

Understanding the Origins of Harmful Sexual Behavior by Adolescents

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Learning Objectives

1. Explain multiple etiological pathways associated with the onset of adolescent sexually abusive behaviors
2. Design intervention programs that address the specific risk and needs of subgroups of adolescents who engage in sexually abusive behavior
3. Identify examples of early life-course prevention, risk assessment, and intervention
4. Describe the benefits and potential harm of social and systems responses to child and adolescent sexual behavior problems

Agenda

- Developmental Life Course framework
- Etiology/Origins of Adolescent Sexually Abusive Behavior
- Differentiating Subtypes
- Treatment and Supervision
- Prevention and Early Intervention

Leversee Typology/Etiology Resources

Leversee, T. (pre-print). Etiology and Typology of Adolescents who have Committed Sexual Offenses. *Sexual Violence Prevention Initiative*. Washington, DC: National Criminal Justice Association, Office of Justice Programs (SMART), U.S. Department of Justice

Leversee, T. (2017). Etiology and Typology of Juveniles Who Have Committed Sexual Offenses. *Sex Offender Management Assessment and Planning Initiative*. Washington, DC: National Criminal Justice Association, Office of Justice Programs (SMART), U.S. Department of Justice, p. 227-327.

Chapter 2: Etiology and Typologies of Juveniles Who Have Committed Sexual Offenses | Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking ([ojp.gov](https://www.ojp.gov))

Developmental Life Course perspective on offending

- Integrates ***risk and protective*** factor framework
- Emphasizes ***individual development over the life-course***
- ***Trajectories/Pathways*** of offending
 - ***Onset***- analysis of predictors of early sexually abusive behavior and general delinquency
 - ***Course***- length of delinquent career (duration), increases or decreases in delinquency over time (escalation or de-escalation)
 - ***Desistance***- moving away from sexually abusive behavior and general delinquency

Life-Course perspective- Persons in Context (Laub, 2018)

- Individuals are ***embedded in multiple systems***
- Individual behavior product of ***interaction*** between ***personal development and social context***—family, school, neighborhood, etc.
- Relationships between ***psychological, biological, social, parental, and peer influences*** in onset of offending at different ages
- These direct and indirect effects are often ***cumulative and can compound*** over time
- The ***justice system*** directly and indirectly ***impinges*** on these intersecting domains

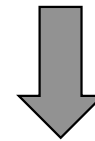
Pathways Model

(McKibbin et al, 2023)

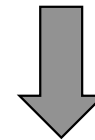
Pathway Model Concepts	Pathways to Harmful Sexual Behavior
Driver – psychosocial experience that sets child on path toward HSB onset	Child sexual abuse victimization
↓	Physical and emotional abuse
Flow – movement over time of child propelled by a driver	Living with domestic and family violence
↓	Disrupted attachments
Amplifier – risk factor that can increase likelihood of HSB onset	Sexual arousal
↓	“Antisociality
Tipping point – situations or opportunities for HSB to occur in combination with an unconscious or conscious decision-making process or impulse	Pornography
↓	Inadequate sexual boundaries
Onset – moment in time when child or young person first displays HSB	Sexual attraction to children
	Hypermasculinity

Case formulation

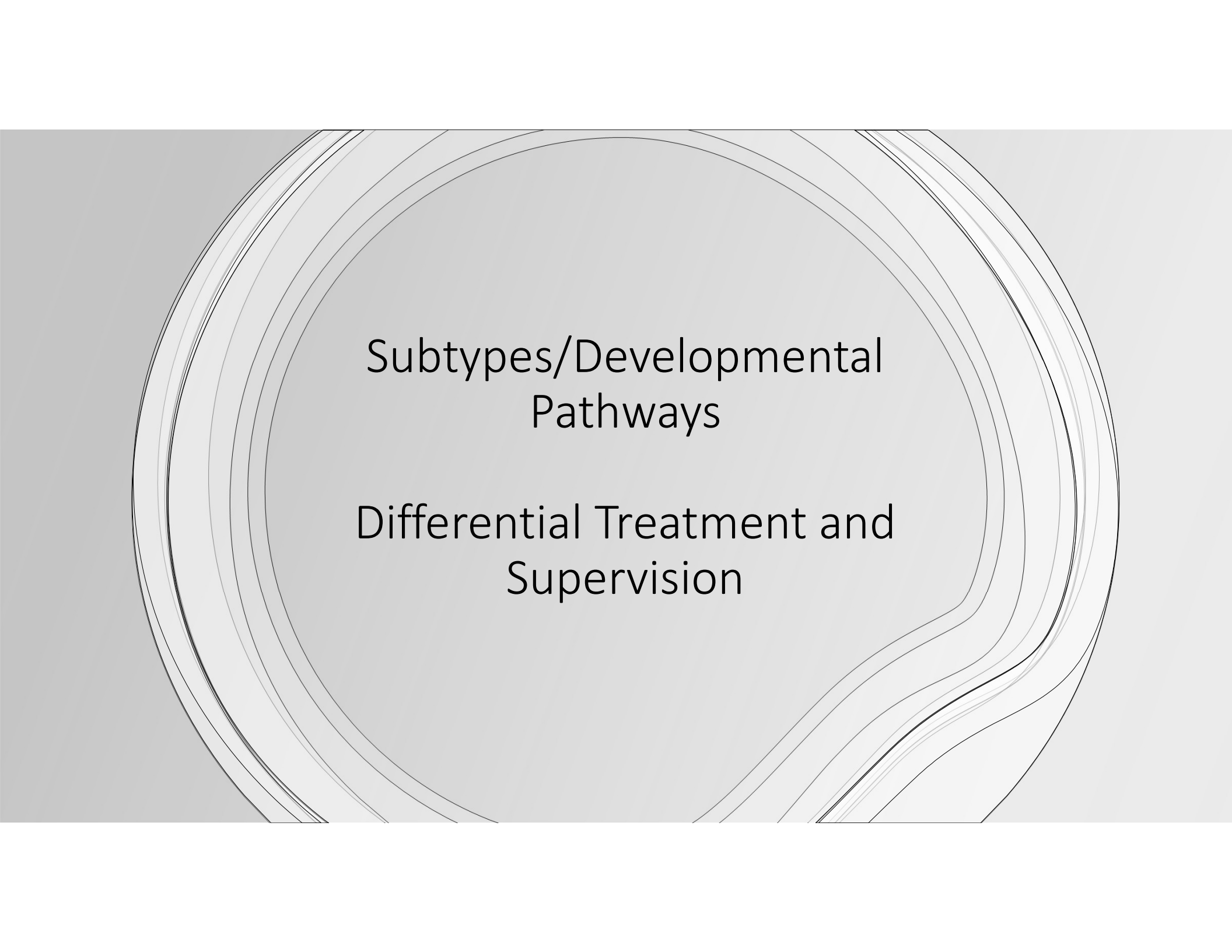
Provide explanation of client's behavior; understand ***origin/development*** of conduct problems and other maladaptive behaviors



