Continuum of Adolescent’s Sexual Behaviours

Because there is a wider variety of sexual behaviours within adolescence it is more difficult to determine what the ‘norm’ would be. However a useful checklist of sexual behaviours increasing in seriousness, by O’Callaghan and Print is included below. This has been adapted from Ryan and Lane (1991).

Normal (Healthy) Behaviours

- Explicit sexual discussion amongst peers, use of sexual swear words, obscene jokes
- Interest in erotic material and its use in masturbation
- Expression through sexual innuendo, flirtations and courtship behaviours
- Mutual consenting non-coital sexual behaviour (kissing, fondling etc.)
- Mutual consenting masturbation
- Mutual consenting sexual intercourse

Behaviours that suggest monitoring, limited responses or assessment (Problematic Low/Medium)

- Sexual preoccupation/anxiety
- Use of hard core pornography
- Indiscriminate sexual activity/intercourse
- Twinning of sexuality and aggression
- Sexual graffiti relating to individuals or having disturbing content
- Single occurrences of exposure, peeping, frottage or obscene telephone calls

Behaviours that suggest assessment/intervention (Problematic Medium/Harmful)

- Compulsive masturbation if chronic or public
- Persistent or aggressive attempts to expose other’s genitals
- Chronic use of pornography with sadistic or violent themes
- Sexually explicit conversations with significantly younger children
- Touching another’s genitals without permission
- Sexually explicit threats

Behaviours that require a legal response, assessment and treatment (Harmful)

- Persistent obscene telephone calls, voyeurism, exhibitionism and frottage
- Sexual contact with significantly younger children
- Forced sexual assault or rape
- Inflicting genital injury
- Sexual contact with animals

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<table>
<thead>
<tr>
<th>CHECKLIST FOR UNDERSTANDING ADOLESCENTS</th>
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<td><strong>Healthy</strong></td>
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<tr>
<td>1. Type of sexual activity. (use continuum by O'Callaghan and Print on previous page)</td>
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<td>2. Context of behaviour</td>
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<td>3. Adolescent's response when challenged about their behaviour</td>
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Understanding Children and Adolescents with Behavioural, Emotional and Social Difficulties

Staff working in specialist schools and services for children and adolescents with behavioural, emotional and social difficulties (BESD) have identified sexually problematic/harmful behaviours as a significant feature in the difficult behaviours they manage. In some cases the sexual behaviours may be minimised as the child or adolescent's other behaviours may be so prevalent and take up time and resources.

Research would support this anecdotal evidence. It indicates that many young male adolescents who have cautions or convictions for sexually problematic or harmful behaviour, also have other behavioural problems as well, such as, difficulties with attention, motor skills, speech and language, particularly those who offend against children rather than adolescent females. They are more likely to offend against siblings rather than strangers (Hunter et al 2003, Rayment-McHugh & Nisbet 2003, Taylor 2003)

They were also found to display more impulsive, aggressive and generally antisocial and criminal behaviour such as bullying, oppositional behaviours, aggression, fire setting, cruelty to animals etc. (Home Office & DoH 2006).

Factors such as aggression, cruelty to animals, committing an offence in a public area and/or involving a stranger would usually indicate a higher risk of the behaviour continuing despite intervention. (Skuse et al 1998, Langstrom 2002)

Pathways into Problematic/Harmful Sexual Behaviours

The development paths into their problematic/harmful sexual behaviours are similar to those in the mainstream population, although they may have experienced more extreme abuse or be significantly more traumatised by their abuse, or be significantly less nurtured and supported by their families.

For relevant information and research please refer to the sections on younger children and adolescents. As with other children and adolescents, their behaviour is likely to be a way of coping with difficult feelings, a response to their own trauma or abuse, or due to deficits in their self esteem, life, social, relationship and communication skills. They are more likely to personally have significantly fewer resilience factors and functional strategies and coping mechanisms and fewer supportive networks around them.
Understanding Adolescents with Learning Disabilities

Information from Research

Research is limited about adolescents with learning disabilities who display sexually problematic/harmful behaviours, and even more limited when considering younger children. This section therefore focuses on adolescents with learning disabilities rather than younger children.

