Understanding Sexually Reactive Youth

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General Overview

- What is the difference between sexually reactive youth and sex offenders
- Deviant Behaviors
- Parents and their children
- Pornography and children
- Type of offenders
- Risk Factors and Treatment
- Sexual Abuse
• There are children who are sexual reactive or exhibit sexual deviant behaviors and due to being victims of sexual abuse they in turn abuse siblings or other children.

• There are a number of factors that contribute to youth engaging in this behavior. Sexually reactive behavior is the process of acting out sexual behaviors that were imposed upon or modeled to the young person.

• The goal of the behavior may or may not be sexual gratification. Some children with sexual behavior problems may reside or have resided in homes characterized by inconsistent parenting, violence, abuse, or neglect and may require more immediate intervention and referrals.

• Sexual abuse fractures the family and as clinicians how can we offer guidance.
Sexually reactive Child

- Presexualization refers to a child who has been sexualized prematurely in life.
- Presexualization can take various forms: being overtly or covertly sexually abused, being exposed to pornography, and witnessing adult sexual behavior in the home are the most common forms of presexualization.
- Being presexualized may indicate that the child may act out what he/she has been exposed to.
Sex and Sexuality are a learned behavior.
We are created **Sexual Beings**

Motivations in Children:
- Curiosity
- Self Exploration
- It “Feels Good” self/others
- Compensation
- Anger

Motivations for Humans:
- Procreation
- It “feels good”
- Expression of Love – Intimacy
- Compensation
- Anger
Sexual Offender, Sex Abuser or Sexual Abuser

- A person who has committed a sex crime.
- What constitutes a sex crime?
  - differs by culture
  - legal jurisdiction (most jurisdictions compile their laws into sections, such as traffic, assault and sexual)
- The majority of convicted sex offenders have convictions for crimes of a sexual nature; however, some sex offenders have simply violated a law contained in a sexual category.
- Some of the crimes which usually result in a mandatory sex-offender classification are: a second prostitution conviction, sending or receiving obscene content in the form of SMS text messages (sexting), relationship between young adults and teenagers resulting in corruption of a minor (if the age between them is greater than 1,060 days; if any sexual contact was made by the adult to the minor, child molestation has occurred).
- If sexual conduct occurred, unlawful sexual conduct involving a minor has occurred.
- Other serious offences are sexual assault, statutory rape, bestiality, child sexual abuse, incest, rape, and sexual imposition.
Some of the differentiating signs between a sexually reactive child and a sexual offender are the following:

- Did there appear to be a conscious knowledge of sex and sexual behavior, or was the behavior triggered by external stimuli?
- How sophisticated was the incident?
- Did penetration occur?
- Was it a planned out offense?
- Did the child/adolescent have a goal in mind (i.e. ejaculation)?
- How many times has the child/adolescent engaged in such behavior?
• exhibited this behavior for an extended period of time?
• Does the child/adolescent make up a deliberate lie to cover their behavior?
• Is likely the first, second, or third incident, or has the child/adolescent the child/adolescent appear greatly confused and ashamed over the incident?
• Does the child/adolescent typically hang around with or associate themselves with children significantly younger than themselves?
Paraphilias

- They are sexual dysfunctions or behaviors that stem from a deviant sexual focus.
- The trademark of paraphilias is that they involve a high degree of obsessive/compulsive thoughts and behaviors, and are complicated by intense fantasies of the sexual focus.
- There is an extensive list of known paraphilias. It is important to keep in mind that each paraphilic behavior involves a specific focus or specific stimuli.
The Relationship Between Mental Disorder and Sexual Offending
“Only a minority of sex offenders have a mental illness, but this does not mean that there is no role for psychiatry. Many sex offenders have abnormal personality traits or personality disorders, and some may have a diagnosis of paraphilia; others may have a learning disability, or biological factors that contribute to their offending.”

Advances in Psychiatric Treatment
8 major Paraphilias

1. **Exhibitionism**--focus on exposing oneself to an unsuspecting person
2. **Frotteurism**--focus on touching or rubbing against an unsuspecting person
3. **Fetishism**--focus on non-living objects, such as underwear, shoes, leather, and the like
4. **Pedophilia**--focus on children and young adolescents
5. **Sadoism**--sexual arousal from inflicting great pain and suffering onto others
6. **Masochism**--sexual arousal from having great pain, humiliation, and suffering inflicted onto them
7. **Voyeurism**--focus is on people or viewing an unsuspecting person
8. **Tranvestic Fetishism**--sexual arousal from dressing as the opposite sex (note, it is primarily sexual arousal from crossdressing)
Several other common Paraphilias

- Formicophilia--focus is on small creatures
- Klismaphilia--focus is on enemas
- Urophilia--focus is on urine
- Coprophilia--focus is on feces
- Scatophilia--focus is on sexual talk on phone
- Vomeronophilia--focus is on vomit
- Necrophilia--focus is on corpses
- Gerontophilia--focus is on elderly people
- Acrotomophilia--focus is on amputated people
- Infantilism--focus is on being treated as an infant
- Partialism--focus on a specific part of the body
- Pictophilia--focus on porn, pictures, movies
- Triolism--focus on viewing partnet having sex
- Hypoxyphilia--focus on reduced oxygen intake
Adult

Most adult sex offenders will have two or more paraphilias, and may have an even wider paraphilic interest range; however, even though an offender may be in treatment, it is somewhat rare for him or her to disclose these paraphilias or interests.