Clarify, explain, and understand ***connections*** between current symptoms and past risk factors



Leading to understanding of how youth ***adapted*** to past stressors and how those adaptations ***carry over*** into current behavior



Subtypes/Developmental
Pathways

Differential Treatment and
Supervision

Subtypes/Developmental Pathways

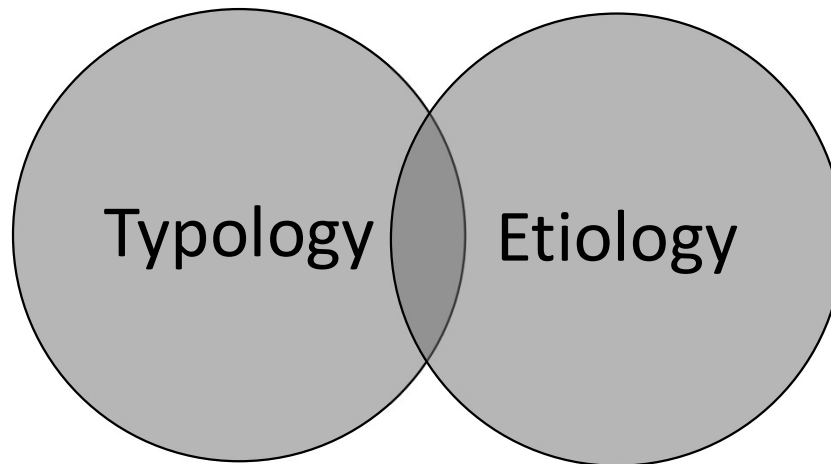
Typology

- ***Classification schemes*** based on types or categories of offenders or victims and offense characteristics
- ***Specific profile*** of an offender, victim and offense characteristics that reflect underlying psychological processes"

Etiology

- ***Causes, origins, developmental pathways*** related to development, onset and maintenance of adolescent sexually abusive behavior and non-sexual conduct problems and maladaptive behavior

Subtypes/Developmental Pathways



Significant diversity includes but is not limited to:

- Developmental stage and competency
- Etiology
- Psychosocial adjustment
- Delinquent history and orientation
- Abuse-supportive sexual interests
- Co-occurring mental health problems
- Trauma Reactive Sexual Behavior
- Race/Ethnicity
- Gender
- Ecological risks and protective factors



One size fits all is neither appropriate or effective

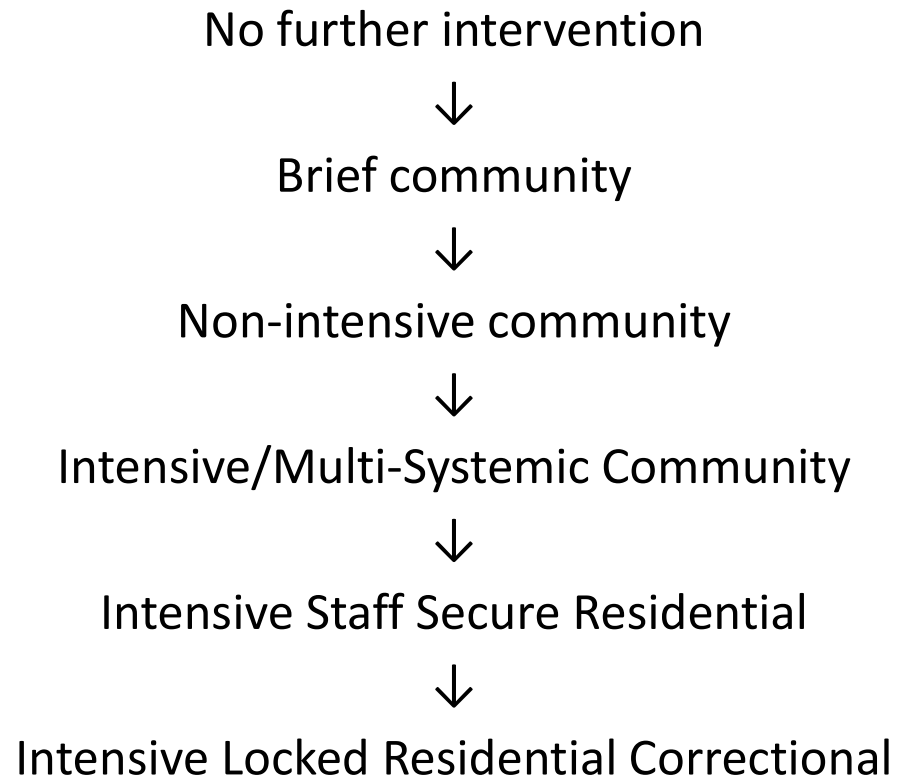
Diverse manifestations of adolescent sexual behavior problems/offending (Chaffin, 2008)

- **Traumatized** youth reacting to their own sexual victimization
- **Persistently delinquent** teens who commit both sexual and non-sexual crimes
- Early adolescent boys who are **curious** about sex and act **experimentally** and **irresponsibly**
- **Generally aggressive** and violent youth
- **Immature & impulsive** youth acting without thinking
- Those who are **indifferent** to others and selfishly take what they want
- Youth **misinterpreting** what they believed was consent or mutual interest
- Children **imitating** actions they saw in media
- Youth **ignorant of law** or potential consequences of their actions
- Youth attracted to **thrill of rule violation**
- Youth **imitating** what is normal in their own family or social **ecology**
- **Depressed** or **socially isolated** teens who turn to younger youth as substitutes for agemates
- Seriously **mentally ill** youth
- Youth responding primarily to **peer pressure**
- Youth **preoccupied** with **sex**
- Youth under the influence of **drugs & alcohol**
- Youth swept away by **sexual arousal** of moment
- Youth with insipient **sexual deviancy** problems

***Continuum of Services
and Placements based
on RNR Assessment***

(Prentky et al., 2016)