Statistics

Although the overall frequency of general offending is lower in respect of those with a learning disability than the general population, adolescents with learning disabilities are generally over represented in surveys of young sexual abusers. (Day 1993). For example, adolescents with learning disabilities represented

- 37% of adolescent sex offenders known to Youth Offending teams in the Greater Manchester area (AIM Project 2000),
- 41% of adolescent sex offenders in research by Farmer and Pollock (1998)
- 30% of adolescent sex offenders in research by Thomas & Singh (1995)
- 25% of the workloads of 53% of the Youth Offending Teams surveyed by Hackett and Masson (2003)

Dr Fyson’s (2006) work found that 88% of special schools had experienced pupils behaving in sexually inappropriate ways. The following information is the number of schools who reported these particular types of behaviour.

- 54% - exposure (flashing)
- 58% - public masturbation
- 85% - inappropriate touch
- 15% - actual or attempted penetration

These figures accord with other research which indicated that learning disabled adult sex offenders in general presented with less serious or intrusive offences (Day 1994; Gilby, Wolf & Goldberg 1989) However, Thompson’s (1997) study qualified this by saying the degree of seriousness of the offence was related to ability, with the more able men involved in behaviour most likely to be classified as an offence in criminal justice terms.

Reasons why they are over represented in the criminal statistics

It is not felt that adolescents with learning disabilities are more sexually harmful than other adolescents, but rather, that there are a range of reasons why they may be more likely to be processed through the criminal justice system.

- The learning disabilities spectrum is wide and can include adolescents who have problems concentrating and making social connections with others.
These are significant features in the profiles of adolescents generally who engage in these behaviours. (O’Callaghan 1998)

➢ For those with a specific diagnosis of a learning disorder, they generally have less social opportunities to mix with other adolescents without observation by adults, therefore they have less access to a range of victims and their sexual behaviours are more likely to be picked up on. (Quayle 2004)

➢ They may be more repetitive and habitual in their choice of victims, location and frequency. (Hackett & Masson 2003)

➢ For those with harmful behaviours, they are less sophisticated in their planning, and manipulation and easier to identify

➢ They exhibit more impulsive offending – often in public places which makes them more visible, therefore they are more likely to come to the attention of the criminal justice system. (Knight & Prentky 1993)

➢ They are more likely to admit they did do something, because of naiveté when challenged, which means they are more likely to get a caution or conviction. (Thompson & Brown 1997)

Routes into Sexual Problematic/Harmful Behaviours

In the previous sections on younger children and adolescents, there are factors outlined which are most commonly associated with heightened risk of engaging in sexually harmful behaviours. These also apply to children and adolescents with learning disabilities. (O’Callaghan 1998) As with other adolescents, the sexual behaviour may be a way of meeting other non-sexual needs, such as attention seeking, distress, avoidance, control, stimulation and general arousal or aggression.

There are some factors, which are specific to this group of adolescents:

➢ Chromosomal disorders, for example Klinefelters and Fragile X Syndromes, which are believed to be a potential contributory factor to the development of sexually problematic behaviours and sexual aggression.

➢ They may relate on a psychosocial level with children of a similar developmental age rather than chronological age

➢ They may not understand the concept of consent or the impact of their behaviour on others.

➢ It may be a learned behaviour from their own experience of sexual victimisation, therefore they do not realise it is unacceptable, or it
may be a way of making sense of what has happened to them by repeating behaviours but with no intention of harming anyone.

- They may not have mainstream concepts about social mores and sexual boundaries, for example re self-masturbating in public places.

- The impact of denying the evolving sexuality of an adolescent with learning disabilities, which can lead to restrictions on their behaviour and a lack of access to the provision of appropriate sex education. This is particularly important as they have fewer opportunities to gain this knowledge from other sources.

- Their lives are more restricted generally in terms of social contacts and therefore their opportunity for acceptable sexual expression may be compromised.
Understanding Children and Adolescents with Autistic Spectrum Disorder

Introduction

Autistic spectrum disorder (ASD) is more common in boys than girls. The causes of ASD are poorly understood with no clear single underlying cause. ASD is an umbrella term used to cover a group of complex developmental disabilities. These share a set of core characteristics, also known as the “triad of impairments”, which affect an individual’s ability to:

- Understand & interpret social behaviour –this in turn affects their ability to interact with people.
- Understand and use both verbal and non-verbal communication.
- Be flexible in their thinking and in their behaviour. (Tufft 2007)

The term ASD also includes:

- Autism (sometimes called Kanner’s or classic Autism)
- Asperger’s Syndrome
- High functioning Autism
- Atypical Autism
- Pervasive development disorder (PDD) (Tufft 2007)

Research and practice guidance on ASD and sexually problematic/harmful behaviours is limited. Isabelle Hénault (2003, 2005) is one of the main writers on these combined issues and most of this section is based on her work.

