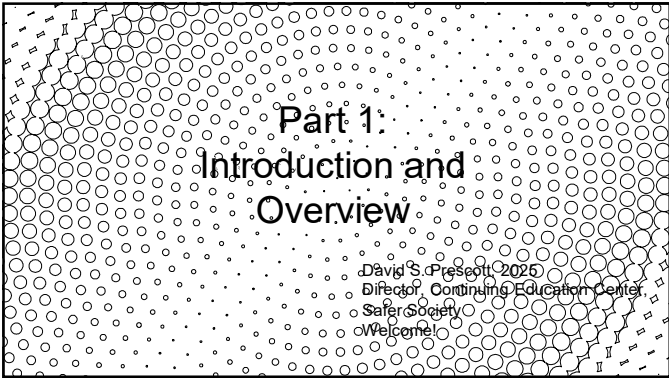
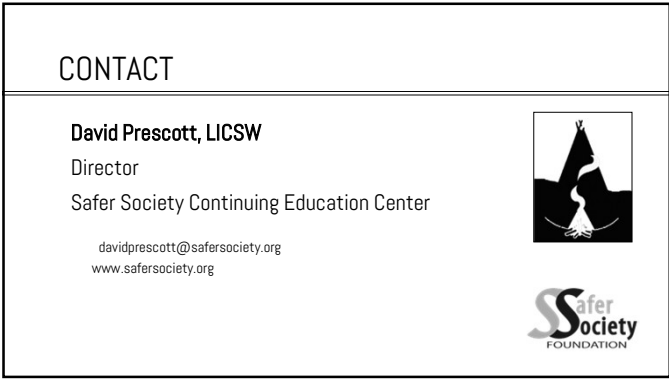


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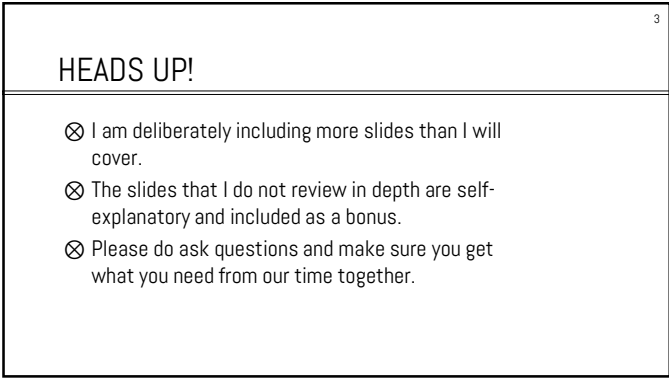
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Assessing and Treating Adolescents Who Sexually Abuse: Learning (And Re-Learning) the Basics:
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Focus
<div>1. Background information</div> <div>2. Contextual understanding</div> <div>3. Past approaches and stigma</div> <div>4. Developmental aspects</div> <div>5. Six Principles to follow</div> <div>6. Where we go from here</div>

4

David Prescott: Friend or Foe?



5

Let's be patient
<div><input checked="" type="checkbox"/> We live in troubled times</div> <div><input checked="" type="checkbox"/> I am going to be very provocative</div> <div><input checked="" type="checkbox"/> I am going to be highly irreverent</div> <div><input checked="" type="checkbox"/> This is a training for professionals only</div> <div><input checked="" type="checkbox"/> I come in peace and believe in human dignity</div> <div><input checked="" type="checkbox"/> I mean no harm</div> <div><input checked="" type="checkbox"/> Please take everything I say in the spirit in which it is intended</div>

6

Assessing and Treating Adolescents Who Sexually Abuse: Learning (And Re-Learning) the Basics:
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7

A note on research

- ⊗ In the past, professionals over-relied on adult research and programming to design treatment programs for adolescents.
- ⊗ This problem continues today.
- ⊗ However, where research is sometimes missing for adolescents, I do use occasional studies on adults in an exploratory fashion to assist our understanding.

7


Welcome Newcomers!



8

Professionals in the field

- Before...



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... and after



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Central Issues

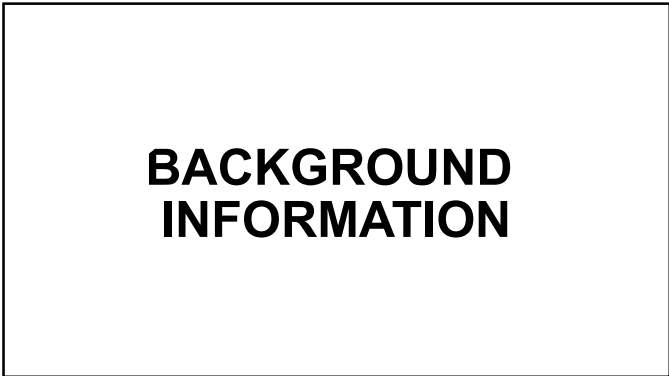
- ⊗ Assessment-Driven Treatment
 - ⊙ Not one-size; grounded in expert knowledge
- ⊗ Keep kids in the community as much as possible
- ⊗ Keep kids mainstreamed as much as possible

11

Key Themes

- They're still adolescents
- Professionals' attitudes towards adults and adolescents have changed but understanding their differences has not improved
- We've figured out much of the basics; now it's time to develop a deep understanding of:
 - Personal adversity
 - Family adversity
 - Cultural adversity

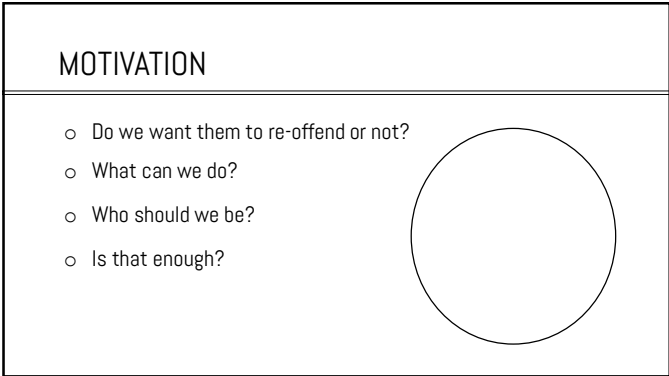
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WHAT IS OUR GOAL?


