

Solutions for the Sexually Abusive Adolescent

Developmental Issues, Risk Assessment and Interventions

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Most of the treatment language we use has a history in our field that dates back easily to the 1970's when most sexual abuse/offender work was with *Adults*.

Terms like '*Sex Offender*', '*Perpetrator*', '*Victim*', etc were the standard back then and have carried forward and developed over time. Then and now, for adult sex offenders, we got into slang, legal terms, etc. (i.e., predator, perpetrator, pervert) ...and with victims politically correct terms (i.e., survivor)

Often with sex abusers, these terms become 'emotionally explosive' snapshots built on national serious sex cases as we have had over the years...these cases (rape, murders, abductions, etc) account for less than 1/2 of 1% of all sex crimes.

... And all this has trickled down to youth and juveniles. *From Robert E. Longo (ATSA Listserv 8/12/05)*

"If the only Tool you have is a Hammer...

....you tend to see every Problem as a Nail"

A. Maslow

***“The behavior expected actually came to pass...
...because the expecter expected it”***

(Rosenthal, 2002, p. 847).

“If you teach a dog to be mean...

....don't be surprised if it learns the lesson and bites someone.”

PRESENTATION OBJECTIVES...

- 1) To review current research and issues related to adolescent brain development
- 2) To review current risk assessment measures and treatment guidelines
- 3) To examine research regarding juvenile sex offender recidivism rates and issues
- 4) To learn effective treatment and supervision options that will ensure community safety



Children



Families





HOPE

How might you react to the following scenarios...

- ☐ My Daughter was caught shoplifting at the mall.
- ☐ My Son came home drunk last night.
- ☐ My Daughter was caught with marijuana in her backpack.
- ☐ My Son was suspended from school *again* for fighting.

Or...

- ☐ My Daughter molested my Infant Son while she was babysitting.
- ☐ My teenage Son raped a girl at a party.
- ☐ My 16 year old Son had sex with a 13 year old girl.

LIMBIC SYSTEM REACTIONS

The Limbic System is responsible for our emotions and motivations... such as...

Hunger...

Thirst...

Anxiety...

Fear...

LIMBIC SYSTEM REACTIONS...



The Limbic System of the brain responds to extreme **STRESS** or **TRAUMA**

Chemicals are released that prepare the body for **FIGHT** or **FLIGHT**

Negative interpretation of experiences lead to **IRRATIONAL** and **PANICKED REACTIONS**

Limbic system reactions include...

- **“Black & White”** thinking
- **“Either/Or”** thinking
- **“Us versus Them”** mentality
- **“Fight, Flight, and Freeze”** decision-making



“CAPTURING THE FRIEDMAN’S”

Plot Outline: Documentary on the ‘Friedmans’, a seemingly typical, upper-middleclass Long Island, NY family whose world is instantly transformed when the father and his youngest son are arrested, charged & convicted of multiple sexual abuse crimes. The story begins in the late 1987’s, when Arnold Friedman, a teacher and father of three, is arrested for the possession of child pornography. After Friedman confesses to being a pedophile, students from a computer course he taught in his basement begin alleging that Arnold, along with his son, Jesse, turned the classes into orgies of child molestation and rape.

- Arnold Friedman...Father
- Elaine Friedman...Mother
- David Friedman...Eldest Son
- Seth Friedman...Middle Son
- Jesse Friedman...Youngest Son
- Frances Galasso...Ret. Director, Sex Crimes Unit
- Joseph Onorato...Assistant District Attorney
- Abbey Boklan... Judge
- Debbie Nathan...Investigative Journalist
- Jerry Bernstein...Arnold Friedman’s Attorney

MYTHS VS. TRUTHS???

1. *Most juvenile sex offenders will become adult sex offenders.*
2. *Juvenile sex offenders are the same as adult sex offenders.*
3. *Most juvenile sex offenders have highly dysfunctional families.*
4. *Females don’t sexually offend.*
5. *Most kids who commit these crimes were probably victims of abuse themselves.*
6. *The only way to stop the juvenile sex offender from doing further abuse is to lock them up in a secure facility.*
7. *Most juvenile sex offenders need long-term, intensive in-patient therapy.*
8. *Most juvenile sex offenders have serious psychological disorders.*



What We DO Know...



