

# Early intervention for sexual behaviour problems among young offenders

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Patterns of deviant sexual behaviour are being detected at increasingly early ages. Although sexual behaviour in even very young children is considered normal, problem behaviour that is persistent, intrusive or aggressive may be an indication that a child has learned to use sexual behaviour to meet important emotional or psychological needs. Although such behaviour may start out as “abuse reactive,” children who are not able to get their needs met in other ways may form deviant patterns that can persist into adolescence and adulthood.

Most treatment programs have a narrow mandate to provide treatment to adults, adolescents or children, and do not include initiatives aimed at primary prevention. This article describes a comprehensive approach that is being developed in Prince Edward Island. The approach combines relatively scarce expertise on sexual deviance with available skills and knowledge in the treatment of adults, adolescents and children by forming a partnership between corrections and other human service agencies. Prince Edward Island is attempting to maximize the impact of its treatment efforts by developing primary, secondary and tertiary intervention programs.

By focusing on the underlying problem rather than on the criminality of the behaviour, these programs remove the boundaries that isolate treatment professionals who work in different settings.

## **Background**

It has been recognized that some adult sex offenders have offence patterns that originated during adolescence. A study that evaluated 306 adult sex offenders<sup>2</sup> found 42% of them reported that a deviant arousal pattern had been established by age 15. This and similar studies led to an increased interest in developing treatment programs for adolescents.

Traditionally, these have been offered either through private institutions or through programs that had a history of providing adolescent treatment, but did not have connections to adult treatment programs. Whether an adolescent’s problematic sexual behaviour leads to being assessed by a specialist in sexual deviance, or to receiving specialized treatment, has largely been hit or miss.

When first implemented in March 1995, the PEI Sexual Deviance Assessment and Treatment Program had a mandate to provide skilled assessment and specialized treatment to anyone, regardless of age or gender, who had sexually deviant fantasies, urges or behaviours. Although the program is offered through the provincial department of corrections, these services are provided regardless of whether the person has been convicted of a sexual offence. The rationale for this approach is that the best time to intervene in problems with deviant sexual fantasies or urges is before they lead to criminal behaviour. Even when behaviour that would qualify as an offence takes place, treatment should not be restricted to

those that result in a criminal conviction. In a study of 263 adolescent perpetrators, Dr. D. Burton<sup>3</sup> found that 43% had been children with sexual behaviour problems. Among these, the average age at which the behaviour could first be viewed as having criminal characteristics was 10 years. The sexual acts included behaviours that are displayed by adult offenders, with the exception of intercourse and climax.

In most of the cases studied by Burton, the children had been sexually abused themselves. This is consistent with the traditional belief that children who act sexually aggressive toward other children have themselves been the victims of abuse. However, this does not appear to be exclusively the case as 28% of the males in the study had been exposed to adult sexual behaviour in a non-abusive way, either through pornography, from seeing adults in the home interact sexually, or through other children.

A descriptive study of the characteristics of youths aged 12 to 15 who had been committed to the Virginia Department of Juvenile Justice for sexual offences<sup>4</sup> indicated that they began committing sexual offences at an average age of 10 years, 10 months. These youths had committed a median of 69.5 sexual offences each, with a median number of 16.5 victims, before being charged.

Premature exposure to adult sexual behaviour may explain what appears to be an increase in the number of children under 12 who are acting out sexually. Children in today's society are much more likely to be exposed to explicit depictions of adult sexual behaviour through the Internet, cable or regular television programming and movies. This exposure may not be accompanied by opportunities for the children to ask questions and develop an understanding of what they are seeing or the values that govern human sexual behaviour. It has become very difficult for parents to exercise control over their children's exposure to sexual knowledge and, with two-income families, children are increasingly left to fend for themselves. As a result, more children fail to develop the adult attachments they need. Sexual behaviour with other children may offer an otherwise scarce opportunity for intimacy.

### **Developing a model for a comprehensive approach**

Initially, the PEI program offered group treatment programs to adults and adolescents. The content of these programs was similar, covering a basic understanding of how sexual behaviour can be used to relieve non-sexual needs, sensitization to victims, the effects and consequences of sexual abuse, and relapse prevention. The adolescent program was distinct from the adult program to address developmental differences and differences in offence dynamics. The adolescent program also included separate sessions for parents and/or caregivers to build support for the adolescent in the home while giving the parents guidelines about normal and problematic sexual behaviour in teens.

