Workshop: ‘Practise with Young people with sexually abuse behaviours’

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What is sexually abusive behaviours?

A child has exhibited sexually abusive behaviours when they have used their power, authority or status to engage another party in sexual activity that is either unwanted or where, due to the nature of the situation, the other party is not capable of giving consent (for example animals, or children who are younger or who have a cognitive impairment). Physical force or threats are sometimes involved. Sexual activity may include exposure, peeping, fondling, masturbation, oral sex, penetration of a vagina or anus using a penis, finger or object, or exposure to pornography. This is not an exhaustive list.
Sexually abusive behaviours and the Children, Youth and Families Act

According to the *Children, Youth and Families Act 2005* (CYFA) there are two grounds on which Child Protection intervention may be warranted in cases where a report of sexually abusive behaviour is received:

1. The young person themselves is in need of protection (s. 162); and/or
2. They are in need of therapeutic treatment due to their sexually abusive behaviour (s. 248).
Young people with sexually abusive behaviours

• Prior to the 1990s there was widespread ignorance regarding young people sexually abusing other young people (O’Brien 2008), with a system emphasis on father–child sexual abuse (Hatch 2005).

• It seemed ‘…inconceivable that a child could sexually abuse another child’ (Scott & Swain 2002, pp. 17).

• Since then, there has been a growing recognition not only of the prevalence of sexual abuse of children by adults, but also that sexual abuse and assault of young people by other young people does occur, and is more than experimentation and curiosity.
In fact, research indicates that approximately 30–60 per cent of childhood sexual assault and sexual abuse is perpetrated by other children and young people (Hunter 1999; Weinrott 1996).
Sibling Sexual Abuse indicates that:

• It may be the most common type of intrafamilial sexual abuse; that it involves greater degrees of coercion and violence, and that is more likely to involve sexual penetration than other types of intrafamilial sexual abuse (Ascherman & Safier, 1990; Finkelhor, 1979; Finkelhor & Hotaling, 1984; Finkelhor, 1980; Gioro, 1991; Laviola, 1989, 1992; O’Brien, 1989, 1991; Peterson, 1992; Russell, 1983, 1986; Tremblay, Hebert & Piche, 1999).
Laws

• It is important to be aware of the laws regarding the age of criminal intent and how they apply when making an assessment.

• Children under 10 are deemed by Victorian law to be unable to consent to any form of sexual activity.

• In addition, children under 10 cannot generally be held criminally responsible for their behaviour.
Coercion

• If a sexual relationship between young people is in any way unequal, non-consensual or coercive, it is abusive.

• If any one of these features is present, the behaviour is abusive.

• Any sexual activity where the child or adolescent is manipulated to believe it is ‘normal’ behaviour, or that involves ‘…bribes, secrets, tricks or surprises’, or coercion or force, is abusive (Araji 2005, pp. 25).
“Increasingly, the literature on young people who have sexually offended indicates that disrupted attachment at an early age is strongly correlated with sexual offending.”

(Welfare, 2010)
Why Adolescents Sexually Abuse

No causal factors

Four dominant risk factors:
- being a witness to, or being directly exposed to family violence
- chronic, long-term neglect (cumulative harm)
- inappropriately witnessing sexual activity
- being a victim of sexual abuse.
Why Adolescents Sexually Abuse

Four potential pathways:

• the experience of sexual activity as the primary goal of the behaviour, with violence and aggression being the means to the end behaviour
• the aggression and violence as the primary aim of the behaviours, with sexually abusive behaviours secondary to broader conduct-disordered behaviour
• experimentation and exploration, with a somewhat naïve understanding of larger consequences
• mental illness or cognitive impairment that may result in the young person having little understanding of the appropriateness or consequences of their actions.

(Rich 2003)
Who is most likely to be victimised?

• Access to children was the prevailing factor in who was chosen as a victim of sexually abusive behaviours. If there was a sibling in the home, then they were most likely to be the victim of the adolescent perpetrator.

• (Hatch, 2005)
• Child victims of SSA are much less likely to disclose than those sexually assaulted by an adult.

• Lamb and Coakley’s study, only 14% of SSA victims disclosed when they were a child, compared to more than 50% of those abused by an adult.

• In Carlson et al.’s study (2006) only 19.5% of SSA victims disclosed at the time.

