
Working with Sexually Reactive Children/ Children with Sexual Behaviour Problems

Presented by

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to

CompuCollege

Introduction



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- Clinical Training at Washington State Pen.
 - Former Executive Director, F&CS of Cumberland County
 - Former Executive Director, Child and Youth Strategy
 - Registered Social Work Private Practitioner
 - Sessional Instructor MSVU Child & Youth Studies
 - PhD Student in Sociology, Dalhousie
 - Clinical Member of the ATSA
 - Bona Fide self-proclaimed “knuckleheadologist”
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Expectations and Goals

Credos

- I believe that all sexually reactive children should be viewed with compassion

(They are children after all and likely their behaviour comes from somewhere. Besides, a compassionate disposition is more conducive to healing than a retributive one.)

Credos

- I believe that sexually reactive behaviours should be seen as just another disruptive behaviour

(We currently manage children with disruptive behaviours related to diagnoses of ADHD, FAS, Autism Spectrum D/O, and a range of other things. With skill and care we can do this too.)

Credos

- I believe that our difficulty working with children who exhibit sexually reactive behaviours is related in large part to our discomfort about human sexuality issues in general
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Credos

- I believe that children who exhibit sexually reactive behaviours can be helped to return to a more healthy pattern of sexual development and expression

(Like mal-attachment which also has a biological, emotional and social component, some children may never be “normal” but can learn to function well in all domains.)

Credos

- I believe that any competent caregiver or helping professional, with appropriate training and support, can care for, and contribute to the healing of a sexually reactive child.

(Many of these children are known to “helping systems”. While we work to develop more specialized treatment we must also provide more guidance and support to daily caregivers.)

Who
Are
These
Kids?



Amy is 3 and too provocative with
Male visitors to the home.

Katie is 6 and drags kids at her
school into the bathroom and
humps them.

Description

Kyle is 15 and has been
sexually abusing his 10 year
old sister for the past 5 years

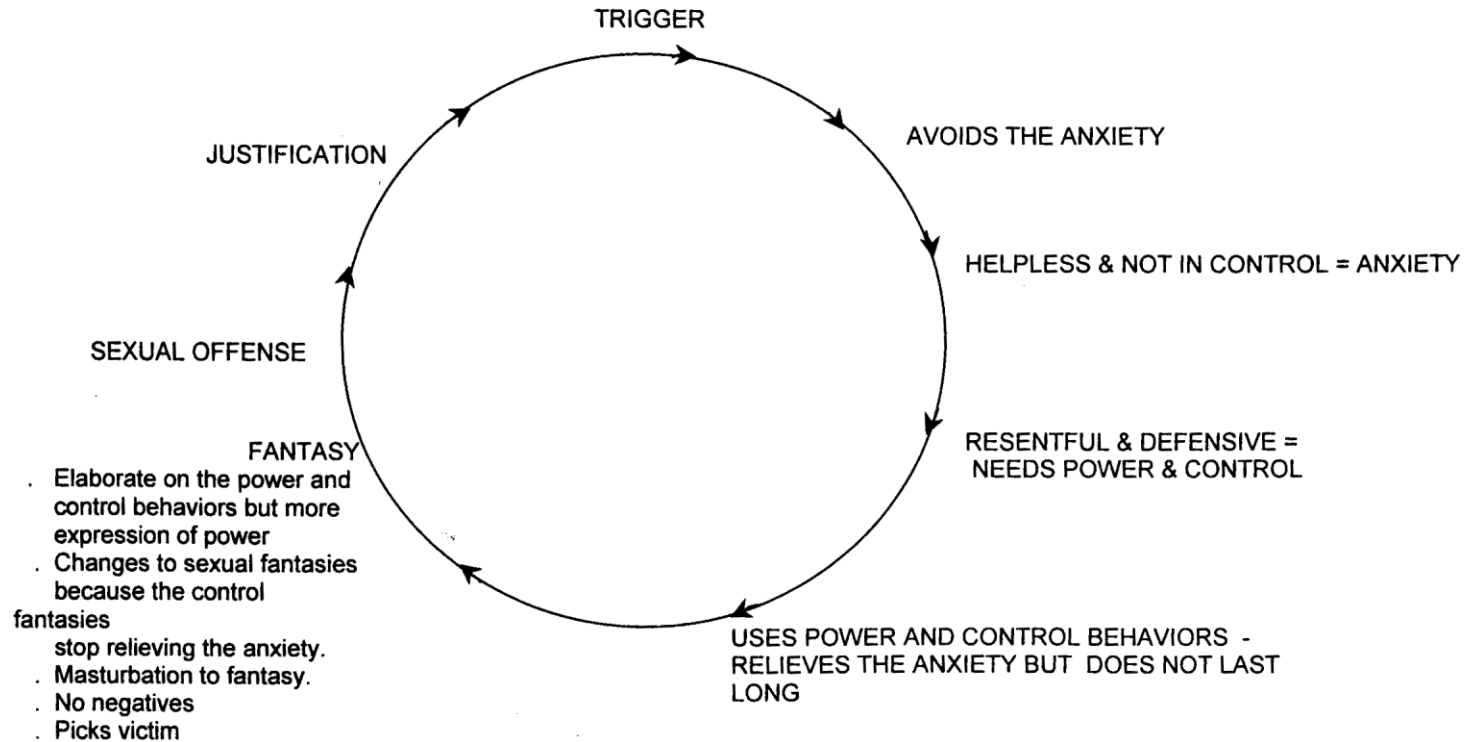
Twin brother Ken and Chase are
8 and play sex games with
children in the neighborhood

