

Youth Justice Custodial Services Managing Sexual Behaviour Framework

1. Background

This practice framework provides staff with practical strategies for working with clients who exhibit sexual behaviours. The framework does not cover management responses to sexual assault, as this is being addressed by a broader Department project, "Improving Responses to Client Sexual Assault". This framework focuses on intervening in lower level behaviours before they escalate.

2. Overview of normal sexual development

Adolescence is a time of exploration and risk taking in all domains, including sexuality. It is natural for young people to explore their sexuality. Young people get their information on sexuality from a variety of sources: peers, media, schools, parents, life experiences and so on. Healthy sexual development affords people safe, consensual relationships where honesty, respect and responsibility are encouraged.

However, because adolescents seek information from a variety of sources, build on their own experiences and can be willing to take risks, some young people can develop concerning sexual behaviours that can be offensive or abusive.

3. Juvenile justice clients

Young people in the juvenile justice system come from a variety of backgrounds. Some have had exposure to domestic violence or have been physically, emotionally or sexually abused. Abuse or other trauma can have a significant effect on adolescent development. Consequently, some young people within the juvenile justice system have concerning beliefs about themselves, others, authority and power. A young person can enter the system with traumatic experiences and beliefs that can erode honesty, responsibility and respectful relationships. A small portion of young people have been convicted of sex offences and will be involved in the MAPPS program.

4. Juvenile justice centre context

When a young person enters a juvenile justice centre, he or she is exposed to a peer group with varying values, experiences and beliefs. Some of these beliefs may have arisen from significant trauma and some may erode healthy relationships with others.

Young people can react strongly to being detained. The loss of freedom can be accompanied by a strong desire to regain control. At times, the strategies used in an attempt to regain a sense of control can range from subtle manipulation to clear abuse of others – clients and staff. Sexual behaviours can be included in young people's attempts to control others in their surroundings.

Thus, the sexual behaviours exhibited by young people in the normal course of adolescent development can take on new meanings and more inherent dangers when the young person is in a juvenile justice facility. The experiences and beliefs of young people in the system combined with their reactions to a custodial environment can make for a more complex, and less safe environment in which to sexually relate.

Juvenile justice staff need to be aware of all levels of manipulative or abusive behaviours, and staff must provide the highest safety levels and maintain the good order of the centres. Staff, therefore, need to respond appropriately to incidents of sexual behaviour in order to maximise the safety and healthy development of all clients, and to prevent the escalation of lower level behaviours into more serious and dangerous behaviours.

5. Flags for concerning adolescent sexual behaviour

Because of the complexities of the client group and of the custodial environment, all sexual behaviours exhibited by young people in the care of juvenile justice need to be monitored carefully. Like other forms of abusive and manipulative behaviours, some sexual behaviours are merely concerning while others are illegal. The response provided by staff needs to "match" the severity of the behaviours.

Ryan (1992) developed a system of “flagging” certain sexual behaviours in order to guide the appropriateness of responses. This model has been adapted by removing “green flag” (normal) behaviours and changing “yellow flag” (of concern) to “orange flag”. As discussed earlier, behaviours that are considered normal in the community are not necessarily normal in a custodial environment, such as consensual sex, kissing, courting, foreplay etc. This is because it is difficult to establish if the relationship is truly consensual or whether standover or manipulation is involved.

Another example of this is that in the community, it is normal for adolescents to tell sexually explicit jokes. However, in the custodial environment, where we are trying to teach clients acceptable behaviours, sexually explicit jokes can give the wrong message, can make staff feel unsafe, can be highly distressing to vulnerable clients, can validate the inappropriate thought patterns of clients convicted of sex offences, and can be used as a method of bullying and standover.

Because of our duty of care and the risk involved in allowing sexual relationships to develop between clients (or between client and visitors), the only real “normal” sexual behaviour in custody is age-appropriate masturbation in a private space, for example, in a client bedroom.

In the diagram below, “Orange flag” behaviours are those which are of some concern and require reaction and monitoring. “Orange flag” behaviours could be warning signs of more abusive behaviours. “Red flag” behaviours are those behaviours that are abusive and potentially illegal and “black flag” behaviours are behaviours that are clearly illegal.

Figure 1 – Ryan’s (1992) Continuum of Sexual Behaviours



(Ryan (1992), Berliner, Manaois and Monastersky (1986), Cunningham and MacFarlane (1991))

Orange flag (of concern – requires referral to health services)

“Orange flag” sexual behaviours involve **being disrespectful of others in sexual ways**.