Based on subtype, balance of risk and protective factors





Etiology- Adolescent Sexual Offending

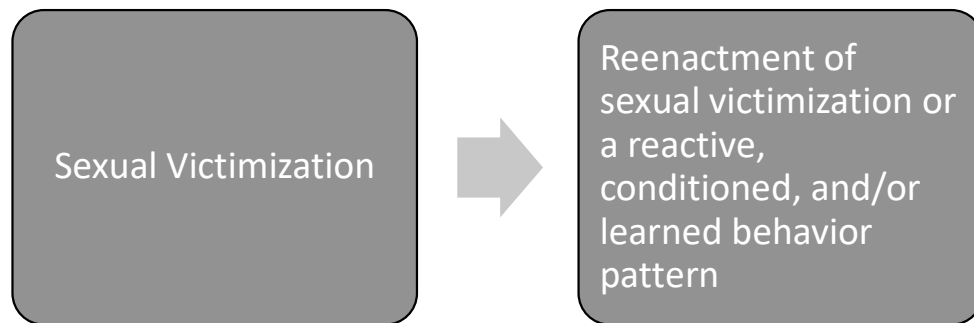
Causes or origins, and the pathways related to the development, onset, and maintenance of sexually abusive behavior

Etiology Research

- ***Disproportionate role of child sexual abuse*** (CSA) in sexual offending
- Supports a ***multifactorial theory*** regarding etiological pathways
- Do diverse types and combinations of ACE's result in ***divergent pathways*** regarding sexual and non-sexual behavior?
- Interventions aimed at reducing sexual and non-sexual offending persistence need to consider the ***type, timing, and chronicity of maltreatment experiences***

Adolescent Sexual Offending Sexual Victimization- Disproportionate Role

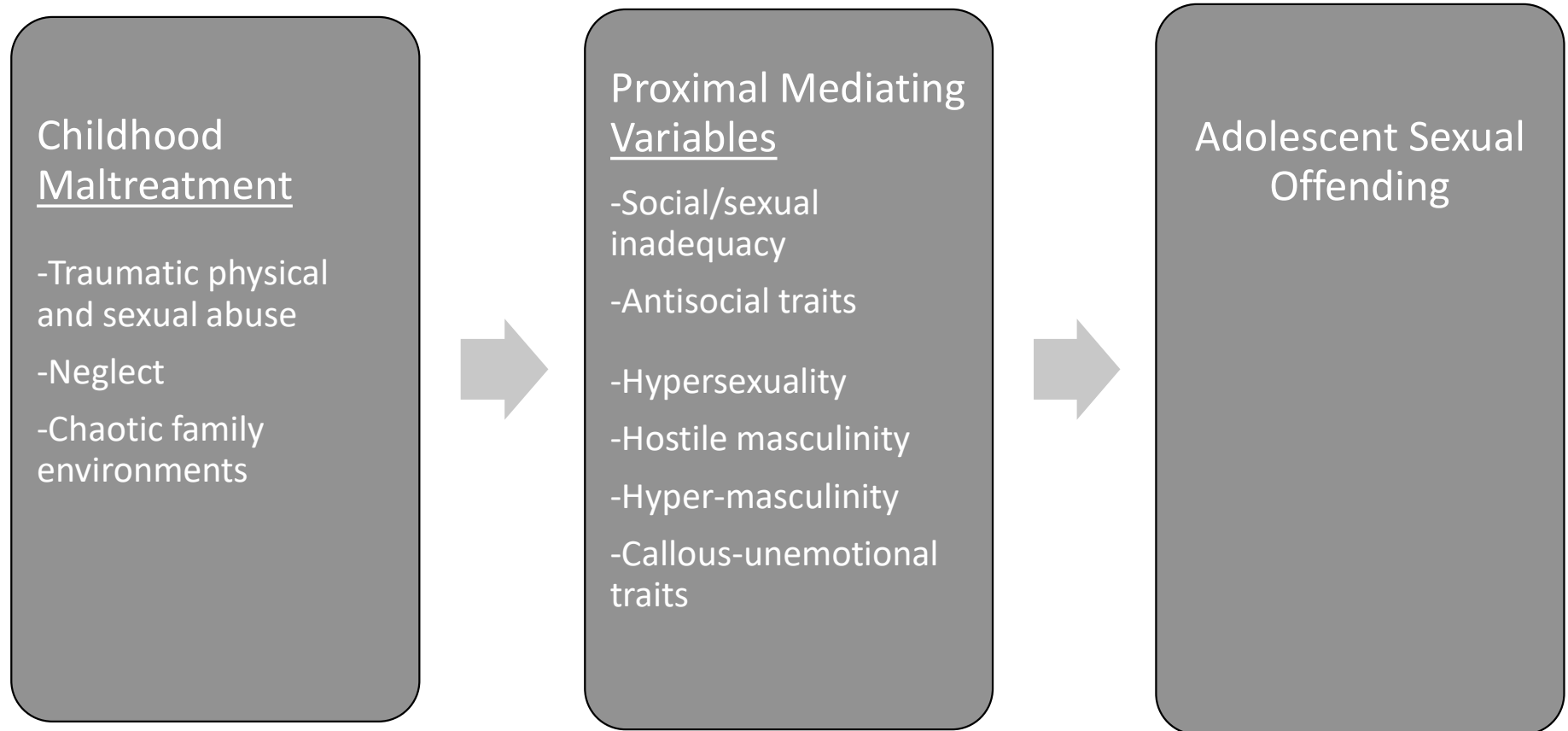
Direct Path



Co-Varies with other risk factors

Empirical evidence supports that sexual abuse should not be examined in isolation as it clearly ***co-varies*** with other developmental risk factors

Adolescent Sexual Offending Multiple Factor Theories



Etiological Factors

(Seto & Lalumière, 2010)

Compared to non-sexual delinquents, sexually abusive youth more likely:

- 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

Pathways to harmful sexual behavior Amplifiers

(McKibbin et al, 2023)

Disrupted Attachment	Antisociality	Pornography	Inadequate Sexual Boundaries
<ul style="list-style-type: none">• multiple attachment disruptions• child sexual abuse victimization• weak relationship with caregiver (s)• frequent moves/placements• impulsivity or immaturity• learning difficulties	<ul style="list-style-type: none">• history of criminal activity• child protection involvement• contact with youth justice system• lack of identified peer group/ social isolation	<ul style="list-style-type: none">• poor supervision and boundaries• sexualized environments• father figure validating pornography use• using violent pornography and child sexual abuse material	<ul style="list-style-type: none">• norms of family supporting sexual behaviors• extreme individuation• disrupted attachments• incest• no responsible adult

