

## CONTACT

**David Prescott, LICSW**  
 Clinical Services Development Director  
 Becket Family of Services

[VTPrescott@Earthlink.net](mailto:VTPrescott@Earthlink.net)  
[www.davidprescott.net](http://www.davidprescott.net)  
[www.becket.org](http://www.becket.org)

Maine, Vermont, New Hampshire, Massachusetts



## AGENDA

- Background
  - Development, development, development
- Seven key Points

## The Bottom Line

Most don't re-offend because they don't want to

- Maturity
- Stability
- Occupation
- Supports, bonds, intimacy
- Plans for future
- Everything to lose by doing it again

– Re-offense is underestimated, BUT

- Science versus science fiction



**Assaults Among Young People Fall to Lowest Rate in 15 Years**  
 — Declines among both sexes, across examined age ranges

by Molly Walker, Staff Writer, MedPage Today  
 February 08, 2018

The rate of non-fatal assault injuries dropped by more than a quarter among young people from 2011 to 2015, researchers found.

Rates of young people ages 10 to 24 treated for non-fatal assault injuries in emergency departments fell 27.5% from 2011 to 2015, with the 2015 rate the lowest in 15 years (753.2 per 100,000 in 2015 versus 1,039.7 in 2001), reported Corinne F. David-Ferdon, PhD, of the CDC, and colleagues.

Indeed, rates of non-fatal assault injuries were down among young men and young women, as well as among all examined age groups (ages 10-14, 15-19 and 20-24), the authors write in the CDC's *Morbidity and Mortality Weekly Report*.

## SEXUAL AGGSSION IN COLLEGE MEN

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- Abbey et al. (2001)
  - 343 college men
  - 33% reported having engaged in some form of sexual assault
  - 8% reported an act that met standard legal definitions of rape or attempted rape
- Koss, Gidycz, & Wisniewski (1987)
  - Found that 24.4% of college men reported “sexual aggression” since age 14
  - 7.8% admitted to acts that met standard legal definitions of rape or attempted rape

## SEXUAL AGGSSION IN COLLEGE MEN

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- Abbey & McAuslan (2004)
  - 14% reported that they had committed a sexual assault within a 1-year time interval
  - This is close to the rate presented in the only other study to our knowledge that examines sexual assault perpetration among adults longitudinally, which found a perpetration rate of 12.5% between the 1st and 2nd year of college (White & Smith, in press). These results further demonstrate the critical need for effective prevention programs for men in college.
- **Caution:** “sexual assault” not clearly defined

## WHAT WE FEAR

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## REALITY

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## BOTTOM LINE

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- Prevalence and incidence = it is big
- We need a public health perspective over and above psychological and criminological perspectives
- Victim-to-victimizer hypothesis = incomplete
  - Self-report requires behavioral description...
  - See Levenson, Willis & Prescott, 2015



## Developmental Aspects

### 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



### 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..."*



### TBI, TOXINS, ETC.

Headline: Group warns almost 500 food products contain chemicals found in yoga mats



### QUINSEY ET AL. (2004)

Best predictors of juvenile delinquency among general youth (ages 6-11)

- Prior offending
- Substance use
- Being male
- Low socioeconomic status
- Antisocial parent



### QUINSEY ET AL. (2004)

Best predictors of juvenile delinquency among general youth (ages 12-14)

- Lack of strong prosocial ties
- Antisocial peers
- Prior delinquent offenses

## 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](http://www.ccoso.org)

## What Do We Know?

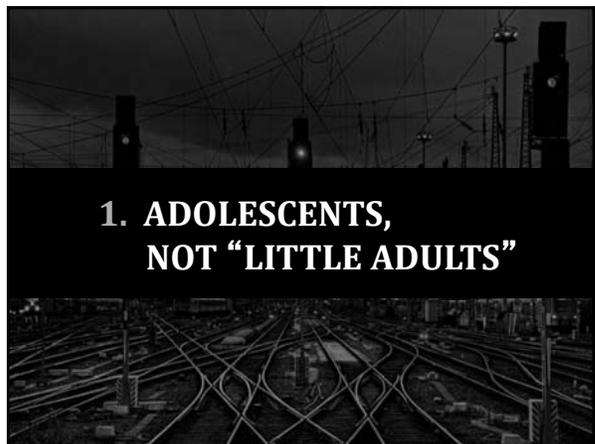
What Research Shows



## 7 PRINCIPLES

1. Adolescents, not “little adults”
2. Most do not re-offend sexually
3. Assessment measures help, but are not stand-alone instruments
4. Resiliency and protective factors/processes
5. Assess the program: Not all treatments are alike
6. Assess the provider: The qualities of the professional influences outcomes
7. Be informed by trauma

