

**The Adolescent Healthy Sexuality
Program: Parent Information on
The Treatment of Adolescents With
Sexual Behavior Problems**



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About Stetson School

- Stetson School provides specialized treatment for children and adolescents who engage in sexually troubling behavior.
- Stetson School is a residential treatment facility that provides long-term treatment to 111 students. We primarily provide treatment for sexually reactive children (ages 9-13), juvenile sexual offenders (ages 13-18), and young adult sexual offenders (ages 18-21).
- In addition to our work with sexually abusive youth, we provide treatment for adolescents with sexual behavior problems that include highly sexualized behavior, sexually inappropriate or sexually aggressive behaviors, and other forms of sexual misconduct. We provide treatment for these students in our Healthy Sexuality Program.
- Adolescent and young adult students typically remain in treatment at Stetson for 18-24 months, and younger students are typically remain at Stetson for 24-36 months.

At Stetson School we aim to build a "Culture of Recovery."

We help our students learn to live in a healthy, safe, and prosocial manner in which they can live satisfying lives, engage in meaningful and appropriate social relationships, and help and support others.



Because Stetson School specializes in treatment for sexual aggression and sexually abusive behavior, most of our materials and descriptions describe the treatment we provide for sexually reactive children and juvenile sexual offenders. This handbook, while providing information about our work with adolescents who engage in milder forms of sexual misconduct and sexually troubling behavior, also contains information about and describes our work with sexually abusive youth.

As your child will be treated at Stetson School, in this larger treatment environment, it is important that you have information about our larger population, as well as our work in the Healthy Sexuality Program. Much of the material and information in this handbook is modified from material designed to describe our work with juvenile sexual offenders, and our beliefs about that work.

Stetson School Treatment Philosophy

- Adolescents who engage in sexually inappropriate or aggressive behavior are fully responsible for their behaviors and must be held accountable for those behaviors.
- Adolescents who engage in sexually inappropriate or aggressive behavior cannot be treated strictly for their sexual behavior, as though such behavior is distinct and separate from the rest of their behavior or can be understood without understanding the rest of their lives.
- Sexual troubling behavior occurs in a context, not as a unique and discrete behavior that can be isolated and treated apart from the rest of the person.
- Feelings, thoughts, and behaviors are interconnected and interactive, and cannot be easily separated for the purposes of treatment. We see individual attitudes, experiences, and behavior intertwined with and involving systems, with special emphasis on the family system and the general environment in which the child was raised, learned, and lived.
- In order to prove effective, the treatment of troubling sexual behavior must be directed towards a range of emotional and behavioral conditions, and include a focus on the systemic environment which perhaps influenced and in which sexual behavior developed and was manifested: *this is what we mean by treating the "whole" person.*

Principles of Treatment at Stetson School

Broad Treatment Goals

- Prevent further sexual victimization.
- Prevent further coercive, aggressive, or abusive behaviors.
- Teach and develop pro-social behavioral replacement skills.
- Resolve personal victimization, trauma, or impact of disruptive development

Objectives of Treatment

- Understand, identify, and interrupt thoughts, feelings, beliefs, and behaviors that contribute to abusive, coercive, or aggressive behavior.
- I identify, interrupt, and control inappropriate sexual arousal and inappropriate or deviant sexual fantasy, and inappropriate sexualized behavior.
- Accept responsibility for personal choices and behavior, without minimization or justification.
- I identify and understand how past trauma contributes to how one responds to difficulties of feelings of vulnerability.
- Develop awareness, sensitivity, compassion, and understanding for others.
- Learn and understand normative and socially appropriate sexual development.
- Learn, understand, and use adaptive coping and prosocial skills.
- Develop a plan, incorporating healthy coping strategies, to prevent return to inappropriate behaviors (relapse) and promote successful living.

Providing Treatment at Stetson School

Stetson School is a therapeutic program, and every staff member is trained to work with children who have engaged in sexually inappropriate and abusive behaviors.

In addition, every student at Stetson School is assigned a master's level clinician (therapist) trained to work with adolescents who engage in sexually inappropriate behavior. Clinicians are involved in every aspect of their student's life at Stetson, and meet with their students for individual and group therapy every week. Clinicians also work with families whenever possible, providing family therapy and counseling.

Students are also assigned a case manager, who works closely with the student, the treatment team, outside agencies (such as Department of Social Services) and the family. Like all Stetson staff, case managers are trained to work with adolescents with sexual behavior problems, and work hard to ensure that the treatment and family needs of students are being met.

The Individual Service Plan and Treatment Goals

The I SP, or Individual Service Plan is the "map" for treating our students. The I SP identifies specific treatment goals that either represent the "end" of treatment (long term goals) or short term steps towards that end (short term goals). In this regard, the I SP is the "treatment plan."

The I SP always reviews treatment to date, and then sets treatment goals to accomplish in the next I SP period (three months) and over the long run, until the expected discharge date. Treatment Goals serve as the cornerstone of treatment, and define the direction of individual treatment and treatment interventions.

I SP meetings are held every four (and sometimes, three) months, and parents, outside agencies, local schools, and other interested parties are invited and encouraged to attend the I SP meetings.

"Packet" Work and Work Books

Stetson School students are often assigned chapters from workbooks or other materials intended to teach concepts basic to treatment, develop relapse prevention plans (plans to help students not return to former inappropriate or problem behaviors, or "relapse"), write down and share their feelings and thoughts, or otherwise use a workbook approach towards learning and self-exploration. This sort of work is typically referred to as "packet" work as it often involves packets of materials.

Confidentiality

Confidentiality is always a concern and a prime issue in any kind of treatment. However, in the special case of therapy for sexually inappropriate behavior and/or sexual aggression, it is of special concern as *not all communication is considered or will be treated as privileged or confidential.*

- There are instances where disclosures of past, current, or intended sexual or physical victimization of others must be reported by law.
- In other cases, the primary purpose for a psychosexual or risk assessment is to predict risk, determine responsibility, or assess competence and results will be communicated to a court or state agency.
- In still other cases, disclosures may reveal behaviors or relationships that violate program policies, suggest risk for self harm or harm to others, or may result in the program reporting crimes or behaviors to state social service or youth authority agencies, the courts, or parents.

Accordingly, it is important that students and their parents (and legal guardians) understand that they may not be entitled to confidentiality and, in some cases, disclosures made by students will be reported within the program, to external agencies, or to parents.

Although this may dampen, reduce, and even shut down communication, it is nevertheless critical that students understand, before they make disclosures, that confidentiality is not guaranteed and in some cases information will not be held confidential.

In some cases, this may mean that a student actually places himself at risk for criminal prosecution or other sanctions and actions if he reveals information, but this is part of the work of treating and rehabilitating adolescents and children who have engaged in inappropriate and troubling sexual behaviors or have committed sexual offenses.

“Disclosures”

Disclosures involve students describing their sexually troubling, inappropriate, or abusive behavior to their Stetson School clinician and other staff, including the details of these behaviors.

Disclosures are also made to peers in treatment groups, and often are also made to family members while in family therapy.

What Is Sexually Inappropriate Behavior or Sexual Misconduct?

- Whereas, it is not always clear what “sexually inappropriate” or “sexual misconduct” means, we include behaviors that are of a sexual nature but do not rise to the level of sexual assault or a criminal sexual offense, but may include:
 - mild and infrequent molestation or unwanted touch;
 - repeated lewd, highly suggestive, or threatening sexual remarks or statements;
 - repeated consensual sexual activity in environments or circumstances under which such behavior is either inappropriate or is antithetical to the purpose of the environment (such as repeated sexual contact of a consensual nature in treatment programs, schools, public libraries, etc.);
 - repeated acts of public sexual behavior that do not rise to the level of exhibitionism or other forms of public exposure; and
 - repeated acts of voyeurism which again do not necessarily rise to the level of a sexual offense.
- More often than not, these behaviors will occur as part of a larger set of problematic behaviors, which will also be treated while the adolescent is in treatment at Stetson School. However, sexual behavioral misconduct is the primary source of concern and target for treatment.

What Is Sexual Abuse?

Because Stetson School is primarily a program that evaluates and treatments problems involving sexually abusive behavior, it is important that students and the parents of students admitted to the Healthy Sexuality Program understand the nature of sexually abusive behavior.

What Is Sexual Abuse?

"The laws regarding sexual behavior do not entirely define abuse: some behavior may be prohibited by law but not be abusive, while some abusive behaviors are not covered by law.

It is the nature of the relationship; the inequality of the participants; presence of exploitation, coercion, and control; manipulation; and the abuse of power, combined with a sexual behavior, which constitute sexual abuse.

Sexually abusive behavior is represented by a continuum of behaviors, some of which may not fall within the court's parameters for prosecution...

