Current Perspectives on Juveniles Who Sexually Offend

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WA State
DSHS Juvenile Rehabilitation Administration 2011
Agenda

✓ Introduction to system
✓ Prevalence
✓ What did we know then? (Historical View)
✓ What do we know now? (Current View)
  - Characteristics
  - Key Research Findings
  
Recidivism

Differences between adult and juvenile offenders

Risk Factors/Protective Factors

✓ Implications in WA State
Sexually Abusive Behavior

Youth Sexual Behavior

Law Enforcement

Prosecutor

No charges

Prosecution

Juvenile Court

PROBATION: Community Treatment Probation Supervision

SSODA: Community Treatment Probation Supervision Up to 36 Months

JRA COMMITMENT: Institution

Community Facility Contracted Community Facility

JRA PAROLE: IP/SOP Supervision Community Treatment 24-36 Month SOP

Can determine to pursue charges or refer to DCFS

SSODA Revoke

Local Sanctions
JRA Continuum of Care

599 Youth in Residential Care
Length of Stay:  Mode = 15-36 Weeks
Average = 1 year


345 Youth on Parole
Minimum = 6 months
*Sex Offense = 24-36 months
Youth with families, in foster care, or in group homes

*8 community facilities
Prevalence of Offending

Despite media focus on singular, heinous adult offenses, juveniles are responsible for a number of sexual assault cases:

- 17% of all arrests for forcible rape
- 20% of all other sex offenses

What did we know then? (Historical View)

- Juvenile sexual offenders are “compulsive, progressive and incurable.”
- Adult sex offenders begin their sex offending as juveniles.
- Adult treatment models can be applied to juveniles.


What did we know then? (Historical View)

- **WA State Community Protection Act of 1990**
- Programs became solely focused on treating the sex offense, excluding non-sex offenders.
- Treatment programs alluded to the fact that juveniles become adult offenders.

What do we know now? (Current View)

Characteristics

- Key Research Findings

  Differences between adult and juvenile offenders,
  Recidivism,
  Risk Factors/Protective Factors
National Characteristics

- Mostly male, ages *13-17
- Females account for 8% of sexual offenses
- 20-50% Victims of Physical Abuse
- 40-80% Victims of Sexual Abuse
- 30-60% Suffer Learning Disabilities
- Females suffer at a much higher rate of both physical and sexual abuse
- 80% may suffer from other psychiatric disorders

Some Definitions: What is Sexually Abusive Behavior?

Sexually abusive behavior: age difference to great, non-consent (forced) or unable to consent (cognitive limitations).

- Sexually abusive behaviors can range from non-contact offenses to acts including forced penetration.
- Sexually abusive non-contact behavior could include: peeping, exposing, obscene phone calls and voyeurism.
- Sexually abusive behavior often occurs within the family, including the extended family.
- Abuse of supervisory role in family or other relationships.
- Adolescents often use manipulation during the course of offending.
Some Definitions Cont…

• **Sexually Reactive Children**—generally under the age of 12 who have been exposed to or had direct contact with, inappropriate sexual activities, sexual behaviors, or relationships and have begun to engage in or initiate sexual or sexualized behaviors, or relationships.
Red Flags for Inappropriate Sexual Behavior for Children <12

- Preoccupations with sexual play,
- Sexual activity with much younger or much older children,
- Knowledge of sex beyond their age,
- Sexual play that makes other children uncomfortable,
- Making relationships sexual,
- Engaging in adult like sexual acts,
- Using bribery, threats or force to engage other children in sexual play.

Toni Cavanaugh Johnson, Ph.D.
Key Research Findings

- Juveniles who sexually offend are a diverse population with complex treatment needs.
- Sexual arousal is dynamic and not “fixed” in the majority of juveniles.
- Juveniles who sexually offend are responsive to treatment interventions.
- Juveniles who sexually offend are more similar than different to other delinquent youth.

JRA Service Needs for all Offenses

Cognitive Impairments:
Special Education, Developmentally Disabled, Mentally Retarded, or Borderline Intellectual Functioning

Medically Fragile:
Acute or chronic medical condition

Chemically Dependent:
Condition defined by a Chemical Dependency evaluation

Serious Mental Illness:
Current DSM-IV Axis I diagnosis; OR currently prescribed psychotropic medication; OR has demonstrated suicidal behavior within the last six months

Sexual Misconduct Issues:
• Current or prior felony or gross misdemeanor sex offense

*Snapshot JRA Data 2006
Key Research on Recidivism

• The sexual recidivism rate for juveniles is significantly lower than that of adults (e.g., Letourneau & Miner, 2005)

• Consider two recent meta-analyses:
  • Caldwell (2009). N = 11,219. Follow-up = ~ 5 years. Sexual recidivism = 7.08%. Non-sexual recidivism = 43.4%.
Key Research on Recidivism

- Juveniles who participate (at least 12 months) in treatment are significantly less likely to sexually reoffend (e.g., Reitzel & Carbonell, 2006):
  - 7.37% vs. 18.93% sexual recidivism.