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



## 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



## SETO & LALUMÈRE, 2010

- Adolescent sexual offending not a simple manifestation of general antisocial tendencies.
- Compared with non-sex offenders, adolescents who abused had less extensive:
  - Criminal histories
  - Antisocial peers
  - Substance use problems



## SETO & LALUMÈRE, 2010

- Compared with non-sex offenders, adolescents who abused had more extensive:
  - Sexual abuse history
  - Exposure to sexual violence
  - Other abuse or neglect, social isolation
  - Early exposure to sex or pornography
  - Atypical sexual interests
  - Anxiety
  - Low self-esteem



## SETO & LALUMÈRE, 2010

### Not different between groups:

- Attitudes and beliefs about women or sexual offending
- Family communication problems or poor parent-child attachment
- Exposure to nonsexual violence
- Social incompetence
- Conventional sexual experience, and low intelligence



## SETO & LALUMÈRE, 2010

### Largest Group Differences:

- Atypical sexual interests
- Sexual abuse history
- Criminal history
- Antisocial associations
- Substance abuse



## IMPLICATIONS

- Letourneau & Miner (2005) observed that adolescents who sexually abuse have more in common with other delinquent teens than they do with adult sexual offenders  
... and this is correct
- There are still differences between populations of adolescents who sexually abuse and other teens who get in trouble with the law

## IMPORTANT!

- The findings of Seto & Lalumiere (2010) suggest that risk factors for **BOTH** general delinquency and sexual offending behavior contribute to juvenile sex offenses



## BOTTOM LINE

We need expertise in:

- Adolescent development
- Sexual development
- Sexual violence
- General criminality

## CARPENTIER, LECLERC, & PROULX (2011)

WHO PERSISTS?

WHO DESISTS?



## CARPENTIER ET AL. (2011)

- Examined correlates of onset, variety, and desistance of criminal behavior
- Confirmed that most of those who persist commit a variety of offenses and do not specialize



## CARPENTIER ET AL. (2011)

- Sex-only versus sex-plus aggressors
- Sex-only have lower rates of CD and fewer antisocial traits
  - Less likely to have experienced traumatic physical and sexual victimization
  - Less likely to have been placed in outside care
  - Half as likely to have consumed alcohol and drugs prior to age 12
  - In adolescence, had less drug/alcohol, aggression, delinquent peers, and consensual sex

## CARPENTIER ET AL. (2011)

- Persistence
- Desistance
  - Fewer antisocial traits
  - Less ADD
  - Less physical and sexual victimization
  - Less parental negligence
  - Fewer out-of-home placements
  - Fewer learning disabilities, behavior problems, and school failures
  - Fewest consensual sexual experiences

### CARPENTIER ET AL. (2011)

- Stable Highs (sexual or violent re-offense)
- De-escalators (re-offense, not sex or violence)
  - Less ADD
  - Less physical and sexual victimization
  - Less parental negligence
  - Fewer out-of-home placements
  - Less involvement with delinquent peers
  - Fewer officially recorded crimes

### CARPENTIER ET AL. (2011)

Adolescents who exhibited antisocial traits ran an almost threefold risk of committing both sexual and nonsexual offenses



### CARPENTIER ET AL. (2011)

“Adolescents with poor self-control tend to avoid situations of social control (supervision, discipline) and consequently tend to associate with peers who resemble them and who, like them, are likely to offend. These young people also tend to experience school difficulties (behavioral and learning difficulties), leading to school failure and dropping out of school in favor of less constraining environments.” (p. 867)