“Orange flag” sexual behaviours are of concern and need to be monitored closely as they could be a warning sign that more challenging sexual behaviours are imminent. Often, “Orange flag” behaviours are concerning because of their persistence and could include:

- Persistently attempting to embarrass others with sexual language
- Single occurrence of flashing
- Excessive use of sexually aggressive obscenities, persistent sexually explicit jokes or obscene gestures
- Sexually explicit or sexually aggressive drawings
- Pulling down others pants (‘dacking’), touching girls’ breasts, touching genital region through clothes
- Feeling own genitals provocatively
- Attempts to put staff in compromising positions (e.g. inviting into bedroom late at night)
- Excessive flirting
- Being consumed with interest in sexual erotica or pornography
- Sexual graffiti (especially chronic and impacting on individuals)

(Ryan (1992), Berliner, Manaois and Monastersky (1986), Cunningham and MacFarlane (1991))

Red flag (potentially illegal or requires assessment)

"Red flag" behaviours are more **explicit, aggressive and humiliating sexual behaviours** and are abusive and illegal. "Red flag" sexual behaviours include:

- Explicit sex talk with a younger child
- Touching the genitals of another person
- Using sexual terms to degrade another person
- Stealing underwear
- Chronic preoccupation with sexually aggressive pornography
- Compulsive masturbation (especially in public)
- Sexual activity with other clients or visitors

Black flag

"Black flag" behaviours are clearly **illegal and abusive behaviours**. "Black flag" behaviours are clearly not normal healthy adolescent sexual behaviours and require an immediate reporting response. "Black flag" behaviours include:

- Forced sexual contact
- Obscene telephone calls
- Chronic voyeurism (peeping)
- Exhibitionism and frottage (brushing up against people in a sexual way)
- Sexual activity with another younger person (and there is a significant age difference)
- Sexual contact with animals
- Genital injury to others
- Sexual harassment

(Ryan (1992), Berliner, Manaois and Monastersky (1986), Cunningham and MacFarlane (1991))

6. Preventing unhealthy sexual behaviours

In an environment that exists to provide services to young offenders, it is important to accept that, from time to time, unhealthy sexual behaviours may occur. It makes sense that, where possible, steps are taken to prevent unhealthy sexual behaviours and that personal safety is promoted.

- **Boundaries.** Make sure that appropriate interpersonal boundaries are maintained with clients. Sometimes our personal problems can show through at work and can make us more vulnerable to others. Be aware of your surroundings and be mindful of touch, body language and flattery. Stay professional, honest, assertive and consistent. Read carefully procedure 5.4 Case Management Boundaries, particularly the *no touch* policy.
- **Clear rules.** Rules about touch, harassment and abuse should be clear and communicated to all in the workplace. Signs and posters can assist as visual reminders of both the behaviour that is wrong and the behaviour that is expected. You cannot expect clients to take sexual behaviours seriously if they are living in an environment that has no clear rules or guidelines. Talk about rules in daily unit meetings and explain why they are there.
- **Understand the pressures on clients.** Understand that social pressures that promote abusive behaviours and highlight the choices that clients can make to resist pressures.
- **Model healthy relationships.** Be sure that in interactions with clients and with other staff that you model healthy relationships. It is important that others' opinions are valued and respected and differences are dealt with assertively. Reject jokes that, directly or indirectly, make it easier for sexual behaviours to occur. Talk about how healthy relationships look and feel.
- **Empower and educate.** All clients and staff should be educated and empowered to respond appropriately and assertively to instances of inappropriate sexual behaviour. Everybody should know the laws about sexual harassment and sexual assault. Challenge myths about sexual abuse and assault. Show clients how they can avoid being "bystanders" and take action to promote a healthier environment.
- **Act on suspicions.** Maintaining vigilance over your environment can lead you to a sense that something is not right, but you may not have confidence in your evidence.

Speak with your co-workers or managers about your concerns. They may share your suspicions and, together, you can work out a plan to monitor the situation more closely ("tracking" the behaviour) and determine an appropriate response.

- **Talking openly.** Talk openly and matter-of-factly about sexual behaviours and effects on your workplace. Do not start rumours, but share your concerns about client behaviour and talk about what is happening so that you can work out strategies.
- **Staff support.** Report problems or concerns about sexual behaviours to your line manager. If you have a problem with sexual behaviours and you cannot share your experiences with your manager, be sure to contact your EAP provider.