There is considerable research emerging in the field that emphasizes the unique biopsychosocial developmental issues present during adolescence

Laurence Steinberg & Elizabeth S. Scott
"Less Guilty by Reason of Adolescence:
Developmental Immaturity, Diminished
Responsibility and the Juvenile Death
Penalty".
American Psychologist
December 2003
pages 1009-1018

Adolescent levels of cognitive and psychosocial development are likely to shape their choices... In ways that distinguish them from adults that may undermine their competent decision-making.

***ADOLESCENT JUDGEMENT
ISSUE #1***

**Susceptibility to PEER
INFLUENCES**

***ADOLESCENT JUDGEMENT
ISSUE #2***

**Attitudes toward the
PERCEPTION OF RISK**

***ADOLESCENT JUDGEMENT
ISSUE #3***

**FUTURE
ORIENTATION**

***ADOLESCENT JUDGEMENT
ISSUE #4***

**The Capacity for
SELF-MANAGEMENT**

**Since Adolescents are
still in the process of
identity formation
their criminal
behavior is less like
that of an adult to
reflect bad character.**

TEXAS LAW

AGGRAVATED SEXUAL ASSAULT (Texas Penal Code Sec. 22.021)

- Threat of serious bodily injury; a weapon is used
- The victim was 13 years of age or younger
- Sex with someone on Rohypnol or GHB (date rape drug)

SEXUAL ASSAULT (Texas Penal Code Sec. 22.011)

- A person is forced into submitting to sexual or deviate sexual intercourse.
- Juveniles (people under 17 years of age) CANNOT give consent to have any type of sexual relationship.

INDECENCY WITH A CHILD (Texas Penal Code Sec 21.11)

- Intentionally/knowingly have physical contact (over/under clothes) with breasts, anus, or genitals of a child for sexual gratification.
- Intentionally/knowingly exposes their genitals or anus to a child

SIMPLE ASSAULT (Texas Penal Code Sec 22.01)

- Physical contact that causes pain, or greater injury
- The threat of bodily injury
- Physical contact that the victim feels is offensive or provocative

Defining Our Terms...

Juvenile Sex Offender (JSO or ASO)

- A legal term adopted from the Adult Criminal code.
- Describes what a youth has done, not what he/she is.

Children with Sexual Behavior Problems

- Children who exploit/coerce/force children 2+ years younger
- Children who find sexual gratification in the abuse situation

Pedophile

- Persistent, recurrent sexual interest(s) in children
- A diagnosable disorder (at 18 years or older)
- May have molested because of ongoing sexual urges

Rule and Regulations Relating to the Council on Sex Offender Treatment 2005

A Sex Offender is a person who:

- A. Is or has been **convicted or adjudicated** of a sex crime under the laws of the State or under Federal law, including a conviction of a sex crime under the uniform code of military justice
- B. Is or has been awarded **deferred adjudication** for a sex crime under the laws of a state or under Federal law
- C. Is or has been convicted or adjudicated or received deferred adjudication for a sexually motivated offense which involved the **intent to arouse or gratify the sexual desire** of any person immediately before, during, or immediately after an offense.

Juvenile vs. Adult Sex Offenders

- ❑ Psychopathy and deviant arousal are less common among juveniles
- ❑ Social competency, environmental, esteem difficulties appear more significant for juveniles
- ❑ Juveniles are more amenable to treatment
- ❑ Paraphilias are not as prevalent with juveniles as they are with adults
- ❑ Recidivism rates were 5.2% for juveniles who were treated for sexual abuse in a specialized community-based treatment program (Worling, 1999)

SUB-CATEGORIES OF YOUTHFUL SEXUAL OFFENDERS

Juveniles who sexually offend against peers or adults

- Generally victimize females
- Most victims are strangers
- More antisocial in nature
- More likely to involve alcohol or drugs
- More likely to use force, violence, or weapons

Juveniles who sexually offend against children

- Generally victimize males
- Intra-familial victims more common
- More manipulative and opportunistic
- Less antisocial
- Less emotionally indifferent
- Psychosocial deficits more common

WHY THEY SEXUALLY OFFEND

“Youthful Offenders act because they fit into 1 of 4 categories”

1. Children or teenagers who are **sexually experimenting**
2. They have a **mental/medical condition**
3. They are **opportunists who lack feelings for others**
4. They have an **ongoing sexual interest in children**

(Abel and Harlow, 2001)

What Works???