- Stopping the behavior?
- Justice for the victim?
- Preventing re-offense?
- Building a better life?



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REMEMBER

- Safety first!
- Do no harm
- Do no more harm



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David's Cheat Sheet

- Cognitive-Behavioral Programming
- Family-focused and community-based
- Skill acquisition and enactment
- Strengths-based
- Collaborative
- Focused on the whole person, but...
- Attending to reducing/managing specific risk factors...
- While also enhancing capacities

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CONTEXTUAL
UNDERSTANDING

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SEXUAL AGGRESSION IN COLLEGE MEN

- 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

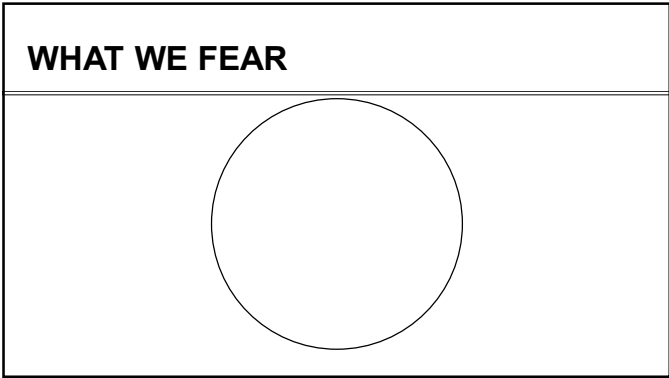
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SEXUAL AGGRESSION IN COLLEGE MEN

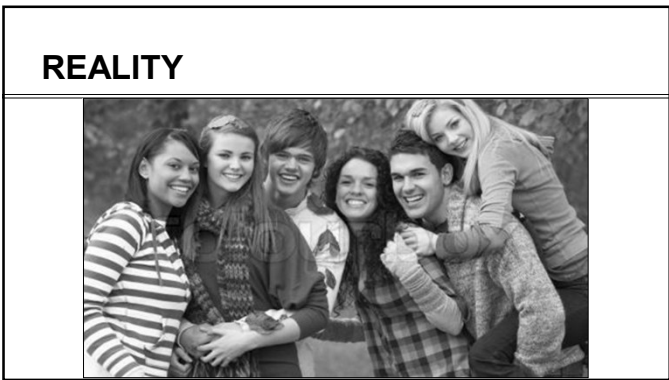
- Abbey & McAuslan (2004)
 - 14% reported that they had committed a sexual assault within a 1-year time interval
 - This is close to the rate presented in the only other study to our knowledge that examines sexual assault perpetration among adults longitudinally, which found a perpetration rate of 12.5% 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

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BOTTOM LINE

- 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 Simons (2007)

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**PAST APPROACHES
AND STIGMA**

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496 comments | [Recommend](#) 551 | [Share](#) 130 | [Print](#)

2 days ago

Parents outraged that Mass. middle-schoolers were denied lunch

By The Associated Press

ATTLEBORO, Mass. — As many as 25 students at a Massachusetts school were denied lunch this week because they either could not pay or their pre-paid accounts were short on funds, schools officials and parents said.

Outraged parents say some students at Coello Middle School in Attleboro cried when they were told by a worker for the district's food service provider they could not eat on Tuesday.

The on-site director for the company, Whitsons Culinary Group of Islanda, N.Y., was placed on

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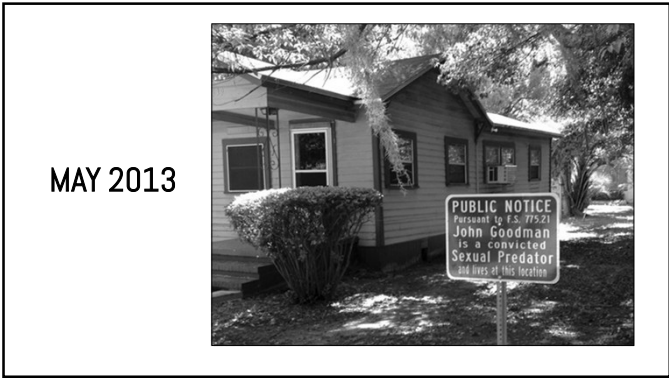
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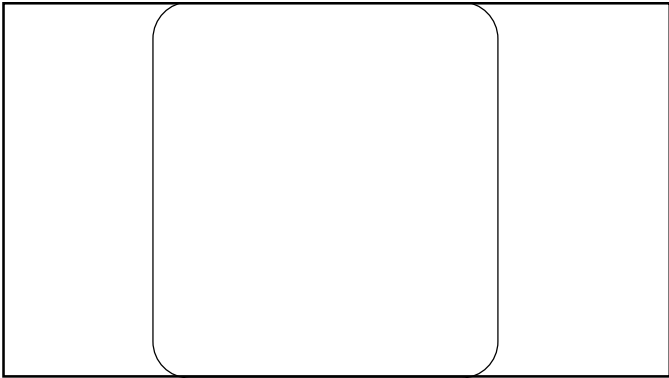
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Why doesn't punishment work?

