



LET'S TALK
ABOUT SEX





Benefits of a Comprehensive Sexual Offender Continuum

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Ice Breaker

- Butt
- Breast
- Vagina
- Penis



Purpose

To provide a foundational understanding of the benefits in offering a comprehensive sexual offender continuum to youth receiving services in the Juvenile Justice system.

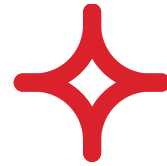
Objectives

- Explore the differences between normative, problematic, and illegal sexual behaviors
- Examine the critical components of an effective continuum
- Review practical strategies and resources to support youth in sexual offender treatment while promoting community safety
- Dispel common myths about sexual offenders

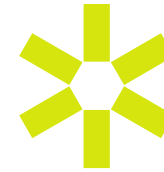
Differences Between Normative, Problematic, And Illegal Sexual Behaviors



Understand
Healthy Sexual
Development



Use proper
terminology



Know how to
look for signs

Normative Sexual Behavior and Healthy Sexual Development

Preschool age (less than 4)	Young Children (4-6)	School aged (7-12yrs)	Adolescence (13-18)
Exploring and touching private parts, in public and private Removing clothes and wanting to be naked	Purposefully touching private parts (masturbation), occasionally in presence of others	Purposefully touching private parts (masturbation), usually in private	Increased interest in being seen as physically and sexually attractive
Rubbing private parts (with hand or against objects)	Attempting to see other people when they are naked or undressing	Playing games with children their own age that involve sexual behavior (truth or dare)	Emerging sex drive
Showing private parts to others	Mimicking dating behavior (kissing or hand holding)	Attempting to see other people naked or undressing	Interest in dating and relationships
Removing clothes and wanting to be naked	Exploring private parts with children their own age (playing doctor)	Looking at pictures of naked or partially naked people	Wanting parents to be less involved
Talking to children their own age about bodily functions		Beginning of sexual attraction to /interest in peers	Explores pictures of naked people/pornography

Cautionary and Problematic Behavior

Cautionary Behavior	Problematic behavior
Not suitable for location (school, public)	Causes harm or potential harm or distress to any child
Normative behavior but more frequent than typical for child's age	Involves strong negative feelings including anger
Not currently harmful but has potential to be	Involves force, coercion, or aggression
Occurs despite adult intervention	Continues to occur despite interventions
Typical behavior but involves technology, such as taking picture of private parts	Preoccupied with sexual content and topics

Illegal Sexual Behavior – Contact Offenses

- Overt kissing
- Fondling (hand/genital contact or manipulation)
- Fellatio (performed on victim)
- Forcing to perform fellatio
- Cunnilingus (performed on victim)
- Forcing to perform Cunnilingus
- Frottage
- Attempted penetration-vaginal, anal
- Penetration-vaginal or anal
- Oral contact with breasts, buttocks, etc.
- Orchestrating sexual activities of victims, i.e. instructing them to masturbate, commit offenses against other children, adults or animals
- Bestiality
- Forcing to view sexual acts of other

Illegal Sexual Behavior – Non-Contact Offenses

- Propositioning for sexual acts/ sexual innuendo
- Showing pornographic material
- Making overt or covert sexual body gestures
- Obscene phone calls
- Taking photographs of victims
- Voyeurism
- Exhibitionism
- Possession of Depictions of Minors engaging in sexually explicit conduct (child pornography)
- Internet Sex Crimes (Sexting, cyberstalking, online solicitation, revenge pornography)

Legal Terminology – PA Law

- Rape
- Statutory sexual assault
- Involuntary deviate sexual intercourse
- Sexual assault
- Aggravated indecent assault
- Indecent assault
- Incest
- Sexual abuse of children
- Sexual exploitation of children
- Possession and dissemination of photo and film of child sexual acts

Continuum

- Referral considerations
- What services are out there?
 - Outpatient counseling, in home services, MST-PSB, residential placement, secure care



Continuum

Examine the critical components of an effective continuum

Outpatient Counseling Assessment In Home Treatment Residential-Secure

Least Restrictive

Most Restrictive



Referral Considerations

- Bio-psychosocial
- Stages of denial
- Youth's own victimization
- Mental health diagnoses
- Paraphilia diagnoses