Sandy is 11, has a “potty mouth”
and masturbates anywhere at
anytime with anything.

Etiologies

- Psychosis Theory: “They’re Sick!”
 - Physiological Theory: “Their Engine’s Running Hot!”
 - Intra-psychic Theory: “Freud Was Right!”
 - Learning Theory: “It’s Their Parents’ Fault!”
 - Developmental Theory: “Piaget, Erickson, Freud”
 - Attachment Theory: “Bowlby”
 - Cognitive Theory: “Stinkin’ Thinkin’”
 - Addictive Theory: “They Need The 12-Step Programmes!”
 - Family Systems Theories: “It’s Still Their Parents’ Fault”
 - Integration Theories: “It’s A Little Bit Of Everything”
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Understanding Behaviour/Offense Cycles



Precocious Sexualization (A Biological Model)

- Hormones help to **control** the internal environment by regulating its chemical composition and volume.
- Hormones **respond** to marked changes in environmental conditions that help the body cope with emergency demands such as infection, trauma, emotional stress, dehydration, starvation, hemorrhage, and temperature extremes.
- Hormones assume a role in the **smooth, sequential** integration of growth and development.
- Hormones contribute to the basic **processes of reproduction**, including gamete production, fertilization, nourishment of the embryo and fetus, delivery, and nourishment of the newborn.