Should unhealthy sexual behaviours occur, it is important that the reaction to the behaviours is immediate and appropriate. Further, the action taken and the results of that action should be documented, so that all staff are aware of strategies and future plans to prevent and react to inappropriate sexual behaviours are well informed.

7. Immediate responses to sexual behaviours

<p>Orange Flag</p> <p>Behaviours of concern</p> <p>May be warning signs</p> <p>Disrespectful</p>	<p>Red Flag</p> <p>Abusive</p> <p>Potentially illegal</p>	<p>Black Flag</p> <p>Clearly illegal</p>
<p>Label and React</p>	<p>Confront and Prohibit</p>	<p>Report and Refer</p>

Responses to Orange Flag Behaviours

Immediately

"Label and React"

- Specifically describe the behaviour that is not acceptable and tell them to stop
- Indicate that the behaviour can be upsetting to others
- Suggest an appropriate way to behave in the situation

Ongoing

- Continue to provide opportunities to learn the appropriate social behaviours.
- If the behaviours are frequent, develop an Individualised Behaviour Management Plan (example in Appendix 1)
- Monitor and watch for escalation of the behaviour. If escalation occurs, the response must also escalate.

Report

- Case note the behaviour, the staff response and how the client responded to staff reaction.
- If the client has an allocated health professional, it would be beneficial to inform the health professional about the behaviours and seek their input into a behaviour management plan.
- If the client is in a unit where there is a regular group for client issues, it may be appropriate to discuss the issue with the clients (check with your manager and the health professionals of both the client and any victims of the behaviours).

Responses to Red Flag Behaviours

Immediately

“Confront and Prohibit”

- Specifically describe the behaviour that is not acceptable
- Prohibit the person from engaging in that behaviour again and inform them that the behaviour will be noted and reported
- If behaviour occurs during a visit, discontinue the visit (see operations manual procedure 7.13 page 7)
- Inform your manager.

Later/ongoing

- If continued monitoring indicates that the behaviour has continued, then the response must be escalated and it would be appropriate to report and refer for further assessment. A behaviour management plan should also be developed, implemented and monitored.
- If the behaviour has been targeted specifically towards another client or group of clients, consider whether they require support to deal with the behaviour and arrange an appropriate health professional.
- Discuss with unit manager options to support staff in managing the behaviour (e.g. discussion in staff meeting with a health services staff member present).

Report/refer

- Case note the incident
- Complete an Incident Report
- Make a referral to the Health Services or contact the allocated health professional to alert them to the behaviour.

Responses to Black Flag Behaviours

Immediately

“Report and Refer”

- Remove the client who has engaged in the abusive sexual behaviour from others to a safe place where the client can be watched, on observations, until a management plan is determined. (see procedure 6.13 for information on observations).
- Attend to the immediate needs of any victims. Complete first aid if required and attend to medical needs by notifying medical staff. Remove the victim or victims to a safe environment if needed. Place the client/s on observations until health services staff can assess.
- Contact management
- If victim is staff member arrange appropriate supports
- If victim is visitor or other person ensure support is offered
- See operations manual procedure 9.17 for information on reporting criminal acts to the police.

Report

- Carefully document the incident and staff response in a case note
- Complete a Serious Incident Report
- You may be required to be interviewed about the incident. Your manager will inform you of any such requirements.

8. Specific client groups

There are a number of identified groups of clients for whom sexual development might be affected. Some specific client groups require additional specialised attention if they exhibit concerning sexual behaviours. Clients with an intellectual disability, acquired brain injury, psychiatric condition or with an autism spectrum disorder may require assistance from specialist health professionals. However, *immediate responses and reporting situations outlined above still apply and should only vary if:*

- a health professional has recommended otherwise *and*
- the alternative responses are clearly documented in an Individual Behaviour Management Plan.

9. Supporting formal/therapeutic interventions for sexual behaviours

Supervising adolescents and young adults who are exhibiting sexual behaviours can be challenging. Often, the young people being supervised in JJ Centres are living with others who have been victims, or potential victims, of sexually abusive behaviours. Many clients of JJ have behaviour patterns characterised by deceit and secrecy and it can be hard to identify unhealthy sexual behaviours. The management of sexual behaviours relies heavily on day-to-day supervisory strategies. If a young person is receiving assistance from a health professional, the strategies used in client supervision need to be consistent with therapeutic strategies.