- ⊗ With many kids, punitive approaches produce shame, not guilt
 - ⊙ *"This must be who I am"*
- ⊗ For every kid who straightens up and flies right, there is another who leans further in towards problem behavior
- ⊗ *"Yes, but when I used to get in trouble, my dad would whoop me and I turned out okay."*
 - ⊙ Change happens within relationships.

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And then there's the media



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Can they be cured?

- Treatment won't work equally well for everyone, and 100% success should not be expected.
- Sex offender treatments, like many other types of medical and mental health interventions, don't focus on a cure but on a reduction of symptoms.
- Treatment for diabetes doesn't cure the disease, it manages the disease. Likewise, entering weight watchers with the expectation that simply being in the program will create weight reduction won't work. It takes collaboration and commitment.
- Appendix removal versus weight loss
- Auto Mechanic versus Home Depot manager

(K. Creeden, personal communication, 2005)

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Part One, Introduction and Overview

Can they be cured?

- Treatment for schizophrenia doesn't cure psychosis, it reduces symptoms and allows people to function more adequately.
- Chemotherapies may not ultimately prevent all cancer fatalities but may increase life expectancy and quality of life for many patients.
- Sex offender treatment teaches clients how to change their thinking and their behavior, and many are able and willing to do so and avoid re-offense.

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Sidebar


In 2011, Colorado abandoned "no-cure" language in its state statutes.

In 2021, Colorado opted for "person-first language"

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Marshall, 2005

- Warm
- Empathic
- Rewarding
- Directive



Problem:
Many people think they have these qualities, but don't.

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Parhar et al., 2008

- Meta-analysis of 129 studies
- *In general, mandated treatment was found to be ineffective ... particularly when the treatment was located in custodial settings, whereas voluntary treatment produced significant treatment effect sizes regardless of setting.*



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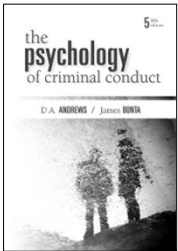
**RISK, NEED,
AND
RESPONSIVITY**

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Andrews & Bonta (2010)

Three Principles:

- Risk
- Need
- Responsivity



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Effective Programs

RISK Principle

- effective programs match the level of treatment intensity to the level of risk posed by the client
- high risk = high intensity
- mismatching can result in increased risk
- Criminal history = predictive

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Risk Principle

- Forget morals
- Forget values
- Forget everything else...
- Risk is an underlying likelihood
- We can make people more dangerous as well as less

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Effective Programs

NEED Principle

- effective programs target identified criminogenic needs
- People who have sexually or violently abused require sex/violent offender specific treatment programming
- other programs may result in some ancillary gain, but risk for sexual re-offense likely will not be reduced

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Part One, Introduction and Overview

Need principle

- Criminal interests
- Criminal attitudes/beliefs
- Criminal schemas
- Criminal associates/significant others
- Self-regulation/management
 - Problem-solving skills
 - Coping skills
 - Interoception

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Effective Programs

RESPONSIVITY *principle*

- effective programs are those which are responsive to client characteristics
 - cognitive abilities
 - maturity
 - motivation
 - mode of intervention
 - scheduling concerns
 - neurological impact of trauma

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What's the end game?

- ⊗ Completing treatment?
- ⊗ Sustaining lasting and meaningful change?

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DEVELOPMENTAL
ASPECTS

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Attachment

⊗ Marshall & Marshall (2010):

“Unsatisfactory attachments between parent and child poorly equip the child to develop the skills, self-confidence and confidence in others necessary for them to develop effective relationships” (p. 78).

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Attachment

⊗ Secure

⊗ Ambivalent

⊗ Avoidant

⊗ Disorganized

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Miner et al., (2016)

- ⊗ Observed that:
 - ⊙ Fearful/anxious attachment styles more prevalent in sexual from non-sexual offenders
 - ⊙ Those who target children more likely than those who target adults to have insecure attachment
 - ⊙ There is also evidence that attachment style plays a role in the regulation of affect
 - ⊙ Sex offending behavior may differ depending on the type of insecure attachment style of the perpetrator

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Miner et al., (2016)


- ⊗ “We found an indirect association between anxious attachment and sexual offenses against child victims, which was accounted for by measures of social involvement and social isolation. These involvement and isolation measures also did not have a direct association with sexual offenses against child victims, in that their contribution was accounted for by a measure of Masculine Adequacy. This Masculine Adequacy, combined with decreased levels of Sexual Preoccupation and Hypersexuality and increased Sexual Compulsivity, was associated with commission of child sexual abuse. The interpersonal variables did not enter a model predicting sexual offending against peers/adults, which seemed solely associated with the interaction between Sexual Compulsivity and Hypersexuality.”

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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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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..."*

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LALUMIÈRE 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

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Lalumière et al. (2004)

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

• Lack of strong prosocial ties

• Antisocial peers

• Prior delinquent offenses

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THE PROBLEM

- Smith et al., 2002
- Meta-analysis
- 117 studies since 1958
- 442,471 criminal offenders (including juveniles)

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No form of punishment
reduced re-offense

Two other large-scale studies
have since confirmed

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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

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LOGICAL PUBLIC POLICY?

