Evidence-Informed Practices for Addressing Juvenile Sexual Offenses

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Presentation Outline

PART ONE

- Introduction
- Rates, Statistics, Recidivism & Causes
- Comorbid & Nonsexual Issues
- Female Juveniles who Sexually Offend
- Comparisons & Typologies
- Normal Sexual Behavior in Children
- Neuropsychological & Developmental Research
- Psychosocial Maturity & Delinquency

PART TWO

- Teens & Technology
- Measures of Psychosocial Maturity
- Juvenile Guidelines
- Measures for General & Sexual Recidivism & Sexual Interest
- Key Points
- Characteristics of Effective Treatment
- JwSO Treatment Models & Workbooks

Part 1 of Presentation

Introduction

Why We Are Passionate About This Work?

Then:

When we started this work over 20 years ago there was very little research to guide us.

Now:

We have research about effective treatment methods.

Readily used, easy to implement, and low cost.

95% or more of youth will not recidivate and lead more prosocial lives.

Can prevent future child victims.

How cool is that?

Limitations of Presentation

- Some research here, including the authors', is from small sample of convenience populations, and results need to be replicated.
- The presentation may be influenced by "confirmation bias" factors reflecting the presenters' perspectives, including research on prosocial reasoning.
- In this presentation tests, programs & books are mentioned but the presenters do not have any financial interest or benefits directly or indirectly from any of these products.
- Most research described here relates to males who are ~93% of JwSO. Female population is important, but not much research (Finkelhor, Ormrod & Chaffin 2009).
- Race and ethnicity important in assessment and treatment always.

Terminology & Limitations of Presentation

- The term "Juveniles who sexually offended" (JwSO) is used here. Refers to a behavior, almost always limited, not an enduring characteristic.

- Describing these youth as a "Sexual Offender" is not accurate.

- Some of the material and PPT's are from public domain materials or other sources. Reasonably "fact-checked" but levels of evidence varies. Ask if you need further info. Can provide references to any material presented.

- Do not take any clinical, legal, or other action based on this presentation. Use your usual sources of supervision and consultation.

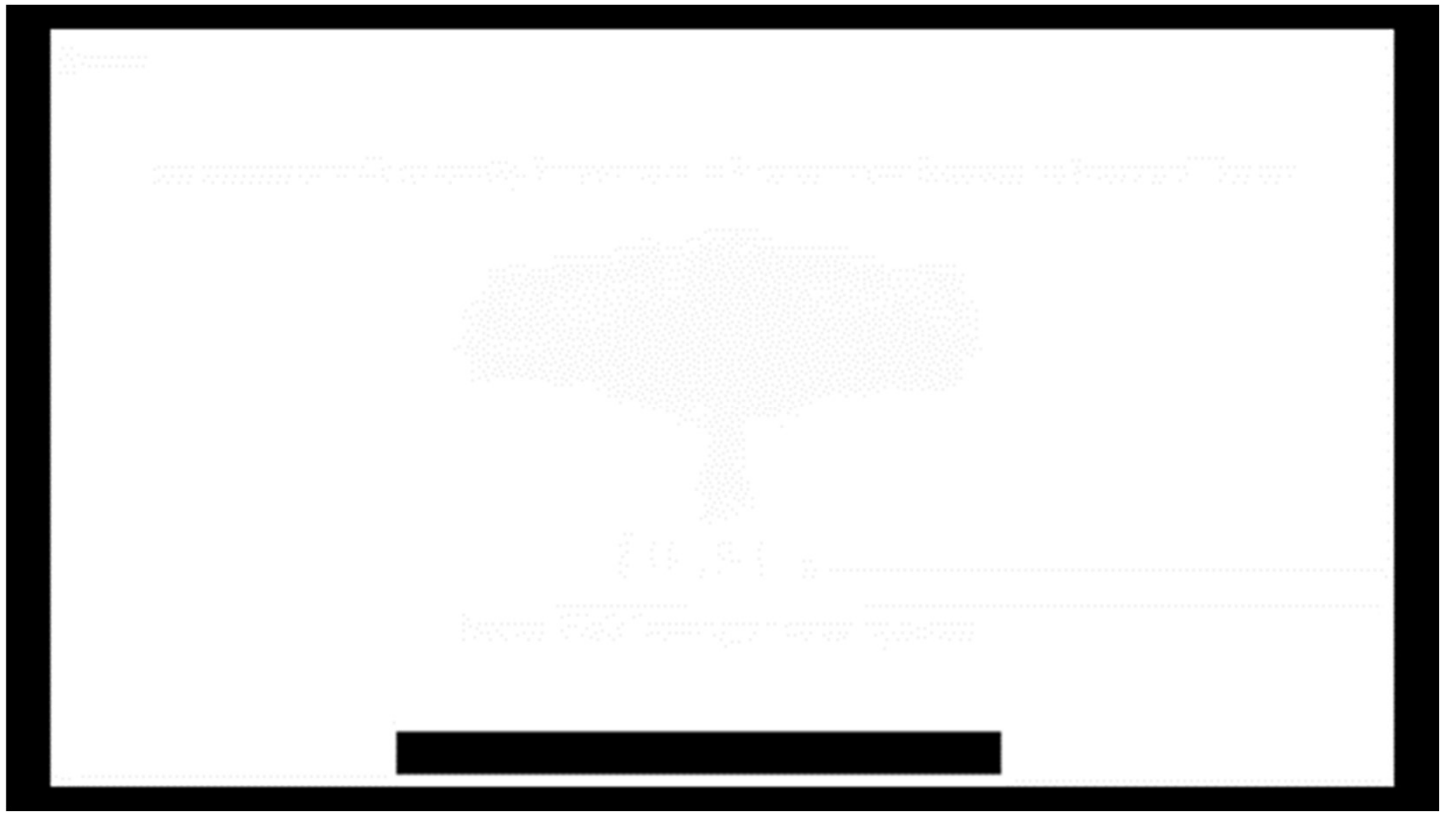
Before We Get Started…

- Always keep a work/life balance and promote self-care.
- This work is not for everybody which is OK. Content here is about sexual harm and take whatever self-care you need during these sessions.
- This work requires not only being smart but sometimes "brave." I had four supervisors, coincidentally all women, were great role models for this, and "way braver" than me.
- Your devotion & courage: Had a PO from a mountain County attend a training who stayed up the night before, had gone out on armed response with Sheriffs to deal with looters and bears at homes damaged by fires. I asked him which was the hardest to deal with, looters or bears? You can guess his answer.
- Does anyone have a story to top that?

Rates, Statistics, Recidivism & Causes

Why: Knowing these "big picture" characteristics help us with both dealing with clients and also designing programs. Who are these folks, what are their risks, strengths, and what we need to do beginning next Monday?

National Center on the Sexual Behavior of Youth (NCSBY)



How Big a Problem?

- According to an OJJDP (Office of Juvenile Justice and Delinquency Prevention, 2022) study:
    - Juveniles (youth under age 18) accounted for about one-quarter (25.8%) of those who committed sex offenses against minors.
    - More specifically, juveniles were responsible for about 40% of the offenses against children under age 6.
- Among the most serious crimes. Significant harm done to victims that can have a lifelong effect.

How Big a Problem?

- One in three female teens is a victim of sexual or other abuse (National Child Traumatic Stress Network, n.d.).
- One in six boys is sexually abused before age 16 (Hooper, 2006).
- Tip of the iceberg: Many more offenses than arrests (Worling, 2012; Office of Juvenile Justice and Delinquency Prevention, 2022).
- Juvenile sex offenders account for only 3.1 percent of all juvenile offenders and 7.4 percent of all violent juvenile offenders (Finkelhor, Ormrod & Chaffin 2009).

Juveniles vs Adults

- JwSO are developmentally different from adult offenders in their cognitive capabilities, capacity for self-management and regulation, susceptibility to social and peer pressure, and other factors related to judgment, criminal intent, and the capacity to regulate behavior (SMART, n.d.).

- Juvenile recidivism is estimated to be less than 5% (Aebi, et al., 2022). My experience with over half of California counties is that the rate is less than 3%. Adult rates range 5%-24% (Przybylski, n.d.-a)

- Juvenile offenders are more likely to grow out of crime than adult offenders, and they may benefit from interventions that address their specific needs and risk factors (Ralph, 2020).

- Juvenile offenders are more often victims of sexual, physical, and emotional abuse than adult offenders, and this may influence their offending behavior (Przybylski, n.d.-b).

- In California, juveniles at present can't be placed on sexual offense registries. However, presently there are 2000+ on California's sex offender registry for "juvenile only" sexual crimes because of older policies (California Sex Offender Management Board, personal communication, September 19, 2024).

Recidivism Rates
General, Violent & Sexual for JwSO

Table 3. Weighted Pooled Recidivism Rates Across Periods				
All Study Samples (Nonindependent Samples)				
Year	**Recidivism rate**	**N samples**	**N subjects**	**95% CE**
General Recidivism				
2000-2009	**0.42**	32	4,940	.34, .50
Violent Recidivism				
2000-2009	**0.17**	17	3,872	.13, .22
Sexual Recidivism				
2000-2009	**0.05**	33	5,559	.03, .06
Analysis of rates from before 1980 until 2009 did not indicate a significant decrease (Lussier et al., 2024).				

Conclusion:

- If you run a program sexual recidivism will be low, 5% or less in my experience.

- Given low juvenile recidivism, use of adult-like strategies not justified.

- Adult strategies don't address general recidivism which for teens is 7.4 times higher than sexual recidivism.

Nonsexual crimes have victim's too and we need to target treatment/dispo to address that area.

Sexual Behavior Problems

- Not all sexual behavior problems, even serious ones, are charged and subsequently don't result in a conviction and formal recidivism.
- The low rate of sexual recidivism (5%) doesn't include these types of behaviors & doesn't give a true measure of the persistence of problems behaviors in JwSO. These problems may result in harm to others (Ralph, 2023).
- What are rates of uncharged problematic sexual behaviors in JwSO?
- 20.6% (Ralph, 2015a)
- 16.6% (Viljoen et al., 2008)
- ~20-25% (Aebi et al., 2022)

Comorbid & Nonsexual Issues

Why: Psychiatric and other factors if present about triple recidivism and all are treatable. We need to assess them and treat them, e.g., ADHD or mood disorders. They can all "throw these youth off their game" in making good decisions

JwSO Assessment
Non-Sexual Issues

- Assessment and treatment of JwSO youth have usually focused on problematic sexual elements of the JwSO youth's history and functioning, and with good reason since the offense is sexual. Sexual offenses are among the most serious criminal offenses.

- Other co-occurring or comorbid factors are important including ADHD and disruptive disorders, learning problems, history of physical or sexual abuse, mood disorders, sibling, or family conflict.

- If present these factors about **TRIPLE** the rate of sexual recidivism and can be treated successfully (Epperson & Ralston, 2015).

JwSO Assessment
Non-Sexual Issues

Research and rationale that JwSO assessment should also focus on other areas for the following reasons:

- **1. Nonsexual recidivism**: Caldwell's article (2016) reporting the average sexual recidivism for JwSO since 2000.

- Caldwell (2016) found a weighted mean juvenile sexual recidivism rate since 2000 of 2.75% for JwSO youth, and other juvenile recidivism 27.25%. 10 X higher.

JwSO Assessment
Non-Sexual Issues

2. Deficits in Prosocial Skills: has been identified as a treatable risk factor for general recidivism (Ralph, 2015b).

    - Treatment: Aggression Replacement Therapy (Goldstein et al., 1998), Thinking for a Change (Bush et al., 2011), Being a Pro (Ralph, 2016).

3. JwSO youth specifically and probation youth generally have a high level of co-morbid psychiatric and neuropsychological conditions (The Commission on Youth Commonwealth of Virginia, 2011).

    - Psychiatric and educational treatment of these conditions are important for the youth's future life functioning, reducing symptoms, and also may assist with reduction of sexual and nonsexual recidivism.

