

Sexual Development: The Impact of Confinement

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Abstract

- A host of psychological, cognitive and social changes accompany an adolescent's physical development and typically youth served within the juvenile justice system have experienced disruptions in the natural course of time. Sexuality development in particular is a crucial stage for adolescents and those incarcerated may pose or be at great risk in sexual behavior and inappropriate development of healthy sexual knowledge and values. This workshop will attend to the issues and suggested response to an often overlooked aspect of residential treatment

Learning Objectives

- 1. Develop an understanding of the normal adolescent sexual development and the common sexual problems that face the delinquent youth.
- 2. Explore the impact and risk of confinement on sexual development and the options to develop Healthy Sexuality in the youth we serve.
- 3. Learn the legal and operational aspects of keeping kids safe in confinement

Development Theory

A Study of change and growth

- Childhood is a time of mystery and charm
- Typically children sit before they walk and walk before they run but within this predictability there is individuality.

The "Average Child" is a myth

- Each child experiences different events , and each experience the same events in different ways.
- Some meet challenges enthusiastically, others reluctantly.
- Each the same as others and yet unique.
- Some develop quickly and dramatically, some take more time

What Influences Change

- Maturation
- Learning
- Experience

Sexual Development

- Sexual Drive and sexual reflexes are innate
- Sexual Behavior is learned

The basic process of adolescent development

- involves changing relations between the individual and the multiple levels of the context within which the young person is embedded.
- Variation in the substance and timing of these relations promotes diversity in adolescence and represents sources of risk or protective factors across this life period.

Physical Development

Guys

- Height spurt
- Sexual maturation – puberty
- Hormones 18x growth in testosterone
- Pubic hair
- Penis growth
- Testes growth
- Whiskers
- Voice changes

Girls

- Height
- Sexual Maturation – puberty
- Menstruation
- Hips widen
- Breast enlarge
- Hormones 18x Estradiol
- Pubic Hair

Sexual Knowledge

- **Father :** “Son I think it is time we had a talk about sex
- **Son :** “Sure Dad, what is it you want to know?

**Grappling, posturing, searching,
questioning, wondering, doubting and
developing**

**Possessing incomplete, inaccurate or
misinterpreted information about sex most
adolescents lack personal comfort with
sexual matters**

**Remember all adolescents are not alike at
different stages of development even at
the same ages**

Teenage Concerns

- Body Image
- Attractiveness
- Desirability
- Self Image
- Sensual and sexual responses and needs
- Gender role expectations
- Identity confusion
- Sexual Orientation
- Romance, intimacy and commitment
- Developing a sexual values system

The Learning Curve

- Surprises of puberty
- Self examination
- Self Exploration
- Watching
- Touching
- Interacting
- Rehearsing

Developing Sexual Values

- Who am I
- What do I stand for
- What do I believe in
- Who are my role models

Is sexual relations an act of intimacy and affection or a means to casual gratification?

These choices are not made in an intellectual or moral vacuum; family values, religious values, peer group values and societal influences all play a role.

Sexual Fantasies

- Common in adolescence
- More often accompanied by masturbation
- Can add to the pleasure of sexual activity
- Be a substitute for a real unavailable experience
- Induces arousal and/or orgasm
- Provides mental rehearsal
- Can be a safe , controlled, a not embarrassing means of experimentation

Independence

- **Teens struggle to establish a personal identity independent from their parents and in doing so their peer groups become increasingly important.**
- **The value systems of their parents often have very different expectations, social controls and rules of conduct**

What about our Kids

Typically they are at high risk and prone to a variety of health problems and specifically to problems related to sexual health

- Unwanted pregnancy
- STDs
- Sexual Assault and Abuse
- Sexual Dysfunction
- Self Destructive abuse and exploitative relationships
- Peer Group Pressure

With regard to sexuality many

- Have sexual experiences at an early age
- Have more experience than accurate knowledge
- Have never discussed sexuality in a positive open atmosphere with a caring knowledgeable adult.
- Have negative feelings about sex
- Have negative feelings about themselves sexually
- May have an underlying attitude that sex is dirty or threatening, dangerous and hurtful.
- May not truthfully understand the difference between appropriate and abusive sexual behavior.
- May have engaged in sex to satisfy non-sexual needs such as the need for acceptance, attention or a sexual victim may overcome the feelings of being out of control by sexually controlling others
- May rigidly conform to or defy sex role stereotypes

Our Kids Often

- Have short attention spans
- Have little comfort in working in groups or with adults
- Are hesitant to trust
- Have limited reading and writing capabilities
- Have mild to severe learning disabilities
- May also suffer from Mental Disorders originated in childhood

