# Adolescents Who Have Engaged in Sexually Abusive Behavior: Effective Policies and Practices

*Adopted by the ATSA Executive Board of Directors on October 30, 2012*

ATSA
MAKING SOCIETY SAFER
®

Introduction

Sexually abusive behavior by adolescent youth is a serious problem, accounting for more than one-third of all sexual offenses against minors[1] and causing serious harm or even devastating consequences. As such, these youth merit careful professional attention and, at times, legal intervention. The public, its representatives, legal professionals, and clinical practitioners have a common goal of community safety and no more victims. Effective public policies and practices, informed by the most accurate facts, are essential to successfully address this problem.

Historically, professional opinions about adolescents who engaged in sexually abusive behaviors were based on beliefs about adults who committed sex crimes. A sufficient number of studies now exist, however, that show most of these youth do not continue to sexually offend and are not on a life path for repeat offending[2]. The problem of sexually abusive behavior by adolescents differs from adult sex offending; the causes and solutions vary. Because of these differences, particularly rapid and continuing adolescent development and dependence on adults and caregivers, different policies and practices are required. Moreover, adolescents who sexually offend are diverse, e.g., in age and maturity level, learning styles and challenges, and risk factors for reoffending. Effective policies and practices account for differences in risks, needs, and intervention responsivity among these youth[3].

II. Goal of the Document

The goal of this document is to provide relevant information for reducing sexual reoffending by adolescents and promoting effective interventions that facilitate pro-social and law-abiding behaviors. This document is purposefully short in length, summarizes central findings from the research, and outlines some major areas for consideration when working with this population of youth and their families.

III. Definition

In this paper, the term “adolescents” indicates youth ages 13 to 18 years. The term "Adolescents Who Have Engaged in Sexually Abusive Behavior" is used rather than terms like "juvenile sex offenders" to emphasize that these youth are teenagers who are developing and maturing and should not be defined by their abusive behavior[4-6]. For information on younger children with sexual behavior problems, readers are referred to *Report of the ATSA Task Force on Children with Sexual Behavior Problems*[7]. For information on adult sexual offenders, readers are referred to *ATSA Practice Guidelines for the evaluation, treatment and management of adult male sexual abuser*[8]. The reader is also referred to *A Reasoned Approach: Reshaping Sex Offender Policy To Prevent Child Sexual Abuse* (http://www.atsa.com/sites/default/files/ppReasonedApproach.pdf) and *Sexual Abuse as a Public Health Problem ( http://www.atsa.com/sexual-abuse-public-health-problem)* for information about the prevention of sexual abuse[9].

The term “sexually abusive behavior” is used to denote all instances of sexually abusive behavior whether or not a specific behavior was reported to authorities and, if reported, whether or not the youth was

adjudicated (as a juvenile or as an adult) and whether or not a finding of guilt ensued. Sexually abusive behavior is differentiated from developmentally normative behaviors and it is important to be aware of both normative sexual development and general adolescent development. The term "sexual recidivism" refers to reports of new sexually abusive behavior, typically recorded in juvenile or criminal justice records.

## Overview of Current Research

### Prevalence

There are few empirically sound prevalence estimates for adolescent sexually abusive behavior. A Minnesota state survey of 71,594 children in the 9th and 12th grades (approximate ages 14 to 18) included the question "Have you ever forced someone into a sexual act with you?"[10]. In response to this single item, 4.8% of boys and 1.3% of girls responded affirmatively. Several factors were associated with perpetration of forced sex, particularly use of drugs and child sexual abuse victimization. A more recent population-based study of Swedish and Norwegian high school boys (ages 17 to 20) provided similar estimates of perpetration (4% and 5% for the two countries, respectively) and also indicated that prevalence increased among the subset of boys reporting child sexual abuse victimization[11].

### Recidivism rates

While the actual rates of sex offending behavior are under-reported, studies support that once detected, most adolescents who have engaged in sexually abusive behavior do not continue to engage in these behaviors[2, 12].

Sexual recidivism estimates for youth who have sexually offended have been reported in scores of studies conducted over decades of research. Caldwell reviewed 63 data sets with sexual recidivism rates for 11,219 youth who had sexually offended and estimated a sexual recidivism rate of approximately 7% across a 5-year follow-up period.[2] Even across decades long follow-up, sexual recidivism rates remain in this low range[13]. It is notable that if these youth reoffend, they are far more likely to do so with nonsexual offenses than with sexual offenses[2].