JwSO Assessment
Non-Sexual Issues

The Commission on Youth, Commonwealth of Virginia (2011), reports regarding JwSO youth:

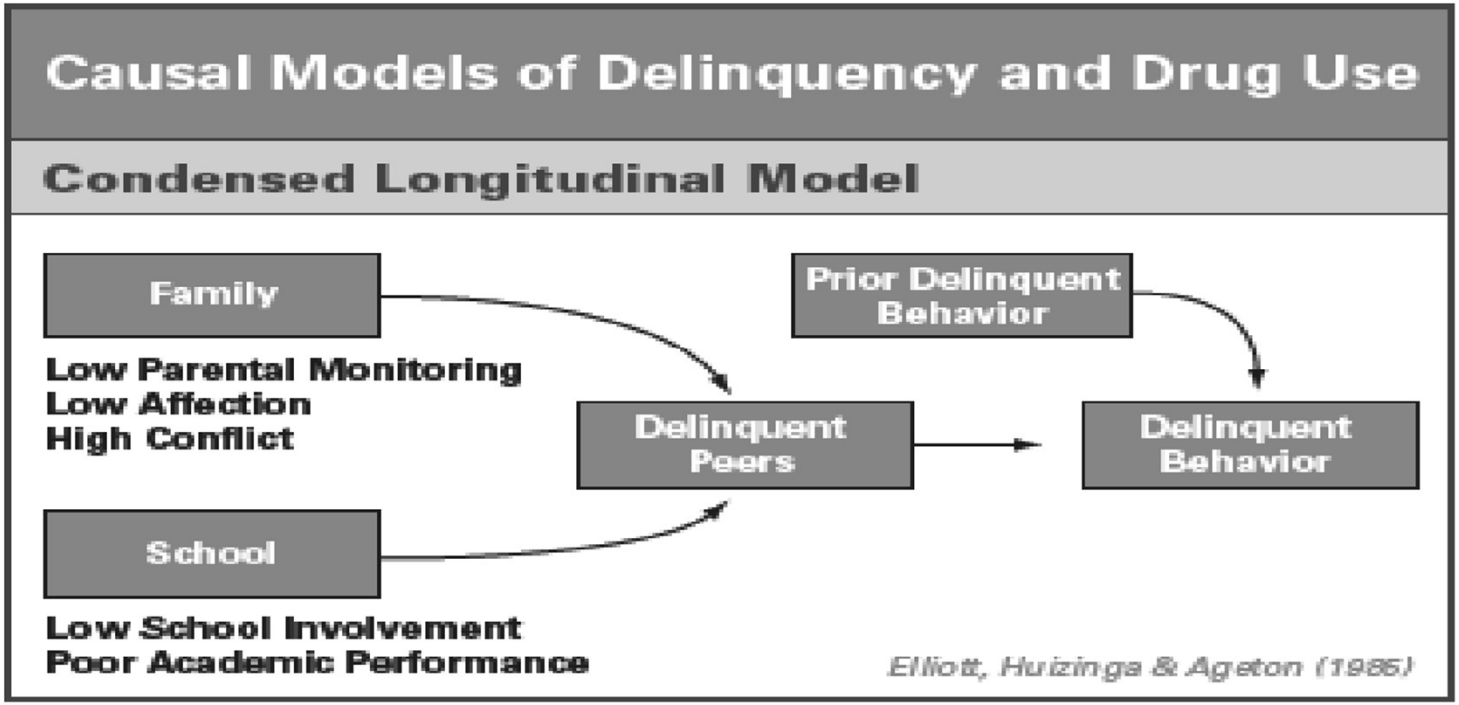
- JwSO youth have difficulties with impulse control and judgment.
- Up to 80% have a diagnosable psychiatric disorder.
- 30 to 60% exhibit learning disabilities and academic dysfunction.

JwSO Assessment
Non-Sexual Issues

4. Family/ecological factors: Research from Multisystemic Therapy indicates modifiable criminogenic risk factors for sexual and nonsexual recidivism (Borduin, Schaeffer & Heiblum, 2009). Includes:

- Family Factors: Low parental monitoring, high conflict & low affection
- School: Low school involvement & poor academic achievement
- Delinquent peers

JwSO Assessment
Non-Sexual Issues
(MST Services, 2002)



JwSO Assessment

5. Pedophilic interests for JwSO youth is rare, perhaps less than 1%.
    - Ralph (2015a) in a study of 129 juveniles in high level residential treatment, 1/129 had pedophilic interests.

Personal communications:
- DJJ (California youth prison) report no youth w/ pedophilic/paraphilic interests in 2015.
- Secure detention facility in New Jersey reports about 1%, 3 of 300 youth, had pedophilic interests.
- Gail Ryan had treated total of 8 JwSO pedophilic youth in her long career.

Still, you would **NOT** want to miss it. I review records and collateral interviews carefully, use sexual interest measures, including viewing time techniques. Offending against young children usually in my experience is related to access.

JwSO Assessment Non-Sexual Issues

6. Sexual and physical abuse victimization issues need to be a focus of treatment for JwSO youth.

Epperson & Ralston (2015): Using rigorous criteria found:

- Rates of documented physical and sexual abuse were 16%.
- This rate, 16%, matches my own professional experience.

JwSO Assessment Non-Sexual Issues

- Barra et al. (2017). Patterns of Adverse Childhood Experiences in Juveniles Who Sexually Offended. N=322

● Parental physical abuse	31.1%
● Parental verbal abuse	26.4%
● Peer emotional abuse (excluded or humiliated)	40.1%
● Sexual victimization (by caregiver or peer)	15.8%
● Emotional neglect (Low family cohesion/absences)	60.2%

Female Juveniles Who Sexually Offend

Female Juveniles with Sexual Offenses (FJSO)

Very little is known about this population…Why?

-Societal scripts about females, and perception that sexual abuse by females is harmless (Oliver, 2007)
-Offenses by females tend to be underreported
    -fear of not being believed
    -fear of having masculinity challenged (if male victim)
-Difficult to detect
    -females are in caretaking roles where physical touching may be expected

Characteristics of FJSOs in Comparison to MJSOs

-Tend to be younger at first offense than male juveniles SOs (Hickey et al., 2008; Vandiver, 2010)

-Much more likely to have male victims (Vandiver 2010) than MJSOs

-BUT–both groups most likely to abuse females

-Have more ACEs related to intrafamilial (Hickey et al., 2008) and extrafamilial (van der Put et al., 2014) sexual abuse

-More likely to have been exposed to violence in their homes (Hickey et al., 2008)

-Show fewer risk factors for general delinquency than nonSO FJs

-except for greater likelihood of sexual abuse and social isolation (van der Put et al., 2014)

-Higher likelihood of co-offending (Hendriks & Bijleveld, 2006; Vandiver, 2010)

FJSO and the Justice System

-FJSO tend to have more lenient treatment than their male counterparts (initially) (Cochran & Mears, 2015)

-BUT-at disposition, may receive harsher treatment (Leiber & Peck, 2015)

-FJSO more likely to receive a verbal warning and get released (in comparison to males) (Vandiver, 2010)

- FJSOs more likely to have non-contact offences as primary charges (pornography and indecent exposure) (Siegel & Fix, 2020)

Sigel & Fix, 2020

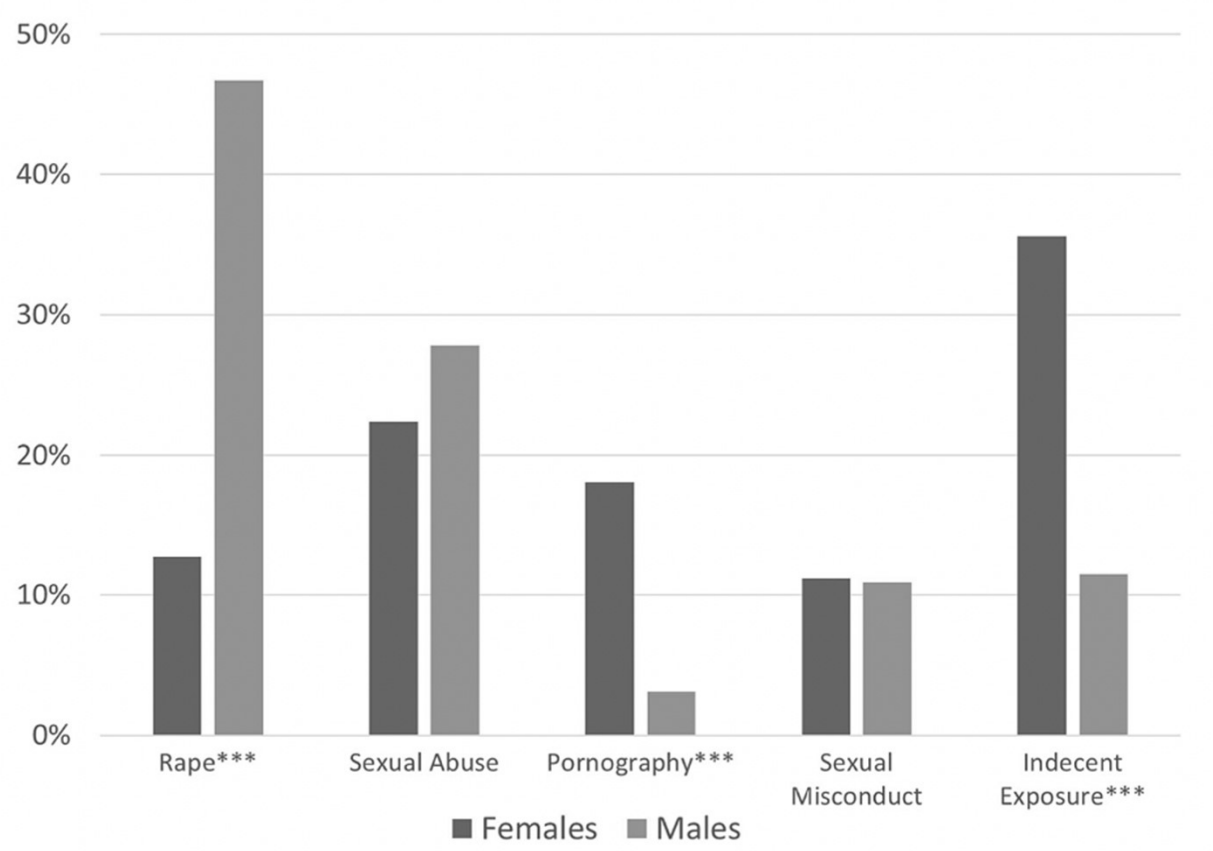


Figure 1. Distribution of offences by gender.

Note: *** = $p < .001$.

What About Co-Offending in FJSO?

Three perspectives about motivations for co-offending (Weerman, 2003)

1. Group influence-we only wear pink on Wednesdays
2. Social selection-birds of a feather
3. Instrumental perspective-making life easier

Three perspectives on goals for co-offending (Wijkman et al., 2015)

1. Victim harassment-moving up the ranks
2. Sexual gratification-own or others
3. Revenge/Punishment-via humiliation, targeted

Comparisons & Typologies

Why: Different types of youth engage in sexually harmful behaviors, they have often different outcomes, and it's important to address their specific needs.

JwSO vs Other Probation Teens

(Seto & Lalumière, 2010)

- Meta-analytic analysis of 59 independent studies comparing male adolescent sex offenders (n = 3,855) with male adolescent non-sex offenders (n = 13,393)

- Factors on which the two groups **DID NOT** differ:
  - Family relationship problems
  - Separation from one parent
  - Family substance abuse
  - Family criminality
  - Verbal and Performance IQ
  - Neurological anomalies

JwSO vs Other Probation Teens

(Seto & Lalumière, 2010)

Ways the 2 groups **DID** differ**.**

Sexual offenses

- Sexual abuse
- Physical abuse
- Emotional abuse/neglect
- Anxiety
- Low self-esteem
- Social isolation
- Learning disabilities
- Exposure to sex/pornography
- *Atypical sexual interests
- Poor social relations

* Coded if male victim choice.

Nonsexual offenses

- Criminal history
- Antisocial peers
- Substance abuse problems

JwSO vs Other Probation Teens

<u>Seto (2018, Personal Communication) - 2 Subtypes of JwSO</u>

- #1 resembles Nonsexual offense & more same age victims.
- #2 resembles Sexual offense group & more child victims.

