

Perceptions of consent in adolescents who display harmful sexual behaviour

School nurses must be aware of key concepts and interventions which address issues of consent and harmful sexual behaviour (HSB) in adolescence. Schools have been identified as one of the main sources of referrals in incidents relating to harmful sexual behaviour (Smith et al, 2013).

The negative outcomes considered are exploitation, self-harm, substance misuse, mental health problems and risky sexual behaviours. Awareness of these issues is the first step in enabling school nurses to give adequate support and information to young people, their carers and educators. This support may include tailored signposting, group work, appropriate referrals, individual support and multi-agency approaches.

This article explores perceptions of consent in adolescents who display HSB and looks at interventions aimed at addressing them.

Adolescence

It is useful to consider the definition and perception of the adolescent within contemporary western culture. Adolescence is widely perceived as a transitional stage between childhood and adulthood; encompassing physiological, cognitive and psychological changes (see Wilder, 2003; Smith et al, 2005) yet defining the parameters of adolescence on an individual basis is subjective and context specific. Upon deeper examination the perception of the adolescent, within contemporary culture appears to be socially constructed and based upon converging social factors.

The modern dictionary definition of a child is 'an immature or irresponsible person' or 'a young human being below the age of puberty or below the legal age of majority' (*Oxford Dictionary*, 2010). The age of majority being that of the adult domain; with the definition of the child firmly seated within the 'minor' category. The age of majority is temporally reliant and refers to a particular chronological event within a human lifetime (Smith, 1996). Majority can relate to varying elements of transition, such as the right to vote, control over property, legal responsibilities and sexual activity. Yet it is useful, at this point, to note that these elements vary in the age in which they can be realised. For example, a person can have sex at 16, yet cannot vote. The United Nations *Convention on the Rights of the Child* states that

Abstract

This article explores perceptions of consent in adolescents who display harmful sexual behaviour (HSB). It discusses society's constructions of the adolescent in terms of emerging sexuality, and examines definitions of HSB in terms of adolescents and gender. The terminology of consent, and what it means will be examined in depth in relation to the context in which it is referred to. The article also explores interventions aimed at tackling the issue of HSB and perceptions of consent in adolescence. For clarity, this article discusses HSB directed at 10–19-year-olds only.

Key words

■ Consent ■ Harmful sexual behaviour ■ Adolescence
■ Early intervention ■ Prevention

a child refers to every:

'... human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.' (UNICEF, 1989)

This statement, while giving an age for the end of childhood still appears ambiguous and representative of the fluidity in the perception of adolescence.

The World Health Organization (2013) defines adolescence as:

'the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19.'

Yet, despite this assertion western laws define an individual as a child until they are 18 years old. Cousin (2006: 139) refers to adolescence as a liminal space between the domain of the child and adult as being an:

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'The aim of the 'slutwalks' was to turn the blame away from the victim to the perpetrator of sexual violence, and to highlight and trouble "the normalisation and legitimisation of male sexual aggression in society ..."'

'...unstable space in which the [individual] may oscillate between old and emergent understandings'.

Colby (2010) describes adolescents as charterers in flux establishing self-assertion and separateness from childhood and the adults who perceive them within the childhood realm (see also Grotevant and Cooper, 1985). It is this apparent grey area of transition, where adulthood is beginning and the 'innocence' of childhood is disappearing, that causes conflicting perspectives, especially in the area of emerging sexuality.

Harmful sexual behaviour and gender

Harmful Sexual Behaviour (HSB) appears to be a fluid and subjective term that is difficult to define. Ryan (1997) asserts that the extent of three elements - equality, consent and coercion—within a sexual relationship, relate to HSB, with Ryan and Lane (1997) defining HSB as any act that is against another individual's will, without informed consent and is aggressive, exploitative or threatening. Friedman, Langan, Little and Neave (2004) point out that in a relationship specific boundaries between HSB and normal sexual behaviour should be clear and that coercion, exploitation and aggression within sexual behaviour is abuse and should never be defined within the normal remit. With this in mind, it is useful to note

that Ryan and Lane (1997) state that there is a tendency to minimise HSB in modern culture due to the denial that exists within contemporary society surrounding HSB and behaviour tends to be classed as normal or a phase that will pass.