- Residence restrictions limit where an offender can live; most sexual abusers target people they know
 - Most sexual abusers target people they know
 - Geographic restrictions are meaningless

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Juvenile “Sex Offender Registry”

- ⊗ There is little evidence that registries reduce sex offending.
- ⊗ “The primary purpose of this study is to examine the effects of South Carolina’s comprehensive registration policy on recidivism of juveniles who sexually offend. Registered and nonregistered male youth are matched on year of index offense, age at index offense, race, prior person offenses, prior nonperson offenses, and type of index sexual offense, for a total of 111 matched pairs. Recidivism is assessed across a mean 4.3-year follow-up ($SD = 2.5$). The sexual offense reconviction rate is too low (2 events) to support between-group analyses. Cox regression results indicate no significant between-group differences with respect to new nonsexual person offense convictions but significant between-group differences with respect to new nonperson offense convictions. Specifically, registered youth are more likely than nonregistered youth to have new nonperson offense convictions across follow-up.”
— Letourneau & Armstrong (2008)

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LANGUAGE

○ “JSO”	○ Imprecise
○ Juvenile (unattached, unformed, etc.)	○ Legal
○ Sex (subject to change without notice)	○ Not diagnostic
○ Offender (at least on one occasion)	

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ROUTINE OUTCOME MONITORING

- Clients can change dramatically while in treatment
- Tracking global outcomes
- Tracking the working alliance
- Session-by-session feedback
- Examples include Youth Outcome Questionnaire, Outcome Rating Scale, Session Rating Scale, etc.

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WHAT HAVE WE LEARNED?
SIX PRINCIPLES TO FOLLOW

68

6 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
5. Assess the program: Not all treatments are alike
6. Assess the provider: The qualities of the professional influences outcomes

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1. ADOLESCENTS,
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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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



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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



73

SETO & LALUMIÈRE (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





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SETO & LALUMIÈRE (2010)

Largest Group Differences:


○ Atypical sexual interests


○ Sexual abuse history

○ Criminal history

○ Antisocial associations

○ Substance abuse





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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

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IMPORTANT!

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

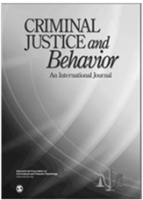


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CARPENTIER ET AL., 2011

WHO PERSISTS?

WHO DESISTS?






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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



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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

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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

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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

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CARPENTIER ET AL., 2011

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



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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)

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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. 668)

85

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

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Lussier & Blokland (2014)



- ⊗ Purpose: It is assumed that juvenile sex offenders (JSO) are tomorrow's adult sex offenders (ASO) and ASO were previously JSO. The current study tests these two assumptions using prospective longitudinal data. Methods: Using data from the 1984 Dutch Birth Cohort study, the study examines the criminal career of JSO and the continuity of sex offending into early adulthood.
- ⊗ Results: The study findings show much heterogeneity in the criminal careers of JSO suggesting several criminal career outcomes in adulthood. Put differently, the vast majority of JSO do not become ASO while adult sex offending does not require juvenile sex offending...

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Lussier & Blokland (2014)

- ⊗ ... Against the backdrop of this principle, the study found a small group of JSO recidivist at-risk of persisting into adulthood and a group of chronic juvenile of- fenders who are at-risk of escalating their offending to sex crimes in adulthood.
- ⊗ Conclusions: For the most part, JSO and ASO are two distinct phenomenon. The vast majority of JSO desist from sex offending while the vast majority of ASO started sexually offending in adulthood. As the frequency of general nonsexual offending increases during adolescence, so is the risk of becoming ASO. This group of youth warrants closer scrutiny for prevention programs.

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Lussier & Blokland (2014)

- ⊗ Juveniles who persisted into adulthood:
- ⊗ 5-10% of the authors' studies
- ⊗ "...it is worth noting that they were responsible for less than five percent of all sex crimes in adulthood by this birth cohort"
- ⊗ High rates of chronic non-sexual offending as well as sexual offending.
- ⊗ "That said, prior research has shown that this group should not be confused with Moffitt's life course persistent (LCP) offenders as the scope of their nonsexual offending and offending trajectory is atypical to the LCP group"
- ⊙ Higher rates of sexual offending

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Lussier & Blokland (2014)


- ⊗ "Robin's Paradox"
- ⊗ Epidemiologist Lee Robins described an apparent paradox that puzzled psychiatry: Antisocial adults virtually always begin as children with antisocial misconduct, but most young people who engage in antisocial misconduct do not grow up to be antisocial adults.

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Beaudry-Cyr et al. 2017



⊗ *Using data collected at two different time points from a sample of sex offenders who served a prison sentence for an adult sex offense, the present study examines the prevalence of sex offending continuity, and its potential linkages with subsequent sex and general recidivism as well as identifying risk factors related to these outcomes. The multivariate results indicate a low rate of sex offending continuity in general but suggest the presence of identifiable risk factors that predict sex offending continuity...*

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Beaudry-Cyr et al. 2017

⊗ *... Specifically, non-sexual juvenile offending is the most notable of the numerous risk factors found to be associated with those displaying sex offending continuity from adolescence into adulthood. Subsequent analyses also reveal a significant association between sex offending continuity and sexual recidivism but not general recidivism.*

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Krause et al., 2022



⊗ 230 adolescents with histories of sexual offending

⊗ *"Overall, our findings do not support a general notion of the presence of SB (sexualized behaviors) as an indicator of high risk for persistent sexual offending among JSO. Instead, JSO with SB appear particularly burdened regarding a range of psychiatric disorders that should be treated accordingly."*

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Krause et al., 2022

- ⊗ Three profiles:
 1. "low/no SB" ($n = 188$),
 2. "preoccupied SB" (preoccupation with sexuality, e.g., early pornography consumption, excessive masturbation; $n = 29$), and
 3. "dysregulated SB" (exhibiting inappropriate sexualized behaviors toward others, e.g., sexualized speech, touching others inappropriately; $n = 13$).