Typology Research

(Leversee, 2017)

Sex only/specialists

SEX ONLY/SPECIALISTS

- Psychosocial deficits, social isolation, attachment anxiety
- Experience a sense of failure in relationship with peers
- More schizoid, avoidant, and dependent
- Co-occurring anxiety and depression
- Sexual offending as compensatory behavior
- Victims more likely to be children

Sex plus/generalists

SEX PLUS/GENERALISTS

- Sexual offending part of broader pattern of general delinquency
- Not substantially different from other delinquent youth
- Less likely to be socially isolated
- More likely interpersonally exploitative, dismissive attachment
- Display higher levels of aggression in offenses
- Victims more likely peer age/older

Normal Sexual Behavior in Children

Why: Because knowing what is “normative” provides a baseline

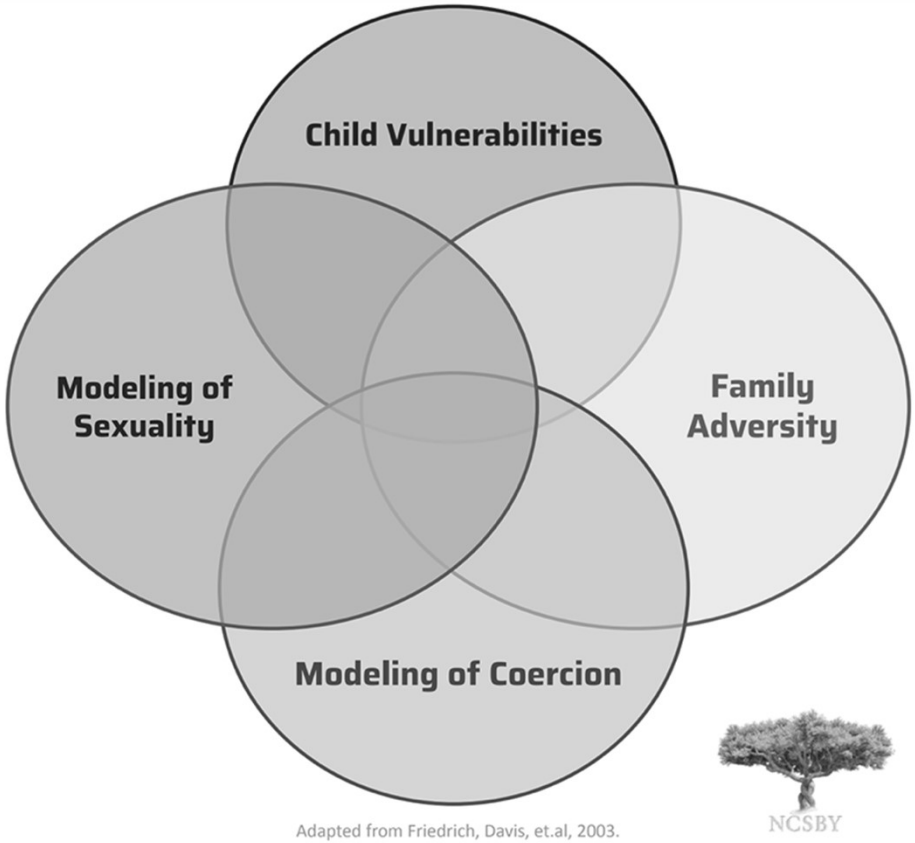
Normal Sexual Exploration

- Infancy
- Children are curious about their bodies and explore
- Sensorimotor learning
- Other people's responses are social learning opportunities
- Masturbation ?!?

Factors Influencing Sexual Behaviors

- Child's age
- Time spent in day care
- Family living space
- Child's neighborhood
- Parental attitudes and values
  - -Religion
  - -Culture

Factors in the Shift to Unhealthy Sexual Behaviors



(National Center on the Sexual Behavior of Youth, n.d.-a)

Factors in the Shift to Unhealthy

Child Vulnerabilities	Family Adversity
• Confusion • Poor role models • Developmental disabilities • Has been physically/ emotionally/sexually abused and/or neglected	• Sexualized home environment • Home environment with little or no physical/sexual/ • emotional privacy • Financial stress • Family violence

Factors in the Shift to Unhealthy

Modelling of Coercion	Modelling of Sexuality
• Observed physical violence towards others in family • Sex paired with aggression	• Parents who act sexually after drinking/using • Live in a sexually explicit environment • Used to meet emotional needs of parent…some sexualized

Neuropsychological & Developmental Research

Why: Development in all its forms, physical, sexual, brain, and social problem-solving all are important.

Physical Changes

- Teens literally develop superpowers in adolescence. Boys more than double in weight, triple in grip strength. (Tanner, 1962; Malina, et al., 2004).

- Imagine a 10-year-old boy and then separately an 18-year-old boy both telling a 10-year-old girl to do something. Size and strength matter.

- Educate youth in the interpersonal impact of these changes.

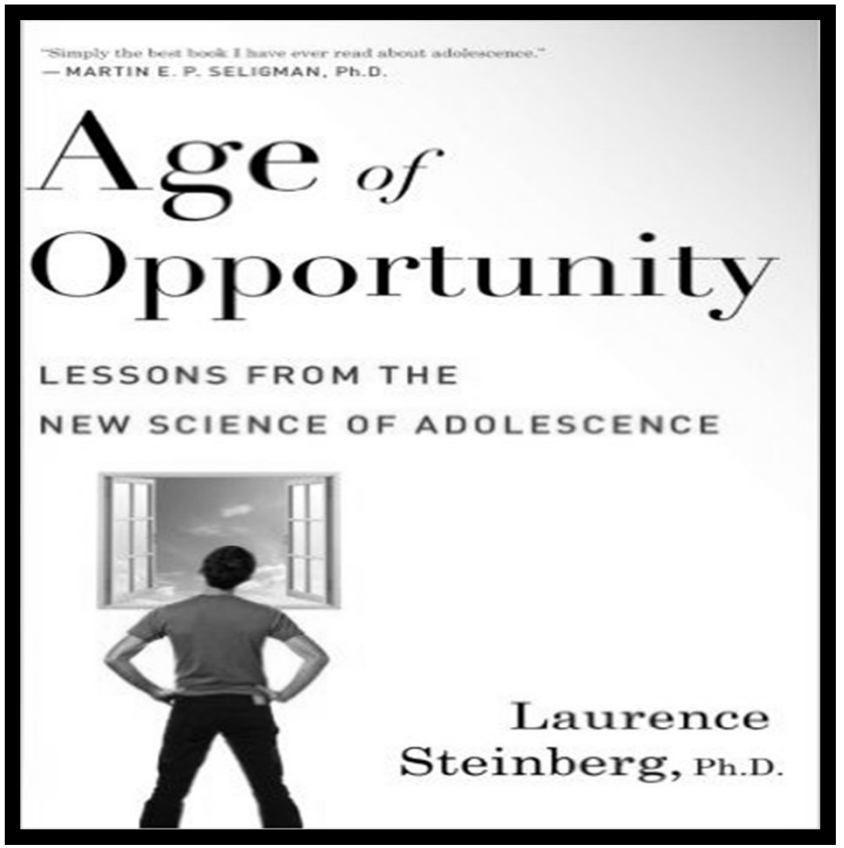
The "Mismatch" in the Rates of Adolescent Brain Development

(Office of Youth and Community Restoration, 2022)
Reproduced with permission: OYCR presentation 9/15/22

Socio-emotional incentive processing system **Heightened during adolescence**	**Cognitive control system** **Matures later into adulthood**
• Sensation seeking • Sensitivity to rewards • Impulsivity • Risk taking • Sensitivity to peer influence • Emotional arousal	• Consider consequences of actions • Plan for the future • Impulse control • Emotion regulation

Neuropsychological and Developmental Research
(Steinberg, 2014)

- Dr. Steinberg (2014), in "The Age of Opportunity" describes adolescence as critical period for prosocial development.
- Important period of brain changes and plasticity relevant to the development of prosocial behavior. Opportunity to develop the skills of a prosocial adult, or alternatively antisocial behaviors.



Neuropsychological and Developmental Research

1

Steinberg describes the changes in adolescence as an increase in the drive or reward centers of the brain, behaviorally an increase in risk taking in adolescents, and a critical period of development of judgment and control centers of the brain to regulate behavior.

2

The youth is simultaneously motivated to pursue rewarding activities, using more risky behaviors to accomplish it, having greater physical/sexual abilities, and under less direct supervision of adults, while also waiting for controls over these behaviors to develop.

3

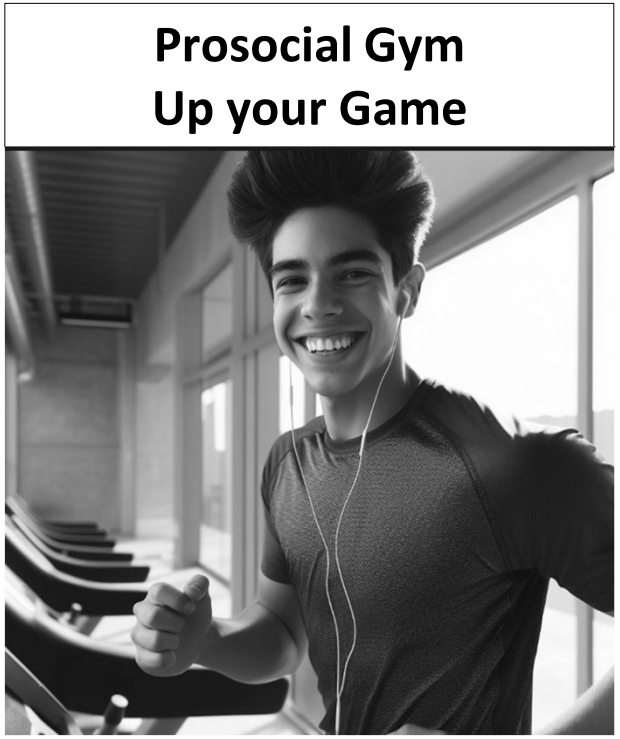
Risk-taking is often the norm in some peer groups, which can be a powerful influence on teens who are often strongly motivated to conform to peer values.

Plasticity: Neuropsychological and Developmental Research

- The large "treatment effect size" observed in the juvenile delinquency literature regarding prosocial treatment methods is presumably related to this plasticity.

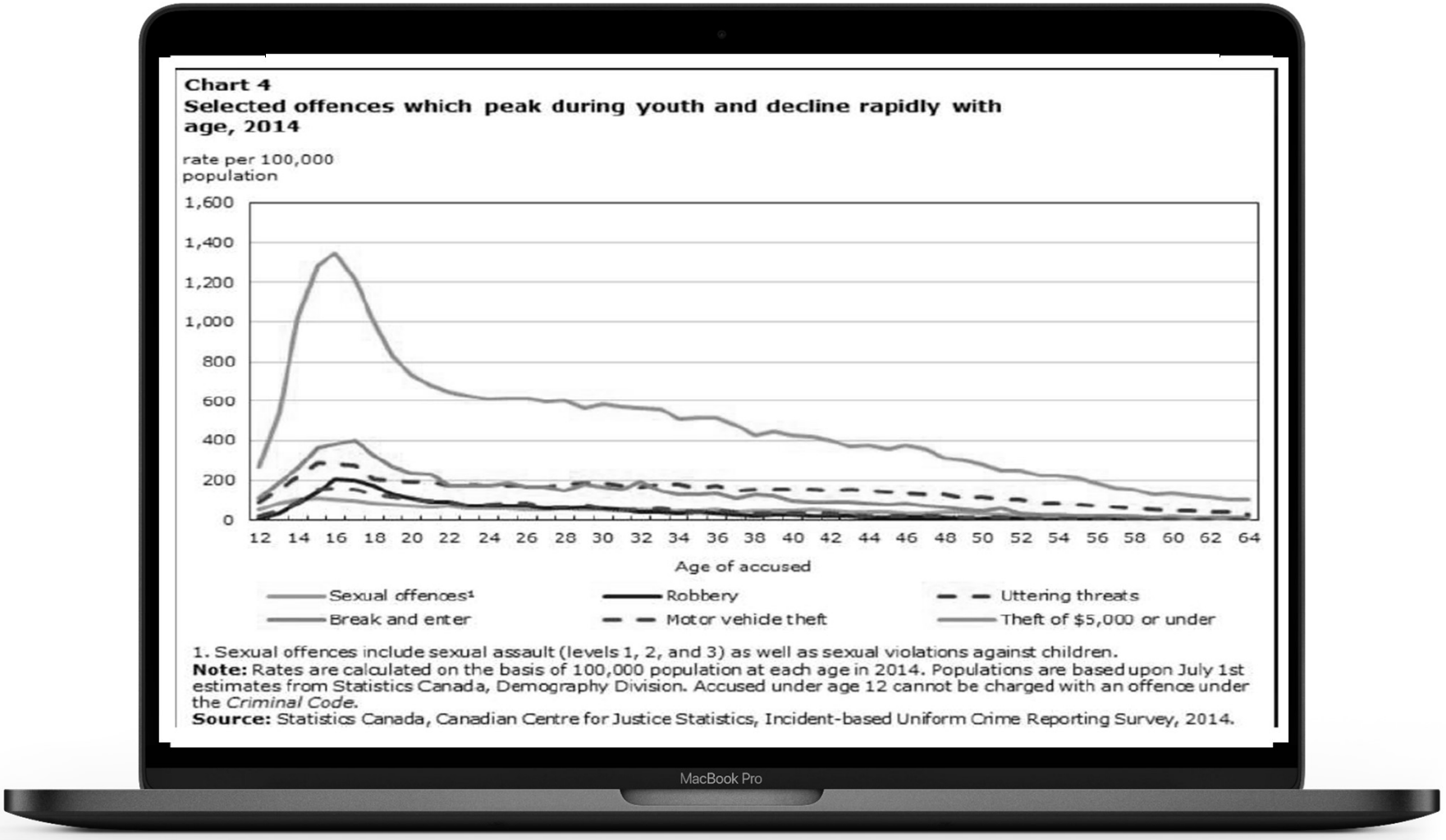
- Kim et al. (2016): Effect size sex **offense treatment**: Adolescent (-.51, Medium) vs. Adult (-.14). **A meta-meta-analysis** study. This supports the hypothesis that adolescents have greater brain plasticity & treatment be more effective.