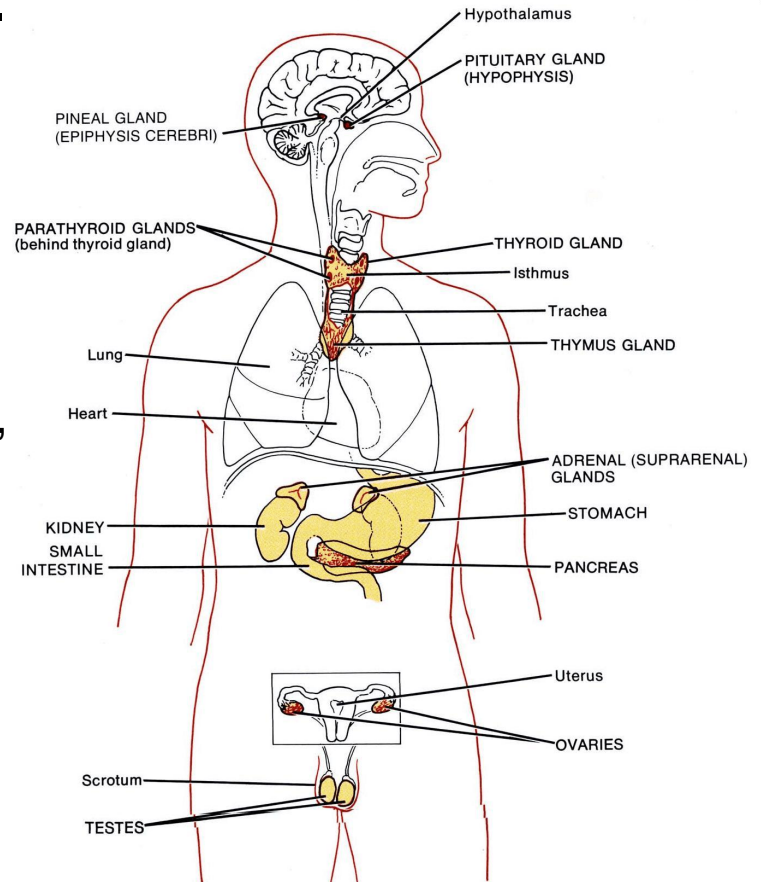


FIGURE 18-1 Location of many endocrine glands, organs containing endocrine tissue, and associated structures.

Precocious Sexualization (A Biological Model)

- Hormones . . .
- **Control**
- **Respond**
- **Smooth, sequential**
- **Processes of reproduction**

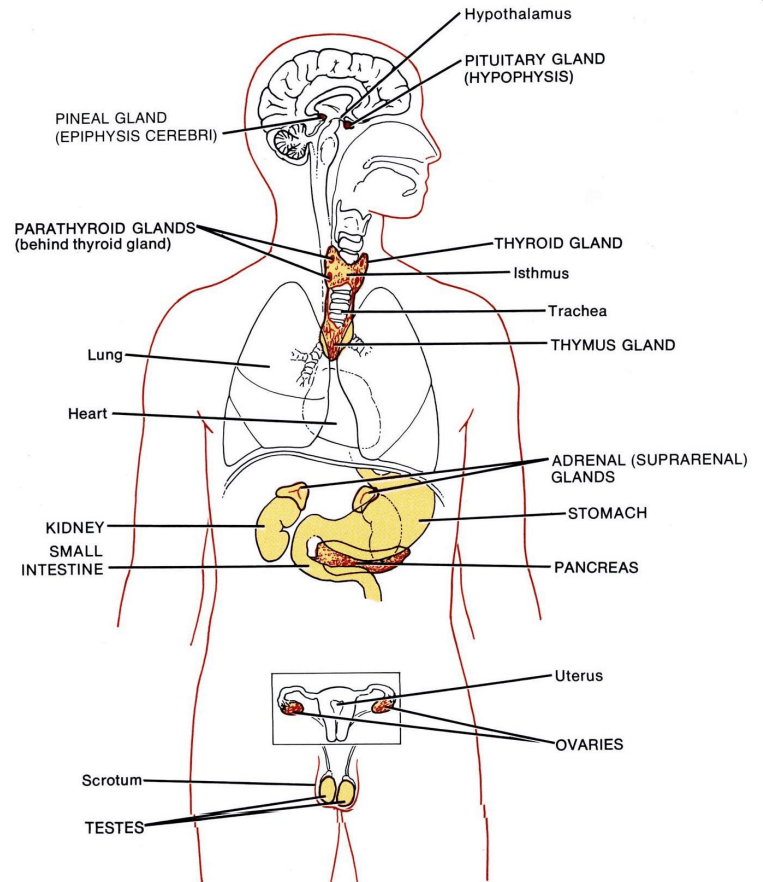


FIGURE 18-1 Location of many endocrine glands, organs containing endocrine tissue, and associated structures.