We live in a society that demonstrates a great deal of confusion about sexuality. In some cases, societal norms seem repressive while in other cases societal norms seem excessively permissive. Individuals may hold different values about sexual behaviors, influenced by religious, familial, and cultural norms or beliefs. We are often unprepared to substantiate what is "normal" and what is "deviant" sexual behavior in juveniles.

We do know, however, that certain sexual behaviors are abusive because they cause harm to others and that some sexual behaviors are illegal in our society."

The National Task Force on Juvenile Sexual Offending (1993)

Terminology

There are conflicting ideas about the "correct" way to describe behaviors that are typically considered sexually assaultive or abusive in some way. Most typically, these behaviors are referred to as "sexually abusive" or "sexual offending." Sometimes, we prefer to use the term "adolescents (or children) with sexually abusive behavior," or "adolescents (or children) with sexual behavior problems."

Some argue that the term "sexual abuse" is generally more appropriate, and that the term "sexual offender" should be reserved only for those who have been found guilty of a sexually assaultive or abusive behavior. Others suggest that either term unnecessarily labels the child in a way that may stigmatize him (or her),¹ and lose sight of the fact that the child is much more than just his sexually abusive behavior, and often has more problems than sexually abusive or inappropriate behaviors alone.

However, there is no "correct" answer. At Stetson School, we generally use the terms interchangeably, but most typically use the term "sexual offending."

Regardless of whether or not there are criminal or juvenile charges, we use the words "offenses" and "offending" to refer to sexually assaultive or abusive behaviors. This is because we believe that the wide range of behaviors that can be considered sexually assaultive or abusive are offenses because they involve victimization, by definition, and the sexual behavior involved is, in some way, offensive.

¹ Although we recognize that there are also female sexual offenders, we know that most juvenile (and adult) sexual offenders are male. Accordingly, we will only use the term "he" from now on.

What is Healthy Sexuality?

The term "healthy sexuality" represents the capacity to behave in friendships, romantic partnerships, sexual relationships, and other social relationships in ways that do not involve unwanted sexual behavior, sexual behavior that is inappropriate for the relationship or the setting, or in ways that "sexualize" the relationship. Healthy sexuality means understanding when and if a relationship may include a sexual component, and when it is appropriate to engage in a sexual relationship, and with whom.

Healthy sexuality means understanding and feeling comfortable with one's own sexuality, and sexual behavior in general, and understanding and abiding by social expectations about sexual behavior.

Healthy sexuality means not sexualizing relationships, or injecting sexual ideas and behaviors into every relationship.

What is Sexualization?

"Sexualization" refers to attitudes and a way of seeing things that frequently and inappropriately injects sexual ideas, gestures, and behaviors into social interactions and relationships, and injecting ideas about sex into social situations which are not sexual at all, or in which sexual behaviors are inappropriate.

Sexually Reactive Children

At Stetson School, we do not use the term "juvenile sexual offender" to describe the sexual behaviors of children age 12 or below who have perpetrated sexually abusive behavior. Instead, we use the term "sexually reactive" to describe these children.

Sexually reactive children are pre-pubescent children who have been exposed to, or had direct contact with, inappropriate sexual activities, sexual behaviors, or relationships, and have then begun to engage in or initiate sexual or sexualized behaviors, activities, interactions, or relationships that include excessive sexual play, inappropriate sexual comments or gestures, mutual sexual activity with others, or sexual molestation and abuse of other children.

More simply, age inappropriate sexual behaviors and interests in children aged 12 or younger who were earlier exposed to sexual experiences are a reaction to those earlier sexual experiences. We also consider a child aged between 12 and 13 to be sexually reactive if his inappropriate sexual behaviors follow exposure to a significant sexual experience that occurred during the past 12 months. We do not apply this term to adolescents age 14 years or older (and rarely to adolescents 13 or older), even if their sexual behaviors began at an earlier time, as we hold teenagers more directly responsible for their behaviors.

Defining Sexually Abusive Behavior

The term sexually abusive behavior covers a broad range of behavior and includes both "hands-off" sexualized behaviors such as voyeurism (peeping), sexually obscene phone calls, the theft of clothing and other items to be used for sexual purposes, and exhibitionism ("flashing"), and "touching" behaviors that range from "frottage" and molestation (touching and rubbing without consent), to oral sex, and object, digital, and penile penetration.

Sexually abusive behavior requires a perpetrator and a victim. Although it can sometimes be difficult to fully discern a "victim" under certain circumstances (such as same age relationships

where there is an element or the appearance of consent or mutuality), there are many situations where there is a clear and easily recognizable victim, such as:

- rape
- kidnaping and forced sexual contact
- sexual contact between adults and children (of any age, and potentially until age 18)
- where sexual contact occurs between children but there is a significant age difference
- situations in which there are other clear differences in power or control between the parties, in which, for instance, the victim is retarded, elderly, infirmed, or in some way unable to resist or assertively refuse sexual contact or unable to give consent

The National Task Force on Juvenile Sexual Offending defines sexual abuse as behavior that occurs:

- without consent,
- without equality, or
- as a result of coercion.

Consent vs. Coercion

There are times where the perpetrator of sexual abuse claims consent was given. There are also times that consent was given but was later withdrawn. There are also times when consent may appear to have been given but, in reality, was coerced.

There may also be times when consent was given but the consenting party was incapable of giving meaningful consent (in the case of a young child, for instance) and/or mentally incapable of understanding or giving meaningful consent. There are also circumstances that force or compel consent in some way, such as threats, blackmail, bribery, promises, or other forms of manipulation.

Under these circumstances, "true" consent is either not possible, suspect, or highly unlikely. In some cases, although consent was given it may be against the true wishes of the victim, or the result of planned and highly manipulative behaviors such as "grooming," where the perpetrator has spent a great deal of time building and developing a relationship in which there is the appearance of consent.

Not every form of coercion involves threats or overt manipulation. Some involve power differences where the victim consents to or allows sexual contact because of this *difference in power*. One example is the employee who consents to a sexual relationship with a supervisor because of the power difference, although the employee really does not want sexual contact. Another example involves the brother who uses his size, power, and authority to engage a younger sibling in a sexual relationship, or the parent who sexually abuses his or her child.

"False" consent occurs where the "consenting" party is incapable of understanding moral norms, social expectations, possible consequences, distinguishing right from wrong, etc., due to age, intellect, mental condition, experience, or other factors that limit true consent.

The National Task Force on Juvenile Sexual Offending defines "consent" as an agreement that includes:

- an understanding of the proposed behavior/interaction based on age, maturity, developmental level, functioning, and experience,
- knowledge of social standards for the proposed behavior/interaction,
- awareness of possible consequences and alternatives,
- honoring agreement or disagreement (the ability to change one's mind),
- voluntary decision, and
- mental competence.

Reasons for Problematic Sexual Behavior and Sexual Misconduct

There is no single reason why someone engages in sexually inappropriate or sexually abusive behavior. In fact, there are many explanations for such troubling sexual behavior.

- Inappropriate Sexually Behavior as Power Seeking. *Power and control is typically seen as a primary motivator behind the sexualized or sexually inappropriate behavior.*
- Inappropriate Sexually Behavior as a "Thinking Error." *The sexually troubling behavior is seen as just one special example of an error in thinking in which the sexual behavior- and all antisocial behavior, is considered the result of irrational thinking.*
- Inappropriate Sexually Behavior as a Coping Mechanism. *Sex is used to meet non-sexual needs: as an "antidote" to emotional turmoil in which the troubled individual feels helpless, frustrated, angry, powerless, or like a victim of society. Sexual behaviors may be the only means by which the individual can fight off feelings of depression, anger, etc., and may be viewed as an antidote against feeling "bad."*
- Inappropriate Sexually Behavior as Socially Learned. *The individual has been exposed to, experienced, and/or learned a distorted and confused view of sexual relationships, and has incorporated these experiences and beliefs into his thinking, behavior, and interactions.*
- Inappropriate Sexually Behavior as Mental Illness or Limitation. *The individual is experiencing a mental illness or deficit that is significantly contributing to his perception, beliefs, interactions, and behaviors.*
- Inappropriate Sexually Behavior as Taking Charge. *The "I-Take-What-I-Want" and "I-Have-the-Right" behavior and attitude of the troubled individual may indicate that the perpetrator has come to see the world in terms of "victims" and "victimizers." As many individuals who engage in troubled sexual behaviors have themselves been sexually offended against at some time in the past, the individual's own inappropriate sexual behavior may prove a means for establishing control and ensuring that the individual is not cast in the "victim" role again. In a world of "victims" and "victimizers," this casts the individual in the role of victimizer rather than victim.*
- Inappropriate Sexually Behavior as a Physical Drive. *In this model, the individual feels physically compelled to act out highly sexualized feelings and perhaps unable to control overwhelming physical (and resulting mental) drives. Sexual gratification is key in this case.*

- Inappropriate Sexually Behavior as Experimentation. *In some cases, in younger or developmentally delayed individuals, inappropriate sexual behaviors are the result of curiosity, naivete, and classic "experimentation," in which case the inappropriate sexual behavior may be situational or the result of behavior that is not intended as inappropriate, aggressive, or abusive.*
- Inappropriate Sexually Behavior as Relationship. *Here, the sexually troubled individual feels disconnected from others and has few satisfying relationships. The sexually inappropriate behavior fills a relationship need, in which the individual may feel he is connecting with someone else and believe he has formed a real relationship.*
- Inappropriate Sexually Behavior to Meet a Social Need. *The individual feels isolated and different from others, and uses sex as a way to feel good about himself and able to meet social goals, including the goals of having a relationship of sorts, feeling socially competent, and social mastery, in which the individual feels as though he has some control over his own life, his relationships, and what he does.*
- Inappropriate Sexually Behavior to be Like Everyone Else. *In this case, the individual believes that sexual relationships are a "norm" or expected behavior in social life, and that others are having sexual relationships. Engaging in sexually inappropriate or abusive behavior, and therefore having a sexual relationship, may make the individual feel "normal" and like everyone else.*

Inappropriate Sexual Behaviors in Juvenile and Adults

At Stetson School, we primarily work with juvenile sexual offenders. Adult patterns and motivations for sexual offending behaviors are often quite different from those of adolescents who engage in sexual offending behaviors.