- Greater brain plasticity means youth are more treatable or "stretchable."



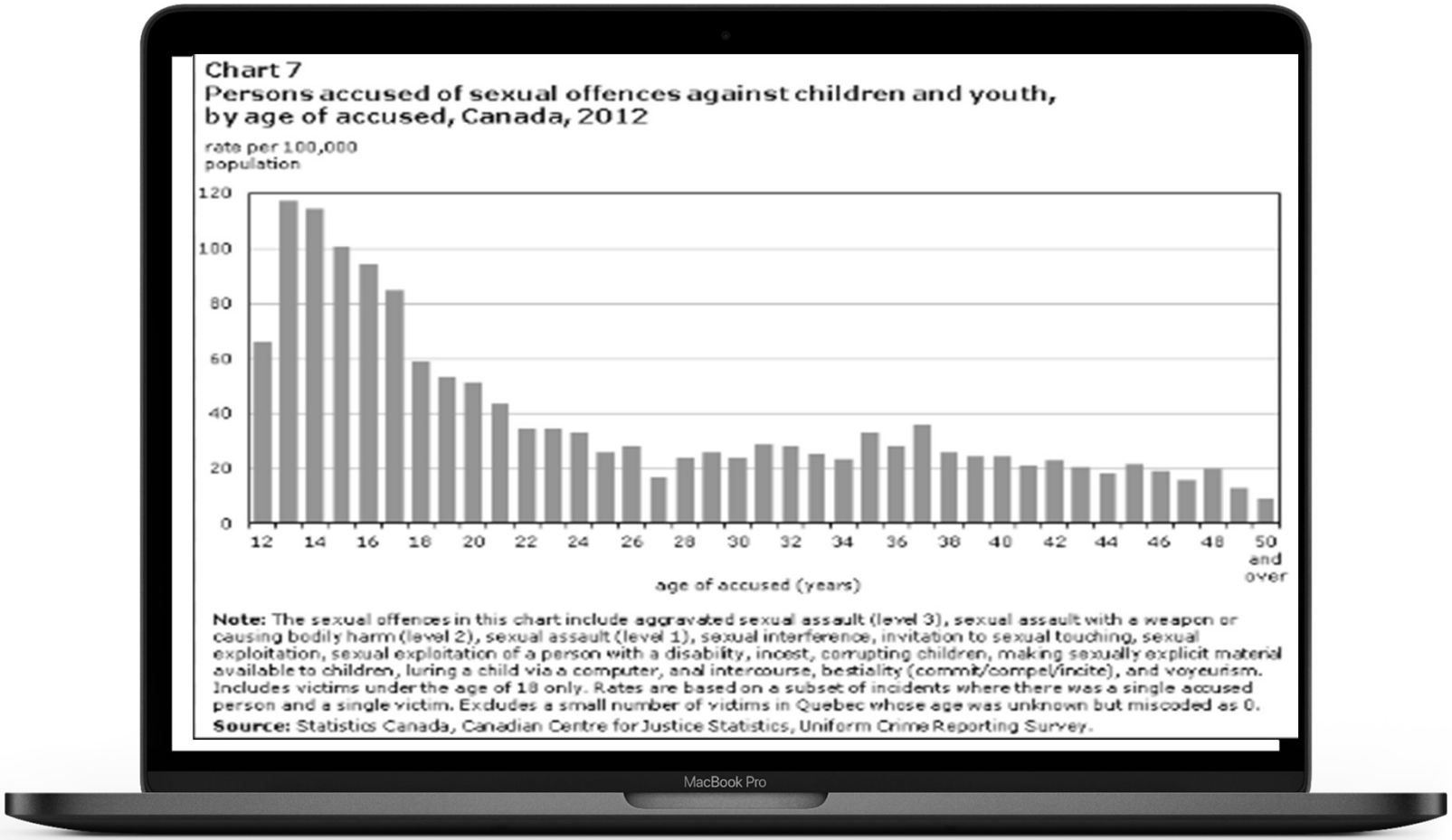
Canadian Crime Rates: Age Crime Curve

(Statistics Canada, 2014)



Canadian Sexual Age-Crime Curve, 2012

(Statistics Canada, 2012)

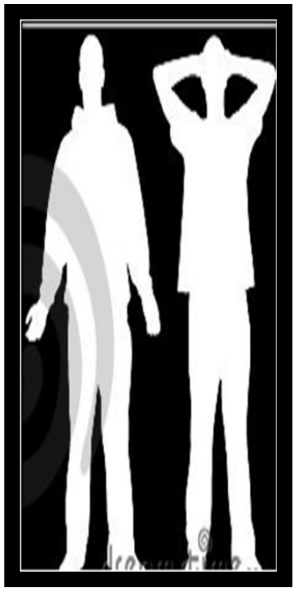


Psychosocial Maturity & Delinquency

Why: Delays and psychosocial maturity contribute to delinquency and likewise increases contribute to its desistance. So let's focus on increasing it.

Prosocial/Moral Reasoning & Delinquency

- Stams et al. (2006) in a meta-analysis of 50 studies found lower levels of moral judgment in delinquent youth compared to non-delinquents, and a large effect size (d=.76/AUC=.70). Effect present controlling for age, gender, IQ, and SES/ethnic factors.
- Effect sizes were larger for male offenders, older adolescents, those with intellectual disability, incarcerated delinquents & the use of **production/projective measures.**



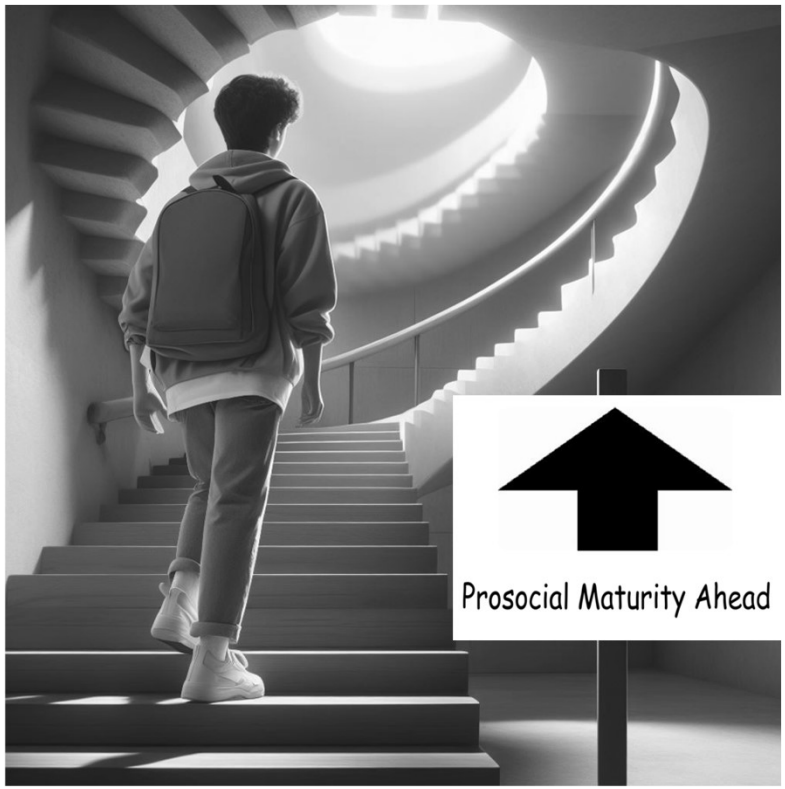
- Adolescents with lower levels of prosocial/moral have a higher likelihood to be on probation.
- Not the **only** thing, one important thing. Also, trauma, learning/ADHD, family factors, substance use, etc.
- Replicated (d=.713) (Férriz Romeral et al., 2018).
- Keeping it real: In daily work with these youth I can see the challenges they have in social reasoning, judgment, thinking errors, and can offer them one more prosocial perspective, option, and behavior.

Psychosocial Development & Juvenile Recidivism

- Steinberg, Cauffman, and Monahan (2015) studied 1,300 serious juvenile offenders for seven years after conviction.
- Less than 10 percent became chronic offenders. Even for juveniles who were high-frequency offenders at the beginning of the study, the majority stopped offending by age 25.
- They developed a measure of psychosocial maturity which included impulse and aggression control, consideration of others, future orientation, personal responsibility, and resistance to peer influences which increased through all subgroups through age 25, consistent with current research regarding brain maturity (Steinberg et al., 2015).
- Less mature individuals were more likely to be persistent offenders, and even high-frequency offenders who psychosocially matured were more likely to desist from criminal behaviors.
- Subsequent study found increased psychosocial maturity predicted decreased psychopathy scores in adolescents but not adults.

Psychosocial Development & Juvenile Recidivism

- If we can increase psychosocial maturity, good evidence that we can reduce general recidivism.
- Predicting severe criminality for juveniles with reliability is not at present possible.
- Why? Perhaps because it still changeable, developmental, and modifiable by positive experiences/treatment.



Part 2 of Presentation

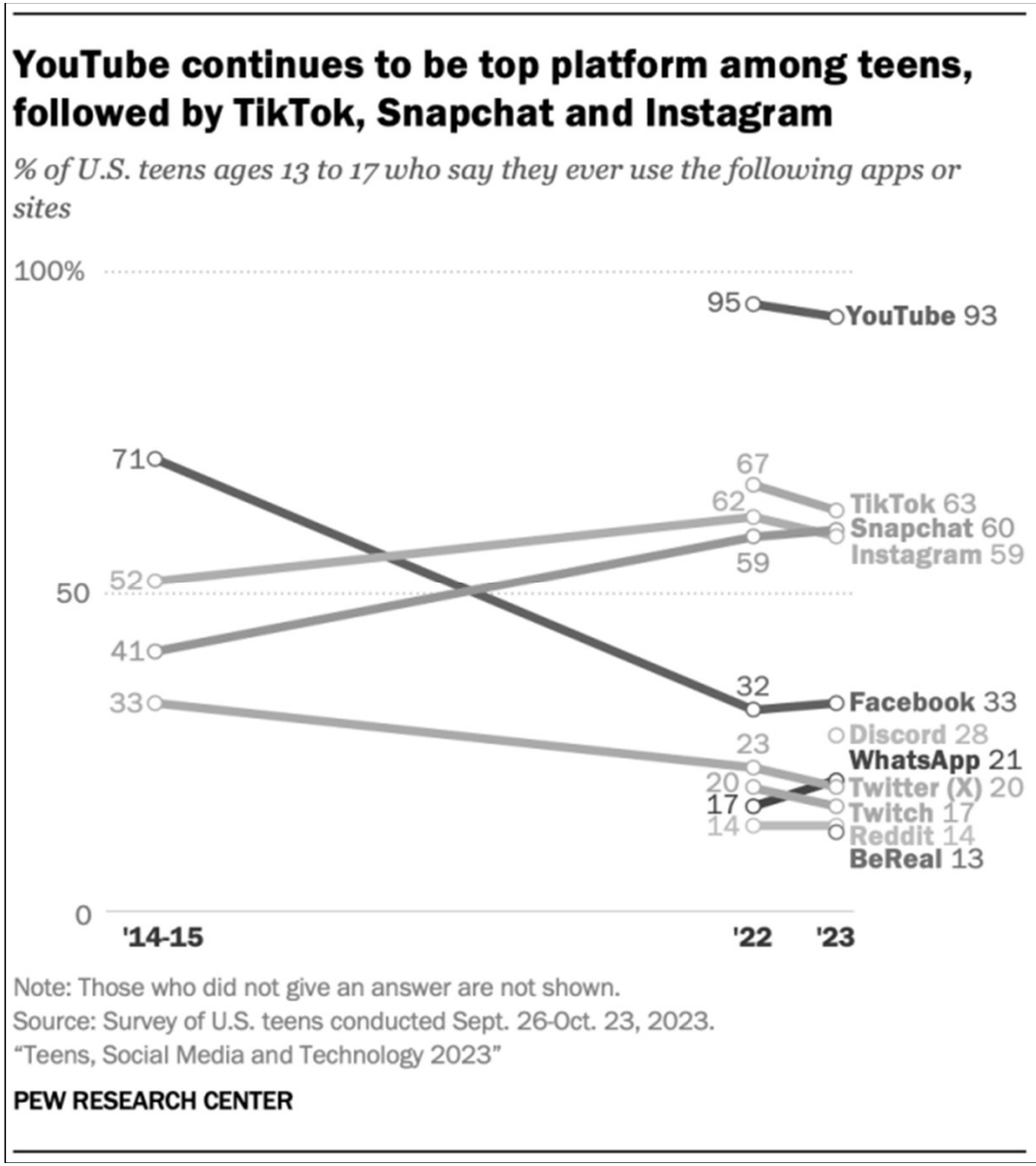
Teens and Technology

What can possibly go wrong?

