

# | The Psychology of Individual Adult Abusers

**Written Responses for the Scottish Child Abuse Inquiry**

**Lorraine Johnstone**

**June 2022**

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## Preface

The Scottish Child Abuse Inquiry (“SCAI”) held roundtable sessions on 22<sup>nd</sup> and 23<sup>rd</sup> 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 Lorraine Johnstone, Consultant Clinical Forensic Psychologist, are set out below.

## 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?

Abusers are a heterogeneous group, and that is a critical point to note. There is not a 'profile' per se, and data on offender profiling is not reliable. Abusers can be any age and gender, and whilst current statistics indicate that most of the contact abuse may be perpetrated by males—likely due to social and cultural factors - women offend too and at times, and are sometimes entirely complicit in either making their children available to, or failing to protect them from, harm.

In addition, whilst not a common occurrence in my experience, I recall working with a child whose mother was insistent that I give her daughter a diagnosis of PTSD as she needed it for her Criminal Injuries Compensation claim. This was the second time the child had been abused and the mother spoke about how they used the first compensation payment to pay for a trip to Florida. More than two decades later, that case is vivid in my mind.

In terms of motivations and drivers for child sexual abuse, based on my experience, some abusers are driven to harm children because they have a primary sexual attraction to children and their conduct of abuse is for sexual gratification; others have problematic personality features and/or attitudes and beliefs that are problematic, whereby they distort and minimise the abuse dynamic or they depersonalise or dehumanise children and take opportunities to assert power, control, and dominance. Other individuals are extremely misguided—for example, adults who believe they are showing much needed love, care, and attention to children and who themselves are motivated to have a caring and close relationship. It is, in my opinion, very important to delineate the complexity of perpetrator characteristics as very often the high base rate 'predictor variables' will not identify the most prolific, serious, or low base rate offenders (e.g. upper middle class, educated, employed individuals are a case in point). There is still a problematic stereotyping of abusers and, despite the knowledge base, I am still often very concerned at the lack of awareness—even in organisations and among professional groups who should know better. For example, I have worked in criminal justice settings where people still make comments regarding the fact that a complainer "has gone back" or "was seen with him" or was "happy to see them".

In terms of physical abuse, my experience is that this tends to be more about control—but sometimes cruelty, too. It can also be about a problematic value system whereby there is still a belief and attitude in 'spare the rod, spoil the

child'. Not so long ago, I heard a residential worker speak about how children "need to learn" and alluded to corporal punishment having a place.

I also think that some workers are often unaware of what, when, and how their behaviour is emotionally and psychologically abusive to a child. I have heard children called names (e.g. "runt") and this being framed as "banter" and because a child laughs awkwardly, this is taken as evidence to show they "are fine with it". I have seen children being promised time with a favoured staff member, only for them to be late or not appear at all. I have seen children in care "lose" more of their possessions than they keep—whether this be a fidget toy, a therapies folder, a sentimental object, or family photographs. It can be so common it is normalised, and whilst I do not think people intend to act that way, there is such drift and tolerance in the system for this that emotional neglect and abuse are ubiquitous.

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

Again, I think there is a broad spectrum of perceptions. Some abusers believe children will benefit from their attention or discipline; some believe that children are lesser beings and have an utter disregard for their welfare, so all forms of maltreatment are tolerated; some abusers have very poor relational boundaries themselves and have an emotional concordance with children and cause them psychological and emotional harm (e.g. by promising something they cannot give—such as what can happen when children are told "I love you", but then a worker does not answer their calls again when the child moves on); or obviously in sexual terms where there is an abusive and exploitative relationship that is framed as something else. As with 1a, there is considerable heterogeneity and whilst there are some general risk factors, every case is individual.

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?

Because pornography is so widely available now, it appears that when taken prospectively, viewing indecent images is not a statistically powerful predictor of contact offending. However, when contact offenders' behaviour is examined retrospectively, those who do engage in contact abuse often also have pornography interests and behaviours, including indecent images. This is a particularly important issue to consider as I have seen some concerning misunderstandings and confusion among professionals who seem to rely on 'the statistic' to say there is *no* established relationship. That is an inaccurate and a dangerous mindset. It is concerning that much of the social science-type literatures fail to recognise the limits of statistical predictions. The field of risk assessment has been plagued with this flawed logic for decades.

## 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,<sup>1</sup> refraining from corporal punishment,<sup>2</sup> never being alone with a child<sup>3</sup> and never fondling a child<sup>4</sup>) and abused children. What does your professional experience tell you about this?