### CARPENTIER ET AL. (2011)

“The severity of the offenses committed by both these groups appears to be more influenced by childhood trauma than by variables related to adolescent development. However, only two variables related to childhood development (sexual victimization and long-term paternal absence) predicted membership in the stable high group rather than the de-escalator group.” (p. 868)

### CARPENTIER ET AL. (2011)

#### Implications

- Early intervention with trauma survivors
- We need to build resilience and protective factors to produce desisters
- Trauma treatment is vital
- Comprehensive assessments are key

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

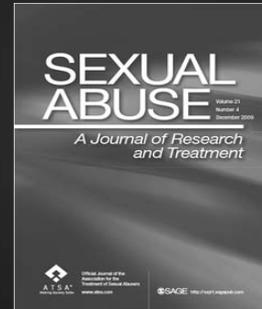


### CALDWELL (2016)

- Meta-Analysis
- Studies since 2000
- Recidivism = 2.75%
- Screened out SMI



### Reitzel & Carbonell (2006)



### REITZEL & CARBONELL (2006)

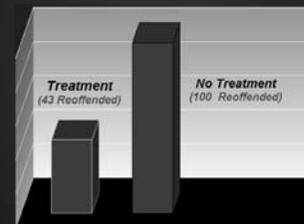
- Summarized 33 studies on sexual re-offense by adolescents
- Follow-up averaged 4.5 years
- 9 studies contained either a treatment control group or a comparison treatment group
- Treated adolescents recidivated sexually at a lower rate (7.37%) than untreated adolescents (18.93%; Total N = 2986)



### REITZEL & CARBONELL (2006)

Average weighted effect size of **0.43**

(N = 2986, 9 studies, CI = 0.33-0.55)



### 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.”

### CALDWELL (2010)

- Meta-analyzed 61 juvenile data sets
- 11,219 juveniles - weighted average 59.4 months
- Weighted mean sexual recidivism rate is 7.08%
- General recidivism 43.4%

“Studies that examine sexual recidivism during adolescence find monthly sexual recidivism rates that are more than 4 times higher than those found in studies that rely only on adult recidivism records. Neither the level of secured placement (community, residential, or secured custody) nor the use of arrest versus conviction as an outcome significantly influences sexual recidivism rates.”

## IMPLICATIONS

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



## WAIT A MINUTE!!!!

- Surely, these are underestimates?
- You can't really know what the true re-offense rates are?
- Don't they all do it again?

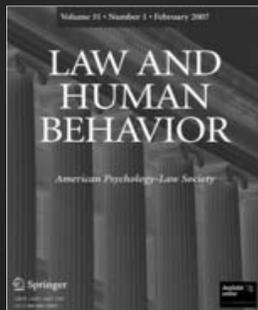


## Consider

- We can't base policy on what we don't know (think Salem witch trials)
- We can't base treatment on what we fear (think Tuskegee experiments)
- We should never stray far from the evidence (that's why we have evidence-based practices)
- Research finds that "clinical over-rides" make predictions worse

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

## VILJOEN ET AL. (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



## VILJOEN ET AL. (2008)

- Examined recidivism among 169 male YSA in residential programs
- Base rate 8.3% sexual recidivism
- Avg. time to recidivism was 100 months
- Neither JSORRAT-II nor SAVRY, nor J-SOAP—II predicted sexual recidivism (total scores)

## WORLING (2006)

Measurement of sexual arousal and interest among adolescent males who acknowledged having sexual abused:

1. A computerized analysis of how long the adolescent looks at each of a series of pictures of clothed people of both genders and varying ages
2. A self-report rating form for each of the same photographs
3. A simple graph in which the adolescents rated their sexual arousal for eight age categories, with one graph for each gender

## WORLING (2006)

- Similar patterns of responses to all three techniques
- The two self-report procedures distinguished those adolescents who abused children from those who abused peers or adults

## WORLING (2006)

- The computerized assessment was able to distinguish those who had abused male children, but no technique accurately identified adolescents who had abused female children exclusively
  - Earlier research into techniques such as the plethysmograph did not examine adolescents' experiences of the procedure itself
  - In this study, Worling found that the adolescents typically did not find any of the methods upsetting