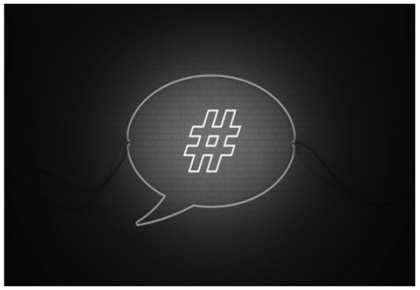
Basics

(Pew Research Center, 2022; Pew Research Center, 2023)

- 97% of teens use the internet daily
- 46% say they are online almost constantly
- 95% of teens have access to a smart phone
- So where can things go wrong?



What are Considered Harmful Tech-Assisted Behaviours?



Spectrum

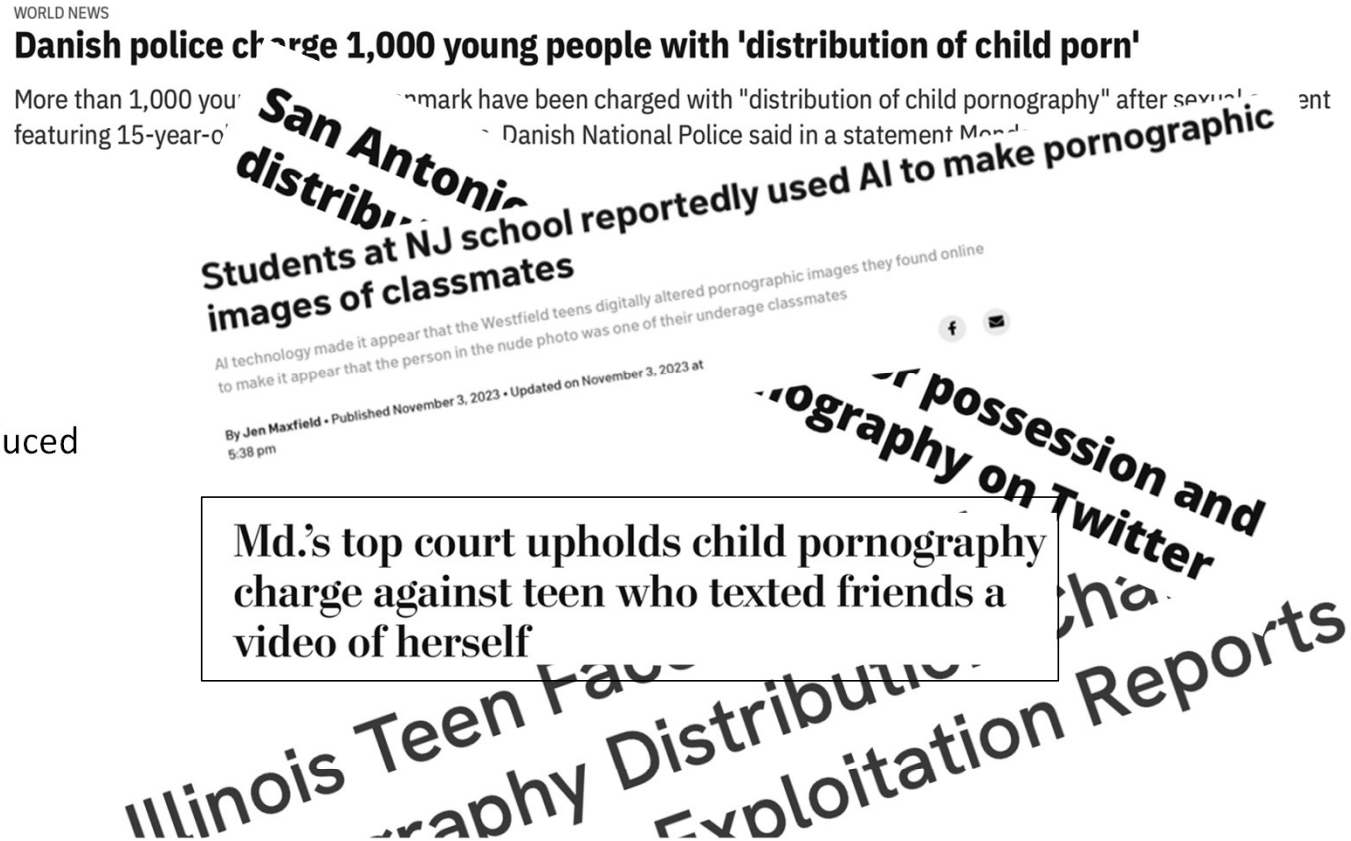
- Developmentally inappropriate use of pornography/accessing extreme/illegal porn/preoccupation with porn
- Exposing other children to pornography
- Online grooming
- Making indecent images of minors
- Sexual harassment
- Sexting
- Inciting other to engage in online sexual behaviours

- Most minors who engage in online harmful behaviour also engage in it offline
  - For very young use of porn (under 13), in about half, it appears to trigger offline problematic sexual behaviors

Early intervention is important

Online Offenses

- About 1/5 of images are self-produced
- Undesired forwarding
- Revenge porn
- Sextortion
- AI-generated images



But (And This is Where it Gets Messy)

- What do we know about children who search for images of same-aged children?
- What do we know about the impact of social media on youth sexual health behaviors?

- Frequent/daily social media use linked to 77% increase in risky sexual behavior in teens (Purba et al., 2023).
- Minors have reported positive self-image after sexting (Stanley et al, 2018)
- Youth report sexting as a healthy alternative to having sex (Stanley et al, 2018)

Measures of Psychosocial Maturity

How I Think Questionnaire

- *How I Think Questionnaire* (Barriga et al., 2001) assesses offense-related thinking patterns.
- Target-specific measure for delinquent and disruptive behaviors.
- Measures youth tendencies to engage in self-serving cognitive distortions or thinking errors.
  - Youth self-report for ages 12-19.
- 15 minutes to complete. Fourth-grade reading level.
- Identifies developmentally-related cognitive distortions that are associated with delinquent behavior and recidivism.
- These distortions are related to **delays** in prosocial reasoning.
- "Thinking errors" can be viewed as developmental immaturity using Kohlberg's framework (Kohlberg, 1981).
- Delays are treatable by evidence-based methods ((Aggression Replacement Training (Goldstein et al., 1998); Thinking For A Change (Bush et al., 2011), etc.,)) with reduced recidivism.

How I Think Questionnaire

- Eight Subscale Scores
  - Self-Centered (SC)
  - Blaming Others (BO)
  - Minimizing/Mislabeling (MM)
  - Assuming the Worst (AW)
  - Opposition-Defiance (OD)
  - Physical Aggression (PA)
  - Lying (L)
  - Stealing (S)
- Two Summary Scale Scores
  - Overt
  - Covert
- HIT Total Score.

Loevinger and Hy's Levels of Ego Development

Name	**Level**	**Impulse Control**	**Interpersonal Mode**	**Conscious Preoccupation**
Impulsive	2	Impulsive	Egocentric, dependent	Bodily feelings, gratification
Self-Protective	3	Opportunistic	Manipulative, wary,	Blames others, power, control
Conformist	*4*	Respect for rules	Cooperative, loyal	Appearances, behavior
Self-Aware	5	Exceptions allowable	Helpful, self-aware	Feelings, problems, adjustment
Note: Adapted from Hy & Loevinger (1996).				

Comparison Nonpatients vs. JwSO Sample on WUSCT

- Youth in residential treatment, average age 15.6.
- High-level N=14 JwSO sample, change scores as a result of an intervention, Aggression Replacement Training/ART. Intervention (ART) was to promote psychosocial maturity.
- On average youth went from a I-3 Self-protective to I-4 Conformist level.
- Remember results from focus group with these youth describing prosocial changes.

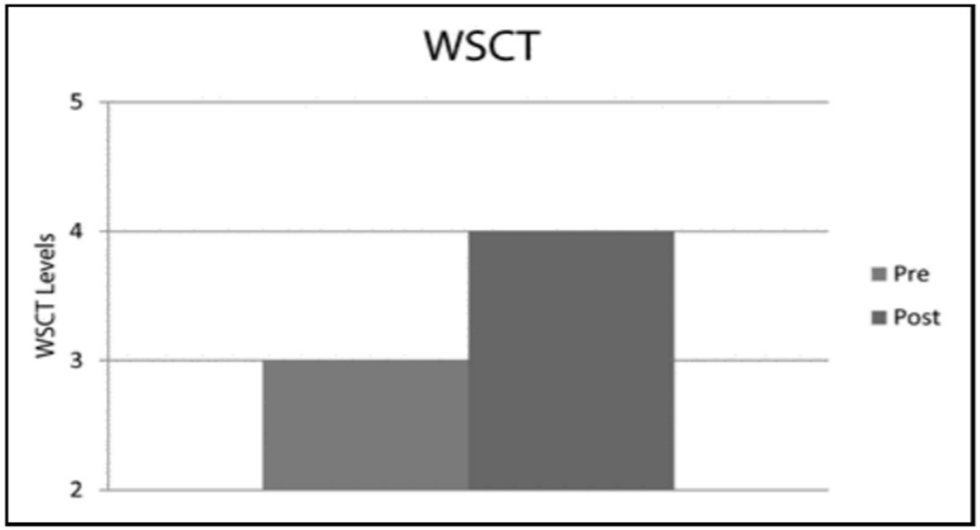


Figure 4: WSCT Pre and Post level scores

(Ralph, 2015b)

Juvenile Guidelines

Why: If you don't know where you are going, you might wind up someplace else. --Yogi Berra

Guidelines Background

Guidelines influenced by changes in research & practice in last 20 years, including:

- Developmental models, skill building and problem-solving.
- Less use of adult-derived models, e.g., relapse-prevention.
- Research has limits, but medium effect size for juvenile assessment/treatment methods.
- Juvenile assessments as effective as adult counterparts and treatment more effective.