Child

This is notably **DIFFERENT** from a sexually reactive child.
Most people are unaware that children often abuse children. This is often difficult because parents do not want to believe that another child is capable of sexually abusing others. It is not easy to identify potentially abusive behaviors. Children may engage in inappropriate behaviors with other children but lack the knowledge to understand the hurtful impact it has on others. 

**Sexual abuse fractures the family.**

According to the National Awareness Center, Inc. “over a third of all sexual abuse of children is committed by someone who is under the age of 18.”
Without intervention, redirection and therapy these children can grow up to abuse children as adults.

It is extremely important that professionals, caretakers and parents seek advice and treatment immediately whenever there is a concern or question about a child’s behavior.

It is essential that adults have all the information needed to recognize potentially harmful activities.

Communication is key.

Talking to children about their activities, school and friendships on a daily basis is going to help you set standards for what is considered age-appropriate sexual behavior.

As parents, caregivers and professionals it is essential to distinguish between healthy and unhealthy sexual development behavior in children.
Pornography and Children
Every child who is exposed to pornography does not automatically become a sexual deviant or sex addict.

- Pornography opens up a door to our children
- Pornography opens up the door to pedophiles
  - Besides stimulating the perpetrator, pornography facilitates child molestation in several ways:
    - For example, pedophiles use pornographic photos to demonstrate to their victims what they want them to do
    - To arouse a child or to lower a child's inhibitions
    - To communicate to the unsuspecting child that a particular sexual activity is okay: "This person is enjoying it; so will you."
- As Clinicians Parents or other Caregivers it is important to look at the many ways pornography can harm our children
• Children often imitate what they've seen, read, or heard.
• Studies suggest that exposure to pornography can prompt kids to act out sexually against younger, smaller, and more vulnerable children.
• Experts in the field of childhood sexual abuse report that any premature sexual activity in children always suggests two possible stimulants:
  a. experience
  b. exposure
• This means that the sexually reactive child may have been molested or simply exposed to sexuality through pornography.
Psychologist Dr. Victor Cline's findings suggest that memories of experiences that occurred at times of emotional arousal (which could include sexual arousal) are imprinted on the brain by epinephrine, an adrenal gland hormone, and are difficult to erase. (This may partly explain pornography's addicting effect.)

Viewing pornography can potentially condition some viewers to have recurring sexual fantasies during which they masturbate. Later they may be tempted to act out the fantasies as sexual advances.

During certain critical periods of childhood, a child's brain is being programmed for sexual orientation.

During this period, the mind appears to be developing a "hardwire" for what the person will be aroused by or attracted to. Exposure to healthy sexual norms and attitudes during this critical period can result in the child developing a healthy sexual orientation.

In contrast, if there is exposure to pornography during this period, sexual deviance may become imprinted on the child's "hard drive" and become a permanent part of his or her sexual orientation.
Type of offenders

Sex offenders are typed to victim preference and behavior. Groth in 1979 (Groth & Birnbaum) constructed a typology of Child molesters and divided them into two types:

1. **Regressed**- these offenders were at one time sexually active with adult opposite-sex partners. Situational stressors such as unemployment, physical disability, or loss of sexual confidence led to a transfer of sexual need to less threatening partners (children). Groth found that approximately 51% of child molesters were of this type.

2. **Fixated**- are child molesters who was attracted to children throughout life and constitutes 49% of child molesters.
FBI's division of child molesters:  
*Situation Molesters and Preferential Molesters*

Situational molesters have adult sex partners but seek out children for sexual activity for a variety of reasons. They have a lifetime average of 81 incidents of child abuse with two victims.

Four patterns are listed:

- **Repressed** - this type of molester has low self-esteem and poor coping strategies. He will turn to children when stressed. Repressed molesters often abuse their own children or coerce another child into sexual activity.

- **Morally indiscriminate** - this type of molester is categorized as without conscience and engages in other types of abuse, as well as sexual abuse. He will target the weak and vulnerable and is indiscriminate in victim choice, abusing strangers and acquaintances.

- **Sexually indiscriminate** - this behavior of this type of molester is most similar to a sex addiction. Variety of sexual activity appears to be the goal.

