

**ADOLESCENTS WHO
SEXUALLY ABUSE**

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Welcome!

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- *Healthy lives,*
- *Safe communities*




FOCUS

- What does the research say?
 - Who they are
 - Who we are
 - What's up with assessment
 - What's up with treatment



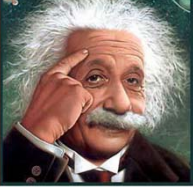
WHAT WORKS?

- Do we want them to re-offend or not?
- What can we do?
- Who should we be?
- Is that enough?



Get Involved In Prevention

BE A GENIUS!



Intellectuals solve problems; geniuses prevent them.
- Albert Einstein

THINK PREVENTION

Be prevention
You are prevention

We are all in the field of sexual abuse
prevention

WHAT'S OUR GOAL?

- Stopping the behavior?
- Justice for the victim?
- Preventing re-offense?



CHANGE

- Why?
- How?



OUR DESTINATION

- We can make our communities safer by building healthier lives for all



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FACTS

- People develop
- Average age of first offense is around 14
- People are more convinced by what they hear themselves say than by what others say to them
- Use developmental processes as your ally
 - Meet your client where they dream

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QUINSEY ET AL., 2004; MOFFITT, 1993

- 3 groups of delinquent adolescents:
 - Adolescence-limited
 - begins in adolescence; desists by adulthood
 - Early onset, life-course persistent with neuropathology:
 - pre/peri/post-natal problems, sometimes in combination with family and community adversity
 - Early onset, life-course persistent w/o neuropathology:
 - "...a discrete class of individuals, a taxon that is different in kind from other antisocial individuals..."



QUINSEY ET AL. (2004)

- Best predictors of juvenile delinquency among general youth, 6-11 (p. 91):
 - Prior offending
 - Substance use
 - Being male
 - Low socioeconomic status
 - Antisocial parent



QUINSEY ET AL. (2004)

- Best predictors of juvenile delinquency among general youth, 12-14 (p. 91):
 - Lack of strong prosocial ties
 - Antisocial peers
 - Prior delinquent offenses

- *"Theories to account for the patterns of these markers tend to focus on narrow domains. In the absence of a more general theory, the wealth of correlates... that are themselves intercorrelated is somewhat of an encumbrance rather than a benefit."*

THERE'S DEVELOPMENT...
And then there's developmental trauma

THE PROBLEM

- Smith, Goggin, & Gendreau, 2002
- Meta-analysis
- 117 studies since 1958
- 442,471 criminal offenders, including juveniles

No form of punishment reduced re-offense

Two other large-scale studies have since confirmed

A REAL PROBLEM

- *Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behavior.*
 - Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
 - Some indication of increased risk for low-risk criminals
 - www.ccoso.org



IT'S BEEN - WHAT - 35 YEARS SINCE THE FIRST JUVENILE PROGRAM?

WHAT HAVE WE LEARNED?

6 PRINCIPLES

1. Adolescents are not “little adults”
2. Most adolescents do not re-offend sexually
3. Assessment measures help, but are not stand-alone instruments
4. Resiliency and protective factors as well as risk factors
5. The right person-centered treatment makes a difference
6. The qualities of the professional can change outcomes

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**1. ADOLESCENTS ARE NOT
“LITTLE ADULTS”**

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LETOURNEAU & MINER, 2005



Three realities:


1. Opportunity to intervene
2. More in with other “juvenile delinquents” than adult sex offenders
3. Re-offense rates very different from adults

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**2. MOST ADOLESCENTS
DO NOT RE-OFFEND
SEXUALLY**


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REITZEL & CARBONELL, 2006



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REITZEL AND CARBONELL (2006)

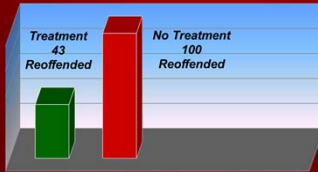


- Summarized 33 studies on sexual re-offense by adolescents
- Follow-up averaged four and a half years
- 9 studies contained a no treatment control group or a comparison treatment group
- Treated adolescents recidivated sexually at a lower rate (7.37%) than untreated adolescents (18.93%; Total N = 2986)

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REITZEL & CARBONELL (2006)

- Average weighted effect size of **0.43** ($N = 2986$, 9 studies, $CI = 0.33-0.55$)



IMPLICATIONS AND A CAUTION

- Treat the entire youth
- The right treatment approaches with the right client = positive impact.
- Our job is to create willing partners in change.