### Risk and protective factors

The most empirically rigorous evidence for risk and protective factors associated with the development of behavior problems is provided by studies that prospectively follow youth from early childhood through adulthood (i.e., longitudinal studies). Several longitudinal studies have identified risk and protective factors associated with general delinquency[14-16]. Data from one of these studies suggests similar factors are associated with both general and sexual offending[17]. Specifically, youth who committed violent sexual offenses were similar to youth who committed nonsexually violent offenses on 64 of 66 factors (e.g. family problems, cognitive abilities). Likewise, results from a study that compiled information from dozens of non-longitudinal studies indicated that male adolescents with sexual offenses and male adolescents with nonsexual offenses were similar on a majority of factors[18]. The factors on which groups differed the most included child sexual abuse victimization and atypical sexual interests. Although most children who are sexually victimized do not go on to commit sexually abusive behavior, adolescents with sexual offenses were more likely to have been sexually victimized than adolescents with nonsexual offenses. These results suggest that preventing child sexual abuse victimization might also help prevent adolescent sexual offending. Relative to adolescents with nonsexual offenses, adolescents with sexual offenses were also more likely to be characterized by atypical sexual interests, such as interest in younger children or forced sex, and this interest was associated with sexual recidivism. Only a minority of adolescents appears to have atypical sexual interests, but if present these interests require appropriate interventions. Additional factors that might be related to recidivism include social skills deficits, social isolation, impulsivity and delinquent attitudes.

The juvenile delinquency literature identifies several protective factors that parallel factors found in

resiliency research related to healthy adolescent development. These include positive family functioning (e.g. adequate supervision, consistent and fair discipline), positive peer social group and availability of supportive adult [19-21]. Other protective factors for delinquency are commitment to school, pro-social/non-criminal attitudes and emotional maturity with resiliency protective factors also including self-regulation and problem-solving skills[19-21].

Assessment

Adolescent sexually abusive behavior is influenced by a variety of risk and protective factors occurring at the individual youth, family, peer, school, neighborhood and community levels[22]. Consequently, policies and practices should include evaluations that consider a range of potentially relevant factors that might be related to the development or possibility of repeated sexually abusive behavior in a given youth and that can guide effective intervention. In order to pursue effective treatment planning, assessments must be comprehensive, combining multiple sources of information from interviews, records reviews, self-report and parent-report using the best strategies and assessment and risk assessment instruments available. While not typically warranted for youth, restrictive and potentially life altering decisions, (e.g., residential placement, "sex offender" registration, community notification, civil commitment) should be based on assessment outcomes.

Physiological testing with adolescents is controversial with strong opposing perspectives regarding the appropriateness and benefit of the use of penile plethysmography, visual response time and the polygraph[22-26]. Overall research support for polygraph and penile plethysmography is lacking and use of these strategies with adolescents raises ethical concerns[22-23]. To date, no research on plethysmography or visual response time measures of atypical sexual interest have included nonoffending youths; thus, "norms" have not been established for use of these instruments with adolescents. In specific cases where the case dynamics, assessment of risk, and the identified risk factors point to significant clinical concerns and issues of high and difficult to manage risk, physiological testing may be worth considering. Based on the lack of empirical data supporting this procedure for youth, such decisions should be made with careful consideration, consultation, and a clearly stated clinically and empirically based rationale to support such a recommendation.

A growing literature base has developed with respect to sexual and nonsexual recidivism risk assessment. Recent publications suggest that existing instruments predict recidivism with better-than-chance accuracy[27-30]. However, to date these instruments are validated only for male adolescents. Of particular note is the fact that even among youth who score high on these instruments, the majority do not commit new sexual offenses. Consequently, it is inappropriate to utilize scores from such instruments to justify whether youth should be subjected to long-term legal requirements such as registration or public notification. When such significant determinations are under consideration, these assessment tools should be used only as one component of a comprehensive assessment protocol. Always, practitioners must take care to ensure against misuse of assessment results and to educate potential users about the current state of the research. Because youth are very much people in development and their circumstances are dynamic, assessment findings have a short "shelf-life" and should be updated every six months or when risk-relevant circumstances change [31,32].