Typology Research

Information for Intervention

(Faniff & Kolko, 2012)

- Identifying **key constructs** for assessment
- Possible **etiological factors** specific to each subtype
- **Unique risk and needs** for each subtype that should be targeted in treatment and supervision
- Intervention efforts more **effective and efficient** through **targeting treatment and supervision by subtype**

Typology research

Differentiates subtypes based on:

Victim Age

- Sexually assaulted peer or older females vs. those who offended against children

Delinquent History

- Sex offense only vs. sex offense plus non-sexual delinquency

Personality Characteristics

- Personality and clinical testing

Evidence-Informed Pathways/Subtypes

(Leversee, pre-print)

- Specialists/Sex Only/Psychosocial Deficit
- Generalist/Sex Plus/Antisocial
- Direct Path from Childhood Sexual Abuse
- Low Treatment Need/Typical Teen-Restricted/Normal Personality Profiles

Practical Application to Your Cases

- Subtype specific ***offense patterns*** and ***clinical characteristics***
- Identify ***Subtype specific dynamic risk factors/treatment targets***.
Additional dynamic factors/treatment targets unique to your case?
- What subtype specific individual and ecological ***interventions*** might be useful?

Specialist/Sex Only/Psychosocial Deficit

- Psychosocial deficits, social isolation, and attachment anxiety
- Pre-occupied/fearful attachment style
- Demonstrated pattern of withdrawing from social encounters with peers
- Greater deficits in romantic relationships. Less sexually experienced
- Victims more likely children
- More schizoid, avoidant, and dependent

Specialist/Sex Only/Psychosocial Deficit

- More internalizing disorders- depression & anxiety
- Experience sense of failure in relationships with peers
- More likely to manifest **poor social skills** and/or **rejection** from similarly aged peers, as well as **victimization** through physical and/or verbal bullying
- Sexual offending **compensatory behavior**
 - Youth unable to form appropriate peer connections may turn children to meet their needs, including sexual intimacy

Specialist/Sex Only/Psychosocial Deficit Personality Testing

- ***Anxious*** feelings scored highest. Scores in clinical concern range included ***submissive, conforming, and dramatizing***
- Significantly higher on ***Introversive, Inhibited*** and ***Doleful*** and ***Self-Demeaning***
- Higher level of concern regarding ***identity and peer relationships***, and self-reported more depressive symptoms
- ***Detached style*** of social isolation and interpersonal interaction
 - Difficulties may likely be due to ***low self-esteem*** and fear of ***anticipated rejection*** and subsequent psychological pain

Case Formulation

Sexual offending children= *compensatory* behavior

- More likely to manifest psychosocial deficits/social isolation/attachment anxiety
- Less sexually experienced, more likely offend against children secondary to lacking sexual & social maturity to form intimate relationships with peers
- Attempt to satisfy unmet intimacy needs
- May turn to children to meet exaggerated intimacy and sexual needs
- Sexual offending may be attempt to compensate for inadequacy
- ***Anxious Attachment***
 - Effect on offense through social isolation and interpersonal inadequacy
 - Contribute to isolation and alienation, and feelings of inadequacy in masculine role

Case Example- Kevin

- ***Sexually abused a 6 year old male and 4 year old female*** while babysitting children of family friends. Occurred on 3-4 occasions over a period of three months. Pre-assault pattern characterized by manipulation and bribery
- Biological parents not married. Never knew biological father. ***Mother's substance abuse problems*** resulted in ***inconsistent care and neglect*** during early years. Lived with maternal grandmother for short periods of time. She continues to be stable support. Mother had a number of boyfriends, some of whom were ***physically abusive to her and Kevin***. Married stepfather when Kevin was 12 years of age
- ***Loner*** who had few friends. Difficult time fitting in and ***didn't feel accepted*** by youth his age. Considerable ***feelings of rejection*** and issues around ***self-esteem and self-concept***. Spends most of his spare time in his room playing ***video games***. Teachers described him as compliant and emotionally needy and attention seeking with adults and somewhat ***avoidant of peer interaction***

Case Example- Kevin

Multiphasic Sex Inventory II-Juvenile

- Reports that he was a ***loner and teased and picked*** on by peers.
- Elevated score on Suicide Index suggests Kevin is ***depressed*** and ***suicide ideation*** is present.
- Highly inclined to experience ***apprehension and anxiety*** when in company of ***girls his own age***. It appears that at the core of his social tension is the ***fear of being embarrassed*** and being seen as ***socially inadequate***.
- Self-critical of his looks and ***views himself as physically unattractive***
- Appears to associate the ***need for affection and/or feelings of loneliness*** with his sexual impulses and desires.
- Sexual behavior would appear to be motivated at least to some extent by his ***“emotional neediness”***.
- ***Very emotionally immature*** and feels deep sense of being victimized and unjustly treated throughout this life.

Case Example- Kevin

- **Beliefs**- nobody loves me...I'm a loser, ugly, worthless, no self esteem,. Wanted a girl friend but did not believe girls my age would go out with me.
- **Behavior**- Play it off, it doesn't bother me, withdraw from the group or the area...not wanted...just leave.
- **Feelings**- Started a depression, unloved, inadequate, hopeless, insecure, abandoned.
- **Behavior**- I didn't get along with youth my own age. I got along with older people and children. This eventually led to me offending against children. Little kids always wanted me around, didn't reject me, didn't judge me.
- **Needs met through associating with children and offending**- to feel like I was wanted. Feeling connected. Maybe I could do stuff with them. Feeling loved.