Guidelines Background

More Changes:

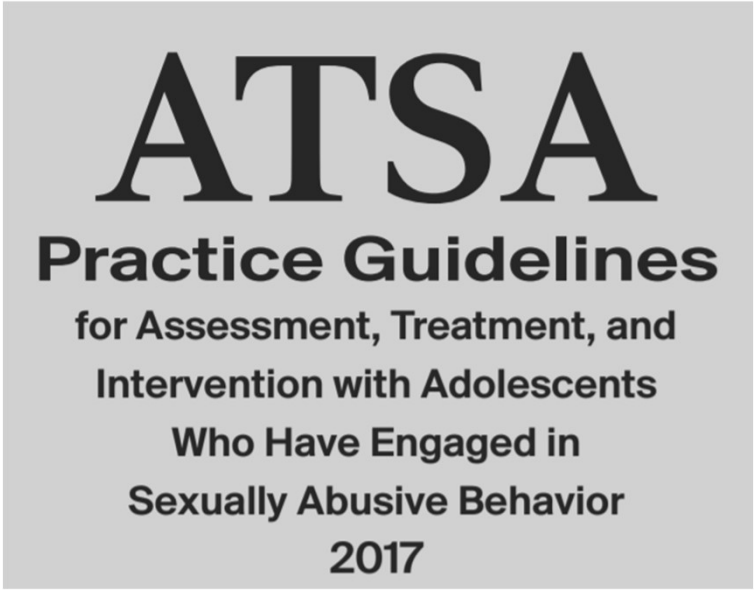
Developmental perspective:

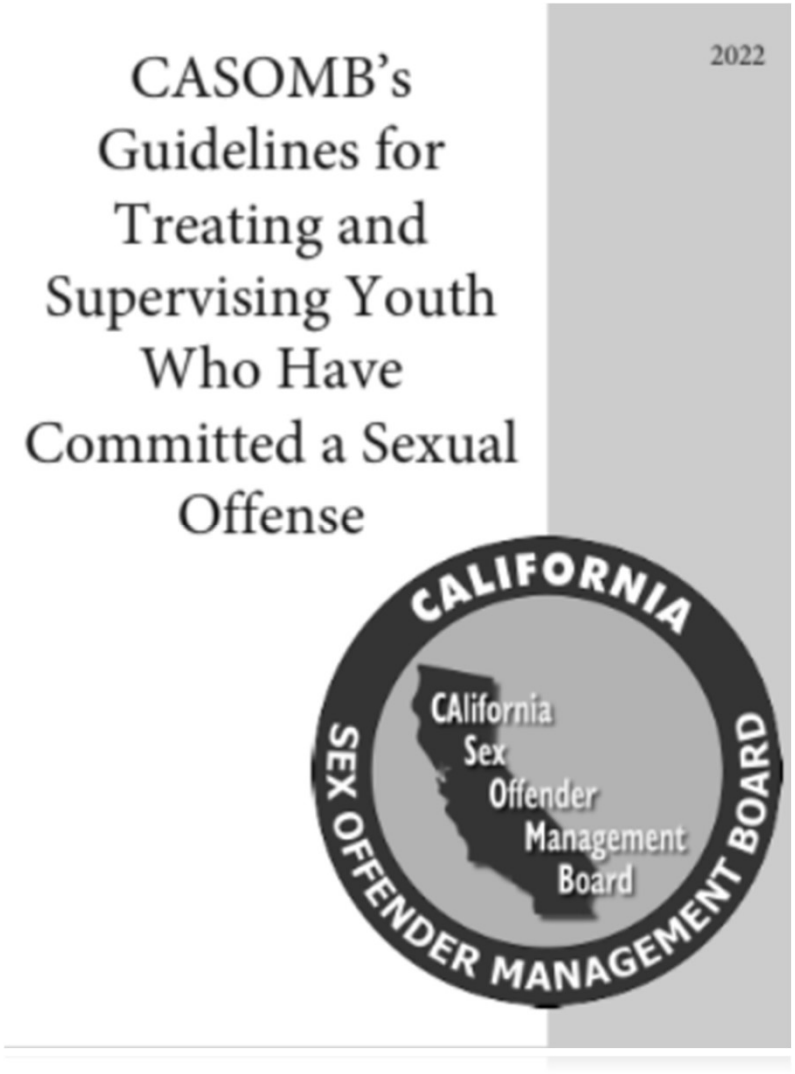
- Adolescent brain development till 25.
- Supreme Court Graham v. Florida (2010).
- Low sexual recidivism: 2.75% (Caldwell, 2016).
- Highest rates of sexual offenses ages 13 & 14.
- General recidivism is 7-10X high as sexual recidivism.
- Assessment & treatment methods for general probation population useful for JwSO.

ATSA Juvenile Practice Guidelines 2017

(ATSA Adolescent Practice Guidelines Committee, 2017)

- A. General Expectations
- B. Intended Scope, Applicability, and Use
- C. Sexual Abuse as a Public Health Issue
- D. Foundational Points of the ATSA Adolescent Practice Guidelines
- E. Assessments of Adolescents Who Have Sexually Abused
- F. Treatment Interventions
- G. Special Populations




2022
CASOMB's Guidelines for Treating and Supervising Youth Who Have Committed a Sexual Offense
CALIFORNIA
CAlifornia Sex Offender Management Board
SEX OFFENDER MANAGEMENT BOARD

CASOMB, 2022

California Sex Offender Management Board
Juvenile Summary

CASOMB, 2023

Measures for General & Sexual Recidivism & Sexual Interest

Why: To make disposition and treatment planning, promote public safety and the prosocial development of youth, we need to know the risk of sexual and nonsexual crimes & sexual interests.

Risk Measures for General Recidivism

Youth Level of Service/Case Management Inventory (YLS/CMI)

(Hoge & Andrews, 2002)

- Has been empirically validated.
- Combines Risk/Needs Assessment and Case Management into one Evidence-Based System
- Can be used by any ***trained*** professional, including parole, probation and correctional officers; caseworkers, and program facilitators.
- Training in proper administration, scoring & interpretation is essential to ensuring the validity of the instrument.

Research on Treatment Matching: YLS/CMI

(Hoge & Andrews, 2002)

- High-risk offenders should be placed in intensive intervention and treatment programs.
- Low-risk offenders should be matched with low levels of intervention and treatment.
- Placing low-risk offenders in intensive treatment programs is found to be counter productive and produces increased recidivism. Likewise, placing high risk youth in lower levels of intervention risks inadequate treatment and also recidivism.

Structured Assessment of Violence Risk in Youth (SAVRY)

(Borum, Bartel & Forth, 2006)

- Based on the structured professional judgment (SPJ) model, the SAVRY helps assess so that important factors will be emphasized when you formulate a final professional judgment about a youth's level of risk.
- Addresses the primary domains of known **RISK** and **PROTECTIVE** factors and provides clear operational definitions. Risk and protective factors are based on their relationship to adolescents, not to children or adults.
- Not designed to be a formal test or scale, there are no assigned numerical values or specified cutoff scores.
- Both reactive and proactive aggression subtypes that are extensively theoretically supported are emphasized.
- Items have direct implications for treatment, including the consideration of dynamic factors that can be useful targets for intervention in risk reduction.

Structured Assessment of Violence Risk in Youth (SAVRY)

Major domains assessed and subcategories:

- **Historical Risk Factors**
  - history of violence
  - history of nonviolent offending
  - early initiation of violence
  - past supervision failures
- **Social/contextual Risk Factors**
  - peer delinquency
  - peer rejection
  - coping challenges
  - parental management challenges
- **Individual/clinical Risk Factors**
  - negative attitudes
  - risk-taking
  - substance use
  - anger management
- **Protective Factors**
  - prosocial involvement
  - strong social support
  - strong attachment and bonds

Risk Measures for Sexual Recidivism

The Estimate of Risk of Adolescent Sexual Offense Recidivism-2

(ERASOR-2) (Worling, 2004)

- The ERASOR is for assessing re-offense in juveniles who sexually offend, ages 12-18, males and females.
- Can be used as a clinical guide for assessment and ID important factors for intervention (e.g., sexual compulsion, family environment enabling offending, etc.)
- The ERASOR has 25 risk factors falling into five categories:

    1. Sexual Interests, Attitudes, and Behaviors
    2. Historical Sexual Assaults
    3. Psychosocial Functioning
    4. Family/Environmental Functioning
    5. Treatment

- The ERASOR provides an overall risk assessment rating of Low, Moderate, or High.
- What these mean in terms of rate of recidivism is not available. What does “Low” risk mean in terms of actual risk?

ERASOR-2

High Risk Factors for Sexual Reoffense	Present	Partially/Possibly Present	Not Present	Unknown
Sexual Interests, Attitudes, and Behaviours				
1. Deviant sexual interests (younger children, violence, or both)				
2. Obsessive sexual interests/Preoccupation with sexual thoughts				
3. Attitudes supportive of sexual offending				
4. Unwillingness to alter deviant sexual interests/attitudes				
Historical Sexual Assaults				
5. Ever sexually assaulted 2 or more victims				
6. Ever sexually assaulted same victim 2 or more times				
7. Prior adult sanctions for sexual assault(s)				
8. Threats of, or use of, violence/weapons during sexual offense				
9. Ever sexually assaulted a child				
10D. Ever sexually assaulted a stranger				
11D. Indiscriminate choice of victims				
12D. Ever sexually assaulted a male victim (***males only***)				
13D. Diverse sexual-assault behaviours				
Psychosocial Functioning				
14D. Antisocial interpersonal orientation				
15D. Lack of intimate peer relationships				
16D. Negative peer associations and influences				
17D. Interpersonal aggression				
18D. Recent escalation in anger or negative affect				
19D. Poor self-regulation of affect and behaviour (Impulsivity)				
Family/Environmental Functioning				
20D. High-stress family environment				
21D. Problematic parent-offender relationships/Parental rejection				
22D. Parent(s) not supporting sexual-offense-specific assessment/treatment				
23D. Environment supporting opportunities to reoffend sexually				
Treatment				
24D. No development or practice of realistic prevention plans/strategies				*
25D. Incomplete sexual-offense-specific treatment				*
Other Factors				
"*" - 24,25 not applicable, not in JSR treatment.				

Overall Risk Rating - Low ☐ ☐ Moderate ☐ ☐ High

Name of individual____Age_____ID number_____

Name of evaluator____ Date (mm/dd/yyyy)___

	Protective	Protective	Neutral	Risk	Risk
1	Hopefulness regarding healthy sexual future	P	N	R	Hopelessness regarding healthy sexual future
2	Respectful sexual environment	P	N	R	Abuse-supportive sexual environment
3	Respectful and age-appropriate sexual beliefs and attitudes	P	N	R	Abuse-supportive sexual beliefs and attitudes
4	Respectful sexual interests in age- appropriate partner(s)	P	N	R	Abuse-supportive sexual interests
5	Balanced sexual interests	P	N	R	Preoccupied/obsessive sexual interests
6	Good awareness of laws and procedures to facilitate respectful sexual relationships	P	N	R	Poor awareness of laws and/or procedures to facilitate respectful sexual relationships
7	Good awareness of consequences of sexual offending	P	N	R	Poor awareness of consequences of sexual offending
8	Appropriate use of reasonable strategies to prevent sexual offending	P	N	R	Lack of use of reasonable strategies to prevent sexual offending
9	Compassionate and caring towards others	P	N	R	Callous and/or uncaring towards others
10	Prosocial values and attitudes	P	N	R	Antisocial values and attitudes
11	Good self-regulation	P	N	R	Poor self-regulation
12	Good problem-solving	P	N	R	Poor problem-solving
13	Responsive to reasonable guidance and support	P	N	R	Rejecting of reasonable guidance and support
14	Healthy self-esteem	P	N	R	Unhealthy self-esteem
15	Emotional intimacy and close friendship with prosocial peer(s)	P	N	R	Lack of emotional intimacy and/or close friendship with prosocial peer
16	Feels close to and supported by a parent/caregiver	P	N	R	Feels distant from and/or rejected by parents/caregivers
17	Parents/primary caregivers provide warmth and appropriate structure	P	N	R	Parents/primary caregivers fail to provide warmth and/or appropriate structure
18	Strong commitment to and engagement in school and/or work	P	N	R	Weak commitment to and/or engagement in school and work
19	Strong commitment to and engagement in organized leisure activity	P	N	R	Weak commitment to and/or engagement in organized leisure activity
20	Feels stable and secure in current living arrangement	P	N	R	Feels unstable and/or insecure in current living arrangement
Total					

Category 1	Category 2	Category 3	Category 4	Category 5
Predominantly Protective	**More Protective Than Risk**	**Predominantly Balanced**	**More Risk Than Protective**	**Predominantly Risk**
Fewer than 10 neutral **AND** 80% or more of non-neutral are protective.	Fewer than 10 neutral **AND** more protective than risk by at least 3, **AND** less than 80% of non-neutral are protective.	10 or more neutral **OR** Fewer than 10 neutral **AND** difference between protective and risk of less than 3.	Fewer than 10 neutral **AND** more risk than protective by at least 3, **AND** less than 80% of non-neutral are risk.	Fewer than 10 neutral **AND** 80% or more of non-neutral are risk.

- Presently no research on PROFESOR.
- Widely used b/c of reputation of Dr. Worling, intuitive/face validity, and promoting strength-based approach.

Juvenile Sexual Offense Recidivism Risk Assessment Tool-II

(JSORRAT-II) (Epperson & Ralston, 2015)

- Development: The JSORRAT-II was developed to provide a risk assessment instrument for juveniles who sexually offend.
- Item pool: Review of the literature resulted in the development of a large pool of items. 12 items were selected using statistical methods.
- The 12 items maximally discriminated those who recidivated from those who didn't.
- Scoring was done only with information from the probation file.
    - Not from other sources, e.g., what someone "knew" but didn't put in the file.
- Items were designed to be easily and unambiguously scored from file information.
- Items and the scoring sheet are on next page.