For clarity, please note that HSB that is directed towards the under-10s and the over-19s will not be discussed within this article. While defining the acts in a similar way to the above there are some distinct differences concerning motivators, commonalities and pre-emptive factors (see Davis and Leitenberg, 1987; Snyder and Sickmund, 1999).

The prevalence of adolescents who display harmful sexual behaviour towards others appears to be varied and dependent upon a wide range of factors. Rightand and Welch, 2001 suggest that around 16% of the arrests for forcible rape and 17% of arrests for other sexual offences involved adolescents, while Burk and Burkhart (2003) estimate that rates of HSB by adolescents counts for 30% of rape (against females of all ages). Cawson et al (2000) suggest that adolescents who display HSB aged 10–19 years old are responsible for between 25–33% of all HSB (see also Lovell, 2002). Vizard et al (2007) reported that 30% to 50% of sexual abuse is carried out by adolescents, the majority of whom are male.

Upon examination of the various research in this area gaining accurate numbers of adolescents who display HSB appears to lack clarity, this is a point that Neane and Heenan (2003) discuss, highlighting that gaining an accurate number in adolescents who display HSB is difficult due to the reluctance for victims to come forward and the social taboos surrounding such behaviour; they go on to state that due to this the prevalence of HSB in adolescence is likely to be largely underestimated. When examining the research in this area males appear to be disproportionately represented with some studies suggesting that 5% of sex offenders are female (see Bunting, 2005). The variables that affect this disproportion may be linked to a number of different factors. Ringrose (2012) suggests that widespread sexually explicit images and use of sexual language desensitises adolescents giving a potentially skewed perspective of sexuality. Durham (2006) concurs with this, stating that accessibility to pornography exaggerates male roles, influencing sexual behaviour displayed in adolescence. Durham (2006) goes on to add that, in addition to this, the contemporary perception of the male encompasses aggression and domination; with young males having to validate their masculinity via violent, aggressive acts.

Ray and English (1995) suggest a differing perspective of the low number of female adolescents who display HSB. They state that western culture lacks an ability to accept the female as a sexual aggressor, which has created a pathological denial of this behaviour within society, and that this perception translates to the professionals working in these fields, viewing female HSB as less harmful. Yet HSB from both male and females is no less harmful to the

victim. Furthermore, the social perception of females who display HSB may result in increased complexity in the trauma experienced by the victim due to the unexpected nature of the acts (Denov, 2001). Upon examination of the literature adolescents who display HSB appear to be a heterogeneous group and due to the complex nature of each individual circumstance, predicting HSB appears difficult. However, Knight and Prenky (1993) and Weinrott (1996) highlight a number of contributory factors that may influence sexual behaviour in adolescence; including mental health issues, cognitive ability, sexual encounters, interpersonal skills and being a victim of sexual abuse.

Consent

Sexual consent has been found to be an ambiguous term and difficult to conceptualise in studies with young people (Burman and Cartmel, 2005; Marston and King, 2006; Beckett et al, 2013) especially with young men (Burman and Cartmel, 2005; Beckett et al, 2013). One of the biggest issues found is the inability for young people to fully comprehend what is meant by the term consent (Burton et al, 1998; Burman and Cartmel, 2005; Beckett et al, 2013). In one study 3% of female respondents had reported experiencing forced sex by a partner and that 10% of female respondents had reported their sexual partner had attempted forced sex (Burman and Cartmel, 2005) in the same study 5% of males admitted attempted forced sex with their girlfriends and 4% had reported that they had forced sex with a girlfriend (Burman and Cartmel, 2005) and 1 in 14 of male respondents thought that forced sex is 'just something that happens' (Burman and Cartmel, 2005: 7). This attitude to non-consensual sex will be addressed later.

The United Nations' *Conventions for the Rights of the Child* articles 19 and 34 outlines protective guidelines for children from sexual exploitation and sexual abuse (United Nations, 2015).