94

95

Aebi et al., 2022



- ⊗ 64 adolescent males between 10 and 18 ($M=14.75$ years)
- ⊗ Compared two variations (general skills versus offending-specific)
- ⊗ *"Despite some methodological limitations, the current findings favor offending-specific skills-based therapy over general skills-based ones for preventing sexual reoffenses."*

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Pornography

Adolescent viewers are not little adult viewers...

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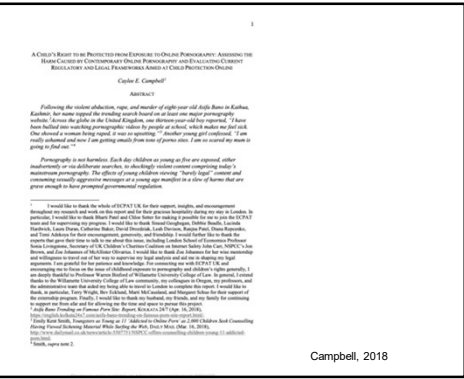
2020



Ferguson & Hartley, 2022

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2019



Campbell, 2018

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Considerations

- While the trend among adults is more "sex positive" ...
- Susceptibility to themes/trends
 - Case example: Arousal to family members
 - Case example: Arousal to violence
- Combination of attention issues with search for novel stimuli = Potent mix
- Ultimately:
 - Maybe not at high risk for sexual violence, but high risk for not living up to full relationship potential?
- "Savvy Consumer" Model (Russ Pratt)

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2. MOST ADOLESCENTS
DO NOT RE-OFFEND
SEXUALLY

100

REITZEL &
CARBONELL
(2006)

101

CALDWELL (2016)



- Meta-Analysis
- Studies since 2000
- Recidivism = 2.75%
- Many Questions


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Assessing and Treating Adolescents Who Sexually Abuse: Learning (And Re-Learning) the Basics:
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Lussier et al., 2023


- ⊗ Data from studies published worldwide between 1940 and 2019
- ⊗ The study did not observe convincing evidence that sexual recidivism rates for adolescent perpetrators are declining, but rather that these rates have been consistently low over the years.
- ⊗ General recidivism: 44%
- ⊗ Violent recidivism: 18%
- ⊗ **Sexual recidivism: 8%**
- ⊗ (Note: Follow-up, treatment status are not considered)



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IMPLICATIONS & A CAUTION


- We have many reasons to be hopeful about the future
- Kids change
- We need to have expertise in human development, sexuality development, understanding each youth's environment, and behavioral trajectories. We also have to be excellent and wise therapists.



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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)



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Assessing and Treating Adolescents Who Sexually Abuse: Learning (And Re-Learning) the Basics:
Part One, Introduction and Overview

REITZEL & CARBONELL (2006)

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

A 3D bar chart with two bars. The left bar is labeled 'Treatment (43 Reoffended)' and is significantly shorter than the right bar, which is labeled 'No Treatment (100 Reoffended)'. The bars are dark grey and stand on a black base against a light grey background.

Group	Reoffenses
Treatment	43
No Treatment	100

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IMPLICATIONS & 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

A diamond-shaped road sign with a black border and the word 'CAUTION!' in bold, black, sans-serif capital letters in the center.

107

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.*

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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."

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

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VILJOEN ET AL.,
2012


The image shows the cover of the journal 'Law and Human Behavior'. The title is prominently displayed in a serif font. Below the title, it says 'American Psychology-Law Society'. At the bottom, the Springer logo is visible. The background of the cover features a grayscale image of a classical building with tall columns.

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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



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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.

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IMPLICATIONS

- 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

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4. RESILIENCY AND PROTECTIVE FACTORS

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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)

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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”

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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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De VRIES ROBBE ET AL., 2015

- Medication
- Empathy
- Secure attachment in childhood
- Intimate relationship
- Motivation for treatment
- Attitude toward authority
- Self-control
- Coping skills
- Work and leisure interests

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De VRIES ROBBE ET AL., 2015

Desistance Factors:

- Treatment as a turning point
- Social network
- Personal agency
- Internal locus of control
- Finds positive outcomes in negative events

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De VRIES ROBBE ET AL., 2015


Best Outcomes:

- Goal-directed living
- Good problem-solving
- Constructive employment/leisure activities
- Sobriety
- Hopeful, optimistic, motivated attitude towards desistance

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Worling, 2017 (excerpt)

- Hope regarding healthy sexual future
- Respectful sexual environment
- Balanced sexual interests
- Compassionate and caring
- Good self-regulation
- Good problem-solving
- Emotional intimacy, feeling supported
- Secure living environment



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RISK FACTORS

First Offense <ul style="list-style-type: none">○ Impulsivity○ Breaking other laws○ History of sexual victimization○ Witnessing domestic violence○ Neglect○ Psychological abuse○ Physical abuse○ Having antisocial caregivers○ Attachment problems	Subsequent <ul style="list-style-type: none">○ 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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Part One, Introduction and Overview

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[illegible]

125

[illegible]

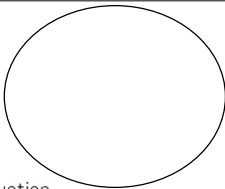
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[illegible]

CASE EXAMPLE

"Chris"

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



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"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

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AROUSAL RECONDITIONING

- Male Adolescent Residential:
56.4% of programs use one or more 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

(McGrath et al., 2003)

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WHAT IS MISSING?

