Journal of Interpersonal Violence
2018, Vol. 33(1) 24–27

DOI: 10.1177/0886260517742057
journals.sagepub.com/home/jiv
SAGE

The Concept of Grooming and How It Can Help Victims

Lucy Berliner[1]

Abstract
This commentary describes the clinical benefits of the concept of "grooming" for certain types of sexual abuse situations.

Keywords
sexual abuse, sex offenders, victimization process

Grooming is a concept that is now firmly embedded in the child sexual abuse multidisciplinary and clinical response. It is widely used by child protection, law enforcement, advocates, and therapists. It has also been incorporated into both child and adult prevention oriented programming. Basically, it refers to behaviors that, while not explicitly sexual, may signal an impending sexual abuse event. In some cases, it refers specifically to physical behaviors such as touching children in increasingly intimate areas of the body (e.g., inner thighs) as a precursor to sexual touching. It is also used to refer to behaviors that appear to have the intent of cultivating an inappropriate personal or intimate relationship with a child or teen (e.g., sharing personal information, making them a confidante). The term is sometimes applied to parents of children who are the subject of the adult interest. Adults who insinuate themselves into a child or family's life or offer to assume a caretaking or mentoring role may be characterized as "grooming" the parents. It can even be applied to such behaviors as providing access to alcohol, drugs, and freedom from

[1]University of Washington, Seattle, WA, USA

Corresponding Author:
Lucy Berliner, University of Washington, Seattle, WA 98104, USA.
Email: lucyb@uw.edu

parental supervision in the service of reducing barriers to compliance with sex with an adult.

Lanning (this issue) describes the origins of the term within law enforcement as an effort to explain the behaviors that occur before the actual sexual abuse begins in certain types of sexual abuse cases. He reports that initially the term *seduction* was used but was eventually replaced by "grooming." Sensitivity to language is especially important in a field where victim blaming has a long history. Even if a term is accurate, it can have unhelpful connotations. Applying the term *seduction* to cases of sexual victimization implies that the relationship is consensual since seduction is a normal part of courtship. It is wrong to normalize the process of victimization and could reinforce the self-blame that many victims experience. The other key point that Lanning makes is that the phenomenon of grooming only applies to a subset of sexual abuse cases and does not always proceed to actual victimization so should be used carefully in the context of investigations.

The concept of grooming is beneficial for victims in clinical practice. Many victims have self-blame and shame about their own behavior before and during sexual victimization. Victims may look back on their own behavior that preceded the abuse with shame because they went along without protest with progressively more intimate or inappropriate behavior on the part of the offender. They may describe having had an increasing sense of discomfort but at the same time uncertainty about how to put a stop to the behavior or the relationship without creating problems. They did not trust their own instincts and worried about being mistaken or overreacting. They were unsure how to avoid the offender or put a stop to the relationship without it raising questions or being dismissed. How could they explain why they were no longer comfortable in the relationship with the offender? What if he (or she) is someone trusted or admired by the family or the community? By the time the abusive behavior has its onset, victims can feel complicit in their own abuse. They blame themselves and worry that others will as well. They anticipate being blamed and often are.

Youth who do not initially experience the resulting victimization as unwanted or a violation, may perceive the "grooming" behaviors as the normal seduction behaviors that typically occur within consensual relationships. It may be exciting, fun, and flattering. Situations such as those involving crushes on teachers, coaches, or youth leaders may have all the qualities that consensual relationships would except that the victim is a minor. Thus, the behaviors are normalized and victims are compliant.

In therapy, grooming as a concept is used to aid trauma processing. The effective therapies for trauma impact, such as trauma-focused cognitive behavioral therapy (TF-CBT) emphasize the importance of cognitive

processing for recovery from posttraumatic stress disorder (PTSD) and trauma-related depression. By gaining accurate cognitions about offenders behavior and especially its intentionality, victims acquire a more helpful narrative for their experiences. This helps alleviate shame and self-blame, which are two of the most challenging impacts of sexual abuse. Providing psychoeducation about grooming is also a useful strategy for assisting parents in supportive and empathic responses to victims because it provides an alternative explanation for behaviors that are sometimes difficult to understand from the outside. Increasing parent support is a key factor in recovery from the impact of abuse.

Care needs to be taken when using grooming in a clinical context. Although it may be very useful and accurate to use the term to help victims recognize the process of their own victimization, *grooming* is a term that can only be accurately applied in hindsight after the victimization has occurred. Many of the behaviors that constitute grooming are totally normal in a family context (touching, caressing, and close emotional relationships). And others may be somewhat inappropriate with nonfamily members (too much involvement or physical contact with other people's children), but they do not always lead to sexual victimization and do not necessarily signal imminent risk. Some of these normal or neutral behaviors may be experienced as trauma reminders for victimized children who may then have fear or anxiety responses to nondangerous behaviors. Since an important aspect of trauma-focused therapies is helping victims distinguish real danger from trauma reminders, when grooming is used in clinical contexts, the possible generalization to nonsexual or non-dangerous behaviors should be anticipated and managed.

In summary, using the concept of grooming in a clinical context can be relevant and helpful for victims. Psychoeducation about the term and identification of the grooming components in the particular case may be key to addressing self-blame and shame and promoting a helpful trauma narrative. However, care must be taken not to extend the term to neutral or positive behaviors since this could interfere with children's normal development and participation in healthy relationships.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Author Biography

Lucy Berliner, MSW, is a licensed clinical social worker and clinical associate at the University of Washington (UW) School of Social Work and Department of Psychiatry and Behavioral Sciences. She directs a specialty clinic at Harborview Medical Center, a UW Medicine hospital for children and adults affected by traumatic events. Her clinical and research interests focus on (a) the impact of violence and trauma exposure on children's emotional and behavioral functioning, (b) policy and law for child abuse victims and crime victims and (c) effective approaches for implementing trauma-informed, evidence-based treatments in communities and human service systems (e.g., child welfare). She oversees a statewide implementation program in public mental health. She is a coinvestigator on a number of federal research and demonstration grants. She is an expert trainer in trauma-focused cognitive behavioral therapy (TF-CBT). She also maintains a small clinical practice.