I suspect the reasons for this are multifarious. I believe some individuals will have used religious orders in a deliberate and purposeful way to achieve a façade and to mask their true intentions (i.e. accessing children) and there will undoubtedly have been some predatory paedophiles who did this with the full intention of perpetrating abuse. However, the social psychology literatures indicate that processes, such as groupthink (whereby a person makes decision according to the groups position and views which typically results in a lack of challenge and poor decision making) and grooming, may also have been relevant. There are likely to have been many routes and pathways to offending—that is what the literature tells us—but the religious orders were, on the face of it, asexual, or virtuous or in some other way viewed as morally superior, therefore unlikely to have raised suspicions or concerns that abuse was occurring. This may therefore have provided an environment conducive to abuse.

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

In my experience, none, whatsoever—celibacy is not a *causa*/factor. Sexual offending should not be viewed as the result of sexual frustrations or lack of outlet nor does it account for why a person would shift significantly away from their primary sexual orientation (in other words being attracted and aroused to children instead of adults).

## 3. Denial & Minimisation

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

Denial is more common than not. The unacceptable nature of child maltreatment is widely known and accepted. As such, there is a reluctance to admit to this. Furthermore, because of the consequences of offending—and because perpetrators have usually lied to their wider support systems—even

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<sup>1</sup> See, for example, [Case Study Findings for Sisters of Nazareth](#), p.3.

<sup>2</sup> See, for example, [Case Study Findings for Christian Brothers](#), p.3.

<sup>3</sup> See, for example, [Case Study Findings for Christian Brothers](#), p.3-4.

<sup>4</sup> See, for example, [Case Study Findings for Christian Brothers](#), p.5.

when the evidence is compelling, they are unable or unwilling to ever shift from their position of denial. That said, some do. However, my experience with sexual offenders is that—outwith the most sadistic of offenders who might have an intrinsic reward from describing their abuse—it is often rationalised, minimised, or distorted (e.g. “I had vaginal intercourse, but not anal”; “she would sit on my knee first”; “she initiated it”; “they were too young to be affected”; “their mother knew”; or citing numerous examples of behaviours they believe are incompatible with abuse e.g. “she came to my 60th birthday party”; “she visited me recently”; “I looked after her children for her”). Recently, I have noticed that offenders also seem to speak about individuals claiming abuse so they can get compensation. In terms of other types of abuse, this too is typically denied or minimised.

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

Achieving a genuine and authentic shift in attitudes is extremely difficult. My own experience is that in general, after a great deal of work, there is at best only a partial acceptance. Furthermore, my own experience with serious sexual offenders tells me that some will talk at great length about their offending—but it is not because they want to address it but rather, as detailed above, they enjoy speaking about it. This can sometimes be misunderstood by ill-informed individuals as evidence of ‘honesty’ and acceptance and underscores the need for a high level of skill and competency working with perpetrators of sexual harm.

#### **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 believe this is also linked to the underlying motivation and primary driver to the abuse, as well as the potential influence of group dynamics, power and hierarchies, and peer pressure.

Advancements in IT and the internet have also meant that like-minded individuals are now far more able to connect with others with shared interests that may have the effect of desensitising and normalising abuse.

In terms of sexual abuse, it is also detailed in the literatures that across time, more extreme images or behaviours might be required to satiate a person’s arousal—especially if there is a paraphilia. This will also be relevant. It is also worth noting that child sexual abuse and sexual exploitation is also often linked to serious and organised crime—money can also be a motivation for some people.

## 5. Victims & Attachment

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?

Abusers can be particularly skilled in selecting victims who are either not likely to disclose, are not able to disclose, are not likely to be believed even if they do say, or who are perhaps more challenging and thereby not afforded the same level of protection from others. Abusers can be very adept at choosing victims.

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

Regrettably, I have seen this more often than not with children and abusers. There are many reasons why. For example, a trauma bond can develop. In addition, for very vulnerable children, who perhaps have no other significant caring adults, they experience sexual abuse as 'attention', 'recognition' and 'validation'. Thus, in a highly perverse way they value having their psychological needs met, and 'accept' that the sexual abuse is part of that. Furthermore, by virtue of their developmental age, stage, and immaturity, children often do not understand that they are being abused or maltreated—especially when it is emotional or physical. This can come much later in life when the cloak of innocence leaves them; therefore, they do not see the behaviour as wrong when it is happening.

## 6. Grooming

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

Any behaviour or act that is designed to enhance another individual's tolerance, acceptance, and willingness for acts of abuse and exploitation. This may be via psychological or physical means and by acts of omission or commission. It can often be subtle, insidious, and very carefully planned and coordinated.