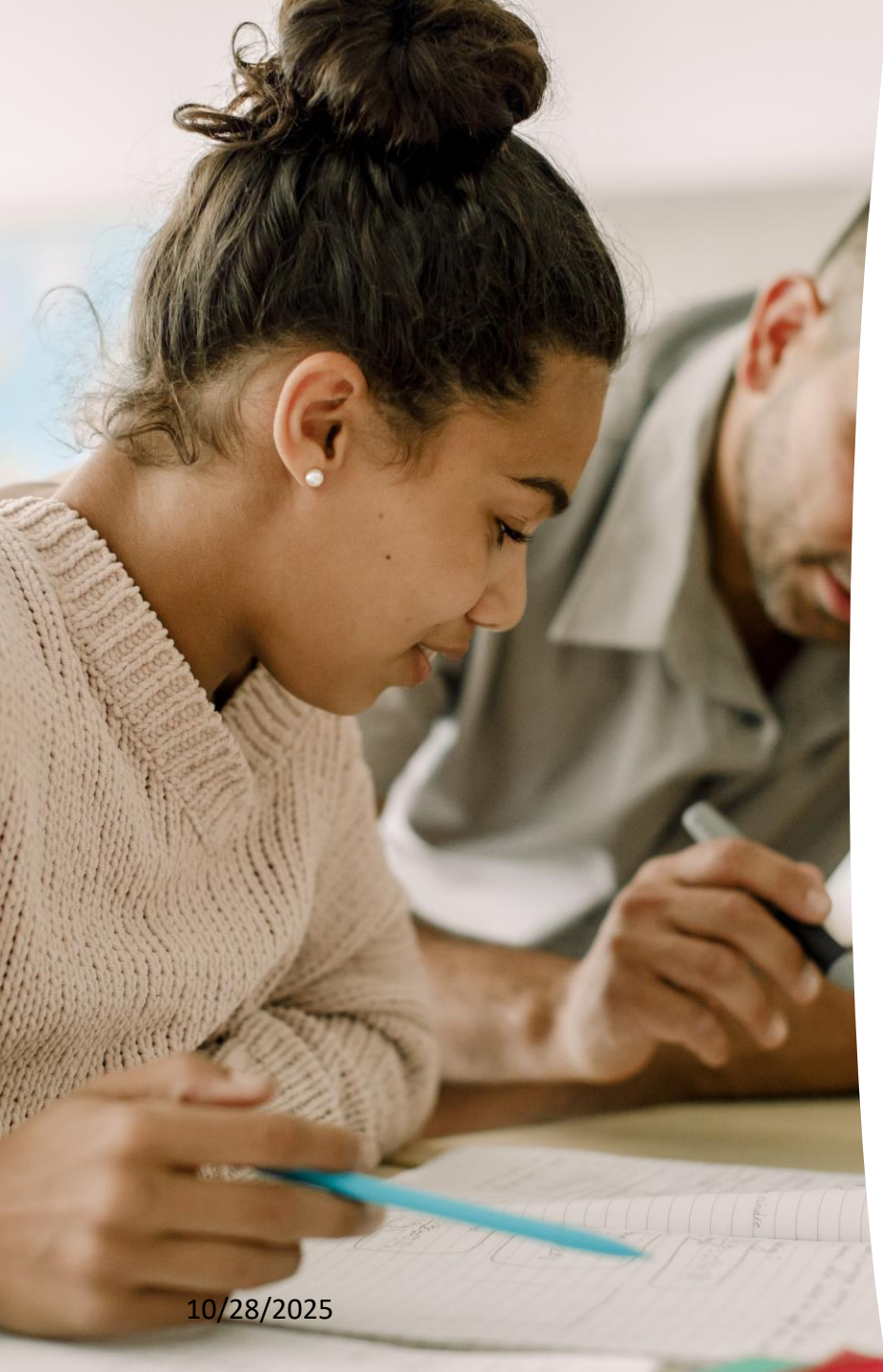
Mental Health Diagnoses

Some of the most common diagnoses:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder
- Impulse Control Disorders
- Depression
- Post-traumatic Stress Disorder (PTSD)
- Anxiety
- Sexual abuse as a victim or perpetrator
- Diagnoses with drug and alcohol abuse
- Personality Disorders
- Pharmacological impact that decrease sex drive