In fact, although many adults begin their sexualized, sexually inappropriate, and sexually abusive behaviors as adolescents, it is not true that every child or adolescent who engages in offending behavior will become an adult offender. However, although many adolescent sexual offenders do not continue on to become adult sexual offenders, we do consider children and adolescents who engage in sexually abusive behavior to be **at risk** of becoming adult sexual offenders if not treated.

Similarly, we consider children and adolescents who engage in sexually inappropriate behaviors and sexual misconduct to be at risk for further sexual behavioral problems if the issues are not recognized, treated, and resolved. The goal of treatment is to address and reduce, or eliminate, problem sexual behavior so that it does not become magnified and result in continued or escalating sexually troubling behaviors.

Sexual Offending as Developmental Over Time

Not all juvenile sexual offenders become adult sexual offenders, and not all adult sexual offenders began as juvenile sexual offenders. Nevertheless, there is evidence to suggest that sexual offender behavior develops through adolescence and into adulthood.

Statistics tell us that hands-off and no-touch sexual offender behaviors may grow into full fledged sexually offensive acts. In this respect, sexual offender behavior often develops and progresses over time.

Putting Juvenile Sexually Aggressive Behavior into Perspective

Although juveniles who are sexually aggressive or engage in sexually abusive behavior are “at risk” of becoming adult sexual offenders if not treated, it is also important to put juvenile sexual inappropriate and abusive behavior in perspective.

Although incidents and patterns of sexual aggression and sexually abusive behavior in adolescents may evolve into hardened patterns of troubled sexual behavior or sexual offending, the sexual behaviors of adolescents may not involve similar motivations, intentions, or patterns of gratification, or progressively develop into adult patterns.

It is important to recognize that:

- Juvenile sexually troubled or abusive behavior is not always about power.
- Juvenile sexually troubled or abusive behavior doesn't always involve clear victimization.
- Sexually aggressive adolescents sometimes experience their sexual behaviors as consensual.
- Many sexually aggressive adolescents do not evolve into adult sexual offenders.
- Troubled sexual behavior in adolescents will not necessarily “harden” if untreated

Sexual Misconduct: Sexually Inappropriate and Sexually Abusive Behavior

Sexual misconduct and sexually abusive behavior can range from “hands-off” behaviors that are “offenses” because of the nature and/or intent of the behavior, to behaviors that involve touch and physical assault. In the case of sexual misconduct or sexually inappropriate behavior, and sometimes in the case of sexually abusive behavior, there actually may be no intent to be inappropriate or even abusive. *However, that lack of intent or awareness doesn't make the sexual behavior wanted by the victim of the behavior, or any less inappropriate or abusive.* Sexually inappropriate and abusive behaviors include and range from:

- Sexually rude or harassing and unwanted sexualized comments and remarks
- Repeated lewd, highly suggestive, or threatening sexual remarks or statements
- Unwanted sexualized staring and gestures
- Sexually obscene phone calls
- Theft of items of clothing or other personal items for the purposes of gratifying a sexual fetish
- Voyeurism, or “peeping” in which others are observed for the purposes of sexual gratification or stimulation, including watching others undressing, bathing, or engaging in sexual acts
- Exhibitionism, or “flashing,” involving indecent exposure and exposure for the purposes of sexual gratification or stimulation
- Frottage, involving touching or rubbing against another person for sexual gratification or stimulation, without permission and, in the case of rubbing, sometimes without the other person's knowledge
- Molestation, involving fondling the genitalia, buttocks, breasts, and/or other erotic areas
- Sexual assault, including unwanted sexual acts such as kissing, touching, fondling, oral sex, and object and digital penetration of anus or vagina

- Rape, technically involving vaginal, anal, or oral intercourse or penetration without consent, by penis or by object
- Pedophilia, involving the sexual interest or activities of a person aged 16 or older with a prepubescent child (generally aged 13 or younger) and with an age span of at least five years
- In the case of sexual misconduct, repeated sexual activity (including consensual sexual activity) in public places, or in environments in which such behavior is inappropriate, offensive to others, or damaging to the purpose of the environment.

The Assessment of Adolescents with Sexual Behavior Problems and Future Behavior

At Stetson School before we begin treatment we complete a psychosocial history and an assessment of the possibility (or risk) for continued inappropriate sexual activity, and to establish whether or not the student's inappropriate sexual behaviors have actually previously risen to the level of sexually abusive behavior.

A risk assessment is designed to assess the possibility that the youth will continue to behave in a sexually inappropriate manner at some point in the future. In the case of sexually abusive behavior, the risk assessment describes the likelihood of sexual re-offense. However, a risk assessment always involves future possible behavior and attempts to evaluate the likelihood that such a behavior will occur. For this reason, risk assessment involves predictions of low risk, moderate risk, or high risk to re-engage in prior behaviors.

It is extremely important to note that there is no certain way to determine whether or not the youth will return to sexually inappropriate or sexually abusive behavior, and it is only possible to assess the possibility or likelihood of a return to such behavior based on history and information presented and collected during the course of the assessment.

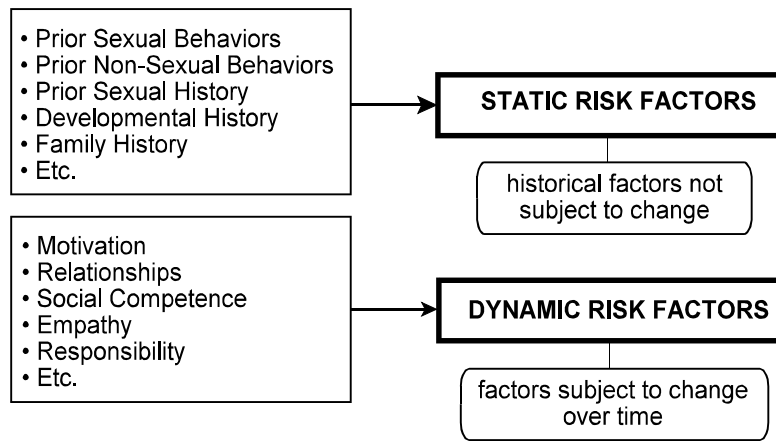
Risk Domains

Predictions of risk are not based upon any single factor or group of factors.

Instead, assessment is based upon a thorough review of the history of sexual behavior, as well as personal and background factors that help us to better understand the youth and the circumstances that led or contributed to, or in some other way influenced, his sexually inappropriate behavior. For this reason, the final risk assessment is the outcome of a series of assessments in distinct areas called "Risk Domains."

Each Risk Domain is an area of activity, attitude, skill, behavior, personality, history, or environment that helps us build a complete picture of the adolescents and the possibility that he will continue to engage in sexually inappropriate behaviors. Each domain is comprised of individual items which together can provide a sense of the risk for continued sexually inappropriate behavior attached to each domain.

The *Juvenile Risk Assessment Tool (J-RAT)* is completed for all students upon admission to Stetson School. For adolescents who have engaged in prior sexually abusive behavior, the J-RAT is designed to assess the possibility of re-offense at some point in the future. However, for students admitted to our Healthy Sexuality Program, the J-RAT is intended primarily as a screening tool in order to ensure that the sexually inappropriate behaviors that initiated the admission to the Healthy



Sexuality Program did not, in fact, cross over into the area of sexually abusive, rather than sexually inappropriate, behavior.

The Healthy Sexuality Program Interim Assessment is a general and broad evaluation conducted periodically for the primary purpose of assessing participation and progress in the treatment of inappropriate sexual behaviors, as well as individual service planning. The *Healthy Sexuality Program Interim Assessment (HSP-IAT)* is also used in order to ensure that any off-campus or reduced supervision status for students is appropriate and takes into full consideration risk for inappropriate sexual behaviors in the community setting, in addition to serving as an indicator of progress in treatment.

