefs may impact on their view that corporal punishment is appropriate.

1c. What does your professional experience tell you about the link, if any, between the viewing of pornography including indecent images of children and the abuse of children?

Viewing pornography is likely to desensitise the viewer to certain acts that may on first viewing seem abhorrent. It also acts to normalise the behaviours/interests, i.e. "if it is on a screen and others do it, my urges are not isolated, others do this"; or that others have given in to it, "I'm not as bad as what I see they are doing."

Some express the perception, "I am only looking...the child has had this happen but by seeing it I am not abusing them, someone else did that." They may have seen child pornography showing children laughing and appearing to enjoy sexual abuse and being rewarded; thus this does not fit with societal views of sexual abuse being abhorrent and thus the viewing of such pornography allows them to view their own behaviours as acceptable. I have been advised by abusers that most (if not all) child porn does not show unhappy children. Thus seeing such images will support the view that this is not harmful, and the abuser may form the view that the child will become like video images, i.e. will get to like it (if they do not at first), or find it educational.

Others will say that they watch porn for curiosity and to see what risks others take, e.g. like watching disaster documentaries on TV and will say it does not make them more likely to commit such acts.

Others will say that they only collect it (indecent images of children) and do not watch it at all. These are often socially awkward men who live their lives with computers and may go out to work then back to their computers; they say that they like a collection and they enjoy the camaraderie of swapping images "in their secret world". Some claim to "have Aspergers" and this accounts for their collections.

In many of these cases there is no evidence that they become contact offenders, that is, proceeding to the hands-on abuse of children. They will point to the sheer quantity of images collected as evidence that of course they have no time to view it. Some report going to work and setting timers to download images and videos whilst they are away, so they have not seen the material, they just accept a collection sent to them by another person.

So for some there is a link in that it is a gateway, making it more likely that they move into contact sexual offending. But for most, their illegal porn remains like a secret world in which they indulge and they would not consider touching “a real child”;¹ they view it as unlikely that they will be detected, and like much inappropriate social media behaviour they are driven by the triple A engine (Anonymous, Affordable, Accessible), a term coined by Cooper, which has had some scrutiny.² Others have written of these men (usually men) as having a perception of “a lawless space”³ wherein they can meet their psychosexual needs.

2. Individual Abuse in Religious Institutions

2a. Some members of religious orders were obedient to most of the strict rules, requirements, and practices of their orders, yet they flouted rules of their orders devised for the protection of children (e.g. being kind to children and providing them with the best possible care,⁴ refraining from corporal punishment,⁵ never being alone with a child⁶ and never fondling a child⁷) and abused children. What does your professional experience tell you about this?

Some perpetrators will be predatory and have put themselves into these positions of responsibility to access vulnerable children (who by nature are dependent on them). For example, a social worker who will travel to ‘poorer’ areas of Glasgow as they know children are less well-supervised there, and they can identify those who could be abused and go undetected. In an institutional setting, I imagine that these workers will try to be ‘holier than thou’ so as not to draw suspicion on themselves. This allows them time to groom and build up relationships with children whom they can abuse over a long period.

¹ Seto, M. (2013), “Internet Sex Offenders”.

² Byers, L, et. al. [The impact of computer variables on the viewing and sending of sexually explicit material on the Internet: testing Cooper's "Triple-A Engine"](#). The Free Library. 2004 SIECCAN, The Sex Information and Education Council of Canada 08 Dec. 2021.

³ Steele Newman, O'Rourke, Quayle, (2021) Collecting and viewing behaviours of child sexual exploitation material offenders Steel C, Newman E, O'Rourke S & Quayle E. Child abuse and neglect 118, Aug 2021.

⁴ See, for example, [Case Study Findings for Sisters of Nazareth](#), p.3.

⁵ See, for example, [Case Study Findings for Christian Brothers](#), p.3.

⁶ See, for example, [Case Study Findings for Christian Brothers](#), p.3-4.

⁷ See, for example, [Case Study Findings for Christian Brothers](#), p.5.

2b. What role, if any, does the celibacy of an abuser play in the sexual abuse of children?

I have no direct experience with those who have taken celibacy vows, so these comments are not drawn from personal experience. However, when working with sexual offenders, I note that they will use something to justify the behaviours and I imagine they could feel sexual frustration, and view themselves as justified in sexually abusing children in order to satisfy their sexual desires. It is my view that some perpetrators will have struggled to keep to this vow, may view masturbation as sinful, and their celibacy may help them to justify their sexual abuse of children.

I do not know of any research suggesting that paedophilic interests arise as a result of celibacy.

3. Denial & Minimisation

3a. What does your professional experience tell you about denial and minimisation of offending by abusers?

These are common in all offenders, not just those who abuse children. However there are particular beliefs about their behaviours that make them minimising of the harm. For example, they will consider themselves to be treating the child kindly with treats, perhaps prior to abuse, which justifies their behaviour; or in a loving way, perhaps because they confuse love with sex (and confuse their own sexual attraction the child with love).