Treatment

Adolescents who sexually abuse vary in their treatment needs. The dominant treatment model combines elements of cognitive-behavioral therapy with relapse prevention and focuses on individual youth-level factors such as responsibility and victim empathy[33,34]. Treatment is typically provided in clinics to groups of youth and often lasts a year or longer. Yet, the field of adolescent treatment is evolving. Studies have repeatedly demonstrated the importance of family involvement in the treatment of adolescents with sexual behavior problems[35-36]. Perhaps as a result more provider agencies now identify as "family-focused" than in prior years, according to national provider surveys[33-34]. There also are indications that some programs are

more closely matching treatment intensity to youth needs and estimated risk levels and de-emphasizing empirically unsupported treatment elements (e.g., requiring youth to journal about sexual thoughts or discuss deviant sexual fantasies during group sessions)[3, 11, 35,36]. Provider surveys also document a reduction in average treatment duration in recent years[33,34]. These changes likely reflect consideration of rapid youth development and improved treatment outcomes for interventions that involve families[35, 36] and that address dynamic risk, needs and responsivity[3].

Public Policy

Since the early 1990s, U.S. states and the federal government have developed and enacted extensive public policies designed to reduce sex offending by managing identified sex offenders with strategies thought to increase community safety. These policies have been applied to adolescents and even children. Children as young as six may face juvenile sex offense prosecution and adolescents charged for the first time may be waived to adult court. Some are civilly committed for an indeterminate amount of time as Sexually Violent Predators.

As of 2011, laws in 35 states require adolescents who have been adjudicated for sexual crimes to register with law enforcement, sometimes for life; 18 of these states disclose juveniles' private information to the public[37]. Some registered youths are also required to comply with residency restrictions prohibiting them from living near schools, parks or other places where children may congregate. Sometimes registered youths are expelled from schools or not allowed to participate in activities that can promote healthy development, such as school clubs, sports, and dances.

Like registered adults, registered youth who do not comply with mandated public registration requirements may be subject to prosecution for a felony and attendant severe consequences, including lengthy incarceration. Such policies not only have detrimental life altering consequences for the youth, but his or her family members as well.

Increasingly, research findings show that registration and public notification policies, especially when applied to youth, are not effective; and may do more harm than good[38]. Such laws may have deleterious effects on pro-social development by disrupting positive peer relationships and activities and interfering with school and work opportunities, resulting in housing instability or homelessness, harassment and ostracization, social alienation and lifelong stigmatization and instability. Such practices are inconsistent with community safety and promotion of pro-social development and, in fact, may actually elevate a youth's risk by increasing known risk factors for sexual and nonsexual offending such as social isolation. Research findings indicate rehabilitative efforts with most youth are effective; and that therapeutic interventions, rather than social control strategies, are likely to be not only more successful but cost-effective as well [39,40].

## IV. Summary and Recommendations

Interventions with adolescents who have sexually abused are evolving into evidence-based, holistic approaches that are individualized according to youth and family risk factors, intervention needs, and learning style and capacity. Despite research gaps, this field has seen substantial progress toward facilitating positive development of these youth. Research continues to identify protective and risk factors and appropriate targets for intervention and has guided the field towards a family-involved model that facilitates community safety, promotes healthy and pro-social development and protects youth who have engaged in sexually abusive behaviors, and their families, from unnecessary hardships or punishments.

There remain areas in need of change. First, it is crucial that developmentally appropriate interventions designed for adolescents should be utilized. Sanctions and treatment approaches developed for adults should not be applied to adolescents except in rare cases (e.g., when developmentally appropriate and research supported interventions have failed). Second, risk assessment findings—which are currently often valued far beyond their empirically established limits—need to be appropriately integrated into comprehensive evaluations of risk that properly take into account the youth's social, family, and

environmental contexts. Third, too often therapeutic inventions relegate parents and other members of youths' environments to limited roles, rely on unsupported assessment techniques, place youth in overly restrictive settings and simply last too long.

Now that evidence has identified at least some risk factors associated with reoffending and has developed some evidence-supported treatment interventions, it is time to revise and implement public policies and practices that are based on what works. Adolescents should be assessed to determine which interventions and intervention settings are best suited to which youth. To minimize negative effects associated with out of home and residential settings (e.g., possible negative peer association and influences) and to maximize opportunities for pro-social activities and positive family or other supports, individualized interventions should be offered in settings that offer the least restrictiveness while at the same time providing for community safety.

Effective public policy and practice for adolescents who have engaged in sexually abusive behavior involves a strong rehabilitative focus. At times juvenile justice sanctions may be warranted. Support of a rehabilitative approach is consistent with the more general juvenile justice philosophies in most countries, including the United States and Canada, and recognizes adolescence as a time of hope and opportunity for positive outcomes.