Risk Factors: Static and Dynamic

Things that have happened already are historical, or static, factors because they have previously occurred and will remain unchanged over time.

Dynamic risk factors are those things associated with current behaviors, thoughts, feelings, attitudes, interactions, and relationships, which can change over time. Because these things can change now and over time, treatment is generally directed towards dynamic factors.

Concepts in The Treatment of Sexual Misconduct and Sexually Inappropriate Behavior

Two particularly important concepts involve the Behavioral Cycle, and Thinking Errors. A third important concept involves Relapse Prevention Planning, although a relapse prevention plan is really more of a cognitive-behavioral intervention.

Dysfunctional Behaviors and the Behavioral Cycle

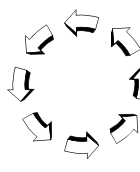
In the treatment of sexually inappropriate behavior and sexually abusive behavior, there is a focus on dysfunctional behavioral patterns, in which cognitive distortions are thought to fuel the thoughts and ideas that lead directly to dysfunctional behavior.

Behavioral Patterns

- The idea that troubled kids demonstrate patterns of dysfunctional behavior is neither new nor complex.
- Like the thinking errors model, these behavioral patterns can be seen as linear progressions in which one thing leads to another until a negative behavior occurs or as repetitive cycles of behavior, that go on and on until interrupted.
- Both variations on the same theme, this dysfunctional behavioral cycle is the most commonly accepted and typically used model in the treatment of sexually abusive behavior among juveniles, and is also closely connected to the model of relapse prevention planning – or the development of a plan to recognize and prevent future problem behavior before it occurs.

In sex offender specific treatment, the dysfunctional behavioral cycle is sometimes referred to as the “sexual assault cycle,” in which the negative behavior is the sexual offense. However, that model is very limited, and especially in cases where there has been only a single episode of sexually abusive behavior or where the sexual behavior is inappropriate but not abusive. A broader dysfunctional behavioral cycle is more adaptable to all forms of antisocial and negative behavior, and sexually inappropriate and sexually abusive behavior can easily be fit into the model.

The Behavioral Cycle

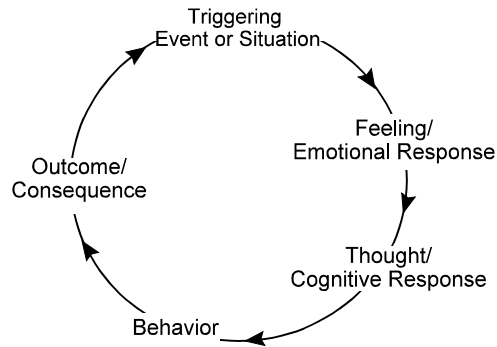


A cycle is something which, when started, goes on and on and on. Like a wheel turning on a bicycle, once started there's no beginning or end. It just spins round and round. Behaviors cycle as well. An event or situation leads to a behavior, and the behavior leads to an outcome, and the outcome leads to a new situation, and the new situation triggers another behavior. And on and on.

It's a little more complicated than this, but not much more. The behavioral cycle provides a simple way to describe and teach the relationship between “triggering” events and interactions, feelings/emotions, thoughts and ideas, and behaviors. The cycle is a basically simple concept:

- Trigger Event. The behavioral cycle starts with a *situation* or an *event* that serves as a *trigger* to a feeling-thought-behavior sequence.
- Feeling/Emotional Response. The event triggers an *emotional response*.
- Thoughts and Ideas. The feelings/emotions trigger thoughts and ideas.
- Behavior. Thoughts and ideas lead to a *behavior* or *action* of some kind.
- Outcomes. All behaviors have *outcomes*, *results*, and *consequences*.
- New Event. Behavioral outcomes feed back into and help shape the next situation or event.
- Trigger Event. The new event triggers to a new cycle of *event-feeling-thought-behavior-outcome-event*.

The Behavioral Cycle



Working the Cycle: "Cycling the Behavior"

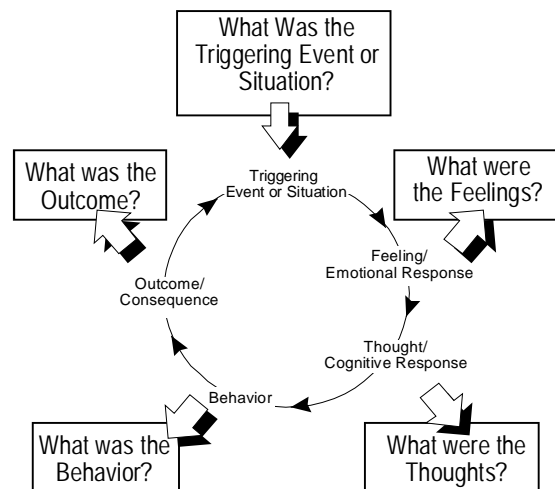
When we talk to our students about their "cycle," we want them to think through how they got to the point where they engaged in sexual misconduct or some form of inappropriate or improper sexual activity. We help them to understand how this happened — *and more important, we want them to understand how, when, and why it might happen again!*

We use the behavioral cycle to help students understand the events that led up to their sexual behaviors, and the sort of feelings, thoughts, and behaviors that came before and led to the behavior. Then we want them to understand the behavior itself, and what followed the behavior.

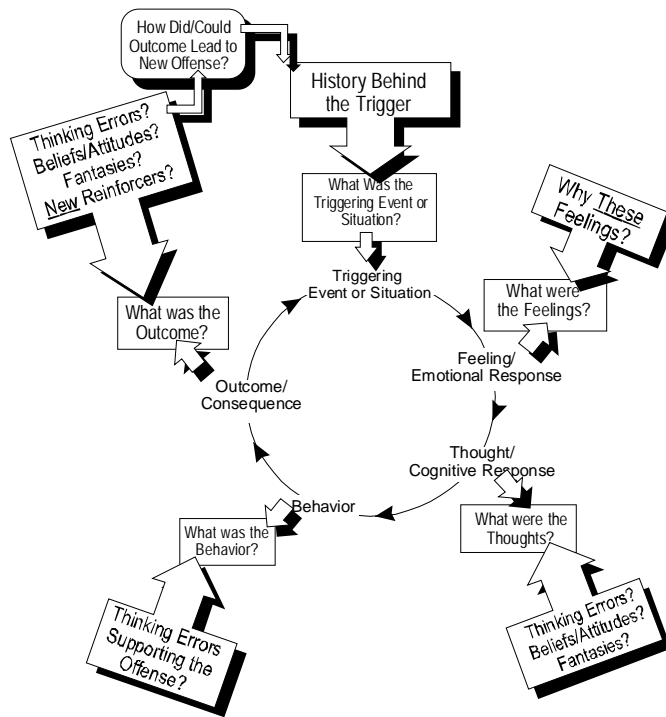
When we ask students to work through their sexual and other behaviors in this way, we call it "*cycling*" the behavior. Cycling the behavior in this way helps students to really understand what happened, when, how, and why— *and more important, to avoid making the same errors in thinking, judgment, and behavior in the future!*

Here's an example of behavioral cycling:

Part I. Here, we ask students to first think about the cycle itself in basic terms.



Part II. Now, we ask student to go back and think through their cycle again, but this time we add more detail and get more complex.

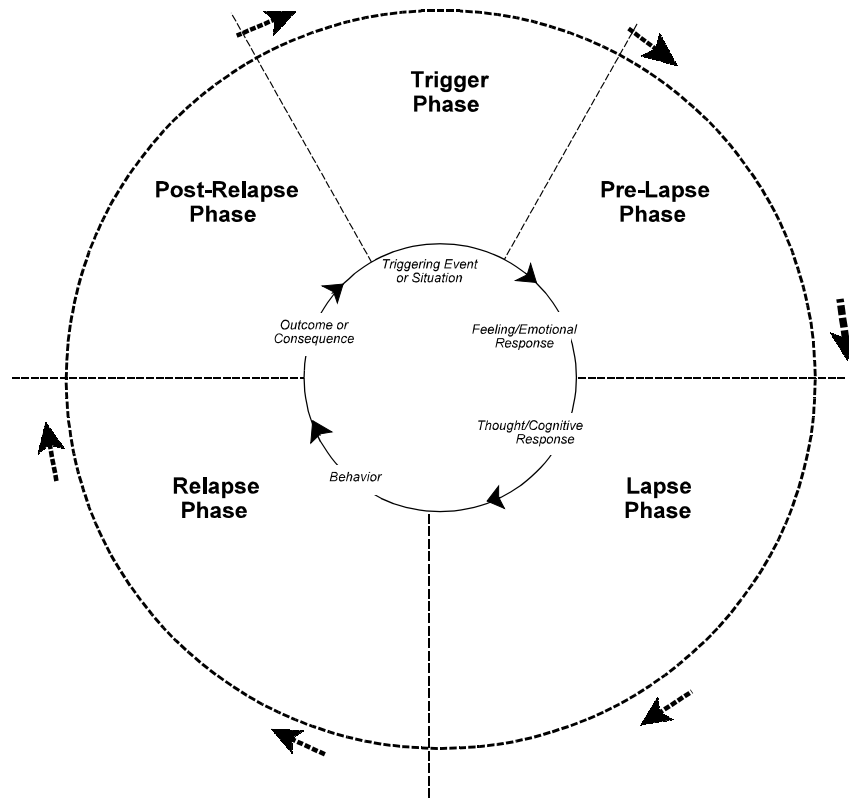


Phases of the Dysfunctional Cycle

The cycle is simply a tool to help students connect their history, triggers, feelings, thoughts, and behaviors together. In fact, not everyone passes through any cycle of events in exactly the same manner, or has the same experiences in passing through the cycle.