H.B. NO. 2036

LICENSED SEX OFFENDER TREATMENT PROVIDERS (LSOTP)

Effective September 1, 2005, The Texas Health and Safety Code, Chapter 110 of the Occupations Code, Subchapter G, Section 110.301 was amended to read:

- (a) A person may not provide a rehabilitative service or act as a LSOTP unless the person is licensed under this chapter.
- (b) A person may not claim to be a LSOTP or use the title "LSOTP" or a similar title or an abbreviation that implies the person is a LSOTP unless the person is licensed under this chapter.

TEXAS Attorney General Opinion No. GA-0423 **Re: Whether a physician, psychiatrist, licensed professional counselor, licensed marriage and family therapist, or social worker must be licensed by the Council on Sex Offender Treatment to provide rehabilitation services or act as a sex offender treatment provider (RQ-0405-GA-April 18, 2006)**

*A person who does not have a license under chapter 110 and who provides a rehabilitation service or acts as a sex offender treatment provider may be liable criminally. See *id.* § 110.401 (providing that violations of section 110.301 are a Class A misdemeanor).*

...For further guidance concerning the implementation of chapter 110, you should keep apprised of any rules as they are promulgated by the Council.²²

As LSOTPs, we are ethically bound to serve our clients

THE COMMUNITY

Risk is always considered a priority

THE OFFENDED

The victim's safety and support are assessed

THE OFFENDERS

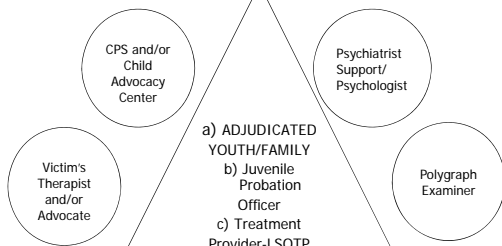
Age appropriate interventions are used

Treatment Standards and Philosophies
According to: CSOT and ATSA



- Juveniles are *different* than ADULTS
- Juveniles who offend are first and foremost **Juveniles...Adolescents...Teenagers**
- Juveniles with Sexual Behavior problems are **Not Destined** to become adult sex offenders

CONTAINMENT MODEL



"The communication, cooperation, coordination, and exchange of information between district attorneys, judges, community supervision officers, parole officers, juvenile probation officers, juvenile detention officers, institutional staff, correctional officers, case managers, child protective services workers, mental health case workers, law enforcement, polygraph examiners, victim's therapists, victim advocates, treatment providers, school officials, family members, guardians, or custodians, and other support persons to enhance community protection." (Adopted Rules HB 2036, Chapter 110, 810.2.(b)(8).

Treatment Team Members

"Best Practice Standard"

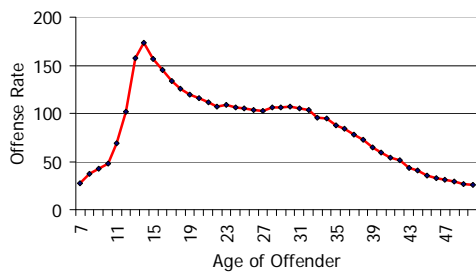
- Treatment Providers
- Probation Officers
- Advocacy Center Liaisons
- Psychologists
- Polygraphers
- Assistant DAs (when needed)
- Judges (when needed)
- Victim Therapists (when needed)
- CPS workers (when needed)

Assessing for RISK and NEED

Three BASIC Approaches...

- ▣ **Clinical prediction**—based upon clinical impressions, psychological testing, psychosocial assessment, etc. The accuracy of this approach is notoriously poor—**often little better than chance**. Clinicians conducting JSO assessments have been found to grossly over-predict risk. Sadly, this is the most commonly used approach in the practice community.
- ▣ **Actuarial prediction**—based upon empirical risk factors and using statistical methods. The accuracy of this approach is generally far better, however, **we currently do not have any valid juvenile actuarial risk assessment systems, although there are works in progress**
- ▣ **Empirically informed clinical prediction**—emphasizes actuarial logic and established risk factor checklists. Minimizes use of psychological testing or subjective impression. **Currently the best option!!!**

Basics of Risk and Prognosis



Early adolescence is a high-risk, and to some extent transitory, developmental period for committing sex crimes.