Specialist/ Psychosocial Deficits

Intervention

- Address deficits in self-esteem, self-efficacy, and social competency
- Skills based interventions
 - Beginning and intermediate social skills
 - Skills for dealing with feelings
- Identify and Remediate Barriers to Interpersonal Intimacy-Social Anxiety
 - Addressing maladaptive cognitions
 - CBT- Exposure therapy- age-appropriate relationships
- Healthy sexuality and masculinity
- Engage family and other microsystems
- Antidepressants, if needed

Social Isolation/Low Social Competence

(ATSA, 2017)

- Develop skills to establish and maintain prosocial relationships with age-appropriate friends*
- Develop skills to establish and maintain prosocial, intimate relationships with age-appropriate partners*
- Collaborate with other professionals and caregivers to provide opportunities for normative, developmentally appropriate prosocial activities*

Specialist/Psychosocial
Deficits

Skills Needs

Making new friends

Assessing social situations

Joining in

Participating in activities

**Making positive self-
statements**

Advocating for oneself

Dating skills

Specialist/Psychosocial Deficits Subtype

Community Treatment/Supervision Implications

- Treatment and conditions of supervision, school safety plans, etc. → promote safety while facilitating pro-social and developmentally appropriate skill development
- Subtype goal of enhancing social competence- encourage normative prosocial interactions and activities
 - Dynamic risk factor for recidivism- Social Isolation
- Sociopolitical environment of fear, anger, and reactivity results in overclassifying risk and overly strict conditions of supervision inconsistent with Risk & Need

Generalist/Sex Plus/Antisocial

- Sexual offending part of ***broader pattern of general delinquency*** and problematic behavior
- ***Diverse antisocial profile***. Not substantially different from other delinquent youth
- ***Victims*** more likely ***peer age/older***. Higher levels of aggression in offenses
- Offending related to ***sexual behavioral control*** as opposed to interpersonal functioning
- More peer age friends. Less likely to be socially isolated
- More likely interpersonally exploitative, dismissive attachment

Generalist/Sex Plus/Antisocial

Personality characteristics include:

- Antisocial personality traits. Tendency for antisocial behavior
- Self-centeredness and impulsivity
- High scores on externalizing and low scores on internalizing clinical scales
- Least anxious among three groups

Exposure to ***household dysfunction***

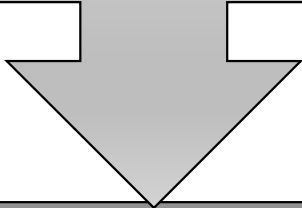
- May result in inconsistent and unpredictable parent styles
- Associated with a more general pattern of offending
- Earlier onset of delinquent behavior and a greater number of nonsexual offense arrests
- Severe maltreatment= serious risk factor for criminal persistence

Ecological
considerations
driving general
delinquency

Living within an
“Ecology of
Danger”

(Fagan & Wilkinson, 1998)

Expectations of violence are high-
Behavior is guided by that knowledge



Creates **ecology of danger** where “social
interactions are perceived as threatening
and lethal, and where individuals are seen
as harboring hostile intent...”

Expanded ACE's

If it's not racially just, it's not trauma-informed

(Svetazk et al, 2020)

Two new layers of ACE pyramid addresses need for transformation to occur at systems and community levels

- ***Social Conditions/Local Context***

- Stressful childhood exposures occurring outside the home, such as community violence, living in unsafe neighborhoods, and racial discrimination

- ***Generational Embodiment/Historical Trauma***

- Cumulative multigenerational, collective experience of emotional and psychological injury in communities and descendants
 - Epigenetics
 - Internalized Oppression

What is motivating/driving the behavior?

- **Internalized norms**

- Stable dispositional traits, personality disorder traits, antisocial/delinquent orientation
- Behavior relatively consistent across settings/contexts

- **Adaptive behavior**

- Transient and changeable situational factor
- Behavior adapted to setting/context

- **Differential diagnosis**

- How consistent are the cognitive, emotional, and behavior processes and patterns across settings?
- Evaluate both Individual and ecological factors

Commandments of Violence- Code of the Streets

“Alive and Free Omega Boys Club”

- Thou shalt not snitch
- Thou shalt handle thy business
- Thou shalt do what thy gotta do
- Thou shalt get girls
- Thou shalt not be no punk
- Thou shalt get thy respect
- Thou shalt get thy money on
- Thou shalt put in work
- Thou shalt carry a gun for protection
- Thou shalt recruit
- Thou shalt be down for thy set/hood/crew
- Thou shalt be down for thy homies right or wrong

Small % of adolescents who offend against peers/adults

- **Callousness, unemotionality, and antisocial behavior** playing significant role (Zakireh et al., 2008)
 - Lack of emotional responsiveness (unemotional)
 - Lack of normal empathy responses (callous)
 - Not emotionally invested in others or conventional achievement (uncaring)
- **Hostile masculinity** (Hunter, et al, 2003)
 - Justification of aggression toward females based on perceptions they are exploitive and rejecting
 - **Hypermasculinity**- Beliefs that masculine identity involves:
 - power, risk taking, toughness, dominance, aggressiveness, honor defending, competitiveness, and impersonal sexuality

Youth with CU traits- Causal Processes

- ***Less distressed*** by negative effects of behavior on others
- More ***impaired in moral reasoning and empathic concern*** toward others
- More ***predatory*** in violence

Antisocial Youth with Callous-Unemotional traits

- More pervasive patterns of violence
- Lengthier and more persistent histories of aggression and violence
- Violence includes both **reactive** and **instrumental**
 - ***Reactive***- response to real or perceived threat
 - ***Instrumental***- means to an end, obtain some reward

Youth with CU traits- Causal Processes

- Stronger genetic influence
- Associated with:
 - Fearlessness, thrill and adventure seeking
 - Lower levels of anxiety
 - Reduced sensitivity to cues of punishment
 - Reduced reactivity to threatening and emotionally distressing stimuli

Hypermasculinity Pathway

(McKibbin, et al, 2023)

Amplifier- risk factor that can increase the likelihood of HSB onset

Four amplifiers were identified as clustering with **hypermasculinity**:

1. Feeling deeply rejected
2. Portraying self as the victim
3. Having strong misogynistic fantasies
4. Sexual compulsivity

Tipping point – situations or opportunities for HSB to occur in combination with an unconscious or conscious decision-making process or impulse

- Moment when **hypermasculinity is threatened** by girls not taking on **misogynistic roles** that are assigned to them
 - Including behaving submissively and being sexually available to boys and men

Case Example- John

- ***Two adjudications for sexual offenses*** (age 14 & 17)- First offense fondled breasts and crotch of female classmate. Successfully completed probation. Second offense forced sexual intercourse after being invited to female peers home.
- ***Family/Social History*** included ***parental incarceration, removal from mother's home*** due to substance abuse, physical abuse, and neglect. Placed with grandmother who remains stable support.
- Numerous documented and self-reported ***non-sexual delinquency and conduct problems***
- ***Multiphasic Sex Inventory II-Juvenile***
 - ***Above average knowledge*** of sexual anatomy and physiology for his age. ***Has had sex with girls*** and is sexually attracted to peer age girls and has socially expected, normal sexual interests
 - ***Elevation on conduct disorder scale-*** endorsed having engaged in manipulative behaviors, aggressive behaviors, and items reflecting an irresponsible lifestyle
 - Endorsed items on ***oppositional defiant*** scale reflective of resentful-blaming and defiant (hostile)