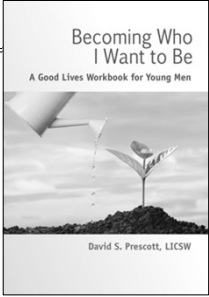
Little, if any, research basis for...

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

(Hunter & Becker, 1994)

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In case it interests



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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

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WEISS ET AL. (2005)

- Antisocial peer groups ≠ likelihood of future misconduct
- While the evidence is convincing that misbehaving youth can influence each other in general settings ("deviancy training"), this negative influence is not necessarily seen in group treatment situations
- Outcomes are less severe than arrest for a serious crime (e.g., smoking, classroom misconduct)
- In one well-known study, the purported effects of these peer groupings were not apparent until 30 years later, and "treatment" involved mentoring and case management

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IMPLICATIONS

- The impact of peers is important
- Positive peer and adult influence
- One study does not a reality make


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6. ASSESS THE PROVIDER: THE QUALITIES OF THE PROFESSIONAL INFLUENCES OUTCOMES

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MARSHALL (2005)



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MARSHALL (2005)

- Warm
- Empathic
- Rewarding
- Directive



**** Problem:** Many people think they have these qualities, but do not.*

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EMPATHY

- Empathy among doctors (Hojat et al., 2009)
Empathy scores did not change significantly during the first two years of medical school
- However, a significant decline in empathy scores was observed at the end of the third year which persisted until graduation
- Patterns of decline in empathy scores were similar for men and women and across specialties

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HOJAT ET AL. (2009)

Conclusions

It is ironic that the erosion of empathy occurs during a time when the curriculum is shifting toward patient-care activities; this is when empathy is most essential.

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Implication

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

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1979: EDWARD S. BORDIN

Therapeutic Alliance:

- Agreement on relationship
- Agreement on goals
- Agreement on tasks
- (Norcross, 2002 would add client preferences)

Over 1,100 studies have since emphasized the importance of the alliance in psychotherapy

(Prescott & Miller, 2015; Orinsky et al., 1994)



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Alliance

- What are this client's goals?
- Who are you in this client's life
- What approaches are and aren't a good fit for this client?
- And what strongly held personal and cultural values influence this person and the treatment process?

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ASK YOURSELF

- How good is our therapeutic alliance with clients, really?
- If a client fails to progress because we adopt a more intrusive approach, how would we explain this to future victims?

144

TRAUMA

Approximately 90% of youth in juvenile detention facilities reported a history of exposure to at least one potentially traumatic event in two independent surveys of representative samples.

E.g., being threatened with a weapon (58%), traumatic loss (48%), and physical assault (35%)

(Ford et al., 2012)

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TRAUMA

- Two complex trauma sub-groups:
 - **20%** some combination of sexual or physical abuse or family violence
 - **15%** emotional abuse and family violence (but not physical or sexual abuse)
- The resultant combined prevalence estimate of **35%** for complex trauma history is about three times higher than the **10-13%** estimates of polyvictimization from epidemiological study of children and adolescents

(Ford et al., 2012)

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IN SUMMARY

- There is almost no research on the polygraph and its most effective use with adolescents
- Just because professionals can use it with a given adolescent does **NOT** mean that they should use it
- Policies that require polygraph examinations for every adolescent will likely do harm by neglecting the individual differences and vulnerabilities of each adolescent

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BE TRAUMA-INFORMED



Really Trauma-Informed

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TRAUMA

Ford et al. (2012)

⊗ Approximately **90%** of youth in juvenile detention facilities reported a history of exposure to at least one potentially traumatic event in two independent surveys of representative samples

- ⊙ E.g., being threatened with a weapon (**58%**), traumatic loss (**48%**), and physical assault (**35%**)

149

TRAUMA

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(FORD ET AL., 2012)

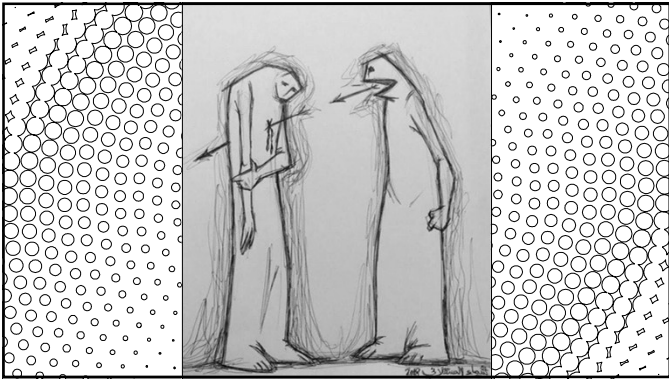
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WHAT IS TRAUMA?

- PTSD
- Complex PTSD
- DESENOS
- Complex trauma
- Developmental Trauma Disorder


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Why
So
Complicated?

FROM THE OUTSIDE
LOOKING IN,
IT'S HARD TO
UNDERSTAND.
FROM THE INSIDE
LOOKING OUT,
IT'S HARD TO
EXPLAIN.



HEALTHYPLACE.COM

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Why?

All of humanity's
problems stem
from man's
inability
to sit quietly
in a room
alone.


