What is Treatment? : Understandings and Responses of Workers to Child Sex Offenders

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WHAT IS TREATMENT?

UNDERSTANDINGS AND RESPONSES OF WORKERS TO CHILD SEX OFFENDERS

BY

CASEY EYDEN

A Research Thesis

Submitted for Fulfilment of the Requirements for the Award of Bachelor of Social Work (Honours)

At the Faculty of Regional, Professional Studies Social Work Programme
Edith Cowan University, Bunbury, WA.

Date submitted: 31 January 2003
USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.
ABSTRACT

With the field of sex offender treatment is in its infancy, there is a lack of clarity concerning nearly all aspects of offending behaviour, from theoretical frameworks that explain why the offending occurs, to the effectiveness of different treatment techniques. This study sought to gain insight into workers’ understandings of the phenomenon of child sexual offending, and how these understandings informed their responses to child sex offender treatment. Locating the 'sense making' of workers within the context of a four dimensional systematic integration model; personal, professional, organisational and social influences and impacts were also explored. Currently practicing with child sex offenders, participants came from both statutory and non-statutory organisations. Based on a case study methodology, semi structured interviews were utilised to identify, acknowledge and validate the experiences of these workers, who seemed to previously have been overlooked within the literature. Research findings revealed for the workers in the study 'practice' with child sexual offenders does not happen in isolation. The practice of the worker is significantly impacted by the organisational and professional context of the work, by social attitudes towards child sex offenders and by personal feelings and reactions of the worker towards child sex offenders. The results importantly also indicate the often little recognised area of the impact of the work environment on the personal lives of the workers. The results also demonstrated a clear need for further support, training and professional development for workers in this area. The results raise issues in relation to the type and duration of practice expertise required by workers entering this area of practice. This sharing of these 'sense making' experiences, understandings and responses provided a valuable and enlightening contribution to the emerging body of knowledge on child sex offenders, child sex offender treatment, and more importantly, those workers who practice at the coalface.
DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

- Incorporate without acknowledgment, any material previously submitted for a degree of diploma in any institution of higher education;
- Contain any material previously published or written by another person, except where due reference is made in the text; or
- Contain any defamatory material.

Signature: [Redacted]

Date: 31-01-2003
ACKNOWLEDGEMENTS

A special thanks to my family and friends for their never-ending encouragement, support and understanding during the past year.

My thanks and appreciation also go to 'Adam', 'Bill', 'Carol', 'Donna', and 'Eric', without whom this study would not have been possible. Their candour and willingness to share aspects of both their private and personal worlds contributed greatly to our insights into their 'sense making', understandings and responses to child sex offenders.

And lastly, many thanks to my supervisor, Dr Pauline Meemeduma, for her commitment, knowledge sharing, encouragement, patience and support in seeing this thesis to completion.
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CHAPTER 1
THE BEGINNING

INTRODUCTION

Few crimes elicit such public outrage as the sexual abuse of children. This outrage is both over the 'moral offense' of such acts of harm to children, as well as outrage towards those who commit such acts (Pithers, 1997). The increased media attention over the last decade, along with increased awareness and reporting rates, has heightened community fears (Robinson, n.d.), with child sexual abuse becoming a social problem, and public health issue, of significant proportion (Dobash, Carnie, & Waterhouse, 1993). Sexual abuse of children raises issues concerning the impact and harm to children themselves, but also how society 'responds' to those who perpetrate such crimes.

A critical component of this 'response' is the treatment offered. This treatment is often a complex arena of incarceration and post-carceration services consisting of a confusing jumble of punitive and rehabilitative philosophies, delivered by a wide range of qualified and non-qualified workers. This thesis is a study of these workers. The study arose from a professional interest in the 'sense making' of workers in the area of treatment for offenders, in an area of practice fraught with complex moral, conceptual, theoretical and practice problems.

When considering possible topics for my thesis, there was considerable media interest at the time in the sentences imposed on child sex offenders. One example was the public protest by a victim's mother outside Premier Geoff Gallop's office during February this year (Darragh, 2002). The
perpetrator had sexually abused 3 boys between 1995 and 2000 (Stevens, 2002), and was found guilty on 13 counts of sexual penetration of a child under 13 years, and 2 counts of indecent dealings with a child under 13 years (Clery, 2002), for which he received a non custodial sentence, which equated to a 2 year suspended sentence and an 18 month supervised release order (Stevens, 2002). After huge public support the victim’s mother gained during her protest, the decision was overturned to an 8 year term of imprisonment (Darragh, Burns, & Cowan, 2002).

These events prompted further thought on my part as to why certain offences apparently received seemingly lenient sentences, where others seemed overtly punitive in length. This thinking lead to further reflection on what ‘length of sentence’ was deemed to be related to in people’s minds. Was the public desire for longer sentences related to extending the period of ‘punishment’? If indeed this was the case, what opportunities might extended sentencing offer for rehabilitative treatment of child sex offenders? The question of rehabilitation of child sex offenders currently sits within a confusing and contradictory field of rehabilitative, justice and penal services.

"Since its inception as a central part of the correctional system in Western society, the penal system has been the subject of continuing controversy and vigorous debate concerning its potential capacity to contribute to the control of reduction of crime" (Asher, 1986, p. 1). The three alternate moral foundations and policy aims within the penal system revolve around retribution, deterrence and rehabilitation (Hudson, 1987). Evidence can be seen of the swing between retribution and deterrence, to rehabilitation and reform throughout history (Honderich, 1984). The focus on individual responsibility, security and punishment rather than rehabilitation and individual rights (O’Sullivan & Down, 2001), highlights the contemporary debate concerning the "degree of emphasis given to community protection as opposed to the protection of offenders' rights (Asher, 1986, p. 1). It is within the confusing world of justice and penal responses that workers attempt to invoke and implement the principles and practices of treatment. These
philosophies of punishment contribute to workers' understandings and explanations, and if contrary to the contemporary organisational, social or political perspective, can further increase the tension and confusion from within which the worker must practice.

Working from the assumption that most people have definite views on emotive and controversial issues, it was my thinking that sex offending against children and the treatment of those offenders, was an issue on which the majority of society would have an opinion, informed or otherwise. This being the case, those individuals who work in the treatment of child sex offenders must also have opinions on the issue, and if so, do their views have any bearing on their understandings or how they approach their practice. Do workers' personal philosophies of punishment affect the manner in which they intervene and relate to child sex offenders? How do workers see treatment? Do workers intervene with child sex offenders with the main aim of protecting the community, or from the belief that everybody has an ethical right to fair and equitable treatment through rehabilitation, or a mixture of both positions?

As the systematic treatment of sex offenders did not occur in Australia till the 1980's, (Perkins, 1993; Robinson, n.d.), workers have had little time to think through these dilemmas. It seems that workers are constantly trying to keep up with the ever-changing constructs that influence the field, and the ever-increasing scope of offending in which these workers are asked to intervene. Many aren't aware that the treatment of sex offenders has only occurred in recent decades, and hence the dilemma of what is treatment, is just one that confronts workers in this field on a daily basis.

Either way, workers' understandings and their personal philosophies may permeate their practice interventions and responses to child sex offenders. Further, delving into the field of child sex offending highlighted other areas of possible tension and contestation. The very concept of what is a child sex
offender, what causes individuals to commit this type of offence (Prentky, Knight, & Lee, 1997), how to define child sexual abuse (Haugaard & Repucci, 1988), which treatment option to use, and how to measure the effectiveness of interventions (Heilbrun, Nezu, Keeney, Chung, & Wasserman, 1998), adds to the confusion that seems to envelop the field of sex offender treatment.

The problem as I see it, is that the area of child sexual offending has been, and still is to some extent, saturated with a sense of confusion. This confusion occurs at every level, from the wider society to individual workers, and appears to be fed by moral panics (Soothill & Francis, 2002) that are combined with limited knowledge, research and theory related to the sexual offending against children.

**What is child sexual offending?**

I have chosen not to use the term paedophile in this study, as this in itself is a troublesome term. Troublesome, in that paedophilia, as a definitional label, is itself not a crime, but a psychological condition. Defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (Association, 1994) as "recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving activity with a prepubescent child or children (generally age 13 years or younger)". This form of behaviour only becomes an offence when the Criminal Code is breached, in this case under Sections 319-331 of Chapter XXXI of the Western Australian Criminal Code 1913, entitled Sexual Offences (Austlii, 2000). The term paedophile then encompasses those who act on these fantasies and urges, as well as those who do not. There are those that choose not to act on their fantasies and do not initiate any harm towards their victims, therefore not requiring a response, unlike the individual who acts on their urges, causing harm and requiring some form of intervention.
For the purpose of this thesis, I will refer to child sex offenders rather than the term paedophiles. Child sexual offending occurs when "a child or young person is used by an older or bigger child, adolescent, or adult for his or her own sexual stimulation or gratification" (ECPAT, 2001, p. 36). This encompasses individuals who engage in sexual offending behaviour with children in a premeditated, organised way (often defined as paedophilia), offending that happens as a function of family dysfunction (drug and alcohol use, mental illness, extreme poverty), as well as offending conducted by older children (siblings, relatives) as a function of opportunistic family circumstances. ECPAT (2001) also categorise offending into contact offending (touching, fondling, kissing and penetration), and non-contact offending (voyeurism, obscene phone calls, indecent exposure). It is acknowledged that there are definitional problems in encompassing the range of behaviours identified, however the definite position of this thesis is, that when sexual behaviour (contact and non-contact) occurs towards children, sexual offending has occurred.

There are a number of reasons why this type of behaviour is seen as a serious moral problem. For a large proportion of society, children represent a vulnerable and defenceless population, dependent on adults for their developmental needs. Greatest outrage exists towards offenders who use their own children for sexual gratification, breaching the basic moral foundations of society. Taught from the earliest possible stage, "both overtly and covertly, to comply with an adult's direction" (Goldman & Ronken, 2000, p. 32), children are placed in an even more vulnerable position when adults manipulate and abuse their position of power, to meet their own needs rather than that of the child. Offenders often take positions where their role is in loco parentis (Jordan, 1998), such as teachers or care givers, compounding the betrayal of trust and sense of moral outrage felt by society. Schools, day care centres, swimming pools and sporting clubs are settings where children go to learn and be safe, but for some children, it becomes an arena for ongoing sexual abuse through the misuse of power, trust, and social roles.
Research around the impact of child sexual abuse abounds. Dunne and Legosz (2000) report both short and long term consequences such as sexually transmitted diseases, unwanted pregnancy, suicidal behaviours, self harm and self destructive behaviours, eating disorders, substance abuse, anxiety disorders, low self esteem, depression, sexual dysfunction, disassociation disorders, post trauma stress disorder and difficulties in interpersonal relationships (Cook, David, & Grant, 2001; Mullen & Fleming, 1998). As each child is unique, so too is the effect of the abuse on each child. While the direct impact is readily apparent, there are also indirect consequences of child sexual abuse. There is a degree of betrayal and erosion of trust within families and their immediate social circle, a sense of blame through lack of understanding, and an increasing number of individuals who lack developed social skills due to earlier sexual abuse (Bellett, 1995). Added resources are required to assist victims who in later life exhibit mental health issues and other long standing consequences (Mullen & Fleming, 1998). "The price of child abuse and neglect in human costs, human resources, and monetary terms, is too high to ignore" (James, 1994).

**What is the problem?**

Child sexual abuse can be divided into two main problem areas (Figure 1). The first (1) relates to the occurrence and impact of the abuse itself. The harm to the victim and the long-term impact of the abuse are highlighted in this aspect of the problem. This area also relates to the characteristics of the perpetrators, and occurrence and prevalence rates. The second (2) area relates to the service response to abuse. While it is acknowledged that understanding the cause and impact of child sexual abuse is an important and vital component of an overall understanding of the problem, it is the service response to the child sexual abuse that is of particular interest to this thesis. How services react and respond to the offending behaviour is the aspect of the problem that is of interest. Although a readily available source of information surrounds victims of sexual abuse, knowledge regarding the
response to the offender and related treatment options is limited (Freeman-Longo, 1990). It is within this problem area that this study will attempt to explore the understandings and responses of workers to child sexual offenders.

Figure 1 – A typology of child sexual abuse conceptualisation

What is the extent of the problem?

Gaining accurate figures on the incidence of child sexual abuse in Australia is hampered by a number of factors. The secrecy of the offence and the age and developmental level of the victim combine to decrease the probability of the abuse being reported (Cook et al., 2001). Other difficulties include the relationship with the offender, the lack of knowledge of appropriate sexual behaviour by the victim, and the lack of a consistent national definition of what constitutes child sexual abuse (Moyle, 1999). Those statistics that are available on sexual assault, often do not differentiate between adult and child victims. One study carried out by the Australian Institute of Health and Welfare reported substantiation rates for each state and territory for 2000-2001 (Johnstone & Kelly, 2002). Australia wide over that period there were 3794 substantiated cases of child sexual abuse reported. In Western
Australia, of the 1,191 substantiated cases of child abuse for this period, 335 were defined as sexual abuse. This equates to 28% of all 'substantiated' cases of child abuse.

Similarly, gaining accurate figures on the prevalence of child sexual offending is also difficult, and at present there is no precise information available in Australia (James, 1996). Again difficulties arise through under reporting (for whatever reason), varying classification systems in public records (Broadhurst & Maller, 1990), and the use of prison populations who are unrepresentative of the total offending group (James, 1996). As with data surrounding incidence rates, information regarding the offenders more often than not, do not differentiate between child sex offenders (less than 18 years) and adult sex offenders. Much of the research is based on variable criteria as to the nature of the phenomenon, therefore prevalence is difficult to determine (Parton, 1985). Common throughout is the idea that the rate of child sexual offending is higher than has been previously suggested (Helde, n.d.; James, 1996).

A MODEL OF WORKER LOCATION IN PROVIDING SERVICES TO CHILD SEX OFFENDERS

Workers’ understandings and responses to child sex offending are not only influenced by research and theoretical knowledge, but also by a number of other contributing factors. Due to the nature of child sexual abuse and the responses it provokes in all aspects of the community, the broader contextual issues that impact on workers’ understandings also need to be addressed. This thesis locates the 'sense making' of workers who work with child sex offenders within the context of a four dimensional systematic integration model. In this model, workers' sense making is seen to be influenced and shaped on four levels;
Figure 2 – Four dimensional systemic integration model

1. **Personal** – how each worker perceives and reacts cognitively and emotionally to people who have sexually abused children;

2. **Professional** – how each worker seeks to explain and respond to the behaviour of people who sexually abuse children, based upon a professional knowledge and skill base;

3. **Organisational** – how organizational mandates, policies and procedures impact upon worker's practice understandings and responses; and

4. **Societal** – how current social values, expectations and reactions to the sexual abuse of children impact on worker's understandings and practice.

**Personal level**

Despite education and training which guides most workers in performing their professional roles, there is still at the core a personal reaction to every experience. The sexual abuse of children will undoubtedly arouse intense personal reactions (Ryan & Lane, 1997), and what workers do with these reactions is vital to understanding a workers' 'sense-making'. The very
nature of the offending acts, the degree of violence towards the victim, the frequency of the committed acts and the age and vulnerability of the victim, can leave the worker with a sense of overwhelming horror (Davies, 1999). Workers must then hold the tension between their personal emotional reactions, and intervening with offenders in a professional manner. Plant (1973) identifies this professional approach as acceptance, or a tolerant understanding, in which the worker acknowledges;

"...the reality of the client's actions however abhorrent they may be to him personally, while at the same time maintaining a sense of the client's dignity and worth irrespective of these actions" (p. 10).

To compound this further is the frequently confusing and often contradicting information obtained regarding the characteristics and background of the offender. How do workers understand offenders who also present as victims, or with pre-existing psychiatric conditions, or who are children themselves? Not only do workers have to contend with confusion surrounding the nature of the offending acts, but also the diversity of offenders who present. Combine this with a client group who are frequently coerced into and therefore resistant to treatment, renowned for minimising and denying their offending, who often project the blame onto others including victims, and the result is a population of offenders who are very difficult to work with (Maletsky, 1991). These challenges must be considered, managed and practice continued.
According to Goldstein (1984), each individual has an innate cognitive position, which he defines as:

... a means of grasping the peculiar and selective way any one person looks at his or her world of experience, how these perceptions are organised, thought about, and explained, and, perhaps most importantly, how the individual depends on these explanations and interpretations as a justification for his or her own actions (p. 16).

Based on psychological, social, spiritual and moral/ethical areas of cognition, it is this intrinsic moral position that can be the most confronting (Goldstein, 1984). The worker must realise that they not only have to be aware of their own innate morality, but also that of the client, who may have an ethically oppositional point of view. Attempting to understand another's moral positioning, which may directly challenge the very core of a worker's personal beliefs, can be extremely personally confronting. How a worker manages to sustain rapport and establish and maintain a working relationship with an offender whose moral principles challenge their own, only adds to the tensions that already exists.

A study by Farrenkopf (1992) confirms that workers in this field can be significantly affected personally by their work. As a contentious and potentially stressful area of practice, feelings of hopelessness and being overwhelmed by the magnitude of the issue have also been reported (Perkins, 1993). How workers manage the personal in the difficult area of working with child sex offenders is the area of study in which this research is interested.
Professional level

Although professions such as social work and psychology work with child sex offenders, the professional field of sex offending towards children is still in its infancy, lacking conceptual, theoretical and practice clarity. As the field is in its infancy, there is a lack of clarity concerning nearly all aspects of the offending behaviour, from theoretical frameworks that explain why the offending occurs, to the effectiveness of different treatment techniques. Researchers know little about what causes child sex offending, though explanations have been sought from legal, medical and humanistic theoretical sources (Parton, 1985). Psychodynamic, biological, learning, disease, psycho-physiological, sociological feminist, cognitive, deficiency and normative perspectives have all attempted to explain this phenomenon without success (Howitt, 1995; Musk, Swetz, & McCay, 1997; Scutt, 1990b). This fact in itself highlights the complex, contested and tenuous nature of this field, in which workers are expected to provide effective treatment without a solid knowledge and theory base from which to practice.

Combined with this lack of professional clarity relating to what causes child sex offending, is the lack of clarity concerning how to professionally define child sex offending. Parton (1985) claims that the lack of a consistent and accepted definition is a significant indicator as to the ‘primitive’ state of the field. The term ‘child sexual abuse’ is used by professional and laypeople alike, from common language, to legal interpretations, to research definitions, with the implicit, but false, notion of shared understanding. The lack of a shared professional definition has profound implications for our knowledge and understanding of the field of child sex offending, as more often than not, problem solutions are determined through problem definitions (Haugaard & Repucci, 1988).
Another difficulty in determining the 'why's' and 'how's' for this form of behaviour, is that research into child sex offending is highly problematic. The wide variation in definitions means it is difficult to glean consistent or reliable information. Equally, the use of prison populations creates information that is unrepresentative of the whole population, as these represent only those offenders who have been apprehended and convicted. Ethical considerations arise from the use of control groups in this field, and the lack of any long term data means that research in this field is at best tentative and in no means absolute. Methodologically sound research is only beginning to surface (Gonsiorek, Bera, & Le Toureau, 1994), and under these circumstances it would be assumed that the data should be treated with caution. Though as Scutt (1990b) states, "no other field exists in which false trails are created with such consistency, myths manufactured and reworked with such regularity, and simplistic 'answers' put forward as revelation" (p. 31). It is from this foundation of professional confusion that workers must practice.

With the possibility of offenders revealing the true extent of and motivation for their behaviour unlikely (Fisher, 1994), formulating accurate assessments as to each offender's situation is extremely difficult. Judgments as to the level of risk assessed by the worker act to inform decisions concerning supervision, length of sentence, parole, treatment options and whether offenders may see their families (Fisher & Thornton, 1993). It is the professional assessment that determines the offender's situation and possible intervention strategies, yet without a clear professional framework for understanding and engaging in the process, any consequent intervention will be flawed (Bisman, 1999). As Scutt (1990b) contends, "there can be little value in attempting to devise 'treatment' programs for sexual offenders unless the realities of sexual offending are accepted" (p. 31).

Research suggests that recidivism for this group of offenders is already relatively high, though there is no agreement as to a specific rate. Undertaking treatment based on flawed assessments has the real possibility
of manifesting in further offending. Whose responsibility is it then when offenders commit further offences? Cosyns (1999) claims that a 'criminal relapse' does not imply fault on the part of the worker, but it does give rise to a presumption of fault. If recidivism is high, and treatment considered possibly ineffective, how then do workers measure or understand their professional role in the provision of service? Understanding how a worker juggles these professional tensions, inconsistencies and confusion, whilst also validating their professional role in the face of limited success and opposition, is vital to understanding how workers continue to practice in this volatile area.

Professional attitudes have long been regarded as an important influence on practice in the field of child sexual abuse (Hogue, 1993; Saunders, 1988; Trute, Adkins, & MacDonald, 1992). How a worker professionally perceives sexual offending will impact greatly on shaping the practice that results (Saunders, 1988). Gaining an understanding of these perceptions, knowing the tumultuous context from which they are constructed, can assist in the development of knowledge (Connolly, Hudson, & Ward, 1997), and may help prevent the incidence of "burn out", [a term coined by Freudenberger in 1974 which describes "the emotional exhaustion and decreased work motivation that sometimes occurs among human service professionals"] (Shapiro, Burkey, Dorman, & Welker, 1996).

Organisational level

The organisational context of service delivery is a significant factor in shaping the nature of the practice environment for workers. The type of child sex offender programs an organization implements, the resources available to adequately support the program, and the organisational perceptions and role of the worker act to shape the nature and delivery of services. Confusion within the field as to the theoretical underpinnings of programs has led to the
rapid introduction and turn over of new programs in many service

"that we made a serious mistake in this field a number of years
ago when we characterized our efforts as sex offender
treatment rather than sex offender management", as changing
an entire lifestyle, behavioural and cognitive processes takes
considerable time and effort, by the offender and worker
(Freeman-Longo, 1990, p. 53).

More often than not, the worker is treating a lifetime of problem behaviours,
often frustrated by restrictions on time and resources.

The myriad of myths and misconceptions that surround the child sex
offender, often end up entrenched in policies leading to treatment programs
that are theoretically and empirically weak, but which consume large
proportions of organisational resources (Kenny, 1997). The worker in this
type of environment not only has to frequently contend with diminished job
security though vulnerable funding, but also has to learn how to practice
within each new program as they are implemented. Contestation arises
regarding the effectiveness of treatment programs and the allocation of
already limited resources (Donato & Shanahan, 1999). The potential for
workers to be in conflict amongst themselves, as to effective treatment and
perceptions of offending, is also heightened, and reinforces the need for co­
ordinated efforts within this field (Connolly et al., 1997).

Social level

The social context within which child sex offender programs are delivered
also impacts upon the nature of the practice environment for workers. How
society perceives and reacts to a social problem area creates a culture and
climate around the problem itself, which transmits to those working in the
area. Workers, by association, become 'tainted' by the negative perceptions and stereotypes held towards the client group they work with (Schorr, 1975). A sense of moral and social offence, often fuelled by politicians and the media, has led to the public becoming more aware of the issue of child sexual abuse (Brown & Blount, 1999). However, this has led to an ongoing, ever present debate around whether child sex offenders actually "deserve" treatment (Glaser, 1997). This debate is underpinned by misconceptions and misunderstandings. The "hysterical demonising" of child sex offenders, not only obstructs a rational debate on the issue, but also the development of rational solutions (Kenny, 1997), and can be said to stem from the moral panics of recent times. A moral panic has been defined thus;

...a condition, episode, person or group emerges to become defined as a threat to societal values and interests; its nature is presented in a stylised and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right thinking people; socially accredited experts pronounce their diagnosis and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes visible (Cohen, cited in Victor, 1998, p. 1).

Stanley Cohen (cited in Victor, 1998) describes moral panics as societal responses to beliefs of a moral threat against fundamental cherished beliefs and values towards what is held to be morally wrong. The perceived threat is to the social order itself, which evokes strong feelings of righteousness in relation to the punishment of its perpetrators. The main characteristics of 'moral panic', is that there is a high level of concern over a certain behaviour, and a consequent high level of hostility towards those exhibiting those behaviours (Thompson, 1998). Heightening the fear of the community at large, public safety becomes the primary goal of society, built on stereotypes that do not reflect reality, but are the force behind most misconceptions (Pithers, 1997). The fever produced often blinds people to the systemic
nature of the problem, with attention concentrated only on a small, albeit horrific moral section of the problem (Thompson, 1998). Such reactions have led to sex offenders becoming the new bogeymen of society. These perceptions are then used to intimidate and frighten citizens concerned about public safety (Lotke, 1995).

Within such a social environment the 'moral legitimacy' of workers' involvement and efforts in this area of work are constantly questioned. For the worker, this raises doubts as to the necessity of treatment, exposing workers to constant professional challenges to their work, to the 'rehabilitative' base of their work. It is within this climate of fear and hatred that unrealistic expectations for successful outcomes of treatment programs are placed on workers in the field (Edwards, 1997). Rendering their work invisible, this also creates difficulties for workers trying to gain resources for existent programs. The public response to child sexual abuse, even now is fragmented and generally ill-informed (Glaser, 1997), though this enveloping hostility is the overarching environment from which practice with child sex offenders occurs.
What began as a reflection on the variance in sentencing for particular offences, has become a study into how sex offender treatment workers think about and respond to their practice, when working within an atmosphere of contradiction and tension, with highly marginalised, emotionally distressing, and socially undesirable clients. With no clear etiology on which to base interventions (Howitt, 1995), no clear definition or characteristics on which to focus interventions (Robinson, n.d.), contradictory evidence as to the effectiveness of interventions (Furby, Weinrott, & Blackshaw, 1989), and a client group that society has labelled as the worst kind (Pratt, 2000), clearly workers face enormous pressures and challenges to practicing in this area.

Maletsky (1991) contends that work with child sex offenders is rarely pleasant, from denial and minimisation through to blame shifting and reoffending, workers are often left with feelings of hopelessness, stress and confusion. From this perspective, "burnout" can become a reality (Perkins, 1993). Workers, already under immense stress and tension, are unable to move forward in their practice without a greater understanding of the area in which they are working. Paralysed by a lack of information and knowledge relating to child sexual offending, workers become overwhelmed by the extent of the problem, but are still expected to initiate effective and efficient treatment for offenders. Emotional exhaustion, depersonalisation, and a sense of reduced personal accomplishment have all been reported amongst workers in the field (Anderson, 2000; Shelby, Stoddard, & Taylor, 2001), as have increased levels of secondary post traumatic stress disorder (PSTD) (English, Pullen, & Jones, 1997).
OBJECTIVES

With all of this in mind, this study is concerned with those workers who contend with these tensions and inconsistencies, what understandings they glean from the confusion surrounding the treatment of sexual offenders, and how they translate this knowledge into practice? In order to achieve this purpose, the following objectives have been created.

1. What are the workers' personal perceptions and reactions to child sexual offending?
2. What is the impact of working in the area of child sex offending on the workers personally?
3. How workers explain how child sexual abuse occurs?
4. What professional knowledge do workers draw upon to understand and explain child sex offending?
5. How does the way workers explain and understand child sex offending inform their practice?
6. What is the organisational context of workers' practice?
7. What factors in the organisation shape the nature of workers' practice experience?
8. How do workers perceive and understand the social context of practice?
9. What social factors shape the nature of the workers' practice experience?
10. What do workers see as future directions for practice in responding to child sex offending?

If the assumption that "how one deals with sexual abuse depends on how it is perceived" (Ward, Connolly, McCormack, & Hudson, 1996) is correct, then gaining a knowledge of workers' perception of the personal, professional, organizational and social context of their work, can contribute greatly to the emergent field of child sex offender treatment. This will assist in obtaining a picture of what workers view as contributing factors in the sexual abuse of children, and also provide a more concrete notion of how they have defined child sexual abuse and how they classify those with whom they practice. "Inevitably, professional attitudes toward sexual offenders, and other deviant
populations, impact on social service delivery, and in particular, the nature and the quality of services provided" (Ward et al., 1996).

Confusion as to the particular philosophies that underlie intervention strategies, this being rehabilitation, deterrence and retribution, is compounded by a confusion surrounding the change outcomes that are desired, and the high recidivism rates often reported. Societal ambivalence as to how to proceed in the treatment of child sex offenders reveals itself in the plethora of misconceptions and stereotypes that pervade the emerging field, and also in the conflicting social constructions of both the offenders and workers who attempt to make sense of this phenomenon. The lack of any substantial theoretical or practical knowledge base, combined with the personally troubling and morally challenging nature of the offending, leads to a highly stressful work environment.

**CONCLUSION**

"Popular concerns about sex offenders persist, society continues to struggle with how best to handle sex offenders, and it seems any serious approach to the problem invariably engenders controversy" (Felthouse & Simon, 2000, p. 1).

In such areas of practice, the worker is positioned in a pivotal role to determine the professional sense making of the experience. With few and often confusing guidelines, the worker must seek explanations, determine intervention strategies and identify change outcomes. Understanding how workers engage in this professional sense making is crucial to our understanding of child sex offending intervention practices. Learning from the ground may be the only way forward to develop practice understanding and direction, as "stopping sex offenders is going to be assisted more by informed, confident staff than by those who are uncertain, confused and
working from opinions based on hearsay and prejudice" (Sargeant, 1990, p. 88).

The information gained from this study will contribute to the growing knowledge base on sexual offender treatment. Whilst not providing 'The Answer', it may portray another perspective, that of the worker, who plays an integral role in providing the treatment.

Personally, this study is important to me as a potential social worker, in understanding how workers function in a highly contested, problematic, and personally challenging area of practice. Through sharing their experiences and understandings, it may provide insights that could be useful for other workers confronted by similar issues in other fields of practice. I feel there is a need to identify, acknowledge and validate the experiences of workers, who seem to be the silent voices within the literature. It is hoped that this study may also shed light on the misconceptions and misunderstandings that permeate society's construction of the treatment of child sex offenders.
CHAPTER 2

CONCEPTUAL SPECULATION

INTRODUCTION

This study is concerned with those workers who intervene with child sex offenders, what understandings they gather from the contradictory and inconsistent information regarding this type of offender, and how they translate these understandings into practice with the offenders. How workers understand and respond to child sex offending is shaped within a systemic context. The objectives developed to achieve the purposes of this study revolve around this systemic context, and include objectives associated with the personal, professional, organisational and social aspects that influence the worker’s ‘sense making’ experience.

The first objective relates to the personal aspect is to describe workers’ personal perceptions and reactions to child sexual offending. The second aims to illustrate the impact that working in the field of child sex offending has on the worker personally. Exploring the professional aspect is achieved by objectives three and four, which are to name the professional knowledge that workers draw upon to understand and explain child sex offending, and to describe how these explanations and understandings about child sex offending inform their practice. The fifth objective describes the organisational context of workers’ practice, while the sixth outlines the factors in the organisation that shape the nature of the practice experience. Objective seven describes how workers perceive and understand their practice, and relates to the social influence, as does objective eight, which illustrates the social factors that shape the nature of workers’ practice.
experience. The final objective conveys what workers see as future directions for practice in responding to child sex offenders.

**A Conceptual Framework**

In order to make explicit the relevance of these objectives, it is necessary to explore the conceptual framework that informs this study. A framework is defined as "a frame of reference that serves to guide a research study and is developed from theories, findings from a variety of other studies, and the author's personal experiences and values" (Williams, Tutty, & Grinnell, 1995, p. 330). This framework provides a means of discerning the complexities for the worker of practicing in the area of child sex offending. This conceptual framework is centred around the concepts of child abuse, child sex offender and treatment.

The concepts were identified for their relevance in conceptually framing the phenomenon of child sex offending. The concepts enable a conceptual acknowledgement and analysis of a victim/victimising process (child sexual abuse; the perpetrator and the process of harm – child sex offender; and the service intervention as both object and process of change).

The focus of the study as noted is upon the worker as the nexus of how each of the concepts are translated into a 'service response'. Each of the concepts are made sense of by the worker within and with reference to a wider systemic context. How the worker makes sense of the concepts of child sexual abuse, child sex offender and treatment is a function of the personal, professional, organisational and social context characteristics of their practice. The outlined integrated framework is presented visually in Diagram 1.
The concepts of child abuse, child sex offender and treatment, while differentiated for this thesis, are interrelated and mutually supportive. For example, the view that workers form relating to the phenomena of child sexual abuse, the seriousness they place on the abuse, and the associated causal factors, will directly influence how workers perceive and understand the child sex offender. This in turn will affect the proportion of blame attributed to the offender, and subsequent treatment response. The treatment response may also be directly influenced by the perceived harm caused by child sexual abuse, which impacts on workers' understanding of the individuals who perpetrate these offences.
Based on subjective perceptions, these meanings are also shaped by the context within which practice occurs. Personal values, professional knowledge, organisational policies and social attitudes influence to differing degrees, the perceptions and meanings attributed to these concepts. Workers then must not only make sense of the concepts that directly impact on practice, but also make sense of the often indirect contextual influence which shape the concepts being understood.

This thesis aims to explore how workers incorporate those contextual factors into their understanding of child sex offending, and consequent responses to child sex offenders.

This chapter will consider the concepts independently, and then discuss the dynamics of how workers' understandings of the concepts are shaped by the personal, professional, organisational and social context of their practice. The concepts will be presented and analysed to develop our understanding of worker's responses to child sexual offending in relation to:

- Definitional attempts;
- Definitional problems;
- History;
- Conceptual issues;
- Conceptual problems; and
- Research.
CHILD SEXUAL ABUSE

Definitional attempts

Child sexual abuse is a complex phenomenon that can cover a broad spectrum of offending behaviours. The question of what precisely constitutes sexual abuse though, is often left unexamined (Stocker, 2001). As a social construction, society decides at any given time what behaviour is abusive to which children and in what context (Moyle, 1999). Founded on the subjective value judgments of the community and what is considered 'normal' or 'acceptable' behaviour, the definitions are culture bound, time dependant and subject to interpretation (O'Sullivan, 1991).

In recent times the debates have shifted from questioning whether child sexual abuse actually exists, to what child sexual abuse actually entails (Dwyer & Strang, 1989). Is it child sexual abuse when a father walks in front of his children naked? Is it child sexual abuse when a 12 year old watches pornography while the mother sleeps? Is it child sexual abuse when a 13 year old girl and 16 year old boy are at the movies 'making out'? Would this be looked upon different if the girl was 16 years old and the boy 13 years old? Is it child sexual abuse when parents takes photographs of their unclothed 2 year old child at the beach during summer vacation? Is it child sexual abuse when an adult sexually penetrates a child? Is it child sexual abuse when a family spends their summer at a nudist camp? Is it child sexual abuse when a 10 year old finds and reads their parent's pornographic magazines? Is it child sexual abuse when a 12 year old marries an adult? Or is it child sexual abuse when a mother pulls down her child's pants and spanks them in public? These examples of possible scenarios demonstrate the difficulties and complexities of defining a concept for which there is no general agreement within any professional or societal group.
In recent years, the definitions of child sexual abuse have broadened considerably with the growth in professional and public awareness of incidences of child sexual abuse (Moyle, 1999). Despite this greater awareness, there are many legal and operational variations in the definitions of child sexual abuse, not only in Australia, but throughout the world (Dwyer & Strang, 1989). Varying within organisational policies, cultures and professional disciplines (Kolvin & Trowell, 1996), the differing definitions illustrate the general values and community attitudes attributed to the sexual abuse of children, and what behaviours are deemed acceptable or unacceptable (Bullough, 1990).

Child sexual abuse has been defined as;

- "...the involvement of dependant developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to and that violate the social taboos of family roles" (Schecter & Roberge, 1976).

- "...any sexual act that occurs as a result of force, threat, or deceit, etc., or through exploitation of an authority relationship, irrespective of age of the partner" (Finkelhor & Hotaling, 1984).

- "...the sexual exploitation of a child for gratification or profit of an adult" (American Medical Association, 1985, p. 798).

- "...the involvement of a dependant and developmentally immature child or adolescent in the sexual activities of an older person/adult, where the younger person is used for the gratification of sexual desires or needs of the older person or where social taboos or family roles are violated" (Child Sexual Abuse Taskforce, 1987).

- "...any act occurring between people who are at different developmental stages which is for the sexual gratification of the person at the more advanced developmental stage" (Coulbourn Faller, 1988, p. 11)

- "...the imposition of sexually inappropriate acts, or acts with sexual overtones...by one or more persons who derive authority through ongoing emotional bonding with that child" (Blume, 1990, p. 4).
• "...the involvement of dependant children and adolescents in any sexual activities with an adult or any person older or bigger, in which the child or young person is used as a sexual object for gratification of the older person’s needs or desires and to which they are unable to give consent due to the unequal power relationship between the child or young person and the adult" (New South Wales Protection Council, cited in Quinn, 1992, p. 87).

• "...unwanted sexual contact (genital touching and fondling to penetration) while the victim is considered a child by legal definition and the perpetrator is in a position of relative power vis a vis the victim (eg. parent, babysitter, adult, guardian, older child, etc.)" (Violato & Genuis, 1993).

• "...any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards" Australian Institute of Health and Welfare (Tomison, 1995).

• "...is forced, tricked, or manipulated contact with a child by an older person (generally 5 or more years older) that has the purpose of sexual gratification of the older person" (Conte, 1995, p. 402).

• "...occurring when a child has been exposed or subjected to sexual behaviours or acts which are exploitive and/or inappropriate to his or her developmental level" (Family & Children's Services, 1996).

• "...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" (Australian Bureau of Statistics, 2000).

• "...any sexual act or sexual threat imposed on a child or young person. It happens when an adult, adolescent or older child sexually abuses children or younger people and exploits their dependency and immaturity" (Heslop, 2002).

Common to all these definitions are notions of;

- Exploitation;
- Power;
- Consent;
- Sexual Gratification; and
- Lust.
Where definitions vary however are in relation to:

- Age;
- Developmental differences;
- Whether the abuse was 'wanted' as opposed to 'unwanted';
- Measurement; and
- Focus (intrafamilial or extrafamilial).

Only one definition uses the term 'unwanted' within their definition (Violato & Genuis, 1993), with the measurement of abuse against community standards, family roles and social taboos used by others (Schecter & Roberge, 1976; Child Sexual Abuse Taskforce, 1987; Tomison, 1995). It is also evident that definitions are altered or enhanced to meet the changing social atmosphere. This can be seen with the use of Schecter and Roberge's (1976) definition to form the basis for the Child Sexual Abuse Taskforce (1987) definition a decade later. The New South Wales Protection Council then adapted this definition with the inclusion of an imbalance of power relationships in place of the violation of social taboos or family roles (Quinn, 1992).

These examples also demonstrate that each has an implicit meaning attached by the choice of terminology used in the definitions. On the whole, the terminology is still vague and does not adequately describe exactly what behaviours constitute child sexual abuse, which has important implications for how child sex offending is understood and responses developed (Haugaard & Repucci, 1988).