3b. What does your professional experience tell you about the shift in attitudes of abusers from denial and minimisation to acceptance?

Abusers make little real shift in attitude in my experience. It is important to note that offender behaviour programmes (including sex offender treatment programmes) have only a small effect on re-offending. According to a recent meta-analysis⁸ of 27 controlled studies measuring violent re-offending, the effect sizes⁹ for psychological treatments conducted in prisons and forensic settings is small to modest (around 10%); this means that when one considers only scientifically robust research, e.g. comparing an untreated control group of prisoners (with the same needs and characteristics) with a treated group, 40% will commit further violence post-sentence, whereas the treated group will recidivate at a rate of 30%. Thus the effect of the treatment is thought to be

⁸ A meta-analytic review of the efficacy of psychological treatments for violent offenders in correctional and forensic mental health settings" (2019) Papalia N, Spivak B, Daffern M & Ogloff J in *Clinical Psychology Science and Practice*; <https://doi.org/10.1111/cpsp.12282>

⁹ An effect size is a statistical term describing the strength of the relationship between two variables. In this context it means how much impact does the treatment of sex offenders have on their future recidivism.

10%. Another way to interpret this effect size is to consider a group of ten prisoners who complete this treatment: three of the ten are likely to recidivate violently, but one of the ten will not, because he had the treatment but we cannot predict which one.

Looking in particular at a recent evaluation of sex offender programmes does not give much hope i.e. HM Prison service recent evaluation.¹⁰ The key finds included:

“Some statistically significant differences were detected over an average 8.2 year follow up period. They were small in magnitude although they widened over the follow-up period. In particular:

- More treated sex offenders committed at least one sexual reoffence (excluding breach) during the follow-up period when compared with the matched comparison offenders (10.0% compared with 8.0%).
- More treated sex offenders committed at least one child image reoffence during the follow-up period when compared with the matched comparison offenders (4.4% compared with 2.9 %).

Otherwise, the matched treated and comparison groups had similar reoffending rates across a variety of outcome measures.”¹¹

4. Individual & Group Abuse

4a. Drawing on your professional experience, why do some people abuse in groups, some in isolation, and some both in groups and in isolation?

I have no professional experience of group abusers. All of those I have worked with are in isolation in their sexual offending. However, many forms of group offending (e.g. young men raping as a group, so-called “gang-bang”) may be influenced by basic psychological theories such as “the risky shift”. This term was coined by Stoner (1961) who conducted experiments that portrayed the change in decision-making in an individual once they were in a group. Simply put, child sex abuse may happen in groups because risk is easier to take in groups, as responsibility for the actions are shared; there may be a sense of solidarity (a feeling of protection and normalisation) in a group who choose illegal activity together.

5. Victims & Attachment

¹⁰ “Impact evaluation of the prison-based Core Sex Offender Treatment Programme” by Aidan Mews, Laura Di Bella and Mark Purver Ministry of Justice Ministry of Justice Analytical Series 2017

¹¹ “Impact evaluation of the prison-based Core Sex Offender Treatment Programme” by Aidan Mews, Laura Di Bella and Mark Purver Ministry of Justice Ministry of Justice Analytical Series 2017

- 5a. Drawing on your professional experience, please explain (if you can) why different children within care settings may be treated differently by caregivers—some favoured and well-cared for, whilst others are abused?

Some children are more vulnerable because of various factors. Physical attributes of the child are important to some perpetrators. They may select certain children because of their physical similarity to their childhood sexual experiences with a similar looking child/peer/younger brother/etc.

- 5b. A strong attachment may be formed between a child and her/his abuser. How can you, drawing on your professional experience, explain this?

Adult victims talking of their childhood abuse often express guilt, saying they felt they should have said no, or that they had thought it was normal, or that they invited it. Those in care settings may have had little attention or affection before and to be seen as needed or special to an important adult is the reason the attachment grows. This abuser may be their only attachment figure, thus the feeling of being special and wanted is not one they will give up easily.

6. Grooming

- 6a. Drawing on your professional expertise, how would you define the term "grooming"?

I would understand this as a form of psychological coercion wherein the child does not see the danger or signs of any risk to him/herself until it is too difficult to change the status quo (which has become abusive). They may also feel favoured, and enjoy the treats involved, concluding that being abused is a small price to pay. Grooming may be indistinguishable at the start from good care, and thus it is difficult to detect by other staff members observing.

- 6b. In your experience, how do abusers groom children and/or children and their families? How do they create opportunities for abuse?

Some can be very creative in developing opportunities to isolate children, e.g. paying them for odd jobs, paying money for them to pose for art/photography. It may develop from the child and adult having special time together that then starts to involve treats for being there and staying, then gentle touching, and this spreads to more unsafe areas once the child seems to be trusting the touch, and is bought in to the physical rewards e.g. getting new clothes, sweets, money for posing for a photo, etc.

Families may be groomed into accepting that the treats (money or attention or time spent with an important person, e.g. celebrity abusers, Jimmy Saville, Rolf Harris, Michael Jackson?) are only possible if the child is coming along too.