Paraphilia Diagnoses

- **Exhibitionism** – the exposure of one's genitals to a stranger. On occasion, an individual will masturbate during the exposure
- **Fetishism** – the use of nonliving objects for sexual arousal
- **Frotteurism** – touching or rubbing up against a non-consenting person
- **Pedophilia** – sexually activity with a prepubescent child, generally age 13 or younger), a person with pedophilia must be age 16 or older and at least 5 years older than the child. For individuals in late adolescence with pedophilia, no precise age difference is specified, clinical judgment is used to determine diagnosis
- **Sexual Masochism** – the act, real not stimulated, of being humiliated, beaten, bound, or otherwise made to suffer
- **Sexual Sadism** – the act, real not stimulated, in which the individual derives sexual excitement from the psychological or physical suffering and humiliation of the victim
- **Transvestic Fetishism** – the act of a male dressing as a female for sexual gratification
- **Voyeurism** – peeping
- **Paraphilia Not Otherwise Specified** – less common paraphilia



Continuum

Assessment Phase

Considerations During Assessment Phase:

- A history of sexual abuse.
- Acting out with children younger than themselves.
- Has knowledge of sex that is beyond their age level.
- Simulates copulation with dolls, toys, other children
- Appears to have little or no age-appropriate fear of strangers.
- Has no sense of boundaries, modesty, or privacy where their personal physical space is concerned.
- Often acts in a flirtatious or promiscuous ways that are not age-appropriate.
- Uses coercion, bribery, or force in what would appear to be otherwise normal sex play with same-age friends.
- Sexual contact with other children appears to be more adult in nature than age-appropriate.
- Demands secrecy and makes threats of harm if the acts are disclosed.
- Lies or manipulates when confronted with knowledge of the sexual contact.
- Uses objects, violence, or weapons during a sex act.
- Touches children and adults inappropriately, and in public excessive masturbation and exposure.
- Sexualized themes during play and conversations, including drawing, painting, and playing with dolls



Purpose of Sexual Assessment

- Review youth's prior information
- Determine youth's sexual knowledge
- Assess the youth's risk in the community
- Make recommendations about what the focus should be throughout treatment

Sex Offender Assessments

- **Client and Family Interview**
- **Sexual Adjustment Inventory for Juvenile**
 - Identifies sexual deviance and paraphilia's in those accused or convicted of sexual offenses.
- **Youth Needs and Progress Scale (YNPS)/ Juvenile Sex Offender Assessment Protocol (JSOAP)**
 - Checklist whose purpose is to aid in the systematic review of risk factors associated in research with sexual and criminal offending
- **ERASOR**
 - Review of risk factors.
- **Abel Screen/LOOK**
 - Measures visual reaction times with the idea that a longer focus on a slide the greater the sexual interest
 - If the subject reaction time is slower than the mean visual reaction time is evidencing sexual interest
 - Aids in treatment – not diagnosis or risk assessment

Continuum

Treatment Phase

Incorporating Treatment and Interventions at all stages

Normative Interventions	Problematic Interventions	Illegal Behavior Interventions
Outpatient Counseling	Psycho-education	Assessment for Risk
Play Therapy	Safety Planning	Safety Planning
Structured Activities	Supervision Plan	Supervision Plan
Psycho-education Supervision	Curriculum	Curriculum
Supervision Conversations	Internet Safety	Internet Safety

***This is why having a continuum is a critical component to offender behavior treatment**



Safety Plans

- Maintain an increased level of supervision.
- Increase monthly staff clinical supervision and/or staff team meetings to weekly for consistency in reinforcing increased supervision.
- Review bedroom and/or seating assignments to ensure safe practices.
- Increase emphasis on healthy relationship building during psycho-education groups meetings and individual counseling sessions.



Community Safety

- Unsupervised time
- Socialization
- Limit exposure to high-risk situations
- Bedroom/Bathroom safety
- Alarm system
- Internet safety and limitations

Residential – Placement Safety

- Free-time security
- Hallway security
- Bedroom security
- Bathroom security
- Time-out security
- Cafeteria security
- Gym/Recreation security
- Transition security
- Transportation



Individual Counseling

- Dealing with identity and sexual identity issues
- Using proper terminology
- Facilitating with a non-judgmental approach
- Aiding with disclosing to families
- Awareness with sexual education and supportive materials
- Constantly assessing risk level
- Sharing across multidisciplinary team





Group Counseling

- Group counseling is an integral part of treatment. During these meetings, youth are expected to prepare and discuss their history of sexual offending, past victimization among other topics.
- Youth learn and discuss what triggers inappropriate thoughts, and what behaviors they exhibit as a result.
- Focus then occurs on goal-setting, positive thought, and responsible relationships.
- The strength of these groups is that they are “peer” driven.