**Definitional problems**

With the great array of definitions available of child sexual abuse, there is a lack of clarity and understanding as to what child sexual abuse involves. This is further complicated by an inconsistent use of terminology. Terms such as sexual abuse, sexual misuse, sexual assault, rape, sexual maltreatment, child abuse, sexual contact, and sexual activities have all been
used interchangeably in the past to describe acts of child sexual abuse (Bullough, 1990; Crosson-Tower, 1996). With no common meaning surrounding the terminology, communication is difficult (Haugaard & Repucci, 1988). The use of the same or similar language and terminology would decrease the likelihood of misunderstandings and promote a clearer understanding of the issues (Manley, 1996). The use of differing terms and language can also cause confusion for victims, leaving them unsure whether the abuse has occurred (unless blatantly obvious) (Scutt, 1990b). This can be further compounded by the fact that the term child sexual abuse is used by both professionals and lay people alike, with an inherent assumption of shared meaning (Haugaard & Repucci, 1988).

Another aspect of defining child sexual abuse that is problematic is the use of a standard definition to describe a phenomenon that crosses cultural boundaries. It seems that most definitions are based on the Western notion of family when discussing intrafamilial abuse, which does not take into consideration other family compositions. One example is the traditional social and kinship organizations of the Aboriginal communities. Often times the skin group relationships are more important than the biological relationships, compared to the Western nuclear family. Differentiations between the definitions and classification of intrafamilial and extrafamilial sexual abuse then become unclear and inconsistent in relation to the dominant Western meanings (D'Souza, 1994).

The use of varying and inconsistent definitions not only has implications for how child sexual abuse is understood, but also for the research and knowledge base that workers are using to respond to child sex offending. Definitions vary from study to study which limits the generalisability of the results and imposes restrictions on comparisons between studies (Haugaard & Repucci, 1988). Definitions of what is classed as child sexual abuse today, may be vastly different from how the term was defined in the past, again problematic for researchers without an explicit definition or understanding of what exactly was being researched (Bullough, 1990). Without this
comparability of available data, the knowledge that results is questionable and open to criticism from any number of areas. Theories of causation are then difficult to determine due to the often conflicting and inconsistent findings (Dobash et al., 1993). Common agreement in the literature now is for the use of descriptive language when defining the behaviour or offence, rather than the use of specific definitions (Haugaard & Repucci, 1988). This acknowledges the complexities of defining child sexual abuse and aims to increase the opportunity for sound research.

Likewise, the lack of a consistent definition can be seen in the variation between the States and Territories of Australia (O'Sullivan, 1991). This is problematic for those working in the field, as each State or Territory has their own definition for child sexual abuse, and each uses differing terminology for the same behaviour. Outlined in Table 1, this variation makes it impossible to provide reliable, consistent or coherent national data (Dwyer & Strang, 1989; James, 1994).
Table 1 – Definitions of child sexual abuse (Moyle, 1999, p. 72)

| Australian Capital Territory | Child sexual abuse refers to any sexual behaviour between a child and an adult or an older or bigger person, for that person’s sexual gratification. The range of sexual behaviours that are considered harmful to children is very broad. It includes: any form of sexual touching; any form of sexual suggestion to children, including the showing of pornographic videos; the use of children in the production of pornographic videos or films; exhibitionism; and child prostitution. |
| New South Wales | Sexual abuse is any sexual act or sexual threat imposed on a child. Adults or adolescents who perpetrate child sexual abuse exploit the dependency and immaturity of children. Coercion, which may be physical or psychological, is intrinsic to child sexual abuse and differentiates such abuse from consensual peer sexual activity. |
| Northern Territory | Sexual abuse is the involvement of a dependent and developmentally immature child or adolescent in the sexual activities of an older person/adult where the younger person is used for the gratification of sexual desires or needs of the older person, where social taboos or family roles are violated, or where the child’s caregivers are unable or unwilling to protect the child from sexual abuse or exploitation. |
| Queensland | The terms ‘abuse and neglect’ are not used. The types of harm are categorised as physical, emotional, sexual, neglect. The ‘actions of causing harm’ are also recorded separately. |
| South Australia | Sexual abuse is any sexual behaviour imposed on a child. The child concerned is considered to be unable to alter and/or understand the perpetrator’s behaviour due to his or her early stage of development and/or powerlessness in the situation. |
| Tasmania | Sexual maltreatment occurs when a child has been exposed or subject to sexual behaviours or acts which are exploitative and/or inappropriate to his or her age or developmental level. |
| Victoria | A child is sexually abused when any person uses their authority over the child to involve the child in sexual activity. Child sexual abuse involves a wide range of sexual activity including fondling genitals, masturbation, oral sex, vaginal or anal penetration by a finger, penis or any other object, voyeurism and exhibitionism. It can also include exploitation through pornography or prostitution. |
| Western Australia | Sexual maltreatment occurs when a child has been exposed or subjected to sexual behaviours or acts which are exploitative and/or inappropriate to his or her age or developmental level. Harm which results from sexual maltreatment includes significant emotional trauma, physical injury, or impaired development, although in some circumstances harm may not be identifiable. |
Without reliable national data, there are no reliable national incidence rates. Incidence rates are distorted by the differing definitions and lack of clarity regarding their meaning (Kenny, 1997). Again the lack of consistent definitions between the States and Territories adds to the difficulties and complexities of working in the field of child sex offending. As Haugaard and Repucci (1988) state, “the lack of a shared definition has profound implications for our knowledge and understanding of the entire field of child sexual abuse” (p. 13).

**History**

The use of children for adult sexual gratification has a long history (Kenny, 1997), as does the sexual exploitation of children (Tomison, 1995). What becomes obvious when considering the concept of child sexual abuse, is that while child and adult sexual behaviour was looked upon with disfavour, sexual behaviour between adolescents and adults was a ‘normal’ phenomenon (Bullough, 1990). In Ancient Greece the sexual use of prepubescent boys was common (Kenny, 1997), while the use of young girls was more predominant in Ancient Rome (Crosson-Tower, 1996; Wasserman & Rosenfeld, 1992). Child brides have been normal practice for many cultures. In the late 6th Century it is said that the prophet Mohammed married his second wife at the age of 7 years, though it is suggested that he did not consummate the marriage until her first menstrual cycle (Bullough, 1990).

A number of variations of the Oedipus story were recounted throughout medieval literature during the 12th and 13th Centuries where incestual themes were prevalent (Wasserman & Rosenfeld, 1992). During the 14th Century in Florence it was reported that the prostitution of male and female children was widespread (Kenny, 1997). It was not until the 16th Century that legislation was introduced specifically to protect children from sexual abuse (Tomison, 1995). Introduced in England, boys were protected from ‘forced sodomy’ in
1548, and girls under 10 years from 'forcible rape' in 1576 (Kenny, 1997). The penalty for either offence was death (Crosson-Tower, 1996).

During the Victorian era, the ideals of sexuality were repressed and the existence of childhood sexual behaviour denied (Wasserman & Rosenfeld, 1992). Prohibitions were introduced around masturbation, especially in relation to childhood masturbation. The severity of these prohibition were evident though the development of numerous mechanical devices to prevent this form of 'self abuse' (Crosson-Tower, 1996). Where previously privacy and secrecy were not associated with sexuality, and knowledge of sexual behaviours were common place among children (Bullough, 1990), the implementation of these prohibitions meant that children were presented with limited knowledge in relation to sexuality and were limited in their ability to discern between appropriate and inappropriate sexual behaviours (Crosson-Tower, 1996).

As the cities grew larger, social problems that were insignificant in the small towns became overwhelming. Child prostitution, prominent during the 18th and 19th Century, was one of the social problems identified, and was a dominant factor in changing attitudes towards adult/child sexual behaviours (Bullough, 1990). Knowledge of sexually transmitted diseases was increasing, therefore virgins became a method of safe sex. As the availability of virgins decreased, so did the age of the children being used. Others vehemently believed that having sex with young virgins cured whatever disease an individual was stricken with (Bullough, 1990; Speicker & Stuetel, 1997). This practice is echoed in the 21st Century in relation to protection against AIDS and HIV. Reports of children with sexually transmitted diseases were recorded in the 19th Century by a number of humanitarian and children's organizations at the time, in both male and female children, some as young as 6 years old (Breckenbridge, 1992).
Further examples can be seen of child sexual behaviours in the early 19th Century in the United States. Slave owners were often known to 'break in' the young African slave girls, some of whom were reportedly only 11 years old (Crosson-Tower, 1996). In Australia, a parliamentary committee held in New South Wales between 1859 and 1860 found evidence of girls as young as 7 years old being prostituted in Sydney (Glaser, 1997). Not immune to the use of children for sexual gratification, there is also documentation of well-known public figures, such as the author Lewis Carroll, who was stated having an attraction for photographing prepubescent girls in the nude (Bullough, 1990). By the late 19th Century, a number of welfare groups were familiar with incidences of child sexual abuse, though by the 1920's the focus had turned to extrafamilial sexual abuse (Tomison, 1995).

One major influence in the emphasis on extrafamilial abuse rather than intrafamilial abuse could be credited to the work of Sigmund Freud and his seduction theory (McClendon, 1991). In 1896, Freud was one of the first to connect adult mental conditions with experiences of childhood sexual abuse (National Clearinghouse on Child Abuse and Neglect, n.d.). While investigating experiences of hysteria in a number of middle and upper class women, Freud found that a large proportion were reporting previous abuse by their fathers (Crosson-Tower, 1996). He then proposed an etiology of hysteria that was founded in childhood experiences of sexual abuse (Breckenbridge, 1992). Incest was not prominent in discussions previous to this event, and most instances of intrafamilial abuse were attributed to the poor or working classes. The idea that this sort of behaviour was occurring in the upper levels of society, was rejected by his peers as preposterous (Bullough, 1990). In 1905 Freud retracted his seduction theory, admitting that he had over-estimated the occurrence of child sexual abuse (Glaser, 1997). This retraction was taken a step further in 1915, when Freud promoted the accounts of child sexual abuse as 'figments of fantasy' he later termed the Oedipus and Electra complex (Breckenbridge, 1992).
Freud's retraction of the seduction theory was used by many to imply that children were not seduced, and that their accounts should be treated with scepticism (Wasserman & Rosenfeld, 1992). The atmosphere of denial and reluctance to recognise the extent of child sexual abuse is also said to have stemmed from Freud’s influence (Crosson-Tower, 1996). The belief that intrafamilial abuse was rare continued up until the 1970's, when child sexual abuse was accidentally 'rediscovered' (Dwyer & Strang, 1989). An unforeseen consequence of research into adult victims of sexual assault, was that many of the victims also reported childhood experiences of sexual abuse (Breckenbridge, 1992). The push from this time on has come mainly from the Feminist quarter, who have brought the issue of child sexual abuse into the main arena (Mendes, 2002). It is also through the work of this movement that the impact and extent of intrafamilial child sexual abuse has been highlighted (McClendon, 1991).

Substantiation of the incidence of child sex abuse continue into the 20th Century with the publishing of novels such as 'Lolita' by Vladimir Naborokov, and 'Greek Love' by J.Z Eglington (Crosson-Tower, 1996). The child sex trade is still big business across large portions of the globe, especially in the Asian and African continents (Kenny, 1997). While attitudes have changed in regard to the importance placed on children, the secrecy and lack of knowledge surrounding childhood sexuality and appropriate adult/child sexual contact places children at a greater risk than before. Glaser (1997) summarises it best when he says, "our response to child sexual abuse over the last century, therefore, has been largely that of denial. If we deny the offences, then we refuse to recognize the victims" (p. 3).

**Conceptual issues**

From this brief historical overview, it becomes apparent that while sexual activities with children have occurred for centuries, the conceptualisation of these activities as abusive is only a recent event. Those cases of child sexual activities that were classed as abusive, were constructed around
sexual intercourse and penetration, illustrated in the introduction of laws in England in 1548 to protect children from anal and forced sexual penetration (Kenny, 1997). Inherently linked with sexuality, genitalia and arousal (Ryan, 1997a), these earlier constructions of child sexual abuse were also age and gender specific. Anal sex with boys of any age was outlawed, though only girls under 10 years of age were protected from forced penetration (Crosson-Tower, 1996).

The advent of the Victorian age then took this sexually constructed concept and placed it in a shroud of denial and secrecy (Wasserman & Rosenfeld, 1992). Another construct of child sexual abuse was socio-economic status. The abuse of children was seen to occur only in poor families, or later within the working class families during the industrial revolution (Finch, 1991). The cultural attitudes towards the sanctity of the family, also constructed child sexual abuse as extrafamilial, with a denial that this form of abuse was occurring within the family (Scutt, 1990a). While still maintaining child sexual abuse as an extrafamilial phenomenon, welfare groups were becoming increasingly aware of the rising evidence of child sexual assault (Tomison, 1995). The introduction and later retraction of Freud's seduction theory however further maintained the constructed view that child sexual abuse was an extrafamilial phenomenon, removing the focus almost entirely off intrafamilial sexual abuse for many years (McClendon, 1991).

The occurrence of child sexual abuse did not abate during the intervening years, even though the so-called 'rediscovery' of child abuse was announced in the 1970's (Dwyer & Strang, 1989). Advanced through the Feminist movements of the time, it was during this time that issues of power were incorporated into the construction of child sexual abuse (Breckenbridge, 1992). The Feminist movement was also instrumental in pushing child sexual abuse from the private realm into the public sphere (Adams, Trachtenberg, & Fisher, 1992). Disbelief at the existence of child sexual abuse began to wane as debate turned to what experiences could be classed as such (James, 1994). Constructions of the behaviours viewed as sexual
abuse widened to include sexual activities other than penetration, such as fondling, touching, and masturbation (James, 1996). Where previously there was a distinct polarity between extrafamilial and intrafamilial sexual abuse, now it was beginning to be seen on a continuum of behaviour (McClendon, 1991). Pornography and the introduction of mass-market videos further widened the parameters as to what the abuse could include (Jarvie, 1992), and the internet has opened up a whole new world of abusive opportunities and understandings (International Federation of Social Workers, 2002).

**Conceptual problems**

Nearly all aspects of child sexual abuse are complex and problematic, and the conceptual aspects are also. The secrecy that has surrounded, and still surrounds, child sexual abuse, has been compounded by the denial of society that the dominant form of this abuse has stemmed from the family (Scutt, 1990a). Society could cope with the extrafamilial abuse, could accept the stranger danger, but not the concept of 'incest', which struck at the very heart of the family tradition (Tomison, 1995). This not only isolated the victims, but also prevented confirmation of the true extent of the problem (Ryan, 1997a).

Throughout history, is has been the ‘accepted’ norm within most societies for an older male to be with a younger female (Watson, 1997). The acceptability of this notion is in direct contrast to the notion of child sexual abuse, though in some cultures, marriage to child brides is still practiced (Wasserman & Rosenfeld, 1992). The concept of child abuse as we know it is a Western construct, and is constructed as a white phenomenon, (O'Sullivan, 1991). This is in light of the fact that child sexual abuse crosses all boundaries, and has for example been reported in Aboriginal communities for decades (D'Souza, 1994).
Research on child sexual abuse

As with any complex and controversial topic, studies and research surrounding the issue will be complex and controversial. Child sexual abuse is no exception. There have been estimates of the prevalence of child sexual abuse that range from 6% to 62% for females, and 3% to 31% for males (Conte, 1995), to 1 in 4 girls and 1 in 12 boys (Coochey, 1996), but they are just that, estimates. Obtaining accurate information on the incidence and prevalence of child sexual abuse is difficult for a number of reasons, least of which is the secrecy that envelops the phenomenon of child sexual abuse (Crosson-Tower, 1996).

"Child sexual abuse by its nature is carefully concealed and is therefore among the most difficult of offences to detect" (Miller, 1997).

One point of agreement is that child sexual abuse cuts across all socio-economic, religious and cultural boundaries (James, 1994). Most research studies also distinguish between intrafamilial (perpetrated on children within the family system) from extrafamilial (perpetrated on children outside of the family system) sexual abuse (Crosson-Tower, 1996). Research also tells us that child sexual abuse is rarely a single event and is usually progressive in nature (Manley, 1996).

The age and developmental level of the victim combine to decrease the probability of reporting the abuse, as does their relationship to the offender, fear of stigmatisation, fear of not being believed, and a lack of knowledge concerning appropriate sexual contact (Cook et al., 2001). In family situations, family members may not want the offender punished, as this will affect the family equilibrium. Another reason for underreporting is that at the present time, child sexual abuse is difficult to identify and prove, though very easy to deny (Crosson-Tower, 1996). The statistics that are available on
child sexual abuse often do not differentiate between adult, adolescent and child victims, or between child sexual abuse and child abuse in general. Determining prevalence becomes a complicated task to accomplish, and any statistics or prevalence rates must be read within this context, including those referred to in this paper.

In 1997, Cook, Grant and David (2001) reported on sexual violence in Australia, and stated that there were 2,858 victims of sexual violence who were under 10 yrs old recorded by police, with a further 2,767 children under 14 years of age. This represented 40% of the total number of sexual assault reported by police (p. 8). Male children between the ages 0 years and 9 years reported the highest proportion of male victims of sexual assault (Cook et al., 2001, p. 8). The overall agreement within the literature is that most sexual abuse occurs within the family and that both boys and girls are victims of child sexual abuse (Dobash et al., 1993). Conte (1995) suggests that 70% of all victims are sexually abused more than once, with many victims sexually abused over significant proportions of their childhood. Crosson-Tower (1996) also add that girls are more likely to report child sexual abuse than boys. Most research studies also distinguish between intrafamilial and extrafamilial sexual abuse (Crosson-Tower, 1996).
One study carried out by the Australian Institute of Health and Welfare (Table 2) reported substantiation rates for each state and territory for 2000-2001 (Johnstone & Kelly, 2002). Australia wide over that period there were 3794 substantiated cases of child sexual abuse reported. In Western Australia, of the 1,191 substantiated cases of child abuse, 335 were defined as sexual abuse. This equates to 28% of all ‘substantiated’ cases of child abuse. Another study carried out by the Australian Institute of Criminology (2002b) on sexual assault in Australia, found that children in the 0-9 age group recorded the largest increase in their victimisation rate, from 102 per 100,000 to 125 per 100,000 people. Outlined below in Figure 3, males and females between the age of 10-14 years were the most at risk of being sexually assaulted in 2000, which is consistent with figures from 1999 (Australian Institute of Criminology, 2002b).

<table>
<thead>
<tr>
<th>Type of abuse or neglect substantiated</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>2,430</td>
<td>1,968</td>
<td>1,995</td>
<td>329</td>
<td>633</td>
<td>54</td>
<td>56</td>
<td>145</td>
</tr>
<tr>
<td>Sexual</td>
<td>2,103</td>
<td>591</td>
<td>492</td>
<td>355</td>
<td>181</td>
<td>39</td>
<td>14</td>
<td>39</td>
</tr>
<tr>
<td>Emotional</td>
<td>758</td>
<td>3,284</td>
<td>2,385</td>
<td>108</td>
<td>365</td>
<td>2</td>
<td>92</td>
<td>39</td>
</tr>
<tr>
<td>Neglect</td>
<td>1,380</td>
<td>1,745</td>
<td>3,523</td>
<td>419</td>
<td>818</td>
<td>8</td>
<td>60</td>
<td>126</td>
</tr>
<tr>
<td>Other&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>620</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Total substantiations</td>
<td>7,581</td>
<td>7,608</td>
<td>8,398</td>
<td>1,191</td>
<td>9,968</td>
<td>103</td>
<td>222</td>
<td>349</td>
</tr>
</tbody>
</table>

| Per cent                             |     |     |     |     |     |     |     |     |
| Physical                             | 32 | 26 | 24 | 28 | 32 | 52 | 25 | 42 |
| Sexual                               | 25 | 8 | 8 | 28 | 9 | 38 | 6 | 11 |
| Emotional                            | 10 | 43 | 26 | 9 | 18 | 2 | 41 | 11 |
| Neglect                              | 10 | 23 | 42 | 35 | 41 | 8 | 27 | 36 |
| Other<sup>(a)</sup>                   | 11 | . | . | . | . | . | . | . |
| Total substantiations                | 100 | 100 | 100 | 150 | 100 | 100 | 100 | 100 |

<sup>(a)</sup> The category 'other' used for New South Wales comprises children identified as being at high risk but with no identifiable injury or harm.
Sexual assault refers to rape, sexual assault, buggery, oral sex, carnal knowledge, unlawful sexual intercourse, incest, indecent assault, and assault with intent to rape.

Children in society today are given few legal rights and are not accorded the same status as adults (Crosson-Tower, 1996). Taught from the earliest moment to comply with adult direction (Goldman & Ronken, 2000), they are often not believed when they disclose experiences of sexual abuse (Crosson-Tower, 1996). This may have something to do with the development of the false memory syndrome, whereby allegations of child sexual abuse, usually against a parent, are accredited to over zealous therapists searching for repressed memories (Kolvin & Trowell, 1996). It may also be due to the fact that a large proportion of those perpetrating the abuse are family members, or known to the family, and it is therefore easier to deny the abuse than confront the abuser. The Australian Institute of Criminology (2002b) found that 61% of sexual assaults were committed by a person known to the victim and that 1 in 4 assaults were perpetrated by a family member. Whilst it must be remembered that the data in Figure 4 relates to both adult and child sexual assault, the rates for family members and known non-offenders still far outweigh the offences committed by strangers.
Some studies have attempted to describe a typology of victimisation, which aims to identify those children most at risk of sexual abuse. Children left unsupervised or alone for long periods, those who do not seem to have the physical presence of family or friends and social isolation have been found to increase the risk of sexual abuse for such children (Conte, 1995; Crosson-Tower, 1996).

Others have reported on the factors that impact on the degree of trauma to the child who has been, or is being sexually abused. The type of abuse; the identity of the perpetrator; the duration of the abuse; the extent of the abuse; the first reaction of significant others at disclosure; the point at which the abuse was disclosed; and the personality structure of the victim have been identified as factors that influence victim trauma (Crosson-Tower, 1996).

The types of behaviours included in child sexual abuse can include suggestive behaviour or comments, exposure, fondling genitals, oral sex, and penetration of the vagina or anus by finger, penis or any other object (James, 1994). Other writers have categorised the abuse into contact and non-
contact abuse. Examples of contact sexual abuse includes touching, kissing, and masturbation, whilst non contact sexual abuse includes such behaviours as voyeurism, obscene phone calls, indecent exposure, and pornography (ECPAT, 2001). Mrazek and Mrazek (1985) suggest sexual abuse can be conceptualised as one of four types:

1. Exposure – viewing of sexual acts, pornography, and exhibitionism;
2. Molestation – fondling of either the child’s or adult’s genitals;
3. Sexual intercourse – oral, vaginal, or anal on a non-assaultive and chronic basis; and
4. Rape – acute assaultive forced intercourse.

Both short and long term consequences of child sexual abuse have been described (Ryan, 1997a). Studies to date have reported:

- self destructive behaviours;
- guilt;
- sexual dysfunction;
- prostitution;
- early marriage to escape abuse;
- bed wetting;
- increased anxiety;
- hyperactivity,
- nightmares,
- unexplained episodes of rage,
- dissociative behaviours;
- denial; and
- withdrawal (Manley, 1996).

Other consequences of child sexual abuse include:

- sexually transmitted diseases;
- unwanted pregnancies;
- alcohol dependency;
- eating disorders; and
- increased risk of human immunodeficiency virus (HIV) (Conte, 1995).
Long term impacts of sexual abuse are:

- sexual dysfunction;
- eating disorders;
- suicidal tendencies;
- underdeveloped communication skills;
- self esteem issues;
- mental health issues; and
- relationship and intimacy issues in adulthood (Mullen & Fleming, 1998; Ryan, 1997a).

Briere (1992) groups the effects of child sexual abuse into:

- posttraumatic behaviours;
- cognitive distortions;
- altered emotionality;
- dissociation;
- impaired self-reference;
- disturbed relatedness; and
- avoidance.

Whereas Finkelhor, Burns and Williams (1988) conceptualise the effects as:

- traumatic sexualization;
- betrayal;
- stigmatisation; and
- powerlessness.

O'Hagan (1993) also states that sexual abuse is an attack on the moral development of the child. At some point in time, he says that a child raised by law abiding and morally righteous parents, will realise the enormity of the situation. This dawning realisation that the sexual behaviours they have been participating in (especially in cases of intrafamilial abuse where the moral transgression is heightened) are immoral and criminal can have devastating consequences. The strategies implemented by the perpetrator to protect themselves from exposure, such as threats to the child or their
loved ones, become the same strategies that assist in compromising the
moral sense making of the child. By relaying the responsibility and guilt for
the abuse onto the child, can severely impair the opportunity for moral
development and increases the psychological and emotional impact of the
sexual abuse. The effects of child sexual abuse do not dissipate as soon as
the abuse is discontinued, but can affect the child in many ways for the rest
of their life (Manley, 1996).

What becomes clear from this conceptual analysis is the extent of the
conceptual and research inconsistencies and contradictions that surround
child sexual abuse (Mullen & Fleming, 1998). This apparent confusion stems
not only from the lack of a consistent definition (Dwyer & Strang, 1989), but
also from the lack of agreement concerning the types of behaviours that the
definitions entail (ECPAT, 2001; James, 1994). These differing definitions
have further implications for rates of incidence and prevalence, which are
dependant on which definition is used (Crosson-Tower, 1996). Workers may
feel inadequate because of the confusion surrounding child sexual abuse
(Davies, 1999) and the lack of clear and readily understood boundaries from
which to frame their understanding. Predictably, workers are then faced with
the expectation of solving the problem of child sexual abuse, from a position
of uncertainty, with no clear research foundation or theoretical knowledge
base from which to practice (Parton, 1985).
CHILD SEX OFFENDER

Definitional attempts

The confusion that surrounds child sexual abuse and the discussions concerning how to define the concept, are mirrored in the debates relating to child sex offenders. How is it possible to define what a child sex offender is, without a definite understanding of what constitutes sexual abuse. As before, the concept of a child sex offender is socially constructed on the basis of what society deems appropriate and acceptable sexual behaviour (Moyle, 1999). As with most behaviours of a sexual nature, societal attitudes are fraught with taboos, morality, religion and myth (Bartol, 1999). Communities have been known to “view the child molester as a stranger, a dirty old man, a crazy man, a retard, an alcoholic, a drug addict, a brutal sex fiend, or someone with an anti-social personality disorder” (MComish, 1994, p. 1).

Is a child sex offender the 17 year old boy who is dating and having sex with his 15 year old girlfriend? Or is a child sex offender the grandfather who kisses his grandchildren whenever he sees them? Is a child sex offender the 30 yr old man who marries a 13 year old girl? Is a child sex offender the 25 year old who buys and reads child pornography? Is a child sex offender the 10 year old boy who plays doctors and nurses with his two younger siblings? Is a child sex offender the unmarried man who is always hanging around the games arcade? Is a child sex offender the 19 year old girl who is pregnant by a 14 year old? Is a child sex offender the mother who still sleeps in the same bed as her 9 year old son? Is a child sex offender the mother who still breastfeeds her child at 5 years old?

Clearly visible in the above examples is the lack of clear boundaries to describe what behaviours are of an offending nature, and what behaviours are perceived to be acceptable. As with child sexual abuse, definitions vary across disciplines, organizations, cultures and communities (Miller, 1997), again with the misconception of shared meaning (Haugaard & Repucci,
1988). These definitions are heavily culture bound and subject to interpretation, (O'Sullivan, 1991). Most definitions tend to focus on a certain aspect of the offending behaviour, such as desire or fantasy, and behaviours or activities, or age of the offender. Previous attempts to define this concept are as follows;

- "...older persons whose conscious sexual desires and responses are directed at least in part toward dependent, developmentally immature children and adolescents who do not fully comprehend these actions and are unable to give informed consent" (MCorish, 1994, p. 1).
- "...as recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving activity with a prepubescent child or children (usually under the age of 13 years)" (American Psychiatric Association, 1994, p. 528).
- "...sexual attraction towards the very young" (James, 1996, p. 1).
- "...an individual who commits a sexual crime as legally defined in his or her own culture of legal jurisdiction" (Coleman et al., 1996, p. 7).
- "...a person for whom the act or fantasy of the act of sexual contact with pre-pubertal children is the repeatedly preferred method of achieving sexual excitement (Edwards, 1997, p. 1).
- "...a sexual attraction to children, with an erotic arousal pattern and fantasy life centred on them" (Musk et al., 1997).
- "...any person who engages in some kind of sexual activity against the will of the other person/persons concerned" (Brown, 1999, p. 249).
- "...the use of children by adults for sexual gratification and companionship" (Bartol, 1999, p. 418).

Common to all these definitions are:

- Lust;
- Children;
- Adults;
- Sexual gratification;
- Developmentally immature or prepubescent; and
- Using.
Where definitions vary however is in relation to:

- Perpetrator’s age;
- Victim’s age;
- Action versus fantasy or attraction;
- Legality; and
- Consent.

Only Coleman and colleagues place their definition of a child sex offender within a socio-legal framework (1996) though this framework is culturally dependant. Though many refer to prepubescent children (Edwards, 1997; James, 1996; McComish, 1994), only one of the above definitions states a specific age, that being 13 years and under (American Psychiatric Association, 1994), and McComish (1994) refers to the victims as dependent and developmentally immature. Only one definition mentions informed consent (McComish, 1994) though another use the phrase ‘against the will of’ (Brown, 1999). The recognition that offenders can be other than adults, and that older children can be sexually abused, is only alluded to in the definition by ECPAT (2001). Discussions around sexual fantasies and attractions is another popular distinction for many (American Psychiatric Association, 1994; Edwards, 1997; James, 1996; Musk et al., 1997).

These examples were chosen to illustrate the diversity of definitions available, and by no means exhaustive. As with child sexual abuse, the choice of definition can be very influential in terms of how the offender, the victim, the abuse and the response are perceived and interpreted. For this thesis, the preferred definition is that of ECPAT (2001), highlighted below, which illustrates the variety of possible offenders and victims, the relationship (‘is used by’), and outcomes (‘sexual stimulation or gratification’).

“...when a child or young person is used by an older or bigger child, adolescent, or adult for his or her own sexual stimulation or gratification” (ECPAT, 2001, p. 36).
**Definitional problems**

One of the major problems inherent in defining what is a child sex offender is the use of interchangeable terminology, underpinned by a general assumption that the meanings are the same. Contrary to common belief, terms such as paedophile, child molester, pederast, and child sex offender, do not all describe the same behaviour (Blanchard, Watson, Choy, & Dickey, 1999). There is no common law or statutory definition of paedophilia in Australia (James, 1996), because paedophilia is not in itself a crime, but a psychological condition which refers to the fantasising about the sexual act, rather than acting on the sexual act (American Psychiatric Association, 1994). There are paedophiles who just fantasize and do not act on their fantasies, do not cause harm to the child, and therefore do not commit an offence (James, 1996). Likewise, not all child sex offenders are paedophiles. Some offenders may have a preference for adult partners, but at times of stress or convenience, may turn to children to fulfil their needs (Miller, 1997). This does not conform to the American Psychiatric Association (1994) guidelines for paedophilia, and the term paedophile is therefore not interchangeable with child sex offender (Edwards, 1997).

**History**

A discussion around the history of the concept of child sex offenders is limited within the literature. Examples are given of specific cases and cultural practices from previous years, but the analytical discourse is not as extensive as that around child sexual abuse. This may be due to the overall atmosphere of denial and an unwillingness to explore this phenomenon (Petrie, 2000), combined with a moral distaste and hostility aimed at those who commit such offences (Pratt, 2000). Death was the early penalty for rape and sodomy of children during early 1800’s in Western Australia, and because of these extreme penalties, most were unwilling to come forward, and those in authority were reluctant to pass a sentence of guilt without corroborating evidence (Rayner, 1991). Early thinking around child sex
offenders tended to focus on the 'deviant' stranger and the public, rather than the private nature of the offending (Dobash et al., 1993).

Until the 20th Century, sex offences were not classified separately from other offences. The introduction of the sexual psychopath laws in the 1930's in the United States first segregated sex offenders from the wider offending population. Child sex offenders were then labelled and stigmatised as one of the most heinous and lowest form of criminals (Nelson, Herlihy, & Oescher, 2002). The implementation of sexual predator laws during the 1990's, also in the United States, authorised the continued detention of child sex offenders after they had served their sentence as the offender was seen to continue to be a threat. In most countries, sex offenders are required to register with the authorities after release from prison, for an extended period of time, further punishing and stigmatising the offender (Hinds & Daly, 2001). These registration requirements have lead to further calls for community notification, as seen with the American introduction of Megan's Law, and the British introduction of Deborah's Law (Ronken & Lincoln, 2001). All of these laws and policies on child sex offenders have aimed their practices at extrafamilial offenders or those already caught for offending, which has omitted the majority of offenders which research identifies as intrafamilial (Dobash et al., 1993).

This increased public and criminal justice focus on child sexual offending has led to what Ronken and Lincoln (2001) have titled 'rough justice'. This rough justice is unmistakable in the segregating of child sex offenders for specialised treatment and justice options, and the harassment and brutal vigilante attacks on child sex offenders which on occasion have been fatal (Ronken & Lincoln, 2001). Indications of the hardening of attitudes towards child sex offenders in Australia is evident in the call for community registration and notification laws (Hinds & Daly, 2001).
Conceptual issues

"Sexual behaviour in many societies is a subject fraught with moral codes, taboos, norm expectations, religious injunctions, myths, and unscientific conclusions" (Bartol, 1999, p. 273). When the sexual behaviour becomes or is named deviant or offensive, these factors are amplified. The concept of a child sex offender has previously been constructed around an individual pathology. This was usually combined with some form of victim blaming (Edwards & Lohman, 1994), rather than a social context (McComish, 1994). Tomison (1995) describes a father found guilty of incestuous acts in Connecticut in 1672. The father was executed and the child given a whipping for her part in the crime.

Linked closely with moral behaviour (Speicker & Stuetel, 1997), constructions around child sex offending were also labelled as deviant (Freeman-Longo, 1990). As well as deviant, child sex offenders were said to be from working class backgrounds (Finch, 1991) and were mature in age (Tomison, 1995). Seen as dominantly male behaviour (Donato & Shanahan, 1999), the child sex offender was explained in terms of a psychological condition (Becker & Murphy, 1998). The offenders were viewed as having something wrong with them that could be treated (Smith, 1995).

For a phenomenon perceived to be so damaging, the conceptualisation of child sex offending is often found to be very simplistic (Gonsiorek et al., 1994). Previously the child sex offender was conceptualised around the type of behaviours undertaken. What originated as a construct around sexual acts, predominantly penetration, has extended to include sexual contact like fondling and kissing, and now non-sexual contact such as child pornographic videos, has also been added. There has been a definite shift from sex and sexuality constructs, towards issues of power in relation to child sex offenders (Blume, 1990; Breckenbridge, 1992). Defining child sex offenders through previous experiences of victimisation has been gaining momentum in
recent times with conceptualisation around the offenders own childhood experiences of sexual abuse (Becker & Murphy, 1998).

**Conceptual problems**

The area of child sex offending is problematic for a number of reasons. The unwillingness and denial of society to face the realities of the behaviour, and lack of knowledge and consistent research in the area, leads to conceptions that are based on myths and cultural stereotypes (Kenny, 1997). These myths and cultural stereotypes have largely stemmed from a moral panic, created and sustained by the nature of the victim, and the relation to sexuality (Soothill & Francis, 2002), all of which is enhanced by the influence of the media (Mendes, 2002; Thompson, 1998). Jarvie (1992) states that moral panic is an “acute demonstration of fear, a reaction that characteristically affects perception and the sense of proportion” (p. 323). This fear has manifested in myths of ‘stranger danger’ and the ‘dirty old man’ (Kenny, 1997), which has lead to the introduction of notification and community registers which focus on a very small proportion of the offending population (Hinds & Daly, 2001). Discrepancies over what age boundaries constitute a ‘child’ have also changed over the last Century, and differ between States and Territories, leading to inconsistent and divided constructions of what is child, and therefore what is a child sex offender (Kenny, 1997; Scutt, 1991).

Conceptualising the child sex offender as an old male stranger, has mistakenly focused attention on stereotypes that are not representative of child sex offenders, who are a heterogenous group that cannot be typified by age, class, religion, profession, family status, or race (Miller, 1997). Society has focused on extrafamilial offenders for fear and denial that this form of behaviour could occur within the realm of the ‘family’ (Mendes, 2002). The exclusion of females from the debate is based on similar misconceptions, that females could not harm children, because they are perceived to be the genetic protectors of children (La Fontaine, 1990). The fact that mothers
may abuse their children sexually, threatened the very foundations of society, and was therefore ignored (Saradjian & Hanks, 1996), even though the most common form of sexual abuse in Japan occurs between mother and son (La Fontaine, 1990). Society is only just beginning to accept that children and young adults also form a large percentage of the offender population, a fact that negates the previous constructions of a child sex offender (Tomison, 1995). Constructions around typologies and stereotypes, while obscuring and ignoring the complexities of child sex offending (Bavin, 1991), also focuses on the individual pathology and deviancy and ignores any structural and social problems inherent in the behaviour (Mendes, 2002).

Research on child sex offenders

Information on the incidence and prevalence of child sex offenders usually derives from official statistics and police records, surveys of the general and victim populations, and child sex offenders themselves (Perkins, 1993). Child sex offenders are for the most part composed of incarcerated populations and are more likely to represent the more severe and chronic forms of offending (La Fontaine, 1990; Tomison, 1996). Because child sex offenders frequently also conceal their activities to avoid criminal punishment, the numbers of offenders in prisons is unrepresentative of the true frequency of child sex offending (Miller, 1997). Claims over the extent of child sex offending range from suggestions of a frequent and widespread phenomena, to others who see the offences as rare (Broadhurst & Mailer, 1991). Common throughout the literature is the idea that the rate of child sexual offending is higher than has been previously suggested (Helde, n.d.; James, 1996). Most reports do not distinguish between child sexual offending and other types of sexual offences.

Difficulties in obtaining incidence and prevalence rates arise through under reporting (for whatever reason), varying classification systems in public records (Broadhurst & Maller, 1990), and the use of prison populations who are unrepresentative of the total offending group (James, 1996). Denial and
minimization by offenders is also an obstacle to accurate statistics (Birgden & Vincent, 2000; Blanchard et al., 1999). Others may not report this type of offending due to the consequences for the offender. The imprisonment of the abuser for many is painful and not helpful, especially if the offender is a family member (Travers, 1998). Alternately, the victim may be in fear of the offender, or may feel partially responsible for the offence through the grooming and seduction techniques invoked by the offender. There may also be a reluctance by parents to report child sex offending in order to avoid further trauma to the child (Miller, 1997).

Inadequate methodologies in the field has yielded inconsistent and contradictory results in the area of child sex offending (Prentky et al., 1997). Much of the research is based on variable criteria as to the nature of the phenomenon, therefore prevalence and incidence is difficult to determine (Parton, 1985). Research is also hampered by difficulties in the classification and definitions of the behaviours, the size of the samples used (comparatively small), which leads to an inability to generalise the findings to all child sex offenders (Broadhurst & Mailer, 1991). The variability in the studies undertaken has led to very little comparable research (Wakefield & Underwager, 1991).

