



## Restructuring Dorian Gray: A New Portrait of Sexual Abuse

by  
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On a periodic basis, the Criminology Research Unit provides space and resources for people with expertise in, and experience of, criminal justice matters to convey their viewpoints on issues of public interest. The CRU is committed to providing a forum for community expression and expert opinion, and therefore welcomes contributions from community groups and individuals who wish to provide informed comment on such issues. RW.

*"Every night and every morn  
Some to misery are born  
Every morn and every night  
Some are born to sweet delight  
Some are born to sweet delight  
Some are born to endless night"*  
William Blake - Auguries of Innocence

### Introduction

The current Tasmanian Ombudsman's Inquiry into the issue and extent of past physical and sexual abuse of children in institutional care in Tasmania has attracted wide media coverage. Happening almost simultaneously, allegations of sexual abuse within the Catholic and Anglican Churches have attracted similar wide national and international media coverage. Both issues have had a numbing effect on many sections of the community and have left many victims with burning unanswered questions as to how systems supposed to offer protection to the weak and vulnerable have failed them so badly.

Compounding the victims' feelings of anger has been their experience of frustration at the apparent denial, lack of management sensitivity and inadequate response to questions as to how and why this was allowed to happen to them. Interpreted as tantamount to a 'cover up', this has added to their feelings of rejection and 'uncredibility'.

An historical overview of society's slow acceptance of the reality, prevalence and dimensions of child sexual abuse has revealed embedded negative attitudes and myths regarding the trustworthiness of victim disclosure about sexual abuse and early sexual abuse in particular. Sexual abuse is both a private and a public problem and the need for institutional processes to be transparent and accountable so as to achieve/restore public confidence in their processes is critical (Altobelli 2003). Is it

to be wondered that institutions such as government departments and the churches, as microcosms of the larger community, are likely at times to reflect broader community norms and attitudes?

For many years, our society has failed to recognise that the long term effects of early childhood sexual abuse impacts significantly on the mental health outcomes for survivors, that early intervention is critical and that an informed holistic response to the problem is required.

### Child Sexual Abuse: Definition

The Australian Bureau of Statistics defines sexual assault as a physical assault of a sexual nature, directed toward another person where that person:

- Does not give consent; or
- Gives consent as a result of intimidation or fraud; or
- Is legally deemed incapable of giving consent because of youth or temporary/permanent incapacity.

Sexual assault includes: rape, sexual assault, sodomy, buggery, oral sex, incest, carnal knowledge, unlawful sexual intercourse, indecent assault, and assault with intent to rape. This definition limits sexual assault to physical acts; and yet new technology (e.g., hidden cameras in bathroom or child's bedroom, then later sale or posting on the web) presents opportunities for new offences (i.e., internet pornography). A more dynamic definition would address the concept of lack of consent and differences

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in status or capacity of the perpetrator and victim.

Tasmanian sexual assault laws are all statutory, that is, written down law rather than common law derived from case judgements. The rules of statutory interpretation indicate that, as far as possible, the words of a provision will have their defined meaning (from the statute itself) or their natural meaning.

Sex Offences are defined as sexual assault in the Criminal Code Tasmania. This covers offences such as rape, indecent assault, indecency, assault with indecent intent, aggravated sexual assault, incest, sexual intercourse with a young person under the age of 17 years, and maintaining a sexual relationship with a person under the age of 17 years of age. A number of related offences are to be found in the Police Offences Act.

Throughout this paper, sexual abuse and sexual assault are considered to be interchangeable and child sexual abuse will be used as a term to describe all types of sexually abusive behaviour towards children.

## Overview

Although the fact of child sexual abuse is not new, historically, more emphasis was placed on female victims and incest abuse than on abuse of boys. It was not until the early 1960's with Kempe et al's work "The Battered Child Syndrome" (1962) that a continuing interest in research into child sexual abuse emerged in the USA and was followed some 10 – 15 years later in the UK (Hobbs & Wynne 2002). Such research has brought about changes in therapist awareness, and extension of knowledge about childhood sexual abuse - that it is not just incest abuse among young girls, that boys also are sexually abused and that the true prevalence of such abuse "will probably never be known" (Parry, 1988). Smallbone and Wortley's self reporting study of convicted sex offenders in Queensland (2001) found that the "sexual victimisation of boys may be even more underestimated, than that of girls."