- **Inadequate** - the inadequate molester is the sex offender who least resembles social and behavioral norms. He is characterized as a social misfit, an isolate, who appears unusual or eccentric. He may be mentally ill and prefers non-threatening sexual partners.
The preferential molester is primarily attracted to children and are the most
dangerous category of child molester. The FBI reports that they have a lifetime
average of 282 incidents of abuse with an average 150 victims.

Types of preferential molesters include:

1. **Seducers** - This type courts a child over a time period. They often have multiple
   victims simultaneously, perhaps all from the same ballteam, school class, or
   neighborhood.

2. **Introverted** - This type is similar to the inadequate situational molester.
   Interpersonal skills are lacking, and they target the least resistant child, the youngest
   and most vulnerable. The introverted type may spend time with children but not
   engage in direct touching sexual activity. They may masturbate while watching
   children or expose themselves to children.

3. **Sadistic** - This is the most dangerous type of child offender. Their goal is sexual
   activity with a child plus the infliction of pain, both emotional and physical. This is
   the offender who kidnaps, abuses, and then kills a child. This is the least common
   type of child molester, and they have the fewest number of victims
Preferential child molesters have four common characteristics:

1. Long-term sexual problems. More likely to have been sexually abused as children or grew up in highly sexualized environment. Acted out sexually as teenager and may have history of sex-related problems in adulthood.

2. Often do not marry or marry as a cover for their preferred sexual activity, exhibiting low sex drive in marriage. May marry to access partner's children. Socially inept with few adult friendships.

3. Skilled in seduction. Target victims who are needy, neglected, or from home without father figure, then meet need in child. They access children through activities involving children or in work or neighborhood. They groom children with affection and attention and through bribery (gifts and money).

4. Sexual fantasies involving children. They over-associate with children, and their homes may be filled with children's toys and games. They often collect or produce child pornography.
Courts and Law Enforcement categorize offenders according to risk of recidivism (repeating offenses). A common legal typology of offenders is:

- Sexually oriented offenders.
- Habitual sex offenders.
- Sexual predators.
Treatment

1. Treatment for youth must take into account developmental considerations (biological, cognitive, social)
2. Movement towards a strengths-based approach and building resilience in programs.
3. Treatment should be individualized and holistic.
4. Involvement of family is key.

How treatment helps an offender/perpetrator

- May help the adolescent understand what led to their offense(s)
- Equips the offending adolescent with the tools needed to control their behavior, such as:
  - take responsibility
  - identify of risk factors/red flags
  - appropriate coping
  - how to build and use a support system
  - behavioral techniques (to manage urges and control inappropriate arousal)
  - teaching Relapse Prevention
  - educate offenders on safety and supervision and “red flags”
  - identify when the need arises to re-enter treatment
  - educate and support the family in regards to boundaries, healthy sexual behavior, supervision and speaking with their teen about difficult topics
Risk Factors

Evidence-based assessment tool helps predict the risk of recidivism for adjudicated youth who sexually offend.

ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism) - is an empirically guided checklist to help estimate the short-term risk of a sexual re-offense for youth ages 12 to 18. It also offers valuable insights for the treatment of youth in this highly specialized category.

- ERASOR was developed by Dr. James R. Worling, an internationally recognized expert on the etiology, assessment and treatment of adolescent sexual aggression.
- The evidence-based assessment provides clinicians with objective coding instructions for 25 risk factors (16 dynamic and 9 static) that together help determine a child’s chance of re-offending.
- It can also identify specific areas where a child may be struggling.
- It can help in the development of a highly effective, highly individualized treatment plan.
The ERASOR was designed as a single-scale instrument. The 25 risk factors that are evaluated fall under 5 headings:

1. Sexual Interests, Attitudes, and Behaviors
2. Historical Sexual Assaults
3. Psychosocial Functioning
4. Family/Environmental Functioning
5. Treatment.

All risk factors are coded as either Present, Possibly/Present, Present, Not Present, or Unknown, and the coding manual outlines the specific coding criteria—in addition to the research/clinical support—for each factor.
Cycle of Abuse

Incident
- Any type of abuse occurs (physical/sexual/emotional)

Tension Building
- Abuser starts to get angry
- Abuse may begin
- There is a breakdown of communication
- Victim feels the need to keep the abuser calm
- Tension becomes too much
- Victim feels like they are 'walking on egg shells'

Making-Up
- Abuser may apologize for abuse
- Abuser may promise it will never happen again
- Abuser may blame the victim for causing the abuse
- Abuser may deny abuse took place or say it was not as bad as the victim claims

Calm
- Abuser acts like the abuse never happened
- Physical abuse may not be taking place
- Promises made during 'making-up' may be met
- Victim may hope that the abuse is over
- Abuser may give gifts to victim

Repeat

Until the Cycle is Broken
Spider Web: *Offender* in the middle – displaying all who are affected by his/her sexually abusing
Someone Has to Speak Up for the Children
References


The Diagnostic and Statistical Manual, IV edition