The statistics that are available on child sex offending indicate that in 1998, there were approximately 750 men, either incarcerated (420) or on community based orders (310) for sexual offences in Western Australia (Upton-Davies, 1998). A sexual offence includes all forms of sexual offences and is not exclusive to child sexual abuse. Table 3 indicates the incarceration rates for sexual offenders Australia wide for 1997. As noted these figures do not discriminate between adult and child victims (Cook et al., 2001). Of interest as well from Table 3, are the rates per 100,000 populations. The Northern Territory has the highest rate (25.7), followed closely by Western Australia (22.5), both of which are double the overall Australian rate of 12.6. Queensland follows closely behind with a rate of
17.2. Without these figures being broken down by race or culture, further conclusions cannot be drawn.

Table 3 – Persons imprisoned for sexual offences by State and Territory, 1997
(Cook et al., 2001, p. 46).

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>TAS</th>
<th>NT</th>
<th>ACT*</th>
<th>AUST</th>
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<td>549</td>
<td>117</td>
<td>374</td>
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<td>38</td>
<td>10</td>
<td>2,171</td>
</tr>
<tr>
<td><strong>Remanded</strong></td>
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<td>25</td>
<td>35</td>
<td>15</td>
<td>30</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td>167</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>707</td>
<td>431</td>
<td>584</td>
<td>132</td>
<td>404</td>
<td>31</td>
<td>48</td>
<td>11</td>
<td>2,338</td>
</tr>
</tbody>
</table>

*Prisoners sentenced in the ACT are held in NSW prisons. Figures for sentenced ACT prisoners are a subset of the NSW figures and are not counted in the Australian total.

The Australian Institute of Criminology (2002a) report that in 1999-2000, 99% of all sexual assault offenders were male, and 8% of the offender population were juveniles, a pattern that has remained stable since 1995-1996. Table 4 below illustrates the percentage of male sex offenders in relation to age, highlighting the large proportion of offenders who are between 15 to 24 years of age. What is frustrating from these figures is that once again there is no differentiation made between adult and child offending.
Table 4 - Sexual assault, male offenders by age, rate per 100,000 persons, 1995-1996 and 1999-2000 (Australian Institute of Criminology, 2002a)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>10-14</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>15-19</td>
<td>20</td>
<td>15</td>
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<tr>
<td>20-24</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>25 and over</td>
<td>40</td>
<td>30</td>
</tr>
</tbody>
</table>

Sexual assault refers to rape, sexual assault, buggery, oral sex, carnal knowledge, unlawful sexual intercourse, incest, indecent assault, and assault with intent to rape.

There have been numerous explanations put forward as to why child sexual offending occurs, but no one theory explains it completely (Murray, 2000). Historically, legal, medical and humanistic theories have been presented in order to explain child sex offending (Parton, 1985). Explanations have been sought from a psychodynamic perspective, biological models, social learning theory, disease perspective, psycho-physiological models, sociological theory, feminist theory, cognitive distortion approaches, and normative or non-pathological perspectives (Howitt, 1995; Kelly & Lusk, 1992; McComish, 1994; Ryan, 1997b; Scutt, 1990b), with the majority stressing deficiency models (Blanchard et al., 1999; Langevin, Marentette, & Rosati, 1996; Ward, 1999). Most theories are based solely on assumptions, as only a small proportion of offenders, usually incarcerated, are available for research (James, 1996). Consensus in the literature recognizes that a single factor causation for child sex offending will not account for this complex phenomenon (Robinson, n.d.).

The trend in current literature is to identify preconditions and to use multiple factorial models. Finkelhor and Araji (1986) developed a four factor model naming certain preconditions that preceded the offending behaviour. Ali four
preconditions are deemed necessary before sexual abuse can occur (Perkins, 1993). The model is general enough so that both intrafamilial and extrafamilial abuse is included (Bagley & Thurston, 1996).

1. A motivation to abuse a child sexually, including:
   i. Emotional congruence;
   ii. Sexual arousal; and
   iii. Alternate sources for gratification are unavailable or less satisfying.
2. Overcoming internal inhibitors against acting on the motivation.
3. Overcoming external impediments to committing the abuse.
4. Undermining or overcoming the child's resistance to the abuse.
   (Colton, Sanders, & Williams, 2001; McGregor & Howells, 1997).

Others view the causation of child sex offending as transgenerational, in line with the abuse to abuser cycle (Briggs, 1995; Fedoroff & Pinkus, 1996; Flanagan & Hayman-White, 2000; Murray, 2000; O'Connell, Leberg, & Donaldson, 1990). There seems to be strong practice validity for the abuse to abuser theory even though little research or theoretical evidence is available (Hanson & Slater, 1993). While there may be a link between prior victimisation and current offending (Cook et al., 2001), by itself, previous sexual victimisation is too narrow a factor to explain this complex phenomenon (Prentky et al., 1997).

Some studies have attempted to discern specific characteristics of child sex offenders, such as mental illness (Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999), learning deficiencies (Langevin et al., 1996), flawed cognitions (Ward & Keenan, 1999), a lack of empathy (Pithers, 1999) or mental retardation (Blanchard et al., 1999). Self esteem of the offender (Fisher, Beech, & Browne, 1999; Marshall, Cripps, Anderson, & Cortoni, 1999), psychiatric co-morbidity (Raymond et al., 1999), competency and skill deficiency (Ward, 1999), all show a trend towards defining the offence in a
psychological vein. One description of the 'distinctive characteristics' of child sex offenders reads:

...basic inadequate personality, negative self image, selective perception, exaggerated control needs, pervasive guilt-subjective judgment, non-assertiveness, poor to no interpersonal relations, emotional suppression and displacement, strong sexual performance needs, small penis complex, distorted sexual values, deviant arousal patterns, defective goal setting system, easy discouragement, identity confusion, cleverness in dealing with others, and manipulativeness (Quijano, 1993).

The reality is that child sex offenders are not so easily recognisable or so different from the general population (McComish, 1994). This heterogeneity means that it is impossible to discern specific behavioural traits or characteristics of child sex offenders (James, 1996). The literature is in general agreement that child sexual offenders are a diverse and varied group (Robinson, n.d.), which at present crosses cultural, age, class, race, educational, gender and professional boundaries (Scheela, 1996). The myths of the 'dirty old 'ffian' or the "sadistic child murderers' are slowly receding as awareness increases as to the true dimensions of child sex offenders (Fisher, 1994).

Because of the heterogeneity, typological frameworks have been developed to form homogenous sub groups of offenders (Tomison, 1995), in an attempt to create more specific data (Perkins, 1993). These have included fixated and regressed (Ingersoll & Patton, 1990), intrafamilial and extrafamilial (Garsetti, Earls, Lalumiere, & Belanger, 1998), exclusive and non exclusive (Bartol, 1999), preferential and situational, pre-pubertal and post pubertal (Tomison, 1995), violent and non-violent, juvenile and adult, and even male and female (McComish, 1994). Child sex offending by females is said to mainly occur through the instigation or encouragement of a male offender.
(Chow & Choy, 2002; Tomison, 1995). Research to date has failed to find any data that says large proportions of women sexually abuse children (James, 1996).

Research suggests that almost all known offenders are male and known to the victim, with the majority residing with the victim at the time of offending (Dobash et al., 1993). In most cases the victims are well known to the offender, which negates the myth of the 'abusing stranger' (Bartol, 1999; La Fontaine, 1990). Most offending begins in adolescence (Rayment & Owen, 1999), and child sex offenders often report more offences than the abuser is convicted for (Kenny, 1997; Prentky et al., 1997). Extrafamilial offenders are said to offend against a higher number of victims, while intrafamilial offenders have less victims but a higher rate of offending (Smallbone & Wortley, 2001). Glaser (1997) also states that child sex offenders make up the oldest age group within prison populations, which supports the theory that child sex offenders are career offenders.

Many studies do not provide sufficient descriptive data to allow for comparison of findings with other studies (Smallbone & Wortley, 2001) and the diversity of child sex offenders means that research is inconclusive (Cook et al., 2001). At present there is little or no research on paedophiles who do not act on their fantasies, to see why they do not act (Edwards, 1997). Most researchers agree that it is a "multi-dimensional and multi-determined phenomenon" (Smallbone & Wortley, 2001, p. 1), that no single offender profile exists, and offenders arrive at child sex offending "via multiple pathways and engage in many different sexual and non-sexual acting out behaviours" (Prentky et al., 1997, p. 2)

As with child sexual abuse, the lack of clarity that saturates the field of child sex offending is clearly evident in the previous conceptual overview. As before, the heterogeneity of offenders leads to a lack of consistency in definitions and subsequent descriptions of behaviours (Scheela, 1996).
Difficulties in obtaining prevalence and incidence rates will naturally stem from such confusion (Broadhurst & Maller, 1991), as does the confusion that envelops the theoretical underpinnings for causal explanations (Ryan, 1997b). The difficulties of conducting methodologically sound research has also hampered the development of a reliable information base for workers (Prentky et al., 1997). From this very problematic research and knowledge foundation workers must respond to the problem of child sex offending.
TREATMENT

As with the previous two concepts, the concept of treatment is complex, highly contested, and clouded by the same confusion and lack of knowledge that confounds the notions of child sexual abuse and child sex offending. The concept of treatment, as distinguished from justice and punishment, is a relatively new development in relation to child sex offending (Cook et al., 2001) and one which invariably engenders controversy (Perkins, 1993). The concept can mean many things to many people, as evidenced by the myriad of 'treatment' programs that have been developed in the relatively short time since it's inception (Lukies, 1994; McPherson & Chein, 1994; Polizzi, Layion MacKenzie, & Hickman, 1999).

Definitional attempts

The concept of treatment conjures up a variety of meanings, none of which completely capture all that treatment can entail. As before, with this variation comes the misconception of an inherent shared meaning (Haugaard & Repucci, 1988). However, a common philosophy in relation to the roles of clients and worker are evident, as is the type and nature of the intervention relationship i.e. intervention leads to change.

For treatment, the definitions are very similar in their ideals and underlying philosophies. Treatment can be defined as:

- "...any measure to ameliorate an undesirable condition" (Reading, 1977, p. 222).
- "...a course of measures designed to cure or alleviate what is seen under the explicit or implicit description of 'illness'" (Timms & Timms, 1982, p. 197).
- "...the management and care of a patient for the purpose of combating disease or disorder" (Goldstein, 1989, p. 267).
- "...a substance or technique used in treating" (The Penguin English Dictionary, 1992, p. 1004).
"...any specific procedure designed to cure or lessen the severity of a disease or other abnormal condition" (Reber, 1995, p. 814).

"...correcting or alleviating a disorder, disease, or problem" (Barker, 1999, p. 493).

Common to all these definitions are:

- Disease/disorder/illness – deficit & problem need base
- Language – help/assistance
- Purposeful & planned intervention;
- Change through cure or correction; and
- Management – underpinned by a logical rationale relationship between the nature of need and treatment given.

Where definitions vary however is in relation to;

- What the objectives are;
- What the strategies are to achieve the objectives;
- Knowledge and skills needed to implement the strategies and achieve the objectives; and
- How the achievement of the objectives is known.

Despite this confusion, interventive treatment in a planned and purposeful way is the distinguishing characteristic of a human service response to social need.

**Definitional problems**

One of the major concerns with the definitions of treatment outlined is that they do not clearly illustrate the main aims or objectives of treatment. If looking to child sex offender treatment, the objectives can relate to psychological, behavioural, or cognitive changes within the offender.
Likewise, the objectives can be broader still and encompass the debates around reducing levels of victimisation in society, undermining any false moral or legal excuses for the offending behaviour, or assisting the offender to not reoffend (Perkins, 1993).

Another aspect of the definitions that is problematic relates to how the treatment is implemented to achieve the objectives. Within the field of child sex offending there are a multitude of treatment strategies, all with their own treatment focus and style of intervention. As such, in any discussion of treatment in the area, there is a clear need to clarify which strategy is being implemented to minimize any further confusion within an already confusing field of practice. Lacking from these definitions also is what knowledge and skills are needed to implement the treatment strategies, or how the worker will know whether the treatment has been successful. The definitions of treatment cannot be homogenous and generalised when working with a group as heterogeneous and specific as child sex offenders.

History

As child sex offender treatment was conceptualised around an individual pathology, with moral and deviant associations requiring change within the offender, the settings within which this treatment occurred added to conceptualisation problems. Perceived to be morally irreprehensible, society dealt with child sex offenders by either incarcerating or institutionalising them, in order to protect the community (Birgden & Vincent, 2000). Those requiring treatment, or identified as requiring treatment, could be found within the prison systems. Treatment was then invariably linked with punishment, which serves to “define social boundaries, vindicate norms, and provides an outlet for the psychological tensions surrounding deviant acts” (Vidmar & Miller, 1980). In a study by Trute, Adkins and MacDonald (1992) on professional attitudes, the greatest differences was found be in relation to punishment versus treatment. The rationale for treatment of child sex
offenders can be seen within the three main philosophies of punishment, namely retribution, deterrence and rehabilitation (Hudson, 1987).

The philosophy most commonly associated with punishment is retribution, which is the belief that a wrongful act must be repaid by a penalty as severe as the wrongful act (Zumpetta, n.d.). Primarily focusing on the act committed, punishment is based on the seriousness of the act rather than the good of the offender (National Clearinghouse on Alcohol & Drug Information, n.d.), and satisfies the desire of the victim and the community for retribution (Legal Information Access Centre, 2000). Perceived to be a 'deserved' reaction to particular behaviours deemed unacceptable (Evans, n.d.; Honderich, 1984), unlike other philosophies of punishment, retribution "does not use the occasion of sentencing to achieve some future good result for society" (National Clearinghouse on Alcohol & Drug Information, n.d.). A backward looking philosophy, retribution can only see the offending behaviour, and does not look to the future for what can be implemented to change the offending (Honderich, 1984). From a retributive perspective, treatment is not the primary goal, and would be attributed a low priority status.

Deterrence on the other hand, is forward looking, and looks to discourage child sex offenders from continuing to sexually abuse children (Evans, n.d.). Still focused on punishment as a response to child sex offending, the underlying principle of a deterrence philosophy is the notion of 'sending a message' and 'making an example' to certain sections of society (National Clearinghouse on Alcohol & Drug Information, n.d.). Using the fear of getting caught and the unpleasant consequences to deter offending, the rationale is to demonstrate to individual offenders, or prospective offenders, that the costs of child sex offending outweigh the possible benefits of the behaviour (Legal Information Access Centre, 2000). Both deterrence and retribution have been implicit in rationales for punishment historically (Hudson, 1987), and while the popularity of punitive approaches may satisfy the overall
retributive needs, they have very little preventative efficacy (Broadhurst & Loh, 1997).

Alternately, rehabilitation is based on the opinion that the most effective approach to preventing child sex offending is to diagnose and treat the underlying causes in the individual (National Clearinghouse on Alcohol & Drug Information, n.d.). It is founded on the belief that the offender can be changed, by using the opportunity of sentencing to address the social, psychological and other factors that underlie the offending behaviour (Legal Information Access Centre, 2000). Usually accompanying punishment (Hudson, 1987), this philosophy is the basis for the construction of treatment in relation to child sex offenders. This aspect of the construction of treatment is the most controversial and hotly debated, not only on a professional level, but also at an organisational and social level (Nelson et al., 2002; Saunders, 1988; Travers, 1998; Trute et al., 1992), though why the other two philosophies are not equally controversial is equally puzzling.

Rehabilitative treatment

Services for offenders of sex crimes are a relatively recent event historically, though the crimes themselves have been occurring for centuries (Freeman-Longo, 1990, p. 49). The traditional response was to either incarcerate, institutionalise or execute the offenders (Cook et al., 2001). Where treatment was provided it was within mental health settings, in terms of counselling and psychiatric care, but was absent from those offenders imprisoned in non-mental health settings for child sex offending. By the early 20th Century it was gradually recognised that criminals should no longer be permanently expelled, and that the state had a duty to rehabilitate them (Pratt, 2000). It was thought that sex offenders would only learn more deviant patterns of behaviour in prison without treatment to counteract such learning (Glaser, 1997).
With the treatment of child sex offenders gaining momentum during the 1970's (Freeman-Longo, 1990), the systematic treatment of sex offenders did not occur in Australia however till the 1980's (Broadhurst & Maller, 1990). The high re-offending rates reported by researchers globally lead to the call for 'treatment' of sex offenders, with the intent of protecting the community and reducing further victimization (Broadhurst & Maller, 1990; Lee et al., 1996; Perkins, 1993; Pithers, 1997; Robinson, n.d.).

Types of rehabilitative treatment

Treatment programs for offenders targeted particular aspects of the assessed cause – action relationship. Early and subsequent treatments have hence focused upon the (1) behavioural, (2) psychological, (3) cognitive, (4) environmental, and (5) biological and the interchange between these. This relationship between cause and action was seen at its simplest level as:

- behavioural desires $\rightarrow$ behavioural action
- self construction $\rightarrow$ behavioural action
- cognitive thinking $\rightarrow$ behavioural action
- environmental influences $\rightarrow$ behavioural action
- biology $\rightarrow$ behavioural action

The majority of programs are however dominated by (1) and (2) approaches, i.e.;

1. To address precipitating behavioural characteristics of the offender which lead to the offending;

2. To address precipitating psychological characteristics of the offender which lead to the offending; or
The strategies used to achieve the psychological, behavioural, cognitive, biological and environmental change focus are in themselves influenced by the dominant change focus. Defining the nature of child sex offenders within 'psychological' terms in itself, for example, constructs a 'psychological' intervention strategy. This relationship is particularly highlighted in Table 5.

<table>
<thead>
<tr>
<th>Focus</th>
<th>Assumptions</th>
<th>Strategies</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural characteristics</td>
<td>Behaviour is learned &amp; a result of environmental situational factors rather than thinking</td>
<td>Classical conditioning, Operant conditioning, Punishment, Incarceration, Aversive therapies</td>
<td>To control and modify the behaviour of the offender to prevent further sexual offending</td>
</tr>
<tr>
<td>(translation into action of external environment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological characteristics</td>
<td>Emotional experiences from childhood can disrupt adult thinking &amp; behaviours</td>
<td>Insight therapy, Individual counselling, Narrative therapy</td>
<td>To determine the emotions that initially led to the offending behaviour, focusing on previous events and childhood experiences.</td>
</tr>
<tr>
<td>(self definition, worth/efficacy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological characteristics</td>
<td>Physiological conditions impact upon psychological state that result in offending behaviours</td>
<td>Hormonal agents, Surgical/chemical castration, Anti-androgenons, Stereotaxic neurosurgery</td>
<td>The manipulation of physiological conditions to alleviate the symptoms of psychological disorder believed to cause the offending behaviour</td>
</tr>
<tr>
<td>(physiological determinants)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive characteristics</td>
<td>Dysfunctional thinking is the principle determinant of emotions &amp; behaviour</td>
<td>Moral reference insight, Cognitive reflection, Cognitive restructuring, Group counselling</td>
<td>To reduce the offending behaviour by addressing dysfunctional cognitions that leads to dysfunctional behaviours</td>
</tr>
<tr>
<td>(application of meaning, understanding)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental characteristics</td>
<td>Behaviour is the result of social factors, economic conditions, and the inter-relationship between the two.</td>
<td>Empowerment strategies, Task/resource oriented strategies, Educational strategies</td>
<td>To reduce the offending behaviour by addressing socio-economic disadvantage</td>
</tr>
<tr>
<td>(socio-economic factors)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
What is clear from the above table is how the offence of child sex abuse is understood and defined, determines the theoretical approach/strategy underpinning the choice of treatment. Though the intended outcome is the same, i.e. a reduction or cessation of child sex offending, the differing philosophical foundations and assumptions call for different methods to be implemented. All focus on different aspects of behaviour enactment and therefore attempt to modify a specific and narrow aspect of a very complex and multifaceted phenomenon. Relying on these singular strategies or treatment foci is problematic for practice with child sex offenders, where the client group is not homogenous or specific, but rather heterogenous, unique and diverse as an offending population. Despite these differences, the treatment approaches are not held in isolation, but can be seen to sit alongside one another, with the boundaries becoming blurred and overlapping.

The heterogenous nature of child sex offenders has meant that in practice, treatment approaches have been blended resulting in a multi-strategy approaches to intervention. The most dominant of these blends are the cognitive-behavioural approaches as seen in Table 6.

<table>
<thead>
<tr>
<th>Cognitive-behavioural characteristics</th>
<th>Offending is the result of dysfunctional cognitions and reinforced through environmental factors affecting behaviour.</th>
<th>Cognitive therapies</th>
<th>The alteration of dysfunctional cognitions and subsequent dysfunctional behaviours to reduce offending.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(meanings reinforced through situational factors)</td>
<td></td>
<td>Group/individual counselling</td>
<td>Relapse prevention Behaviour modification Incarceration</td>
</tr>
</tbody>
</table>

Table 6 – Cognitive-behavioural strategy
Cognitive-behavioural approaches deal with the child sex offender's thoughts, cognitions and behaviours. Based on the view that distorted cognitions are a common characteristic found to encourage offending behaviour, an attempt is made to address the thought processes of the offender. Strategies for implementing new behaviours are needed then to reinforce the changes in cognition. This is combined with relapse prevention techniques that are designed to help in the identification and avoidance of high risk situations (Matson, 2002). At present the main treatment modality is with groups, and it is the role of the worker to help child sex offenders "develop alternative sexual interests and behaviours, or at least skills to deal appropriately with their thoughts and feelings that could lead to further paedophilic behaviour". Although it has been said that present cognitive-behavioural and relapse prevention approaches, while producing reasonable results, do not touch on the emotional aspects (Kear-Colwell & Boer 2000).

Utilisation of treatment programs

The implementation of treatment programs for child sex offenders in Australia in the 1980's and 1990's has had a patchy history. McComish (1994) claims that the study by Furby, Weinrott and Blackshaw (1989) which reported high rates of recidivism, and questionable treatment effectiveness, was "very influential in preventing the establishment of sex offender programs within prisons in Australia". The results of Furby, Weinrott and Blackshaw's study was that "there is no evidence that treatment effectively reduces sex offence recidivism" (p. 25). Though the Furby, Weinrott and Blackshaw study was based on earlier models of treatment and theoretical foundations for child sex offending, the grim outlook was enough to cast doubts as to the effectiveness of implementing such programs, especially during that time when societal attitudes were still quite harsh (McComish, 1994).

It has only been since the early 1990's that rehabilitative treatment has been extensively developed within the prison programs, though doubts still exist as
to the effectiveness of such cognitive-behavioural programs in decreasing the high recidivism rate of child sex offenders (Broadhurst & Maller, 1991). These programs have been further extended by the introduction in the early 1990's onwards of community-based programs. These community based programs sought, through a similar use of cognitive-behavioural strategies, to maintain treatment for discharged offenders as well as child sex offenders who had not come to the attention of the justice programs.

The first prison based treatment program was established in Western Australia in 1987. This was extended in 1990 by the addition of a community-based service, and in 1994, both prison based and community services were made available outside of the metropolitan area (Greenberg, Da Silva, & Loh, 2000). Safecare is one community based service in Western Australia that is not correctionally based, and is resourced through the Department for Community Development (Safecare, 2001).

**Conceptual issues**

One main observation that is evident from this brief history is that literature and discourse around the topic of child sex offender treatment in terms of historical content is scarce. Whether as a result of social denial, the extent of myths and stereotypes, or from a lack of understanding and knowledge regarding child sex offending (McComish, 1994), this has a great impact on how the treatment of child sex offenders is construed. As a relatively new concept in the field of child sex offending (Cook et al., 2001), treatment has been constructed around a number of perceptions, most of which stem from the misconceptions regarding child sexual abuse and child sex offenders.

Child sex offending was previously defined as a psychological problem, linked intrinsically with deviancy and morality. Seen as having something 'wrong' with them rather than with their social circumstances (Smith, 1995), the concept of treatment for child sex offenders was synonymous with a
disease or medical model of intervention (Glasgow, 1993), hence the use of the term ‘treatment’ rather than intervention or management (Laws, 1999). Deemed to be the responsibility of the mental health services (Birgden & Vincent, 2000), using the term treatment relayed the perception that child sex offending can be ‘cured’. This line of perception then constructed treatment around change. This change was to occur on an individual level and did not include broader social or environmental change (Mendes, 2002).

When considering the conceptual issues of treatment in relation to child sex offending, several constructs are also created around the motivation of the offender. On the whole, most child sex offenders do not voluntarily engage in treatment. Attitudes of society and the legal processes actively discourage disclosure and engagement in treatment (Kear-Colwell & Boer 2000). Likewise, strict retributive philosophies restrict the potential for self reporting (Broadhurst & Maller, 1991). Child sex offenders usually are either mandated through the criminal justice system, or have been coerced to differing degrees by family members or friends who have discovered their offending behaviour (Crosson-Tower, 1996). Many child sex offenders also deny they have a problem and do not want to participate in treatment (Seto & Barbaree, 1999), through a fear of social or legal ramifications of their admissions during treatment (Greenberg et al., 2000). In addition, child sex offenders have difficulty forming adult relationship and engaging in the therapeutic alliance, which may be interpreted as hostility or resistance (Kear-Colwell & Boer 2000).

**Conceptual problems**

There are two major conceptual problem areas in understanding ‘treatment’ responses to child sex offending. Firstly, due to the ‘medical’ approach, child sex offending has been seen as a separate entity of the person which can be ‘treated’. This conceptual approach fails to recognise the fact that child sex offending may be conceptualised around the totality of an individual, which cannot ‘offer’ itself up to separate treatment. Secondly, is the conceptual
problem of where the perpetrator and victim(s) stand in relation to each other. As currently responded to, treatment for perpetrators is in itself 'a means to an end' for the victim (to prevent further harm to themselves and to others) and not an end in itself for the perpetrator. Conceptually locating the 'client' as a means to an end and not an end in themselves, is both at a moral and practice level problematic and mitigates against an effective treatment relationship and outcome.

'Sexual preference' is a powerful holistic feature of human behaviour which cannot be separated from the aspects of the person and cannot be changed with treatment. Therefore it is argued the goal should be to assist the offender manage their behaviour and sexual preference (Wakefield & Underwager, 1991). As stated previously, changing an entire lifestyle, behavioural and cognitive processes takes considerable time and effort, by the offender and worker (Freeman-Longo, 1990). Research has shown that there is no associated 'cure' for child sex offending, and no guarantees treatment will stop similar behaviours in the future (Crosson-Tower, 1996), though many child sex offenders can maintain and control their abusive behaviour with assistance (Travers, 1998). Constructing the concept of treatment for child sex offenders in an isolated way leads to misconceptions and false expectations regarding the utility and effectiveness of interventions and responses (Laws, 1999).

Another construct that is problematic for those working directly in child sex offender treatment is that more often than not, the main goal of treatment in this field is not change in the child sex offender per se. The main objective of treatment, proposed in nearly all the literature, is best put by Pithers (1997), that "one must always remember that the major reason for the existence of this field remains the reduction of victimization through the effective treatment and supervision of abusers" (Donato & Shanahan, 1999; Kear-Colwell & Pollock, 1997; Perkins, 1993; Pratt, 2000; Upton-Davies, 1998). Protecting the community and ensuring that child sex offenders do not reoffend in the future, is deemed by some to be more important than the offenders well
being, self esteem or satisfaction with the treatment program (Wakefield & Underwager, 1991). The construction of treatment is then dependent on whether the aim of intervening is for the betterment of the child sex offender, or for the protection community (O'Connell et al., 1990), which is clearly evident in the ongoing debate as to whether offenders deserve treatment resources (Glaser, 1997).

**Research on treatment**

Despite the work of many professionals over the last few decades, the question of treatment effectiveness is still intensely debated (Marques, 1999). To date there have been relatively few well designed studies conducted (Marques, 1999), and research on the methods most effective for treating child sex offenders is still in the very early stages of development (Robinson, n.d.). Regardless of this fact, a vast array of literature on recidivism rates exists at present (Birgden & Vincent, 2000; Broadhurst & Maller, 1991; Donato & Shanahan, 1999; Lotke, 1995; McGrath, Hoke, & Vojtisek, 1998; Quinsey, Khanna, & Malcolm, 1998). Doubts as to the validity of the highly variable data abounds, and while reportedly high, recidivism rates for child sex offenders vary from study to study (Broadhurst & Maller, 1990; Furby et al., 1989; Lee et al., 1996; Marques, 1999; Sipe, Jensen, & Everett, 1998). Variations in recidivism rates between various treatment programs are hazardous to interpret, due to the host of variables and different definitions of recidivism (Quinsey, 1998). To gauge recidivism validity then, each study must be read in isolation and judged as per their separate methodologies and definitions, and not compared to others studies that may be similar. Difficulties then arise from an inability to compare rates of effective strategies without some form of reliable statistical foundation (Miller, 1997).

The apparent lack of consistent and valid research has been associated with a number of methodological deficiencies within the research on treatment effectiveness (Prentky et al., 1997). Many studies are small in scale and specific which allow for no generalisability (Broadhurst & Maller, 1991).
Some studies gather data in relation to specific programs or types of treatment, such as behavioural approaches, cognitive programs, relapse prevention interventions or combinations of each (Robinson, n.d.). The ensuing data is then difficult to interpret in relation to other studies and comparisons cannot be made (Prentky et al., 1997). Likewise, the variation in findings is said to stem from the vast diversity in sample sizes which has its own inherent problems and again cannot be generalised for the wider population (Heilbrun et al., 1998).

Other studies are not specific in their definition of reoffense which is used as the basic measurement of recidivism (Lee et al., 1996). Any form of criminal offending, violent offending, sexual offending, incarceration, suspension of parole, violation of parole, revocation of parole, and further convictions, have all been used to measure reoffense rates (Donato & Shanahan, 1999; Heilbrun et al., 1998; Prentky et al., 1997). Similar discrepancies are evident in the length of the follow up period used by recidivist studies. Variations range from 1 year follow up (Lee et al., 1996) to 12 year follow up periods (Broadhurst & Maller, 1991), even though there is common agreement within the research literature that length of follow up correlates with the rate of recidivism (Broadhurst & Maller, 1990; Heilbrun et al., 1998). The effectiveness of treatment is still uncertain, contested and under question, and the need for larger and longer studies to be undertaken is pronounced (Greenberg et al., 2000), as is the consensus regarding longer follow up periods in order to establish credible recidivism rates (Geer, Becker, Gray, & Krauss, 2001).

One of the main problem associated with research into recidivism of child sex offenders, is the provision of a controlled comparison group. Opportunities for controlled experimentation are rare (Marques, 1999), and would involve deliberately withholding treatment and interventions from a potentially high risk population of offenders (Lee et al., 1994). Ethical and moral issues in providing a control group mean that many studies are unable to obtain comparable data when assessing the effectiveness of treatment programs.
(Donato & Shanahan, 1999; Heilbrun et al., 1998). Even with these methodological flaws, recidivism studies appear to be the dominant choice by many researchers to measure the effectiveness of their programs (Davies, 1999; Furby et al., 1989; Lee et al., 1994; Musk et al., 1997).

Given the uncertainty surrounding treatment effectiveness, conservative estimates state that treatment produces a 2-14% reduction in recidivism (Donato & Shanahan, 1999). While most agree that recidivism rates are relatively high for child sex offenders (Broadhurst & Maller, 1990; Furby et al., 1989; Marques, 1999), Lotke (1995) reports that recidivism rates are low for untreated child sex offenders (18.5%) when compared to recidivism for other crimes such as drug (25%) and violent offences (30%). Many studies report that reconviction rates for intrafamilial offenders is less than 10% (Robinson, n.d.), and find that cognitive behavioural treatments combined with relapse prevention can be effective interventions (Donato & Shanahan, 1999). Various studies demonstrate that longer follow up periods have found higher recidivism rates (Robinson, n.d.), with long term preferable to short term treatment. The overall trend in the literature suggests that even though recidivism rates are inconsistent and are widely variable, incarceration alone is not sufficient to deal with child sex offending (Wakefield & Underwager, 1991), careful monitoring and community support are also needed (Matson, 2002).

There is agreement in the literature that most programs are not supported by research (Birgden & Vincent, 2000; Lee et al., 1996; Wakefield & Underwager, 1991). Most also agree that recidivism seems to increase as time passes, with more long term research needed for realistic rates to be determined (Perkins, 1993; Upton-Davies, 1998). With a lack of rigorous evaluation studies in Australia (Ronken & Lincoln, 2001), it would seem that treatment is somewhat effective, but the precise measurement of how effective is yet to be determined (Crosson-Tower, 1996). The diversity of treatment options and lack of consensus as to what a legitimate treatment
attempt is, means that those in the area of child sex offending have much to learn (Musk et al., 1997).

What to do with child sex offenders is perplexing for many professionals (Trute et al., 1992), as child sex offenders have long been considered 'incurable' (Molett, Arnold, & Meyer, 2001). Practice often brings very little immediate gratification due to the long term nature of treatments, and successes are often outweighed by failures (Ryan & Lane, 1997). The contradictory and uncertain theorising around child sex offending and child sexual abuse, adds to the difficulties of treatment, because this understanding usually forms the basis for the worker's response (Ryan, 1997b). Without this basis, workers have little to support their practice, or to assist them in the complex decision-making process of risk assessments. There is a definite need to pull together both state and Commonwealth information and resources, to help build a more comprehensive knowledge base and gain reliable data (Broadhurst & Loh, 1997).

As a highly moralistic issue, personal and professional attitudes impact on practice also (Ward et al., 1996). Workers must then be increasingly aware of their personal values and beliefs, as well as the organization perspectives, in order to navigate any conflict that may arise regarding the purpose and expected outcomes of treatment. The focus on individual responsibility, security and punishment rather than rehabilitation and individual rights (O'Sullivan & Down, 2001), highlights the contemporary debate concerning the "degree of emphasis given to community protection as opposed to the protection of offenders' rights" (Asher, 1986, p. 1). These philosophies of punishment contribute to workers' understandings and explanations, and if contrary to the contemporary organisational, social or political perspective, can further increase the tension and confusion from which the worker must practice.
NEXUS OF TRANSLATION – PERSONAL, PROFESSIONAL, ORGANISATIONAL & SOCIAL

As previously indicated, the conceptual framework forming the basis of this thesis has three main concepts at its core, namely child sexual abuse, child sex offender, and treatment. How a worker understands these individual concepts, and how they interplay with one another, while important, is not the only influence on their 'sense making' experience. In addition, contextual forces in their everyday environment can have major and lasting effects on how the concepts are understood and translated into practice. It is at this point in the thesis that these overarching influences will be discussed.

As indicated in Diagram 1, the conceptual framework consisted of the three central concepts, shaped by four systemic factors. For ease of writing, these concepts have been separated out to show their individual influence upon each concept, as illustrated in Diagram 2. Although the interconnectedness and mutual interdependence of the concepts are acknowledged, each factor will now be examined as a discreet entity. It is these contextual factors that are the focus of the next section. The discussion will show how personal, professional, organisational and social factors act to influence how the worker 'translates' or 'makes sense' of the key practice concepts of child sexual abuse, child sex offender and treatment within a complex, uncertain and contested practice environment. This dynamic interaction is presented in Diagram 2.
A Personal Context

All workers bring in to the world of practice our personal worlds. Who we are, the values we hold, the experiences we have had, all act to shape and provide a context to our world of practice.

Defining the personal world of the worker

What is this personal world workers bring to the practice area of working with child sex offenders? A number of writers have addressed the impact of
personal values and morals on practice (Mullens, 1984). Workers do not come to the practice environment void of any past or history, they have previous life experiences, knowledge and implicit values and beliefs which all affect how a worker perceives both their practice, their clients and peers (Lishman, 1998). For this thesis, the personal will refer to *any world that is not professional*. It encompasses those elements that make each individual unique and represents the distinctiveness of each worker such as family, friends, likes, dislikes, hobbies, sporting interests, style, preferred practice areas, and their intrinsic moral and value standards. The personal is self-focused, surrounded by emotion, located in values and is highly individualistic.

To place the personal within a child sexual abuse context, each worker has their own personal understandings of human nature, personal development and society (Howe, 1998). Within this are also understandings around why sexual abuse occurs, what are the effects of the abuse? What should be done about child sexual abuse? And how abuse should be defined? Answers to these questions will differ according to the personal experiences and histories of each worker, based upon their family histories, their values, beliefs, or even religion. Gender, age, class and ethnicity, which assist in defining the individual, also play a part in defining the personal realm of the worker in relation to the phenomenon of child sexual abuse.

*Demands of the personal world on the worker*

The personal sphere covers the total of who we are and exerts persistent demands on the worker. The innate values and moral beliefs of the worker are always present in the daily life of practice. Every decision, every judgment, every assessment, and every action is filtered through the personal. This is almost automatic and unconscious. Conflicts and contradictions between practice life and personal life (i.e. values and expectation they hold) must be mediated and managed. As a consequence
the worker must prioritise their professional and private worlds, although this does not remove the awareness of the contradictions in their worlds.

For those who practice in the field of child sex offending, the demands of the personal are further complicated by the personal emotional intensity embedded in the behaviour they respond to in their professional life. The very nature of child sexual abuse is one that is surrounded in controversy, and which all people have an opinion on, with corresponding values, beliefs and moral codes. These highly disparate opinions that form the basis of the personal, cannot be ignored in cases of child sexual abuse, because of the knowledge surrounding how it occurs, the consequent effects for the victims, and the characteristics of the victims themselves. The age and vulnerability of children can greatly affect the personal perception of the severity of the behaviour. Similarly, personal experiences in this area will colour the decision-making and assessment process, whether consciously or not, especially if the worker has children of their own. Finally, the personal in child sexual abuse is the root of all self-doubt and questioning in relation to the judgments, assessments, evaluations, and decisions made in practice. Not all work can be gratifying or self actualising for the personal self (Warham, 1977), as practice often involves cases where there is no predictability or preferred outcomes, but decisions need to be made before further damage or harm is incurred.

Problems of the personal world for the worker

One problem inherent in the demands imposed is that the personal has an implicit, if not explicit, affect on every decision or action of the worker. A worker's history, experience, values and morals cannot be turned off, they are always present. This can manifest in an inability to separate out the personal from the professional. Workers' values and life experiences will also influence their work, and workers need to be conscious of assumptions they make which limit their choices (Manley, 1995). Similarly, workers hardly
ever work in isolation, and can often come across clients, colleagues or supervisors with values, experiences, and histories contradictory to their own. The forming of working relationships with these people can become strained if the personal is not acknowledged.

Child sexual abuse is a very private and personal form of abuse, which is highly emotional and often very disturbing. Constant exposure to this particular offence can have lasting effects on workers if not acknowledged, especially those cases that are not successful and children sustain further harm. Over time workers may become desensitised by the severity and nature of the case material. This may spill over into their personal worlds, creating parents who are highly protective of their own children, highly suspicious of their friends and neighbours, or highly cynical of those who appear to have a 'normal' and 'happy' home. Workers find they no longer have the capacity to distinguish between their professional life and their personal life as the boundary blurs and disappears, eventuating in both cognitive distortions of their personal and professional worlds. Equally problematic for the worker is encountering values and beliefs different from their own. The possibility of being confronted by differing views can place added strain on the worker if not discussed or acknowledged in any way.