Greater development in clinical practice emerged in the 1980's and slowly, the issue of childhood sexual abuse began to move from societal denial to a limited acceptance. However, during the 1990's, latent 'victim blaming' attitudes resurfaced, and doubts arose regarding clinical reliability of adults' memories of childhood abuse

and with a lack of agreement about evidence-based practice, societal denial and disbelief has again emerged. This has left those in the front line seeing "societal disbelief, failures of the health, social and legal systems to support children, indifference, inadequate, absent or threatened funding and silenced children and families." (Hobbs & Wynne 2002). It would appear that this 'backlash' reflected societal negative perceptions and "the inadequacies of child protection services' competency levels with the 'epidemic' of sexual abuse accusations rather than an epidemic of actual sexual abuse" (Tomison 1995).

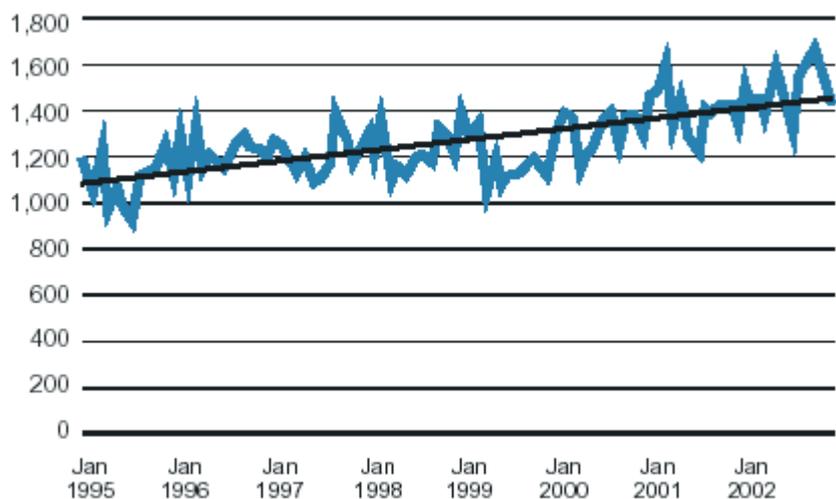
In Australia, child sexual abuse is gradually receiving greater prominence on the public and health agendas (Family Law Council Report, 1988) with stronger emphasis on the long-term mental health consequences of abuse (Mullen & Fleming, 1998). Mullen and Fleming (1998) note that the issue of child abuse did not emerge as a research or public health issue driven by the "observations of professionals caring for abused children". Rather, the first phase of modern research stemmed from the self-disclosures of adults who had been abused as children. However, due to the estimated under-reporting of sexual assault, it remains difficult to estimate at a national level the real extent to which men, women and children experience sexual assault (Neame & Heenan 2003). Australian statistics indicate that sexual assaults have increased by an average of 5% each year since 1995 (Australian

Bureau of Statistics, 2002). However, as mentioned earlier (Tomison,1995), this apparent increase may only indicate reporting rates.

With regard to the increasing numbers of disclosures regarding previous experience of sexual assault, a frequently asked question is "why did they (the victim) wait 20 or 30 years to do something about it?" Fear of disbelief has inhibited survivors from relating their stories which has further entrenched the mythology regarding sexual assault – that victims, particularly women and children, are prone to lie about sexual abuse (Neame & Heenan, 2003). Furthermore, "victimised children and adolescents were considered culpable for their own abuse. They were portrayed as secretly colluding with their mothers; being seductive initiators of the abuse; deriving pleasure from the abuse and hence, suffering little if any harm from the abuse" (Taylor, 2002).

Children are at risk of being further traumatised through the criminal justice process with institutionalised intimidation of alleged victims (Eastwood, Patton & Stacy, 1998; Kerr, 2003; Whittam & Ehrat, 2003). One of the most crucial findings from the Eastwood and Patton (2002) study of children's experience of the criminal justice system was that two-thirds of children studied who experienced convictions said they would not report sexual abuse again, that the fears and risks associated with disclosure cannot be underestimated and that the fear of further traumatisa-

Figure 1  
Sexual assault: Number of sexual assault victims, by month, 1995-20



Source: Australian Bureau of Statistics, Recorded crime, 2002, computer file, ABS, Canberra.

becomes a reality with experience of the criminal justice system.