Contextual consent

Many studies have shown that cultural and contextual factors inform the ways individuals and groups socially construct their own definition(s) of consent, which may be at odds with the legal definition of consent (Burman and Cartmel, 2005; Marston and King, 2006; McCarry, 2010; Beckett et al, 2013). This is worrying as young men are not necessarily aware that they may be engaging in harmful sexual behaviour (Beckett et al, 2013). Respondents in a study by Beckett et al (2013) perceived as something that happens to a stranger but could not recognise that they may have engaged in similar harmful behaviour which they described during their interviews. Within this study it was found that there were 'perceived gradients of consent dependent on a young woman's sexual reputation, presentation and/or associations' (Beckett et al, 2013: 25). Although this case explores males engaging in harmful sexual behaviours within a gang related environment it can be seen that these young men regard consent as

contextual and that depending upon the positioning of the women to the gang they are treated in accordance with their status and consent is applied by the males in the same fashion (Beckett et al, 2013). In another study, group norms and peer pressure were highlighted as factors that caused males to engage in harmful sexual behaviour (Heise, 1998; Burman and Cartmel, 2005) and the young men who were surveyed reported collectively that 'sexual harassment and assault were seen as acceptable and tolerated' towards women (Burman and Cartmel, 2005: 11). It is these attitudes, values and behaviours by young men towards women that demonstrate heterosexist practices and hegemonic masculine behaviours are still ever present. It was Connell's pioneering work on hegemonic masculinity which theorized that heterosexual masculinity supported the philosophy of male domination through displaying gendered behaviours to reinforce notions of patriarchy whereby males are dominant and women are subordinate (Connell, 1995). It is this theory supported by the research above about consent and young men who display harmful sexual behaviour that demonstrates that misogynistic practices are normalised with regards to consent and this has an impact on the way that young people suitably comprehend and adequately practice their gendered identity and sexuality (McCarry, 2010). Resistance to these practices have emerged through the international 'slutwalk' movement, this was in response to a police officer during a personal safety talk at a Canadian university saying 'women should avoid dressing like sluts in order not to be victimised' (Ringrose and Renold, 2012: 333). The aim of the 'slutwalks' was to turn the blame away from the victim to the perpetrator of sexual violence, and to highlight and trouble 'the normalisation and legitimisation of male sexual aggression in society' (Ringrose and Renold, 2012: 334). More recently there was backlash to a NHS health promotion anti-drinking poster in the UK that again reinforced that victims were to blame for their own abuse, the slogan of the poster read 'one in three reported rapes happens when the victim has been drinking'. Although the poster was produced in 2005, it was still up 9 years later in GP surgeries and hospitals (Huffington Post, 2014). Although there are sites of resistance, the issue is that 'victim blaming is steeped in the cultural belief that women are bearers of morality, and essentialised understandings that this morality is held within the female body' (McClintock, 1995 in Ringrose and Renold, 2012: 334) and these notions need to be continually challenged until harmful sexual behaviour in society is taken more seriously by institutions in charge of dealing with these crimes (e.g. the police force and the criminal justice system).

Interventions

As previously stated articles 19 and 34 of the United Nations' *Conventions for the Rights of the Child* outline protective measures to prevent children

from sexual exploitation and sexual abuse including implement legal and interventionist strategies (United Nations, 2015).