Resolution of the personal for the worker

How workers handle the complexities of the personal in their practice will differ for each individual. Some will utilise both formal and informal supervision to discuss any issues around their assessments or decision making to ensure that their practice is not based on any personal biases or prejudices. Many workers have interests outside of the practice environment that provide an outlet for the stress and tension of the job that include sport or leisure activities or different hobbies. For a few workers, surrounding themselves with people who hold similar value systems can alleviate the dissonance and discomfort of being confronted and questioned on their own
beliefs. Alternately some workers choose not to acknowledge the personal in practice, 'bottling up' the tension, stress and anxieties that can occur, only addressing them when overbalanced by the weight of the tension being held.

For workers in the area of child sex offending, where the subject area is so emotionally charged, often very distressing, conflicting and contested, and loaded with intense values and beliefs, workers often cannot not escape the personal in their practice. The harm caused to child victims of child sex offenders can be so traumatic that workers find it very difficult to separate their personal feelings and beliefs from the case. The nature of the abuse often cannot be discussed with family or support networks, due to confidentiality, court proceedings, or fear of passing the burden onto others. This can culminate in emotional exhaustion (Anderson, 2000). Workers have been known to take extended ‘vacations’ from the workplace, move to another field of practice, with many suffering post traumatic stress disorder (Kearns, 1995) or ‘burnout’ (Shapiro et al., 1996). Those workers who do manage to cope with the personal impact on their world of the nature of the abuse and constant exposure to this, can display a desensitisation which may result in a hardening of attitudes and a warped sense of self and others. The use of supervision and the acknowledgement of the personal in practice enables many workers to cope with the intense nature of child sexual abuse and child sex offending (National Clearinghouse on Child Abuse & Neglect, n.d.).

A Professional Context

The professionalism of practice is the defining characteristic and rationale/legitimacy for workers presence in practice. The professional context of the worker acts as the reference point for much of what is understood and done in practice.
Defining the professional world of the worker

Professionals are defined as "a body of persons avowing or practicing a particular calling and publicly espousing certain ideals, values, levels of learning and expertise" (Australian Association of Social Workers, 2000, p. 29). The level of expertise expected from the professional, is assumed to be greater than that of the general public, as is the level of authority, power, accountability and responsibility. Other attributes of the professional include a specific knowledge and theoretical base, as well as favoured and empirically legitimated methods of practice (Greenwood, 1957). The professional is also about making educated decisions and assessments from a position of knowledge and influence (Drury-Hudson, 1997). Inherent in the values and beliefs of the professional, is the perception that professional workers will act in an ethically and principled manner with the best interests of the client in mind (Australian Association of Social Workers, 2000).

There is a general agreement within the arena of child sex offending of the need for the role of the professional. The level of knowledge required in making informed assessments and judgments in relation to child sexual abuse, child sex offending and treatment is high, because of the severity and nature of the harm and consequences caused if wrong conclusions are drawn. Even with this in mind, workers are still expected to be professionally accountable and professionally responsible for their practice (Meemeduma, 1998). There is a common consensus amongst child sexual abuse professionals that children have the right to be safe and protected from sexual abuse, though discrepancies arise in relation to how this belief is translated into practice.

Demands of the professional world on the worker

Within the professional domain there are certain demands placed on the worker. One such demand is a depth of understanding. Training and qualifications are demanded of the professional to ensure that practice is of a
particular standard. The professional must seek out common characteristics amongst clients, whilst acknowledging and working with difference. Professionalism requires the worker to have the capacity to analyse situations and cases from a number of perspectives to find the best solution. In order to be a professional, the personal must have 'objective distance' from their practice, leaving a demeanour that allows workers to interact with individuals without discrimination. And lastly, professionalism demands the worker is able to articulate their practice by utilising the theoretical knowledge base of the profession, to ensure accountability to inform and direct their practice (Meemeduma, 1998).

As noted earlier, no clear definition or theoretical framing in relation to the phenomenon of child sexual abuse can be agreed upon, there is however a clear consensus that the potential risk of sexual abuse of children must be decreased and the opportunities for recovering from the sexual abuse maximised (Meemeduma, 2002). These demands result in workers having to grapple with complex situations and diverse practice goals, with very little theoretical support or knowledge to draw from. The demand to seek commonalities whilst acknowledging difference is difficult in the field of child sex offending. The complexities around victim/perpetrator relationships, family issues, consequences for both victim and offender, notions of secrecy, shame and guilt which can accompany the abuse, and the extent of denial by those involved all impact on how the composition of the case. As such, little room is available for generic practices, as specific and focused strategies have to be formed. Similarly, while training and professional development are emphasised, the reality of workloads means that many workers are often unable to take advantage of the professional development opportunities offered. In addition, the demand on the professional to be publicly accountable for their practice decisions is even more relevant within the field of child sexual offending, due to the extent of the harm suffered by victims and the frequently harsh scrutiny of society in relation to the professional responses to both victims and perpetrators.
One of the problems associated with professionalism, is the expectation that the worker will have, and provide, answers or solutions to the complex social phenomena of child sexual abuse in relation to the client, the organisation, society, and the victim and their family. This may not always be possible, or the solutions that are arrived are not those the client, victims, organisations or society wishes to hear. As well as this conflicting expectation around different professional roles, is the disparity between professional needs and reality in relation to resources. Professionals are increasingly being asked to produce more effective outcomes, with a diminishing amount of means. Equally problematic for the professional is a knowledge or theoretical base that does not provide a reliable guide to practice. Similarly, supervision, a crucial component of accountable practice, can be problematic for professionals who are unable or unwilling to access it (Connolly et al., 1997), as is the attempting to separate out the personal from the professional, because they are so closely linked (Lishman, 1998). It is often forgotten that professionals are people with implicit personal feelings, values and beliefs, and attempting to suppress these feelings within the work environment can be detrimental to the well being of the worker.

The expectation of solutions is also evident in child sex offender treatment. Workers are expected to provide solutions to situations that are still somewhat masked in uncertainty. The knowledge and theoretical base, whilst somewhat comprehensive, is still plagued by unknowns and conflicting or contradictory evidence. Because of this, the assessments that workers develop, and the subsequent decisions that follow, are based on a probability rather than a certainty, and are consistently being scrutinised and challenged within the broader professional and social arena (Fisher & Thornton, 1993). This creates an air of tension and anxiety, heightening the strain and stress placed on the worker, which can be heightened by large caseloads and time constraints that limit the opportunity for supervision. The area of child sexual offending is no different from other areas of practice, where the resources
needed often far outweigh the resources available. Likewise, the emotional intensity of child sexual abuse often means that it is impossible to remove the personal from the professional, and constant exposure has been linked with a professional fatigue and burnout (Shelby et al., 2001). This process of burnout has been found to lead to an insensitivity towards clients and professional disengagement in the helping relationship, which can be harmful for the worker and client alike (National Clearinghouse on Child Abuse & Neglect, n.d.).

Resolution of the professional for the worker

The way in which workers can resolve professional expectancy and denial in practice, is to utilise supervision, both formally and informally (Connolly et al., 1997). This enables workers to acknowledge the emotions and tensions that are present, before they become overwhelming and unmanageable. The key is also to recognize these emotional reactions and feelings, and prevent them from interfering with professional judgments and decision making (Baumgartner, 2000). With an increasing emphasis on accountability, workers are utilising the supervision process and team environment to ensure that practice decisions are accountable. Working in teams and utilising other professionals and colleagues can assist workers in decreasing the stress and tension associated with assessments, and to assist in balancing the uncertainty of practice.

Unable to guarantee that child sexual abuse will not occur, the professional view is to provide the best level of service possible with the limited resources and understanding available (Meemeduma, 2002). On occasion, the best level of service possible still ends in harm to children, which can result in feelings of rage, frustration, a sense of helplessness, and possibly burnout (Baumgartner, 2000). Teamwork minimizes some of the problems that lead to burnout, such as the dilemma of uncertainty regarding whether the child was sexually abused and the likelihood of unsuccessful interventions. In
addition, teamwork allows workers an opportunity for sharing the pain and
distress that many cases of child sexual abuse cause professionals (National
Clearinghouse on Child Abuse & Neglect, n.d.).

An Organisational Context

The organisational context of the worker provides the purpose, goals and
authority from which to practice. It is organisations that form the boundaries
and policies that guide and construct professional practice.

Defining the organisational world of the worker

Pervading all aspects of our lives, organisations are the dominant form of
institutions within society (Robbins & Barnwell, 1994). An organisation is
defined as;

"a consciously coordinated entity, with a relatively identifiable
boundary, that functions on a relatively continuous basis to
achieve a common goal or goals" (Robins, 1990, p. 4).

Organisations reflect in their structures, functions and processes the
dominant values of society. Organisations then translate these dominant
values and beliefs of society into programs and judgements around what will
be constructed as acceptable behaviours or circumstances (Meemeduma,
1998). Coming in any number of shapes and forms, organisations can be
Government or non-Government agencies, statutory or non mandated,
specialised or generic, multidisciplinary or profession specific, with large
numbers of staff and resources, or small scale with limited or haphazard
resources.

Most agree that there is a role for organizations in protecting children from
sexual abuse and treating child sex offenders (Department of Community
Services, 2001). At present there are only a limited number of organisations that deal with issue of child sexual abuse. The main organisational player in responding to child sexual abuse is statutory government organisations such as the Department for Community Development in Western Australia and the Department of Justice.

Organisations translate the dominant ideologies of society to determine what is acceptable and what is not within society. This means that the programs and policies implemented by an organisation, will illustrate explicitly what they define as sexually abusive behaviour towards children. With limited contest between agencies who service child sex offending populations, there is also little argument or dispute as to the validity or 'suitability' of their programs and policies.

Demands of the organisational world on the worker

As a worker inside these organisations, there are again a multitude of demands imposed. There is the general assumption that workers share the philosophies and values of the organisation they work within. Workers are often expected to demonstrate some form of organisational loyalty, by adhering to the policies and guidelines of the agency, supporting these policies, and only questioning these through the appropriate channels. Additionally, there is an ever-increasing demand for workers to produce successful outcomes, which are usually linked to funding or resources, and an expectation that workers will produce these successful outcomes with less and less resources. As well as this, workers are often required to take on multiple roles and be multi-skilled in order to retain their position, still ensuring a level of accountability and responsibility whilst maintaining an appropriate outcome level.
These organisational demands, when translated into the field of child sexual abuse, result in workers who have large caseloads and limited resources. As a highly contested and heated area of practice, there is also immense pressure to ensure that workers are practicing accountably and within the guidelines of the organisation. Often times the 'red tape' required to ensure this accountability, for both worker and agency, further reduces the amount of time left to work with the people affected by child sexual abuse. This can place unrealistic demands on the worker, who is increasingly expected to produce successful outcomes, which would equate to reducing the harm caused by child sexual abuse, in an area where there is little agreement and constant shifts in how child sexual abuse is conceptualised. This is further compounded by the increasing need for workers to provide evidence to support their decisions making process to increasingly protect themselves and the organisation.

Problems of the organisational world for the worker

The assumption of shared values between the worker and the agency is often not the case. On most occasions workers tend to gravitate towards agencies that have similar values on certain issues, which make it easier to cognitively work within that environment, but on the whole, most workers do not assimilate the agency values over their own intrinsic beliefs. Assuming that organisational participants will have common goals and interests, may be true for some agencies, but for most, practice is carried out in multidisciplinary settings (Jones & May, 1999). There can be any number of professions within an agency, each with different perspectives and priorities in relation to the same case, as well as differing values and beliefs. The stringent policies and guidelines, while offering some protection from outside criticism, can also impede a worker's ability to provide effective solutions by limiting the interventions or programs that are available. Attempting to provide effective solutions from within a constrained sphere of choice, can lead to ineffective practices and an inability on the part of the worker to practice in the best interests of the client.
Due to the sheer numbers of cases that are taken on by child sexual abuse agencies, there can be a tendency to ignore the uniqueness of the individual (Sturgess, 2001), which may be advantageous for routine tasks, but extremely ineffective for clients whose problems cannot be categorised into one particular issue (Jones & May, 1999), as is the case in child sex offending. Workers may then find that they are restricted in how they work with people, and in what services they are able to provide. While offering protection and support for workers as long as the rules are adhered to, organisations can also be quick to blame those who do not follow the rules when things go awry (Warham, 1977). Though not as common as in the United Kingdom, there have been examples of workers, and agencies to a degree, being blamed for those cases that end tragically (Cooper, 1993; Pizzini, 1994). Organisations then respond by developing even more complex accountability requirements and devising policy “against a backcloth of irreconcilable disputes over the best strategy to adopt” (Stainton Rogers, 2001, p. 31). These demands often result in workers who ‘burnout’ very quickly, or who practice defensively, or those who only practice in the area for short periods in attempt to fend off the burnout. Staff turnover can become a problem in the child sex offending field leaving very few experienced workers.

Resolution of the organisational world for the worker

The organisational environment can be both a help and hindrance to practice. The pressure to provide more positive outcomes, with fewer resources, and within increasingly restrictive and constraining policies and guidelines, places the worker in a very tenuous position. Workers then must become more flexible and creative in how they manage their cases, as well as their interpretation of the policies and guidelines. The concept of ‘thinking outside the square’ is becoming an increasingly more desirable attribute by organisations, placing greater stress on the worker to perform. One way of dealing with this expectation, is that workers are placing a greater emphasis on professional development and training, interagency and cross
professional collaboration (Carter, 2000) and knowledge building. However, for those workers in child sexual abuse and child sex offender agencies, the longer working hours expected by organisations combined with the larger caseloads result in workers who have very little time for professional development and knowledge building, unless specifically relevant to a case being managed. The capacity to be creative and flexible around the policies and guidelines is often stifled by progressively more stringent statutory requirements around accountability. Likewise, the pressure to ensure successful outcomes can take a great toll on workers' emotional stability. Again burnout and long leaves of absence are often connected to overworked workers (Anderson, 2000). Forming relationships with colleagues and other agencies can assist workers to keep abreast of the latest knowledge developments and what programs and services are being offered, as well as offering emotional support.

A Social Context

No worker can practice in isolation from the social world. The social context provides the moral, ethical and resource context within the personal, professional and organisational understandings and practices of the worker are influenced and referenced to.

Defining the social world of the worker

Meanings around the concept of society also differ greatly, depending on the interpretation. The perspective taken in this thesis is that of Bulbeck (1995) who defines a society as "a group of people who live in a particular territory, are subject to a common system of political authority, and are aware of having a distinct identity from other groups around them" (p. 514). This distinct identity is created through the interrelationships of systems and sub systems based on common values and beliefs, which do shift with the times. Linking individuals in this way, society can be a very supportive and positive
experience for those whose views concur with the general population. It can also be a very oppressive and negative environment for those who hold views contrary to those that form the glue that holds society together.

The manner in which society constructs certain concepts can greatly affect how those concepts are understood. Found to be distressing and highly emotive, the moral panic that has energized the outcry over child sexual abuse (Thompson, 1998) has significantly influenced how the phenomenon is understood by the wider public. Most of the views that are formed through these moral panics are stereotypes and myths that become societal truths. Workers in this field then must contend with wider societal views that do not reflect the reality of most situations of child sexual abuse, or the impact and consequences that occur. Combine this with a field where it is 'normal' for rapidly shifting and evolving social views to form the basis of the construction of child sex offending, and the difficulties of trying to span the gap between the social reality and the practice reality are intensified. While there is a general agreement that child sexual abuse is a societal issue of significant proportions (Trute et al., 1992), the wider social knowledge and understanding of what child abuse entails is lacking (Kolvin & Trowell, 1996).

Demands of the social world on the worker

From the worker, society demands that they perform their roles with a degree of success. Society also demands that when undertaking these roles, that the rules are followed and the social order upheld, to ensure the protection of its members and the ideologies and values of society. Depending on what role a worker takes or is given in society, there are certain levels of power and authority that also intrinsic to the position. Expectations then follow that workers have the knowledge and ability to undertake their roles. Enmeshed here is also the demand by society that worker must be able to publicly articulate their judgements and decision making if necessary.
In relation to child sexual abuse, the demands of society on the worker are vast. Acknowledging the necessity to intervene in child sexual abuse (Meemeduma, 2002), there is continuing debate as to what the intervention should look like. The field is under constant scrutiny by society (through the media, Royal Commissions, Coroners Inquiries and lobby groups) to ensure the protection of its children, with often unrealistic and unattainable goals, and no consensus as to how to achieve them. The boundaries and knowledge of child sexual abuse and child sex offending are continuously shifting and evolving, and workers are expected to shift with them. This can be very difficult for workers who are overwhelmed by their caseloads and cannot attend to their professional development. This can increase the confusion surrounding workers, decrease their confidence in decision-making and assessment processes, and cause added stress on an already anxious worker.

Problems of the social world for the worker

As with most societies, there are dominant ideologies and values that are reflective of the majority of the population. These ideologies and social values are often the basis of most policies and programs that are designed to meet the needs of the population. Often times the policies that are implemented do not reflect the true nature of society, which is constantly reinventing itself as it evolves, and can be out dated before they begin. Other problems for the worker can be the harsh and punitive attitude society can express towards those not found to be conforming or to hold similar values and beliefs as those of the dominant discourse. Workers attempting to explicitly articulate their practice from a non-dominant position may find support for their decisions and judgements extremely hard to find. Societal attitudes then impact on every decision made by the worker and how they go about expressing their ‘sense making’ in the public arena.
Not only must a worker deal with the intrinsic complications and contradictions of the concept of child sexual abuse child sex offending and treatment, the worker must also contend with the societal influences that accompany such a controversial topic. While agreement exists that child sexual abuse is a moral issue, and one that carries with it moral obligations (Meemeduma, 2002), the myths and stereotypes that continue to pervade the field (Family & Children's Services, 2001), hinder the development of realistic and rationale understandings and responses. These myths and stereotypes are given life through the dominant ideologies of society and fed by the periodic moral panics that erupt (Goldson, 2001). Similarly, the trend is to focus on the vulnerability of the child (James, 1994), without focusing on the wider structural issues of society that allow this form of abuse to occur. A reluctance by society to accept the realities or extent of child sexual abuse (Tomison, 1995), means that the full extent and impact of child sexual abuse is not acknowledged (Kolvin & Trowell, 1996), or the complexities of and challenges in responding to child sexual abuse is not fully acknowledged.

**Resolution of the social world for the worker**

The resolution of the complexities inherent in the social influence on workers is an extremely difficult area to bridge. Dominant ideologies, beliefs and values can be so heavily entrenched in society that workers find themselves pulling back from the social arena, becoming guarded, wary and protective in their practice. Others may find it easier to bend with the tide of public opinion rather than trying to go against it. The constant battle can quickly exhaust any worker who attempts to stand against the social order, who with little support can only sustain the battle for a very short period. Still others take a more prominent role in policymaking and social education in order to increase public awareness and close the divide between social and practice realities.
In the area of child sex offending, societal attitudes are very rigid and unforgiving. Society does not condone the harm of its children, and while supporting workers who protect children from harm, it is also very punitive towards those workers who for whatever reason allow a child to be harmed. While increasingly seen as a societal problem of significant proportions, the onus and responsibility still falls on individual organisations, but more frequently to the individual workers involved when unsuccessful outcomes transpire. Workers then find that they constantly have to justify and rationalise their actions or inactions to a society that is very quick to judge. As before, workers are practicing in a highly contested and stressful environment, due to the nature of the behaviours, the consequences for the victims, and also because of societal expectations. It is no wonder that workers become wary and guarded in their practice, and focus increasingly on ensuring their accountability.

CONCLUSION

The purpose of this chapter has been to articulate the conceptual framework forming the basis of this thesis into workers' 'sense making' experiences of practice with child sex offenders. This study speculated that for workers to make sense of practice with child sex offenders, they would first have to have an understanding of certain concepts central to the field, namely child sexual abuse, child sex offender and treatment. While differentiated for this thesis, the concepts are mutually supportive and interrelated, often finding meaning through a combination of understandings. These concepts within themselves are not static or bound ideas, but are fluid, constantly shifting and influenced to differing degrees by their environment. As such, these understandings and responses were placed with a systemic context that illustrated the dynamic influences of the personal, professional, organisational and social worlds on the workers' 'sense making' experience.
The chapter clearly 'speculates' that the 'practice' of workers does not happen in a void. Workers as they practice reflect current personal, professional, organisational and social understandings in relation to child sex offending. Equally, workers 'make sense' of these complex understandings as they mediate these influences through a personal and professional value base. How this dynamic process occurs is the focus of the research methodology.
CHAPTER 3

RESEARCH MODEL

INTRODUCTION

The way research is conducted varies from study to study, as does the basic assumptions and premises that form its foundation (Sarantakos, 1993). As almost all research is interpretative, these foundations are guided by a set of beliefs, values and feelings about the world, and how the world should be understood and studied (Denzin & Lincoln, 2000). It thus becomes necessary to explicitly demonstrate how the researcher is organising their knowledge of the world, and from which epistemological, theoretical and methodological stance the study originates from, and the method utilised to complete the project.

"Without a systematic way of producing knowledge, observations on social life can be treated as guesswork, a product of one's creative imagination, or simply as common sense" (van Krieken et al., 2000, p. 587). The following chapter sets out the research model used for this thesis. This chapter will begin with the epistemological perspective. The theoretical position taken and the methodology chosen to frame the study will then follow. The methods utilised to collect and analyse the data are described next. The chapter will conclude with a discussion regarding the ethical considerations and limitations inherent in undertaking this research.
Epistemology has been defined as being "a way of understanding and explaining how we know what we know" (Crotty, 1998, p. 3). Knowing is a complex relational concept (Harre, 1998), compounded by a variety of epistemological positionings, which advocate different ways of viewing the world, which in turn, shape different ways of researching the world (Crotty, 1998, p. 66). At present, my 'sense making' of the world derives from a constructivist view. Aiming for understanding, meaning-making is central to the constructivist position, and it is the meaning-making, or sense-making activities that shape our actions (Lincoln & Guba, 2000).

The constructivist position holds that "nothing is universally true and that the world cannot be attributed intrinsic characteristics: there are only different ways of interpreting it" (Carpenter, 1996, p. 149). Seen as a process as well as a product, knowledge is unique, not only to the individual, but also to a particular phenomenon and time. Constructivism also suggests that "one's way of making sense of the world is as valid and worthy of respect as any other" (Crotty, 1998, p. 58). Constructed through societies, as well as individuals, "realities are wholes that cannot be understood in isolation from their contexts, nor can they be fragmented for separate study of their parts (Lincoln & Guba, cited in Denscombe, 1998, p. 176).

Meaning is not discovered, but constructed. In this understanding of knowledge, it is clear that different people may construct meaning in different ways, even in relation to the same phenomenon. Crotty (1998) states that "all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context" (p. 42). Constructivism would contend that the workers, in their practice, construct the nature and understandings of the phenomenon of child sex offending, and intervene on the basis of these constructed understandings.
THEORETICAL PERSPECTIVE

Crotty (1998) defines a theoretical perspective as "the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria" (p. 3). Within the constructivist epistemology, a component of my theoretical positioning is centred on symbolic interactionism. Symbolic interactionism is based upon a combination of self-interaction and social interaction (Denzin, 1992), and functions on three basic premises: "that people act toward things on the basis of the meanings that the things have for them; that the meanings of things are derived from, or arise out of, social interactions; and that these meanings are modified through an interpretative process" (Casella, 1999; Denzin, 1992).

Symbolic interactionism is a social psychological approach most associated with George Mead and Herbert Blumer (Patton, 1990). The theory placed great emphasis on the importance of meaning and interpretation (Patton, 1990). The symbolic interactionist perspective gives weight to the active creative individual, and "frees us from being limited in our experience to what we actually see, hear or feel" (Giddens, 1996). Human behaviour is seen as largely governed by the internal processes by which people interpret the world around them and give meaning to their own lives (van Krieken et al., 2000). This theory implies that responses are not directed towards physical things, but to their interpretations of them. As people are continuously making interpretations and acting accordingly, behaviour is always 'fluid and changing' (Thio, 1991). Seven principles of symbolic interactionism have been described in Ritzer (1996);

1. Human beings, unlike lower animals, are endowed with the capacity for thought;
2. The capacity for thought is shaped by social interactions;
3. In social interaction people learn the meanings and the symbols that allow them to exercise their distinctively human capacity for thought;
4. Meanings and symbols allow people to carry on distinctively human action and interaction;
5. People are able to modify or alter the meanings and symbols that they use in action and interaction on the basis of their interpretation of the situation;

6. People are able to make these modifications and alterations because, in part, of their ability to interact with themselves, which allows them to examine possible courses of action, assess their relative advantages and disadvantages, and then choose one;

7. The intertwined patterns of action and interaction make up groups and societies (p. 347).

Highlighted in these seven principles is the internal capacity for thought and 'sense making' is inexorably linked to the external world through interpretation and interaction. "The ability to think enables people to act reflectively rather than just behave unreflectively. People must often construct and guide what they do, rather than just release it" (Ritzer, 1996, p. 348). It is the "interaction that takes place among the various minds and meanings that characterise human societies" (Meltzer, Petras, & Reynolds, 1975, p. 1), with the crucial factor being the individual's implicit social meaning and their response to the interactions (Earle & Fopp, 1999, p. 63). "What we are and what we do as human beings depend upon our capacity to act in and upon the world by symbolic means" (Hewitt & Hewitt, 1986, p. 10).

Symbolic interactionism however, has been criticised for downplaying or ignoring the importance of social structures and groups on individual interactions, concentrating overly on small scale situations rather than the larger, macro level environments (Giddens, 1996; Ritzer, 1996; Thio, 1991). "Our lives are linked to the lives and activities of others, often in ways that we are unaware of", thus our actions reflect the power of others over us, not only our personal desires and needs (Hewitt & Hewitt, 1986, p. 12). In response, symbolic interactionism would argue the individual and society are inseparable, and seen as a mutually interdependent relationship (Meltzer et al., 1975). The personal and the structural are said to be mediated through the process of communication, with meaning shaped by self reflections and also by the "the systems of power and ideology in a particular social order"
(Denzin, 1992). Recognising also the constraints placed on individuals by meaning, symbolic interactionism emphasises that "human conduct, above all else, is meaningful – that where people cannot find or create meaning as they interact with one another, they are paralysed" (Hewitt & Hewitt, 1986, p. 11).

Symbolic interactionism focuses our awareness to the detail of interpersonal interaction, and therefore how that detail is used to make sense of what others do and say (Giddens, 1996). "The key idea of symbolic interactionism is that human beings interact with each other – not by passively and rigidly following the rules imposed by society, but by actively and creatively interpreting each other's actions" (Thio, 1991, p. 60). Researching the dynamic of the symbolic meanings of practice in the area of child sex offending is critical to understanding intervention in practice. What symbolism do workers ascribe to harm towards children, the role of offending others in this harm, and the potential for the offender to change and cease the risk of harm again.

A symbolic interactionist approach was chosen for this study for the most part because of its emphasis on meaning and interpretation as the basis of human interaction and action. The overall aim of the research was to gain insight into how workers understand and 'make sense' of working with child sex offenders, and how they translate this understanding into practice. The symbolic approach focuses on these types of inquiries, and focuses on people's interpretations of their world/s. The basic premise that people act based on their interpretations is vital to assisting our understanding of how and why workers respond to child sex offenders in the manner they do. Having a knowledge of how workers view their world and construct meaning within it, can also assist in conceptualising and contextualising their practice with child sex offenders.
METHODOLOGY

The methodology describes the “strategy, plan of action, process or design lying behind the choice and the use of particular methods and linking the choice and use of methods to the desired outcomes” (Crotty, 1998, p. 3). The chosen methodology for this study was a case study. Within the qualitative field, a case study methodology can be characterised by an openness and flexibility, naturalism, and interpreted reality, reliant on action and communication (Sarantakos, 1993). The aim of the inquiry is toward an “understanding of what is important about the case within its own world” (Stake, 2000), which derives from a “desire to understand and explain complex social phenomenon (Yin, 1994, p. 3). Interested in a general phenomenon as well as the individual case, a case study methodology can incorporate multiple case studies (Stake, 2000; Yin, 1994).

As a form of research, case study is defined by interest in individual cases, not by the methods used (Stake, 2000). It is research that “investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are clearly not evident” (Yin, 1994, p. 10). Perceiving the participants as expert, and not just a source of data (Sarantakos, 1993), they are treated respectfully as individuals, whose accounts of themselves call for “exploration and understanding” (Hills, 1998). “The conceptions of most case studies need accurate description and subjective, yet disciplined, interpretation; a respect and curiosity for culturally different perceptions of phenomena; and empathic representation of local settings – all blending within a constructivist epistemology” (Stake, 2000, p. 444). For the purpose of this study each worker will be considered as a case study entity. The data relating to each worker will be kept as an integrated whole, and the story of each worker told as a holistic description and analysis of how workers perceive, explain and act on their practice world.
METHOD

Identification of participants

A number of possible participants were identified after discussions with my supervisor, who has a network of contacts within the field in the regional area. A matrix model was used to gain a sense of the agencies and diversity of work site locations involved with child sex offenders, and can be seen below in Diagram 3. From this map, the supervisor was able to identify specific people, their roles, and speculate on their possible interest. The criterion for inclusion was working with child sex offenders within the treatment sector, within the last five years. Only those agencies within the last column (treatment) were approached in relation to this study.

<table>
<thead>
<tr>
<th>Reporting</th>
<th>Prosecuting</th>
<th>Treatment</th>
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<tr>
<td>Dept. for Community</td>
<td>Dept. for Community</td>
<td>Non-government organisations</td>
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<td>Development</td>
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<td>Police</td>
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<td>Private practitioners</td>
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<tr>
<td>Health workers</td>
<td>Department Of Justice</td>
<td>Department Of Justice</td>
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Initial interest contact

From this list of potential participants, an initial contact was made with each person to determine whether they would be interested in participating in the study, as without participants there can be no study. The same text context was used for each telephone contact, seen as Appendix A. A snowballing technique (Alston & Bowles, 1998) was used to identify any other individuals or agencies that may have been overlooked in the previous discussions with my supervisor. This was also undertaken to reduce the possibility of
excluding any major informants from the study. This initial contact was deemed necessary for a number of reasons, namely that:

- Sex offender treatment is a highly contested area;
- Sex offender treatment is not a 'publicly visible practice;
- Workloads may discount workers from participating;
- As a statutory practice, legal issues discount participation;
- Revisiting previous traumatic situations could increase professional stress;
- The stressful and complex nature of the field; and
- To test the viability of the research.

**Invitation to participate**

All of the workers contacted, that met the study parameters, showed an interest in participating. Numbering five, they included both males and females from a variety of educational and experiential backgrounds. A letter of introduction and brief summary of the study (Appendix B) was then sent to those individuals, inviting them to participate. This letter included a personal introduction and brief outline of the intended study. The outline was kept to a minimum so as not to bias the proposed participants, but provided enough information about the research strategy to allow for informed decision making. The chosen workers were also advised that participation in the study would require attending one 1-hour interview with myself, and verifying the transcripts when completed.

The five participants were then contacted by telephone as outlined in the introduction letter, and interview times were arranged that were convenient for all concerned. It was at this time that any questions regarding the study were addressed, most of which related to confidentiality and disclosure of client details. A courtesy call was made to each participant before the arranged interview time to confirm the continued availability of the participants. The decision to proceed with a small sample group was due to
the time constraints of completing the thesis at an Honours level, and the small number of workers who practice in this field. Heavy workloads and time constraints on those workers in the field further restricted possible participants.

**Data collection**

"Although talk is sometimes seen as trivial, it has increasingly become recognised as the primary medium through which social interaction takes place" (Silverman, 2000, p. 821). As such, the data for this study was collected through interviews, used when information can be best obtained through verbal communication (Yegidis & Weinbach, 1996). Viewed as a conversation, interviews are not neutral tools of data gathering, but are composed of active interactions between at least two people, which involves the use of asking questioning and actively listening (Fontana & Frey, 2000). A 45-minute interview was held with each participant, at a time and place convenient for both parties. Seen as "negotiated accomplishments of both interviewers and respondents that are shaped by the contexts and situations in which they take place" (Fontana & Frey, 2000). Specific time allocations were flexible, depending on the worker and the information they wished to provide.

The interviews were focused, whereby the participant is interviewed for a short time, assuming a conversational manner, but following a set of themes or questions (Yin, 1994). Also known as semi structured (Denscombe, 1998), the interviews were based on themes directly related to the research objectives, and can be seen in Appendix D. The use of open-ended questions, where the response categories are not specified or detailed (Williams et al., 1995), allowed for further questioning around the themes (Yegidis & Weinbach, 1996). As most issues are complex and problematic, the use of open ended questions based on the conceptual structure of the themes (Stake, 2000), allowed the participant to feel comfortable discussing issues that arose for them on an individual basis.
The participants were informed that I could not guarantee anonymity, due to the rural context and small size of the professional group, which increased the possibility of identification. The interviews were audio taped, with the consent of the participants (Appendix C), to allow for transcription (Alston & Bowles, 1998). The researcher then later transcribed these tapes verbatim. Once transcribed, the transcripts were sent out to the participants for verification, amendment or deletion (Appendix E). Once the participants were agreeable to the transcripts, these became the raw data for analysis.

Data analysis

How the knowledge is conveyed, as well as the procedures that lead to it, are integral elements in data analysis (Bryman, 1998). Choices around what to include are subjective, not unlike those made in choosing what to study, and case content can often evolve during the last phases of writing (Stake, 2000). Texts, such as transcriptions of interviews and other forms of talk, are social facts, produced, shared, and used in socially organised ways (Silverman, 2000). In light of this, there was a theoretical orientation to the data analysis, whereby the original objectives and design of the study were used to analyse the data (Yin, 1994).

As no two interviews are identical (Yegidis & Weinbach, 1996), it is within the sequences, rather than single turns of talk, that we make sense of conversation (Silverman, 2000). Using a theme analysis, patterns, commonalities, and discrepancies, were identified with the intent of understanding the meanings through a process of interpretation (Denscombe, 1998). Beginning with general themes, or abstract concepts, derived from the literature, these were highlighted before, during and after the data collection (Ryan & Bernard, 2000). The researcher's general theoretical orientation, the richness of the existing literature, and the characteristics of the phenomenon being studied also influenced the themes found (Bulmer, 1979). There was an emphasis on the role of the researcher in the analysis of data, as one of the main 'measurement devices'. As a case
study, each participant was treated as a whole. Tentative linkages between cases were made to identify similarities and differences.

Though each participant was treated as a separate case study, each case study was treated consistently. The structure for the data analysis was based on the research objectives stated earlier, and were examined under the themes/headings of:

1. Personal perceptions and reactions to child sexual offending;
2. Personal impact of working in the area of child sex offending;
3. Professional knowledge drawn upon to understand and explain child sex offending;
4. How these explanations & understandings inform practice;
5. The organisational context of practice;
6. Organisational factors that shape the nature of practice;
7. Worker's perceptions & understandings of their practice;
8. Social factors that shape the nature of the practice experience; and

**Ethical Considerations**

**Confidentiality and consent**

As a qualitative study, reliant on human participation for knowledge, there were a number of ethical considerations taken into account. Confidentiality within the study to protect the privacy of the participants, especially in this area where social attitudes are quite harsh, was a priority (Yegidis & Weinbach, 1996). Those who wished to participate were also advised that involvement was voluntary, that they could depart at any time during the research process, withdrawing their consent, with no prejudice from the researcher.
Participants were also guaranteed that their names would not be identifiable in print, and they should not suffer harm or embarrassment as a consequence of the research. Importance was placed on ensuring, as much as possible, the identity of the participants was concealed, firstly because of the very sensitive and socially contested nature of the subject matter, and secondly, because of the very small number of professionals in the field. Once again anonymity could not be guaranteed, and the participants were informed of this. This was a concern for respondents, though was somewhat alleviated after I explained some of the strategies that I would be using to decrease the possibility for identification. Names were not used within the study, and each was given a pseudonym. Identifiable information such as age, agencies details or detailed professional backgrounds and experiences were not included for this reason. Similarly, supervision sessions were used as a second check to ensure that the portrayal of the workers was such that their self and understandings came through, without their identity being known.

**The interview process**

Another ethical consideration was gaining informed consent prior to the interview process (Fontana & Frey, 2000). Gaining informed consent before participation also limits the researcher's ability to deceive participants by grossly misinterpreting the purpose of their research (Yegidis & Weinbach, 1996). Once again due to the sensitive nature of the subject matter, participants were advised they were free to not answer any questions that they were uncomfortable answering (Bouma, 1996). This was specifically highlighted at the beginning of each interview, when those involved were also informed that the interviews were to be recorded on audiotape and transcribed by the researcher. After transcription, they were to have the opportunity to modify, amend and/or delete any information provided during the interview. Participants were also provided with the choice of having their tapes returned to them or destroyed after the thesis was completed. Confidentiality around participants and possible individuals that may have been included in the personal interviews was necessary; therefore each
participant was informed that the information provided was to stay with the researcher. Providing informed consent was also about allowing the participants some power and control over their contribution to the research. Active participation was highlighted and supported throughout the process.

**Sensitive content**

As a guest in the professional private spheres of the participants, the researcher requires a rigid code of ethics around possibilities for harm (Stake, 2000). Due to the contested, stressful and sensitive nature of the field, one of the major aims of this study was to cause no harm or suffering, before, during or after the research to the participants. The welfare of the workers was of utmost concern, and I had an ethical obligation to see that they were treated well, at all stages of the research process (Yegidis & Weinbach, 1996).

Throughout the research process I reiterated the participants' right to withdraw at any time without reprisals, and consistently provided the particulars of my supervisors contact details if they had any questions or queries that they felt they could not discuss with me. At the beginning of each interview (and at those times during the interview I felt that the participants were uncomfortable answering the questions), I reminded them that answering was voluntary and they could pass on any questions if they so wished. I kept my manner during the interviews non judgemental, actively listening to the interviewees and allowing them a flexibility around how they responded to the questions. The last question of the interview pertained to a "magic wish" question, which enabled the participants to end the session on a somewhat lighter, often 'tongue in cheek' mood. After the interview was concluded, the workers were asked how the interview went for them, how they were feeling, and if they had any questions. This provided a space for debriefing and reflection, for both the worker and myself as the researcher.
I realised also that the sensitive topic might stir emotions within the participants. It was my intention to be rigorously aware of this possibility and to not leave any participant in a questionable emotional state. Time was left at the end of each interview, to clear the air, close the session, and take any questions or queries from the participant. I was also very aware that the sensitive and emotional content of the research would require the researcher to debrief and utilise supervision to ensure no harm arose. It was not the role of the participants to ensure the researcher's well being.