- Most juveniles do not continue to sexually offend into adulthood (e.g., McCann & Lussier, 2008; Vandiver, 2006).
  - Those that do sexually reoffend seem to do so relatively close to the initial sexual offense (See Caldwell, 2009).
Key Research Findings

Juveniles Differ from Adults:

- Less extreme forms of sexual aggression, fantasy and compulsivity.
- Offense characteristics may not reflect sexual preference.
- Families /caregivers more responsive to treatment.
- More opportunistic than sophisticated offending.

Adults and Juveniles who Commit Sex Offenses-Similarities

- Under-detected, under-apprehended
- Often target familiar persons
- Harm to victims
- Self management, problem-solving skills deficits
Key Research Findings

• Movement away from labeling, “sex offender”.
• There is no clear developmental pathway from adolescent to adult offending.


Key Research Findings

• Unintended consequences of registration and community notification:
  o Stigmatization,
  o Social exclusion,
  o Marginalization,
  o Impact to family members,
  o Loss of housing.

• Education and Prevention:
  o A separate and distinct community education and prevention component, different from the community notification process,
  o A clear delineation between sex offender registration and community notification.

*Sex Offender Policy Board Report to the legislature, 2009*
Key Research Findings

Treatment

• Treatment for youth must take into account developmental considerations (biological, cognitive, social)

• Movement towards a strengths based approach and building resilience in programs.

• Treatment should be individualized and holistic.

• Involvement of family is key.

JRA Treatment has implemented treatment that is promising and informed by research.

- Residential-Cognitive Behavioral Therapy
  - Dialectical Behavior Therapy
  - Aggression Replacement Therapy
- Parole
  - Sex Offender Treatment Providers
  - Family Integrated Transitions/Multi-systemic Therapy
  - Functional Family Parole/Therapy
Where we need your help...

- Treatment for the victims
- Contact with juvenile offender provider
- Sexual Assault Protection Orders
- No Contact Orders
- Clarification/Reunification
- Safety Planning
Key Research Findings

Standards of Care for Juvenile Sexual Offenders from the International Association of the Treatment of Sexual Offenders (IATSO):

1. Juveniles are best understood within the context of their families and social environments.

2. Assessment and treatment of juveniles should be based on a developmental perspective, should be sensitive to developmental change, and should be an on-going process.

3. Assessment and treatment should include a focus on the youth’s strengths.

4. Development of sexual interest and orientation is dynamic. The sexual interests of youth can change over the course of adolescence and this is the period when sexual orientation immerses.

Key Research Findings

Standards of Care for Juvenile Sexual Offenders from the (IATSO)

5. Youth who have committed sexual offenses are a diverse population. They should not be treated with a “one size fits all” approach.

6. Treatment should be broad-based and comprehensive.

7. Labels can be have a more negative effect on children and adolescents than in adults. The juvenile and his/her family/primary care-giving system should be treated with respect and dignity.

8. Juveniles should be subject to community notification procedures in only the most extreme cases and instead that enhanced community monitoring and supervision should be provided to ensure public safety. (ATSA)

9. Effective interventions result from research guided by specialized clinical experience, and not from popular beliefs, or unusual cases in the media.
Key Research Findings

Preliminary Typologies (2006)

- Life-style Persistent-Antisocial
  - Conduct-disordered youth
- Adolescent Onset, non-paraphilic
  - Low social skills
- Early Adolescent Onset, Paraphilic
  - Emerging deviant interest

Becker and Kaplan (1988)

A) A complete desisting pathway, B) A continued non sexual delinquency pathway, or C) A continued sexual offending pathway.

Key Research Findings

• Hunter, 2006 (preliminary research):

  – **Lifestyle Delinquent Youth**: Demonstrate conduct problems early in life and continue to engage in delinquent and criminal behavior throughout adolescence and perhaps into adulthood, including sexually aggressive behavior toward peer and adult females.

  – **Adolescent Onset, Non-Paraphilic Youth**: The sex offending behaviors of these individuals tend to be directed toward prepubescent females and appear to be either experimental in nature or as compensation for deficits in social skills and self confidence.

  – **Early Adolescent Onset, Paraphilic Juveniles**: This group is believed to have emerging deviant sexual interests and arousal and many subsequently target both prepubescent males and females.


Key Research Findings

Risk Assessment

• What is it?
  – A review of both static (historical factors not subject to change) and dynamic (factors subject to change) factors to assess the possibility that an offender will continue to engage in problematic sexual behavior.

• Why do we do it?
  – Special Sex Offender Disposition Alternative, supervision, community notification

• Predictions are generally, low risk, moderate risk or high risk.
Key Research Findings

• **Risk Assessment Continued…..**

• Types of risk assessment tools:
  – Actuarial, Structured Clinical Guides

• No empirically validated actuarial risk assessments to predict sexual recidivism for juveniles.

• Juveniles change, “moving targets.”

• Re-assessments of risk for juveniles should be completed every 6 months to 1 year.

• Exclusive focus on risk, can lead professionals away from other important aspects of the youth’s functioning.