In reality, every student passes through a behavioral cycle in a different way, unique to their particular circumstances and psychology. For this reason, it's more useful to think of behavioral cycles having definite **phases** through which individual students pass.

A phase model allows for both *individuality* (the reality that students will have different experiences as they pass through their particular cycle) and *common experiences* (all cycles essentially develop the same way, and all students essentially pass through the same phases of development). A "phased" cycle is shown on the next page, with the basic cycle of *event-feeling-thought-behavior-outcome-event* at the center and the phases attached to and surrounding each step in the process. Each phase is described below, including the terminology used to more directly connect to the kids who use the model and describe what's going on during any given phase.



- **Phase 1: The Trigger Phase** (*Getting Set Off*). The *Trigger* phase represents the initiating event and can last for a moment or many weeks. The “trigger” is that thing, or series of things, that upset or excite a student, and set off a negative behavioral cycle. Sometimes one thing can trigger a student; at other times, the “trigger” is a combination of many things.
- **Phase 2: The Pre-Lapse Phase** (*Building Up*). During the *Pre-Lapse* phase, things start to go wrong for the student: negative thoughts or feelings, anger, self doubt, depression, loneliness, or feeling misunderstood, frustrated, or self pity. During this phase, things build up inside of the student and, if not caught and interrupted, thoughts and feelings like these can lead to the next phase of the cycle.
- **Phase 3: The Lapse Phase** (*Planning*). A lapse occurs when students have inappropriate thoughts, urges, fantasies, and other ideas about behaving inappropriately. During this phase, juveniles start to think about and plan negative or inappropriate behaviors. The *Lapse* phase is that time soon or immediately before the student’s thinking turns into negative behavior, and it’s critical that students spot these lapses in their thinking, because they signal the possibility of a relapse.
- **Phase 4: The Relapse Phase** (*Acting Out*). Acting out occurs when students return to negative or problematic behaviors, and they have relapsed when they act out in old familiar patterns. The *Relapse* is a return to those old patterns of inappropriate or negative behaviors. In the case of sexual offending, a relapse means returning to sexual offending behaviors.
- **Phase 5: Post-Relapse Phase** (*After The Acting Out*). After students relapse, or act out, they enter the *Post-Relapse* phase. Here, they experience many thoughts, feelings, and other things that keep their cycle going. Instead of interrupting their cycle before they behave dangerously again, they find all sorts of ways to avoid dealing with what they've done.

Interrupting and Escaping the Cycle

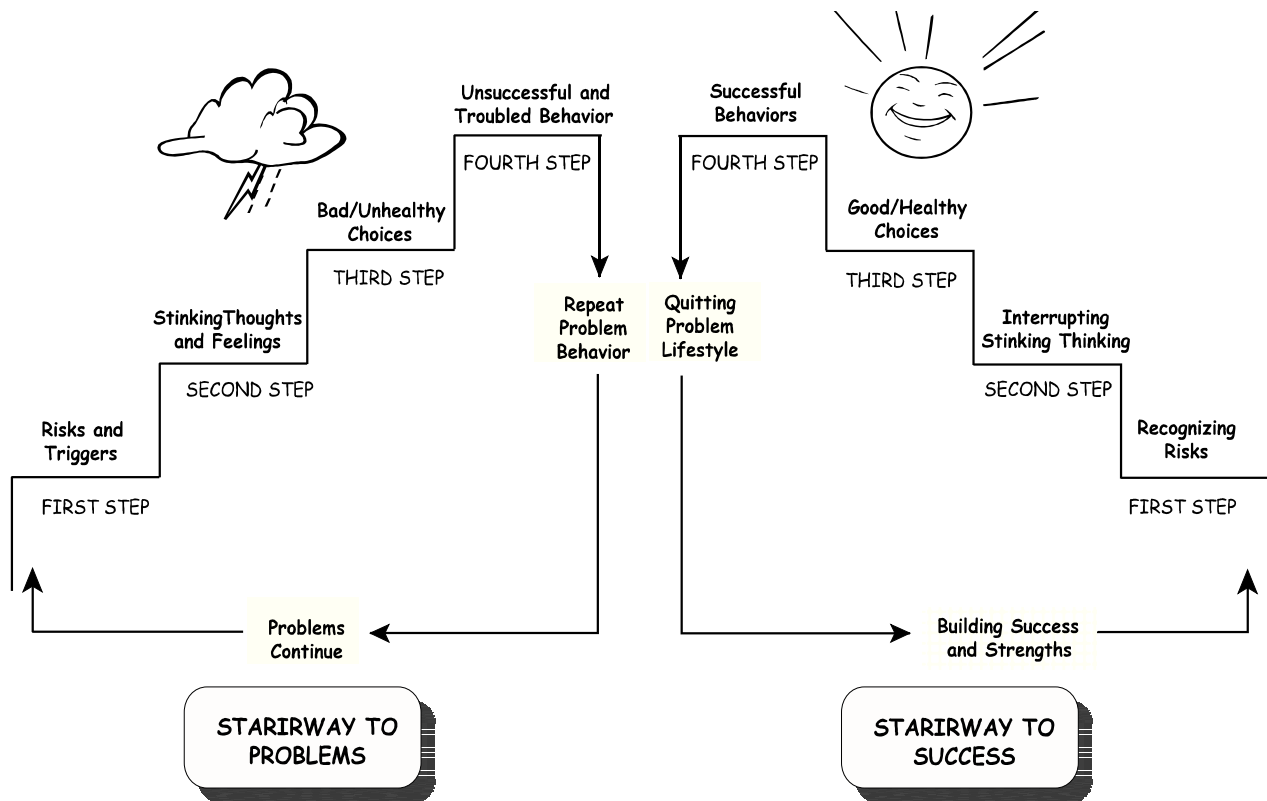
The idea here is simple. As students are taught to recognize thinking errors and components and phases of the behavioral cycle, they are also enabled to interrupt the progression and further development of the process and thereby escape the cycle.

Of course, this, like everything in the treatment of troubled kids, is easier recognized, spoken, and practiced in group and individual therapy. *The ability to actually escape a behavioral cycle is carried out, not in group, a workbook exercise, or a written relapse prevention, but in everyday application.*

Alternatives to the Behavioral Cycle

At Stetson School, we don't depend on cycles to make treatment successful. The cycle model is not for everyone, and is not always the best way to describe behavioral problems to all adolescents and teach them to recognize problems with their own behaviors.

Our "One Safe Step At A Time" model, shown on the next page, outlines the same steps and sequences involved in dysfunctional behaviors but in a more easily understood model. must also be simpler, more concrete, and more direct.



Other Important Aspects of the Dysfunctional Behavioral Cycle

We want our students to learn about elements in their lives that place them at risk for continued difficulties and problems. These include *Seemingly Unimportant Decisions, Triggers, Dangerous Situations, High Risk Factors.*

SUDS (Seemingly Unimportant Decisions)

One important factor in any problem behavioral cycle or sequence of events – whether the issue is sexual misconduct, sexually abusive behavior, substance abuse, fire setting, or any number of other problem behaviors – is Seemingly Unimportant Decisions (SUDS).

These are the sort of decisions that people make in the course of their daily lives that seem unimportant at the time (that's why they're called seemingly unimportant decisions), but add up to BIG problems later. SUDS are the small steps along the way that take your child somewhere he doesn't want to be or shouldn't be, but are almost unnoticeable at the time they're taken.

These seemingly unimportant decisions involve decisions to do things, go places, break rules, avoid doing the right things, and hang out with the wrong people at the wrong time. SUDS are the small decisions, behaviors, and steps that lead to the High Risk Situations (HIRFS) and Dangerous Situations (DSs) that can result in sexual misconduct, sexual abuse, or other serious problem. Although each seemingly unimportant decision seems like – and may even be – a harmless choice on its own, each is a step towards a problem behavior. One goal, then, is to teach students how to recognize SUDS and avoid making those Seemingly Unimportant Decisions that can later lead to BIG problems.