The main use of interviews was to collect data about people's behaviour, attitudes, perceptions of beliefs (Yegidis & Weinbach, 1996), each of which had to be treated with respect and valued, for these are very private and often personal in nature. As such, one of the most important goals of this study was to present the workers in a valued and respectful light. It is due to their contributions that the research was possible, therefore supervision was utilised to ensure that participants were presented in a considered and thoughtful manner. When analysing the transcripts and writing up the results and discussion, I spent many sessions with my supervisor discussing issues such as confidentiality and identifiability, as well as making sure that any data used from the transcripts was placed within a context, so that workers' sense making was not misrepresented. Drafts of the results and discussion sections of the paper were also sent to the respective participants for comment, and to ensure that they were 'comfortable' with how they were being represented.

The process of 'telling' may also be therapeutic to the worker. The interviews were held respectfully, allowing the participants a flexibility to discuss issues that arose, and did not disregard their 'telling' by forcing them onto other issues. I also acknowledge that due to the contested and highly emotive nature of the subject matter, I could have encountered perspectives contradictory to my own. I actively endeavoured to keep my personal views from influencing the participants' responses, by consciously reflecting before, during and after each interview, to minimise the possibility of this occurring.
For whose benefit

The topic, as sensitive as it is, may include both personal and professional information from the participants, which will require careful consideration from the researcher as to what data is included in the thesis. The participants will be informed that the information provided will only be used for the purpose of this study, unless discussed with the participant. The question of who gains from this research is vital. Whilst evident that I will gain through undertaking the research, it is hoped that the workers will also benefit through the research process. It would be unethical to conduct the study without benefit to the participants also.

Other considerations concerned the valuing of knowledge building over the rights of the participants. It would be ethically questionable to do research just for the learning experience of the researcher. The research should also demonstrate some advancement of knowledge for a wider audience and the participants involved. It is important I not manipulate the data to gain knowledge congruent with my personal beliefs or values, but to report the knowledge even if contrary to the beliefs of study (Yegidis & Weinbach, 1996).

The issues of power in any research must also be considered. Differences between my role as a student/researcher and the participants/workers may arise. My intention was to be highly vigilant around this issue to ensure that I did not disempower the participants in any way. At each stage of the research process, those involved were briefed around the purpose and subject matter of the study in an attempt to ensure transparency and understanding and to promote informed consent.

This was further highlighted through advising the participants at each exchange, that they could contact my supervisor with any issues or questions concerning the research process, or myself as the researcher. Contact
details for the supervisor were provided to the participants also at each exchange. And finally, there was an ethical obligation to the university (ethical approval for the study) and the social work department (AASW Code of Ethics), to act in a professional and ethically accountable manner, throughout all phases of the research process, especially for those who may wish to follow in the future (Yegidis & Weinbach, 1996).

LIMITATIONS (OR STRENGTHS)

As with any research project, there will be strengths and weaknesses in the research design. The degree to which these affect the research outcome, is dependent on the degree to which the researcher has explicitly articulated and acknowledged these possibilities. Those interested in the research can then follow the study from an informed position.

Design confines

A definitive limitation of this study was the time constraints of completing an Honours thesis through coursework, which has limited the scope and depth of the study. This time constraint also allowed little trust building contact with the participants which may have affected their responses (Yegidis & Weinbach, 1996). Due to the sensitive nature of the topic, it is acknowledged that one interview may not have been long enough to form a rapport with the participants to enable a valid interpretation.

Similarly, the small number of sex offender practitioners may have lead to an overrepresentation of a particular profession/s. While attempts were made to involve a variety of different professional backgrounds, due to the time constraints and geographical limitations, the majority had either Psychology or Social Work training. Generalisability is also limited because of the sample size and specific nature of each case (Yin, 1994), which does not allow for comparison (Yegidis & Weinbach, 1996). This is also a strength of
the research, as each participant is valued for his or her own personal experiences which are interpreted as such.

**The public and the personal**

The very contested and emotional nature of the topic is acknowledged throughout the research process. In light of this, it is recognised that the presence of the interviewer may influence the response of the participants (Yegidis & Weinbach, 1996). Known as the ‘expectancy effect’ or ‘social desirability’, participants give answers they think are favourable to the researcher, or promotes a favourable impression of themselves (Williams et al., 1995). Responding in a manner that appears respectful, whilst not expressing their real understandings, is a limitation that sits alongside the interview process. Similarly, it is understood that the organisational context of the participants may limit or restrict their respective responses. Likewise, some participants may not wish to make public their practice or underpinning philosophies, through fear of professional criticism or reprisals.

**The researcher in the research**

It is also acknowledged that the data collected would be interpreted by the researcher, and as such would produce understandings from a specific perspective. The findings then are open to researcher bias through the nature of the researcher's interpretation (Yin, 1994). Data may also be misinterpreted if taken without context, and as such, the study will not produce definitive knowledge (Yegidis & Weinbach, 1996). There was more data collected than could be incorporated into the thesis, so the choice of inclusion or exclusion of data remained with the researcher, which may increase the possibility of bias. While these may be viewed as definite limitations, the nature of the study is such that I, as the researcher, have been explicit in the clarification of the conceptual framework underpinning this study. These so called researcher biases can then be seen as another
facet in the layering of symbolic meaning and interpretation of workers' understandings.
CHAPTER 4

RESULTS

INTRODUCTION

This study is a qualitative inquiry into the understandings and 'sense making' of workers in the field of child sex offending, and how this understanding and 'sense making' is translated into practice. As a qualitative thesis, the data collected through interview transcripts will form the knowledge basis of this research. The following chapter will now present the results of this inquiry.

Following a case study methodology, the results will be presented as five separate case studies. Presented in this way, the understandings and responses of each worker can be better understood, allowing their stories to be told in a clear and concise manner, and allowing the true nature of the respondent to appear. The nature of the semi structured interview also calls for the findings to be relayed separately, as each interview followed it's own natural course, loosely based around the questions, dependant on the interaction between respondent and interviewer. Presenting the responses to each question collectively, would create disjointed and confusing results, and obstruct the discovery of the true nature of specific workers' understandings and responses.

The format chosen to relay the results relies heavily on direct quotes from the interview transcripts. This was an active decision on the part of the researcher, as gaining an insight into the understandings and 'sense making' of the workers can best be achieved by relaying exactly the thoughts, language and phrasing of each participant. How these stories were told, i.e. the telling process, can be just as important as what is being said, in
enlightening the reader to their understandings. This will allow the reader to more fully explore and reflect on the world of the worker, and what practice looks like for each of them. While the results will be interpreted to an extent by the researcher, the use of extensive quotations will also allow the reader to find their own ‘sense making’ from within the stories of the workers.

To ensure that each worker is valued, retains their identity (yet their anonymity is protected as much as possible), pseudonyms have been assigned to each worker. The pseudonyms were assigned alphabetically, and in no particular order. The assigned names are listed below.

- Participant A 'Adam'
- Participant B 'Bill'
- Participant C 'Carol'
- Participant D 'Donna'
- Participant E 'Eric'

THE INTERVIEW

The length of the interviews varied for each worker from 40 minutes to around 60 minutes. This was due mainly to the amount of time workers had available for the interview. The semi-structured interview allowed both interviewer and respondent to explore relevant issues that presented themselves during the interview process.

Conducted at the worker's place of employment, all of the respondents were asked the same open-ended questions, illustrated in Appendix D; though where necessary these were clarified for the participants, by reframing the questions. Each worker was asked general socio-demographic questions relating to their education and career experiences at the beginning of the
interview process, which assisted in putting the participants at ease and building the interviewer/interviewee relationship.

**Socio-demographic data**

The results of the socio-demographic data were utilised to help the researcher conceptualise, and contextualise, the 'sense making' of the respondents. Information relating to their previous employment and educational backgrounds was provided with the understanding that they would not appear in the study. Factors such as age, family status and other personal details were not asked of the participants, as these were deemed important only if brought up through the interview process by the respondents in their answers, and directly relevant to their 'sense making' experiences. For confidentiality purposes, the reported socio-demographic data will be broad, and any specific details relating to employers and educational training will not be reported. There are a number of reasons for this. The small number of workers who practice with child sex offenders, the personal nature of the inquiry, and the rural/regional location of the practice, all increase the possibility of participant identification. What follows is a brief socio-demographic overview of the five participants in the study;

- The age range of the participants was between 35 years and 55 years;
- Three of the participants were male, two were female;
- Only one of the participants was employed by a non-Government agency, the remaining four were employed by Government agencies;
- Three of the participants had training in the area of Social Work, one worker was trained in Psychology, whilst one participant was trained in counselling;
- The experience that participants had working with child sex offenders ranged from a minimum of 4 years to 15 years;
Two of the participants had experience providing both correctional and community services to child sex offenders, two participants had provided community based services only, and one participant had practiced in the correctional arena only.

THEMES

In order to gain an insight into workers' 'sense making', into how they understood and responded to child sex offending, the questions asked of the workers were based on the conceptual speculation outlined in Chapter Two. This framework was based on three concepts, namely child sexual abuse, child sex offender, and treatment. Speculation was made that these three concepts can be understood in relation to four contextual factors: personal, professional, organisational, and societal factors informing practice. The themes for the questioning were based on the objectives outlined in Chapter One (seen below), and will be used to frame the results section that follows.

1. What are the workers' personal perceptions and reactions to child sexual offending;
2. What is the impact of working in the area of child sex offending on the workers personally;
3. How workers explain how child sexual abuse occurs;
4. What professional knowledge do workers draw upon to understand and explain child sex offending;
5. How does the way workers explain and understand child sex offending inform their practice;
6. What is the organisational context of workers' practice;
7. What factors in the organisation shape the nature of workers' practice experience;
8. How do workers perceive and understand the social context of practice;
9. What social factors shape the nature of the workers' practice experience;
10. What do workers see as future directions for practice in responding to child sex offending.
PARTICIPANT 1 – ‘ADAM’

Adam is aged between 35 and 45 years, and is trained in Social Work. He is employed in a statutory justice government agency, and has had around 10 years experience working with child sex offenders.

**Personal perceptions and reactions to child sexual offending**

Child sexual abuse often evokes strong personal emotional reactions for most people. Workers in the field are not immune to these personal reactions, which form a large component of the professional world of their practice. Gaining an understanding of the personal reaction of the worker can help in better understanding their 'sense making' around child sex offending.

"As an offence I find it abhorrent, particularly having my own children. When you see your own children you realise how vulnerable they are, and it makes it harder I suppose to understand how someone can inflict that sort of abuse on a child"

Adam also described his first personal contact with a child sex offender.

"My first contact with child sex offenders was when I was working in [ organisational name ] in [ town name ]. Um, and the particular person was an Aboriginal guy who had been in full-time employment for most of his life, he was well respected in the community, and [ town name ] is a fairly racist town and this guy was really respected by his employers and other people in town. He was convicted of child sexual abuse against a niece, and given this guy’s background and his demeanour, I was really quite surprised he didn’t fit the mould I imagined a child sex offender to be made from"

He then went on to explain the emotional and moral complexities of this case, and his own personal struggle to understand this complexity.
“During the course of my dealings with him I found out about the sexual abuse he endured from Aboriginal male children when he was at the Sunrise Mission at Norseman. One of the things I struggled with in terms of dealing with him, is that if he had been victimised so frequently himself, how can he then put that pain on someone else. And it was really an eye opener for me, hearing how he dealt with those sorts of issues, and how knowing what's it's like to be a victim, he still developed the need or urge to perpetrate that abuse on someone else, and someone who was a close family member.”

For Adam, his initial response was clearly an emotional reaction, based on his own personal situation. While finding the behaviour abhorrent, he also identified the complexities and contradictions that are present in child sexual offending.

**Personal impact of working in the area of child sex offending**

Issues around child sex offending, not only bring about emotional reactions and feelings for the worker, but can also have an impact on other aspects of their personal worlds. Adam already acknowledged that his emotional reactions are linked to his own family.

“Certainly, it has certainly made me far more protective of my children, and made me incredibly protective of my future grandchildren. I suppose one of my fears is what sort of partner, I have two daughters, one of my fears is what sort of partner they will end up with. And how that will affect the safety of any children they have from the relationship. So it is something, I mean I am not paranoid about it, I don’t lose sleep over it, but it is certainly something I think about occasionally. And I am very reluctant to leave my children, when they were younger, to leave them with people that I didn’t know very well. I wouldn’t leave them in the care of people I had only known for a short time”
While acknowledging the impact on the immediate personal world of his family, Adam was also able to reflect on the affects of his personal and professional worlds colliding.

"... I had young children of my own, and I would bump into sex offenders in the street, and they would want to engage in conversation, but at the time I felt quite, ah awkward, not wanting them to recognise my children, and understand that these were my children. And then there's these perverse feelings about what children will become targets because of attraction to these guys, I didn't want them grooming or trying to ah, manipulate my children into a position where they would be trusted by this guy. So it really sort of clouded my interaction with child sex offenders in the street if I had my children with me."

Adam's reflection on the personal impact of the details of the sexual abuse highlights the complexity of balancing the personal world with the practice world, and how he attempted to resolve this problem.

"So yeh, it has affected me, and also sometimes when you have dealt with some pretty messy issues, where there was a particularly young child, particularly abhorrent or a sustained period of abuse that the person is talking about, sometimes you have to talk to them about it often and over a period of time, it does make it hard to try and respect the client as a human, and also sometimes going home from work feeling pretty grubby. You know it's not the sort of thing you can just switch off."

What becomes evident from Adam's response is an ability to identify multiple levels of impact, such as his family, practice, self, and the overlap of these levels. He acknowledged having altered perceptions around his family, evident in an increased sense of vulnerability and vigilance, showing a shift in his worldview. Adam highlighted the complexities of working within this emotionally challenging world, and the difficulties of resolving the personal in practice and use of others to talk about and give form to his personal feelings.
**Explanation for the occurrence of child sexual abuse**

How workers explain the occurrence of child sexual abuse, and why some individuals choose to sexually offend against children, can provide valuable insights into workers' 'sense making' experiences. Adam sought explanations for these questions from a range of professional theories and concepts: developmental, social learning and cognition. These themes and concepts were used to understand childhood experiences, self-esteem, previous abuse, individual's needs, appropriate relationships, and power and control. The quote is given in full length to highlight the complex and interchangeable reasoning of Adam.

"Dysfunctional families, people not being able maintain or sustain adult-to-adult relationships, people having very poor opinions of themselves. Uh, obviously it is a chicken and the egg thing, where someone had to be abused as a child for a child victim to become a perpetrator. But, certainly as I said I have never met a perpetrator doesn't claim to have been abused themselves as a child, so I think that there is some aspect of a learned behaviour"

"Dysfunctional families, dysfunctional behaviour, not being able to have what would be perceived as age appropriate relationships with people of similar ages, you know, same gender or other gender relationship, mainly because they can't get their needs met, they don't know how to get their needs met, and they have all sorts of distortions. You know often people will get a child to wear high heel shoes and put ribbons around their waist and do things that to make them appear older than they are, which sort of indicates to me that there's not really a relationship with the child to abuse the child, because they are trying to distort the age of the child, trying to make the child appear older. And I also think there are lots of power and control issues, and that's how I think child sexual abuse occurs"

While acknowledging a multiplicity of causes for child sex offending, he utilises developmental ('someone had to be abused as a child for a victim to become a perpetrator'), cognitive ('they have all sorts of distortions'), social ('dysfunctional
families'), learned behaviour ('abused themselves as a child') and psychological ('poor opinions of themselves') reasoning to explain the phenomenon. In addition, Adam recognised the role of social perceptions and constructs in the development of causal explanations.

Professional knowledge drawn upon to understand and explain child sex offending

The knowledge base that workers' use to form their explanations also provides an insight into their understandings around their practice with child sex offenders. Coming in many forms, this knowledge can be based on theory, practice wisdom or personal experience. Adam described gaining knowledge from the program, but did not expand on what this knowledge looked like. Interestingly, Adam placed an emphasis on the practice wisdom of other experienced workers.

“When I came to [town name], because [town name] has such a high child sex offender population in prison, and the co-facilitator of the program used to be a [organisational member] in this [organisation], her information and feedback has been fantastic. The [organisational member] we used to have here was also a co-facilitator of the SOTU programs. The feedback, information and support I got from them were a real boost to me, and our case management. And if we were unsure about a particular guy, where they were at, it was just a phone call or grabbing them in the corridor, and saying what's the story, and they would give us the information and stuff we needed to case manage”

As the quote indicates Adam relied strongly on the practice wisdom of other workers, though he often could not theoretically locate this wisdom. He was aware of the lack of knowledge outside of the organisational context of his work, and this was his rationale for using in-house practice wisdom.
"... and also the workers, who are in the sex offender unit, tend to feel that there are very few people who have the necessary skills outside of the corrections departments in the various states, to deal with sex offenders. Most of those who are outside of the department still aren’t often, haven’t got the training there. Again I think because people find it abhorrent, people don’t want to deal with sex offenders, plenty of people who deal with victims, but don’t want to change the behaviours of the perpetrators because it’s too hard"

"... that’s why there’s not a great deal of theoretical knowledge in the community, I am sure it’s there but I don’t know where it is. Disappointing"

Not naming any specific knowledge base or theoretical foundations, Adam’s responses show that he relied heavily on the previous experience and practice wisdom of others in this complex area of practice.

**How these explanations & understandings inform professional practice**

The explanations and understandings that workers hold in relation to child sex offending, do not sit in isolation, but are a crucial factor informing their daily practice. As such, being aware of how these explanations are translated into practice responses is vital to our understanding of the professional world of the worker. Adam acknowledges the impact of practice wisdom and collegial support.

"I think all my practice is shaped by my experience and the practice wisdom of those in the Sex Offender Treatment program, and also some [organisational member]s that I respect, in terms of their work. Yeh, my practice is definitely shaped by other people who I consider to be knowledgeable in the area, probably more so than my experience. If I find something that is different from what I have done or dealt with before, straight away I go to those people because they are the experts, and say ‘where should I go with this’ and all that. So definitely I think practice wisdom of those, like I say who are the experts, is what guides my practice"
When prompted on the impact of formal training and theory on his practice, Adam identified this more so for the generic aspects of practice.

"... certainly in terms of that stuff, if you look at treating the person as whole rather than as a sex offender, then definitely social work training comes into that. The sociology training and stuff that I did in previous studies, and practice wisdom shapes that sort of raw treatment or dealings with a client"

Adam describes a non-deterministic belief in the ability to change, though with an awareness that there may be obstacles to this change.

"I think most people can change, there are exceptions, people who have got things like, psychopathic, people who have been diagnosed psychopathic, even people with personality disorders that are really hard to manage, may not really change their behaviour, but it can be managed, so whether you look at it in terms of that's a change, or that's just managing the appropriate behaviour, I still think people can stop, change and manage their behaviour"

Adam conveys a humanistic approach to his practice, though still recognises the complexities and contradictions this places on his practice.

"I try and treat all my clients with respect as human beings, but I cannot condone their behaviour, and quite often, if there is a bit of a rapport happening, they'll try to say 'you must be able to understand'. And I have to explain 'no I don't'...

"I try to separate their behaviour from the person, try to remember they have abused someone, or several people, but they're not a sexual perpetrator 24 hours a day. They have other qualities that, sometimes can be very good fathers, brothers, sons whatever, some are victims as well, but ah, most of them do have good traits, good attributes, you know things about them that you can find to, admire I suppose and respect. But I would never condone the offence of perpetrating sexual abuse on children and it's not acceptable, and they have to be told that. At the same time though I think because many of them have such low self-esteem, it's important for them to know that there
are parts of their personality or persona that you work on, and perhaps can be built on and strengthened”

Inherent in the humanist approach is a non-judgemental outlook. Here Adam also identifies the contradictions and dilemmas of work with child sex offenders.

“... and I think unless you have got that initial rapport where the client can build up trust, that doesn’t mean colluding, it simply means they trust you to be honest. They trust you to not humiliate them, and they trust you enough to be able to open up. I think you have to have all that sort of stuff as well rather than just look at them as this guy is a child sex offender, ‘what he has done is really shocking’, ‘I am going to make sure he knows that’, and ‘I am going to focus on that and he has to change his ways because of that’. More often than not when that sort of stuff occurs, people just close up. They will do what they have to do, and to some extent, if they are thinking about it, about further offences, you wouldn’t know, because he’s clammed up. Whereas if a guy has been open with him, sometimes he will say ‘look I am starting to think about whatever’, rather than just clam up. If you talk to them disrespectfully, make them feel bad about themselves and just keep constantly reminding them that they are bad bastards who should be punished ...”

For Adam, practice is based on a holistic perspective, with non-determinist and non-judgemental values informed by principles of humanism. While this allows him to set boundaries around the practice experience, separating the client from the behaviour, Adam still recognised the dilemmas and contradictions embedded in this type of behaviour, such as those around clients who present as both offender and victim.

The organisational context of practice

Also influential in working with child sex offenders is the organisational context of practice. For Adam, the organisational context sits within a
statutory framework, and he identified the impact of different pathways through the organisation, on both worker and client.

"In terms of organisational context, sex offenders are basically put into two categories, those who are in prison, and those that have a community sanction imposed. If they are in prison the treatment needs are addressed by a SOTU, they then get released after they have addressed their offending behaviour, we do a report as well to make sure that they have completed the appropriate programs, and have addressed their offending behaviour, they have accommodation to go to, which won't put them in a position where they are likely to reoffend - so keeping the community safe and stop them getting into a high risk situation. Those people, those sex offenders, from an organisational context are easier to supervise, because they have been through the mill already, they know what to expect, and if they successfully complete the program, they have a pretty good idea of what is required of them and they usually have actually come along way in making changes”

However, Adam goes on to note that most offenders will eventually become community clients.

“So organisational context, I suppose those with the less severe sex abuse become community clients, those with more severe go to prison, and then become community clients post release from prison”

Within both categories Adam identifies those who do not acknowledge their behaviour.

"The other organisational context are those that deny their offences, even though they are convicted by judge and jury, they will deny their offence, they will be placed in prison, they will refuse to do the SOTU programs, and then they will then come out eventually into the community, unsupervised, and given that they have had no supervision, they are refusing to accept that what they did was wrong, they have not addressed their behaviour in any way, they
are probably more of a danger to the community than those that are starting
to accept that what they have done is wrong.”

Adam acknowledged the difficulties of the differing organisational contexts
within his mandated agency, between correctional and community clients.
However, he also notes that clients who deny their offences are found in both
streams of offenders.

Organisational factors that shape the nature of practice

The impact of the organisational context can be highly influential in
determining how workers practice with clients. In Adam’s case, he
acknowledges the constraints of organisational policy on practice, as well as
the dilemmas that arise because of these. Organisational policy within
Adam’s agency is shaped by two key practice principles;

i. ownership of the offence, and
ii. willingness to address the offence.

And three key administration principles;

i. time periods
   ii. report requirements, and
   iii. organisational status.

Ownership (practice)

“...I think the biggest one is, you go to do a parole release report, and the guy
says ‘I didn’t do it’, or ‘I didn’t do it as said in court’, ‘I am going to deny that
allegation’, ‘I simply refuse to accept it’. They can seem very plausible,
sometimes you believe these guys, and say ‘well yeh, sounds like you’re
right’, but in terms of organisational context, they haven’t addressed their
offending behaviour and are a high risk to the community, we can’t
recommend their release into the community”
Adam highlights the complexities of practice with offenders who do not take ownership of the offence.

"So even if we believe that the guy may be telling the truth, we can't recommend their release because they haven't met policy guidelines on addressing their behaviour through appropriate treatment programs. So yeh, we are compelled to change our opinions, or even to acknowledge that this perhaps is what's going on, but because he has done this he can't be recommended for release."

Willingness to address the offence (practice)

"It is, because you simply can't recommend the release of someone who hasn't addressed, or has made no attempt to address their offending behaviour, despite their insistence that they may be innocent, a judge and jury have convicted them of the offence, therefore they are guilty whether they like it or not. So yeh that does impact on your practice."

Time periods and restrictions (administration)

"... if someone comes out on parole, the maximum period someone in this state can have parole is two years, so out of that two-year time frame, depending on their sentence, it could be as early as 6 months. So we only have a mandate to work with those people while they are subject to a parole order or court sanction, and again the maximum court sanction is two years, and they may be as few as 6 months. But usually if someone is given a court sanction with a condition of a program requirement to address their sexual offending behaviour, and that's again time relevant by the number of weeks groups are available and the times of the year that the groups are being run. So if someone gets a 6 months order, it's a 40 week program, and they have been in recess, it might be 4-6 weeks before these people get put on the program, and then they have got 15 or 16 weeks left of the program and we can't compel them to go on with that. But it is unlikely that the court would place someone on an order for that long or that short a time without input
from us, and we would of course address the fact that this is when the
program runs, this is how long the programs runs for, any community
sanctions would have to take that into account”

**Report requirements (practice)**

“... pre-sentence yeh, after they are sentenced we just have to work with
whatever is left, but pre-sentence, yeh, it’s very rare for the court not to get a
pre-sentence report for a sex offender, and also very rare not to have a sex
offender treatment pre-sentence report, and the whole focus of that is, that’s
where we are assessing the guys risks, and treatment plans, his risks to the
community and treatment plans to reduce that risk”

**Organisational status and courtesy stigma (administration)**

“Not in this organisation, and not in this office, because we have such a high
percentage of sex offenders. Everybody has sex offenders on their caseload,
everybody works with them, so we are not seen as having two heads or
anything like that. But the SOTU may cop a bit of that from [organisational
member]s particularly [organisational member]s from offices that don’t have
high percentages of sex offenders. Some metro offices don’t service a
prison, some of them have little contact, and they do have someone on parole
or community sanction with sex offender treatment needs, they would
probably have a different approach than they did with them after contact with
the SOTU”

Adam is clearly aware of the impact of organisational practice and
administration policy on his practice, and identified policy constraints and
time restrictions as affecting both himself and the client group. As well as
this, Adam recognised the possibility of a ‘courtesy stigma’ being transferred
from the client group to the worker, but stated that this was not the case in
his organisation. Likewise, ownership and willingness to address the

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1 Those workers who work closely with highly stigmatised groups, have been known to
attract similar stigmatising attitudes and behaviours as those of the client group, and is
referred to as a ‘courtesy stigma’ (Lea, Auburn, & Kibblewhite, 1999).
offending behaviour impacted heavily on how Adam practiced with his organisation.

**Worker’s perceptions & understandings of the social context of practice**

One of the most influential areas of practice is the social context within which it takes place. For those working with child sex offenders, this can be a difficult area to navigate. Adam is very aware of the stigmatising and stereotypical views within society, of the retributive philosophies underpinning public opinion, and the subsequent lack of understandings around the complexities of child sex offending.

**Difference**

"I think the biggest thing is people see offenders, whether they are sex offenders or any other type of offender, as being different, as not being us, it's very much a them. So the social context is, these people are not like us, it's okay to punish them, in fact the punishment is deserved, the concept of treatment and rehabilitation is just so far removed it's really a case of us and them, and we really don't abide by it"

**Lack of understanding**

"Where I think that is wrong is, many of the people that are probably standing next you espousing the same opinions could be child sex offenders, who just haven't been caught yet. And they also don't understand, not that this in anyway condones the behaviour, but they don't understand the dynamics of a person who commits a sexual offence"

Adam is also acutely aware of the shifting nature of the social constructions of child sexual abuse, and illustrates the contradictions and blurring of boundaries that create the tensions and dilemmas for workers.
Simplification of the complex

"I suppose the community at large, tends to sees things very much in black and white, boundaries you just don't transcend, that's a child, you don't commit an offence. But you can throw a couple of scenarios in, to make those black and white areas become very grey, and they start to see things a bit differently"

"... huge amount of stereotypes..."

Case reality of the complexity

"... people initially hear of sex offenders they think of someone abusing children, as in infants, and when you start throwing a scenario like that in they say, you know, I knew a girl who was only 13 who looked 16. It starts to sort of cloud the issues a bit. But the basic perception is that a child sex offender should be shot"

Labelling of the worker

When discussing his role as a worker in the field, Adam reported a similar negative social perception of himself because of his work with child sex offenders.

"... certainly on social occasions and everyone finds out what you do, the first thing they think is that you're a 'namby pamby social worker' who is doing everything they can to help the perpetrator and forget the victim, and the victim needs to be punished and you are just a bastard for doing it, and you should be out there shooting them, you shouldn't be recommending any one for release. And you should not recommend any option other than prison, and that's if you are being 'soft'. So yeh, people in the general community have a shocking opinion of child sex offenders and the people who work with them"
Negative stereotypes, difference and a lack of knowledge regarding the realistic nature of child sex offending were identified by Adam, as was a simplification and blurring of the boundaries around what society perceived to be child sexual abuse. Adam also recognised the existence of hostile and retributive attitudes towards not only the offenders, but also at those workers practicing with those offenders.

**Social factors that shape the nature of the worker's practice experience**

As with the organisational context, the social context of practice can be an important factor for determining how a worker responds to the behaviour. Adam's initial responses related to the negative impact of the social world on him personally.

"Ah, yeh it does, because I suppose you don't tell people what you do very often. And if you do, the issue that you avoid is the sex abuse. But if someone does find out what you do at a social occasion and their full of piss, somehow they get on to, 'you must work with child sex offenders', somehow that will come up, and then you're a bastard for doing it, 'how can you', 'how can you bear to talk to them', 'how can you even look at them', 'you should just pound the bastard, thump him, shoot him, do something""

The social world also had a significant influence on how Adam viewed and perceived his own practice, causing him to question the value of his role, his motivation for working with the client group, and his judgement around child sex offenders.

"So yeh, it does impact on the way you work, because you're not proud of what you do, you don't go around telling people, you know that you work with child sex offenders, 'I'm doing the right thing here', because people don't want to know"
Adam acknowledged an understanding of the prevailing social attitudes.

"... the most common thing, if it was your child, you would want the bastard shot, and probably yeh, I probably would. If it was my child I would definitely view it differently than if it was someone else's child. If it was someone I had any relationship with, a child of a close friend or relative, certainly I would view the perpetrator much differently than if the victim is nameless, faceless, and you don't have contact with the victim. In fact there was time when I dealt with a victim's mother, I um, had to reassess how I was treating those people, am I losing the plot, am I perhaps respecting them too much and treating them too much, and when you look at the impact that has on the victim and the victim's family"

Self-doubt and uncertainty are highlighted here.

"... but I suppose you either cope with it or you get out. You certainty don't cope with it 24 hours a day. There are times when, some event, some client, maybe something in the news will trigger some memories with some dealings that you had, and you go through that phase again of unsure of yourself and not coping with a few things, but it passes and you work through it and continue"

When prompted for further discussions around the social impact, Adam identified the political aspect of practice and how he worked within this context for change.

"I think policies are mostly dictated by the media, to some extent, especially if it is relatively close to an election, and not just sex offences, armed robberies, drug issues, murders, are I think, the sentences are often heavier at particular times of the year, or every particular few years depending on what the media is focusing on, and normally it focuses on child sex abuse, the more likely it is they will go to gaol, and the more likely it is that they will get a heavier sentence"
Adam could identify a close relationship between socio-political attitudes and his practice environment.

"I think the concept of retribution still exists, but I actually think it is driven more by economics than any real desire to rehabilitate. It's more a case of we can't afford $65,000 a year to keep a prisoner, so the shorter we can keep those people in prison the better, what options do we have that are cheaper, let's look at community options, and the costs work out to be something like $11 a day compared to $181 a day. So it may sound cynical, but that's the real pressure behind the rehabilitation push. And I suppose when Jim McGinty, only a few weeks ago, criticised the SOTU programs, I mean he was the one pushing to, you know let's keep prison numbers down, let's get people out in the community, and at the same time he is saying that I don't believe programs work, so it's all about the dollar."

The social context is highly influential in the practice world for Adam. Not only does it impact on his client group, but also on what programs are developed. The questioning of practice and subsequent self-doubt and uncertainty that arise through the influence of social context of practice, also have lasting affects on how Adam understands both his personal and professional worlds.

**Future directions for practice in responding to child sex offending**

The treatment of child sex offenders is constantly shifting, changing and evolving as new theoretical and conceptual approaches are developed. Each worker has their own perceptions around the future directions of the field, which reflects how they understand and respond to the behaviour.

Adam saw in the future the continuation, and possible increase, of treatment for offenders.
"I think we will see changes in treatment, I think the focus will be more on treatment, people will still go to gaol with the same level of frequency, but I think there will be a greater emphasis on treatment, not only for child sex offenders but for almost everyone"

"Despite my cynicism, I think there is a belief that you can't simply continue putting people in prison, continue letting them out, without doing something to try and reduce their chances of coming back to prison. So I think there will be a greater focus on treatment, or maybe treating everyone that goes to prison for child sex offences"

When asked what this treatment may look like, Adam acknowledged the effectiveness of the current programs, but identified the possibility for more effective and lasting change.

"I think our programs are actually pretty good, they compare to anything in the Eastern States and obviously a lot of the material is coming from America as well. But there are some differences, like we don't have single offender prisons, some states in America they have sex offender only prisons. We don't have that here I think part of the fear is that they could develop and actually form a paedophile network, however those in treatment programs are housed in the same block, and live together at the prison, and work and attend an intensive 4 days a week, together, and enjoy it"

"But I think, and one of the major differences to over East, is that they will treat, in South Australia, they'll treat people who are not so much accepting of their behaviour, whereas over here you must accept that you are a sex offender before they will take you into the program. They have tried the Denier's \(^2\) program, to try and shift people, and there maybe, if the funding is available for that sort of stuff, which is probably very good for shifting people

\(^2\) The Denier's program was initiated in Perth, Western Australia as a response to a political call for services for sex offenders who were in denial. The program ran for 8/9 weeks and aimed to increase the offender's responsibility for their offending behaviour. Practicing from a psycho-educational approach, the program included victim empathy, short and long term consequences of sexual abuse, and concepts of shame, guilt and denial. Unsupported by research and resource inefficient, the program was short lived, running only twice.
from their belief, which may be driven by fear, that they have committed a sex
crime, accept responsibility for it, and then you can chuck them into the
treatment programs”

To conclude, Adam was asked what he would like to see happen in
treatment.

“I would like to see the Denier’s courses, Denier’s programs, trying to shift
people who are choosing to resist, they have been convicted and they are
refusing to accept that they should be treated. I would like to see that,
because I think if you can make that shift, then other treatment programs can
be used”

Adam clearly saw the need to address the cognitive denial that is evident
with child sex offenders for lasting and effective change to occur.

Summary of ‘Adam’

Adam’s ‘sense making’ in relation to child sex offending was supported by a
multiplicity of causational factors, illustrating the complexities and dilemmas
of such practice. While admitting the behaviour was personally confronting,
Adam was able to navigate his personal reaction within a professional
response. Viewing his world through a professional lens, Adam’s specific
understandings and responses stem mainly from his personal experiences
and the practice wisdom of other professionals in the field. He utilised his
formal training and knowledge for the generic aspects of practice, but did not
identify any specific knowledge sources that informed his professional
experience. Adam was also acutely aware of the interconnectedness of the
social world his and professional practice, which had occasion to cause
Adam to question the validity, legitimacy and morality of his professional role.
PARTICIPANT 2 – 'BILL'

Bill is also aged between 45 and 55 years old and has social work training. He is employed in a statutory government agency, and has had around 15 years experience working with child sex offenders.

**Personal perceptions and reactions to child sexual offending**

As stated throughout this thesis, the sexual abuse of children evokes strong and diverse emotional reactions. For workers, these emotional reactions will vary with each individual. Bill's initial reaction was from an emotional context, which he included within a broader social reaction.

"Well I think after 20 odd years in social work, my initial reaction is probably as it was back then and is probably on par with many people in the population who look at it as ghastly, monstrous, 'how can anyone do this', 'how could a man take advantage of a very vulnerable young person or child"

What was also interesting from Bill's response was that the personal reactions differed from case to case, recognising the complexity.

"Yeh, so that initial feeling does not go away for me, and I find it hard to understand when I first hear about any case, why that could happen, and particularly with very young children, kids that have been, 15 months, 2 years, 4 years that have been abused, it's harder in those situations to get a grip on, to some degree as a man. When you hear of abuse of perhaps a 14 or 15 or 16 year old, I guess there are some ..., you can have some, almost, not justification, but some sense of understanding of that in context. But it is hard to understand for me, abuse of very little children"

So while Bill does not condone the behaviour, and finds it personally abhorrent, he is still able to make the shift from a personal to a professional response.
Personal impact of working in the area of child sex offending

These personal reactions and perceptions do not sit in isolation from the worker or their practice. For Bill, this initially revolved around family.

"... and you become a little bit wary as a social worker and working with child protection and sex offenders, so your world is filled, I mean not all of it, but a lot of it is filled with family breakdown and abuse, so I think as a parent you perhaps become a bit more protective of your kids"

“And my kids were young then, and I used to be very clear with them, and I think I have been through the younger years, appropriate protective behaviours and boundaries, and I hope it’s paid off, you know they are all in their teens now and moving on. They seem to have grown up with fairly open and clear boundaries around sexuality, and being able to talk about it"

Bill was also aware of a change in his worldview, and identified a cognitive shift to more of a ‘threat mentality’.

“I think it has made me very protective, probably overly protective at times, and wary of letting my children be babysat for example, by someone I didn’t know or other blokes, so in that way I think it heightened my protectiveness ... I still think I would need to know a lot about that person, about who is babysitting my children, so it would have to be a trusted friend or someone that we knew so”

From Bill’s response it became clear that like Adam, working in this field led to a shift in his worldview, around perceptions of vulnerability and vigilance, particularly in relation to his family.
Explanation for the occurrence of child sexual abuse

The knowledge base surrounding child sex offending is still in its infancy, and as such, there is no consensus around causal explanations for the behaviour. How workers explain the phenomenon of child sexual abuse is then vital for our understanding of how sense is being made. Bill’s response showed an awareness of the complexity, and was based on cognitive, learned, and developmental understandings.

“From the men I have talked to, I guess there’s a few theories, but I guess the main reason I think is that, it’s not necessarily because of the sex”

“They may certainly have an addictive sort of personality, in a sense of a warped sense of sexuality, where a lot of them I have talked to, there is some power imbalance, on some level they feel unable to have a proper relationship with another adult, in a sexual way, or even in other ways as well. There is some inadequacy there which means that with children there’s a comfort or a sense of power they have in being able to manipulate and coerce the child into sexual acts”

Through Bill’s response, four main causal concepts were highlighted. These were around previous abuse, power and control issues, addiction, and sexuality.

Prior abuse

“So I suppose for me, it is a warped sense of sexuality, wherever they got that I mean, I think the research points to the fact that most men that abuse, that a high percentage of them have been abused as children too”

Power and control

“So I think men then use that power, control, addiction to escalate the behaviour”
While not naming Finkelhor's preconditions to offending and cycle of abuse, Bill did refer to the ideas in his response.

**Addiction**

"I suppose the addiction part of it is that, it starts before the addictions I suppose. It starts with any kind of fantasy, that some of these men think about it a lot before they ever get to doing it. And from my understanding, the workshops I have been to, there is a number of hurdles that men have to jump through before they get to even approaching a child. So these hurdles are almost social taboos, or they're testing out of the perpetrator's resolve."