Case Example- John

Millon Adolescent Clinical Inventory- Summary

- Highly variable and unpredictable moods
- Embittered and resentful irritability, untrusting pessimistic outlook
- Unempathetic and lacking in tolerance
- Likely to anticipate being disillusioned by others
- Deeply untrusting and fearful of domination
- Suspiciously alert to efforts that might undermine his self-determination and autonomy
- Often views others as devious and hostile
- Desires for retribution for past mistreatment may underlie his characteristic hostility, envy, and suspiciousness

Case Example- John

Risky Beliefs/Thinking identified in treatment

Hypermasculinity/Hostile Masculinity

- Power struggles. Dominant role in any situation
- Having a chip on my shoulder
- Always on the defensive. I don't know how to shrug off the little things
- Authority figures- I'm going to come at you how you come at me. I'll disrespect you back
- If I let it go, no one is going to take me seriously...I'm a punk. I don't want that label.
- If someone is able to get an upper hand on little things, can get it on big things. Don't let people punk you because it's going to open the doorway
- If you're not going to help me, I'll do it on my own. Forget you then, forget everybody else
- When I had the spotlight on me, I had to be the player

Generalist/Sex Plus/Antisocial Intervention

- More likely to benefit from treatment targeting general delinquency factors
- Sex offense specific psycho-educational interventions
- Multi-systemic interventions that simultaneously address individual, family, and social influences on antisocial behavior
- Address sexual and non-sexual delinquency in an integrated fashion
- Healthy gender identity/sexuality

Risk and Needs Factors

Juvenile Delinquents

(Latessa, 2005)

- Antisocial/procriminal attitudes, values, beliefs, and cognitive-emotional states
- Procriminal associates and isolation from anti-criminal others
- Temperamental and personality factors conducive to criminal activity
- Familial factors- includes criminality and variety of psychological problems in family of origin
- Low levels of personal educational, vocational or financial achievement

Generalists- skills

- Using Self-Control
- Managing Impulses
- Managing Emotions
- Understanding the Feelings of Others
- Dealing with Group Pressure
- Choosing Appropriate Friends
- Accepting Decision of Authority

Treating Youth with Callous- Unemotional Traits

(Caldwell, 2021)

- Punishment and coercion will not change youth with CU characteristics
- Focus on utilitarian moral reasoning- what benefits the youth
- Victim empathy work is unlikely to help
- Trauma informed care may be helpful when appropriate
- Erode the attribution of malice to others
- Behavioral change counts- don't ignore it

Treatment Guidelines- Youth with CU traits

(Caldwell et al., 2012)

Treating Difficult Youth

1. Identify ***essential feature*** that defines person in treatment setting (i.e. aggression)
2. ***Define target*** of intervention in clearly observable terms
3. ***Measure indicator*** of problem behavior. Make it something easy to see

Addressing Hostile/Hyper-Masculinity

Let's work on this one together

- Gaining insight into the origins
 - Developmental/family history
 - Social/Sexual Media
 - Social influences
 - Societal messages
- Enhancing healthy masculinity
 - Corrective Experiences
 - Role Model/Mentor
 - Programs and curricula????

Generalists- Intervention

Community-Based Interventions- emphasize family interactions

- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Multidimensional Treatment Foster Care

Institutional Settings

- Aggression Replacement Training (ART) (Goldstein et al., 1998)
 - Social Skills Training
 - Anger Control Training
 - Moral Reasoning
- Cognitive-behavioral skills based
- Family Integrated Transition

“Direct Path” from Childhood Sexual Abuse

- Research on disproportionate role of CSA in sexual offending included importance of understanding ***the nature and characteristics*** of child sexual abuse experiences
 - Younger age at time of abuse
 - Longer period of abuse
 - Inappropriate caregiver responses to the sexual abuse
 - May have experience other forms of abuse and multiple perpetrators
- Childhood sexual abuse also significant predictor for early onset sexually abusive behaviors

“Direct Path” from Childhood Sexual Abuse to ASAB

- ***Classical Conditioning*** and “***victim to victimizer***” etiological theories
 - Sexually abusive behavior is hypothesized to be ***reenactment*** of sexual victimization or a ***reactive, conditioned, and/or learned behavior pattern*** (Veneziano, et al, 2000)
- ***Social learning victim-to-victimizer*** hypothesis (Burton, 2008)
 - May have learned to be sexually abusive from their sexual perpetrator(s).
 - ***Likely to repeat what was done to them*** regarding:
 - Relationship with and gender of their victim(s),
 - Modus operandi
 - Sexual behaviors

“Direct Path” from Childhood Sexual Abuse

- Greater sexual preoccupation, greater impulsivity, and more severe antisocial conduct
- Earlier onset of masturbation
- Higher prevalence of consensual sexual behaviors
- More likely to offend against male victims and younger victims
- Higher risk of sexual recidivism
- More likely to have symptoms of major depression and PTSD
- More likely to have received psychological treatment and prescribed psychotropic medication.

Trauma-Reactive Sexual Behavior

(Gil & Johnson, 1993; Finklehor, 1997)

Sexually Reactive Child

- Sexual behaviors likely to be:
 - Advanced far beyond age expectations
 - Patterned and increase over time
 - Often associated with other conduct problems

Traumatic Sexualization

- Sexual preoccupations and compulsive sexual behaviors
- Precocious sexual activity
- Aggressive sexual behaviors

May include extensive involvement in pornography, compulsive masturbation, and multiple sexual paraphilias

Sexual Self-Regulation

(Levenson, 2017)

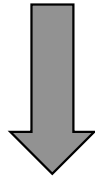
- Sexual Preoccupation
- Sexual appetite/hypersexuality
- Compulsivity
- Sexualized coping
- Sexual boundaries

Trauma and Case Formulation

(Levenson ATSA listserv, 2021)

Address neurobiology of trauma and ways that ***trauma might manifest*** in presenting problems / symptoms

Explain or describe how past ***trauma has impacted*** clients' neurophysiology, cognitions, and self-regulation



Then we can link the ***case conceptualization*** to dynamic risk, needs, and strengths

Trauma-Informed Treatment Targets

(Levenson, 2017)

- Relational and Self-Efficacy Deficits
- Attachment Disruption & Distorted Schema
- Self-Regulation Difficulties
- Maladaptive Coping