Additional secondary victims receiving little research attention are the families of sexually abused children. Conolly (2003) asserts that fear can silence family members in their efforts to protect the abused child, the perpetrator as well as other family members from further damage. She explores the impact of keeping family secrets, the impact of disclosure and the subsequent abuse of victims and their families by the legal system itself.

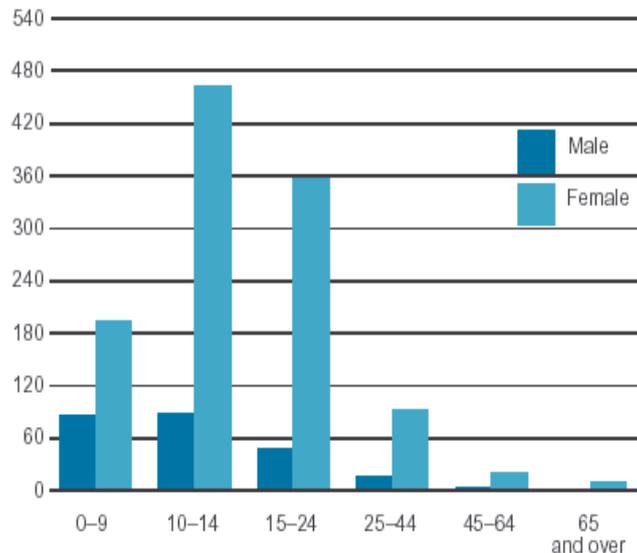
More adult males are now disclosing their experiences of early sexual abuse (Watkins and Bentovim, 2000), which at first glance would appear to indicate that sexual violence has crossed gender boundaries and is not exclusive to female children. However, the criminal justice system did not recognise sexual victimisation against men and boys, as this matter was not part of the Criminal Code in Tasmania until the 1987 amendments. This mirrored the changes to the Victorian legislation in 1980 where men could only be the offenders of rape, not the victims. (Neame & Heenan 2003). Other factors inhibiting male victims from disclosing their sexual abuse have been the "fear of being labelled future perpetrators or homosexual, or because they fear being treated as social outcasts, liars or as emotionally weak." (Neame & Heenan 2003; Mezey & King 2000; Stott 2001).

Another popular myth regarding sexual abuse relates to Stranger Abuse - that the perpetrator or abuser is a 'strange man' who lurks around street corners or public toilets. This myth would appear to have stemmed from the inability of society to accept that the most common form of child sexual abuse is intra-familial or is by a known non-family member. This threat to the family system was reframed so that "by the 1920's sexual abuse had become characterised as extra familial assault committed by 'strangers', with the victim perceived as being a 'temptress' rather than an innocent child (Gordon 1990, cited in Tomison 1995).

Societal reluctance to acknowledge the prevalence of intra-familial sexual abuse "has been broken down by the sheer weight of its existence" (Family Law Council Report, 1988). However, due to continuing scepticism and denial, community perceptions need to be continually challenged regarding the reality that most sexual

Figure 2.  
Sexual assault

Age and gender of sexual assault victims, rate per 100,000, 2002



Sources: Australian Bureau of Statistics 2003, Recorded crime : victims, Australia 2002, cat. no. 4510.0, ABS, Canberra., and Australian Bureau of Statistics 2003, Population by age and sex : Australian states and territories 1997 to 2002, cat. no. 3201.0, ABS, Canberra.

abuse of children is either intra-familial or where the offender is known to the family, and that public education campaigns need to incorporate the concept of arenas of safety for children in the home and among friends (Smallbone & Wortley, 2001). This is confirmed by general population surveys which reveal that the perpetrator is a person known to the victim or family in eighty to ninety-five percent of cases. The perpetrators are family members in less than fifty percent of all occurrences and are identified as acquaintances (neighbours, coaches, teachers, religious leaders) in the remaining cases. Adults are the identified abusers in two-thirds of the assaults, the remaining one-third of abusers are under the age of eighteen years (ATSA 1996).

National statistical evidence indicates that in 2002, 66% of sexual assaults were committed by a person known to the victim, that one in five sexual assaults was perpetrated by a family member and 65% of all recorded sexual assaults in Australia in 2002 occurred in residential locations, particularly private dwellings with 20% occurring in community locations (ABS 2003). The community will always be vulnerable if it fails to understand that it is not 'monsters' who get close to children, but 'nice' men (Wyre 1997).