Family Counseling

Education of Parents

- Review age-appropriate terminology
- Review developmental and age appropriateness of normal sexual behavior, good touch/bad touch, and non-offending sexual behavior.
- Repercussions of youth's behavior - current and future
- Review the client's treatment process so that parents know what to expect and how to remain involved.
- Review assessments, what they mean etc.
- Getting sibling victims into treatment

Physical Family Environment

- Who is in the family, the roles each person plays in the client's life (disciplinarian, sibling, friend, family support person)
- Physical structure of the home and physical boundaries (bedrooms, access between siblings, monitoring, work schedules, realities of daily family life)
- Access to pornography (All pornography should be removed from the home completely)
- Access to computers/internet (All sites should be blocked, and computer time must be monitored)
- New rules of household focusing on safety
- Sexual Behavior norms in the home among other family members (privacy, older siblings and friends, etc.)

Treatment Workbooks

- The ***Pathways*** workbook assists youth in understanding their maintenance behaviors, or those behaviors that keep them cycling through anger, boredom, and other feelings that feed their offending cycles. Education towards appropriate behaviors and basic sexuality information helps clients redress their social deficits
- ***Healthy Families*** is a guide that is used during family sessions that enables the family to have a better understanding of the terminology and treatment that is used daily at Adelphoi Village. This workbook answers a lot of questions that Parents have and is a good tool that supplements the *Pathways* workbook.
- ***Roadmaps or BaseCamp*** are used for younger children and adolescents that have learning disabilities. This workbook is broken down into large print and pictures for easy comprehension.
- ***Relapse Prevention*** workbook is a supplement to the other workbooks. The focus is getting adolescents ready for integration back into the community. This workbook helps them learn relapse prevention cycles and prevention.
- ***Choices*** is a Relapse Prevention and curriculum workbook for female offenders. The *Choices* workbook is a similar combination of *Pathways* and *Relapse Prevention* that male offenders complete.

Offender Resources

<https://safersocietypress.org>

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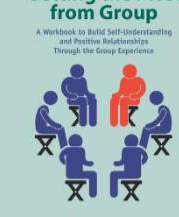
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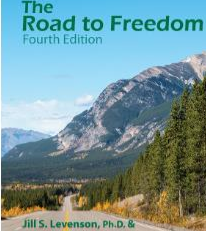
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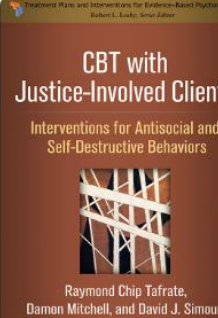
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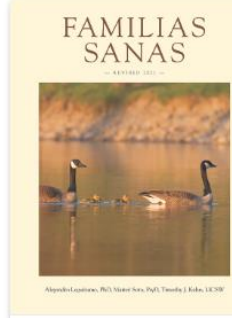
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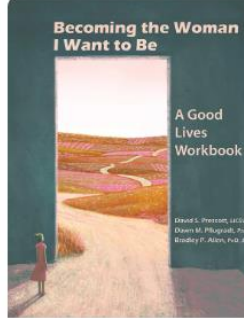


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A Good Lives Workbook

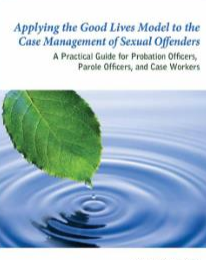


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Your Personal History



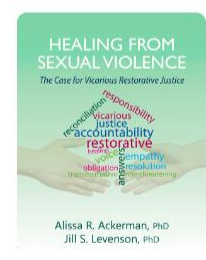
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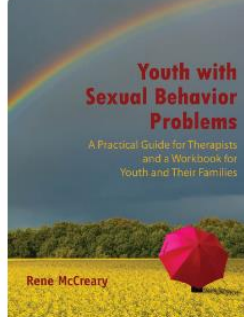


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Other Considerations - **Female** Offenders Vs. **Male** Offenders