Based on the current literature and research, it is recommended that:

1. Funding be available to support continued research on the etiology, assessment, prevention, effective interventions of adolescents who have engaged in sexually abusive behavior.
2. Risk, need and responsivity principles are adhered to when working with adolescent who have engaged in sexually abusive behavior.
3. Quality, developmentally appropriate assessments that take into account the youth's social, family and environmental context while incorporating relevant risk assessment findings are utilized to formulate an effective, individualized plan for youth who have engaged in sexually abusive behavior.
4. Developmentally appropriate, research informed interventions are utilized with adolescents who have engaged in sexually abusive behavior.
5. Public policies targeting adolescents who have engaged in sexually abusive behavior be consistent with the juvenile justice system's emphasis on rehabilitation versus retribution and based on the best empirical research available.

References


1. Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). *Juveniles who commit sex offenses against minors*, NCJ 227763; Washington, DC: U.S. Department of Justice Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 1-11.
2. Caldwell, M. F. (2010). Study characteristics and recidivism base rates in juvenile sex offender recidivism. *International Journal of Offender Therapy and Comparative Criminology, 54*, 197-212.

3. Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior, 36* 865-891.
4. American Psychological Association (2001). *Publication Manual of the American Psychological Association*, Fifth Edition. American Psychological Association: Washington, D.C.
5. Prescott D.S. & Longo R.E. (2006). Introduction. In RE Longo, DS Prescott (Eds.), *Current Perspectives: Working with Sexually Aggressive Youth & Youth with Sexual Behavior Problems.* Holyoke, MA: NEARI Press Publishers.
6. Righthand, S. & Welch, C. (2001). *Youths who have sexually offended. A review of the professional literature.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
7. ATSA Task Force on Children with Sexual Behavior Problems (2006). Report of the Task Force on Children with Sexual Behavior Problems. Beaverton, OR: Associate for the Treatment of Sexual Abusers. Available at http://www.atsa.com/sites/default/files/Report-TFCSBP.pdf
8. ATSA Professional Issues Committee (2005). Practice standards and guidelines for members of the Associate for the Treatment of Sexual Abusers. Beaverton, OR: Associate for the Treatment of Sexual Abusers. Available to ATSA members at http://www.atsa.com/ATSAmemberDocs/2004RevisedStandards.pdf
9. Tabachnick, J. & Klein, A. (2011) ATSA: A Reasoned Approach: Reshaping Sex Offender Policy To Prevent Child Sexual Abuse. Beaverton, OR: Associate for the Treatment of Sexual Abusers. Available at http://www.atsa.com/sites/default/files/ppResonableApproach.pdf
10. Borowsky, I. W., Hogan, M., & Ireland, M. (1997). Adolescent sexual aggression: Risk and protective factors. *Pediatrics, 100* (unpaginated electronic article). Available at http://pediatrics.aappublications.org/content/100/6/e7.full?sid=7abfff84-4daf-4124-baa0-c6adbadaf064
11. Seto, M. C., Kjellgren, C., Priebe, G., Mossige, S., Svedin, C. G., & Långström, N. (2010). Sexual coercion experience and sexually coercive behavior: A population study of Swedish and Norwegian male youth. *Child Maltreatment, 15*, 219-228.
12. National Crime Victimization Survey (NCVS) (2009). *Criminal Victimization, 2008.* U.S. Department of Justice, Bureau of Justice Statistics, Bulletin. Michael Rand. September 2009. NCJ 227777).
13. Worling, J. R., Litteljohn, A., & Bookalam, D. (2010). 20-year prospective follow-up study of specialized treatment for adolescents who offended sexually. *Behavioral Sciences and the Law, 28,* 46-57.
14. Elliott, D. S. (1994). Serious violent offenders: Onset, developmental course, and termination – The American Society of Criminology 1993 President Address. *Criminology, 32,* 1-21.
15. Huizinga, D. (1995). Developmental sequences in delinquency: Dynamic typologies. In Crockett, L. J. & Crouter, A. C. (Eds.). *Pathways through adolescence* (15-34). Mahwah, NJ: Lawrence Erlbaum.
16. Loeber, R., Keenan, K., & Zhang, Q. (1997). Boys' experimentation and persistence in developmental pathways toward serious delinquency. *Journal of Child and Family Studies, 6,* 321-357.
17. van Wijk, A., Loeber, R., Vermeiren, R., Bullens, R., & Doreleijers, T. (2005). Violent juvenile sex offenders compared with violent juvenile nonsex offenders: Explorative findings from the Pittsburgh Youth Study. *Sexual Abuse: A Journal of Research and Treatment, 17*, 333-352.
18. Seto, M. C., & Lalumière, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin 136,* 526-475.
19. Masten, A. S., & Reed, M-G. J. (2002). Resilience in development. In C.R. Snyder & S.J. Lopez (Eds.), The handbook of positive psychology (pp.74-88). New York: Oxford University Press.

