

Harmful Sexual Behaviour

'Out beyond ideas of wrongdoing and rightdoing,
there is a field. I'll meet you there'.

Rumi 1207-1273

Therapeutic Services for Young People with Complex Needs and Harmful Sexual Behaviour: Breaking the Cycle of Sexual Harm.

Tiptoes CTS develops partnerships with services that shared the belief that the cycle of sexual harm would have a greater chance of being broken if the holistic needs of young people who sexually harmed were met in a consistent manner that addressed their Harmful Sexual Behaviour (HSB), whilst also addressing the deficits in their own early care experience and impact of their own trauma history.

In order to face and address their Harmful Sexual Behaviours, these young people require stability, containment, clear boundaries and services that model best practice. Hence, we developed a Triad of care that provides a coherent approach to the delivery of care.

The Triad of Care

Because the young people may present different facets of themselves in different settings (dissociative parts), Working Together as a coherent team is demonstrated in our communication, understanding of roles and commitment to reducing conflicting messages. The three key components of the care triad are the home setting or residential provision, who retain a non-judgmental stance, use relationship building and observational skills to identify examples of both safe and unsafe behaviours and model appropriate responses. The educative component who use bespoke and creative methods to engage students and maximize their learning potential and the therapeutic input who provide the external balance to the services provided by the service partners. These are integrated elements that meet regularly to plan, review and evaluate the young people's care packages.

Risk Management and Safeguarding

The first principle of therapy is no therapy unless the young person is safe from harm. In the instance of young people with HSB's that harm is always two-fold and is measured in their risk to others, which also represents a dual risk to their own well-being. Tiptoes works closely with the care provision of the service partners to ensure that the Risk Management plans reflect accurately each individual's needs, but allows and enables the young people to demonstrate the levels of control they develop over their Harmful Sexual Behaviour.

Containment

"You are mistaken if you think we have to lower ourselves to communicate with children. On the contrary, we have to reach up to their feelings, stretch, stand on our tiptoes."

Janusz Korczak 1925



Young People with HSB also have needs to feel safe and secure. Indeed, often those behaviours are indicators of a lack of safety, guidance and nurture.

The containing environment is a coherent theme that stems from a therapeutic principle but has been developed with our service partners to be a consistent premise that stems from the therapeutic space, but is replicated in both the residential and educative environments

Containment is the use of routines and boundaries to build the sense of safety and security often absent from their family environments. The notion is to build non-judgmental and non-punitive environment that encourages relief and minimizes the contra-indicatory impact of shame.

Assessment and Psychodynamic Formulation.

Assessments include a complete trawl of the case files of all involved agencies, interviews with key family members and professionals where practicable to build a comprehensive understanding of the families functioning and includes relevant screening and psychometric tests. This 16-week assessment is concluded with a full report that is translated into a Psychodynamic Formulation that will guide not just the therapy but the care package to be delivered to the young person.

A Therapy Service Provided by experienced, dual qualified and registered therapists.

Our service is unusual in that the clinicians are both experienced and qualified therapists as well as being registered social workers or dual qualified. The range of therapies on offer enables the young people to have tailor made developmentally coherent interventions that treats them as unique individuals with differing strengths and needs. CBT models, risk management and relapse prevention models are all incorporated into the recovery work, but the over-riding emphasis is humanistic in nature. You cannot have empathy for others until you have empathy for the self.

Pre-Trial Therapy

Our humanistic and largely Non-directive model Is inimitably safe as a therapy during criminal or family proceedings as it is unlikely to impact on either evidence given by the young person against others or evidence against them.

A Traumagenics and Attachment Model

The impact of Neglect, skewed attachments and trauma in a young person's early development can impact on their ability to process information and commit to memory. Therefore, if the therapeutic intervention ignores this fact any remedial work that focuses on harmful behaviours will take longer to affect change, if change at all. In addition, the young person will lack the ability to manage their risk or even understand how they came to place themselves in situations where they increased their risk. Our service focuses on the emotional, neurological and trauma-based blocks first, only then do we start to focus on the Harmful Sexual Behaviours. This does not mean the behaviours are ignored, but it does mean they are addressed in the knowledge of the current limitations of the young person's current situation. We use a range of therapies including Sensorimotor

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psychotherapy, IFS, NDPT, Directive Play Therapy and EMDR to facilitate this change.

We incorporate the AIM intervention Models, Good Lives Model, the Change for Good Model and Psycho-education to ensure all areas are covered.

A Programme of intervention is introduced at the point the young person's trauma defences have been managed. The intervention is designed to limit shame, build on strengths, personal autonomy and self-belief whilst addressing their own harmful impact on others. The key areas from current models are adapted to make sense to each individual. Progress is monitored and shared with the school and residential teams to ensure that change, regression or stuckness can be monitored in all three facets of the service provision.