Precocious Sexualization (A Biological Model)

The way it's supposed to work:

Hypothalamus ↔ Pituitary ↔ Adrenal (axis)

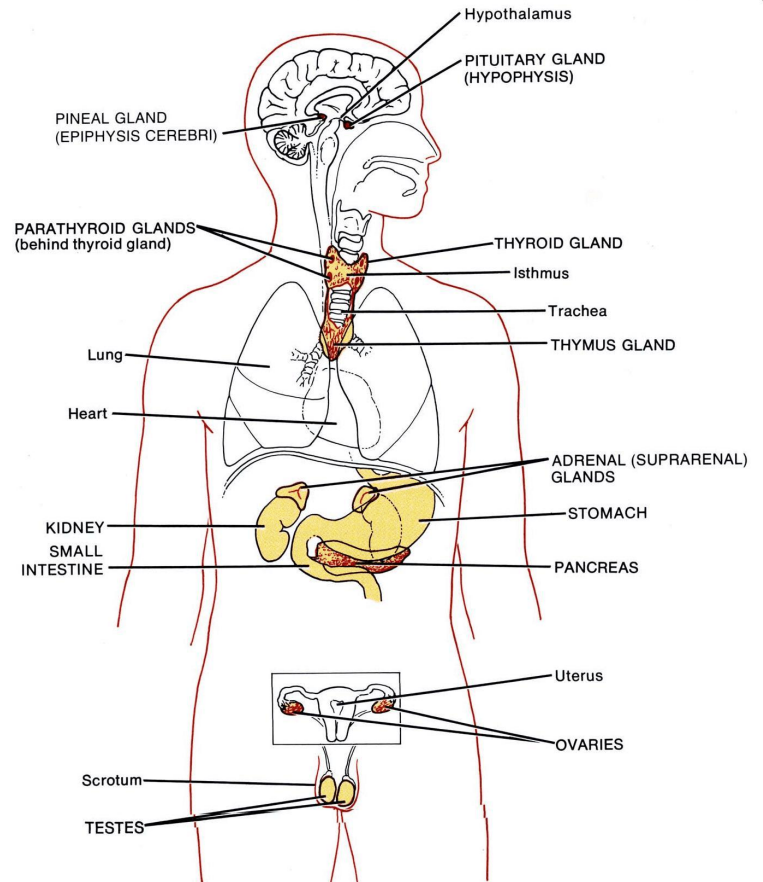
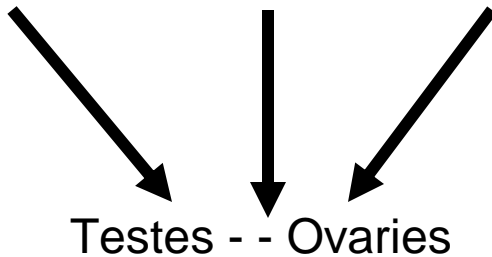


FIGURE 18-1 Location of many endocrine glands, organs containing endocrine tissue, and associated structures.

Precocious Sexualization (A Biological Model)

Sometimes the opposite happens:

Hypothalamus ↔ Pituitary ↔ Adrenal (axis)