## IMPLICATIONS

- Be the interviewer who kids can talk with
- Adolescents can be truthful
- Get back to the basics
- Ensure person-centered practice
- Assessment and treatment should address the person, not the behavior
- There is much we don't know about adolescent sexual interest and arousal

## 4. RESILIENCY AND PROTECTIVE FACTORS (& RISK FACTORS)

## RISK

Schwartz, Cavanagh, Prentky, & Pimental (2006)




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## 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




## DEFINED

- Factors associated with desistance/low probability of offending
- Factors that:
  - Enhance personal competencies
  - Ameliorate the effects of specific risks directly or by interacting with them
  - Serve a stabilizing or enhancing function

(Langton & Worling, 2015)

## TWO KINDS?

1. Factors on the other end of a continuum from risk (e.g., young versus older age; interpersonal competence versus isolation)
2. Factors with no corresponding risk (e.g., religiousness; sex education/knowledge)
  - Also known as “promotive factors”

## RISK FACTORS

<p><b>First Offense</b></p> <ul style="list-style-type: none"> <li>• Impulsivity</li> <li>• Breaking other laws</li> <li>• History of sexual victimization</li> <li>• Witnessing domestic violence</li> <li>• Neglect</li> <li>• Psychological abuse</li> <li>• Physical abuse</li> <li>• Having antisocial caregivers</li> <li>• Attachment problems</li> </ul>	<p><b>Subsequent</b></p> <ul style="list-style-type: none"> <li>• Self-management</li> <li>• Attitudes (?)</li> <li>• Interpersonal competence</li> <li>• Contextual factors, including peer groups and family environment</li> <li>• Abuse-related interests (subject to change without notice!)</li> </ul>
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## 5. THE RIGHT PERSON-CENTERED TREATMENT MAKES A DIFFERENCE

## CASE EXAMPLE

- “Chris”
- Serious sexual behavior problems
- Speech therapy
- Interpersonal competence
- Cognitive transformation, not risk reduction



## AROUSAL RECONDITIONING

McGrath, Cumming, & Burchard

- **Male Adolescent Residential:**  
56.4% of programs use 1+ behavioral techniques
- **Male Adolescent Outpatient:**  
49.4% of programs use one or more
- **Female Adolescent Residential:**  
48.5% of programs use one or more
- **Female Adolescent Outpatient:**  
37.2% of programs use one or more

## “SEXUAL DEVIANCE”

- Understand sexual arousal in the broader context of emotional and physiological development
- Understand the context of the harmful sexual behavior
- Understand the developmental history of the youth, including harmful behaviors, as well as experiences with trauma or other developmental disruptions
- Be careful with interventions targeting sexual deviance
- Remember that all adolescents are sexual beings

## WHAT IS MISSING?

Little, if any, research basis for...

- Remorse/Shame/Guilt
- Empathy
- Psychological Maladjustment
- Denial
- Clinical presentation
- In youth: Uncertain sexual arousal