Trauma-Informed Practice

(Levenson, 2017)

- Manage triggers
- Stabilize mental health/substance abuse
- De-escalation strategies
- Programming that fosters self-efficacy
- Physical and psychological safety
- Opportunities for rehearsal of good coping skills
- Reinforcement of treatment gains
- Avoid measures that may repeat aspects of past abuse

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- ***Identify and regulate distressing affect*** connected to their trauma
- Participate in ***gradual-exposure exercises***—such as completing a ***trauma narrative***—to reduce cognitive symptoms such as intrusive reminders
- ***Alter thinking errors*** resulting from traumatic experiences
- Learn and practice ***personal safety strategies***

Reducing preoccupation with sexual thoughts & behaviors (Worling & Langton, 2017)

- Find ***highly rewarding alternative behaviors***
- Regular and frequent involvement in ***sports and/or hobbies*** can:
 - Create ***new patterns*** of behavior
 - Providing new opportunities to build ***prosocial friendships*** and practice new ***interpersonal skills***.

Low treatment need without dysfunctional histories/Typical Teen-Restricted/Normal Non-Disordered personality profiles

- Appear to have engaged in ***isolated incident of problematic sexual behavior***, possible expression of ***adolescent experimentation***
- ***Lowest likelihood*** of being ***physically aggressive*** against their victims
- ***Feel empathy*** for their victims
- Sexually abusive behavior may reflect extent to which male sexually abusive behavior and ***offending-supportive attitudes*** are highly ***normative in many societies***
- Comparatively ***negligible behavioral problems***. Least evidence of socioecological issues, defiant behavior, and treatment

Low treatment need without dysfunctional histories/Typical Teen-Restricted/Normal Non-Disordered personality profiles

- ***Lower chance of displaying criminogenic factors***, such as having criminal record, risky lifestyle, psychological disorder, and exposure to domestic violence
- ***Do not present*** with history of exposure to violence
- ***Not sexually abused***
- ***“Normal” MACI profile***. Few clinically elevated personality characteristics. Considered ***similar to young people who do not engage*** in harmful sexual behaviors
- ***Getting caught may be sufficient deterrent*** from engaging in future sexually abusive behavior, may require only brief interventions.

Subtypes/Developmental Pathways Additional Considerations

- Abuse-Supportive Sexual Interests
- Attachment
- Executive Functioning
- Limitations- limited research on females and factors related to race-ethnicity, and gender diverse population

Abuse-Supportive Sexual Interest

- Only ***small subgroup*** experience sexual arousal toward prepubescent children, sexual preoccupation, hypersexuality, or arousal to violence
- Risk related sexual arousal and interest patterns of sexually abusive adolescents:
 - ***Appear more changeable*** than those of adult sex offenders
 - ***Relate less directly*** to patterns of sexually abusive behavior
- ***Fluidity of sexual preference*** in adolescence raises question whether we can capture a stable snapshot (Prentky, 2001)

Abuse- Supportive Sexual Interests

(Worling, personal
communication, 2024)

- Very rare that to see youth who is ONLY sexually interested in prepubescent children, violence, or both.
- When see “some” sexual interest that is abuse-supportive, there is most often “healthy” sexual interest as well.
- Believes that these interests are not fixed for many. Has witnessed significant changes over time.
- Have some clients where their interest in prepubescent children remains...together with their interest in peers.

Enhancing Healthy Sexual Interests

(Worling & Langton, 2017)

- Enhancement of healthy sexual interests will be a treatment goal for only a minority of adolescent clients
- When applicable, minimize contact with persons/situations that evoke or increase sexual interests or arousal to children, coercion, and force
- Lack of empirical evidence that there are any techniques that can directly alter the sexual interests of adolescents
- Mindfulness-Based Cognitive Therapy
- Develop and practice skills for healthy sexual relationships

Attachment and Juvenile Sexual Offending

(Leversee, pre-print)

- Association between ***insecure attachment*** to parents, ***social isolation***, and ***interpersonal adequacy*** (Miner et al., 2010)
- More problems with maternal and paternal attachment. Lower levels of mother and peer trust (Yoder et al., 2018)
- Maternal caregiving practices and child abuse experiences as ***developmental antecedents to insecure attachment*** (Yoder et al., 2019)
- Relationship between attachment styles, behavioral dysregulation and callousness (Yoder et al., 2020)
- Childhood maltreatment experiences, attachment, and sexual offending (Grady et al., 2021)

Attachment Research- Implications for Intervention

(Grady et al., 2021; Yoder et al., 2018; 2019; 2020)

- Public health perspective in ***parent-focused prevention strategies***
- ***Evaluate symptoms of trauma*** thoroughly
- ***Attachment-based interventions/prevention***, & trauma-informed approach
- ***Family therapy*** or other ***family-based approaches during treatment*** to strengthen paternal and peer relationships and deficits in attachment
- Prevention- ***introduce prosocial relational experiences*** in childhood. ***Augmenting caregiver–child relationships*** may contribute to healthy lifelong attachments
- ***Improving healthy peer attachment*** for youth. ***Group therapy*** sessions focusing on developing pro-social interpersonal skills and positive peer attachments.

Executive Functioning and Juvenile Sexual Offending

(Leversee, pre-print)

- Academic failure, attentional deficits, and poor implicit learning ***might indicate more neurological damage*** in juveniles with child victims (Joyal et al., 2020)
- ***Sexual abuse victimization*** was associated with sexual violence and ***all domains of executive deficits*** (Yoder, Grady, & Precht, 2019)
- ***Sexual abuse***, above and beyond physical abuse and other forms of traumatic events, ***contributed to executive functioning deficits via trauma symptoms*** (Brown et al., 2022)



Primary/Secondary Prevention

Systems Response Issues

Child Sexual Abuse Survivors

Primary Prevention of Sexually Abusive Behavior

- Further research on risk and protective factors
 - Include impact of early and increased exposure to sexual media.
- ***Early education of children and parents*** regarding healthy sexuality to improve sexual boundaries and limit exposure to inappropriate sexual stimuli
- ***Child protection investigators*** ensure better therapy, treatment, and role models for ***sexually abused children***
- ***Teachers, parents, and doctors*** could play a role in ***identifying children suffering from treatable psychopathologies*** identified as etiological factors for juvenile sexual offending.

Need to explore multiple systems in which youth are embedded and that influence their behavior

- Organizational cultures that encourage abuse
- Social media platforms that allow access to pornography
- Privileging of men and disempowerment of women (McKibbin, 2023).