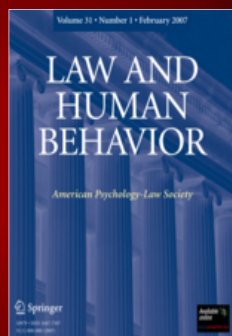
WORLING ET AL, 2010

- Followed 148 juveniles for 12-20 years
 - Prospective study
 - 16.22% sexual re-conviction rate (24 of 148)
 - More likely to commit other crimes
- *“Relative to the comparison group (n = 90), adolescents who participated in specialized treatment (n = 58) were significantly less likely to receive subsequent charges for sexual, nonsexual violent, and nonviolent crimes.”*



3. ASSESSMENT MEASURES HELP, BUT ARE NOT STAND-ALONE INSTRUMENTS

VILJOEN, MORDELL & BENETEU, 2012



VILJOEN ET AL (2012)

- Examined predictive validity of JSOAP—II, ERASOR, JSORRAT—II, and Static-99 with adolescents.
- AUC scores ranging from .64 to .67.
- Moderate to high variability across studies




4. RESILIENCY AND PROTECTIVE FACTORS AS WELL AS RISK FACTORS

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RISK:
SCHWARTZ, CAVANAGH, PRENTKY, & PIMENTAL, 2006;

PROTECTIVE:
BREMER, 2006;
BENSON, SCALES & ROEHLKEPARTAIN 2011,
GILGUN, 2006



PROTECTIVE FACTORS

- Supportive families
- Education
- Stability in one's daily life
- Adequate knowledge about human sexuality
- Having a confidante
- Ability to regulate emotions
- Opportunities to explore one's interests
- Hope
- Plans for the future



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RISK

- First offense
 - Impulsivity
 - Breaking other laws, a
 - History of sexual victimization
 - Witnessing domestic violence
 - Neglect
 - Psychological abuse
 - Physical abuse
 - Having antisocial caregivers
 - Attachment problems
- Subsequent
 - Self-management
 - Attitudes (?)
 - Interpersonal competence
 - Contextual factors, including peer groups and family environment
 - Abuse-related interests (subject to change without notice!)