**Sexual drive and deviancy**

"In a sense I don't think it's any different from the way other people, I means I have looked at other people and how they, with their own sexuality, you can see cycles in that as well... People are celibate for a while and then maybe there is a stronger need then to become, to have a sexual partner. It's just that's an adult-to-adult relationship. But, for these men, obviously, the need is for children rather than adults. So in that way, you can see sort of normalisation of the need, it is just the sexuality is a bit skewed."

Bill outlined the complexity of attempting to define the causal attributions for child sex offending, with his understandings based in a learned (a high percentage of them have been abused as children too'), developmental ('there is some inadequacy there'), and cognitive ('warped sense of sexuality') stream of thought. The main causal concepts for Bill were cognitive distortions, previous abuse, inadequacies, inability to form appropriate relationships, sexuality, power and control issues and an addictive personality type.
**Professional knowledge drawn upon to understand and explain child sex offending**

Where workers draw the knowledge from to support their explanations of child sexual abuse is just as important as what these explanations are. Bill's response to this question was to argue that he does not consciously use theory.

"... but I think after awhile, you drive and don't really think about what you are doing, but most people drive well. An occasionally look at the speed signs, and I think that with social work, and any skill or theory, you incorporate it into your practice and you do it. I don't think you are always very good at naming what you do in terms of theory, but we can when we have to"

His use of theory he argued is context driven.

"... and so we end up using, in that scenario, a kind of crisis intervention theory, because we have a mother who is not protective, a father who is a risk to the child, the child has disclosed, there may be other children in the home, and the possibility that the father may not be charged"

Bill did not name any specific themes that informed his practice.

**How these explanations & understandings inform practice**

The way in which workers translate their understandings and explanations into their daily practice will differ for each individual. Despite Bill identifying a limited range of specifically named knowledge informing his practice, when discussing his practice two clear conceptual knowledge areas were highlighted, namely the role of human sexuality and the role of childhood experiences.
Role of sexuality

"I remember doing a workshop maybe 12 or 13 years ago in [country name], it was a 2 day workshop and we looked very much at what sex offenders do with the minimisation and denial and the games they play, and if you like, the lack of success that workers have in trying to turn them around, you know the sex addiction is so strong that it is a very difficult area and I recognise that. The workshop just highlighted the fact that, even normal adult sexual behaviour, that as well is something that can be quite normal and within the bounds of the law, but trying to change people's sexual preferences for example, you know we are talking about a huge, huge job. And with these men who have obviously sexual predilection for young kids or teenagers, to turn that around is a huge thing"

Bill acknowledged that without this understanding of human sexuality it is not possible to practice in this area.

"... clear, because otherwise you will end up judging these men and not being able to understand one iota of where they are coming from. You may as well lock them up and throw away the key. Now, there may be a case for that for some, but the fact is that we have to look at the human condition, and human behaviour and sexuality, which is a very strong, not talked about area, before we start making judgements"

Role of childhood experience

"If men are, mainly men are abused as kids, they are also victims as well. Of course victims can turn into perpetrators as well, murderers whatever. I think to be able to work with offenders you have got to have a strong sense of self, a strong sense of sexuality and understanding I suppose of where these men come from"

"The rest of the family were very punitive and very harsh and he remembers when he was about 12, the beginning of puberty, his grandfather died. So this boy was amazingly distraught and bereft and there was no else in his
family, they were all very aloof and punishing. So the grandfather was the only person he loved totally who gave him unconditional love. And he remembers seeing his grandfather's body in the coffin, before the cremation or whatever, and he said he felt this amazing kind of power and sexuality that came with this body. I mean who would have thought, you know human nature, and so years layer down the track he was abusing all these men and having sex with them after they died. So the power of things that may happen to a child is amazing.

The role of sexuality and the role of childhood experiences were identified by Bill as the conceptual areas most informing his practice. In his response, Bill acknowledges the complexities and dilemmas faced when trying to understand the concepts of sexuality and childhood. Bill also acknowledges the difficulties of translating his understandings of these concepts into complex reality of practice/case life.

The organisational context of practice

Practice with child sex offenders occurs within an organisational context. For Bill, his organisational mandate was predominately child protection and family support.

"Much of our work is with families with children, so if the child has been abused or we have substantiated the abuse of the child, the next step is to say 'hey, how do we make this child safe'"

Bill outlines how this is done.

"Our role is to ensure, that as much as possible, that we can keep the child in the home with the protective parent and the perpetrator moves out"
However, he does acknowledge that often this may not be possible.

"At times we may have to apprehend the child because we feel that the child will continue to get abused, because the mum is not protective and the guys saying he didn't do it, and yet we have got a good disclosure. So our main role initially is to get the guy out and ensure that protective behaviours are going in with people like [organisational name]."

In an organisation that is primarily concerned with child protection, Bill acknowledges the complexities of working with offenders and their families in order to carry out their mandate.

**Organisational factors that shape the nature of practice**

As with the personal and professional worlds, the organisational world of practice also impacts on the worker. Organisational needs, particularly judicial-administrative needs, dominate practice in many ways. As Bill shows, he may not be able to be productive in reaching the professional outcomes he would wish because of the 'shaping' influence of organisational, administrative, and practice principles and policies. A similar constraint was noted by Adam.

'I think the biggest barrier we have got, is when they don't admit to the abuse and we then use a substantiation, which is based on the child's testimony and their disclosure. So then we are in a position of the police not being involved or not being able to follow up because the guy is saying 'I didn't do it'. And the police are very reluctant to follow through, charging the guy before that have got this disclosure from the child. So this puts us in a position of having to come up with a plan to ensure protection where there might be a lot of denial or anger that we are becoming involved. So the system is some ways works against us, but on the other hand, I suppose it protects people or men that haven't abused children, and there are times when children make disclosures that aren't very clear, or they do it for other reasons. It happens
quite a lot in family court matters where there is a lot of vindictiveness and conflict between parties, and the mother phones and she says my daughter is not having contact again because he has sexually abused her. We talk to her and, of course, the girl has been trained what to say and she comes out with this disclosure, and before we know it we are in the middle of a family court dispute and not knowing whether there is truth to what the girl says. There are some indicators and indications perhaps but yeh, family court cases are very tricky, substantiations are tricky, and it’s not tricky when the guy admits to it and the police are involved. They are few and far between"

As the quote shows, Bill’s organisational focus requires he substantiates, protects and supports families, but clearly however, substantiation dominates.

**Worker’s perceptions & understandings of the social context of practice**

The most encompassing factor that workers must face is the social context of practice, especially in the case of child sex offending where the social atmosphere is often hostile and unsupportive. Bill was very aware of the hostile and aggressive nature of the society within which his practice occurred.

“Well, it evokes a lot of anger, sex offenders. Because most people out there see them as monsters, and I am not saying that is a bad position, but at the end of the day they are not monsters really, they have done monstrous things, they are still human beings like the rest of us. But I think society out there views perpetrators as generally as monsters, as some alien that has come from another planet who should be shot, or castrated, or given a lethal dose of something”

While acknowledging that social attitudes have changed and become perhaps more accepting and understanding, Bill recognised the contradictions within this.
“However, I think in the newspaper and the media, over the last 10 years or so, there are a lot more conversations and publicity, for example recently with the Catholic Church, so most people are having to come face to face with it. Someone they've known or someone in the church or a friend or, so because it's more open and a lot more people are coming forward about their past abuse or abuse that is happening now, it's not so, it's not such a thing that is so alien, it has become more, I don't know, accepted”

Likewise, Bill identified society's focus on extrafamilial offenders rather than intrafamilial offenders.

“I was certainly in the 80's and 90's, when I came to Australia, the stranger danger was really big up until about 5 years ago. And it seemed to me like an over emphasis on stranger danger, I'm not saying there aren't risks out there, there are of course but, my thoughts are always that there is far more risk inside the home than there is outside of the home. I mean the fact that all of the abuse cases that we work with, not all of them but most of them, the abuse is taking place in the vicinity of the family or the extended family. Most sexual abuse cases are within the family or extended family”

Clearly, Bill recognised the nature and role of social opinions and the often hostile attitudes that are expressed. While noticing some changes in society in relation to those who have been abused, he identified the discrepancies between the social perceptions of offenders, and the case reality that is practice.

**Social factors that shape the nature of the worker's practice experience**

As before, these understandings and perceptions around the social context are not unconnected to daily practice for workers. Bill's initial concerns were around the systemic denial of society around issues such as child sexual abuse.
"For sure, it must do. I think with sexual abuse, again this is an ecological kind of approach to it, is that if there is denial in the family, there is denial in society as well. There are some things in society that people don’t even want to go to, so people bury their head"

"... and because of that, because there is still that closedness about sexual abuse, until it opens right out, and kids are able to be open at that point. You know we are still not there, we have become more open, but there is still a lot of closed..."

The main impact for Bill of the social world, was the denial of the realities of child sex offending, the reluctance of society to explore and open itself to the realities of the behaviour and most importantly to how society may appropriately and effectively respond.

**Future directions for practice in responding to child sex offending**

With new information and research constantly emerging in the field of child sex offending, how then did Bill see the future of practicing with child sex offenders heading. While recognising the need for change on a social level, Bill saw an increasing acceptance for men to access services, he did not say however what these services may look like, referring to more generic intervention.

"Hopefully, and I guess I am always an optimist and you have to be in this job, but I see the way society is going is that we are becoming more open and along with that, I would hope that kids are able to disclose sexual abuse and inappropriate things a lot sooner, and that parents are a lot more protective and a lot more aware, through education and awareness and openness. So that’s the kind of ideal bit, but then, so sex offenders, maybe there is still that taboo, I think there always will be, but they are more able to come through, or come into the system after they have been abused"
When asked what he would like to see happen, Bill identified the need for primary services that addressed the issues before they lead to acting out the behaviour.

“So I am talking about men now, so I think we’ve really got to in some ways target men a lot earlier, boys, teenagers. For example, with women, girls who come in, they do a lot of work with ideas, the same thing with boys and men”

“So I think any sort of program has to be very... I mean and bring it right back here rather than at the tail end. Certainly we have to look at services here as well, but hopefully before men start abusing, because once they get into that cycle, I think it is very difficult then for them to get out of the cycle. But if they do, then sure we have to continue to work with them and do what we can. Not just throw away the key, maybe in a few cases. So it’s a big area, but I think prevention and education and greater parent awareness. Maybe we could, maybe there should be mandatory training for all parents, maybe you have to pass a test”

Bill clearly saw the need for more preventative and educational services overall, and specifically more services that allowed potential offenders to gain help before the offending escalated to the sexual abuse of children.

Summary of ‘Bill’

After many years experience in the field, Bill was still aware of his personal reactions to child sexual abuse. Recognising a cognitive shift in his own worldview, Bill managed these reactions through his professional role. While not using theory consciously, and not naming a specific knowledge base, the strength of childhood experiences and the potency of sexuality were telling concepts that informed his understandings and responses to child sex offending. For Bill, his organisational mandate and child focus was clearly a factor in understanding and ‘making sense’ of his professional role. Likewise, Bill was very aware of the discrepancies between practice reality and social
perceptions around both the offenders and the victims, and of the heavy influence that the social world played in relation to his practice experience.
**PARTICIPANT 3 – ‘CAROL’**

Carol is aged between 45 and 55 years old, and has had Social Work training. She is employed in a statutory justice government agency, and has had 9 years experience working with child sex offenders.

**Personal perceptions and reactions to child sexual offending**

Issues around child sex offending arouse contested and heated debate in the broader community. Most individuals have their own personal opinions and perceptions relating to this behaviour, and workers practicing in this field are no different.

"... it is an area I am fairly familiar with, working primarily in that area, so a personal reactions is, the behaviour is in many respects certainly harmful and in some ways abhorrent as a sort of personal reaction...”

"... but I think it’s important in terms of you still accepting the person for who they are rather than focusing on the behaviour as such"

Although Carol perceived the behaviour as harmful, she was able to shift quite rapidly from the personal reaction to a professional response.

**Personal impact of working in the area of child sex offending**

The innate and ever present nature of the personal world, means that often our personal reactions and perceptions are transferred into the world of practice. How this occurs will differ for each individual, and in Carol’s case, an early impact for her was around personal relationships.
"Probably in the early stages, occasionally there would be an impact on me and my partner, and sometimes maybe sexual relations. Some of those sex things, you can become highly aware of that and maybe don't want to go there, but that wasn't a lasting thing, it was sort of that's my space at the moment, and I don't think I want to go there, but it didn't become long term problematic."

On reflection, Carol highlighted the difficulties and complexities around personal and professional boundaries.

"So in term of long term impacts or burnout material or things like that, it's not, I think probably it's something that I learned back in [country name] when I first started to work with offenders generally, and at that stage we had both juveniles and adults, and I was aware that I was taking a lot of stuff home with me in my head. So something I realised in the first six months of actually working in that area, was that I wasn't actually achieving anything, I was taking some sort of emotional energy from me and it wasn't actually having an impact on the work I was doing."

She was able to do this by setting very clear boundaries between her personal and professional worlds.

"So I kind of learned largely to almost press a switch and have a very clear boundary between work and my other life, so yeh, it was therefore relatively easy, most of the time, except under very rare circumstances to sort of press that switch off, and to have that sort of boundary. Yes it's a survival strategy that you can't help but learn."

While acknowledging that there was an impact on relationships early on in her career, Carol did not identify any other areas of impact. An ability to separate the personal from the professional world was clearly evident.
Explanation for the occurrence of child sexual abuse

A multitude of reasons have been put forward as to why the sexual abuse of children occurs. How we explain how such a phenomenon, will gives clues as to how we understand the behaviour, and possibly how we intend to respond. Carol indicated a multifactorial approach, which included learned, cognitive, and psychological perspectives on the etiology of child sex offending.

"Well different sort of models go on but there has been some recent work done by Tony Ward from the University of Melbourne and he's actually, his work actually fits quite well with my basic understanding. He has reviewed other people's research and identified through that, and taken the best out of them, and consolidated that into what he calls a pathways model. So he sees different child sex offenders as undergoing different pathways, so there are 5 all together, there's 4 primary ones and the fifth is basically a combination of them all"

More precisely Carol was able to identify five causal explanations.

"One is that they actually have developed an unhelpful sexual script and often that can be based on their own experiences of childhood sexual abuse with themselves as a victim, and or exposure, excessive exposure to pornography, or things like that. So they have this abhorrent sexual script that sort of allows them to offend sexually against children."

"There's sort of relationship deficits that they really can't involve themselves in, they are untrusting in relationships and have difficulty engaging in a mature adult kind of relationship, they're insecurities gets them down and they can't be assertive, communications skills are weak, they feel the need to be nurtured and wanted, and they go to the children because children are so trusting and accepting."
"A need for, the third one, is the need to feel really powerful and in control over others..."

The fourth one I have forgotten and the fifth is just a combination of the others. So it's about understanding the different pathways that they can take on board and trying to understand these and work on it with them"

"... and no one pathway is the dominant road, so it's very complex"

Carol was the only worker who independently named Indigenous offenders' experiences, though one did name an indigenous case.

"Well, we don't have any females in [town name], and I have had little to do with female sex offenders, so it is male in [town name], a range of cultural backgrounds, typically within the prison system it is over represented in the Aboriginal community, ...

"I am just thinking of this particular program, we actually have a quite high, um, because we've got 40% Aboriginal, and 75% of those who are Aboriginal have offended against children. So yeh, it is over represented and that probably has a lot to do with the stolen generation, sexual abuse in the missions and that sort of thing to some degree...

Carol recognised that perhaps a multiplicity of explanations are necessary because there is no one type of offender.

"... there can be lots of reasons why, but no real sort of typical offender. We have had a few younger blokes in the program, in their late teens, early 20's, and again they were mainly offending against children. So the bulk of it tends to be more, as opposed to the generalist offending, we do get more at the older end. And the more sort of 40 plus age group. But there doesn't seem to be any typical things, they are across the range of education, from teachers to magistrates to the best educated to illiterates..."
Utilising learned ('own experiences of childhood sexual abuse'), cognitive ('unhelpful sexual scripts'), and psychological ('relationship deficits that they can't really involve themselves in') reasoning to explain child sexual abuse, Carol also highlighted a number of cultural factors ('has a lot to do with the Stolen Generation, sexual abuse in the missions'). Previous abusive experiences, power and control issues, and relationship deficits all were named as concepts that assisted Carol in 'understanding' child sex offending.

**Professional knowledge drawn upon to understand and explain child sex offending**

In order to explain child sex offending as they do, workers must base their beliefs in a knowledge source of some kind. Knowing which sources are being used can highlight areas of the worker's 'sense making'. Carol has already mentioned using the work of Tony Ward.

"Bill Marshall, uh I always forget the names"

"... from Jung to Yalom, to ..."

Unable to remember specific names, when prompted Carol did name specific schools of thought used in her practice.

"Well the main thrust of the program is a cognitive behavioural therapy, so that is sort of the grounding. But just the cognitive behavioural stuff is in some ways quite restricting, I think you also need to take in to account, or I do, to take into account a more psychodynamic type of approach and recognise that there is more stuff that comes into the picture when you work with them all the time, progression through the developmental stages alone..."

From Carol's responses it becomes clear that she draws from a variety of knowledge bases and current research such as the work of Tony Ward and Bill Marshall. Like other workers, she was less clear about this work as a
coherent body of knowledge and had instead extracted context specific ‘knowledge bits’ to use in her practice, as highlighted in the next section.

**How these explanations & understandings inform practice**

How these understandings and explanations are translated into practice is also vital to our understanding of worker’s ‘sense making’. Carol recognised the influence of her formal training on her practice, as well her own practice wisdom and personal experience.

“Well particularly there’s the work we tend to do with the offenders is in groups, so the social work background and the training you do with groups is really important. And that is often where the Yalom stuff comes in, that the group is basically... and recognising that what occurs in the group is often a reflection of what happens in society”

“And that basic ethical philosophy of social work helps …”

“I think it has probably been quite useful as well to work with generalist offenders before coming to work with the child sex offenders, some of the things can be very similar, ands its not going right to the hard end of the scale, generally working with people’s behaviour that impacts on other people lets you work up to the more emotive cases”

A non-deterministic approach, based on non-judgmental values is also evident.

“It also helps in my sort of philosophy in working in that area is to recognise the courage a lot of these guys actually show to make the important changes that they need to. So it comes from quite a positive perspective of acceptance and self-determination and those sort of criteria”
As is a humanistic perspective.

"... about respecting the person and encouraging them to change and to see the behaviour as separate from the person, seeing the behaviour as something that they can change so having a strong almost idealistic in my view that that can occur, and also because we actually work a lot with understanding everyone's life reviews, so we actually learn a lot about people's lives and have an understanding of how they ended up taking that pathway and engaging in that offensive behaviour I guess, so it gives you that more a of sense of the whole person rather than just the abhorrent behaviour"

For Carol, practice is based on non-judgmental ('a positive perspective of acceptance') and non-deterministic values ('encouraging them to change'), which stem from a holistic humanist perspective ('it gives you that more a of sense of the whole person rather than just the abhorrent behaviour'). An ability to separate the personal from the behaviour enables Carol to accept the individual she is working with, and work towards promoting change.

The organisational context of practice

As well as the personal and professional world, the organisational context can impact on practice with child sex offenders. For Carol, practice sits in both a statutory and community context, and she acknowledges the inherent differences and difficulties of each.

"I work in this group in the prison and I also do a community group once a week as well, and they... the whole sort of atmosphere of the different groups is different, is much tighter out there than in the institutional environment so, working mainly in the prison, you almost feel immune from the context, your just here and your in the group, but it does have an impact, so it helps me to balance things having both perspectives, community and prison"
Carol is also aware of the centralised organisational context, and recognised the metropolitan / regional distinction.

"As is the typical sort of stuff that goes on in all organisations is the hassles with head office politics, and try not to let that get in the way too much, being distant from head office geographically, we get to keep out of all that stuff and do our work."

Carol is also aware of the context of rural / regional practice.

"It's the politics and the parallel processing that goes on..."

"There's a sense of interfering, all though sometimes there's a sense that 'oh dear we are not in control because they are so far away', which is right to some degree, but it's about, you don't get over involved with the power plays they have up there because you're able to be part of it but apart from it at the same time"

Practice for Carol sits within a statutory mandate in two different settings, both the prison and the community. While aware of the differences each context brings, Carol also acknowledges the socio-political influences of her organisation and practice in a regional area.

Organisational factors that shape the nature of practice

Having an awareness of the organisational context of practice is important for workers. Even more important though, is an ability to recognise how this context impacts on practice. Carol acknowledged the difficulties of working within organisational constraints, but also recognises the need for flexibility within this context.

"Well we did some training with him [Bill Saunders] here on motivational interviewing just last week, and one of the things that came up, just a trivial sort of thing, that this relationship where somebody had a bowl on the sink"
where you were meant to put your used teabags, and how sometimes that sets up the resistance to just throw them in the sink. One of the things that I said towards the end is that somehow I have learned a way to throw the teabag in the sink and yet somehow it ends up in the bowl anyway.

"So I think it's a way of sort having an awareness of working with the system, in a way that you still are in touch with what you believe and your personal beliefs about what is the most helpful way to actually run a program and get on with everyone. For some people that's easy ..."

Acknowledging the difficulties of standardised practice, Carol also identified within this standardisation opportunities for adaptability, flexibility and creativity.

"Then there are manuals, there are manuals for programs and they are, ... and when we first started these programs, we got scrappy bits of pieces from different manuals. Eventually we said well 'no we haven't got a manual' and we were put in a negative connotation because we had actually stated that, now they have developed a new manual, and spent quite a lot of money on it, but it isn't a workable manual ...

"... so it's still a way of sort of saying, as best you can you are still working with the manual, but it's still just sort of doing it your own way, and be creative and use drama therapy and art therapy, going with managing the balance between the task needs and the maintenance needs rather than following the manual and following an educational based program, which just doesn't work. So it's about managing the organisational context"

In her response, Carol identified the impact of organisational context on clients, and how this may affect the therapeutic relationship.

"Also the way you interact with the other prison officers, can be sort of important in how the people of the group see you interacting with them, and how it comes back, and all of that sort of organisational context is important"
Drawing on her formal social work training, Carol recognises the complexity and possible contradictions within organisations.

"... maybe because we're rural again, and also something that works through the whole social work frame of being aware of organisational context and how you don't want it to become a Goffman society ..."

Carol explains this further.

"Basically he's a sociologist, and his research and book "Asylums" gives a strong indication that the institutions and total institutions don't work for the aims of the organisations, or the mission statements, or what's actually stated, they actually work for the benefit of the staff within them. And it's about recognising that that can be unethical and counterproductive in a sense in the way it's managed"

Of interest was also Carol's response to whether she was treated differently because of her client group.

"They don't actually, sometimes they make a comment that 'I couldn't work in that area' or 'that must be very difficult' or 'how challenging', but there doesn't seem to be that shock, horror or disgust or anything like that"

"Not really in conferences with other professional groups, it doesn't seem to ...

"Interestingly, you've met [name], so, others student's reactions to her having a placement here was 'oh, are you sure you will be safe', you know, and that was one sort of reaction. But then they realised that she would be working with me, "oh that's really good, you'll look after her". So, yeh, it's actually quite interesting, that sort of response"

While Carol acknowledged the inherent difficulties, complexities and constraints of the organisational context, she also identified opportunities for flexibility and creativity in practice, as long as expected outcomes were met.
Worker's perceptions & understandings of the social context of practice

The social context of practice can be a significant factor in determining how workers understand and respond to child sex offenders. Carol identified three factors associated with the social context, such as an attitude of retribution, the emotional content, and a lack of understanding. While being aware of a hostile political and social climate, she did not elaborate on this.

Retributivism

"... that's a difficult one because you need to be aware of the overall sort of big politics, you need to be aware of the general social, emotive stuff like 'they should be shot', 'they should have their balls cut off', etc ..."

Emotional content

“And I can understand that at the same time, it just very emotive issue, it’s just a difficult one to understand"

Lack of understanding

“People find it difficult to see them as a human being, being aware of the difficulties that they may face from society"

While acknowledging that she hadn’t put much thought around the social context of her practice, Carol recognised the impact of the emotionality and lack of understanding around child sexual abuse, as well as prevailing retributive attitudes.

Social factors that shape the nature of the worker’s practice experience

The social world of practicing with child sex offenders can also have a lasting impact on worker’s understandings and responses. For Carol, awareness of
the social context came from being involved with both victims and perpetrators.

"Not distancing myself from the impact that it has on the victims, and one of the ways I do that is that I am one of the members of the [agency name] management committee, so its about not being involved in any of the hands on direct work with victims, but its about being a key player in the field.

Carol also recognised the contradictions and dilemmas around being labelled either victim or offender.

"And also getting frustrated at times when often the guys on these programs have, in their childhood experienced sexual abuse, and organisations like [agency name] have difficulty in counselling men, but counselling men who are perpetrators, they have issues that they can't"

"... and I find that frustrating, so we can work primarily with the perpetrator issues, and in some ways we can work with the victim issues, but not on its own, you know sometimes they need to actually work through the victimisation issues separately to the perpetration issues"

Society's confusion round the roles of victim and perpetrator were also highlighted.

"... because you have moved on from being the victim, and we can't deal with it. So it's their emotive issues getting in the way, its just frustrating because there's such as gap, some of the issues are clearly from previous abuse, some do some don't"

"If they need to work though it, there's no one really, possibly private practitioners and usually that's a fee for service kind of stuff, and then there's the philosophy that they shouldn't be paying for that because they are the victims ..."
Whilst acknowledging the gaps in service provision, and the constraints of her organisation, Carol also identified the social impact for the clients.

"... I think it's important that you acknowledge the offenders fears when they are talking about the community and acknowledge the realities of those fears, and you acknowledge the level of shame that's within that sexual context. So to that degree, I think it's important" 

"How they might be able to cope with those fears and make them manageable"

Whilst acknowledging the social impacts for clients and service delivery, Carol did not identify again any social impact on herself personally as a worker in the field. She saw the social world separate from her professional practice.

**Future directions for practice in responding to child sex offending**

As an emergent field of practice, the knowledge and best practice methods around child sex offender treatment are constantly shifting and evolving. How workers perceive these shifts is important to our understanding of their 'sense making' experiences. Carol identified a number of future directions in her response, the first being a move from the traditional confrontational approach.

*Motivational approach*

"I believe it fits with some of the Tony Ward stuff mentioned earlier, somehow you just bring the balance a little bit more, and I think it has been steadily moving, from the confrontational approach which tends to form a lot more resistance than the other way, to a more sort of holistic, respectful approach" 

Focusing on quality of life rather than recidivism as a measure of outcome effectiveness.
Goal flexibility

“Shifting the goal posts a bit, ...the goal posts at the moment, is you shoot a goal that's about not reoffending, and I think the goal, if you listen to Tony Ward, is more now trying to shift it towards quality of life, a good quality”

Quality of life

“So if you do that, which also assists in reintegrating into the community, if you can assist the guys in having that kind of focus, how can they have a good quality of life, then the other stuff about reoffending, falls into place. So it's about shifting the focus”

Pragmatism

“I mean, I have often said to the guys, if you're going to do this program, when you first start we understand that your prime motivation is to get parole, as the program goes on we hope that will shift a bit and it will be more about what you can actually gain from the program and thus reduce the risk of reoffending”

Nature of practice

“So it's about turning it on its head and sort of shifting the map, and I think that will, if we can manage to close the gap and take on board that and get that message across to the guys and lower that resistance even more and assist the therapeutic alliance, and reinforce the initial sort of philosophy of working with the whole person, not just the offending”

Site of Work – prison or community

“... yeh, I haven't really thought about this before, but bearing in mind the difference in the climate and the atmosphere between the prison based group and the community based, often it is a damned site easier to work at the community level, but you haven't got that sort of focus of time and things like
that as well, and sometimes you can't, but they need to do a program inside so that they are socially safe to be released back into the community."

When asked what her wish would be for the future direction of practice, Carol saw the need for a transitional level of service provision.

"So maybe my wish would be to have a sort of intermediate place, more like a halfway house type situation, where they actually live there, you do the group work there, it's in the last stage of their sentence, but they can still go out and do their shopping, or go to the cinema, maybe have some conjugal visits, you know that kind of thing. Maybe give them an idea and sense of things they could do, that grounding that that sort of medium environment could give them."

The increasing use of a motivational rather than confrontational approach was highlighted by Carol, as was a shift in the goal focus from recidivism to quality of life. When commenting on what she would like to see happen, Carol saw the need for an intermediary process to assist the transition from prison to the community.

**Summary of 'Carol'**

Carol 'makes sense' of her practice by setting clear boundaries between her personal and professional worlds, and views this as a necessary 'survival strategy'. Her understandings and responses to child sex offending stem from a variety of knowledge sources and schools of thought, from which context specific knowledge is drawn upon. As with previous workers, a multiplicity of causes for child sex offending were identified, and Carol alone added culturally historic factors to her theorising. Utilising research and current literature specific to the field of child sex offending, Carol also uses her formal training for the generic aspects of practice. The professional lens, through which Carol viewed her practice, assisted her in navigating and managing the personal and organisational worlds of practice, and to a lesser
degree the social world, although this was seen as influential for her clients rather than her self.
PARTICIPANT 4 – 'DONNA'

Donna is aged between 45 and 55 years, and has trained in counselling. The newest worker of all the participants, she is employed in a non-statutory agency, and has had four years experience working with child sex offenders.

**Personal perceptions and reactions to child sexual offending**

Child sexual abuse and child sex offending is an issue that constantly arouses quite emotional and heated personal opinions. Donna made her views on child sexual offending clear from the outset.

"My own personal reaction is that I really have no tolerance for sexual abuse, and child sexual abuse even more so"

Donna included in her response certain facets of the behaviour.

"I think that the offenders should take more responsibility for their actions, but I do think that treatment can be found and that the cycle of sexual abuse can be broken"

While initially replying from a personal reaction, Donna was able to shift from this to a professional response rapidly.

**Personal impact of working in the area of child sex offending**

How a worker perceives and manages the impact of the personal world is a crucial component of practice. When asked, Donna responded that her personal world was 'definitely' affected by her work with child sex offenders, particularly in relation to her partner.
"Well, I just think that my partner is far more aware of the possibilities, and it probably affects things that he would normally do without thinking. Things such as going into the bathroom when our daughter is in the bathroom, or walking through the house without clothes on – things that would otherwise have seemed quite natural"

"I'm sure the awareness actually affects the way that he responds to some situations that he never would have had to think about before. So it does affect my family...

Donna acknowledged that her practice knowledge around child sex offending had filtered through to her family life.

"My partner's got reasonably strong boundaries anyway, but for instance, we were at the shopping centre and this little girl was in a car absolutely distraught, and my husband was too nervous to go over and see to her needs because he was aware of how that could be construed by the general public. He came and got me and asked me to go and see if I could do anything to help the child. I think that is really sad that he did not feel free to be able to help as well as I could"

"That he felt restrained, that he actually couldn't take care of that child..."

"So I'm sure it has affected him in particular. His normal instinct would have been to go and help the child no matter what..."

Donna’s perceptions around the personal impact of her practice were focused on her partner and family. This also highlighted the subsequent negative impact on her partner’s worldview, and his shift to a more vulnerable and vigilant outlook, specifically due to his gender. Donna did not identify directly any personal reactions for herself, but did hint at a similar shift in her own worldview.
Explanation for the occurrence of child sexual abuse

Stated throughout this thesis is the lack of certainty around what leads people to sexually abuse children. In order to work with this phenomenon, workers must have explanations for how it occurred before focused interventions can be applied. While highlighting the complexity of the behaviour, Donna's initial response was to identify different types of offenders.

"Well I suppose we talk about forms of child sexual abuse being on a continuum. There is a difference between hard-core predatory paedophiles, and men who abuse children within their family"

She then went on to explain these differences.

"I would see the paedophiles as sexually fixated on children – the children are their preferred sexual object. The men we work with offend against children when the conditions are right – they regress to some place that usually abuse in their own past, and offend against children they usually have deep and even protective feelings for. It seems this regression is more emotional, even though there is the sexual component. Often these men have successful adult relationships. There are a number of factors, but their own childhood sexual abuse seems to be one of the main explanations"

While stating that there are various factors that lead to child sex offending, for Donna, one factor stood out quite clearly.

"If there is any common thing it would be their childhood experiences and their own childhood trauma that would have the strongest impact. I think also there are other factors added that can make offending more likely to occur"

This prompted further discussion around the abuse to abuser theory, and whether this related to both types of offenders previously described.
"Well I do, because 99.9% of our offenders have been abused themselves. So although it's not the only reason, and although not all people who have been abused become offenders, we have found that almost without exception, all of our offenders have been sexually abused"

"There seems to be a very high correlation. Maybe more so with the intrafamilial, although I don't know for sure"

Donna also acknowledged the difficulties of gaining this type of information.

"Some research was done with prisoners who were asked 'have you been sexually abused as a child'. Many answered to the negative. When the question was asked 'tell me about your first sexual experiences' the description of the events often described sexual abuse. The men had not recognised their experiences as one of abuse. Relying on self-reporting does not always get the true picture. Not recognising the abuse may be because the abusive relationship was the only close one they remember, maybe the only one where they felt special or needed, or where there was an emotional connection with someone.

So while Donna did acknowledge that there were a number of factors that lead to child sex offending, her responses were based around learned ('their childhood experiences and their own childhood trauma') and psychoanalytical ('they regress to some place...in their own past') lines of thought. Previous sexual abuse, whether recognised as such, was the main determining factor for Donna.

Professional knowledge drawn upon to understand and explain child sex offending

For workers to understand child sex offending as they do, their explanations must stem from one or more knowledge sources. In Donna's case, multiple sources are acknowledged, such as a strong psychological base.

"It's more psychological, and not one base..."
"Specifically in this area it would be the training that I have had, other people who have worked in here, and from various articles and books that I have read, and um, research done by various people. For instance, one of our resources is the Finkelhor model, for both the effects on the victims and offender cycle..."

Training and staff development were also highlighted.

"... but it really helps also to have professional development days such as we have in our agency for the staff..."

She did however acknowledge the importance of practice wisdom and the experiences of other professionals and students within the agency.

"For me personally, although I do read, the weight is on the practical. I learn from people who have a much stronger theoretical base than I have"

"We have a number of students who come on placement to us, because it is on the job practical experience in counselling and group..."

Though Donna recognised the importance of training, research and literature on the topic, she did not identify any specific knowledge other than the work of Finkelhor that helped her understand and explain child sexual offending.

**How these explanations & understandings inform practice**

The translation of these understandings and explanations for child sex offending often form the basis of practice. For Donna, her understandings led to a highly motivated and 'instinctual' humanistic response, based on practice wisdom that was not clearly articulated.
"I suppose my understanding that they are whole people, they are usually wounded people who have the same positive and negative parts of themselves before and after disclosure. Once disclosure occurs, they have a chance of addressing a serious problem"

Donna was also able to see the person separate from the behaviour.

"They are not just a child sex offender. They are a person with a problem in this area. And I think that's how I am able to work with them with respect, and to help with their self-esteem so they can eventually get back their own self-respect..."

"... I'm thinking we are all human beings, we have all got our failings, we have all got the things that we struggle with, and at that point, we are all human"

She also highlighted a non-judgmental attitude toward offenders.

"Sometimes, the knowledge of what an offender has done makes me dread meeting them, but once I walk into the room, I see them as people who are asking for assistance to make their lives viable. I can respect them for wanting to change the things that they have done and may do in the future"

A non-deterministic perspective was apparent, and Donna acknowledged the contradictions and complexities of practicing with child sex offenders around change.

"Absolutely, and I think if I didn't believe that it would make working in this field almost impossible"

The challenge of those who do not take ownership for their behaviour was highlighted as well.

"The people I find it hardest to work with are the ones who are resistant to that, or who are in denial, or who don't take responsibility for what they have done. They're the ones I find it hardest to work with"
"The men have to recognise they have a problem they have either acted on or fear they will act on. We realise that the men may justify or minimise their behaviour, or even blame others for it and we would expect some of this in most of the men. I would expect to hear some of the truth initially, and then work with them at full disclosure and responsibility as therapy progressed."

Donna works from a non-articulated humanist approach that incorporates non-deterministic ("I can respect them for wanting to change") and non-judgmental ("we have all got our failings") values. She recognises the tensions and contradictions inherent in practice with child sex offenders, and how these dilemmas are managed.

**The organisational context of practice**

Another influential aspect of practice relates to the organisational context. The initial discussion with Donna revolved around the statutory status of the organisation.

"No we're not. But we are funded by one of the government departments. We don't have to report, to either DCD or the police, and we don't unless we know that there is further abuse happening or that children are at risk."

The length of contact with the offenders was highlighted.

"We run pretty comprehensive programs, for a year, weekly sessions for a year. And if at the end of that, if they need more work, or especially you know on childhood issues, to enable them to progress further, then they'll try and look after that, and we have quite a lot of follow up so it actually goes for about 2 years."

As was flexibility around further voluntary treatment for offenders.

"And they have the option after that to continue in a follow up group program once a fortnight for as long as they want."
Donna acknowledged the large proportion of male clients.

"... mainly males, we have had a couple of females, but most of them are men."

She also highlighted her practice with juveniles.

"... we have quite a really comprehensive program for our juvenile offenders as well, and we use a whole family approach with juveniles in particular. I mean we have a family approach for both, but with juveniles we have both the parents engaged wherever possible, and the non-offending siblings as well, so that we can look at the dynamics in the whole family."

Her response included her explanations for juvenile offending.

"Not necessarily easier than the other, but I think the reasons why they are offending are sometimes different. We do have some of the juveniles who have been sexually abused themselves, but often the offending happens for other reasons. Blended families, feeling left out or isolated, being bullied, reacting to family break-up, can be some of the other factors involved in juvenile offending"

"It is sexual, the sexual component is there and there is a certain amount of sexual gratification as well, but it may not always be the main factor"

Whilst not a statutory agency, Donna identified areas of practice where restrictions and organisational policies are stringent.

"So one of the main organisational factors we have in place, to keep children safe, is that we have a contract with all our clients, which requires them not to sleep in a house with children under the age of 18, and not to have unsupervised access with a child under the age of 16, while they are doing at least the first year of the their program"
Donna was also able to identify the complexities and dilemmas faced by this type of organisational policy for the offender and their families, and the statutory consequences if the policies were breached.

“Quite often the risks can be increased during that time, simply because of their emotional state of going through the program. And it does put a lot of hardship on families because in the end, they have to stay somewhere else, there’s already hardships and to actually have to have the family in two places, adds quite a bit if financial stress on them, but we really think that, obviously we have to protect the children”

“And if there are breaches in that contract, or children aren’t being protected then, the men know that the contract states that we have a right to report them to DCD and/or the police.”

Donna seemed quite positive in her regard for her agency, though was able to identify areas of organisational policy that brought about tensions and added stress for offenders and their families.

**Organisational factors that shape the nature of practice**

Just as important as recognising the organisational context of practice, is recognising how this context shapes the practice experience. Donna acknowledges the differences between a statutory and non-statutory context, basing her practice on a rehabilitative rather than retributive model.