- What makes women who sexually offend different than their male counterparts?
 - Offending process & motivations
 - Recidivism & risk assessment
 - Gender-informed treatment and management needs



Continuum

Aftercare

Relapse Prevention & Aftercare

- Planning starts at admission (rule in and rule outs)(identify aftercare providers in the community the youth will be discharged to)
- Family and County involvement in aftercare planning.
- Safety planning around High-risk situations.
- The Relapse Prevention Plan (review document)
- Aftercare services (In-home so programs, community resources, outpatient)

Family Counseling/Relapse Prevention

Developing Family Relapse Prevention Plan

- Develop a plan that incorporates client's triggers, cognitive distortions, family physical structure, supervision, parent(s) role in relapse prevention.
- Develop specific relapse prevention family contract

Preparing for Home Passes

- Recommend that the following is reviewed:
 - Supervision
 - Access to victims
 - Victim Notification
 - Physical boundaries of the home
 - Specific treatment goals to accomplish
 - Relapse Prevention Plan is established and approved for Home Passes

Integration Into The Community Requires Offenders To Complete:

- Sex education
- Disclosure (of offense(s), history of trauma)
- Provide a safe environment
- Family involvement is critical: *Healthy Family Workbook*
- Journals used to document present feelings, relationships, or sexual thoughts.
- Understanding the Offense Cycle (Pattern, Safeguards, and Blocks)
- Complete workbooks: *Pathways, Relapse, Roadmaps and Base Camp* (younger or low functioning youth)
- Participate in individual and group counseling
 - Group counseling will include Choice Theory, Sexual Issues, Victim and Community Awareness Curriculum, and Treatment Workbook Groups (disclosure, pattern, maintenance cycle, etc)
- Victim Empathy
- Clarification & Reunification (if applicable)
- Aftercare and Relapse prevention

Myths vs. Truths Wrap Up

Myths vs. Truths

- Most Sexual Assaults are committed by strangers

Myth!



Myths vs. Truths



- Multiple factors, not just sexual victimization during childhood, are associated with the development of sexually offending behavior in youth.



Myths vs. Truths



- Children who are sexually assaulted will sexually assault others when they grow up.



Myths vs. Truths

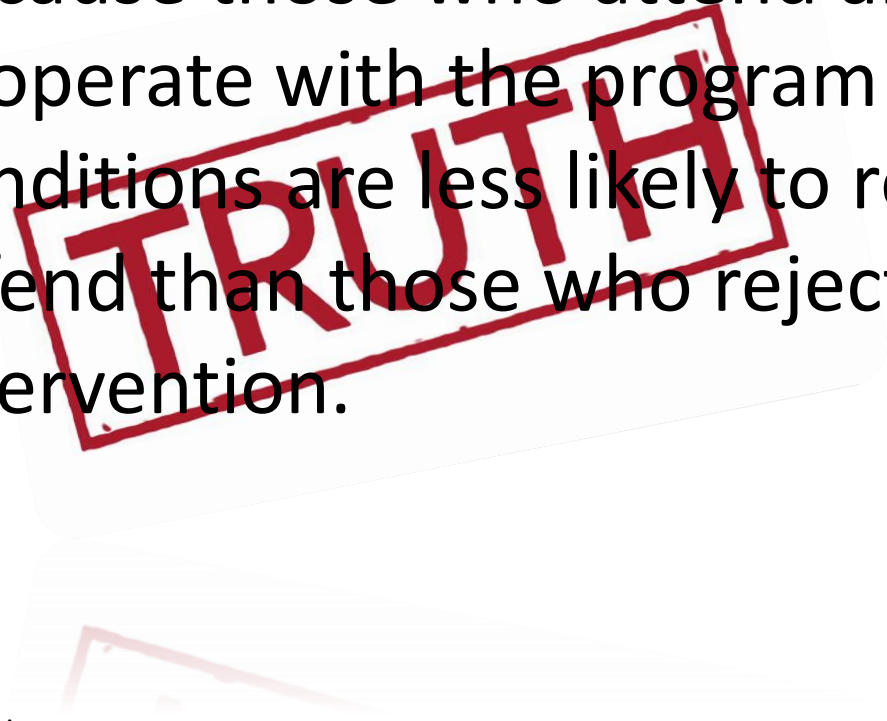
- Sexual activity between an adult and child is allowed if the child gives consent.