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5. THE RIGHT PERSON-CENTERED TREATMENT MAKES A DIFFERENCE

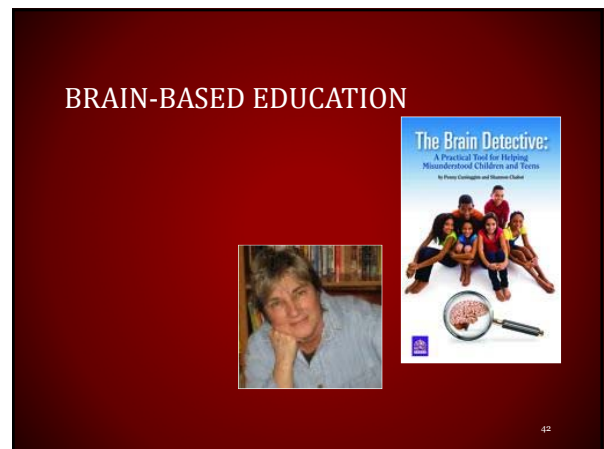
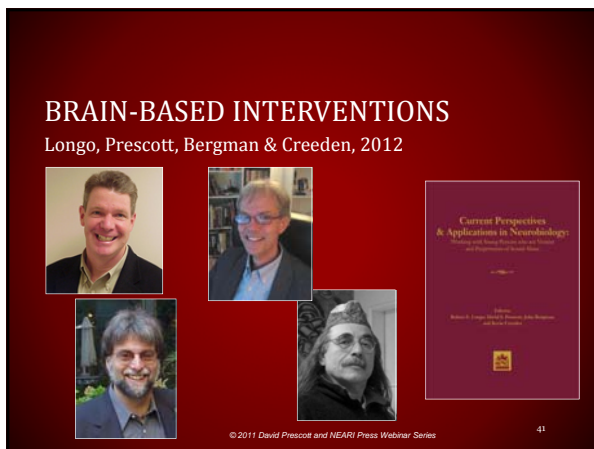
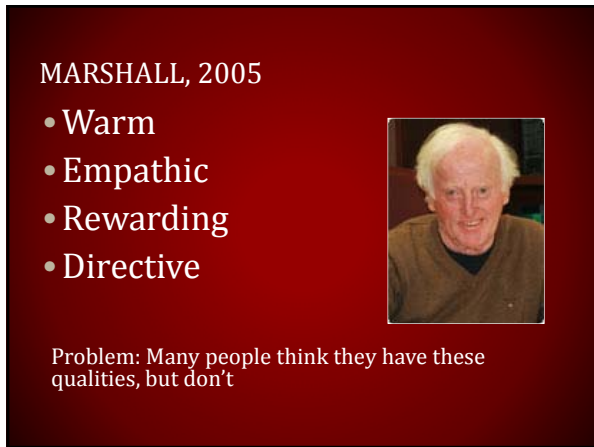
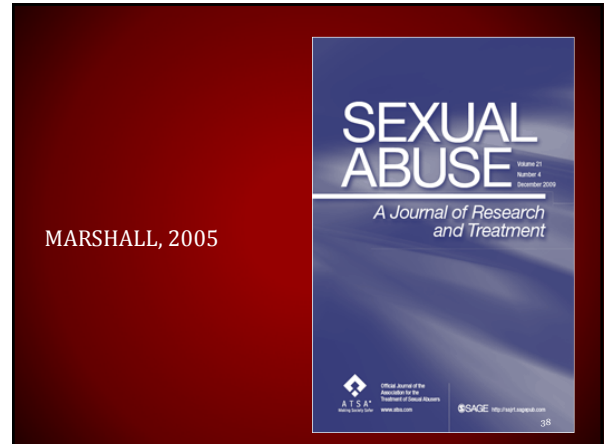
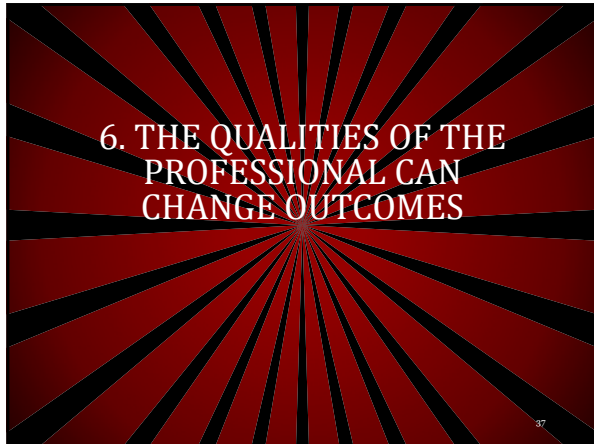
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CASE EXAMPLE

- "Chris"
- Serious sexual behavior problems
- Speech therapy
- Interpersonal competence



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TBI, TOXINS, ETC.



HOW DO PEOPLE CHANGE?

- Challenging "distorted cognitions"?
- Completing assignments?
- Following the manual?
- Through their experiences and discoveries?

- Or via a relationship experience where hope and possibility are renewed... or born.

EMPATHIC, ATTUNED INTERVENTIONS

- Unexpected
- Welcome
- Impactful

WHAT WE NEED

- Mindset
- Heartset
- Spirit
- Attitude
- Intention

COMPASSION



POLITICAL CLIMATE

Coercion
Shame
Blame
Threats
Punishment



WE CAN LEAVE NO ONE BEHIND



NEURO-RESEARCH REMINDS US:

- Compassion
- Respect
- Social justice for all, including our clients
- Prizing differences
- Human potential
- Collaboration

SUMMARY

- Many perspectives
- Keep learning
- Keep talking
- Share your experiences

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