# Juvenile Sexual Reoffense Risk Factors

<table>
<thead>
<tr>
<th>EMPIRICALLY SUPPORTED RISK FACTORS:</th>
<th>RISK FACTORS WITH LIMITED EMPIRICAL SUPPORT (Possible Risk Factors):</th>
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</thead>
<tbody>
<tr>
<td>Deviant Sexual Interest.</td>
<td><strong>Problematic parent-adolescent relationships.</strong></td>
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<tr>
<td>*Prior criminal sanctions for sexual offending.</td>
<td><strong>Attitudes supportive of sexual offending.</strong></td>
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<tr>
<td>*Sexual offending against more than one victim.</td>
<td><strong>High-stress family environment.</strong></td>
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<td>*Sexual offending against a stranger victim.</td>
<td><strong>Impulsivity.</strong></td>
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<td><strong>Social isolation.</strong></td>
<td><strong>Antisocial interpersonal orientation.</strong></td>
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<td>Uncompleted offense-specific treatment.</td>
<td><strong>Interpersonal aggression.</strong></td>
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<tr>
<td><strong>STATIC</strong></td>
<td><strong>Negative peer associations.</strong></td>
</tr>
<tr>
<td><strong>DYNAMIC</strong></td>
<td><strong>Sexual preoccupation.</strong></td>
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<tr>
<td>Worling and Langstrom (2006).</td>
<td><em>Sexual offending against a male victim (Males Only).</em>*</td>
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<td><em>Sexual offending against a child.</em>*</td>
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<td></td>
<td><em>Threats, violence, or weapons in sexual offense.</em>*</td>
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<td></td>
<td><strong>Environment supporting reoffending.</strong></td>
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Protective Factors

Positive and supportive connections in the community increases a juvenile sexual offenders success and subsequently reduces their risk to reoffend. These connection can include but are not limited to:

- Supportive Family/ Caregivers
- Pro-social Peers
- Educational Programming
- Employment
- Extracurricular Activities
- Faith Community
- Mentor
- Present/ Past Sex Offender Treatment Providers (SOTP)
End of Sentencing Review JRA Sub-Committee Practice & Process

- Statute requirement to assess adults and juveniles risk to reoffend in the “community at large” upon release from residential commitment.
- Interagency committee to include, Department of Corrections, law enforcement, victim advocates, division of developmental disabilities, children’s administration, JRA.
- Combination of actuarial and structured clinical judgment.
- Committee’s recommendation goes to law enforcement, who retains final authority on level for the purpose of community notification.
WA State Vs. Other States

• Most states treat juveniles differently from adults in some way. Many states use a combination of methods that build discretion into juvenile registration, notification, and early termination.

Some states limit the types of offenses which make juveniles subject to registration. For example, in Louisiana only certain offenses, mainly aggravated and violent crimes, qualify them for registration. In Montana, only juveniles who are 14 and older and adjudicated of an offense which is equal or more severe than aggravated sexual abuse are subject to registration.

• Other states allow exemption from registration based on the commission of certain offenses such as age of consent crimes. For example, South Carolina exempts registration for a person whose offense resulted from consensual sexual conduct, provided the offender is eighteen years of age or less, or consensual sexual conduct between persons under sixteen years of age.

• Some, like Alaska, Maine, and Georgia, have no registration requirements unless convicted as an adult.

• Other states have chosen to treat juveniles differently by creating separate juvenile registries and announcing policy statements.

(Hinchcliffe, 2009)
Adam Walsh Act

- Federal legislation that passed in 2006 establishing a baseline of registration and community notification for adult and juvenile sexual offenders for all states.
- Requires states to use a “offense based” community notification system, rather than a risk based like WA State.
- Requires juveniles to be on registry for certain offenses committed at age 14 or older.
- Currently Florida, Ohio, South Dakota and Delaware, U.S. Territory of Guam, Confederated Tribes of Umatilla and Yakama Nation have been found in compliance.
- July 2011, final deadline.
Implications from Research in WA State

Policy and practice challenges:

• How do we best protect the public and prevent future sexual assault?

• Assessment

• Registration and Community Notification Laws

“Juvenile & Adult justice systems, separate because of the belief juveniles are more malleable and changeable. By contrast, community notification laws gives an offender a permanent identity as one who poses a sexual threat to the community, who has a set of fixed preferences in victims, and who is driven by an inevitable urge to recidivate.”
*Community Notification Levels for JRA Snapshot-2010

*Law enforcement has final authority on community notification level.
Data from JRA Automated Client Tracking Database
It is not enough to shed tears for those who suffer the tragedy of sexual abuse, nor will much be accomplished nurturing hatred and devising punishments for those who sexually abuse. Only by sharing knowledge, providing training, exchanging ideas, and challenging traditional beliefs and biases can we respond effectively to sexual victimization.

— Jan Hindman
Resources

- Association for the Treatment of Sexual Abusers (ATSA), http://www.atsa.com
- Center for Sex Offender Management (CSOM), http://www.csom.org
- National Center on Sexual Behavior of Youth (NCSBY), http://www.ncsby.org
- Sex Offender Registries, Sex Offenders Search, News, Info and Discussion, http://www.sexcriminals.com
- Washington Association of the Treatment of Sexual Abusers (WATSA), www.watsa.org
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