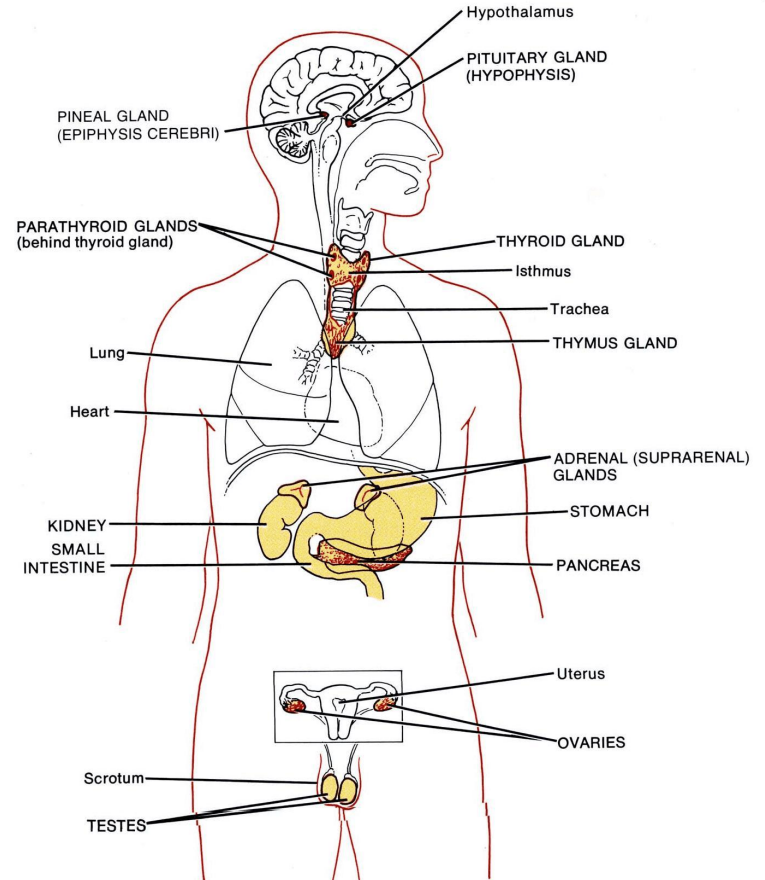
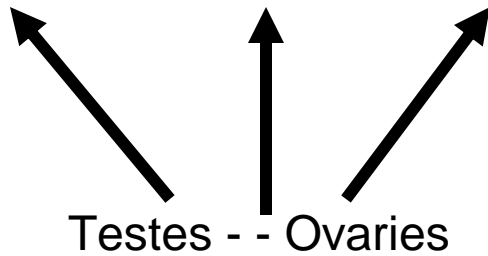
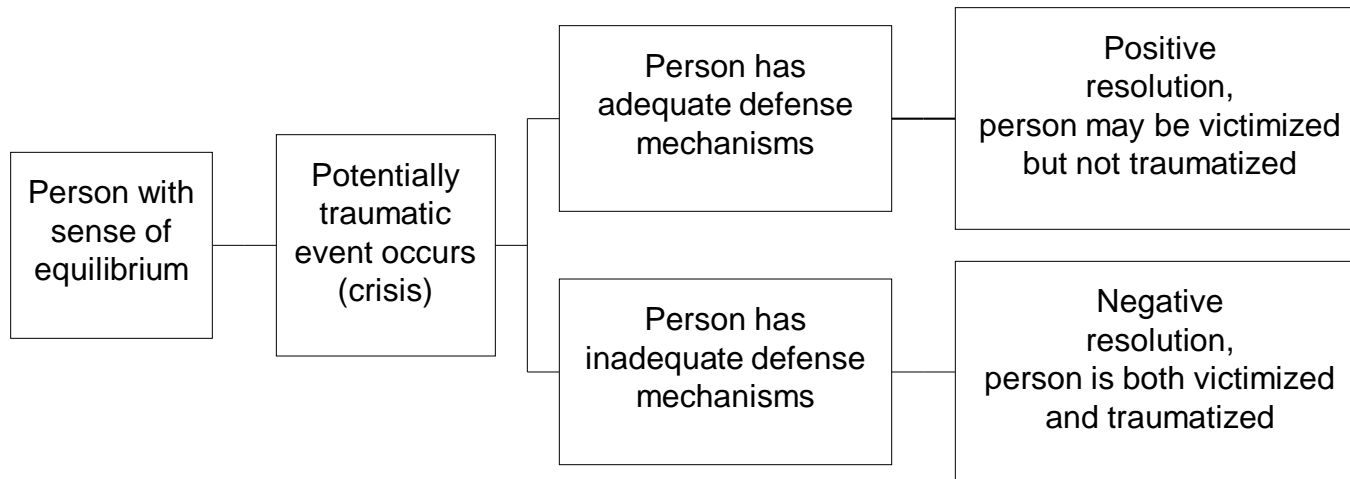


