

Assessment and Treatment of Problematic Sexual Behaviours

(And a quick word about Sexuality and Disability)

Jenny Butler



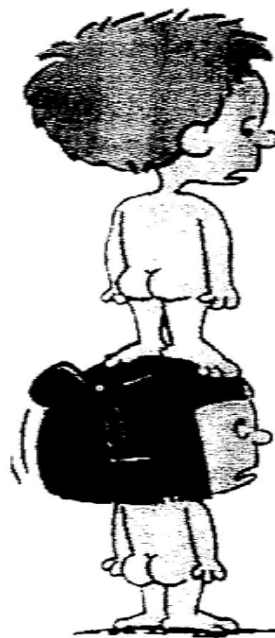
Who I am...



Who I want to be...



What I mostly do...



Okay, we took
off our clothes,
I got on top
of you... how
long 'til it starts
feeling good?

I don't know
but I've got
a headache
already!

Sexuality and Disability

- People with disabilities have the same variation of sexual desires & needs as the rest of the community. However sexuality and disability is often considered to be a Pandora's Box of complex and never ending problems because of...



The Myths

People with disabilities are often seen as:

- Eternal Children
- A-sexual
- Hyper-sexual

Access to Information

People with disabilities ***do not*** have the same access to:

- information about sexuality
- formal education
- literature
- access to appropriate generic agencies

Social Factors

- Most information about sexuality is acquired through life experiences. For people with a disability, this may be ‘overseen’ by others, or be limited due to their level of disability.
- People with disabilities often have difficulty learning & generalising abstract social rules & patterns of behaviour or conversely they learn them in a rigid and literal manner.
- People with disabilities may learn inappropriate behaviours from others (both with & without disabilities).

Other Factors

- problems in understanding the basic concepts of social interaction
- other disabilities which further limit their interactions with others
- limited communication skills
- behavioural phenotypes
- behavioural problems/behaviours of concern, sometimes of a sexual nature

As professionals...

this can often leaves us with an:

- uneven burden of issues
- uneven burden of care

What is 'normal' for others may be seen as abnormal if you have a disability.



AWARE

- The South East Centre Against Sexual Assault (SECASA), provides the AWARE program to address sexually abusive behaviours (SAB's) in young people between the ages of 10 – 17 years.
- The program is funded by the Department of Human Services with some extra separate mental health funding.
- Children under the age of 10 years are referred to the victim/survivor service at SECASA where they are seen within a problematic sexual behaviour (PSB) framework.
- Programs are also offered to young people with an intellectual disability and/ or autism, ADHD etc.
- AWARE also provides training, raises awareness of SAB's and provides secondary consultation to other professionals, e.g. school teachers, residential and foster care agencies.

Referral process

Anyone who is concerned about a young person's sexual behaviour can make a referral to AWARE.

Most referrals are received from:

- DHS - CP
- Youth Justice, MAPPS
- Parents, Grandparents
- Schools including special schools,
- CAMHS
- Community organisations
- Police
- Social workers
- Doctors
- Criminal Division of the Children's Court

Therapeutic Treatment Orders

- Prior to October 2007 some treatment programs could only be accessed following an admission or conviction. For young people aged 10 to 14 years, it is often difficult to prove that ***mental intent*** exists to secure a conviction. The new provisions within the *Children, Youth & Families Act 2005* that relate to young people in need of therapeutic treatment provide an alternative pathway when the parent/caregiver and or child does not voluntarily seek help, without the need to rely on a criminal prosecution.
- The AWARE program has a small number of the young people aged between 10 and under 15 who are under TTO's with the majority of young people voluntarily attending under the TTO framework.

Types of behaviours?

- Along a continuum from “hands off” to “hands on” that may include: sexual harassment, obscene phone calls, exposure, stealing underwear, stalking, voyeurism, viewing and making of child pornography, frottage, sexualised touching, incest, penetration (vaginal, oral, anal), bestiality, aggravated and or attempted penetration.

Young people viewing pornography (through multi media) is a rapidly growing and concerning issue.

After referral and intake....

A comprehensive risk and needs assessment (where appropriate) and an information gathering exercise is conducted with each new client. Suitability for the program is based on:

- the behavioural episode that triggered a referral,
- the level of support the young person needs,
- their suitability for a community-based program,
- whether they can get to the program site,
- their age
- and their level of risk within the community.

There are currently no risk assessment tools for young people under the age of 12.

The AWARE Program

- The program is initially offered for one year, although this can be extended or lessened based on professional judgement & assessment of the needs of the young person.
- The involvement of family & carers is pivotal & a stable home environment is an important factor in treatment outcomes.
- If young people would benefit from further non-SAB specific therapy, referrals are made to appropriate services.
- Young people with unstable mental health problems are not seen at the AWARE program until these issues are stabilised.
- The program offers both group and individual sessions.
- Girls who attend AWARE are seen on an individual basis – low numbers and unsuitable mix with the boys.

Program content

AWARE uses a quadrant model^[1] that addresses sexually abusive behaviours, trauma and developmental issues. The four phases are:

- learning about & understanding emotions & affect management;
- treatment of trauma issues;
- separating out my behaviours from myself – via the good side, bad side paradigm (The Good Way Model: Ayland and West); & helping the young person to understand the effect of their behaviour, the legal context; and
- identifying healthy relationships & healthy sexual behaviour and transitioning into healthy adolescence and young adulthood.

This model has also been adapted & changed to suit the needs of young people with disabilities.

^[1] Developed and copyrighted by John Bergman.

Overall treatment model

- The model uses interventions that are appropriate to the young person's developmental & brain development stage. It takes into consideration - attachment, family issues, managing difficult emotions & trauma.
- The majority of young people that we see have a history of neglect, abuse, trauma, exposure to family & or sexual violence, bullying and significant loss.
- We know that early disruption of attachment can be a significant factor for SAB's.
- Traumatic events often mean that young people are unable to regulate their levels of stress or arousal & their behaviour becomes reactive & that some will regulate their arousal by engaging in SAB's.
- Nearly all of these young people struggle to recognise feelings, express feelings & regulate feelings.
- We know that they feel disconnected in relationships & lack awareness of the impact of their actions on others.

The Good News

- The good news is that the vast majority of young people who have engaged in sexually abusive behaviours **do not** go on to further sexually abuse following participation in a treatment program.
“Because in the end young people who sexually harm are not very much like adults who sexually offend but more like other young people who commit other offences.” (Lesley Ayland – The Good Way Model)

Contact Details

Jenny Butler

Clinician

AWARE Program

South Eastern Centre Against Sexual Assault
(SECASA)

jenanne.butler@southernhealth.org.au