Modified programs of shorter duration, such as an educational program for adolescents and their caregivers, were added as it became apparent that not everyone with problematic sexual behaviour needed the same level and intensity of treatment. Children under 12 whose behaviour required treatment were either assessed and seen individually, or had treatment interventions incorporated into approaches at home or school that were already being taken to deal with their general behaviour. Given limited

resources there was some reluctance to develop a group program for children, particularly since not enough children with sexual behaviour problems were being referred initially to support such a program. As the referral sources for young children, primarily child welfare and the school system, became aware that specialized assessment and treatment was available, and more children were identified as having sexual behaviour problems that required focused intervention, it became apparent that a group treatment program for children was needed.

Subsequently, a manual was developed for use with children aged 6 to 12: *The Touching Problem*. As with the adult and adolescent group programs, treatment is provided through a partnership between corrections and the other provincially funded human service agencies. When it comes to sexual behaviour problems, these agencies have overlapping responsibilities and impacts; so it makes sense to share resources to provide a comprehensive approach to dealing with these problems. Although specific knowledge regarding the assessment and treatment of sexual deviance exists primarily within the department of corrections, these other agencies have a wealth of knowledge, experience and skills that are relevant to providing group treatment.

The first children's group was run by two staff members, a male and a female, from Child and Family Services, Southern Kings Region, under the supervision of the province's sexual deviance specialist. The success of and opportunity for learning from this experience provide a model for running the program in other parts of the province.

As with adults, adolescents and children who exhibit sexual behaviour problems are not a homogeneous group. They differ significantly in terms of the intrusiveness, nature and risk associated with their behaviour. With adolescents and children there is a much higher probability that the behaviour, although posing a problem, is not motivated by deviance but by curiosity or normal developmental issues. In such cases, a response of setting clear boundaries while offering sanctioned opportunities to learn is the appropriate intervention. In some cases, this may be facilitated by educational sessions for the youth and the youth's caregivers. Educational sessions in which both generations are present have the added effect of opening up communication between them on sexual matters. This is essential in ensuring that the child or adolescent feels comfortable about approaching his or her caregiver on future matters.

With adolescents and children it is especially important to keep in mind that everyone occasionally acts aggressively. Learning to control aggressive urges is one of the tasks of childhood and adolescence. Behaviour that is sexually aggressive should not be viewed in isolation or as intrinsically different from other aggressive behaviour. It must be assessed in the context of the person's full range of behaviours and the circumstances in which it occurred. Heavy-duty, and potentially intrusive, treatment programs should be reserved for behaviour that is clearly maladaptive and persistent. A decision to place a child or adolescent in such a treatment program should not be made solely because the behaviour poses a problem or creates anxiety among caregivers.

As well, problematic sexual behaviour in adolescents and children is more likely to represent a transitory attempt to deal with the effects of being sexually victimized. In such cases, victim-centered

counselling is the more appropriate response. Control-focused treatment should only be used when the behaviour shows signs of becoming a pattern, divorced from the abuse experience. This happens when the child or adolescent finds that his or her own abusive behaviour satisfies or relieves needs that are otherwise not being met.

It is important that intervention decisions be based on a knowledgeable assessment and chosen from a range of interventions to match the response to the need.

Sharing resources and expertise among the various governmental and private services that deal with the effects of sexual behaviour problems allows for a broader range of treatment interventions. Sharing specific expertise on sexual deviance helps to ensure that authorities can access the knowledge and experience that will lead to the best matching of need and response.

### **Future directions**

Current initiatives in Prince Edward Island focus on primary prevention. This includes identifying opportunities to educate segments of the population that are likely to have higher levels of risk for sexually offending. In many cases, being aware that specific circumstances may lead to deviant sexual urges and being armed with awareness of its consequences and alternative responses may be enough to prevent an offense from occurring. A good example would be including a segment in babysitting courses on how “checking things out” with a young child can lead to impulsive and criminal sexual behaviour.

These initiatives need not be expensive, especially when resources and knowledge are shared. Preventing sexual offending early is cheaper than treating criminals later, and saves the suffering of everyone affected by a sexual offence.

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  3. D. Burton, *Children with Sexual Behaviour Problems Do Battle: An Assessment and Comparison of Cognitive Factors Across Sexually Aggressive Children in State Care*. Presentation at the 1998 Association for the Treatment of Sexual Abusers Conference, October, Vancouver, British Columbia.
  4. E. Wieckowski, “Deviant sexual behaviour in children and young adolescents: Frequency and patterns.” *Sexual Abuse: A Journal of Research and Treatment*, 10, 4 (1998).

