

**Setlementti
Tampere**

Väkivalta- ja kriisityö

Working with young people in the community. Development of problematic or harmful sexual behaviour

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NATIONAL HEALTH PROMOTION CONFERENCE 2021

“Sexual health – about borders and without borders”

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Välitä! Sexual violence services

- A third sector organisation funded with revenue from Veikkaus
- Crisis intervention and support groups for victims and perpetrators
- Provides individual, group and chat support
- Low-threshold services where the customer can remain anonymous
- Works with victims, perpetrators, and families
- Close networking with the public sector and other organisations

- The Council of Europe's Convention on the protection of children against sexual exploitation and sexual abuse
- The Convention requires that persons in fear of committing a sexual offence against a child must have appropriate access to effective preventive intervention programmes or measures designed to assess and prevent the risk of offending.

Lanzarote Convention (88/2011)

Definitions

- In the World Health Organisation's ICD-10 disease classification, paedophilia is defined as a sexual tendency in which a person's sexual thoughts, ideas, and desires are directed mainly towards children who are significantly younger than themselves, under the age of puberty.
- Seto (2012) has argued that instead of sexual dysfunction or paraphilia, paedophilia should be seen as a sexual orientation with regard to the age of the object of interest, not the gender.
- Many researchers see sexual preference towards children as a lifelong trait that becomes conscious already in adolescence.
- Treatment does not focus on eliminating the interest, but on managing self-regulation methods and living with the preference.

(Seto, 2012; Cantor & McPhail 2016, 122; Nurminen & Taivaloja 2020, 127.)

UNDERLYING FACTORS IN PERPETRATORS OF SEXUAL VIOLENCE CAN INCLUDE:

Challenges in social skills and interaction with people of their own age

Impulse control challenges, violence as a solution

Pursuing aspects of control, capability and connectedness by abusive means

Attachment problems or educational damage

Often experiences of bullying in adolescence/childhood

UNDERLYING FACTORS IN PERPETRATORS OF SEXUAL VIOLENCE CAN INCLUDE:

Sex or porn addiction, internet addiction

Neuropsychiatric disorders, autism spectrum

In young people, the lack of a relationship, or an experience of their own sexual inexperience is highlighted

Close religious society

Thought distortions

Level of cognition may be reduced

Substance abuse

PEOPLE WORRIED
ABOUT THEIR
SEXUAL
BEHAVIOUR BUT
WHO HAVE NOT
COMMITTED ANY
ACTS

Same elements as
with those who have
used violence

Important to
observe whether
they have obsessive-
compulsive
symptoms or
fantasies

Motivated to work
with their issues

Fewer factors impairing
impulse control when
compared to
perpetrators, such as
substance abuse and the
level of cognition

Often younger than
perpetrators

Actively reflecting
on their own
sexuality

UNDERLYING
FACTORS IN
INTEREST
TOWARDS
CHILDREN CAN
INCLUDE:

Lack of sexual skills, blurred boundaries

Feelings of alienation, isolation

Childhood abuse not a visible underlying factor

Attachment problems

Challenges in self-esteem

Difficulties in identification with peers

Over-sexualised atmosphere in the family

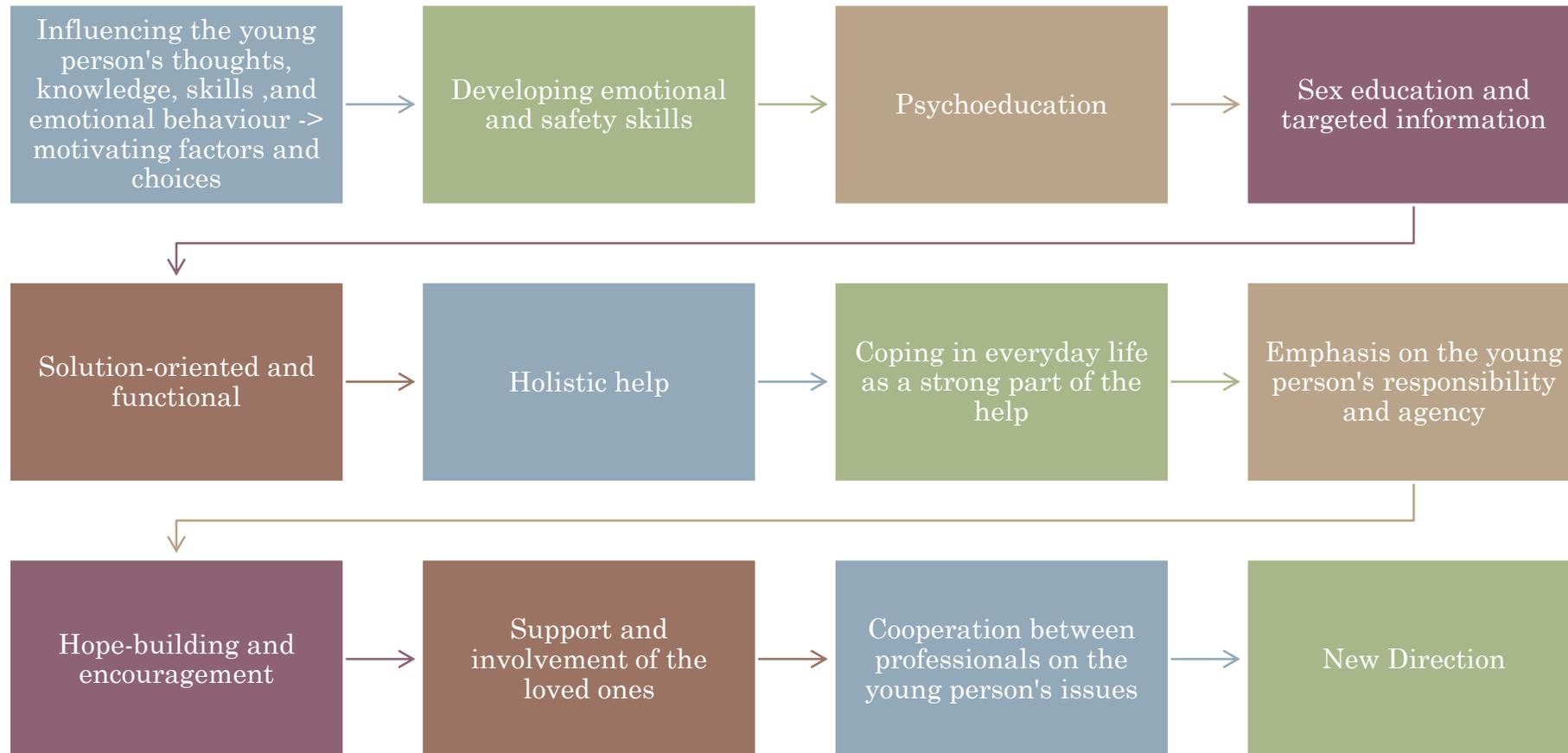
Strong experience of stigma

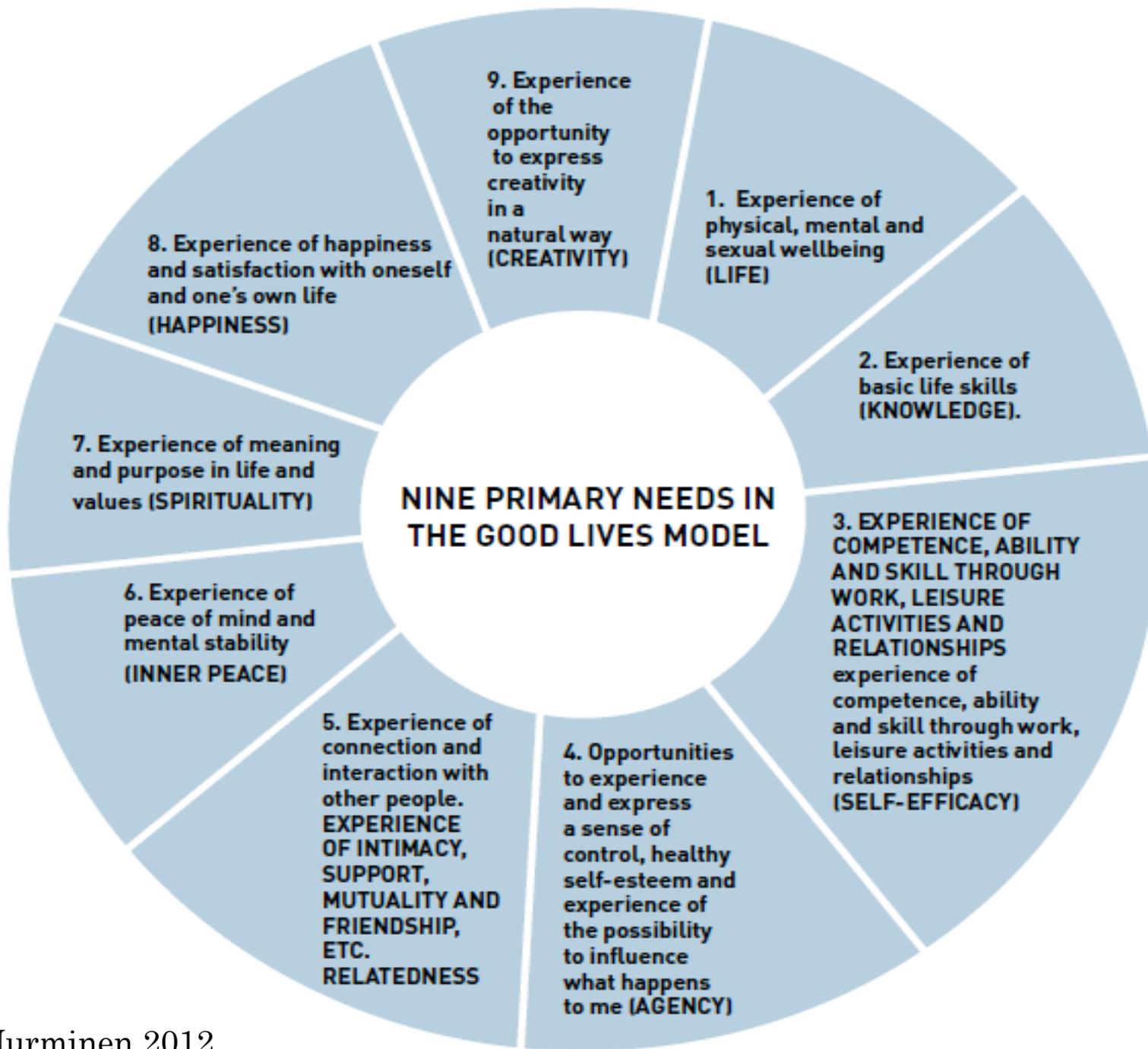
Exposure to non-age-appropriate sexual material

Client meetings and motivational work

- Assessment period: 1 to 3 months
- Identification of needs, motivation and life history, risk mapping
- Intervention period: 3 to 6 months
- Meetings: 60 to 90 minutes
- Goals are set together with the client and adapted as the process progresses
- For young people, people close to them may be involved in the process
- Finally, evaluation and feedback collection, follow-up
- Confidence building and strengthening practices / engaging
- Importance of the helper's actions and behaviour
- Being heard and encountered
- A non-judgemental and non-stigmatising atmosphere
- The courage to be oneself with young people
- Genuine interest in all aspects of the young person's life
- FIT assessment at every meeting

Working methods





What can we do?

- Integrate care pathways into the public social and health care service system
- Reduce stigma by talking about it
- Educate professionals to better encounter the target group
- Encounter these people as human beings and create hope

Aitäh!
Thank you!

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Sources

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World Health Organisation, ICD-10
<https://icd.who.int/browse10/2010/en#/F65.4>

Feedback Informed Treatment

- More information <https://www.fit-outcomes.com/>

NEW DIRECTION -Personal Rehabilitation Programme ®

- The programme is divided into three parts over 16 sessions
- Part A: “What happened – talking about the act” includes three sessions
- The first part of the programme begins with a more general discussion of the client's goals and the impact of the sexual offence conviction on their life and future plans. The first part contains discussion of the act from the perspectives of the perpetrator, the victim and society / justice system
- Part B: “Why did the act happen” includes five sessions
- In the second part of the programme, the client's life is discussed using the “My Life” form. In addition, the act is discussed using the so-called Finkelhor model
- Part C: "What will it take to stop the act from happening again, i.e. the pursuit of a meaningful life" includes eight sessions
- The third part of the programme focuses on the client's wishes and goals for their "Meaningful Life"
- Sessions can be held once or twice a week
- Developed by psychologist Nina Nurminen, CRIMINAL SANCTIONS AGENCY