Triggers, Dangerous Situations (DSs), and HIRFS (High Risk Factors)

Another critical element in any problematic behavioral cycle is the "trigger." Triggers are the sort of things that can set off a problem sequence. These are the people, relationships, interactions, situations, or other things that "trigger" a problem sequence of events, or begin a cycle.

Triggers and High Risk Factors (HIRFS) amount to the same thing. We want to teach students how to recognize their triggers and avoid those high risk factors that put them in jeopardy of beginning a problematic behavioral cycle. Dangerous situations, on the other hand, are filled with high risk factors that can and trigger a problem for the child, and lead to problematic behavior.

One example of a HIRF is the substance abuser who stops by the bar on his or her way home after work one night! That's a HIRF! Just being at the bar, where everyone is drinking and having a good time, is an almost certain trigger for a return to drinking. The DS is being in the bar, around others who are drinking.

We want students to be able to understand what a trigger is, and how to avoid high risk factors and high risk situations in their lives, and learn to recognize – and avoid – their triggers and high risk factors, and recognize and stay away from dangerous situations.

Thinking Errors

Thinking errors represent a way of thinking that allows the development of assumptions, beliefs, attitudes, relationships, and behaviors that are self defeating, self destructive, or destructive to others. Sometimes called "cognitive distortions," thinking errors are built upon feelings and/or ideas that are inaccurate, incomplete, irrational, and/or in some way allow individuals to rationalize unhealthy and/or inappropriate behaviors.

Like behavioral cycles, thinking errors are also cyclical and negatively self reinforcing, often getting in the way of self esteem (feeling good about yourself). Thinking errors are built upon and lead to misinterpretation, mistaken assumptions and misbeliefs, poor decisions, and ultimately self fulfilling prophecies of disappointment, personal failure, or the failure of others, In this way, thinking errors

recreate, reinforce, and maintain the very experiences and feelings upon which thinking errors are built in the first place.

The cycle of thinking errors can only be interrupted when people understand how they respond to situations and by learning how to recognize and change their *irrational* thoughts and beliefs to thoughts and beliefs that are more *rational* and *realistic*.

There are many different types of thinking errors. But, in the end, thinking errors are mistakes in the way people think and see the world that stops them from moving on and sometimes causes or allow them to harm others. At Stetson School, we've bunched different types of thinking errors into three groups:

1. Thinking Errors that allow people to not take responsibility for their behaviors,
2. Thinking Errors that are self defeating and get in people's own way, and
3. Thinking Errors that focus people's attention onto themselves and themselves alone, without thinking about other people

Type 1 Thinking Errors: Unwilling to Accept Responsibility (or, "It's Not My Fault")

These cognitive distortions allow people to not take responsibility for their behaviors.

- **Denial.** The student simply pretends it didn't happen, and might even try to fool himself into thinking it didn't happen. If he denies it ever happened, maybe it will go away.
- **Shifting the Focus.** The student tries to get people's minds and attention onto something else, and distract them from the real issue.
- **Blaming Others.** The student blames the problem and his own behavior, onto someone or something else.
- **Blaming the Victim.** The student blames the victim, as though he wasn't at fault, and somehow the victim brought it on him/herself.
- **Intellectualization.** The student tries to use ideas and intellect to sidetrack issues and out think the opposition, finding excuses and explanations.
- **Innocence/Playing Dumb.** The student simply act as though he didn't know it was wrong or against the rules, or pretends he didn't know better.
- **Rationalization.** The student finds reasons, explanations, and excuses for what he did.
- **Justification.** The student find reasons to explain the "correctness" of what he did, as though it was really okay.
- **Minimization.** The student downplays the importance of what happened, or it's meaning.
- **Dismissal.** The student simply disregards, ignores, or brushes aside what happened or other people's feelings as though they don't matter.
- **Angelic Thinking.** This is a victim stance, in which the student portrays himself as a wonderful person, incapable of breaking the rules or harming someone.

Type 2 Thinking Errors: Self Defeating (or, "I Can't!")

These thinking errors are self defeating and interfere with personal growth and self esteem.

- **Catastrophic Thinking.** The student magnifies the impact of negative experiences to extreme proportions.
- **Hopelessness.** The student assumes that nothing will ever work out, and that things will always go wrong.
- **Over Generalization.** Something goes wrong in one situation, and the student apply it to all situations.
- **Black-and White Thinking.** The student see things as "all-or-nothing;" things are either one way or the other.
- **Oughts, Shoulds, sand Musts.** The student feels life ought to be a certain way, or he should do something, or things must go the way he wants them to.
- **Negative Predictions/Fortune Telling.** The student predicts failure in situations yet to happen because things have gone wrong before.
- **Projection.** The student makes negative assumptions about the thoughts, intentions, or motives of another person, which are often "projections" of his own thoughts and feelings about the situation.
- **Mind Reading.** The student feels that others should know how he feel or what he wants even though he doesn't tell them.
- **Labeling.** The student labels himself or someone else in a negative way, which shapes the way he sees himself or that other person, often for simplistic reasons.
- **Personalization.** The student treats a negative event as a personal reflection or confirmation of his own worthlessness.
- **Negative Focus.** The student focuses mainly on negative events, memories, or implications while ignoring more neutral or positive information about himself or a situation.
- **Avoidance.** The student avoids thinking about emotionally difficult subjects because they feel overwhelming or insurmountable.
- **Emotional Misreasoning.** The student draws an irrational and incorrect conclusion based on the way he feels at that moment.

Type 3 Thinking Errors: Narcissistic (or, "Me, Me, Me")

These cognitive distortions focus the attention of students onto themselves alone, without thinking about others.

- **Life is too hard.** The student feels that life is just too unfair, and somehow owes him more.
- **Entitled.** The student feels as though he deserves good things, even if he doesn't have to work for them.
- **Victim Stance.** The student feels as though he's the victim of the whole world, and that he's the one who's been harmed.
- **Grandiose.** The student feels as though he's better or more important than other people, or others should and do look up to him.
- **Revenge.** The student feels as though he's been wronged and is allowed (or entitled) to get his revenge.
- **Personalizing It.** The student feels as though the rules are applied only to him, instead of everyone, and that people and things are against him personally.
- **One Upmanship.** The student feels he has to do better than everyone else, and show everyone that he's the best.

Relapse Prevention Planning

The relapse prevention plan is a plan to help students not return to prior sexually inappropriate behaviors. Actually, relapse prevention plans are often and typically used to help substance abusers stay away from alcohol or drugs, and therefore avoid relapse. In our case, the relapse prevention plan helps students think about what they've learned about their own sexual behaviors, dysfunctional behavioral cycles, SUDS, DSs, HIRFS, thinking errors, coping skills, and alternatives to antisocial and sexually inappropriate behavior.

Ultimately, the relapse prevention plan serves as a tool to interrupt the cycles of thinking errors and sexual misconduct.

The Relapse Prevention Plan:

- Identifies high risk situations and relationships.
- Names overwhelming feelings that signal or lead to inappropriate or unhealthy thoughts.
- Helps to spot and correct thinking errors and deviant thinking that may lead to inappropriate or dangerous behavior.
- Lists desired behavioral outcomes and personal goals.
- Identifies the consequences of inappropriate or dangerous behaviors.
- Lists healthy and appropriate strategies that can serve as alternatives to unhealthy or destructive behavior.
- Describes effective coping activities and relationships.
- Binds the student to the plan through a "contract" signed by the student and other important people who will be important to the plan (such as parents and other family members, therapists, social workers, etc.) or who are serving as witnesses to the plan.

Victim Awareness and Clarification

In the treatment of juvenile sexual offenders, a very important concept is that they have *victims* – people they have directly abused sexually, and others whose lives have been significantly affected by their offending behaviors. These other victims include the families of the victims, and this often means the juvenile sexual offender's own family as it's quite common for the victim to be a sibling or another family member.

We can easily apply this same thinking to those who have been victimized by sexually inappropriate behaviors or sexual misconduct, when the sexual behaviors were unwanted and even threatening or frightening. It is not as "cut and dried" as in the case of victims of sexually abusive behavior, yet it is pretty that, in many cases, sexual misconduct and sexually inappropriate behavior victimizes those who are on the "wrong" end of the behavior.

Victim awareness means ensuring that our students recognize that their behaviors victimize others and cause harm. Victim "clarification" refers to the process of making amends and restitution to victims of sexually inappropriate or abusive behaviors. It means eventually bringing the inappropriate youth and the victim into direct contact in face-to-face clarification sessions for the express purposes of:

1. Addressing and resolving issues for the victim,
2. Confronting the inappropriate youth with his behavior, as well as confronting him with his victim, and
3. Providing an opportunity to test empathy, remorse, and compassion in the sexually inappropriate youth and his ability and/or willingness make amends for his behavior.

As we've said, in the case of sexually abusive behavior, the victim of the abuse is another family member. Accordingly, successful victim clarification work is a required prerequisite for both family reunification and family visits which include both the offender and the victim.