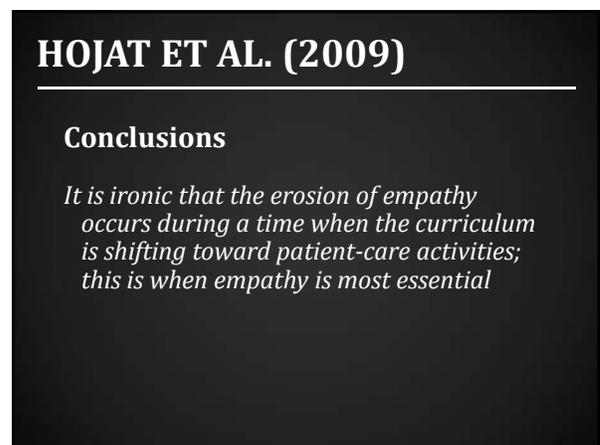
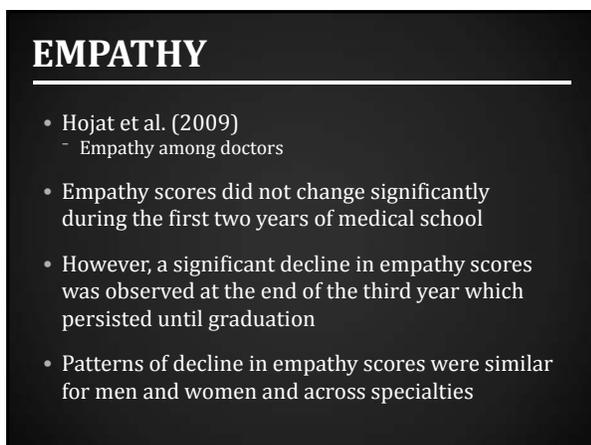
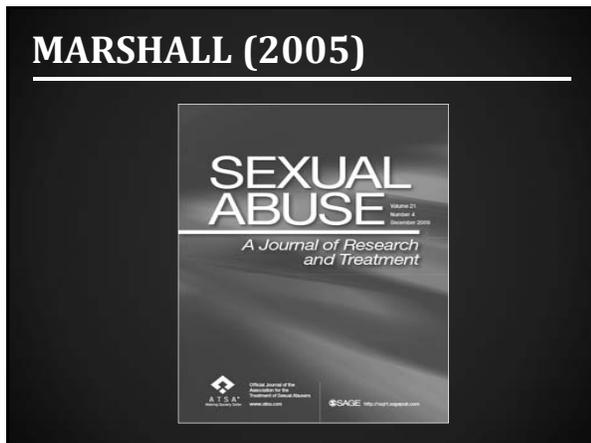
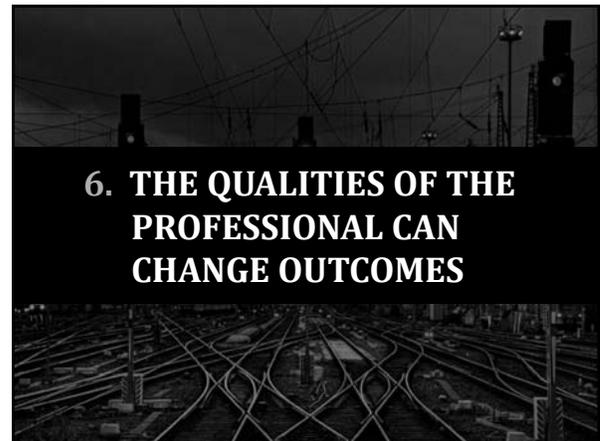
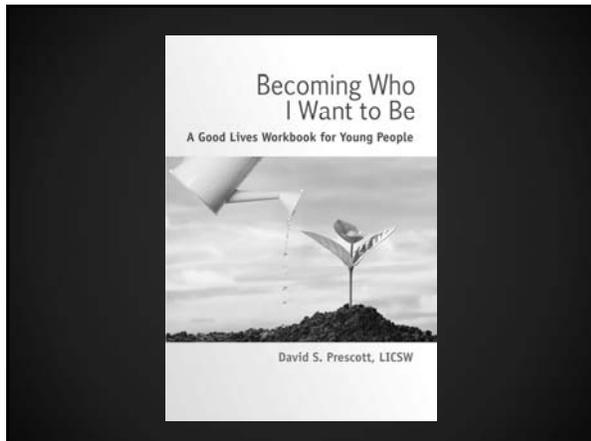
(Hunter & Becker, 1994)

## THE PROBLEM WITH TREATMENT

- Putting adolescents who have engaged in misconduct together can actually increase their risk of committing further harm
- “Iatrogenic” effects (Dishion et al., 1999)
- Weiss et al. (2005) Examined published and unpublished studies of antisocial youth

## IMPLICATIONS

- The impact of peers and adults is vital
- Model the change that you want to see in this youth
- Who you are is as important as what you do



## Moving Beyond Empathy?

- Motivational Interviewing
- Emphasizes Compassion over “empathy”
- Think:
  - Intention
  - Attitude
  - “Heartset”
- Capacity for measurement
  - MITI (Motivational Interviewing Treatment Integrity)



## Again, The Bottom Line

- Most don't re-offend because they don't want to
- Maturity
  - Stability
  - Occupation
  - Supports, bonds, intimacy
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