Another example: the abuser promotes himself online as a specialist in Autism Spectrum Disorder (previously referred to as Aspergers) in order to pose as a

helpful professional with reason to access a child whose parent may be vulnerable and struggling with their ASD child; in this way the abuser has groomed the parent into accepting their actions, then creates situations to isolate the child and spend 'special time' to teach them things, then abuses the child.

7. Victim to Perpetrator Journey

7a. Some victims of abuse go on to abuse. What is the current understanding of this victim to perpetrator journey? What does your professional experience tell you about it?

Abuse is normalised to the victim, he sees this as a way of making a connection with others; perhaps has felt loved for the first time, through the abuse. Thus perpetuating the cycle is not something he may strive to avoid as he may have few other strategies for meeting his own needs. It is also possible that sexual deviance is developed in these early years with interest in inappropriate others.

7b. What protective factors, if any, may minimise the risk of victims becoming perpetrators?

Victims may not become perpetrators if they are supported in developing positive relationships with peers and their needs are met (e.g. by meeting a partner who fulfils their needs for friendship and intimacy). Recovery from abuse is dependent on personal resilience.

8. Risk, Recruitment, & Training

8a. In your professional experience, what risk assessments do you use, and what are the barriers to the implementation of the risk management strategies?

Risk assessments used: RSVP¹², SARA v3¹³, HCR-20¹⁴, C-PORT¹⁵ are most usual in sexual violence and/or violence.

Barriers to implementing risk management strategies:

- i. Resources (police are not given enough staff; social workers are over stretched and cannot prioritise high risk cases)
- ii. Technology is not yet in place as it is elsewhere e.g. GPS to monitor location of offenders on licence

¹² Risk of Sexual Violence Protocol

¹³ Spousal Assault Risk Assessment Guide, version 3

¹⁴ Historical Clinical and Risk Violence Risk Assessment Version 2

¹⁵ Eke A Helmus M & Seto M "Scoring guide for the Child Pornography Offender Risk Tool (C-PORT)-version 2" 2018

- iii. MAPPA¹⁶ is a sensible process but can be unwieldy and meetings between agencies responsible for the risk management of the offender can suffer from being too infrequent and slow to react to changes in risk perceived. Too much reliance is placed on psychological treatment (or behavioural change by offenders) as opposed to monitoring and supervision.
- iv. Physiological monitoring to detect consumption of alcohol which may disinhibit sexual offenders is not available in Scotland yet.

8b. Drawing on your professional knowledge and understanding, if you were asked to design a process to ensure recruitment meets with child protection requirements, what would you advise?

Do not rely on SCRO record and assume no previous sex offending if the SCRO is clear. Many offenders will lie about their past and are adept at being helpful volunteers in churches and with voluntary organisations, and therein may access vulnerable groups. Convictions are hard to achieve, so someone may have moved around to get to an area where they are unknown. Ideally a full risk assessment of individuals is needed before they are permitted to care for the most vulnerable—background checking of those moving around the country in particular. Different criminal records data systems within UK do not help, e.g. CRB/DBS¹⁸ in England and SCRO in Scotland.

8c. In your opinion, how could existing child protection requirements and recruitment practices be strengthened?

Recruitment needs to ensure that as we welcome care staff from abroad—often with excellent skills for our workforce—we have a system to do a full criminal record check. This was impossible in NHS recruitment practices when I worked there, but it probably remains a clear loophole and one that foreign criminals would exploit, in order to access victims.

There needs to be monitoring of all staff after they are recruited to check their practices, and this needs to be covertly. Anyone (motivated to stay in a position to abuse children) can learn the right answers for a form or pass the test if they know they are being observed. The only way to do this might be to have CCTV or lapel-cameras (body-worn cameras like police have) recording everyday work in the workplace.

There also needs to be a whistle-blower campaign to help staff report those they are worried about. Although we want to avoid vigilante approaches, the best eyes/ears to detect abuse are those on the ground working alongside abusers who may see signs or worry about someone having 'special times' with

¹⁶ Multi Agency Public Protection Arrangement

¹⁷ SCRO – Scottish Criminal Records Office

¹⁸ CRB – Criminal Records Bureau now known as DBS, Disclosure and Barring Service in England

children. Ideas need developing, looking at how staff could potentially catch their colleagues. It is not good enough to simply ask the child, as they will have been groomed to stay quiet and see it as loss of privilege to be 'caught', i.e. the child may be paid/bribed to keep quiet. There is a huge power differential to consider; unless a child is strongly enabled to report abuse by another trusted adult the abuse could continue for years unabated and unchallenged.

Risk will be lowered if no child is ever left with only one member of staff at a time or that they are in a room with windows to others observing them, if on a one-to-one basis. Abuse is less likely with two abusers in my experience, as most abuse occurs in secret by one abuser.

Addendum

There is a need to improve training for staff in care settings and introduce and/or develop staff support systems in place so that mentoring is mandatory. Staff members require time and space to reflect on how their relationships with children is affecting them, perhaps in ways they previously did not anticipate.