~ Blaise Pascal

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Question

⊗ *Between our economy, health conditions, and community violence, is ANYONE not "at risk"?*

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Sexual Abuse

SAGE
the natural home
for justice, ethics & wisdom

Thursday, September 3, 2020

Community Violence and Individual Anguish


By David S. Prescott, LICSW

The news across cities in the US has once again been horrifying. We, professionals, have found ourselves at our wit's end trying to figure out what we might do. Watching the news is a harrowing experience. Ignoring it is irresponsible. While some details of each incident may be debatable, the overall trends couldn't possibly be clearer. People of color have died under circumstances that are questionable at best (and this is an attempt to express it diplomatically). All of this comes against a backdrop since the start of the summer of documented, nationwide increases in anxiety, depression, substance use, and suicidal ideation. Why mention this topic in a blog that typically focuses on issues relevant to sexual violence prevention?

First, most of this blog's readers have in one way or another made life as well as a living in trying to help build healthy lives and safer communities. For the most part, we all have skin in this game. Yet for all of our specialized efforts anxiety, depression, stress of all sorts, and overt violence – including overt racialized violence – are on the rise. We still don't have a clear picture of what has been happening with family violence behind closed doors. Where will we want to focus our next efforts? With what resources?


I was recently on a call with colleagues discussing work with at-risk children and adolescents. The question arose about whether any kids in the current era are not at risk, given their exposure to so many horrific events. While, on average, kids from minority backgrounds and marginalized communities are at much higher risk for every kind of bad outcome, it is an interesting question. The challenge of how best to form connections with kids who have been abused was once front and center in our minds, but it may be more realistic now to ask whether we can possibly understand their current realities and emerging world view. How should we change our assessments and treatment to respond?

Kieran McCarty, PhD



Chief Strategist

David Prescott, LICSW



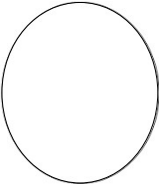
Assaults blogger

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WHAT IS TRAUMA?

"Trauma is the desperate hope that the past was somehow different."



— Judith Hindman, MD

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WHAT IS TRAUMA?

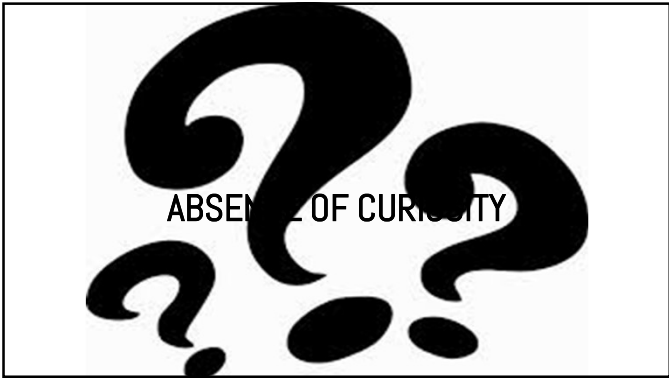
"**Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions."

—American Psychological Association

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KEY THEME

- Just notice
- See what happens next
 - Not just mindful...
 - Investigating each experience



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Relational Issues &
Somatic Challenges

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The goal of (trauma) treatment is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past

– Bessel van der Kolk



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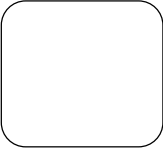
CASE EXAMPLE

- EBT roll-out
- JCCO directed client into treatment
- Client reluctant to attend
- Harm

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BENISH ET AL. (2008)

- Treatment for PTSD is effective
- “Bona fide psychotherapies produce equivalent benefits for patients with PTSD”
- Much controversy

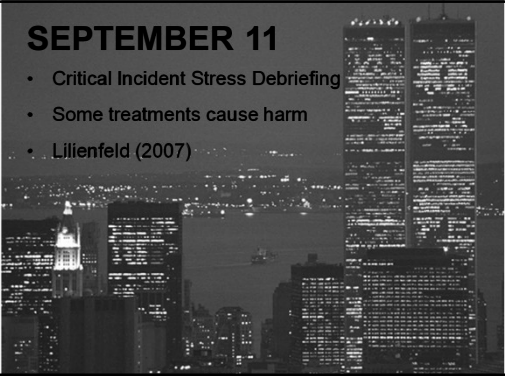


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SEPTEMBER 11

- Critical Incident Stress Debriefing
- Some treatments cause harm
- Lilienfeld (2007)



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ULTIMATELY

“No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest.”

– Judith Herman, MD

Reframe:
Interventions that empower survivors foster recovery

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So is everything about trauma?

- ⊗ No
- ⊗ This is a common misunderstanding
- ⊗ Trauma results from adverse events that happen beyond an individual's ability to cope
- ⊗ TIC is about understanding the effects of adverse life events.
- ⊗ Post-traumatic growth also exists

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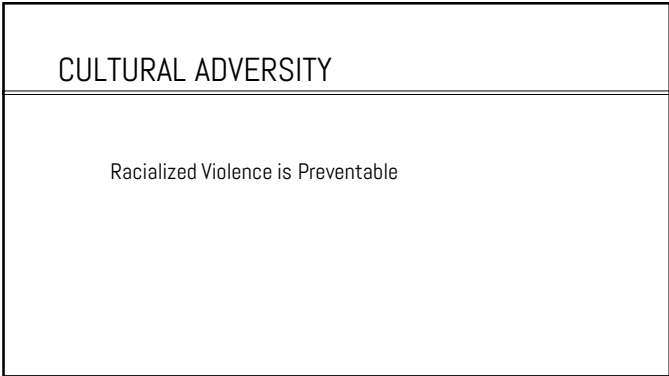
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2020
(Just one example)

Association of Sexual Health Interventions With Sexual Health Outcomes in Black Adolescents
A Systematic Review and Meta-analysis

Evans et al., 2020

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HOW DOES TRAUMA AND ADVERSITY AFFECT DEVELOPMENT?
And Risk Factors?
And Good Lives Goals?