Ecological Perspective Broad and Holistic Approach

Reciprocal interaction between youth, their families, and systems in which they are embedded

System responses may create barriers to important protective factors that may inhibit healthy development without valid community safety rationale

Contextualized and place-based approaches tailored to unique risks associated with those places (Adams, 2020)

Supports effectiveness of ***family-based interventions***, the prioritization of family stability, and the limited use of out-of-home placements

Address Impact of Sexual Media

(Worling & Langton, 2017)

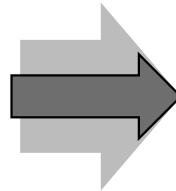
- Has potential to ***influence and shape*** sexual knowledge, beliefs, interests, and expectations
- For some adolescents, compulsive viewing of sexualized material can result in ***use of Internet to meet both sexual and social needs***
- ***Intervention-*** Work collaboratively to **develop a filter to apply critical thinking** when exposed to sexualized media. Think critically about whether sexualized media:
 - Negatively impacts views of gender roles
 - Knowledge regarding sexuality, sexual interests
 - Expectations for future sexual relationships

Colorado Judicial Department

Sylvan Case → Changes to Terms & Conditions

Emerging case law

Emphasis of making specific findings of fact so not to impose greater deprivation of liberty and uphold the statutory goals



Eliminated blanket prohibitions for *internet or social media use* by juveniles and adults who have committed sexual offenses

Evaluating Risk Factors for Internet Access & Electronic Media in Treatment and Supervision

- **Restrictions** should be **targeted and proportionate**, responsive
 - Avoid blanket bans
 - Focus on individualized, clinically informed decision making
- Internet access is ubiquitous
- Internet access is not inherently risky. It can be **criminogenic or protective**

Access to the internet is increasingly necessary for day-to-day functioning.

Need to teach **Digital Health**

Internet or Social Media- Considerations for Use

(Colorado Sex Offender Management Board, 2019)

1. Previous use of the internet or social media to secure a victim
2. Previous use of the internet or social media to commit a sexual offense or engage in other problematic or illegal sexual behavior
3. Use of sexually oriented or sexually explicit material in commission of a sexual offense, such as grooming behavior or to mimic behaviors observed
4. If access to sexually oriented or sexually explicit material will exacerbate individual risk factors that were identified in the evaluation process.

Internet Access

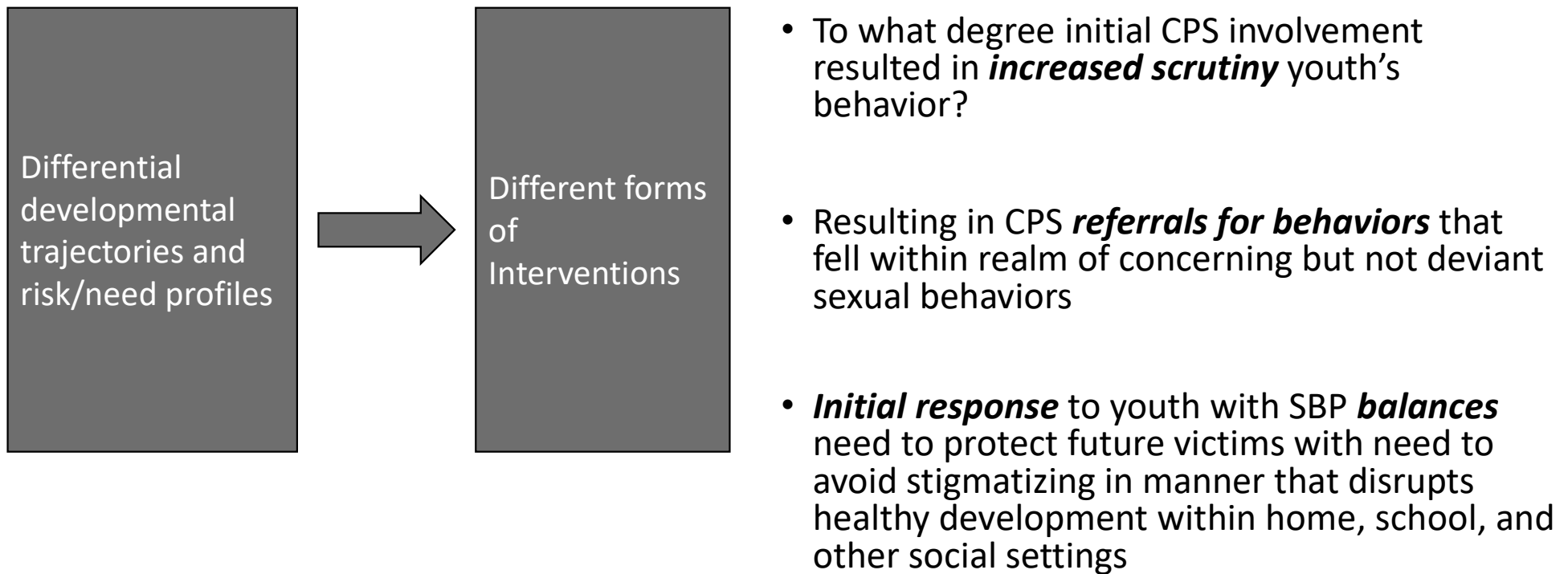
(Colorado Sex Offender Management Board, 2019)

The Court may choose the following:

- To allow unrestricted access
- To restrict all access until approved by the Court
- To allow limited access for the purposes of employment (including job seeking), school and/or other purposes to be identified at the time of sentencing
- To restrict all access until approved in advance of access in writing by the probation officer in consultation with the Multi-Disciplinary Team or Community Supervision Team

Child Protective Services Interventions

(Lussier et al., 2019)



Disrupted “Sociological worlds”-youth w/ harmful sexual behaviors

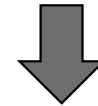
(Balfe et al., 2019)

Family, peer, and school situations

- Role of chaos
- Living situation
- Family relationships
- Parental backgrounds
- Experience of generalized abuse and neglect
- Experience of sexual abuse
- School and social problems

Disrupted sociological worlds

- ***Includes social ecosystem turning against youth*** in response to learning of sexually abusive behaviors



- Supports importance of considering ***youth's lives in totality***
- Providing a ***holistic***, or ***public health***, approach
- Treating not only ***abusive behavior*** but also sources of ***vulnerability***

Questions, Comments, Case Examples