## Who Abuses Children?

For the purposes of this paper, a child sexual abuse perpetrator is a person who commits a sexual act with a person, of any age, against the victim's will, without consent, or in an aggressive, or threatening manner and includes rapists, child molesters, paedophiles, frotteurs, voyeurs, exhibitionists and:

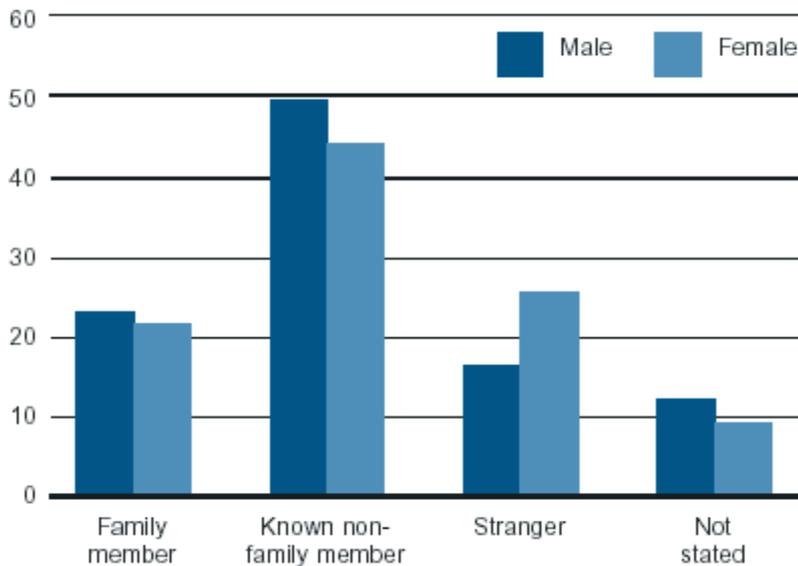
- any convicted offender whose current offences include one of sexual violence,
- any convicted offender whose history of offences includes a conviction for sexual violence,
- any convicted offender who admits that he has committed acts of sexual aggression (whether they be officially known or not)
- any convicted offender whose offences are determined to have entailed an underlying motivation of sexual violence (sexually motivated murder, burglary with sexual violence as a motivation etc.).

## The Sexual Assault Perpetrator Profile

Child sexual abuse is a criminal offence. Perpetrators are distinguished from other offenders by their behaviour in that their motivation is directed at sexual gratification. While criminal in its

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Figure 3  
Sexual assault victims, gender and relationship to offender, percentages, 2002



Excludes NSW and Queensland (information not available).

Source: Australian Bureau of Statistics 2003, Recorded crime : victims, Australia 2002, cat. no. 4510.0, ABS, Canberra.

abusing children outside their family environment are also abusing children within their family environment (Abel, 1989). It is not known how many men, sexually aroused to children, control their behaviour. Some men have adult women to play the roles of children (Wyre, 1997). Impulsiveness, persistence and risk differs greatly in the perpetrator population, as well as their desire to change their behaviour. Identifying offender types is important in assessing the risk they present.

## Public Perceptions of Sex Offenders

Many people's awareness of sex offenders has been formed by highly publicised sensational cases, frequently where offenders also murdered their victims. This type of offender, however, does not represent the typical sex offender (ATSA 1996). The stereotypical image of a sex offender can also be a 'dirty old man' who lurks in dark places and snatches children (Wyre, 1997), or retarded, or even perhaps the victim of seductive women or children (Evertz, 1995), or that their offences are caused by negligent wives and their own dysfunctional, socially disadvantaged, low-income families. Describing sexual assault as symptomatic of a dysfunctional family again minimises offender responsibility by distributing the blame for the offence onto his wife, other family members or even the child victim (Wallis, 1995).