In general, victim clarification work takes place *later* in treatment, rather than earlier, and is not a treatment area to be rushed or forced by the student, or, in the case where the victim is another family member, by the student's family or even the victim.

Stetson School provides parents with more information about victim clarification through our booklet, entitled, *"Understanding the Victim Clarification Process at Stetson School: A Guide for Parents and Others."*

What is "Normal" Sexual Development for a Child or Adolescent?

Sexual Development

Sexual development and sexual play are normal and healthy processes in children, from toddlers on up to and through childhood and, of course, adolescence.

- For very young children (pre-toddlers and Toddlers) this usually involves body sensations, cuddling and touch, and playing with toys. Even in the earliest of days, infants and toddlers touch and rub their own genitals, and boys experience erections even as infants.
- By early school age (5-7), children are interested in body parts and functions and differences in parts. Some sexual play may begin, and concepts of love and affection develop, and these sorts of behaviors and questions develop into later childhood (8-9 years old).

- Pre-adolescent children (ages 10-12) are more focused on social relationships and expectations, and begin to experience clearer sexual feelings. Boys and girls touch, fondle, and rub their own genitals throughout childhood and often from infancy on, but children begin to more clearly masturbate during this time, developing clearer patterns into and beyond puberty (ages 12/13 and up).
- By puberty and adolescence, body parts in general and sexual organs in particular are clearly developing, and puberty brings the onset of menstrual cycles (periods) to girls and more routine masturbation for both boys and girls, and especially boys. As boys and girls move deeper into adolescence, sexual, romance, and intimacy issues are driven by and become blended with physical feelings, emotions, and social expectations, and dating and more intense sexual relationships begin and deepen, moving from thinking about and discussing boyfriends and girlfriends, to kissing, dating, sexual fondling and petting, and, in many cases, heavier sexual relationships including intercourse.

The **first stage** of sexual development and interest is from birth to about 5 or 6 years of age. Sexual interests, curiosity, arousal, and behavior are spontaneously expressed unless or until the child is taught to repress or inhibit her/his pleasure orientation. This is a very physical time for children.

The **second stage** lasts from approximately age 6 to pubescence (approximately age 12). Physical growth slows, gross and fine motor coordination develops, and the primary attention of the child shifts from the physical to the mental realm. However, although the desire for physical and sexual pleasure continues, most children are thoughtful and discriminating about their sexual behavior and expressions.

The **third stage** covers pubescence to early adolescence, covering approximately ages 13 to 15. As hormones come into play, the body once again becomes primary with rapid growth spurts, the development of sexual characteristics, sensations of increased intensity, and a new awareness of the physical self and its social impact on others. Sexual behaviors are driven by stronger biological needs, sometimes becoming a preoccupation which may be characterized by poor social judgment, high risk behavior, and a lack of discrimination.

The **fourth stage** lasts from mid to late adolescence. Body growth slows, hormonal balance is achieved, secondary sex changes are incorporated into body image, and the sexual needs are accommodated through masturbation or partner sex, with sexual gratification integrated into the context of a relationship.

Appropriate and Inappropriate Childhood Sexuality

Whether parents and adults in general are comfortable or not, these are the normative behaviors of childhood and adolescence. ***But they are of concern when the behaviors are not mutual.*** That is, they become a special concern when sexual play or behaviors are not welcomed by both parties. This is the point at which sexual offending most closely and clearly hinges.

Toni Cavanagh Johnson is a well known psychologist who specializes in childhood sexual development, sexuality, and sexual behaviors. She describes childhood sexual behavior up until about age 12, and classifies children's sexual behaviors into four groups:

- Group I - Natural and Healthy. A majority of children fall into this group, which represents natural and healthy sexual play. Such play takes place in the spirit of fun, is spontaneous, and involves the voluntary participation of friends. It does not result in fear, shame, or anxiety.

Children look at and touch each other as a way of exploring, much as they learn about other aspects of their environment. They may play house or doctor, and their play scenarios may include sexual exploration. The child's interest in sexuality is not noticeably greater than that of other children, and children's curiosity about sexual matters is balanced with their desire to learn about other aspects of their world. *Children's sex-related behaviors can be distinguished by their curiosity and playfulness, while adult sexuality is marked by an understanding of sexual behavior and its consequences.*

- Group II. Sexually-Reactive. Children in this group clearly engage in more sexual behaviors than their age-mates in Group I. They may feel anxious about sexuality and admit to feeling guilty and ashamed. Often, these children have been sexually abused or exposed to sexually explicit environments or materials. They may masturbate excessively, talk about sexual acts, or act in overtly sexual ways around adults. Such behaviors may be their way of trying to work out their confusion about their sexually related experiences. These kids are described as "sexually reactive" because they're reacting to their own prior, usually inappropriate, sexual experiences that have most typically resulted from being abused themselves.
- Group III. Children Engaged in Extensive Mutual Sexual Behaviors. Children in this group often participate in all aspects of adult sexual behavior, with a willing child partner. All children in this group have been sexually, and often physically, abused. Generally, these children mutually consent to participating in sexual acts, but they are secretive about their behavior. Adults are not part of their sexual world, since adults have misused and betrayed them. These children seem to lack emotion, showing neither the light-heartedness of Group I children nor the anxiety of Group II children; they seem completely unemotional.
- Group IV. Children Who Molest. Children in this group coerce or force others into sexual acts, sometimes aggressively, and their behavior can be considered molestation. Often, they themselves have been sexually molested in the past. Group IV children seem to have little impulse control, and they typically suffer from a range of behavior problems, especially social ones.

Sexual Behaviors of Concern

When a child is engaging in sexual behaviors it can be difficult to decide when the behavior is natural and healthy and when it may reflect a problem or disturbance.

Children's sexual behavior develops over time, like other areas of growth. Many behaviors are healthy and are normal for children at certain ages. On the other hand, there are other behaviors which we should be concerned about. These behaviors are "worrisome" and should not be ignored or seen as child's play. The parent or care giver may need to redirect the child, or consider asking for advice on what to do. Other behaviors are more serious and may even be dangerous to the child and others. These children may need professional help, and the parent or care giver should talk with someone who understands the sexual development of children (for example, a doctor, a pediatric nurse, or a social worker).

There are many excellent books and other publications that explain and discuss healthy sexual development in children and adolescents.

One book that you may want to read is Understanding Your Child's Sexual Behavior, written by Toni Cavanagh Johnson who specializes in childhood sex development and behaviors and has published

many articles and books on the subject. Stetson School has two small booklets written by Dr. Cavanagh Johnson available to parents regarding sexual development and behavior in children age 12 and younger.

Toni Cavanagh Johnson lists 20 signs that signal concern in children up to the age of about 12:

1. Sexual play should not be the only kind of play in which children engage – *in other words, sexual play should be an extension of regular play for young children, and not their only kind of play*
2. Children should not be engaged in sexual play with children much younger or much older than themselves
3. Children should not be preoccupied with sexual play and behaviors
4. Children should not have unusual or precocious knowledge of sex beyond their age, or behave in a sexual manner that is more like an adult than a child
5. Children's sexual behaviors and interests should be similar to the sexual behaviors and interests of other same-age children
6. Children should stop engaging in sexual play when told to by an adult
7. Children should not be "driven" to engage in sex activities and should be able to stop
8. The child's sexual play or behaviors should not lead to complaints from or have a negative affect on other children
9. Children should not direct sexual behaviors toward adults
10. Children aged 4 and older should understand the rights and boundaries of other children in sexual play
11. Sexual behaviors in children should not become more intrusive and more noticeable over time
12. Children should not experience fear, shame, or guilt in their sexual play
13. Children should not engage in adult-type sexual activities with other children
14. Children should not engage in sexual relationships or activities with animals
15. Children should not sexualize relationships or see other children or adults as objects for sexual interactions
16. The sexual behavior of children should not cause physical or emotional pain or discomfort to themselves or others
17. Children should not use sex to hurt others
18. Sexual behaviors shouldn't follow or be followed by expressions of anger or other negative feelings
19. Children should not use distorted logic to justify their sexual play
20. The healthy sexual play of children should not be connected to bribery, threats, or manipulation

Getting More Help

We hope we've answered many of your questions and have provided insight and understanding into both what we do at Stetson School and how we think about juvenile sexual offending.

We've provided information about Stetson School, as well as basic concepts that are used in the treatment of sexually inappropriate behavior and the development of healthy sexuality in adolescents, and encourage you to become and remain active in the treatment of your child at Stetson School, and after he leaves.