Stats for High Risk Youth referred to residential treatment

- 52% of girls and 59% of boys have had intercourse by 17
- 86% of teens in child protective services had intercourse by 15
- 80% in detention by 17
- 1 million girls nationally become pregnant or 10% of all girls 15 to 19
- 350,000 of them are 15 to 17
- Females in out of the home care are twice as likely to become pregnant by 19 with 40% reporting the pregnancy after leaving the out of home care.

and

- At least 29% of girls and 20% of boys have been sexually abused by age of 18
- The estimates for at risk or high risk kids ranges from 43% to 55%
- Lesbian and gay youth are overrepresented in residential settings and are more at risk for suicide
- 40 to 50% of high risk homosexual youth attempt suicide at least once

Lions and Tigers and sex in our programs, oh my

- Are most normal sexual outlets blocked for our kids?
- Are our kids hungry for intimacy?
- Are our kids still searching for answers?
- Are some confused about identity and orientation?
- Do some feel shame and guilt about sex, themselves?
- Will some sexually act out in our programs?
- Do they have sexual thoughts often?
- Will some have sexual thoughts about us?
- Will they masturbate?
- Do some still experience the trauma of their abuse?

The Residential Experience

- Removal from the home
- Failure, absence or removal of positive parental relationships and family interactions
- Residential milieus are not the real world
- Cultural Hibernation .Frankl
- Limited peer association choices
- Increased exposure to anti-social peers and values
- Limited recreational options
- Limited nurturing experiences
- Limited and/or controlled community involvement
- Blocked normal developmentally needed sexual and social outlets
- Risk of institutionalized behavior being fixed with altered coping skills and strategies poorly able to function in a non-residential environment.

It is not just sexual development that can be inhibited, disrupted or skewed

Development is interactive

- Psychosocial - Erickson
- Cognitive – Piaget
- Psycho-sexual –Freud
- Maturation – Gesell
- Social Learning – Bandura
- Moral – Kohlberg
- Phenomenological - Maslow

Is Residential Treatment

Necessary?

Unfortunately it is

Detrimental?

Unfortunately it can be

Helpful?

Fortunately it can be

Residential Communities as Healthy Communities

- Caring
Concerned group of people who assume unlimited liability for each other, who reach out to each other and build bridges not walls.
- Respectful
A community with high regard for each other, open and honest with each other.
- Convictional
Committed to a strong central value system
- Flexible
Free to change as needed, works as a team
- Expressive understanding
A community that is warm, open and
- Responsible
Accepting of their responsibilities to each other and the community
- Initiating
A community with a high level of energy toward participation in activities and interests of each other.
- Realistic
Looks at itself and the community objectively, teaches and accepts norms, rules and expectations, know strengths and weakness

So

Do we have an obligation and a responsibility as adults with integrity to be an asset to their sexual development?

How do we teach Healthy Sexuality and reduce the trauma in their lives?

The Milieu as a Venue for Treatment

- Producing an environment that exerts a therapeutic influence on the youth
- Controlled environments give greater opportunities for change
- Direct Care must have a sense of treatment approaches
- Direct Care must understand the target population
- Direct Care must be aware of treatment goals
- Direct Care input to Treatment Goals is essential
- Direct care need feedback
- The Milieu Treatment value, purpose and importance must be known recognized and respected.
- Routine and Order should encourage client growth and enhance other treatment components as well as provide safety and security

The Therapeutic Community

- Enhances Self Esteem
- Teaches social skills
- Reflects behavior back to students
- Stresses Empathic responses to others
- Utilizes and encourages student feedback
- Teaches new skills and introduces youth to new recreational activities and interests
- Develops leadership and communication skills
- Emphasizes and recognizes accountability and responsibility
- Teaches pro-social values
- Helps students find new and appropriate means to meet their needs
- Rewards and recognizes appropriate behavior, change and progress

Key Factors

- Ability to manipulate the environment
Good food, activity scheduling, ceremony, special events
- Ability to use behavioral interventions
- Ability to utilize reward
- Ability to develop a positive peer culture
- Student involvement.....committees
- Educational Activities
- Arbitration
- Mentoring
- Peer Groups
- Staff's Roles defined and practiced
- Peer and Staff mediation

Keys to Sex Education

- Discuss in a matter of fact approach
- Avoid lecturing
- Include more than just biological facts
- Don't worry about telling too much
- Use correct terminology
- Teach prevention and protection from abuse
- Discuss the opposite sex
- Teach about STDs
- Discuss Homosexuality
- Help them be comfortable and check to see if they understood

Preparing for Sex Education

- Have Administrative support and understanding
- Inform and get permission from parents
- Have all staff trained in adolescent sexual development
- Use best practices and current curriculums
- As a team Brainstorm possible problems and develop solutions.
- Choose carefully the educator and train and prepare him/her for this important role.