(Carlson, Maciol & Schneider, 2006; Lamb & Coakley, 1993).
Sibling Abuse

• It is important that practitioners do not minimise the seriousness or impact of sibling abuse.
• Engage with parents who may be distressed and in shock, or minimise the seriousness through lack of knowledge, or confusion of loyalties to all of their children.
• The drive to preserve the family may lead parents to deny the impact of the behaviours.
Developmental models of understanding – young people who sexually abuse are not mini paedophiles

• As previously stated, from the mid 1980s, through to the early 2000s, most understanding of young people who sexually abused was misguidedly based on adult sex-offender theory and treatment models (Rich 2003; Creeden 2006). Longo, in his foreword to Rich (2003, pp. viii), reminds us that:

‘…the field of adult sex offender treatment does not take into account developmental stages and moral development’.
Young people versus adults: recidivism

• Prescott and Longo (2006) cite research that shows the base rate of sexual recidivism by young people is considerably lower than among adults (see, for example, Alexander 1999; Prescott 2006; Worling & Curwen 2000). They comment that ‘…the influence of adult models can keep youth in treatment longer than necessary…and youth are often considered to be untreatable and as “predators”’ (pp. 46).

• This is not usually the case, and it appears that young people who undergo treatment have low rates of recidivism (Chaffin 2008).
Young people versus adults: recidivism

• Treatment is very successful with this age group.

• Given that most studies indicate that recidivism rates for treated youth are generally between 2 and 15 per cent (Alexander 1999; Prescott 2006; Chaffin 2008), undertaking a timely, meaningful intervention with young people who sexually harm is of vital importance.
Trauma, attachment and brain development

• Put simply, ongoing neglect and trauma experienced by the child whose parent is unable to provide a secure emotional connection often results in problematic behaviours and poor awareness of the impact of their behaviours on others.

• The relationship between the adolescent and their parents is of central importance in your analysis, planning and intervention.
A note on electronic and internet pornography

Signs of problematic exposure to pornography could include:

• indications that pornography is interfering with day-to-day activities
• less interest in human face-to-face interaction and more time spent at the computer
• a tendency to utilise the internet in private and to block or hide content from others when they engage with the young person at or near the computer
• obsessive deletion of the browsing history
• suggestions or comments that are indicative of a knowledge of sexual content above age-appropriate levels
• obsessive or harmful (injurious) sexual activity (including obsessive masturbation)
• fetish-like interests of a sexual nature
• an obsessive or high degree of anxiety, frustration or anger when denied access to pornographic websites.
Aboriginal young people with sexually abusive behaviours

• The vast majority (78.6 per cent) of adults in Victorian Aboriginal families, reported having themselves (or family or friends) experience one or more major life stresses.
• Death of a family member or close friend, serious illness or alcohol/drug related problems).
• This is almost double the rate for non-Aboriginal Victorians. (Department of Education and Early Childhood Development, 2010 pp. 22).
• In this context Aboriginal and Torres Strait Islander children, or any children living in such circumstances may be more vulnerable to cumulative harm.
In practice give priority to:

• holistic family healing approaches that plan to provide for the physical, mental emotional and spiritual wellbeing of the child, and their family.

• the healing value of culture, which affirms identity and connection to community as protective factors that encourage resilience.

• seeking advice from Aboriginal cultural experts. Child Protection practitioners must consult with ACSASS.
Culturally and linguistically diverse young people and their families

• Ethnic and cultural issues need to be understood from the intake phase and throughout your practice with families, as reported sexual behaviour varies widely in relation to reporter characteristics and cultural variations will widen the differences in the way sexually abusive behaviours are viewed (Friedrich, 2005; Mitchell, 2005).

• Gender differences can be marked in many cultures in relation to sexually abusive behaviours and the notion of victim and/or offender can equate with shame and rejection from the community in some instances. These issues may underpin the families’ apparent denial or minimisation of the behaviours.
Culturally and linguistically diverse young people and their families

• Issues of safety and cumulative harm for young people should not be minimised.
• Western cultural expectations can impact unfairly upon parenting assessments when working with Aboriginal families and families from other cultures.
• Consultation with cultural experts helps us to balance the needs of young people and complex family issues.
• Seek advice and supervision.
Behaviour

Within the story of what happened, ask the following:

• How did the behaviour come to light?

• Was force used? If not, how did the young person get the victim/s to do what they wanted? (tricks or treats, fear or force?)