But what we can't do is answer every question, or provide all the information you might need or want. In fact, you may be left with many questions, such as:

- How can you learn more about normative sexual development in your children?
- Can you ever trust your child again?
- Can you talk openly and honestly with your child?
- Can you or should you talk to your child about his sexual issues, behaviors, and interests?
- How has your child's problems affected other children in the family?
- How do you understand and set appropriate boundaries and limits with your child and other children?
- Why do children sexually abuse others?
- How can you get support for yourself?
- Will your child become an adult sex offender?
- How long does treatment last?
- What happens after your child leaves Stetson School?
- Will your child be able to have healthy sexual relationships as he gets older?

We encourage you to ask these and other questions, and we'll do our best to answer them for you or help you answer them for yourself.

Perhaps, above all, learn more. Read more materials and learn more about children with sexual behavior problems, learn about your child and what makes him tick, learn more about and take care of yourself, ask our case managers and clinicians questions about treatment and your child, attend family therapy sessions at Stetson School and attend ISP meetings, join a parent support group, and generally become an informed and involved parent.

There are many fine books, booklets, and informational pamphlets available to you that can help you to become informed and active, and many excellent organizations that help work and deal with these difficult issues. Ask our case managers and clinicians to help you locate some of these resources.

The Twelve Steps for Parents²

1. I acknowledge that my child has been involved in sexually inappropriate behavior and that the problem is too big for me or my family to handle alone (*accepting the problem*).
2. I believe there are people who care about my child and my family, who can help us with this problem, and that we need this help.
3. I have decided to allow people who understand this problem to help my family get control over it.
4. I will stop blaming other people or the "system" for my family's problem, admit how serious this problem has become, and try to find answers for why this has happened.
5. I admit to myself and to other people exactly what my child has done that is wrong and harmful to others. I also acknowledge the possibility that I may have unknowingly contributed to my child's inappropriate behavior.
6. I am ready to do whatever is necessary to help my child change his behavior. I am willing to examine my own behavior, attitudes, and feelings so that my family can find better ways to communicate feelings.
7. I am willing to examine my own history and behavior so that my own issues will not hinder me from helping my child with his/hers.
8. I recognize that there are things about myself and my family that I can change, and other things that I cannot change. Beginning with my own faults, I am working on changing the things I can.
9. I am learning to recognize the signs and situations where my child may be at risk of further inappropriate or antisocial behavior. I am willing to ask for help when I recognize these warning signals.
10. I am ready to acknowledge the harm that my child's behavior may have caused, and I am willing to help my child make amends whenever that is possible.
11. I will continue to be aware of my child's problem and I will not respond with impatience or feelings of false security. I recognize that my child needs my help and I will take necessary precautions to help prevent victimization of other children
12. I will help other parents who have this problem by sharing my feelings and experiences and by helping them to see that they and their children need help.

² These twelve steps have been modified from the *12 Steps for Parents*, written by Kee MacFarland and Carolyn Cunningham, and published in *Steps to Healthy Touching* (KIDSRI GHTS, 1988).

Terms and Definitions Related to Sexuality and Sexually Inappropriate Behavior

Consensual Relationships: relationships where both/all parties agree to and voluntarily enter the relationship, and where all parties: (i) understand what is being proposed, (ii) understand social expectations surrounding sexual relationships, (iii) are aware of possible consequences and alternatives, and (iv) are able to end the relationship at any time.

Crush: romantic interest in another person.

Deviant: sexual behavior that is significantly outside of the norms of society.

Deviant Sexual Fantasy: sexual fantasies that are clearly outside of the ideas and mental images attached to healthy or normative sexual fantasies, and involving violence, aggression, non-consensual relationships, age inappropriate relationships (such as sexual relationships with significantly younger children, for instance), the use of objects, or other ideas that may cause humiliation or harm to self or others.

Grooming: the planned manipulation and preparation of another person for a later sexual relationship that is intended to appear consensual, and involves: (i) intentionality and planning, (ii) sexual intent, (iii) knowledge that the intended sexual relationship is inappropriate or disallowed, and (v) planned/hoped for consensuality.

Predatory: intentional plan to engage in sexual offending behavior with: (i) pre-selected victim, (ii) use of behaviors intended to draw the victim into sexual contact (which may include grooming and stalking), and (iii) in which sexual contact may be consensual, coerced, or through intimidation, violence, or force.

Sexual Fantasy: ideas, mental images, daydreams, and other thoughts involving sexual relationships and material.

Stalking: repeated observation or following of, or contact with, another person without permission or against his or her wishes, or ongoing attempts to observe, follow, or contact another person without permission or against his or her wishes.

Victim Clarification: The process of making amends and restitution to the victim(s) of sexual offending behaviors.

Resources

Child Physical and Sexual Abuse

STOP IT NOW! The Campaign to Prevent Child Sexual Abuse

351 Pleasant Street, Suite B319, Northampton, MA 01060. Tel: 888-PREVENT or 413- 587-3500.

Website: www.stopitnow.com

Stop It Now!'s programs have protected children by emphasizing adult and community responsibility. These programs reach out to adults who are concerned about inappropriate sexualized behavior in another adult, adolescent, or child, and to adults who are concerned about their own thoughts or behaviors. Stop It Now! Has a helpline available for individuals and families to call for support and access to resources in a confidential setting. Call this toll-free hotline for help for yourself, or if you think you know a child who is being abused.

National Clearinghouse on Child Abuse & Neglect

300 C Street S.W., Washington, DC 20447. Tel: 800-FYI -3366

Website: <http://nccanch.acf.hhs.gov>

A national resource and clearinghouse that collects, stores, organizes and disseminates information on all aspects of child maltreatment.

The National Exchange Center

3050 Central Avenue Toledo, Ohio 43606. Tel: 800-924-2643

Website: www.preventchildabuse.com

The National Exchange Club Foundation is committed to making a difference in the lives of children, families and our communities through its national project, the prevention of child abuse. The NEC Foundation coordinates a nationwide network of nearly 100 Exchange Club Child Abuse Prevention Centers who utilize the parent aide program and provide support to families at-risk for abuse.

Kempe Children's Center

1825 Marion Street, Denver, CO. 80218. Tel: 303-864-5252.

Website: www.kempecenter.org

Provides information for parents and other consumers regarding child abuse.

Information About Sexual Abusers

Association for the Treatment of Sexual Abusers

4900 SW Griffith Drive, Suite 274, Beaverton, OR 97005. Tel: 503-643-1023

Website: www.atsa.com

A non-profit organization focused on the development and dissemination of professional standards and practices in the field of sex offender research, evaluation and treatment.

Safer Society Foundation Press

PO Box 340, Brandon, VT 05733. Tel: 802-247-3132

Website: www.safersociety.org

A non-profit program dedicated to the prevention and treatment of sexual abuse. Safer Society offers publications for professionals, families, victims and sexual abusers and information related to sexual abuse.

Safer Society/Sexual Abuser Treatment

Referral Line 802-247-5141

Provides a national referral service for anyone interested in locating a treatment provider for an individual with sexual behavior problems.

Center for Sex Offender Management

8403 Colesville Road, Suite 720, Silver Spring, MD 20910. Tel: 301-589-9383

Website: www.csom.org

A federally funded organization established to provide information, resource materials and referrals to organizations and individuals involved with the management of sex offenders.

The National Center on Sexual Behavior of Youth

940 N.E. 13th Street, 3B-3406, Oklahoma City, OK 73104. 405-271-8858

Website: www.ncsby.org

NCSBY is a national training and technical assistance center developed by the Office of Juvenile Justice and Delinquency Prevention and the Center on Child Abuse and Neglect of the University of Oklahoma. The Center provide information about juvenile sexual offending and sexual behaviors, including fact sheets and links to other sites.

Sex Abuse Treatment Alliance (SATA)

CURE-SORT, P.O. Box 1191, Okemos, MI 48805. Tel: 517-482-2085

Website: www.satasort.org

SATA provides information, support, letters to those in prison who want to get help, and a newsletter on current issues for sexual abusers and for those that know them.

Resources for Survivors of Sexual Abuse

VOICES in Action (Victims of Incest Can Emerge Survivors)

8041 Hosbrook Road, Suite 236, Cincinnati, Ohio 45236. Tel: 800-786-4238

Website: www.voices-action.org

An international organization providing assistance to adult and adolescent victims of child sexual abuse and other sexual trauma, including rape. We help victims become survivors and create accurate public awareness of the prevalence of child sexual abuse and other sexual trauma, its impact, and ways in which it can be prevented or stopped through educational programs.

National Organization on Male Survivor Victimization (NOMSV)

5505 Connecticut Ave. NW, Washington, DC 20015-2601. Tel: 800-738-4181

Website: www.malesurvivor.org

A nonprofit organization dedicated to healing male survivors of sexual abuse.

Sex Education and Healthy Sexual Development

The Sexuality Information and Education Council of the United States (SIECUS)

130 West 42nd Street, Suite 350, New York, NY 10036-7802. Phone: 212-819-9770

Website: <http://www.siecus.org>

SIECUS a national, nonprofit organization which affirms that sexuality is a natural and healthy part of living. Incorporated in 1964, SIECUS develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.