Another popular image is that all sex offenders are homosexual, that the homosexual orientation predisposes a person to abusing children and that homosexuals are the ones who commit acts of child abuse (Rossetti, 1990). Again, many people assume that all sex offenders are paedophiles, that children are molested primarily by strangers, that girls are the exclusive targets of sexual abuse, and that sexual abusers are violent and aggressive. Parents who hold these beliefs are more likely to instruct their children never to talk to strangers, take sweets from them and certainly not get into a car with someone they don't know. In fact, *the vast majority of sex offenders are known to their victims through family friendships or are relatives.*

## The Scale of Offending

North American surveys of non clinical populations have consistently demonstrated that one in four women and one in eight men will have been subjected to unwanted sexual touching, fondling, assaults or even rape, as children (Salter, 1988). These rates have been confirmed by similar studies

outcome, legislative penalties alone such as imprisonment, do not offer a cure and must be combined with treatment for any behaviour change to occur. As Glaser notes (1997), the term 'paedophilia' carries misleading connotations. The Oxford dictionary definition reads: 'sexual love directed towards children'. However, as Glaser points out – it is not a love of children but "a lust for them".

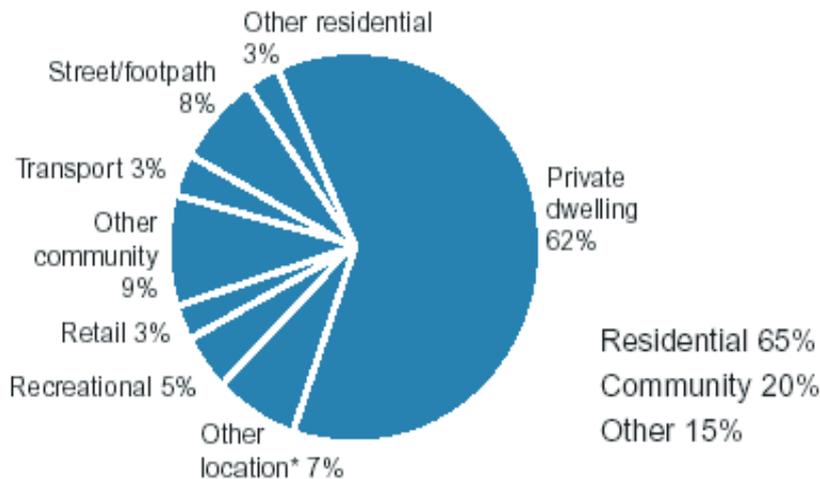
Perpetrators are a heterogeneous group and, as such, no single model of sex offending sufficiently covers the range of different perpetrators (Fisher & Beech, 2002). The only generalisation that can be made about them is that they are predominantly male; they can come from all walks of life (Wood, 1997). Perpetrators may be sporting heroes, teachers, doctors, priests, judges, labourers, in fact, the typical next door neighbour (Wood, 1997). They are not distinguishable by either profession, class, wealth, education or family status (Hampton, 1993; Willis 1993 as cited in Tomison, 1995). This heterogeneous group of individuals includes a tremendous variety in age, psychological profile, and history of offending. As such, they exhibit a diverse range of problems including psychiatric illness, intellectual and social deficiencies and personality disorders. The common factor amongst

perpetrators is that they are insensitive to a child's needs and exploit the child's trust for their own gratification, profit or selfish purposes (Wurtele & Miller-Perrin 1993 as cited in Tomison, 1995). A distinguishing feature of sex offending is that, by definition, it is secretive, exploitative of a child for personal sexual gratification and can involve a lengthy premeditated process of victim grooming.

Perpetrators may limit their activities to their own children, step-children or relatives or may victimise children outside their families. Except in cases in which the disorder is associated with Sexual Sadism, the person may appear to be attentive to the child's needs in order to gain the child's affection, interest and loyalty and to prevent the child from reporting the sexual activity. Marshall et al (1999) note the difficulty sexual offenders have with empathising with their victims. They convince themselves that their abuse has done no damage to their victim, and thus prevent "the unfolding of the empathic process" which "results in an apparent deficit in empathy that in most cases is victim specific". The recidivism rate for perpetrators who have a preference for males is roughly twice that for those who prefer females. There is an increasing amount of literature which indicates that perpetrators who are

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Figure 4  
Sexual assault - type of location, 2002  
\* Includes unspecified location (n=927)



Source: Australian Bureau of Statistics 2003, Recorded crime : victims, Australia 2002, cat. no. 4510.0, ABS, Canberra.