Myths vs. Truths



- Treatment programs can contribute to community safety because those who attend and cooperate with the program conditions are less likely to re-offend than those who reject intervention.



Myths vs. Truths

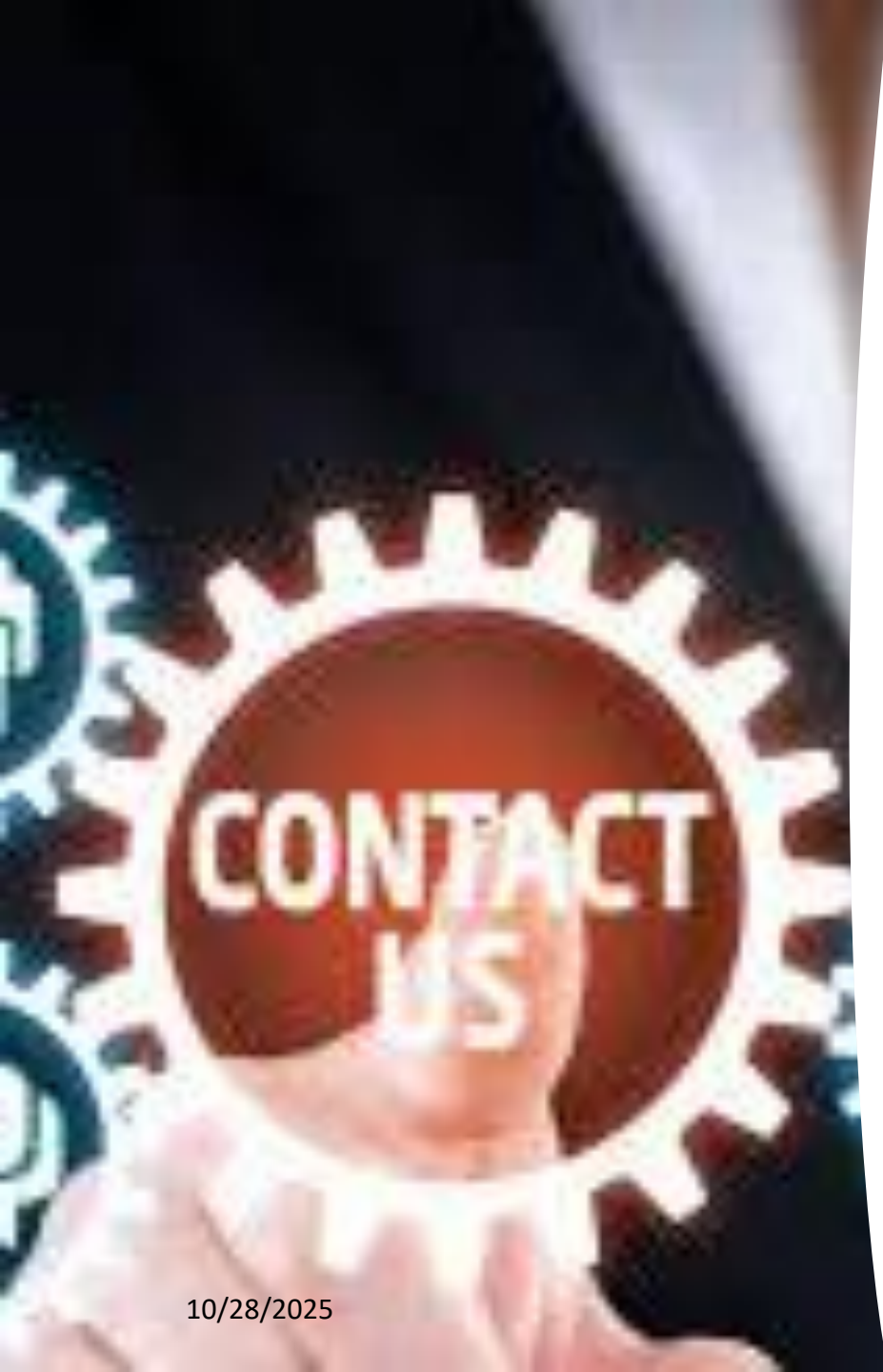
- Most sex offenders reoffend



Myths vs. Truths

- The majority of sex crimes go unreported





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