Development of therapeutic interventions for sexual behaviours is the role of a qualified professional from the health services or MAPPS. However, interventions will be more effective if they are supported by JJC staff. JJC staff can support formal intervention in a number of ways:

- Clarify communication channels to express any concerns that you have about a client. If you are the client's key worker, find out who is involved in the therapeutic work (health service staff, MAPPS) and the best way to have, and seek, input. If you are not the client's key worker, discuss your concerns with your manager.
- If the client has regular contact with health services and/or MAPPS, contact the client's health worker or MAPPS worker for their input into the development of a Behaviour Management Plan.
- Do not shame the client and be aware that stress can considerably slow down client progress and can feed a willingness to not comply with professional intervention.
- Seek opportunities to process any strong emotions that you may be feeling about a client – supervision with your manager is an appropriate way to explore options for dealing with strong feelings.
- Understand that there is no "one" solution and that client issues are complex.
- Encourage all clients to be accountable for their actions and model accountability.

See Appendix 1 - Example of a Behaviour Management plan addressing sexual behaviours.

10. References

Ryan (1992) in Hudson A., Nankervis K., Smith and Phillips (1999). Identifying the Risks: Prevention of Sexual Offending Amongst Adolescents with an Intellectual Disability. Melbourne: Research Unit, Disability Services Division, Department of Human Services.

Prentky, R.A., Harris, B., Frizzell, K., & Righthand, S (2000). An actuarial procedure for assessing risk with juvenile sex offenders. *Sexual Abuse: A Journal of research and Treatment*, 12 (2), 71-93.

Appendix 1 - Example of an individual behaviour management plan for a sexual behaviour

Individual Behaviour Management Plan

Name: A. Client Date: 7/7/05 Review date: 21/7/05

Target behaviour (identify specific behaviour/s).

- Using sexually abusive language
- Violating personal space
- Pulling down his pants in public places

Please ensure that areas identified in this plan are also incorporated in, and complement strategies identified in the client assessment and plan (CAP).

Proactive Strategies

Identify what strategies are effective with A. Client and what things are not effective.

Area	Do's	Don'ts
Interactions	<ul style="list-style-type: none"> ▪ Maintain boundaries ▪ Notice when "A" is keeping appropriate personal space and comment positively ▪ Watch/monitor A in interactions with other clients ▪ When using inappropriate language, remind A that it is inappropriate, encourage him to apologise 	Invade A's personal space Use offensive language when interacting with A. Laugh at jokes A makes or tell A jokes which have sexually abusive themes
Environmental strategies	<ul style="list-style-type: none"> ▪ Label private and public places with small signs ▪ Use appropriate language at all times ▪ Remind A of expected behaviour when going into a public space eg unit outing 	Allow access movies and magazines with "adult themes" and language warning

Group Work

All clients must attend 'unit meetings' which covers day-to-day issues and independent living skills

Is _____A_____ attending groups to address offending behaviour? Yes

If yes, what groups are X attending? _____Challenging Offending group run by Health Services_____

Individual Work

Is X participating in individual sessions? Yes. If yes, who is X seeing and for what?

A has fortnightly sessions with N.E.One, psychologist from Health Services to address abusive behaviour and victim issues

Reactive strategies

Reactive strategies are designed to de-escalate a potentially serious episode of inappropriate behaviours when the warning signs are apparent, or to manage a serious episode when it occurs.

When X is beginning to escalate staff should take these steps:

Information for this section can be gathered through ABC charts and thinking reports.

Least restrictive	
Identify warning signs/triggers	Action to take
<ul style="list-style-type: none"> ▪ Appears excited, laughing, loud, not sitting still for long 	<ul style="list-style-type: none"> ▪ Encourage A to calm down ▪ Quietly suggest he do some of the calming activities he has discussed with Health worker
<ul style="list-style-type: none"> ▪ Begins invading others' space ▪ Starts abusing others 	<ul style="list-style-type: none"> ▪ Explain that behaviours not acceptable and encourage him to move to a quieter space to manage his arousal ▪ Offer opportunity to have one to one quiet discussion time with a worker



Most restrictive

If the behaviour continues to escalate, below are the steps to take

	Least restrictive
	Action to take
<ul style="list-style-type: none"> Continues to verbally abuse others and invade space 	<ul style="list-style-type: none"> Warn. Continue to tell A that behaviour is inappropriate. State that continued behaviour will result in him being removed from others in the unit.
	<ul style="list-style-type: none"> Remove A from the public areas of the unit and into room B. Continue to observe until abusive language ceases, he appears calm and less aroused.
	Most restrictive



Additional comments:

Client Key worker Health staff Unit Coordinator