There have been many interventions recommended to tackle issues surrounding harmful sexual behaviour by adolescent males (Griffin and Beech, 2004; Hackett, 2004; Burman and Cartmel, 2005; Vizard et al, 2007; McCarry, 2010; Beckett et al, 2013). Early intervention approaches with young people who display harmful sexual behaviour is recommended (Hutton and Whyte, 2006; Burman and Cartmel, 2010; Beckett et al, 2013) however identifying HSB early has been noted to be an issue (Hutton and Whyte, 2006). The Respect Initiative, an early intervention approach to tackle male violence, which grew out of the Zero Tolerance study (Burman and Cartmel, 2005) is one such example. The Assessment, Intervention and Monitoring project is another intervention that focuses on early intervention. However, only after an offence has taken place. It takes a ten-step approach to support a multi-disciplinary and multi-agency method to work with this client group (Griffin and Beech, 2004). The outcomes were that it allowed for 'concerns and strengths' about young people who displayed HSB to be highlighted and those using the ten step approach found it to be user-friendly and adaptable (Griffin and Beech, 2004). Another intervention approach was the Young Abusers Project (now known as The National Clinical Assessment and Treatment Service (NCATS)) which was a 'non-residential, specialist assessment and treatment service with national catchment' (Vizard et al, 2007: 60). It takes a clinical approach to the issue providing therapies for the young person displaying HSB. It was noted by Vizard et al (2007) that risk assessments 'should be within a "life course" developmental framework which will help to identify appropriate treatment, provision and management strategies' (Vizard et al, 2007: 71) and that 'assessment of antisocial behaviour and emerging personality disorder' should be included (Vizard et al, 2007: 72).

Prevention as a method to tackling harmful sexual behaviour has been suggested (Vizard et al, 2007; Beckett et al, 2013). In a study for the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups it concluded that:

'Every school, education and health provider, youth service and other relevant universal service needs to promote understanding of healthy relationships, the concept of consent and the harm caused by rape and sexual assault.' (Beckett et al, 2013: 9).

And

'Every school and education provider must develop and implement whole-school approaches to address all forms of sexual violence and exploitation,

including sexualised bullying and coercive behaviours.' (Beckett et al, 2013: 10).

Conclusions

Harmful sexual behaviour is subjective and often difficult to define, its components such as consent and coercion are ambiguous and tend to not to be fully understood by young men and perpetrators of harmful sexual behaviour. Research has shown that young people do not fully comprehend the legal definition of consent (Burton et al, 1998; Burman and Cartmel, 2005; Marston and King, 2006; McCarry, 2010; Beckett et al, 2013) and instead socially construct their own definition (Beckett et al, 2013). This is worrying and this lack of understanding towards consent can be drawn from wider societal discourses such as wider sexism, misogyny and the reinforcement of hegemonic masculinity. These discourses are currently being 'troubled' by practitioners and activists. Factors such as group norms, peer pressure, experience of sexual abuse and developmental factors are all argued to contribute to the likelihood of a young person displaying harmful sexual behaviour. There are worrying signs from the literature that harmful sexual behaviour is going unreported and harmful sexual behaviour in adolescence is widely underestimated (Neane and Heenan, 2009; Beckett et al, 2013). It has also been highlighted by previous research that early intervention is important to prevent young people from carrying out acts of harmful sexual behaviour (Hutton and Whyte, 2006; Burman and Cartmel, 2010; Beckett et al, 2013). However, spotting the signs early enough is an issue (Hutton and Whyte, 2006). Many interventions have been trialled and tested (Griffin and Beech, 2004; Burman and Cartmel, 2005; Vizard et al, 2007; McCarry, 2010; Beckett et al, 2013). All of these interventions were found to have their strengths and weaknesses and prevention could be possible through the school curriculum in PSHE and Citizenship (Beckett et al, 2013). There is still a way to go to 'trouble' wider societal attitudes towards consent and to tackle harmful sexual behaviour, an important aspect of this is providing information through schooling to inform young people to make safe decisions when risk taking and by providing access to health promotion materials by engaging young people through public and specific health services.

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Key Points

- Consent can be socially constructed by young people and can be framed by wider discourses of hegemonic masculinity and misogyny. Young men and women may not understand that they are engaging in harmful sexual behaviours because they do not understand the legal definition of consent.
- Early intervention is needed to prevent harmful sexual behaviour before it can take place, this can be achieved by educating young people about consent and healthy and unhealthy relationships, this needs to be achieved by taking a whole—school and multi-agency approach.
- Education about consent and harmful sexual behaviour is needed so that young people can recognise that they may have been victims of harmful sexual behaviour and are given the right support to report it to the authorities.
- Young people who display harmful sexual behaviours also need ongoing support. Research supports this view, suggesting that early intervention results in low recidivism rates.

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