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Developmental effects of childhood adversity

Attachment

- Trauma impacts child & caregiver relationship
- Impairs trust and ability to form secure attachments

Cognition

- Brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities
- Expectations and interpretations

Self-regulation

- Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control

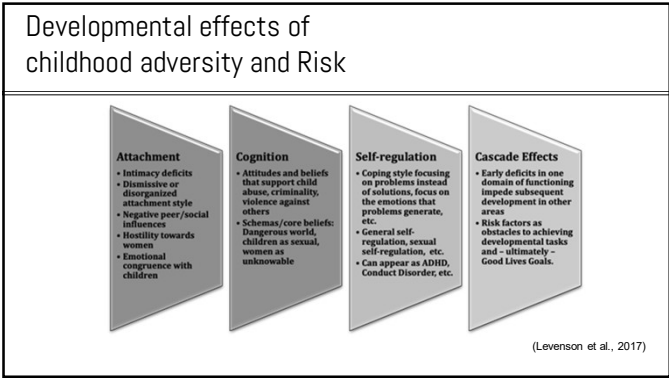
Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas

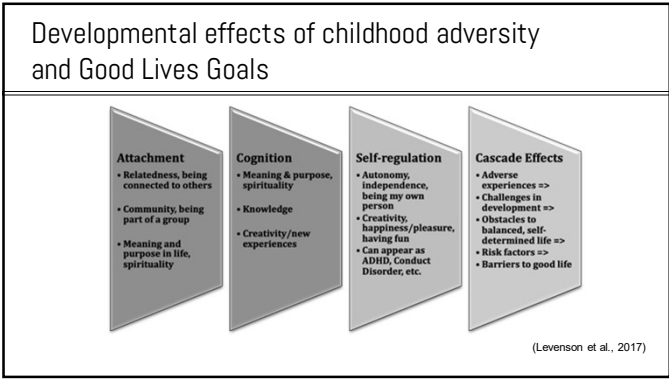
(Levenson et al., 2017)

174

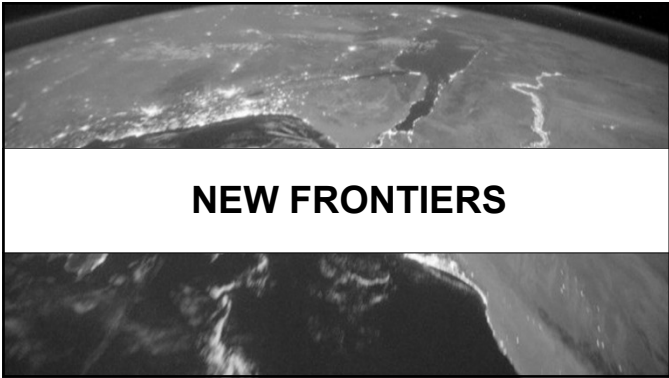
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HOW DO PEOPLE CHANGE?


⊗ Challenging "distorted cognitions"?

⊗ Completing assignments?

⊗ Following the manual?

⊗ Through their experiences and discoveries?

⊗ Via a relationship experience where hope and possibility are renewed... or born




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EMPATHIC, ATTUNED, INTERVENTIONS

⊗ Unexpected

⊗ Welcome

⊗ Impactful



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WHAT WE NEED...

⊗ Mindset

⊗ Heartset

⊗ Spirit

⊗ Attitude


⊗ Intention



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COMPASSION



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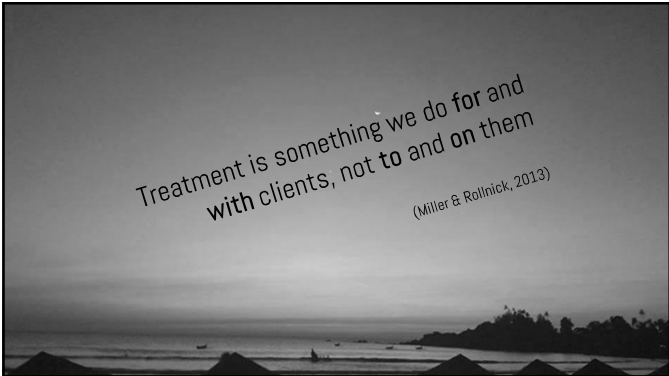
POLITICAL CLIMATE

- Coercion
- Shame
- Blame
- Threats
- Punishment



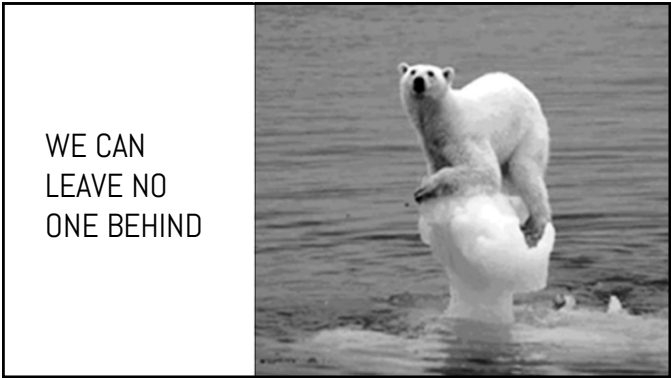
182

Treatment is something we do for and with clients, not to and on them
(Miller & Rollnick, 2013)



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