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

They present themselves very positively—as trusted, committed, and upstanding individuals. Across time, they adopt a caregiving role, often by acting 'like the father they never had', and by manipulating other adults into believing they are trustworthy. Across time, the abuse escalates as the child is desensitised into various behaviours and acts and are controlled by the abuser (by a range of methods such as being given gifts, and/or treated as special or threatened).

## 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?

In terms of sexual abuse, this journey seems more prevalent in males, but I am not sure that this isn't something to do with a bias in the field. For example, I believe that the impact of sexual abuse of boys has been a much-neglected area. When I first qualified (in 2001), there was one book on male sexual abuse in our library—there were scores relating to female victims—it was much easier to be a female victim of sexual abuse than a male victim. I believe this is an important issue; boys have often been neglected victims, but then when this has become known, the gender stereotypes and machismo have made it very difficult for them to access appropriate supports and treatments. In the absence of proper supports, there is a risk of re-enactment of abuse as a means of having sexual gratification, feeling in control, making a connection with someone, or other reasons. In addition, the relationship modelling may have contributed to the formation of an internal working model where sexual intimacy and gratification becomes associated with an abuse dynamic only. Classical conditioning is also relevant to sexual behaviour (i.e., sexual arousal and climax is paired with abuse), and early learning contributes to the formation of sexual orientation and interests.

In terms of psychological and physical abuse, victims may have internalised and/or imprinted behaviour patterns that, when in a parallel dynamic or time of stress, will resort to this behaviour. For example, in the face of actual or perceived stress or threat (e.g. from an actual or perceived lack of respect or compliance) they might re-enact this well-rehearsed behaviour—even when cognitively, they know it is wrong and are not even motivated to do so. Social learning theory (i.e. the acquisition of knowledge based on experience and development that forms the basis for a person's decisions on how to act), attachment theory (i.e. process by which, through the caregiving experiences, the human internalises working models of relationships and relationship functioning), and behavioural theory (i.e. the pairing of a stimulus with a response which results in a desired outcome) all provide plausible pathways for understanding this phenomenon.

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

Having a close and secure attachment to a protective adult, having access to adequate supports and treatments, being supported to work through the trauma associated with being abused (including where appropriate having access to professionals who can help with psychosexual development issues) are key. Unfortunately, even now, there remains a great emphasis on 'responsibility

taking', 'victim-empathy', 'distorted thinking styles', and 'pathways to offending' on perpetrator-based interventions where there is sexual harm. Whilst this is very important, there is a dearth of approaches that gives an adequate emphasis on the other aspects of the person's development and functioning. Furthermore, it is concerning to me that, as is usually the case with 'topics of interest', things become polarised, whereby we run the risk of polarised programmes—perpetrator being seen as either an offender or victim of their past abuse. This will not assist us. To achieve true and meaningful protective systems, we must embrace and work with the complexity.

I would also add that where a person's internal world—their relationship and psychosexual functioning is fixed—they can also stop becoming perpetrators by having access to supports and good risk management. I have worked with many individuals who have a primary sexual interest that is deviant, and they genuinely appear to not want to act on this. To admit something like this is extremely difficult and I have also had experience when I have had to work extremely hard with colleagues to maintain a proportionate response to managing people when they have come forward. For example, even young adult males who have not offended, but are aware of the unacceptability of their sexual interests, and who see suicide as their only option, must go through multiple "child protection/public protection" steps before they can get treatment. This is not the case in other countries, and in the UK, it is often only possible to get help 'after' coming to the attention of authorities.

## **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?

Recruitment processes are, in general terms, nowhere near sophisticated or sensitive enough to identify a person who poses a risk to children. Aside from the very poor understanding of what risk assessment is and how it works, at present, it is only where facts have been established or there is 'other' intelligence sitting with Disclosure Scotland would any issue be flagged up. In my years working in NHS, prisons, residential and secure care settings, I have never known there to be any process designed to explore a person's suitability over and above the usual application and generic questions for applying for a job. The risk assessments are not fit for purpose, and generally interviewers and recruiters have no specific training or expertise in assessing risk, such as that which presents in a person who applies for a job for the purposes of accessing victims.

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?

I firmly believe that children deserve the very best care and protection and that to achieve this, staff recruitment and selection should be rigorous. It will of

course be difficult to identify the most appropriate method, but I would consider ensuring they had the requisite skills and qualifications to get through the shortlisting stage and then they are assessed using specific interview questions, psychometrics, police checks, scenario-based questions and competency based questions. Police checks and references should also be obtained. I do not consider checklists, etc. to be sufficient, but do believe a triage system might be achievable. I also believe that staff working in areas where there is access to children should be on probation where mentors closely monitor attitudes and behaviours, and this form part of their job offer and thereafter continuous professional development.

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

See answer for 8b.