JSORRAT-II

Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II)
California Score Recording Sheet

Name: _____ CII #_____DOB_____

1. Number of sex offense charges (counts) adjudicated (including current offense):
   - One 0
   - Two 1
   - Three 2
   - Four or more 3
2. Number of different victims in charged sex offenses:
   - One 0
   - Two 1
   - Three 2
3. Length of sexual offending history based on sex offense charge dates:
   - Only One Charge Date 0
   - 1 Day to 5.99 Months 1
   - 6.00 to 11.99 Months 2
   - 12.00 Months or more 3
4. Under court-ordered supervision when they committed any sex offense for which they were eventually charged?
   - No 0
   - Yes 1
5. Any charged felony-level, hands-on sex offense committed in a public place?
   - No 0
   - Yes 1
6. Use of deception or grooming in any charged sex offense?
   - No 0
   - Yes 1
7. Prior sex offender treatment status:
   - Never entered 0
   - No prior treatment failures 1
   - At least one prior treatment failure 2
8. Number of officially documented incidents of hands-on sexual abuse in which the offender was the victim:
   - None 0
   - One to four 1
   - Five or more 2
9. Number of officially documented incidents of physical abuse where the offender was the victim:
   - None 0
   - One to four 1
   - Five or more 2
10. Any placement in special education?
    - No 0
    - Yes 1
11. Number of educational time periods with discipline problems:
    - None or One 0
    - Two 1
    - Three 2
12. Total number of non-sexual offense charges (counts) adjudicated:
    - None or One 0
    - Two or More 1

TOTAL SCORE:

Scorer:_____ Date: _____

Risk Level	Score
Low	0
Low-Moderate	1 – 3
Moderate	4 – 7
Moderate-High	8+

Revised 3-13-14

JSORRAT-II Predicting Sexual Acting Out in Placement

- Ralph (2015a) in a longitudinal study of 129 males found 20.6% had incident of sexual acting out in program.
- None of these youth were charged, possibly because they were all in treatment for sexual behavior problems already.
- The higher the JSORRAT-II score, the greater than chance of sexually acting out, 1.7X, using standardized odds ratio.
- Seems like this static measure may predict factors other than legal recidivism, which is a very high bar.
- Again, keep in mind that sexual acting out is likely to be much higher than actual recidivism or charges.

Risk of Recidivism Utah 1990-1994 vs Post-2007

(Ralph, 2019)

- JSORRAT-II prediction of risk over base-line, when baseline is 13% (Utah 1990-92).
- Risk Level 1 vs. Risk Level 3 is 1.63% vs. 29.65%, an 18x difference in rate.

- JSORRAT-II prediction of risk over base-line, when baseline is 2.75% (USA post-2000).
- Risk Level 1 vs. Risk Level 3 is 0.34% vs. 6.28%, still an 18x difference in rate.

- BIG NEWS: At most (w/ qualifications) w/ the highest JSORRAT-II risk category you can get 2.5X the base-rate, which is 6.28%. Is this high risk?

- These aren't actual results, but predictions from what we know.

- What role now does risk measure have if this is the case? Less than 1% risk vs. 6.28% risk? Do we order them to state prison or placement based on this alone?

Sexual Interest Measures

Assessment of Juvenile Sexual Interest

- Reasonable to assume if for JwSO, the offense is of a sexual nature, that it would be appropriate to assess both the strength and type of sexual interests, particularly pedophilic interests.
- Various methods to assess this including clinical interviewing, penile plethysmography, polygraph, computerized testing of viewing time, and graphical analysis.
- Penile Plethysmography: Measures penile blood flow in relation to visual & auditory stimuli to assess sexual interest (Murphy et al., 2020)
- Polygraph: Takes physiological measurements to detect stress reaction associated with lying (Grubin, 2010).
- ATSA Guidelines notes inadequate empirical basis for plethysmography and polygraph use with juveniles, and both ethical and treatment model concerns (ATSA Adolescent Practice Guidelines Committee, 2017).

Assessment of Juvenile Sexual Interest

Viewing Time

- Viewing time measures, computerized, have been used for adolescents to assess sexual interest.
- Abel (Abel et al., 1998) , Affinity (Gray et al., 2002) & Look (Laws, 2009) are 3 commercially available viewing time assessment instruments.
- Measures viewing time of pictures of individuals of various genders and ages as a covert method which is assumed to measure sexual interest and identify deviancy which will place JwSO at risk for recidivism.

Sexual Arousal Graphs

- Alternative to viewing time:
- Worling (2006) studied 78 males aged 12-18 (Mean = 15.09; SD 1.62).
- 44 from residential treatment in Minnesota & 34 from community-based programs in Greater Toronto Area. 67% offended against at least one child (4 or more years younger AND under 12).

Assessment of Juvenile Sexual Interest

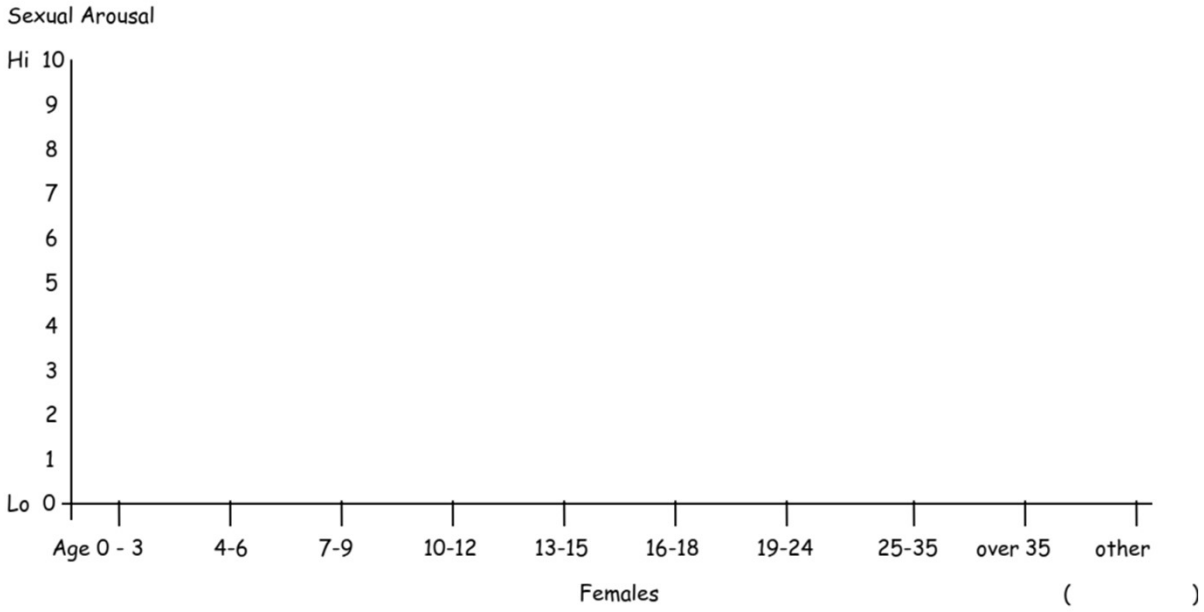
(Worling, 2006)

AUC measures	Affinity VT	Affinity self-report	Self-report graph	
Ever a child victim	0.61	0.67*	0.66*	
2 or more child victims	0.60	0.73**	0.70**	
Ever a male child victim	0.69	0.72**	0.72**	
Only male child victim(s)	0.73**	0.74**	0.76**	
Ever a female child victim	0.42	0.48	0.45	
Only female child victim(s)	0.43	0.42	0.41	
* p<.05, ** p<.01				

- The pattern of responses to all three assessment techniques was similar, with maximal sexual interest demonstrated and reported for adolescent and adult females.
- Both self-report procedures could significantly distinguish those adolescents who assaulted a child from those who assaulted peers or adults.
- The self-report procedures could also significantly discriminate those adolescents with male child victims.
- Take away: Could self-report instruments have advantages in terms of transparency, costs, treatment narrative, and collaboration? If you want to know something, why not ask first?

Self-Report Sexual Arousal Graphs

(Worling, 2006)



Name:_____

Date:_____

No Force ☐

Force ☐

93

Key Points

Treatment Relationship

- Forensic Counseling- Court involvement
- Goals: Public Safety & Prosocial Development
- Directive & Autonomy- We guide, They decide
    - Directive: Safety Plan, Information, Problem-solving Strategies
    - Autonomy: Empowered & Deciding
- Resistance is Interpersonal
- Ambivalence is Expected
- Support Change Talk
- Realistic Optimism
- Facilitate and Don't Fix
- Teens Can Find Great Solutions

Are These Problems at Admission?

Denial:

Ralph (2015a) found in a residential program that denial at admission didn't predict: 1. Successful graduation from program, 2. Termination for noncompliance, or 3. Sexual acting out while in the program.

Minimizing responsibility:

Doesn't in my experience indicate antisocial traits or predict poor outcome. Youth are frightened and natural human tendency according to research on average nonpatient populations is to make excuses and deny impact of mistakes.

Lack of victim empathy:

Empathy is developmentally related to the neuropsychological concept of "Mentallizing" which develops significantly from adolescence into young adulthood (Blakemore, 2018).

All these areas can be a focus of treatment and it's important to have a developmental perspective in understanding them.

True or Not?

Residential/secure care is more effective:

Lipsey et al. (2010) found that community-based programs were as effective as residential/secure treatment.

Treatment takes usually over two years:

In San Francisco our average treatment was about 1 year and we had good outcomes. Don't overbake the cake.

Youth who offend had severe trauma or severe psychiatric conditions:

16% had a hx of sexual or physical abused, but not all. Offending is not most often related to severe psychiatric problems.

Youth who offend against children are pedophilic:

Offending against children often related to ability to control/manipulate them and accessibility, and pedophilia is rare (Ralph, 2015a).

Characteristics of Effective Treatment

Why: Good treatment is like a good diet, it has several characteristics connected with good outcomes. You can "Bake Your Own" program. Or you can use a "Name Brand."

What are the Ingredients for a Good Program?

Step 1: “Bake Your Own” or find an off-the-shelf "Name Brand" approach that fits your population.

- Multisystemic Therapy, Good Lives, Dialectical Behavior Therapy, Relapse Prevention, Trauma Focused, etc.
- Bake Your Own can be as good or better than Name Brand.
- Method should include counseling and skill building, and manualized.

Step 2: Make sure you assess & treat the youth for comorbid factors which may disrupt recovery (PTSD, ADHD, substance use, etc.)

What are the Ingredients for a Good Program?

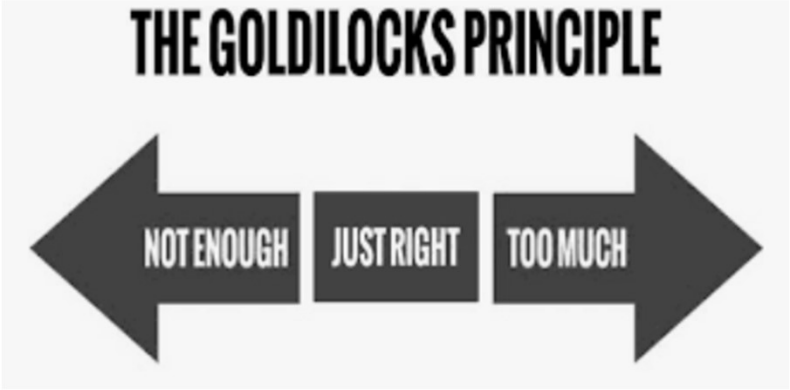
- Step 3: Develop a collaborative relationship with therapist, family, the youth, and PO! (The PO is the "secret ingredient" for success).
- PS- PO's have superpowers but are too modest to tell.

- Step 4: Implement the program with high quality and fidelity (do QA, train, supervise, monitor fidelity).

- Step 5: Track outcomes for quality improvement (almost never done).

More Ingredients for a Good Program?