• What are the characteristics of the person or persons at whom the behaviours are directed? (age, gender, family, stranger) Have there been injuries? How are the victims and their families coping?

• Are there other concerning behaviours? (explore the context of the behaviour – sexual only, or among a whole range of negative/conduct disordered or criminal behaviours)

• What is the known duration of the behaviours? (What is the history of sexually abusive behaviours?) Are there concerns/suspicions in regard to other victims?
Cont’d

• Has there been escalation (or not) of behaviours? (they may have been less serious when first noted but have progressed in seriousness/ frequency)

• Are there any obvious triggers for the behaviours? (jealousy, school failure, bullying, drug/alcohol issues, anger/contempt for victim, change of family circumstances/pornography use)

• Has the young person been a victim of sexual abuse or family violence?

• Has the young person been sanctioned before for these behaviours?

• What (initial) interventions can be/have been made to minimise the risk of further abuse being committed?

• What is the current response of the parents/carers?

• What is happening for the young person at this point in time?
At the investigation stage, more comprehensive information is required. In gathering this further information, it is essential to talk to:

• the young person
• their family/caregivers and siblings
• if necessary, the referrer or notifier of the behaviour
• key school staff, where the sexually abusive behaviours have been school-based
• any other counsellors, therapists or professionals involved – this includes Department of Human Services practitioners from services such as Youth Justice, Child Protection, Housing and/or Disability Services.
Intellectual disability

• Many young people with an intellectual disability have not received proper sex education and this requires exploration.

• Make an assessment of whether the reported behaviour is sexually motivated, as some behaviours may reflect unmet non-sexual needs and may be attention seeking or indicative of distress (O’Callaghan 2006).
Principles of intervention

- Most young people with sexually abusive behaviours do not continue the behaviours into adulthood; however, the (US) National Task Force on Juvenile Sex Offending (1993) reports that 60–80 per cent of adult sex offenders report offending as adolescents.
Community safety

- The young person’s family/carers are powerful allies in the process of safety planning, support and therapy.

- Support and engagement of them is a core component that leads to good outcomes.
• In my study, men and boys who recovered the best did so when their parents or a partner supported them, cared about them, confronted them, involved themselves with them, and held them accountable.

• (Welfare, 2008)
• If parents were too confrontational without offering emotional support, or too supportive without confrontation, their sons did not recover well (and nor did the victims).

• (Welfare, 2008)
• Constant line-of-sight supervision is recommended when young people with a history of sexually abusive behaviours who are assessed as being a risk to younger children are engaging with them.

• Mindfulness on social occasions, such as family celebrations, is essential. Following successful treatment this can be modified.
Key Considerations

• Do parents/caregivers have appropriate support, where they can safely identify and work through their own feelings and responses to the young person’s sexually abusive behaviour?
• Have the behaviours ‘triggered’ responses related to the parent/caregiver’s own history that might impact upon their capacity to support the young person?
• What needs to happen to ensure that the young person is safe from violence and recriminations?
Treatment

Aims to:

• *engage* the young person to have a positive identity as a respectful young man or woman who values the rights of others and their own right to be safe

• *stabilise* a young person and the systems around them so that they are able to manage their behaviours (through implementing a care-team approach where all involved parties meet regularly to review the situation and strategies)

• *teach* a young person and relevant others effective management strategies so that they are in control when the environment is heated or problematic (teach the young person about emotions – how to recognise facial and body expressions that reflect emotions and voice tone)

• *teach* the young person effective management strategies through breathing skills, distraction techniques, cognitive behavioural interventions and recognising early warning signs in their body
Cont’d

• *inform* and *teach* the young person about specific skills to manage sexually abusive behaviours (healthy versus unhealthy sexuality/sexual contact, consent, power and control issues, awareness of others/empathy, moral and legal rules and laws around sex and sexual contact)

• *unify/re-unify* family systems in healthy, respectful ways (rights and responsibilities, family conferencing, family therapy, personal boundaries and personal safety for all)

• *model healthy* masculinity (the majority of clients are male – control and power, from boy to man, modelling prosocial and respectful relationships)

• *have a definable endpoint* (finishing the work, honouring the work, what I know now, strategies for keeping myself and others safe).
• Practitioners in Child Protection, placement and support and out-of-home care agencies have a vital role to play in ensuring that the activities of all family members and professionals involved with the young person are coordinated around issues that can contribute to increasing and/or minimising the further risk of the sexually abusive behaviours.
Common Misconceptions