Issues that must be addressed

- Traditional male and female attitudes about sex
- Sexual Health Issues for Lesbian, Gay, Bisexual and transgender Youth.
- Sexual Issues for Victims/Survivors of sexual abuse.
- Dynamics of Child Sexual Abuse
- Parenthood & Parenting Skills

Lessons and Topics

- Managing strong feelings
- Problem Solving
- Sexual and Reproductive Anatomy
- The pleasures, dangers, risks, myths facts and feelings about sexual behavior, health, and responses.
- Teen Pregnancy and Birth Control
- Abstinence and Protection
- STDs
- Dating Skills, setting boundaries
- Date Rape and Assertiveness Skills
- The dynamics of sexual abuse
- Homoeroticism and homosexuality
- Relationships; Is this really love?
- Web Wise Knowledge
- Taking care of their sexual selves

Underlining Principals

- Young people need and deserve respect
- Teens need to be accepted where they are
- Teens learn as much or more from each other than adults
- Explicit information and communication about sexuality is essential
- A positive approach about sexuality is the best approach
- Young people have a fundamental right to proper sex education
- Gender equality and flexibility in sex role behavior opens the door for youth to reach their potential
- All sexual orientations and gender identities must be acknowledged
- Sex and sexuality is more than intercourse

Establishing the groups

- Consider, social skill level, cognitive abilities, age and physical maturity, sexual attractions between group members and their abilities to manage feelings.
- Create a safe place....the group must be able to facilitate support, trust and empathy toward one another. Emphasize everyone's responsibility to the creation of this safety.

Keeping Kids Safe

- Distinguishing Normative Sexual Behavior from Offending Behavior
Groth and Laredo (1981) Eight Basic Criteria for Adolescent Sex Offending.
- Age Relationship
- Social Relationship
- Type of Sexual Activity
- How contact takes place
- How persistent it is
- Evidence of progression in regard to nature or frequency of sexual activity
- The nature of fantasy that accompanies or precedes the behavior
- Distinguishing characteristics of the persons targeted for sexual activities.

Sgroi (1988) Assessment Criteria

- Complaint status
- Behavioral indicators of abuse
- Developmental perspective
- Power position
- Fear or intimidation
- Ritualistic or sadistic behaviors
- **SECRECY**

What about sexual orientation? Can environment and setting alter orientation?

- Sexual Drive is innate but Sexual behavior is learned
- Sexual Orientation is biological not choose or learned
- Homoerotic behavior – same sex encounters, fantasies does not necessarily denote homosexuality.
- Homosexual thoughts are common to most adolescents
- Sexual identity confusion is a stage in adolescent development.
- Sexual arousal and sexual responses can be generated through several means
- Environment & experience does have an impact on behavior however has little to do with determining orientation outcome

How do we become allies in development in residential treatment?

- Effective Programming
- Consequences not punishment
- Influence not control
- Respect not fear
- Social Modeling
- Integrity
- Accountability

It's all about relationships

What safety issues can reduce sexual acting out?

- Routine and order
- Diagnostic Evaluation
- Staff Awareness
- Healthy Sexuality - Psycho educational
- Communication
- Youth Supervision
- Staff Responses
- Social Modeling & Role Play

Treatment Goals for Sexually Acting Out

- Eliminate sexual activity that does not reflect commitment, emotional intimacy, caring and a mature relationship.
- Develop insight into the maladaptive sexual activity as self defeating and emanating from emotional needs and conflict not related to sex.
- Resolve underlying emotional conflicts that initiate or energize the maladaptive sexual behaviors.
- Resolve family conflicts
- **Develop insight and knowledge of the self defeating cycle of behavior.**
- **Develop a sensitivity and understanding of the impact of your behavior on others**

Treatment Goals for Sexual Identity & Orientation Confusion

- Reduce frequency and intensity of anxiety associated with sexual identity.
- Discuss Sexual Orientation with Parent, care giver or trusted adult with integrity
- Resolve symptoms of depression and maintain emotional, psychological and social equilibrium
- Openly discuss histories of sexual desires, fantasies and experiences.
- Verbalize reasons for confusion.
- Write an autobiography and a future biography detailing life as a homosexual

PREA

Prison Rape Elimination Act

Sexual Violence is categorized as
Youth on youth non consensual
Youth on Youth Abusive
Staff on Youth Misconduct
Staff on Youth Sexual Harassment

Law mandates Policy & Practice
0 tolerance
Prevention Top Priority
Implement National Standards for prevention, reduction & punishment
Increase Accountability
Adopt standards to report, investigate
Establish post assault procedures including youth supervision, victim protection and evidence protection

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