Statistics

Statistics gathered on children and adolescents with learning disabilities do not generally indicate whether or not the individual is on the autistic spectrum. The limited information that there is shows that adolescents with Asperger’s Syndrome or autism are less likely to commit the more serious or violent sexual offences; they tend to be involved in behaviours such as self masturbation in public places,(Hellemans & Deboutte 2002) and inappropriate touching of others private parts. (Hénault 2005).

This does not mean that they do not commit assaults, however it is appears less likely that the serious offences will have been pre-meditated, manipulative and have aggravating features of victim vulnerability, perpetrator in a position of authority, cruelty, torture, use of a weapon, outcome death, mutilation or permanent disability. (Hénault 2005) Serious sexually harmful behaviour is more likely to be impulsive and as a result of frustration rather than planned (Hénault 2005). Ability levels are another factor, with those with more ability being proportionately more likely to commit more serious offences. (Thompson 1997).
Although this is the current thinking, anecdotal evidence from ASD schools suggests that they are working with some pupils who show evidence of planning extreme harmful sexual behaviours, which highlights the need for further research into these combined issues.

**Specific Issues for Children and Adolescents with Autistic Spectrum Disorders**

**Parents and Professionals Views**

Some parents and professionals around the adolescent may struggle to conceive of them as developing sexual adults, preferring to think they are 'eternal children'. (Fyson 2006). There may be feelings that they should not engage in sexual relationships due to concerns that they will be vulnerable to being exploited by others or that they may harm others without understanding what they have done, if they become too sexually aware.

This may result in the subject of sexuality being avoided or banned altogether, including sex and relationship education (SRE) at schools. Repression of their sexuality including punishment for engaging in healthy sexual behaviour creates confusion, frustration and tension, which can lead to inappropriate sexual behaviour. (Hénault 2005)

They need to be able to talk about the way they are feeling with empathetic adults. Their sexuality is an important part of their identity and self esteem, therefore they need support and guidance on good interpersonal skills, healthy sexual relationships and the social rules.

**Hyper/ Hypo sensitivity**

"Some individuals experience sensory hyper sensitivity, for example, a slight brushing up against skin can provoke the same intensity of pain as that caused by a sharp object. Various forms of sexual stimulation can therefore cause discomfort or even pain for individuals with AS, reinforcing avoidance behaviours and hindering development of intimate relationships" (Hénault 2003)

Hypo sensitivity is defined as weak sensory responses to modest forms of stimulation, requiring multiple exposures to stimuli to experience a complete sensation. This increases the probability that inappropriate sexual conduct will occur. For example, intense masturbatory activity may create stronger sensations than intercourse. Masturbation can therefore be misinterpreted as a sexual obsession or compulsion when it is, in fact, the result of a sensory phenomenon. (Hénault 2003, 2005). It is important therefore when considering if the adolescent has a problematic or compulsive sexual behaviours, to first check if they are generally hyper or hypo sensitive.
Their own victimisation

In common with other children with disabilities, children with autism are vulnerable to being sexually abused. American Academy of Paediatrics (1996) reported sexual abuse of autistic children at a rate 1.7 times higher than that found in the general population. (Hénault 2003).

Children and adolescents with autistic spectrum disorders, who display serious sexual behaviours may be acting out their own abuse. They may not be able to disclose verbally but their own behaviour may be an indicator of what has or is still happening to them.

For those who do not like physical contact with others the invasion of their bodies against their will may be even more traumatic. For those who are hyper sensitive to touch, the abuse may have been even more excruciating and painful. For some who are hypo sensitive, it may not have made any physical impact.

Children and adolescents may also experience neglect, emotional and/or physical abuse. Their pathways into sexually harmful behaviours are similar to other children and adolescents

Medication

This can have a significant effect on sexual functioning causing the adolescent to have problems such as low sexual drive, erectile dysfunction, retarded ejaculation. This can create frustrations in sexual relationships and compulsive behaviours around masturbation, as with hypo sensitivity they need to do it more intensely to get the same release. Medication may also cause secondary problems such as skin irritations or rashes. The adolescent may be trying to soothe their genital area rather than masturbate. It is important to be careful to differentiate between sexual stimulation and self soothing behaviours. The effects of medication on the adolescent should be one of the first things checked out if there are concerns about sexual behaviours. (Hénault 2005)