“Yes, I suppose, one of the main factors would be that we come from a therapeutic model, not investigative, which.., so I suppose that’s the main focus of the style. You are not there to investigate or substantiate or to punish or be punitive, we are there to work with the families in a therapeutic way”
Donna was aware of the difference in the status of the clients to those of the statutory agencies, and acknowledged that where the opportunities for legal reprisals are present, offenders are less likely to engage in the treatment process.

"Well, half of our clients are known to the authorities and half of them aren't. And I think we would probably get guys who are, feel freer to be a lot more honest about there problem is they know they can say, you know, 'look, I did this 10 years ago' and they are not going to... I mean, a lot of the guys know that they can be charged at any time, and that their victims have the right to do that, and I think as they get further into the program, they actually feel a lot more comfortable about that happening because they realise the effects on the victim and they realise their rights, and they realise that it's not coming from a vindictive place, it's coming from a, you know, so that usually by the end of the program they are a lot more prepared to actually be charged, some of them even decide to go on and report themselves, what they have done, and others decide they will just wait until it happens, but yeh, I think ...

Donna also highlighted the benefits of groups with both 'known' offenders and those that are not yet 'known' to the authorities.

"So organisation, I mean we have, those who are known, feel comfortable being in a group who aren't. I think they help each other, in terms of seeing what the possibilities are as the result of their offending, so we don't keep them separate ...

She also highlighted the benefits of those not bound by legal requirements.

"But I do think the one's that, who come without legal charges and aren't being suggested that basically they deny culpability because of what might happen legally, they're are a lot freer interactionally and will say a lot more..."

Donna was unsure when asked had she ever experienced any 'courtesy stigma' by other professionals.
"I don't know, I haven't got a sense of that. I couldn't say ..."

"You know they may give a sense of that feeling anyway, that you are not out there with the elite earning $150 and hour or anything. Most of our psychologists could be earning that so..."

As a small non-government agency, with a specific link to a mandated organisation, a specific mandate, and specific treatment focus, Donna’s view of her organisation were agency focused rather than professionally focused. Viewing her agency in bounded terms, she was aware of the organisational impact, though appeared relatively uncritical of this.

Worker’s perceptions & understandings of the social context of practice

In addition to the personal, professional and organisational world of practice is the social world. This world is constantly evolving and shifting with public attitudes, and can be a very demanding area of practice. In her response, Donna illustrates the previous hostility by other agencies towards her agency, which she adds may have stemmed from misunderstandings or a lack of knowledge.

"... in times past, our agency has been considered quite hostilely by social workers and you know, like...it's simply because we have been seen to be protecting offenders and not protecting children, and we strongly denied that"

Lack of knowledge

"But I think because the understanding of the different types of child sexual offenders, where they are coming from, what their, what I previously described roughly about, like a hard core predatory paedophile, and persecuted"
"I am not saying that the effects on the children are necessary any less, but they are different in some ways. Because sometimes there can be a much stronger effect on a child who has been offended against intrafamilially, because it is the absolute loved and trusted person in their family who is supposed to be their protector. So their whole issues with trust are absolutely, hugely violated whereas if it was a child who didn't know the offender, they have got their family to support them, you know"

"So I am not saying the effects on the children are any less, but I am saying that I think that our focus has been misunderstood because we do work with offenders as well"

While acknowledging the previous hostility and lack of knowledge, Donna saw society becoming more open and knowledgeable around child sex offending, particularly in relation to the goals of her organisation.

"... but I think because people are now a lot more educated and a lot more is being talked about, and they are understanding a lot more about sexual abuse, I do think our agency is being valued a lot more highly. And most people who actually take the time to look at how we work with families and what our focus is and what the results are, can actually see that we've got and excellent record in this area, and are much more understanding..."

Donna identified a lack of knowledge and understanding around the organisation and its practice by society and a number of professional groups. She also recognised that this view is changing, and society and other professionals are now more understanding and aware of the organisational goals and practices.
Social factors that shape the nature of the worker's practice experience

The social context can be a determining factor in how practice is conceptualised and experienced by workers. For Donna, while acknowledging that definite social attitudes were present, she did not expand on what these attitudes were.

"Not in how we practice, but I think, um, we are all very aware of what the social attitudes to sexual offenders...

Seeing no direct impact on her practice, she did identify negative stereotyping and stigmatising that accompanied the label of child sex offender.

"... it's very difficult to try and get society to see that they're probably working alongside someone they admire, that they respect, that they think that they work well and they seem a very friendly nice person. And if they find out that they are a sexual offender, it's like they suddenly become something totally other, and almost as if they have been deceiving everybody all those years, but they are all those others things, because you are not, you are just a sex offender, and I think, yeh, that kind of attitude is very, very hard to break"

Resources and funding were also identified as areas that were influenced by the negative associations.

"... funding absolutely. I mean it's not the politically expedient thing, people are not going to throw money at sex offenders. I mean, they're not the flavour of the month, ever, so we have to fight very, very hard"

Donna was also aware of the contradictions inherent in resource allocation.

"My daughter works as a psychiatric nurse, and their wards are full of people who have been sexually abused. You know, it's a huge issue with health,
and it's a huge issue with justice, so to get funding now to stop it at this end, surely would be so much cheaper, than the costs now ..."

"But more so, because it's not politically correct to suggest, you know, so a huge amount of our energy goes in to trying to find funding"

She acknowledged the difficulties and dilemmas of organisational location and social attitudes.

"With sort of where we can work, I think at the moment we are trying to move in to, a main city area, and we are going through the process of getting council approval, and being upfront about who our clientele are, I'm sure it's going to be extremely difficult to do it. At the moment we are a little bit out of town. It is not known where we are, in terms of who we work with, but I'm sure trying to get our service in to the city will be very difficult"

Of interest was the wariness displayed by the agency in regard to protecting the client from society.

"We never advertise, I mean, that's another thing. We never have a sign to say this is where we are, we never advertise our address, so we have got our phone numbers but we don't give out our address in the phone book. So if anyone rings up for our address, we check out why they want to know our address. We don't give it to them simply because, we need to protect our clients. But we haven't had any issues like that at all, but we are very aware that it could happen. So we don't advertise at all where we are"

Donna relayed that the social attitudes towards her related more to her profession than the client group.

"... it can stop conversation pretty quickly. Certainly not something I talk about at a party, and yeh, I suppose I don't volunteer it. It's not necessarily who I work with, I think it's just when you say you're a counsellor, or a psychologist, ...You know, I think there is a kind of expectation that goes with that so I don't volunteer information at all, about what I do for a living..."
However, professional comments were more from interest than hostility.

"Well, yeh, usually very interested in what we are doing, very interested in how we work, how we work with the families, issues with the different offenders, and those sorts of things. So it's usually more interest than anything negative"

While seeing no impact on her practice directly, Donna identified other areas such as organisational location, funding, negative stereotyping and stigmatising attitudes as influential. Of note also was Donna's comments regarding the negative social attitudes towards herself as a professional, rather than through association with the client group.

**Future directions for practice in responding to child sex offending**

Having an understanding of where workers see the field of child sex offender treatment heading, is vital for gaining and insight into their understandings and responses. Donna acknowledged the evolving nature of the field, and saw the expansion of her agency into other States, recognising the difficulties this would entail.

"... we are actually trying to, we are always seeing new areas that need work. We have just been over to the Eastern States and have been lobbying the Commonwealth Government, and we have just got funding to do a year of study into our agency with the view in mind of taking our agency to the Eastern States, because no one has a program like this over there, and the ACT are really keen to get a program going"

Another area identified was the increase in diversionary and non-custodial programs in conjunction with other agencies.
"There is a problem with mandatory reporting and our program, and we are also looking at things like diversion programs where people come into our program rather than getting a custodial sentence. It's all working with the Ministry of Justice quite closely at the moment, and yeh, in terms of our program, we're working on some things too..."

"... and our board of management has some quite high profile and creative thinking people on it, so..."

For Donna, future directions for practice revolved around expanding the program to other locations and promoting more non-custodial responses to the behaviour. This was carried through Donna's responses to what she would like to see happen in the future.

"Well, I would like to see our program wherever, you know, we could put it"

More programs that focused on the partners and their families were highlighted.

"And because we work with the whole family, see one of the spin offs is this, the ministry only works with the offenders, whereas our program will work with offenders and the children as well"

Donna also saw a particular need to work with the women.

"... the women have huge issues, apart from the offenders, regardless of whether they stay with them or whether they don't, doesn't really affect the way they feel and what their issues are"

She also identified the need for more training and staff.

"Money, money so that we can train and employ the people who can do the job"
As well as the need for increased children’s services.

“There is a huge deficit at the moment, everywhere, for funding for children between the age of 0 and 12 years of age who have been sexually abused”

“... we have got a fantastic worker who works with the children, and she could be training, you know, others to do what she does. So that’s why we, you know we would like to work with children in our service, so that naturally the offenders in the program are still seeing the rest of the value”

Donna would also like to see increased access to the service where the offender is non co-operative.

“So that if a mother comes here and says that ‘I have just found out that my partner offended against my 5 year old child, he has gone off somewhere or however much she’s gone through, there’s a need for counselling. But we can’t see the children unless the offenders are in our program. And there are some agencies who are funded for teenage children who have sexually abused, but not for younger children”

Donna clearly saw the need for an increased number of agencies in differing locations, as well as the need for further resources and children’s services. These resources would be used for training and further staff, to enable a more holistic service to be available to those requiring counselling in relation to child sexual abuse.

**Summary of ‘Donna’**

Donna was aware of the personal world of her practice, and the impact of this on her ‘sense making’ experiences. Her understandings and responses stemmed from a multiplicity of causational factors, though previous sexual abuse and childhood trauma were identified as overriding contributors to child sex offending. Acknowledging research and current literature as important, Donna stated that the practice wisdom of other professionals and
training were the greatest influence informing her practice. Her worldview was obtained through an agency lens, where she saw nearly all aspects of her practice in organisational terms, rather than more broadly to the field as a whole. Donna was also aware of the socio-political world, and how this impacted on her agency and the offenders, though she reported no influence on her own individual practice.
PARTICIPANT 5 -- 'ERIC'

Eric is between 45 to 55 years of age, and has trained in psychology. He is employed in a statutory justice government agency, and has had 11 years experience working with child sex offenders.

Personal perceptions and reactions to child sexual offending

The sexual abuse of children will undoubtedly arouse intense personal reactions and perceptions. What workers do with these perceptions and reactions is crucial to our understanding of their 'sense making' experience. Eric's initial perceptions and reactions were based in the emotional content and nature of the behaviour.

"I think child sex offending is an abhorrent behaviour, I certainly don't agree with it, I mean it's tragic that people turn to children for whatever reason and use them sexually"

"I'm not comfortable with sex offending against children, or any offence, violent offence or manipulation of power over others, but I don't work on the premise that you're wicked, I work on the premise that that behaviour is inappropriate"

While Eric does not condone the sexual abuse of children, and states this in his initial perceptions, he is also able to make the shift from a personal reaction to a professional response quite quickly, separating the behaviour from the individual.

Personal impact of working in the area of child sex offending

Exposure to the emotionally charged and highly challenging issues that arise through working with child sex offenders, can impact on the personal world of the worker. The way in which this occurs will differ for each individual, and
will reflect how the phenomenon of child sexual abuse is understood. For Eric, this impact revolved around his family

"... it makes you more aware of who you leave your own children with, you know, and that's the down side of it, because you are more perceptive and more tuned to possibilities. So there is a down side in the fact that you might get that thought in your head and you recognise that it's unfounded, but it goes through your head, you know, can I leave him with so and so"

"I think it's more about recognising that anyone can be a child sex offender"

What is evident from Eric's response is that his view of the world has shifted, the 'abnormal' is slowly encroaching in to the 'normal'. He acknowledges that his perceptions have changed, a 'threat mentality' is present, and as such his vigilance and sense of vulnerability have increased.

**Explanation for the occurrence of child sexual abuse**

In order to gain an insight into a worker's understandings and responses to child sex offending, it is vital that we have an appreciation of their views on how and why the phenomenon occurs. Any number of reasons can be given as casual explanations for child sex offending. These can be developmentally based, biological, chemical, psychological and so on.

"... there's no one right answer, I don't believe anyway, every person is an individual and every person's experience is individual so, there's where is becomes complex"

Eric's understanding of why child sexual abuse occurs was based on a non-deterministic perspective.
“And I don’t believe it’s genetic at all, I think it’s an experiential thing that you start with a clean sheet, clean canvas, and the shape you have is shaped by your experiences, so if you can shape those behaviours, you can unshape those behaviours. They are not lost causes”

Themes that came through Eric’s responses, highlighted developmental, social and cognitive reasonings around childhood experiences, power and control, individual needs, appropriate relationships, and sexuality.

“... to me child abuse comes from people’s experience as a child, and growing up leaves them with questions about their own sexuality, low self esteem, discomfort with dealing with adults of the same age, appropriate age, so it’s a feeling of loss of power and control, but unable to meet their needs appropriately, are uncomfortable with other adults or appropriate age adults for their sexual needs, so they tend to find someone they can take control with, which are children”

“... it’s about people’s needs, people’s needs to feel fulfilled, the process of relationship or the sexual side of it, it’s a really complex thing, and it’s about fulfilling people’s needs, and if they can’t get fulfilled one way, appropriate sex with an adult in their own appropriate age, then sometimes they will turn to and twist reality and justify it to themselves what they are doing, to people who lack power and control”

“... and in a lot of people’s lives, if you’ve have been molested as a child, a lot of people have that feeling of loss of control over their lives, so in the fight to gain control, they can’t get control with the usual sort of partner, so they try and get control of someone with less power”

“not recognising what they are doing, confusion about sexuality, confusion about, ... if they have been abused, their own abuse, the guilt and shame that comes with it”

As Eric placed a strong emphasis on power and control, the researcher prompted further thinking around this by asking:
"Now you mentioned before the abuse as a child, do you think that plays a big role in becoming the abuser?"

His reply:

"Oh, no, it can be one factor, I mean, as a child if someone is abused then they have issues of trust, issues of intimacy, issues of inappropriate sexual behaviour, their first sexual experience with normal people might be detected as a self esteem and lack trust issues, there might even be attachment issues of someone and how they interact with people, so it's not just, .. no, it's not just because they were sexually abused because many people get sexually abused and they don't offend, so, that's just too simple"

While Eric recognises a multiplicity of causes for child sexual offending, his explanations acknowledge a non-deterministic ('you start with a clean sheet, clean canvas') understanding that is based in developmental ('comes from people's experience as a child'), social ('process of relationship') and cognitive ('confusion about sexuality') frames of reference.

**Professional knowledge drawn upon to understand and explain child sex offending**

How workers explain child sex offending is important for understanding how responses are formed. Of equal importance in illustrating workers' understandings is what knowledge sources are drawn upon. When initially asked about professional knowledge, Eric said that there "was knowledge available, but that he could not quote precise names".

"Ah, well there are lots of, there's heaps of literature on it and I don't remember the names of them all ...

He then went on to name broad schools of thought but did not expand on these.
"... you know but, we work on a cognitive based program, which is basically if you change their thoughts and perceptions then you can change their behaviour, so I can't really think of any specific literature"

What was interesting was a referencing by Eric to practice wisdom and collegial experiences.

"... it's a gradual processing, it's an understanding, and we've had supervision for the group and talking about sex offender profiles, and possible theories about offenders and doing the psychology degree, and just sitting in on groups. The group experience is invaluable"

"Yeh, I mean there is no one authority on it, you've got to work out what suits one individual best, and they have all different experiences, so there is no one, you know, you'll do it this way"

This practice wisdom however is still intermixed with general theory and knowledge.

"You've got to be quite flexible. It's about looking at what's going on for them and understanding, which is a very Gestalt sort of, look at their whole life, the events that lead up to it, and then how the offending, I mean sex offending doesn't just happen, it's a fact that it occurs because it has developed, then if you can recognise that fact occurring again in you life, then you can step up and avoid that behaviour. So it's about taking the whole, a whole look at someone's life, not just the offending ..."

_How these explanations & understandings inform practice_

From these understandings and explanations of why sexual offending occurs, will also be understandings and explanations around how this knowledge informs daily practice. Eric's understandings are based on a cognitive and
Gestalt (systemic) outlook on practice, where he believes in a non-deterministic ability to change.

"Yeh, no I think you have got to come from the premise that people can change. It doesn’t mean they’ll do it, I mean realistically, some people won’t change, but if you give them the best that you can, and more opportunities to, then change can happen"

Evident from Eric’s responses is a humanist approach.

"But saying that I see sex offenders as people, and that its just one small behaviour in the whole person. So I can see not only the behaviour, but also the goodness about a person as well"

“... it’s just one part of who they are. You see it in one and you’ll see it in them all, and you talk to them and recognise their humanness. I think it’s important to keep that in mind, in fact I think if you didn’t, you wouldn’t help"

This then enables Eric to set practice boundaries around how he works with clients.

“So when you think about the whole significance of the public and the client and who to protect, in reality, you have to work with these guys, and the better the therapeutic relationship between you and the client the more effective the therapy, it doesn’t matter what the mode of therapy, it’s that the therapeutic intervention between two people, that they feel care there"

An ability to separate out the person from the behaviour are elements of practice that derive from the humanist approach.

“So it just a small bit of the whole person, as in addiction, it’s a small behaviour, not the whole person. There is a reason, there’s a benefit, and there’s negative consequences to it, so that’s how I work with that"
"I work on the premise that that behaviour is inappropriate, so you just challenge it, you know, what's going on for you, why is that behaviour useful?"

As is a commitment to practicing with this client group from a non-judgmental position.

"The knowledge I have gained is it's so important not to come from a judgemental situation, it's not about judging people's behaviours, or judging people, it's about helping people explore. You're considerate to people's own needs and encourage them to explore issues and their thinking, because they're on their own out there, you are not going to be there to hold their hand."

The process of professional thinking from which Eric practices, is founded on non-determinism ('you have got to come from the premise that people can change') and non-judgmental ('it's not about judging people's behaviours') values, as well as principles of humanism ('it's a small behaviour, not the whole person'). This allows Eric to set boundaries in practice that enable growth and change for the client, through separation of the behaviour from the client. Eric does not lose sight of the dilemmas and contradictions present in working with child sex offenders, and does acknowledge the inherent contradictions.

"... but you must remember, in saying that..., sex offenders are very good at manipulating people, good at hiding what they are feeling and you have to be clued into that and recognise why, ... but that's a protective behaviour the person might sometimes use."

The organisational context of practice

Another factor that influences the practice of workers is the organisational context. For the majority of workers in child sex offending treatment, this context is usually statutory in nature, and is so for Eric, who acknowledged the organisational requirement for practice standards.
"... you are expected to run with the manual to particular form. Every program that's run from here, or [organisational name] is meant to run with a similar content, similar form, so you have continuity in the programs"

Eric also recognises the framework that underpins his practice, namely a rehabilitative model.

"I think, my experience with [my organisation] is that it's quite focused on rehabilitation, people seem to think, people just don't want them to go to gaol anymore, they want them to make some use of the time in here. It's a tough course for these guys, it tough to rake the coals over your life and see where you have a lot of pain. I think the prison department is quite supportive of the programs"

Resources efficiency and economic restraint were highlighted, when Eric discussed the possibility of change and outcome expectations.

"I think that, at the moment, the process is actually under a lot of change and they are looking at better ways and better ways to perform and to actually to get the results they want within the constraints of the dollar"

Eric identifies quite clearly an atmosphere of professionalism, both within this organisation and in other agencies.

"Most people are pretty professional, you deal with the victims all the time, you want to know as much about why it is happening, how the perpetrators think, so you're naturally interested I think"

"As a matter of fact I find that when you work with, or go and interact with people at [non government organisation] or places like that, they are more interested in your perceptions and that, because really we are dealing with a lot of the same issues"
What was interesting was Eric's notion of child sex offenders as victims, not simply perpetrators of the abuse, which then gave the child sex offenders a legitimacy to have a 'client' status, by way of a 'moral rightness'.

"It's interesting that some agencies aren't comfortable working with sex offenders, because they come from the victims side all of the time, you know. But a lot of these guys are victims as well ..."

Eric's understanding of the organisation's influence on his practice was generally positive; perhaps due to the length of time in the organisation and a commitment to seeing the organisation positively. Eric saw a standardisation of delivery, the use of a rehabilitative model, the possibility of change, and an atmosphere of professionalism as organisational practice policy which impacted on his practice.

Organisational factors that shape the nature of practice

The organisational context gains meaning from the impact these factors have on workers and how they practice. Eric recognised the complexity of the organisational impact on his practice, describing the expectations and constraints of the programs.

"... an intensive program goes for 6 months, if you have got an entrenched behaviour, it's a bit difficult to change it within that 6 months. Behavioural change on its own is difficult, on top of all the psychological and emotional stuff that goes on with sex offenders, it feels limited, and you feel limited, and rushed and a lot of stuff that would be really useful you don't use, you just pick out the top most stuff"

While illustrating this complexity, Eric was also able to identify a need for flexibility and adaptability within these organisational constraints.

"... there's structure in place for how you run it, but once, within that structure, you run it how you wish to"
"Yeh, and I think you need that flexibility because every time you walk in to that group, you don't know where it's going to go. I always use the example of the bucking bronco, you don't know how it's going to jump. And that's the exciting and interesting part of it, if you're in there and you really get to see where it's going and then sometimes issues will come up, although it's not the right environment at that time, you might have to deal with that issue, and then go back to whatever..."

This requires of workers a capacity to juggle money, time and resources.

"It's a real juggling act, but I think that's with any organisation now, it's a real balance between not just the money, but what your results are and how you best manage your resources. I think that's why most of the work is done in groups, it's more economical. But in saying that it's also more effective"

Eric was also aware of the outside influences of the public on the organisation, and consequently on his own practice.

"... your time constraints, which is all about financial constraints as well I suppose of the Department and how much the general public and the pollies want to pay for the programs. There is that balance, and I can understand from the Dept's side that you have to draw a line in terms of time you spend"

In addition, Eric was aware that organisational structure and process also impact on clients, and in turn, how the client interacts with the worker.

"The court, sort of battle where its adversarial, come to the prison and its adversarial, it's sex offenders against the others in here and they get attacked all the time, so they come in here and it takes awhile to get those defences down. Trust is a big thing for sex offenders. So, it takes a while to build up trust and once you've built the trust then, it's easy, and it is. From day one, the first day here you start building the trust"
Not only was Eric then cognisant of the impact of organisational forces upon himself as a worker, in terms of program structure, economic restraints and resource management, but he could also recognise the impact of organisations on the client, and how this may affect their therapeutic relationship with the worker.

Worker's perceptions & understandings of the social context of practice

The organisational context is not the only area of influence upon workers in child sex offender treatment. The social context of practice is significant as well. Eric was acutely aware of the social context and the social perceptions of the client group. He identified the stigma that is attached both within the prison and in broader society to this particular client group.

"Within prison child sex offenders are the bottom of the pecking order, so the guys here feel that they are under attack from the community as well, they feel that the community is very hostile, particularly against child sex offenders and they won't give them a second chance. And it concerns people, you know, that yes I stuffed up and I'm trying to do something about it, but no matter what I do, the community won't forgive me, and won't let me get on with my life, it's a real pity"

"I think people are finding, I think that people want them to be rehabilitated, though there's still a few rednecks that want to go and string them up and that sort of stuff"

This then produces contradictions for the worker who sees the offender as a person.

"... the people you work with, the sex offenders you work with, you see them as real people and it always makes you laugh because people in the community say, 'oh, it's a sex offender', you know, they're people, they're just people, they're not two headed monsters. And that's hard for people to understand"
This social labelling produces a defeatism around client's change potential that Eric as a worker must then battle.

"... they feel labelled and things like, you know, the threat of registers and giving false names and that's a real fear for people, because they keep getting labelled and never get a chance to actually prove themselves, that they can get on and be useful in the community"

Negative social stereotypes and stigmatising labels were identified by Eric as poignant issues for the clients he works with. These attitudes are then internalised by the clients, adding to the complexities of practice, and creating another hurdle for the treatment process.

**Social factors that shape the nature of the worker’s practice experience**

The social context of practice can be a telling factor in practice, especially in an area such as child sex offender treatment, where social attitudes are often hostile, emotional and challenging. Eric did not appear to see, that how society perceives child sex offenders impacted on how they perceived him as a worker. He seemed to hint at an awareness that people would be curious and have views, but did not expand on this.

"... with people outside, with people's attitudes, I mean, they find out where you work, with sex offenders, and they want to know what's going on, and I just try to explain to them,... my favourite line is 'if I had lived their experience, I'd be in gaol'

“And it's also about stereotyping and that sort of, 'I'm not a sex offender, if you have got a monster, and I'm not a monster so I can't be a sex offender'"
Future directions for practice in responding to child sex offending

In a field as highly contested and contentious as working with child sex offenders, where research is inconsistent and knowledge is still emerging, the possibility for change is ever present. How workers perceive these changes can provide insights into their understandings around practice responses. Eric saw little would change and possibly would become more difficult due to an increasing financial restraint.

"Ah, I can see the status quo staying the same, hopefully we won’t have anymore funding cutbacks. I can see it staying very much the same, new governments have new ideas, the Gallop government seem to be tight with money, obligations to the public are still strong so..."

In addition to this question, workers were also asked the "IF" question, what they like to see happen in child sex offender treatment. For Eric, only one area was initially identified.

"I suppose, on going training, more on going training ..."

"Yeh, I think training is fantastic and the more training you get the better ..."

On reflection, Eric did identify a community need.

"I would like to see more community support for the guys when they get out, more community programs..."

Eric clearly saw the need to transit services into the community, however he did not expand on this as to what this might look like [due to his work demands and the conclusion of the interview].
Summary of ‘Eric’

Recognising the negative impact of his personal world, and the shift caused to his cognitive worldview, Eric’s ‘sense making’ was based largely on his personal experiences and the practice wisdom of other professionals. Unable to name specific knowledge bases, it became evident that Eric drew on a variety of knowledge sources and schools of thought to explain the multiplicity of casual factors that informed his understandings and responses to child sex offending. Recognising the complexities of practice within a mandated organisation, Eric used a professional lens to manage and navigate this realm. Eric was also very aware of a somewhat negative socio-political climate and the impact this had on his practice, the offenders, their subsequent interaction with him, and the possibilities for change.
CHAPTER 5

ANALYSIS & IMPLICATIONS

INTRODUCTION

The purpose of this chapter is to analyse the workers' 'sense making' in relation to the phenomena of child sex offending, as well as their understandings and responses to the treatment of child sex offenders. To achieve this end, the first section will revolve around an analysis of the results from the previous chapter, and then be followed by the implications of the study for practice.

Structure of the analysis

The structure of the analysis will be framed around the conceptual speculation outlined in Chapter Two. This conceptual framework is centred on three central concepts, namely child sexual abuse, child sex offender and treatment. The worker is placed at the nexus of how each of the concepts are translated into practice. How workers explain child sexual abuse and child sex offenders, illustrates their perceptions and understandings around the phenomena of child sexual offending and subsequently how they respond in practice. This analysis of these concepts will highlight their perceptions and understandings in relation to treatment and their practice experiences. In addition, each concept is made sense of by the worker through reference to a wider system, which includes a personal, professional, organisational and social context. An analysis of each of these contextual referents; in conjunction with the three central concepts, will illustrate how workers 'make sense' of practice with child sex offenders.
Utilising this conceptual speculation as the basis for discussion, the workers' responses will be analysed through comparison with the objectives of the study. The objectives of the study were utilised to frame the 'theme' focus of the interview questions. The data was presented and analysed using the 'themes'.

The objectives of the study are reiterated below.

1. What are the workers' personal perceptions and reactions to child sexual offending?
2. What is the impact of working in the area of child sex offending on the workers personally?
3. How workers explain how child sexual abuse occurs?
4. What professional knowledge do workers draw upon to understand and explain child sex offending?
5. How does the way workers explain and understand child sex offending inform their practice?
6. What is the organisational context of workers' practice?
7. What factors in the organisation shape the nature of workers' practice experience?
8. How do workers perceive and understand the social context of practice?
9. What social factors shape the nature of the workers' practice experience?
10. What do workers see as future directions for practice in responding to child sex offending?
ANALYSIS OF THE RESULTS

Personal perceptions and reactions to child sexual offending

The results of this study show that the initial personal perceptions and responses to child sex offending for each worker in the study was highly emotive. Each response, while similar, was unique to each worker's personal experience, and was not related to the amount of experience in the field. Common to a number of the responses was a lack of understanding and disbelief by the workers, as to how a person could conceivably commit such an offence.

Each of the workers was quick to move the discussion from the 'personal' context to the 'professional' context. Carol and Eric proclaimed their abhorrence for offence of child sexual abuse, however their 'professional' position was that the person was not synonymous with the behaviour. As a result the person could be responded to professionally if understood as a person with a behavioural problem.

The findings suggest that workers' personal reactions and perceptions of child sex offending vary little in relation to feelings of abhorrence and lack of tolerance, whether targeted at the child sex offender as a person or the behaviour as an offence. Workers had to contend with the ambivalence between a personal abhorrence for the behaviour, and the desire to help the offender gain control. Workers also had to contend with the awareness that those who perpetrate child sex offending have often themselves been victims of sexual abuse. This ambivalence can be extremely stressful and difficult to manage personally (Ryan & Lane, 1997).
Each of the workers were able to move effectively and efficiently from a personal reaction to a professional response, which indicates that workers are aware of their personal reactions, are able to articulate these personal reactions, and are experienced in mediating and managing these within the professional world of practice.

**Personal impact of working in the area of child sex offending**

The findings here show that working in the area of child sex offending has a personal impact on each of the workers. Though varying for each individual, the impact of working in the field of child sex offending treatment, occurs in relation to family and/or partners, and for each worker manifests in an altered cognitive worldview towards the safety and well-being of loved ones.

Knowledge acquired through professional practice generates what might be called a fear of the 'known'. An awareness of the incidence, characteristics of offenders, risks that child sex offenders pose to the community, and the impact of the abuse, can translate into a personal fear underpinning one's own vulnerability and sensitivity to danger. These altered worldviews are reflected in differing degrees of personal increased vigilance, vulnerability and possible threat mentality.

The results also show that all but one worker identified a direct personal impact of working with child sex offenders. For Donna the greatest impact was on her partner, which in turn impacted upon her and her personal world, and was attributed to her increased awareness and knowledge filtering through to her partner.

Adam also noted the complexities inherent in working in a rural context when the personal and professional worlds often collide, especially in the area of child sex offending.
The extent of the personal impact was illustrated further by a number of workers, who spoke of the difficulties in managing the constant exposure to child sex offenders and the specific details of the cases within both the personal and professional worlds.

One approach the workers identified to manage the impact of the emotional and distressing nature of the behaviour, and exposure to power-based and manipulative interactions, such as those found when working with child sex offenders (Ryan & Lane, 1997), on the personal world was the need to separate somewhat the personal from the professional (Zubrzycki, 1999). As Carol outlines in her response;

Evidence suggests that workers who practice with child sex offenders can be significantly affected personally by their work (Farrenkopf, 1992). The results of this study support this suggestion. All of the workers identified the negative personal impact of working in the field of child sexual offender treatment on their personal lives. Common to all of the workers was a shift in their personal cognitive worldview, whether in relation to their families, partners or themselves.

Explanation for the occurrence of child sexual abuse

The results here show that workers' explanations for the occurrence of child sexual abuse were varied, and relied on a number of contributing causes rather than a single theoretical explanation or position. The workers in the study drew upon a wide range of theoretical explanations to inform their practice (developmental, psychological, social, cognitive and learned understandings of child sexual abuse). These eclectic theoretical sources utilised by the workers is consistent with other research in the field (Ward, Neilson, & Marshall, 1990). How much weight was given to each theory was dependant upon both practice issues the workers sought explanations for and the workers' professional background, training, knowledge and practice
wisdom. Practice issues raised by the workers were victim status location, power and control issues, low self-esteem, sexuality and sexual efficacy, cognitive distortions, inability to form age appropriate relationships, and dysfunctional families. The workers saw these issues as contributing to the sexual abuse of children and therefore the workers needed to seek theoretical explanations for these issues.

One finding consistent throughout the study was the theoretical positions utilised by the workers, which was a non-deterministic approach. All the workers saw that perpetrators were not 'born' but rather rose as a function of their socio-environmental context. Nurturance preceded nature. This view, while apparent in all of the responses, is most clearly articulated by Eric.

"And I don't believe it's genetic at all, I think it's an experiential thing that you start with a clean sheet, clean canvas, and the shape you have is shaped by your experiences, so if you can shape those behaviours, you can unshape those behaviours. They are not lost causes"

Throughout the literature researchers have recognised that an explanation for child sexual abuse that relies on a single cause cannot fully account for such a complex phenomenon (Robinson, n.d.). The results highlight the recognition by the workers of this fact. The workers recognised the heterogeneity of offenders (James, 1996), and hence recognised child sex offending as a multi-dimensional and multi-determined phenomenon (Smallbone & Wortley, 2001). This heterogeneity then creates the need and the demand for workers to seek multifactorial causal explanations, which suggest that a variety of elements are influential in the initial onset and continuation of child sexual abuse (Bumby & Hansen, 1997).

One factor common to all of the responses was a recognition that a perpetrator of child sexual abuse may have at some time been a victim of such abuse. Each of the workers included previous childhood experiences of sexual abuse as mitigating factor in the existence of child sexual abuse.
While very little theoretical evidence exists to support the abuse to abuser theory, research is emerging which is beginning to show that a strong 'practice validity' association exists for prior abuse-perpetrator relationship (Hanson & Slater, 1993). A practice validity recognised by some of the workers.

However, some of the workers indicated a realisation that on its own, this link to previous victimisation is too narrow a focus to solely explain such a complex and heterogenous behaviour (Prentky et al., 1997).

Another finding consistent for the majority of workers was issues of power and control. Four of the five workers attributed the sexual abuse of children to the quest to gain power or control over others. This was linked closely by some of the workers to the powerless experience of previous abuse.

Four of the five workers also highlighted an inability to have age appropriate relationships as a cause for child sex offending, which may stem from prior victimisation and a need for power and control.

The workers also importantly noted that although the offence was overt sexualised behaviour, the motivation for the behaviour may not be sexual. Sexual activity may be the means the offender uses to meet their needs for intimacy, power, recognition and status.

Notable within these results is that only one of the workers differentiated between the intrafamilial and extrafamilial offenders when discussing causal factors, despite the clear distinction within the literature between the offending nature and context of the two groups (Barsetti et al., 1998)
Interestingly, only one worker named the indigenous experience and child sexual offending as a specific area of concern in child sex offending in Australia. It is difficult to explain why the majority of the workers in the study may not have raised this issue and its strong link to invasion, colonisation, cultural disintegration and economic disadvantage (Davies, 1999)

"... probably has a lot to do with the stolen generation, sexual abuse in the missions and that sort of thing to some degree..." (Carol)

Overall, the results are congruent with the contemporary research and literature around the etiology of child sexual abuse. Although considerable progress has been made, no firm theories or conclusions were drawn by the workers as to why some people sexually abuse children (Robinson, n.d.). Recognising the pitfalls inherent in espousing a single factor cause for child sex offending, multidimensional and multifactorial explanations were put forward by all of the workers (Smallbone & Wortley, 2001).

The workers in this study use their practice wisdom, training and knowledge of child sex offending to create their own ideas and theorising around etiological factors. Acknowledging the difficulties of such a task, the heterogeneity of offenders and uniqueness of each case, means that workers recognised child sex offending must be addressed case specifically rather than using a specific theoretical framework or practice methodology.

"Factors that appear to operate in a particular sex offender's case may not help explain why another individual offends. In most instances, it is likely that sex offences are produced by chains of causal factors which operate together in complicated ways" (Robinson, n.d.).
Professional knowledge drawn upon to understand and explain child sex offending

The results indicate that the professional knowledge drawn upon by the workers stems from three main sources, namely practice wisdom, in-house training, and current research and literature.

The most important finding of the results was that all of the workers relied predominantly on 'practice wisdom', either their own or of other professionals in the field.

This reliance on practice wisdom is of particular concern in a field which has a reportedly high turn over of staff and increasingly high rate of staff 'burnout' (Baumgartner, 2000; Farrenkopf, 1992; Shapiro et al., 1996). The field of child sex offending has continuously been associated with emotional exhaustion (Anderson, 2000), or long periods of leave from practice with post traumatic stress disorder (Kearns, 1995). If this is the case, and the turn over of workers is quite rapid, then the loss of knowledge through the practice wisdom of those that leave the field is significant.

After practice wisdom, the findings show that in-house professional development knowledge and training is a vital knowledge source for workers. Congruent with current literature, training has been found to increase worker confidence in their ability to 'treat' child sex offenders, and also their belief that treatment can be effective (Lea et al., 1999).

The findings also show that when asked, most workers could name theoretical concepts/ideas, however few could name in any detail any specific theories in relation to child sex offending. Broad schools of thought

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3 Practice wisdom refers to "the collective experiential learning of the profession transmitted through published authoritative materials" (Mullens, 1984, p. 628), similar to a professional common sense.
were provided, and it was apparent that knowledge was drawn from a wide range of sources.

The heterogeneity of practice and the need for specific rather than generalist knowledge was highlighted by Eric, who states that the nature of the field itself, the confusion and lack of commonalities may account for the lack of any specific theory.

Likewise, it became clear that while workers were not using any specific theory or knowledge base, findings show that due to the heterogeneity of offenders and the uniqueness of each case, workers used specific knowledge 'bits' that were case context driven.

For workers in this study, professional theory appeared to inform practice at a covert, rather than overt level. However workers like Bill felt confident that they could articulate their theoretical base if required.

Overall, these results show that while not naming specific theories of knowledge sources, knowledge was gleaned from a variety of sources depending on the particular needs of the case and the offender. Schools of thought were identified rather than specific theories, and training was identified as a valuable aspect of worker knowledge. The most important finding was the heavy reliance on practice wisdom as a knowledge source within the field of child sex offending.

**How these explanations & understandings inform professional practice**

Findings indicated that the workers were able to articulate how their explanations and understandings informed their professional practice. Two of the workers identified the importance of their formal training for the generic
aspects of practice, such as client interaction and providing an overall holistic/systemic understanding and approach to their work.

Carol also identified the benefits of working with non-child sexual abuse offenders, before practicing with more specific types of offenders, which provided her with the opportunity to enter the field of offending gradually, rather than at the extreme end of the offender continuum.

"I think it has probably been quite useful as well to work with generalist offenders before coming to work with the child sex offenders, some of the things can be very similar, and its not going right to the hard end of the scale, generally working with people's behaviour that impacts on other people lets you work up to the more emotive cases"

For Bill, his professional development training around the power of sexuality and childhood experiences informed how he practiced with child sex offenders.

Bill also highlights the power of childhood experiences in moulding the experiences of people as adults. Retelling the story of a boy's relationship with his grandfather, Bill conveys the importance of acknowledging childhood experiences in his practice.

As mentioned previously, practice wisdom has been identified as a major source of knowledge for workers. Adam, in his response again highlights the practice wisdom of others in the field, rather than his own experience, as shaping his professional practice. This may be attributed to the confusion and lack of any definitive knowledge within the area, as well as the nature of the consequences for incorrect or mistaken assessments or decision-making for the offender, the victim, and the worker themselves.
One commonality from these results is that all of the workers practised from a humanistic perspective. While this was not articulated by the workers, it was evident from their responses.