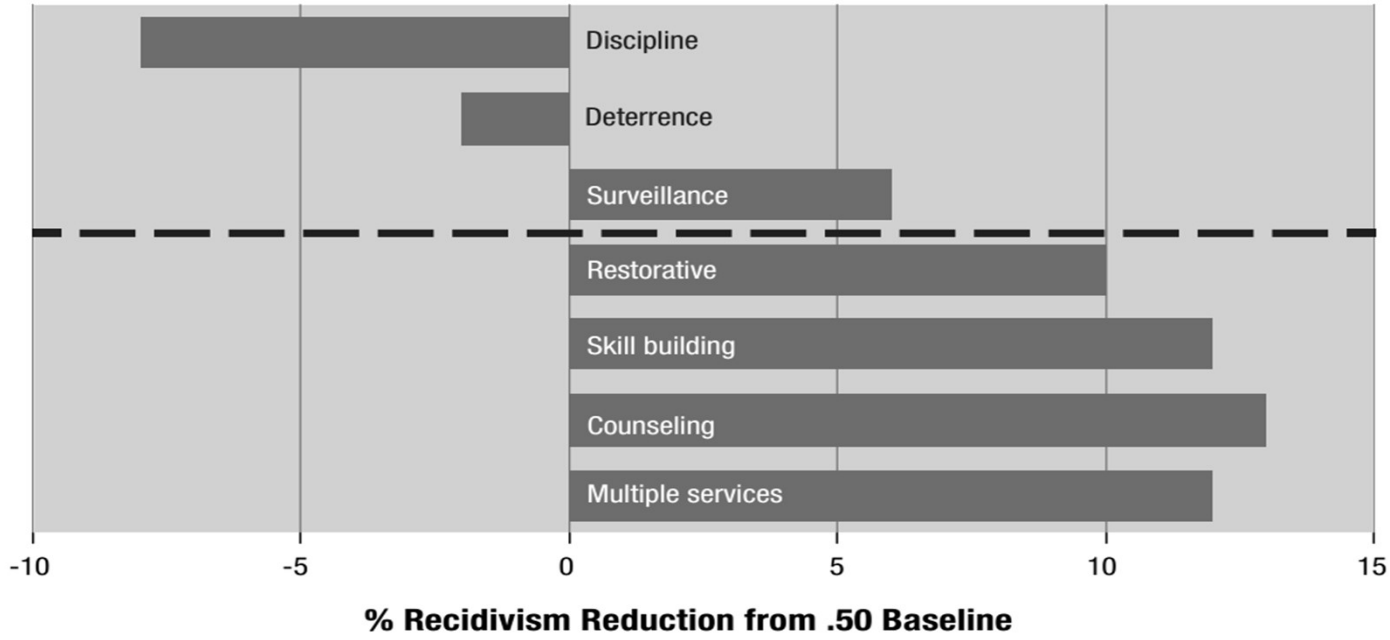
- Goldilocks Principal: Not only the right ingredients but don't bake for too short or too long, but just right!
    - How about: After our intensive evaluation, ta-daa, everybody gets a two-year program and uses Pathways.
- Trauma of Treatment: Youth and family coming into treatment are often experiencing traumatic reactions of shame, guilt, which accounts for reactions. What reactions & how to help.
- Present them with a model that fits the problematic behavior. I found that a "developmental narrative" can be part of explanation. It's a hazard of adolescent development.
    - Increased "drive" but no "steering."
- Fasten your seatbelt: Develop a Safety Plan before you start this trip.
- Get comfortable about talking about "uncomfortable" subjects. (Don't try this at Starbucks!)



Evidence-Based Treatment for Juveniles

What is Effective for General Probation Youth? (Lipsey et al., 2010)

Figure 1. Mean recidivism effects for the program categories representing control and therapeutic philosophies



24 Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice

Defining a Quality Treatment Program

- **Quality of implementation matters:**
  - Baglivio et al. (2018) evaluated 56 residential programs for probation youth in Florida.
  - High quality programs had 33% recidivism and lowest quality programs had 66% recidivism.

- **Specific qualities include:**

  1. adequate therapist training
  2. a manualized treatment protocol,
  3. observed adherence to treatment models
  4. internal fidelity monitoring
  5. corrective action with problem situations
  6. evaluation of the facilitator's effectiveness.

JwSO Treatment Models & Workbooks

Name Brand Programs

- My recommendation is use any of these as a **FIRST CHOICE**. Have the best likelihood of good outcomes would be my estimate.
- Multisystemic Therapy Program: Multiple replications and adapted for JwSO (Borduin et al., 2009). Ongoing fidelity monitoring, adjustment in real time to problem areas, 2 to 3 times a week for 4-6 months. Have to join the "franchise", start up and ongoing costs. Not adaptable to youth in detention.
- Problematic Sexual Cognitive-Behavioral Therapy, University of Oklahoma Health Sciences Center (National Center on the Sexual Behavior of Youth, n.d.). Implemented at multiple national sites, including LA County. Not a randomized trial, but significant supportive research. A "franchise" system.

The I-Decide Program

(Smith & Peterson, 2022)

- Paula Smith, PhD
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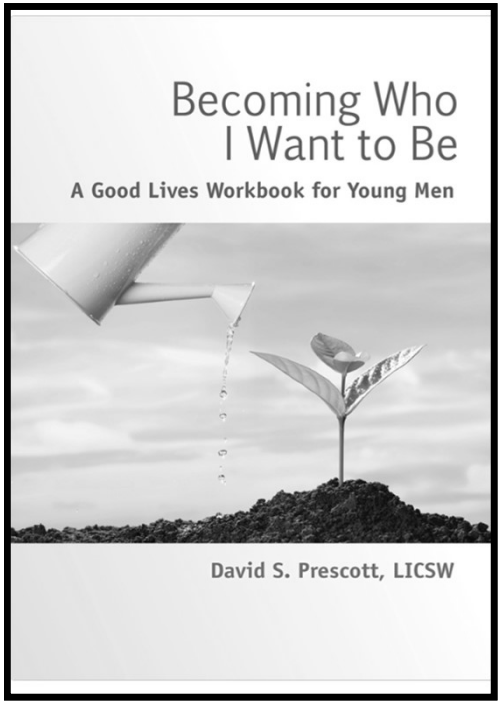
- smithp8@ucmail.uc.edu
- Lisa Ann Peterson, PhD
- lisapetersonphd@yahoo.com

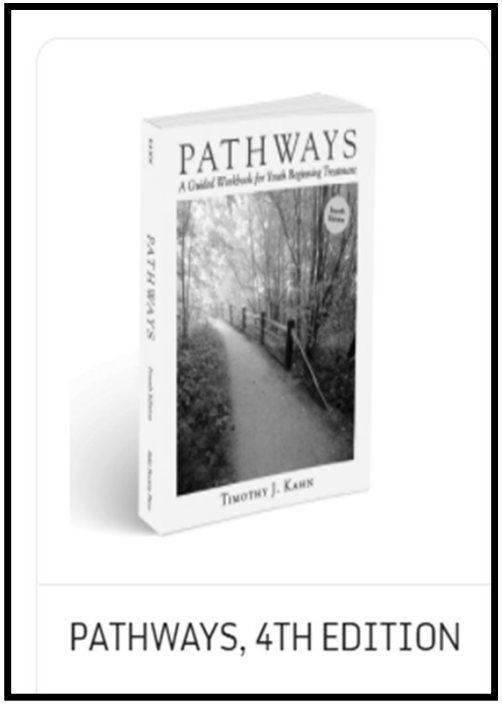
Bake your Own!/Ready by Monday!

- If you follow my Evidence-Based Program Characteristics model, you could get a program up and running by Monday.
    - If you felt pretty confident working with teens clinically, with these methods, had group supervision, feedback, and tracked outcomes.
- Use Pathways by Kahn (2011), my Being a Pro & additional curriculum regarding healthy sexual practices for teens (Ralph, 2016).
- That would give you about 25 sessions.
- Also do monthly family sessions in order to address promoting the Safety Plan and the Prosocial Plan (discussed below) and use Bonner's Taking Action (2009) and give to parents.
- Get consultation from someone who had been doing this for a while.

JwSO Workbooks-Safer Society Press

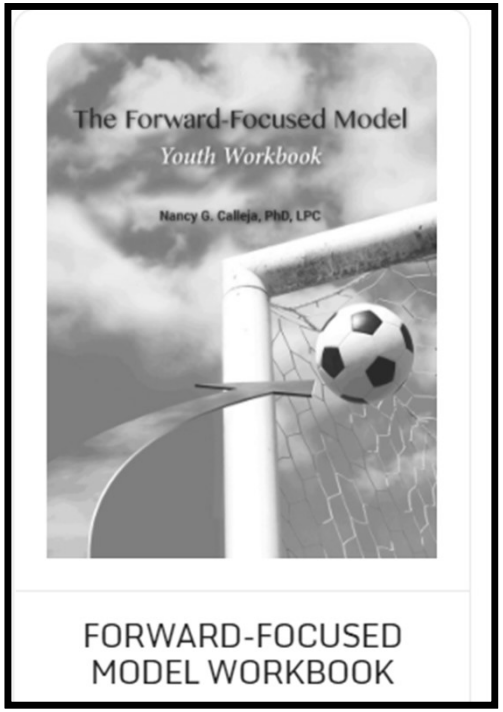


(Prescott, 2018)



(Kahn, 2011)

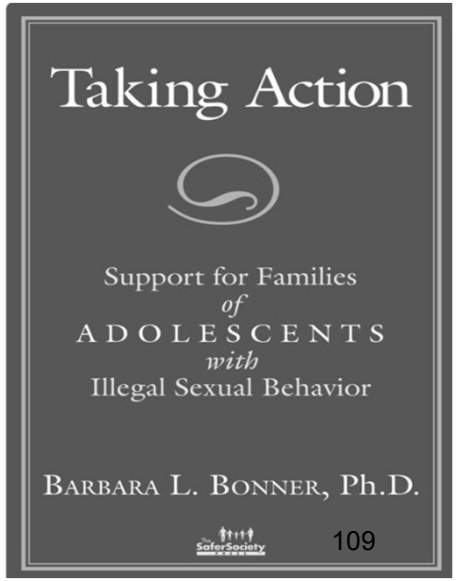
(Rich, 2009)



(Calleja, 2015)

Hey, What About Parents?

- Inclusion of parents is a must if possible and relevant.
- Meeting regarding Consents and Safety Plan with parents key to treatment.
- Providing curriculum for parents complementary to youth important.
- Subsequently meeting with parents monthly. A goal is to get them "on board" and cooperative w/ enforcing Safety Plan.
  - ✓ If they will not do that, needs to be addressed immediately.
  - ✓ Curriculum used is "Taking Action" by Dr. Barbara Bonner (Bonner, 2009).
- This is a goal, not always possible.



Item	*No Intervention Need*	*Possible / Limited Intervention Need*	*Moderate Intervention Need*	*Strong Intervention Need*	*Unable to rate*
1. Understanding Appropriate Sexual Behavior	*0*	*1*	*2*	*3*	
2. Understanding the Consequences of Sexual Abuse	*0*	*1*	*2*	*3*	
3. Sexual Thoughts – Frequency	*0*	*1*	*2*	*3*	
4. Sexual Interests - Age & Consent	*0*	*1*	*2*	*3*	
5. Sexual Attitudes & Beliefs	*0*	*1*	*2*	*3*	
6. Sexual Behavior Management	*0*	*1*	*2*	*3*	
7. Compassion for Others	*0*	*1*	*2*	*3*	
8. Relationships with Peers	*0*	*1*	*2*	*3*	
9. Emotion Management	*0*	*1*	*2*	*3*	
10. Social Skills	*0*	*1*	*2*	*3*	
11. Self-confidence	*0*	*1*	*2*	*3*	
12. School & Work Commitment	*0*	*1*	*2*	*3*	
13. Use of Unstructured Time	*0*	*1*	*2*	*3*	
14. Nonsexual Behavior Attitudes and Beliefs	*0*	*1*	*2*	*3*	
15. Nonsexual Behavior Management	*0*	*1*	*2*	*3*	
16. Client View of Primary Caregiver Relationship	*0*	*1*	*2*	*3*	
17. Client View of Supportive Adult Relationships	*0*	*1*	*2*	*3*	
18. Family Functioning	*0*	*1*	*2*	*3*	
19. Living Situation - Safety & Stability	*0*	*1*	*2*	*3*	
20. Involvement in Community Resources	*0*	*1*	*2*	*3*	
21. Mental Health Management	*0*	*1*	*2*	*3*	
22. Participation in Interventions	*0*	*1*	*2*	*3*	
Tally ratings endorsed per column: (Number of 0's, 1's, 2's, 3's & unable to rate)					

Youth Needs & Progress Scale

(Prentky, et al., 2020)

Questions from Participants?

The only "dumb" question is the one that was never asked.
-R. Bautista

Don't be afraid to ask the "dumb" question, everyone else will be relieved you had the guts to ask!
-S. Sandberg