(Brody, 1976). The most influential and frequently cited paper of Martinson (1974), concluded that 'nothing works'. Martinson's comments were based on the work of Lipton, Martinson & Wilks' (1975) review of 231 studies of the effectiveness of correctional treatment and differential effects on recidivism of detected offenders between 1945 and 1967. However, Thornton (1987) found that of the 231 studies, only 38 met the minimum methodological standards. In 34 studies, 16 showed that recidivism had been reduced by psychological interventions such as casework, counselling and psychotherapy, 17 found no significant difference and only one found treatment to be harmful.

By 1979, based on an investigation of 555 studies of recidivism, Martinson (1979) rejected his original conclusion that 'nothing works'.

There are many possible reasons why treatments do not bring about a greater reduction in recidivism. Gendreau & Ross (1987, 1980) argued that there were several examples of positive results from correctional treatment. However, in view of the influential environmental factors (e.g. family, peer, community, and criminogenic history), *interventions averaging only one hour per week are insufficient to bring about change in a lifetime of behaviours* (Gottschalk et al. 1987). *Serious antisocial behaviour requires continuous monitoring and intervention over a life course* (Kazdin, 1987).

In their review of treatment outcome literature, Marshall et al (1993) noted that "20 - 60% of untreated sex offenders (depending upon type of offence and offence history) re-offend over the 5 years following release, whereas typically 15% or less of treated offender repeat their crimes. A recent UK six year follow up of men who had undergone community treatment for their sexual offending behaviour, found that only 10% of the men classified as 'benefiting from treatment' were reconvicted in the six year follow-up, compared with 23% of men classified as 'not having responded to treatment' (Beech et al, 2001). Comprehensive cognitive-behavioural programmes seem to be the most consistently effective (Marshall & Barbaree, 1990, McGuire, 1995), although some more traditional programmes have also produced demonstrable benefits for treated offenders. *The question is not whether sex offenders can be treated, but rather which offenders can be optimally treated with which treatment and, as reconviction rates are relatively low in*

in New Zealand (Romans et al, 1996) and Australia (Fleming, 1997). In the Australian study, 27% were involved in actual or attempted vaginal or anal intercourse. Most abuse occurred before the age of twelve, with the mean age being 10 years. Relatives, particularly fathers and step-fathers or male family acquaintances made up the majority of abusers. It is important to note the predominance of offenders are known to the victim. Children form the majority of victims in all forms of sexual crime (Glaser, 1997).

Sex offenders minimise their offence history (Evertz, 1995) and obtaining accurate estimates on the extent of an offender's abusing behaviours is not easy. Court data itself may record abbreviated information about an offender. Most especially where children are the victims, a wide range of different acts may have taken place, from exhibitionism to taking indecent photographs, procuring prostitution and the distribution of obscene materials to the victim. Many of these do not become the subject of charges due to a lack of admissible evidence.

Under-reporting means that many offences do not appear in statistics of reported crimes and convictions.

An extensive study by Russell (1984) estimated that only 10% of sexual assaults are reported to the police. Soothill et al (1978) found that the recidivism rate for untreated sexual offenders continued to climb with each passing year following release, with some untreated child molesters and rapists having a first reconviction more than 20 years after their release from prison.

### Sex Offender Treatment Programmes: What Works, What Doesn't Work.

The single most valued service to victims of sex offender crime would be to reduce the likelihood of the sex offenders repeating their behaviour. There is a convincing body of research evidence which points to effective treatment intervention outcomes with sex offenders (Andrews et al 1990; Maletzky 1991; Marshall, Ward, Jones, Johnston, & Barbaree, 1991; McGuire & Priestley, 1992; Marshall, 1993; Marques, 1994; Marshall & Pithers, 1994; Gendreau, Goggin & Little, 1996; Mander, Atrops, Barnes & Munafo 1996; Hanson & Bussiere, 1998).

Early research into sex offender treatment programmes of the 1960's and 1970's was critical of positive results

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certain groups of offenders (notably intra-familial abusers) (Marshall & Barbaree, 1988), even these can be further reduced with treatment.

An integrated approach to the treatment of sex offenders must include a community based treatment programme in addition to the "controlled and artificial conditions of a prison" based programme (Marshall & Eccles, 1991). The reality of sex offending is that the convicted sex offender returns to the community on completion of the prison term. Also, given the estimated low rate of reporting, Briggs (1995) notes that "only about one percent of reported offenders receive prison sentences and, with remission for good behaviour, their sentences are relatively short". Thus, the "majority of child molesters are not in prison, they are in the community". The supervision of sex offenders in the community remains a reality for probation and parole officers.