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Trauma Re-enactment Etiology

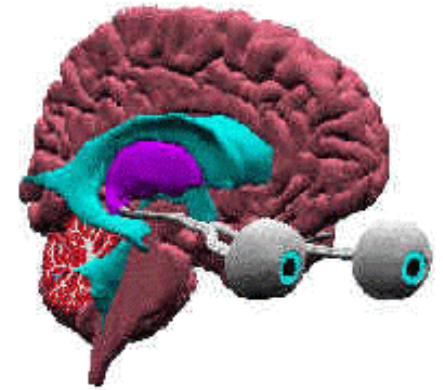
The Psychological Model

The Crisis Construct



The Thinking/Feeling Dialogue

- Potentially traumatic event
- Event is perceived through senses
- Event is ascribed meaning
- Event and meaning are ascribed affect
- Event, meaning, and affect become part of psyche



Goals of Care Programmes

- Eliminate harm child causes to others
 - Eliminate harm child causes to self
 - Eliminate harm others cause the child
 - Provide a calm and responsive environment conducive to and supportive of healing
 - Provide competent caregivers capable of supporting healing
 - Facilitate access to services designed to promote healing
 - Promote awareness of and competence in managing sexually reactive behaviour in the community and among other caregivers
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Develop Care and Treatment Plan

- Assess child's needs

(What is the “working theory” about this child's behaviour and how severe is it?)

- Define the “team” required to meet child's needs

(Child's social worker, health and mental health workers, care givers, school principal, teacher, relevant neighbors, etc.)

Develop Care and Treatment Plan

- Assign clear roles and responsibilities to each team member

(It is especially important to decide who is in charge)

- Keep every team member up to date and informed of developments and changes in the plan

(Mechanism should be found to keep care givers “in the loop”)

Prepare Care Givers

- Ensure care givers are fully informed of child's needs, plan, and prognosis.

(ALL FAMILY MEMBERS, including significant extended family members, need to be informed)

- Caregivers and professionals must model and promote competence dealing with issues of sexuality
 - A PLAN of support from key team members should be implemented (not just “I’m here if you need me”)
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Identify Problematic Sexual Behaviour

- Excessive and inappropriate masturbation
 - Sexual touching of others
 - Aggressive, angry or sad expressions of sexuality
 - “Potty mouth”
 - Excessive preoccupation with sex
 - Etc
 - Inform child of targeted behaviour
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Confront & Monitor Targeted Behaviour

- Use clear, non-euphemistic language
 - Articulate clearly the behaviour observed and corrected
 - Clearly identify alternative, healthy behaviour
 - Be followed by logical and non-programmatic consequences
 - Be brief
 - Be recorded (How do you monitor some things?)
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Support at School and in the Community

- Duty to inform chaperones, organizers and hosts
 - Supervision is critical
 - Minimize “independent time” during field trips
 - If using “buddy system”, buddy must be a “safe” and informed individual
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Introspection and Self-Care

Things to Consider

- You are a human being
 - You are imperfect
 - You are a sexual being
 - You have sexual issues
 - You need a place to honestly explore this
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Staff Screening, Supervision and Dealing with Allegations

ATSA, NAPN and other resources

- www.atsa.com (Association For The Treatment of Sexual Abusers)
 - www.ncsby.org (National Center on Sexual Behaviour of Youth)
 - www.robertswright.ca
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- End/Fin

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