EVALUATING A RISK ASSESSMENT

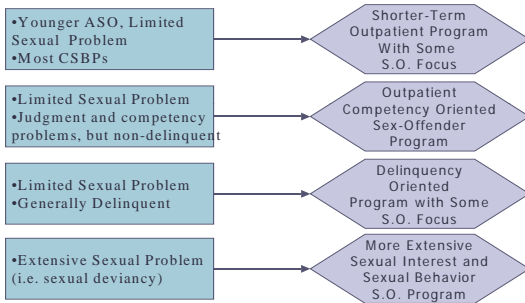
Signs of a good evaluation...

- Estimates are based on a system; i.e., JSOAP, ERASOR, YLSI)
- Developmentally sensitive interview techniques are used
- Both clinical interview information and empirically based data are used

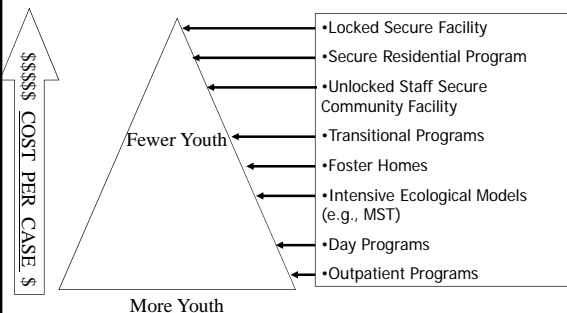
Signs of a poor evaluation...

- Estimates are based on techniques with virtually no validity for any juvenile forensic purpose (e.g., interpretation of figure drawings, inkblots, etc.)
- Evaluations that have no data to support level of risk

Linking Driving Factors to General Treatment Types—How Much Sexual Offense Focus?



Triage—levels of care

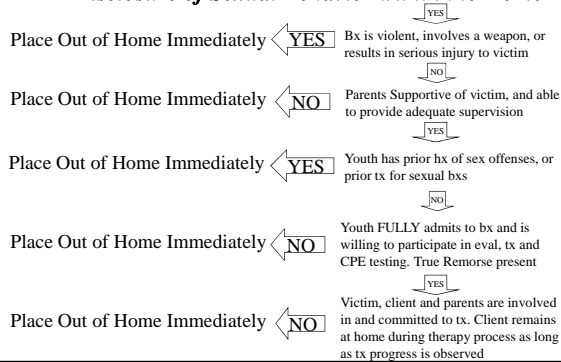


Community Based vs. Residential Treatment

- Professional consensus supports community based treatment for most JSOs
- Evaluate possible risks in comparison to benefits prior to placement.
- There are risks to placement
 - Aggregating delinquent youth is positively correlated to future illegal behaviors
 - Some youth increase isolation and victim stance positions, which increases risk for re-offense once released.
 - Youth are not guaranteed sex offender specific treatment if sentenced to TYC
 - There are limited funds to support residential treatment for JSOs

Placement Decisions with Sexually Aggressive Youth
A Decision Process Flow Chart (Kahn, 2002)

Disclosure of Sexual Behavior within the Home



NECESSARY FOR SUCCESS

The Interface Between the Criminal Justice System and Treatment Providers



Court Systems & Treatment Providers

Why is it necessary to have court system involvement for effective treatment?

- Makes an official record—critical for later risk assessment
- Accountability may promote competency development
- In many states, the juvenile justice system is where the services are
- Juvenile justice system supervision and structure
- Authority to intervene or administer consequences

Court Systems & Treatment Providers

Why is it important to have a qualified treatment provider?

- A Licensed Sex Offender Treatment Provider (LSOTP) has specialized training with this population. They are held accountable by a professional licensing board and are required to maintain relevant/current knowledge about research and practice (check membership in relevant professional organizations - ATSA, NAPN)
- They will address both sexual issues and general behavior and not focus on one to the exclusion of the other
- They will involve parents and others from the youth's social ecology in the program
- They will not put JSO's in an adult program or use an adult ("incurable sex offender for life") model.

Court Systems & Treatment Providers

What information can the court system expect from providers?

- Acceptability for community treatment (based on risk, need and resources)
- Open confidentiality arrangement
- Reports of program attendance, participation, progress toward completion, progress on goal
- Timeline for completion of services

Court Systems & Treatment Providers

What information do treatment providers need from the courts?

- Offense History
- Police Reports
- Victim Impact Statements
- Prior Psychological/ Psychiatric Evaluations
- CPS Reports
- School History/records
- Previous Treatment History
- Court Orders

Potential complications...