"... I'm thinking we are all human beings, we have all got our failings, we have all got the things that we struggle with, and at that point, we are all human" (Carol)

A large component of this humanistic approach was differentiating the act from the actor, or the offender from the behaviour. Commonly reported by all workers, this view is echoed within the child sex offender field, where effective and ethical treatment recognises child sexual abuse as unacceptable, but perceives the child sex offender as people capable of changing or managing their behaviour and belief systems (Pithers, 1997).

"I try to separate their behaviour from the person, try to remember they have abused someone, or several people, but they're not a sexual perpetrator 24 hours a day. They have other qualities that, sometimes can be very good fathers, brothers, sons whatever, some are victims as well, but ah, most of them do have good traits, good attributes, you know things about them that you can find to, admire I suppose and respect." (Adam)

Stemming from this humanistic approach is a non-deterministic perspective of the child sex offenders, and a belief that change, whether realistic change or management of the behaviour, is possible. Without such a belief, workers would find it very difficult to legitimise or rationalise their professional role in child sex offender treatment.

Combined with the humanistic approach and non-deterministic perspective is a non-judgemental attitude by the worker towards the child sex offenders, which while not clearly stated by the workers, was evident in their replies. As Pithers (1997) states, if "treatment providers fail to respect the human dignity of clients, regardless of the deplorable nature of their client's conduct, the likelihood of significant change is greatly diminished".
Of note within the results is Eric's response around the nature of the therapeutic relationship. For him, the quality of the interaction between client and worker can be more influential in motivating client change or behaviour management, than any particular method or type of intervention.

What becomes clear from the results, is that even though the workers recognised the need for humanistic and non-judgemental perspectives when working with child sex offenders, they were also aware of the dilemmas and contradictions within this. A number of workers identified the boundaries that must be drawn when working with child sex offenders, due to the denial and manipulation commonly associated with the behaviour (Maletsky, 1991). Workers must find a balance between what Plant (1973) describes as 'a tolerant acceptance' and colluding or minimising the offence.

The organisational context of practice

In terms of organisational context, results indicated that workers' understandings were closely linked to the legal status of the offender and the somewhat restrictive nature of organisational policies and guidelines. While similar themes were apparent within the responses, each of the workers defined their organisational context differently.

Overall, findings indicate a definite trend towards a more rehabilitative model of practice, regardless of the specific organisational context.

The findings showed a definite distinction being made between community and correctionally based programs, and also statutory and non-statutory organisations. Within the statutory realm, responses identified two categories of offenders in the criminal justice system, those who were given custodial sentences, and those who were placed on community orders.
While indicating the different pathways through the correctional system, Adam did highlight the fact that most child sex offenders who engage in treatment do eventually become community clients on release.

One worker indicated that those offenders, who had participated in the custodial programs, were 'easier' to manage once they become community clients. Similar to other workers they suggest the deterring influence of punishment (incarceration) on treatment approaches.

Another worker, who practices within a custodial and community context, also highlighted a difference, stating that the custodial setting can often feel isolated from the wider social environment. This can then create difficulties for offenders who on release, are expected to re-assimilate into the wider community without committing further offences, and also for workers whose role it is to assist their clients re-enter society. This can be a complex process when society is seen as a hostile and foreign environment.

Results also demonstrated the difficulties and complexities of working in a context that necessitates a standardisation of practice, with a group of offenders who are in no shape or form standard. Workers were then faced with the challenge of responding to the unique aspects of the case within the standard protocols and methods of the organisational practice.

The impact of a centralised bureaucracy on practice was also evident in the results. Workers in the study acknowledged the frustrations and tensions of policies and procedures which came from 'above' but which may not recognise local practice setting needs.

"... the typical sort of stuff that goes on in all organisations is the hassles with head office politics, and try not to let that get in the way too much, being distant from head office geographically, we get to keep out of all that stuff and do our work"
The findings also show that most workers, while positive in their regard for the organisation, could identify points of contention within the organisational context. Donna provides an example of this when she discusses the policy of offenders not sleeping in homes with children under 16 years overnight, or have unsupervised access to children during the first year of treatment. As her client group is mainly intrafamilial offenders, this can lead to highly stressful economic and social periods.

Of note also was Eric’s comments regarding an overall organisational context in terms of child sex offenders. Here he points out that a number of organisations are unable or unwilling to understand the fact that most perpetrators are or have been victims themselves, and see the client only within an offender role.

**Organisational factors that shape the nature of practice**

When discussing organisational factors that shape the nature of practice, the workers’ responses revealed a number of areas where practice was constrained or restricted. These revolved around timeframes, resources, and restrictive guidelines such as those around accepting responsibility for the behaviour or admitting guilt by the offender.

The necessity for an admission of guilt or acceptance of responsibility for sexually abusing children was viewed by a number of workers as a constraining organisational factor. While understanding the debates around why this is deemed necessary, such as limited resources and a number of studies that show high recidivism rates and low treatment effectiveness for those perpetrators who do not accept responsibility, this organisational requirement was seen as problematic. The notion underlying this view is that change cannot occur without some form of acknowledgement or acceptance of the behaviour. However this does not take into consideration the nature of the custodial setting, which demands a change in the offender’s behaviour.
through compliance with prison regulations, rather than an acceptance or admission of guilt. Although the workers did not elaborate further, Adam did highlight the potentially dangerous consequences of child sex offenders completing their sentence with no treatment contact whatsoever.

Adam demonstrates this further, highlighting the complexities and dilemmas often faced by workers within the criminal justice system.

"It is, because you simply can't recommend the release of someone who hasn't addressed, or has made no attempt to address their offending behaviour, despite their insistence that they may be innocent, a judge and jury have convicted them of the offence, therefore they are guilty whether they like it or not. So yeh that does impact on your practice" (Adam)

Findings also show that each of the workers were aware of organisational structures and the restrictions this often placed on practice, but were able to manage and navigate these structures through first understanding the structure, and then being flexible and creative within that structure. Jones and May (1999) claim that any worker who wishes to practice effectively and efficiently within an organisational context, must be able to recognise and work with the 'discretionary power' they have at the coal face of practice. Even though it was not clearly stated how the workers utilised this discretionary power, it was clear that all of the workers saw it as part of their professional role, and most used organisational policy and procedures as broad guidelines within which they could implement specific, targeted practices.

Of note was the workers' observation around time constraints and expectant outcomes. These time constraints were linked closely to the length of sentence handed down by the justice system and the availability of treatment programs. This was a common theme through most of the workers' responses, who practiced within a 'justice system time', as opposed to a 'service rehabilitation treatment time'. Eric identified in his response that
the nature of the change called for when working with child sex offenders can often leave workers in a position where decisions have to be made around what issues get attended to and what others fall by the wayside.

"... an intensive program goes for 6 months, if you have got an entrenched behaviour, it's a bit difficult to change it within that 6 months. Behavioural change on its own is difficult, on top of all the psychological and emotional stuff that goes on with sex offenders, it feels limited, and you feel limited, and rushed and a lot of stuff that would be really useful you don't use, you just pick out the top most stuff"

Closely linked with the time constraints were the economic restraints, which were identified as mainly stemming from socio-political forces. For the majority of workers these economic restraints were associated with the social perceptions within the wider community around child sex offenders themselves. The nature of the behaviour is such that society provides resources for treatment of child sex offenders reluctantly. It is not an area of practice that attracts a great deal of funding, as debates still continue that the resources should put towards the victims of the child sexual abuse, rather than towards the treatment of those who perpetrate such offences. Workers are then placed in the position of providing a complex and specialised service with minimal financial support, leaving little room for the provision of unique and heterogenous services.

"... your time constraints, which is all about financial constraints as well I suppose of the Department and how much the general public and the pollies want to pay for the programs. There is that balance, and I can understand from the Dept's side that you have to draw a line in terms of time you spend"

(Eric)

Although a number of responses alluded to the constraints on practice of organisational context, others also included the impact on clients themselves of organisational policies and practices. One worker acknowledged the
impact on their clients of agency context, and the subsequent impact this had on their and interaction with the worker and the practice relationship.

“The court, sort of battle where its adversarial, come to the prison and its adversarial, it’s sex offenders against the others in here and they get attacked all the time, so they come in here and it takes awhile to get those defences down. Trust is a big thing for sex offenders. So, it takes a while to build up trust and once you’ve built the trust then, it’s easy, and it is. From day one, the first day here you start building the trust” (Eric)

Likewise, how workers interacted with other members of the agency, and how the clients perceived this was also raised as an important organisational factor that shaped the practice of one of the workers.

“Also the way you interact with the other prison officers, can be sort of important in how the people of the group see you interacting with them, and how it comes back, and all of that sort of organisational context is important” (Carol)

Workers within the study were able to identify the differing organisational context of statutory and non-statutory practice. The 'justice' nature and context of statutory practice ensured treatment practices must meet a justice agenda. This produced a mediated tension - though workers did not always articulate, nor were they always clear, how this mediated tension between the relationship of justice to treatment was resolved by workers on a case-to-case basis.

One worker highlighted the benefits of a non-statutory agency when working with child sex offenders. Donna clearly saw statutory and non-statutory organisations differently, viewing her agency as more therapeutic in its approach rather than investigative, which she felt may be more closely linked with the justice system.
Similarly, Donna also saw she was able to be more open and engage with clients, which she attributed to the lack of legal pressure or culpability that may be associated with a statutory organisation.

Of interest from these results, was that while aware of the possibility of a courtesy stigma being attached to the workers, no such phenomenon was reported by the workers within an organisational context.

**Worker's perceptions & understandings of the social context of practice**

Results demonstrate an acknowledgement and recognition by the workers of the social context of practice. The workers articulated this recognition in a number of ways, although there appeared to be a general consensus around the notion of a hostile and somewhat retributive social attitude towards child sex offenders.

The findings also showed that workers viewed the social perception of child sex offenders as individuals who were separate from the rest of society. The majority of the workers articulated a sense of the offender being alien, not human or 'other' in some light as seen by the rest of society.

Although the workers did not use the language of 'moral panic', they recognised a highly subjective, generalist stereotyping towards child sex offending as underpinning social perceptions and attitudes towards child sex offenders. Moral panic (Victor, 1998) characterised by a high level of concern over a certain behaviour, and a consequent high level of hostility towards those exhibiting the behaviour (Thompson, 1998). The moral threat and heightened public fear often blinds people to reality, and stereotypes and misconceptions are quickly taken as fact (Pithers, 1997). Often culminating in tales of monsters rather than men perpetrating the offences, the social
perception of child sex offenders is hostile even within the general offending population.

Some of the workers also noted a lack of forgiveness that resulted from the moral panic social response. For Eric, this unwillingness of society to forgive the offender, created another factor to be addressed in his practice. So not only are workers facing the immediate direct consequences of the behaviour, but also of the prevailing social factors that create further difficulties and complexities for workers in this area. Workers are being asked to work towards change with offenders, towards whom society is unwilling to recognise or respond to the changed behaviour because the original behaviour has not been forgiven.

This simplification of such as complex phenomenon is recognised by workers as being based upon a lack of knowledge and understanding around the realities of child sex offending by the general community.

"I suppose the community at large, tends to sees things very much in black and white, boundaries you just don't transcend, that's a child, you don't commit an offence. But you can throw a couple of scenarios in, to make those black and white areas become very grey, and they start to see things a bit differently" (Adam)

Whilst the results acknowledged a hostile and punitive social perception of the offenders, workers were also able to identify a gradual shift in recent times towards a more accepting and educated public. This is possibly driven more by an acceptance and acknowledgement of the victim, rather than a desire to assist of acknowledge the extent of offending.

"... because it's more open and a lot more people are coming forward about their past abuse or abuse that is happening now, it's not so, it's not such a thing that is so alien, it has become more, I don't know, accepted" (Bill)
What was of note in these findings was that only one of the workers linked the social context directly to themselves as a worker. Here Adam highlights the complexity that can result in the professional world and social world colliding. So not only are the offenders looked upon with hostile or aggressive attitudes, but often the workers are credited with a courtesy stigma and endure a similarly hostile social environment.

"... certainly on social occasions and everyone finds out what you do, the first thing they think is that you're a 'namby pamby social worker' who is doing everything they can to help the perpetrator and forget the victim, and the offender needs to be punished and you are just a bastard for doing it, and you should be out there shooting them, you shouldn't be recommending any one for release. And you should not recommend any option other than prison, and that's if you are being 'soft'. So yeh, people in the general community have a shocking opinion of child sex offenders and the people who work with them."

Social factors that shape the nature of the worker's practice experience

Results indicate that workers are aware of the social context of practice, and the impact this has on how they work with child sex offenders. Each of the workers providing unique answers to how this social environment impacted on their daily practice. For some they focused on the distorted perceptions around how the client group was seen; for others the social impact was on how they and their work was seen; for others it was a 'voyeuristic' curiosity; and for others it was aggression towards them as a worker. These experiences were generated by a refusal by some in society to acknowledge the existence and complexity of child sex offending, to clearly think through a moral position in relation to offenders and to understand the nature of practice.
The workers identified several consequences of their social location as workers with child sex offenders. For some, the negative social attitudes and perceptions of child sex offenders gave cause for workers to be wary in being forthcoming about their professional role and client group.

The social location also caused difficulties for workers around professional pride and legitimacy, as the general attitude that emanates from the public questions the validity of treating child sex offenders.

For other workers, this led to a questioning and a lack of confidence in their practice. This self-doubt, when combined with the lack of support from the social world, can increase the stress and anxiety levels of workers already practicing in a highly stressful and controversial field.

In contrast to these worker experiences, one of the workers reported experiencing hostile attitudes towards themselves as a worker. This was not associated with practicing with child sex offenders, but rather due to their professional role as a counsellor.

Socio-political factors were identified as impacting on practice with child sex offenders, especially for those working in the criminal justice system. Of note in these findings was the connection made by one worker between retributive attitudes and the current drive for economic rationalism and resource efficiency. Obtaining and rationalising funding and resources for child sex offenders is a challenge, especially within an environment that is hostile and ambivalent as to whether treatment should be provided at all. Although more and more people are coming to the realisation that not only is it more efficient and effective in monetary terms to treat people who sexually abuse children, but more so in terms of any future potential victims.
For some of the workers, the defining and polarised boundaries between being a perpetrator and victim impact on how they, as workers, are able to practice with child sex offenders. For these workers there seems to be an intangible but very clear and distinct line between being labelled a victim or a perpetrator. Once this line is crossed, and a victim starts offending, society voids any victim rights the person previously held. For Carol, this is a highly influential factor, when agencies who predominantly practice with victims of child sexual abuse, will not work with those who have come to perpetrate those same offences on others.

The notion of a lack of understanding related to the complex realities of child sex offending, and deeply instilled societal attitudes around this, are acknowledged by the majority of workers.

A point of interest from these findings, was that only one worker identified the impact of social factors on their agency and their client group. As a non-statutory agency that has no association with punishment or retribution for the offenders, they may be seen by society as being too 'soft' on those who sexually abuse children. The hostility may then be more intense towards that type of agency, rather than a statutory setting where punishment and incarceration are an expected and necessary part of the rehabilitation experience.

**Future directions for practice in responding to child sex offending**

As with the previous responses, the findings show that each of the workers perceived future directions for practice differently, depending on their personal and professional experiences, training and practice wisdom. These ranged from seeing the status quo staying somewhat the same, additional programs being implemented, or aspects of current programs being reworked or improved.
For one of the workers, little change was seen in the future directions of treatment for child sex offenders due to conservative socio-political forces and restricted resource availability.

Some of the workers also provided a broad outlook on future directions, with long-term focus on a more educated and aware society that enables rather than hinders both disclosure and treatment for child sexual abuse and child sex offenders.

A number of workers could see additional programs being implemented or developed, along the lines of non-custodial, diversionary or community centred approaches. However this did not discredit for these workers, the necessity or effectiveness of custodial treatment programs.

Other workers in the study identified changes or modifications within already existing programs, or changes to current treatment approaches. For Carol, one of these changes was a move from more traditional confrontational approaches to practice with child sex offenders, to a motivational approach initially developed for people with drug and alcohol issues. This form of interacting aims to decrease resistance and work with the offender, rather than at the offender. Introduced by Miller (Miller, 1989), motivational interviewing is gaining momentum in a number of fields, not just child sex offending.

Within the literature at present, there is also a push to shift the goal of treatment approaches from minimising reoffending or recidivism, (which is a very problematic concept with numerous definitions and measurements), to a more positive approaches that focuses on increasing the quality of life for the individual. Carol identifies this new focus in her response.

"Shifting the goalposts a bit, ...the goalposts at the moment, is you shoot a goal that's about not reoffending, and I think the goal, if you listen to Tony Ward, is more now trying to shift it towards quality of life, a good quality"
"So its about turning it on its head and sort of shifting the map, and I think that will, if we can manage to close the gap and take on board that and get that message across to the guys and lower that resistance even more and assist the therapeutic alliance, and reinforce the initial sort of philosophy of working with the whole person, not just the offending”

One of the workers held the belief that treatment for child sex offenders would increase, and could possibly be provided to all those offenders who are incarcerated. At present only those who admit or take some responsibility for their offending behaviour participate in the treatment programs. Adam also included in his response how this might be achieved. By placing all of the child sex offenders into a program aimed at shifting them from denial to some form of acceptance, the offenders would themselves be in a better position to make positive changes in their life, rather than serving their sentence without any form of rehabilitation.

Not surprisingly, none of the workers in this study proposed a future decrease in treatment for child sex offenders. If anything, the trend was for further and improved services for child sex offenders, in a society that would be more open and understanding around issues of child sexual abuse.

The final question asked of the workers in this study related to what they would like to see happen in the future in the area of child sex offender treatment. As before throughout the study, the results were diverse and unique to each individual worker, ranging from more resources to innovative program ideas.

One worker, who saw a gap in the current service provision, identified the need for an intermediary live-in style program, similar to a half way house.

For another worker their focus was on shifting those currently in custodial setting to a point where they can participate in present treatment programs.
Adam saw the need for more services focusing on the cognitive distortions of child sex offenders that hindered effective or efficient treatment processes.

Similarly, another worker also focused on gaps in current service provision. At present there are no services that attempt to deal with those individuals who are at the initial stages of the offending cycles, but are yet to act out on their sexual fantasies. It is at this point that Bill identifies a clear need, so that those who need help can feel free to access such a program before the behaviour and the sexual needs become overwhelmingly entrenched as a behaviour. This would require changes within contemporary thinking around child sex offending, by society as well as a number of professionals who currently do not have any contact with child sex offenders.

Likewise, yet another worker identified particular needs from their practice with child sex offenders. They saw a need for services that addressed the issues of those not directly responsible for child sexual abuse, but who are caught up in the trauma of dealing with a family member who is a child sex offender. From their professional experience, the worker would like to see services for families, such as the women and children involved, aside from the work they do with the offender.

Two of the five workers mentioned a desire for more training and professional development. This correlates with previous results which saw training and professional development as one of the main three professional knowledge sources for workers in the field of child sex offending.

**Summary Conclusion**

The results of this study show that workers 'sense making' experiences in relation to child sex offending are diverse and unique. Their understandings of the concepts of child sexual abuse, child sex offending and treatment are
similarly unique and individualised. The 'sense making' experiences of the workers in this study, reflect the inherent complexity of such a phenomena, and is evident in the variety of responses provided by the workers. Professional development and training, current literature and research, personal experiences and practice wisdom were all found to influence to differing degrees how workers understood and responded to child sex offender treatment.

The complexity of this phenomenon is also reflected in the results concerning the wider systemic environment. The findings of this study demonstrate that each of the four contexts, (namely the personal, professional, organisational, and social) do influence, though to various extents, the practice experience and subsequent understandings and responses of workers. The personal world was found to be highly influential on the workers' practice experience, and appeared to be a constant and consistent factor in professional 'sense making'. Likewise, the professional world was a telling factor in how workers understood issues around child sexual abuse, child sex offenders, and how to respond to those concepts within the treatment experience. The organisational world, while still an influence of workers, did not seem to be as significantly named as the other contexts. The social world also proved to be significant in terms of broader social attitudes and socio-political influences.
CHAPTER 6
WHERE TO FROM HERE

IMPLICATIONS FOR PRACTICE

It becomes apparent from the previous analysis and discussion of workers' 'sense making' around practice with child sex offenders, that there are some important implications for future practice. These implications revolve around the nature of practice, training and professional development, support and recruitment, and are elaborated upon below.

Nature of practice

It is evident from this study that the area of child sex offender treatment is a unique and highly specialised area of practice. Not only does it challenge the innate morality and cognitive position of workers, but also workers' ability and capacity to work with highly emotive and traumatic case content. The practice experience is fraught with uncertainty, complexity and dilemma after dilemma, often with no clear answer in the vast grey area that is practice with child sex offenders. In addition, there are multiple dynamics that influence the nature of this type of work, all of which must be acknowledged before they can be addressed. Workers must then find ways to manage or mediate strategies to cope with these dynamics.

As was noted, all of the workers experienced and could articulate shifts in their personal worldview after working in the field of child sex offending. These results show that there are definite and lasting effects for workers in this field, and the personal is clearly visible within the professional realm.
Recognition of this personal impact, within the professional, organisational and social worlds is necessary if workers are to practice effectively with this particular group. Whilst I acknowledge that practice with child sex offenders is the most confronting, is at the edge of moral boundaries, is at the very end of the continuum of human service practice, the significance of the personal world translates to all areas of practice that involve working with people in need.

The nature of practice with child sex offenders then raises two issues. The first concerns who should undertake such a demanding and complex practice, and secondly, how should these workers be entering the field. The dynamics of practice with child sex offenders calls for highly specialised workers, who are able to manage and navigate the intertwining of the personal and professional worlds, and the often contradictory justice-treatment debate. Workers must also be able to deal with highly manipulative and taxing clients, who front with multiple and multi-layered issues. These elements of practice need to be recognised, acknowledge, valued, and supported, and workers need to be very clear about the area they are entering. It should be a clear professional choice, based on a realistic overview of the field of child sex offender treatment, including expected outcomes, so that workers do not become involved in the field by default, or with idealistic expectations that do not reflect the realities of practice.

**Training & professional development**

Not all workers have the necessary training and skills to deal effectively and appropriately with child sex offenders. When offenders are treated by those without the necessary skills or training, the likelihood of reoffending increases (O'Connell et al., 1990). The extent and seriousness of the consequences of child sexual abuse mean that workers do not have the luxury of learning by their mistakes. There is no room for a 'sink or swim' attitude in this field, the costs are too high, for the victims, the offenders, and the workers. This study
has shown that within the field of child sex offender treatment there is no specific theoretical knowledge sources for workers to draw upon to support their professional practice. One theme that recurred throughout the study was a reliance on training and professional development for current information and knowledge on child sex offending.

While it may be generally accepted that working with sex offenders demands specialist skills (Lea et al., 1999), organisations and professional bodies need to acknowledge, recognise and value the skills and knowledge of workers already in the field. Valuing this existent practice wisdom, the knowledge can be developed and integrated into new knowledge sources. While formal education and training in this field is not available at present, it has been found to be the basis for building specific knowledge (O'Connell et al., 1990). Further research is needed into the area, with a mind to relaying this information in a practical format for workers, with the possibility of formalising a specialised educational component. Serious consideration should also be given to harnessing this practice wisdom, and using it as the basis for workshops and seminars for other workers, as this seems to be an integral source of knowledge in this field (O'Connell et al., 1990). It is not enough to just provide initial training for workers entering the field, but it must be continuous, progressive, systematic and consistent across the field, if not throughout Australia, then at least throughout each state. As small as the field is, there is the potential to create and develop training and professional development on a national scale. It is essential if workers are expected to addressed a phenomenon as complex and uncertain as child sex offending, that they have the necessary tools (training and professional development) to carry out these expectations.

This training and professional development needs to address not only the content of practice, but also the process of learning. The area of child sex offender treatment is constantly shifting and evolving as new research and knowledge is identified and integrated. As such, it is important that training and professional development takes place on a regular basis, and is valued
as a significant aspect of practice. Taking place every three to four months, employers should ensure that workers are able to attend the training, incorporating this time into their workloads. Experienced workers should also be encouraged to conduct training sessions with their co-workers through sharing their practice wisdom, and by doing so, will acknowledge the significance of this wisdom as a valid knowledge source for practice in this area. While expressing new ideas and discussing practice validity in this manner, workers should also hold professional development sessions around the process of learning. In a field where very little is 'known' and taken as fact, workers need to know how to develop their own practice wisdom and knowledge. This training in process, has the potential to be more beneficial in the long run than just providing content, because workers who can think well, and think creatively in an area defined by confusion and uncertainty, will contribute enormously to the field of child sex offender treatment.

Support

The results of this thesis also illustrate a strong need for ongoing support systems for workers. The field of child sex offending is constantly being associated with a stressful, confronting, and often traumatic environment within which to practice (Perkins, 1993). The high recidivism rates reported and low treatment effectiveness that tends to haunt the field adds further to worker tension, frustration and emotional exhaustion (Davies, 1999). With little specific theoretical knowledge sources to draw upon, and a client group that is diverse and heterogenous, decision making and assessments for child sex offenders are fraught with uncertainty and contestation. Not only is the worker taking on a therapeutic relationship with the offender, but often also a community supervision and behavioural control role, so that workers must constantly mediate community safety and offender well being (O'Connell et al., 1990). Enclose this within a social environment that is hostile, judgemental and unforgiving around issues of child sexual abuse, and the need then for comprehensive support systems for workers is undeniable.
While research has shown that ongoing support in the form of training and supervision can diminish the likelihood of 'burnout' (Lea et al., 1999), this alone will not suffice. Although some of the workers in this study did state that supervision was available, most were too busy to access this, or alternatively, downplayed the impact on themselves and accepted it as an occupational hazard. In light of this, policies need to be developed that provide regular formal supervision for workers, enabling workers to take the time to address any issues before they become overwhelming. Likewise, regular debriefing sessions and team meetings would provide an arena to discuss and talk through practice or assessment issues. In recognising the nature of the practice experience, counselling, both short and long term, should be made available and accessible to workers. And lastly, agencies should enforce periods of leave after a certain amount of contact with child sexual abuse and child sex offending issues. This would depend on the agency and the worker, but could be a limit of six months contact and then a two-week break. All of these suggestions, while dependent on the organisation, resources available and worker needs, should be placed within the formal structures of the agency, to ensure they are made use of and accessed by the workers.

In addition, employers need to restrict the number of cases that workers manage at any one time. The work is complex and time consuming, not only meeting the clients needs, but also those of the worker who has to resolve the personal distaste for the behaviour with a professional desire to help. A supervision authority may be required to ensure that workers are not left to self-monitor their supervision needs. Likewise, this supervision should be monitored and evaluated to ensure that the process meets the needs of the workers. Perceptions around worker safety and potential vulnerability also need to be addressed, particularly in regional and rural areas, as the results of this study show. A high proportion of workers reported increased feelings of vulnerability when their professional world crossed into their personal world. Employers need to acknowledge this aspect of practice, provide the support, and address the issues of perceived safety for workers.
Recruitment

In light of these findings, the study also has implications for the recruitment of workers into the field of child sex offender treatment. As stated throughout this thesis, treatment for child sex offenders is a highly specialised and unique practice environment that has previously been known for high rates of worker ‘burnout’ and staff turnover (Shelby et al., 2001). This line of work is not for everyone, and without a professional or specialist body to draw workers from, recruiting workers can be problematic. These results illustrate the importance of the personal impact of working in this field, and of maintaining and managing the self and practice experience. Hinting also at some beneficial attributes, this allows employers to legitimately ask questions around personal mediation and management during the interview process, and target workers with the skills deemed necessary to survive and thrive in such a practice environment. Continuing to employ workers in the hope that they will be able to cope and manage the treatment of child sex offenders, is a disservice to both clients and the workers.

Similarly, employers need to be open and honest about the practice world that workers will be entering. Providing information to the potential worker around the personal impact of child sex offender treatment, the support that is available, and training and professional development opportunities, allows for more informed decision making when entering this field. In addition, information should also be provided around treatment intervention outcomes, emphasizing the focus on managing and maintaining, rather than curing or changing the behaviour. Leaving no illusions as to what practice with child sex offender treatment entails, workers are then better equipped to deal with the complexity and dilemmas faced in this world of practice. Outlined below in Diagram 4 is a possible job description for a child sex offender treatment worker.
Diagram 4 – Possible Job Description

**Job Description**

**Job Title**  Child sex offender treatment provider  
**Designation**  Specialist Professional  
**Salary**  $80,000 - $90,000

**Primary Objective**

Under professional supervision, be responsible for the creation, development, implementation, delivery and evaluation of statutory and non-statutory interventions for child sex offenders.

**Selection Criteria**

- An approved degree in social work, psychology or a social science equivalent & eligibility for membership of the AASW or approved equivalent.
- A postgraduate qualification in child sexual abuse or human behaviour.
- Minimum 10 years experience with diverse & challenging populations.
- Demonstrated high level of interpersonal, oral, written & communication skills, including the ability to prepare complex assessments and reports.
- Demonstrated ability to initiate and maintain practice boundaries.
- Demonstrated ability to mediate the organisational & social context of practice.
- Demonstrated ability to mediate and navigate the personal / professional worlds.
- Demonstrated ability to manage and negotiate conflict.
- Capacity to manage practice constraints, demonstrating flexibility and innovation.
- Demonstrated capacity to manage and maintain personal safety.
- Demonstrated integrity, including both personal & professional ethics, and an in-depth knowledge & understanding of issues related to confidentiality.
- Capacity & willingness to discuss openly with clients and staff members, sensitive & emotionally challenging issues as required.
FUTURE RESEARCH

From the current literature around child sex offending, it becomes clear that research into the field is only beginning to touch the surface of such a highly complex and emotionally challenging area of practice. While studies into treatment programs and effectiveness, or specific aspects of the behaviour continue, little research focuses on the workers who provide the treatment service. This study has shed some light into how workers understand, respond, and ‘make sense’ of child sex offending, a phenomenon that most in society find hard to acknowledge, let alone understand. Though the most significant contribution this study has made to the field of child sex offending, is to highlight the need for further research, into both child sex offending itself, and more importantly, into those workers who deal with this complexity on a daily basis. Below are a number of areas for future research that have arisen from this study. While not an exhaustive list, it does provide a beginning.

Entry level understandings

Very little, if any, research has been conducted on why some workers choose to practice in the field of child sex offending. Nor have studies focused on what understandings and expectations workers have on entering this field. Do workers have a clear and realistic perception and understanding of what is involved in, or expected from practice with child sex offenders? The results of this study have shown that practice with this group of offenders is personally and professionally challenging for workers, filled more often with self-doubt than self-assurance. Further research needs to be undertaken around how workers entering the field for the first time view their future practice; how they understand their role within that practice; how they understand the concept of child sex offender treatment; and what expectations they hold for their own practice outcomes. Gaining this insight may shed light on why this particular field of practice attracts such high rates of staff turnover and worker ‘burnout’.
**Personal impact**

The study will highlight for future research the personal impact on workers of child sex offender treatment. As noted from the results of this research, all of the workers identified a personal impact of their work with this client group. The constant exposure to the emotionally challenging nature of child sex offending, particularly feelings around their own children, altered the cognitive worldview of each worker. While not able to explore this in any depth within this study, further research is needed around what this impact looks like; what strategies workers have in place to help deal with these issues; and whether this shift in worldview can ever be reversed. The impact on the personal world of the worker in child sex offender treatment is significant, and as such demands a significant amount of research to assist workers, both old and new, in managing and navigating this impact.

**Practice wisdom**

The results of this study also demonstrated the reliance by all of the workers on professional practice wisdom to assist in guiding their interventions. What was not clear from this study was what exactly this practice wisdom was. Are there specific areas of practice or client interaction that practice wisdom was better used? Are there areas of practice that are not suited to practice wisdom, or are better served by other forms of knowledge? Is practice wisdom context dependant? Do professional boundaries exist in relation to practice wisdom? How does the worker decide whether to incorporate this wisdom or not? How does a worker incorporate practice wisdom that is contrary to their personal or professional beliefs? Is there a practice validity for such wisdom? How is this measured? Can practice be supported and publicly challenged based on such wisdom? As a major contributing knowledge source in the field of child sex offending, answers to these questions and others need to be found, to ensure that the practice wisdom used by workers is acknowledge, valued and recognised as a valid and legitimate professional knowledge source.
Finally, research should also be undertaken into what theoretical knowledge is being used by workers in the field. The findings of this present study show that workers are basing their practice on a broad range of theoretical knowledge 'bits', due to the heterogeneity and unique needs of their client group and a lack of any specifically related theory. Conducting research into what knowledge workers find helpful in their practice with child sex offenders would be beneficial in a number of ways. Firstly, it would provide a more comprehensive picture of what knowledge is currently informing the practice of workers, giving further clues as to how this phenomenon is being understood and 'made sense' of. It would also provide workers with a theoretical overview of the child sex offender field, which is at present unavailable. And finally it would contribute to providing a legitimacy and validity to the theoretical knowledge underpinning practice with child sex offenders, possibly forming the foundations for specific child sex offender knowledge.
REFERENCES


Casella, R. (1999). What are we doing when we are "doing" cultural studies in education - and why? Educational Theory, 49(1).


Harre, R. (1998). When the knower is also the known. In M. Williams (Ed.), *Knowing the social world* (pp. 37-49). Buckingham, UK: Sage.


APPENDIX A - INITIAL TELEPHONE CONTACT TEXT

"Hello, my name is Casey Neave, and I am a fourth year Social Work Honours student at Edith Cowan University in Bunbury. Pauline Meerumedu, who is my project supervisor, gave me your details.

I would like to conduct an Honours project on "workers understandings and responses to treatment for child sex offenders". I was wondering if your agency had any programs with child sex offenders, either presently or in the last 2 years. And if so, in what capacity?

At present I am establishing initial interest in the study, and would like to know if your agency or one of your workers would be interested in participating. This would involve one interview with myself.

I am in the process of gaining the necessary ethics approval, but I would like to if I may contact you in the near future when this process is completed.

Do you know of other key workers or agencies that may be interested in participating in the research?

Thankyou very much for your time.
John Smith
10 Brown Road
SUBURB
WA 6230

Dear ............... ,

RE: Worker’s Understandings and Responses to Child Sex Offenders

I am writing to invite you to participate in a research project that I am currently undertaking as part of my Social Work Honours Degree at Edith Cowan University, Bunbury. The aim of the research is to explore worker’s understandings and responses to interventions with child sex offenders.

The information for the study will be collected through semi-structured interviews. I am aware that for most practitioners time is of the essence, and would like to invite you to nominate an interview time that is convenient to you and your practice. Although I anticipate that each interview may take between 1-1½ hours, I would be grateful for any time that you have available. For the purposes of the research, I would like to audiotape the interview. Once completed, the tapes will be transcribed and you will be provided with a copy for verification, amendment or deletion. The tapes will then be destroyed. Access to the tapes will be limited to myself, and if necessary, my supervisor. A draft copy of the research paper will be provided for participants to confirm the accuracy of the study. I can assure you that your personal details will remain confidential and will not appear in the research process or the final document.

If you have any questions or queries relating to the research, please do not hesitate to contact myself on XXXX XXXX, xxxxxx@student.ecu.edu.au, or my Supervisor Pauline Meemeduma on XXXX XXXX. I will be following up on this introductory letter with a telephone call next week and would like to thank you in anticipation of your participation.

Yours sincerely

Casey Neave.
APPENDIX C - PERSONAL LETTER OF CONSENT TO PARTICIPATE

I…………………………………………………………..consent to participating in the research project being undertaken by Casey Neave as part of her Social Work Honours research project at Edith Cowan University, Bunbury. I understand that the aim of the study is to explore workers understandings and responses to interventions for child sex offenders.

In giving my consent I understand the following:

• My participation is voluntary and I may withdraw my consent at any time throughout the research project without any pressure or prejudice.

• All of the information that I provide will only be used for the purpose of this research.

• My interview will be audio taped and transcribed by the researcher with a copy of the transcripts made available to me.

• My recorded interviews will be returned to me or destroyed.

• Any information that I provide to the researcher may be modified, amended or deleted by me at any time during the research process.

• I will not be identified in either the research process or final document and my personal details will remain confidential.

Participant signature…………………………………………..Date…………………………

Any questions concerning the research project can be directed to Casey Neave on XXXX XXXX or xxxxxx@student.ecu.edu.au. If you have any concerns regarding the project and you would like to speak to an independent person, please contact Pauline Meemeduma at Edith Cowan University, Bunbury on XXXX XXXX.

Thankyou, your assistance is greatly appreciated, Casey Neave.
APPENDIX D - INTERVIEW SCHEDULE

1. Could you tell me about your personal perceptions and reactions to child sex offending?
   How this area of practice affects you personally, in terms of emotions, understandings, stress, tensions, ethically.

2. Can you help me understand what the impact of working in the area of child sexual abuse is for you personally?
   How do you see the impact of working with child sex offenders affecting your world outside of the professional domain?

3. So John, can you tell me how you explain why child sexual abuse occurs?
   Can you give me a few scenarios of situations that you would and would not classify as child sexual abuse?
   How you explain the causation for child sexual abuse, what your definition of child sexual abuse and child sexual offender.

4. What knowledge have you, or do you draw upon to come to the understandings that you do?
   What sources do you draw this knowledge and understanding from.

5. How does your understandings and knowledge shape the way you work with these particular offenders?
   The influence of understandings and explanations on practice.

6. Could you tell me the organisational context of your practice?
   Gain an understanding of the atmosphere within which you practice.

7. While organizations are not the focus of this study, they do impact on workers, can you tell me what factors in the organisational environment shape your practice?
   Whether the organization hinders or helps your practice with child sex offenders.

8. How you perceive and understand the social context of your practice?
   Establish how you make sense of the social atmosphere within which you practice.

9. Can you tell me how this impacts on your practice experience?
   Highlight how these social context impacts upon you as a worker, whether professionally or personally, how you deal with this, and what sense you are able to make from it.

10. From all of your experience and understandings as a frontline worker, what do you see as the future responses to child sex offending?
    Where do you see practice and understanding going in the future?
APPENDIX E - VERIFICATION LETTER

John Smith  
10 Brown Street  
SUBURB  
WA  6230

Dear .................  

As previously arranged, I have sent you a copy of the transcript from the interview carried out on 4th October 2002. 

As I will be using non-identifiable sections of the transcript in my research, please read through the enclosed transcript and verify that I have the information correct. 

If you are happy with the transcript, please sign and detach the slip on the bottom of this letter and forward it to XX XXXXXXX Crescent, Bunbury, 8230. 

If you wish to alter, amend, delete or add to the transcript in any way, please make the changes and return the transcript to me. I will then make the necessary alterations and forward the transcript to you once more. 

Thank you again for your time. 

Yours sincerely 

Casey Neave

I ....................................................................... have read and verified the enclosed transcript of my interview with Casey Neave. 

Participant signature................................................ Date............................