All sexual behaviour between children can be considered normal, acceptable play:

• Sexual acts between children are not harmful
• Children exhibiting PSBs have been sexually abused
• Children who have been sexually abused will act out sexually with other children
• Girls rarely have sexual behaviour problems
• Children with PSBs will require long term intensive therapy
• Children with PSBs will grow up to be adult sex offenders

(Gatehouse Centre material: Reproduced courtesy of Dr Joanne Hatch)
Assessment tasks

• Review of background history
• Prior non sexual offense history
• Current SAB situation
• Youth’s version of events
• Other (objective) version of events
• Sexually abusive behaviour dynamics associated with events
• Sexual history/deviance

STRENGTHS

• General psychological functioning
• Environmental functioning (peers, family, community, and schooling)
• Risk to sexually re-abuse
• Needs (to not re-abuse again)
• Conclusions recommendations
...work with children and young people with SABs, and their families, should encompass the Four Pillars of Trauma-Sensitivity (Sanctuary) Model:

• Safety
• Emotion Management
• Loss
• Future
The Treatment Model (cont III).

Essential components of treatment models includes:

- Preventing further abuse
- Addressing harm caused
- Promoting well being
- Healing trauma
What’s Hot?

• “Pathways” Model (Ward & Hudson, 1998)
• Attachment perspective
• Brain research

(Worling 2010)
What’s Not?

• Traditional “relapse prevention”
• Penile plethysmograph for teens
• Group-only interventions
• Treatment without assessment
• American-type registration and community-notification laws

(Worling, 2010)
For Offence Specific Treatment

- Thinking about why some clients were responding and some not led to us looking at how attachment issues influenced treatment paradigm.
- Thinking beyond a ‘risks’ and ‘needs’ model
- Move to strengths based work focusing on responsivity
- “Good lives” considerations
- The ‘good way’ (Ayland & West, 2006) model utilised the concepts of risk, needs and responsivity within a strengths-based model and was richer than previous Old Me/New Me model.

(Bergman & Pratt: 2006)
Working to Reduce PSB/SABs

• Trauma-related therapeutic responses

• SAB-specific therapeutic responses (using Good Way Model (Aylard & West))

• Strengths-based work
Create an account. The Good, the Bad and the Ugly. 1967. METASCORE. Universal acclaim based on 7 Critic Reviews. See All. 90.

USER SCORE. Your score has been saved for The Good, the Bad and the Ugly. Would you like to write a review? Write a review. No, thank you. Review this Movie. There is a 75 character minimum for reviews. If your review contains spoilers, please check the Spoiler box. “The good, the ugly, the bad”) is a 1966 Italian epic Spaghetti Western film directed by Sergio Leone and starring Clint Eastwood, Lee Van Cleef, and Eli Wallach in their respective title roles.[9] Its screenplay was written by Age & Scarpelli, Luciano Vincenzoni and Leone (with additional screenplay material and dialogue provided by an uncredited Sergio Donati).[10] based.Â The trio. Clint Eastwood as “Blondie” (a.k.a. the Man with No Name): The Good, a subdued, confident bounty hunter who teams up with Tuco, and Angel Eyes temporarily, to find the buried gold. Blondie and Tuco have an ambivalent partnership. Tuco knows the name of the cemetery where the gold is hidden, but Blondie knows the name of the grave where it is buried, forcing them to work together to find the treasure. The Good, the Bad and the Ugly (Italian: Il buono, il brutto, il cattivo, literally "The good, the ugly, the bad") is a 1966 Italian epic spaghetti Western film directed by Sergio Leone and starring Clint Eastwood as "the Good", Lee Van Cleef as "the Bad", and Eli Wallach as "the Ugly". Its screenplay was written by Age & Scarpelli, Luciano Vincenzoni, and Leone (with additional screenplay material and dialogue provided by an uncredited Sergio Donati), based on a story by Vincenzoni and Leone... The score for The Good, the Bad and the Ugly is magnificent. The main theme that plays over the titles is simultaneously of a specific time and also timeless. March 24, 2021 | Full Reviewâ¦ Sarah Brinks. Battleship Pretension. Leone’s penchant for contrasting two kinds of shots, close-ups and long shots, finds its corollary in the gray or blue...Leone turns gray soldiers blue in the simplest way possible. Movies were invented for ideas like that.