- Confused roles and responsibilities of different treatment team members
- Opposing or unresolved differences among the treatment team members
- Inconsistent or minimal communication between treatment team members

The Ultimate Treatment Goal

**NO MORE
VICTIMS**

Comprehensive Community- Based
Treatment Programs
Tenets to Success

SAFETY is a priority
Thorough ASSESSMENTS are required
PHASES of treatment are recommended
INDIVIDUALIZED treatment plans are used
SUPERVISORS SPECIALIZE in SO dynamics
FAMILY treatment is incorporated
ADJUNCT services are utilized

Phases of Treatment
(The 5 "I"s of treatment)

*INTRODUCTION
INSTRUCTION
INTERVENTION
IMPLEMENTATION
INTEGRATION*



TREATMENT COMPONENTS FOR POSITIVE CHANGE

CLINICAL INTERVENTIONS

- Offense responsibility
- Involvement of parents & family members
- Offense Cycle
- High Risk Factors-Safety Planning
- Value Clarification
- Correcting Cognitive Distortions ("thinking errors")
- Trauma resolution...if indicated
- Impulse control for sexual and aggressive urges
- Medication management
- Empathy enhancement
- Risk management skills
- Reunification if needed or applicable

Treatment Components for Positive Change

**SOCIAL SKILLS
INTERVENTIONS**

- Positive self-esteem
- Education on Healthy Sexuality
- Impulse control for sexual and aggressive urges
- Assertiveness Skills
- Conflict Resolution
- Positive extra-curricular involvement



Ending on a Note of HOPE...

✓ Although available data DO NOT suggest that the majority of youth who sexually offend are destined to become adult sex offenders, legal and mental health intervention is believed, by professionals, to be important in stopping a continuation of such behavior. The most effective intervention is believed to consist of a combination of Legal Sanctions, Monitoring, and Specialized Clinical Programming.

SUMMARY...

- Juvenile sex offenders **are not the same** as adult sex offenders
- **Treatment Team** approaches are effective
- **“One size fits all”** approach is limiting
- **Safety First** and **Best Interests** of all need to be considered

Information

- ☑ Materials available on the National Center on the Sexual Behavior of Youth Web Site
 - Triage and placement guidelines
 - Risk assessment guidelines
 - Registration and notification guidelines
 - Training curriculum
 - Treatment curriculum
 - www.ncsby.org

Helpful Resources...



Center for Sex Offender Management

8403 Colesville Road Suite 720
Silver Spring, MD 20910
Phone: (301) 589-9383
Fax: (301) 589-3505
Email: askcsom@csom.org
Internet: www.csom.org

Helpful Resources...



National Adolescent Perpetration Network (NAPN)

Kempe Center
1825 Marion Street
Denver, CO 80218
www.kempe.org/about.contact.html

Helpful Resources...



**Association for the Treatment
of Sexual Abusers**

4900 S.W. Griffith Drive, Suite 274
Beaverton, Oregon U.S.A. 97005
Phone: (503) 643-1023
Fax: (503) 643-5084
E-mail: atsa@atsa.com

Helpful Resources...



Stop It Now!
The Campaign to Prevent Child Sexual Abuse
351 Pleasant Street
Suite B319
Northampton, MA 01060
www.stopitnow.com

Helpful Resources...



Texas Council on Sex Offender Treatment
www.dshs.state.tx.us/csot

California Coalition on Sexual Offending
www.ccoso.org

Colorado Sex Offender Management Board
www.sor.state.co.us/default.htm

Helpful Resources...



National Center on Sexual Behavior of Youth (NCSBY)

www.ncsby.org/index.htm

Office of Juvenile Justice and Delinquency Prevention

▣ Juveniles Who Commit Sex Offenses Against Minors

▣ David Finkelhor, Richard Ormrod, and Mark Chaffin

www.ojjdp.ncjrs.org

Helpful Resources.



The Safer Society Foundation

PO Box 340

Brandon, VE 05733-0340

www.safersociety.org

Helpful Resources.



Sex, ETC.

A website by Teens for Teens

www.sexetc.org/index

Current Slang Words & Usage

www.urbandictionary.com

Helpful Resources.



Family Service Center
OASIS Program
2200 Market Street
Suite 600
Galveston, Texas 77550
409-938-4814

Helpful Resources....



Counseling Connections for Change, LLC
The C.O.U.R.A.G.E. Program
2225 CR 90, Ste 201-F
Pearland, Texas 77584
832-277-0384