## Cognitive-Behavioural Treatment

The method most commonly used in programs is based on cognitive-behavioural frameworks ie: behaviour therapy and cognitive therapy (Marshall et al 2000; Fisher & Beech, 2002), a major focus of which is the modification of criminogenic needs. The objectives of cognitive-behavioural treatments are to dismantle denial, justification and minimisation; to correct dysfunctional attitudes and coping styles; and to identify in detail, each individual's pattern of movement from motivation to offending (Evertz, 1995).

Cognitive restructuring techniques teach clients to recognise their irrational beliefs, maladaptive thoughts and distorted thinking which have negative effects on mood and functioning and reinforce the underlying irrational beliefs. Dysfunctional thinking is irrational and serves to strengthen behaviours that lead to and are produced by those thoughts, consistent with the offender's pathological world view and sense of self (Persons, 1989). It enables the offender to absolve himself from personal responsibility for his actions, reinforces denial mechanisms and shifts the responsibility for his actions onto others, particularly the victim. Treatment engages clients in assuming responsibility for their actions and addresses specific situations which give rise to offending behaviours (Cubit, 1997).

Marshall et al (1999) draw attention to

the therapeutic processes and effective procedures required to reach treatment targets so as to prevent the Relapse Prevention process from becoming an impersonal externalised process. Attention to the emotional/personal components of treatment, including therapist characteristics is critical. A group process is commonly considered the more effective treatment format than individual therapy as it offers the opportunity for supportive challenging with participants beyond the group therapy times. Additional components of the therapeutic process include attention to the social functioning with empathy and intimacy essential target areas.

## Relapse Prevention

Relapse prevention (Pithers 1982; Pithers et al, 1983) aims to teach the offender methods of controlling his deviant sexual behaviour. It acknowledges that the training will not eradicate deviant interests so it is assumed that offenders will continue to encounter problems in avoiding risk behaviours. It is essential that the offender identifies the precursors, and learns about the decisions which lead to risk situations and that he develops a range of alternatives which lead away from offending. Strategies are developed to deal with deviant sexual urges, and recognition of lapse 'warning signs' are specified for each person.

## Creating a Culture of Awareness

The management of risk in relation to sex offenders does not only rest with the programme management, community corrections or the individual offender. It must adopt a community environmental approach and encompass the following factors.

- The development of an "aware culture" where myths regarding sex offenders, what they do and how they gain access to children can be addressed.
- On-going training for police, prosecutors, judges, community correctional officers, mental health and community welfare sector systems and the churches to address sex offender predatory and manipulation characteristics.
- Sex offending protocols for all organisations involved with young people, with specific application that would make offending behaviour very difficult to hide. A secondary

benefit would be a keener awareness of boundary violations within organisations.

- Sex Offender management must be structured within the context of a systemic response involving the correctional, child protection and community sector (White & Tomkins, 2003) A shared understanding of sex offender behaviour, and consistent protocols between agencies would better minimise community risks and facilitate change (Tidmarsh, 1998).
- The use of a Risk-Needs Assessment tool for community corrections officers which addresses specific factors to be noted in the supervision of sex offenders in the community.
- Tertiary level specialised sex offender treatment and research courses at graduate and post-graduate level. This will stimulate the sharing of knowledge and skills.
- A community-based relapse prevention program to support the offender post prison release and also to manage sex offenders receiving either short sentences or probation.

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## Author Note

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Centacare Tasmania focuses on families and family well being in its widest context and operates a broad platform of family welfare programmes across Tasmania. The Agency also operates a unique whole-of-family model to assist people affected by domestic violence which is made up of four interlinking programs:

- The Changing Abusive Behaviour (CAB) program for men;
- Specialist Family Domestic Violence Service, a whole of family assessment and counselling service;
- Children's counselling service;
- The Centacare Kids Club (KCK) for children affected by Domestic violence.

Other Relevant Services in Tasmania:  
Sexual Assault Support Service, Hobart: 6231 1811  
Laurel House, Launceston: 6334 2740  
North West Coast CASA: 6431 9711

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