20. Resnick MD, Ireland M, Borowsky I. Youth violence perpetration: what protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health. Journal of Adolescent Health 2004;35:424.e1−e10.
21. Hoge, R. D., Guerra, N.G., & Boxer, P. (2008).Treating the Youthful Offender. Guilford Publications, Inc.
22. Fanniff, A. M., & Becker, J. V. (2006). Specialized assessment and treatment of adolescent sex offenders. *Aggression and Violent Behavior, 11*, 265-82.
23. Chaffin, M. (2010). The case of juvenile polygraphy as a clinical ethics dilemma. *Sexual Abuse: A Journal of Research and Treatment, 23*, 314-328.
24. Turpel-Lafond, M. E. (2011). Issue report: Phallometric testing and B.C.'s youth justice report (April 2011). Representative for Children and Youth, British Columbia, Canada.
25. Worling, J. (2012). The assessment and treatment of deviant sexual arousal with adolescents who have offended sexually. *Journal of Sexual Aggression, 18,* 36-63.
26. Rice, M., Harris, G., Lang, C., & Chaplin, T. (2011). Adolescents Who Have Sexually Offended : Is Phallometry Valid? *Sexual Abuse: A Journal of Research and Treatment, 29*, 133 -152.
27. Epperson, D. L., Ralston, C. A., Fowers, D., & DeWitt, J. (In press). Development and validation of the Juvenile Sexual Offense Recidivism Risk Assessment Tool - II (JSORRAT-II). *Sexual Abuse: A Journal of Research and Treatment.*
28. Viljoen, J. L., Mordell, S., & Beneteau, J. L. (2012, February 20). Prediction of adolescent sexual reoffending: A meta-analysis of the J-SOAP-II, ERASOR, J-SORRAT-II, and Static-99. Law and Human Behavior. Advance online publication. Doi: 10:1037/h0093938
29. Worling, J. R., Bookalam, D., & Litteljohn, A. (in press). Prospective validity of the Estimate of Risk of Adolescent Sexual Offense Recidivism. *Sexual Abuse: A Journal of Research and Treatment.*
30. Prentky, R., Li, N., Righthand, S., Schuler, A., Cavanaugh, D. J., Lee, A. (2010). Assessing Risk of Sexually Abusive Behavior Among Youth in a Child Welfare Sample. *Behavioral Sciences and the Law, 1,* 24-45.
31. Prentky, R., & Righthand, S. (2003). Juvenile sex offender assessment protocol II: Manual. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
32. Vitacco, M.J., Michael Caldwell, M., Ryba, N.L., Malesky, A. & Kurus, S.J. (2009). Assessing Risk in Adolescent Sexual Offenders: Recommendations for Clinical Practice. Behavioral Sciences and the Law, 27: 929–940
33. McGrath, R. J., Cumming, G. F., & Burchard, B. L. (2003). *Current practices and trends in sexual abuser management: The Safer Society 2002 nationwide survey*. Brandon, VT: Safer Society Press.
34. McGrath, R. J., Cumming, G. F., Burchard, B. L., Zeoli, S., & Ellerby, L. (2010). *Current practices and emerging trends in sexual abuser management: The Safer Society 2009 North American Survey*. Brandon, VT: Safer Society Press.
35. Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009). A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology. 77,* 26-37.
36. Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology, 23,* 89-102.
37. Pittman, N., & Nguyen, Q. (2011). *A snapshot of juvenile sex offender registration and notification laws: A survey of the United States*. Philadelphia, PA: Defender Association of Philadelphia.

38. Zimring, F. E. (2004). An American travesty: Legal responses to adolescent sexual offending. Chicago, IL: University of Chicago Press.
39. Greenwood, P. W. (2008) Prevention and Intervention Programs for Juvenile Offenders. *Future of Children: Juvenile Justice*. 18:2, 185-210.
40. Lipsey, M. W. (2009): The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview, *Victims & Offenders,* 4:2, 124-147