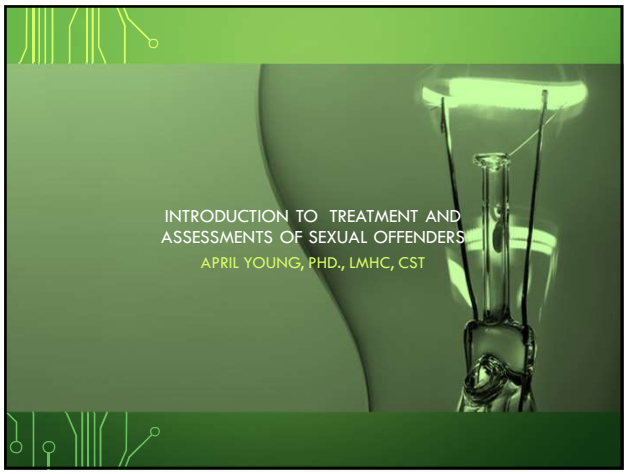


1

- April Young graduated from Troy University in 2013 with a Master's degree in Counseling and Psychology during her tenure as a law enforcement officer with the Putnam County Sheriff's Office. While at the Sheriff's Office, she worked with sexual predators and offenders as a Detective from 2009 to 2013. Upon leaving the Sheriff's Office, she continued her work with sexual offenders from a therapeutic perspectivee.
- In 2013, Dr. Young began working with juvenile sexual offenders as a contracted therapist for court ordered youth. In 2015, she continued her work as a Licensed Mental Health Counselor with a certification in the treatment of sexual offenders from the Association of Forensic Counselors.
- Dr. Young is considered an expert witness in the Juvenile Courts in several districts in Florida. She is also a clinical member of Association for the Treatment of Sexual Abusers.
- Dr. Young earned her doctoral degree from IICS in 2017.
- .

2

EXPECTED LEARNING OUTCOMES

- Knowledgeable of the definition of sexual offender from a legal and clinical perspective.
- Knowledgeable of the therapist role in the field of sexual offending. Understand sexual offender subtypes and typologies.
- Know the difference and similarities between adult offenders and juvenile offenders.
- General knowledge of the etiology of juvenile offending and victimization.
- General understanding of adult and juvenile treatment and its multi-disciplinary process.
- Knowledgeable of the elements needed for a Psychosexual Evaluations
- Knowledgeable of the different assessments and tools needed to conduct a psychosexual evaluation for either an adult or juvenile

3


CLASS AGENDA
0830 Presentation Introduction
845 Assessment of Juvenile Sexual Offenders and Special Populations
10:30-10-minute break
10:45- Assessment of Adult Sexual Offenders
12:30 -Lunch 30 Min
1:00p- Treatment Considerations with Juvenile and Adult Sexual Offenders
3pm -15-minute break
330- Special Populations and Q&A session
5pm- Closing

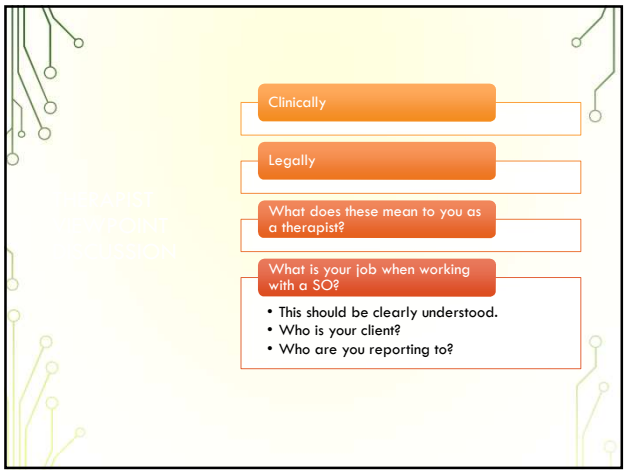
4


WHAT IS A SEX OFFENDER?
Legal Definition
A person convicted of a crime involving sex, including rape, molestation, and production or distribution of child pornography.
Sex Offender
According to the law, a sex offender is an individual who has been convicted of a sex-related crime, or of attempting to commit a sex-related crime. Also referred to as a "sex abuser," or "sexual offender," an individual convicted of a sex crime is, in most cases, required to register with the state's sex offender registry, which monitors and places restrictions on their activities.
Crimes that are known to classify a perpetrator as a sex offender include:
Sexual Assault
Rape
Statutory Rape
Sexual abuse of a minor
Corruption of a minor
Incest
Child pornography
Prostitution (in some circumstances)
Sex trafficking
Transporting a person across jurisdictions with the intent of engaging in sexual activities
Sodomy or Bestiality (in some jurisdictions)
Genital mutilation

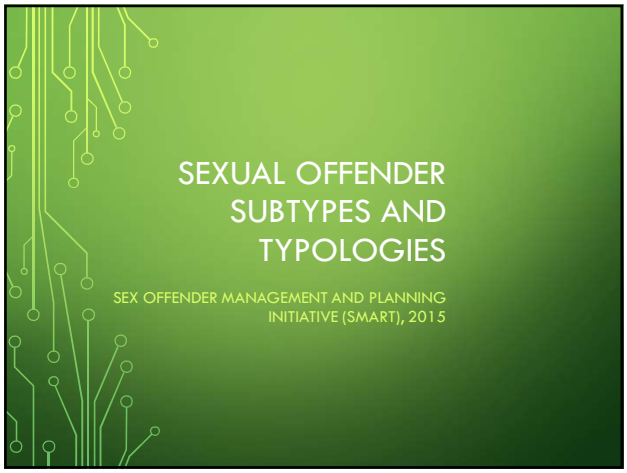
5


WHO COMMITS THESE OFFENSES?
Individuals who commit sex offenses
Adults and Juveniles
Males and females.
Any nationality
Any Socioeconomic class
Any family (intact, traditional/non traditional, etc.)
How does this effect treatment? Research?

6


Clinically
Legally
What does these mean to you as a therapist?
What is your job when working with a SO?
• This should be clearly understood.
• Who is your client?
• Who are you reporting to?

7


SEXUAL OFFENDER SUBTYPES AND TYPOLOGIES
SEX OFFENDER MANAGEMENT AND PLANNING INITIATIVE (SMART), 2015

8


CHILD SEX ABUSERS
Child sexual abusers often develop a relationship with a child to manipulate him or her into compliance with the sexual act, which is perhaps the most damaging component of child sexual abuse (John Jay College, 2004).
A defining feature of child sexual abuse is the offender's perception that the sexual relationship is mutual and acceptable (Groth, 1983).

9

DIFFERENCES BETWEEN CHILD SEXUAL ABUSERS AND RAPISTS

- Child sexual abusers have been difficult to classify as they vary in economic status, gender, marital status, ethnicity and sexual orientation. Child sexual abusers are often characterized as exhibiting poor social skills, having feelings of inadequacy or loneliness, having greater sexual problems or being passive in relationships (Cortoni & Marshall, 2001; Groth, 1979; Maniglio, 2012; Marshall, 1993; Whitaker et al., 2008).
- They differ from rapists with respect to thought processes and affect, and often describe their offending behaviors as uncontrollable, stable and internal; whereas rapists attribute their offenses to external, unstable and controllable causes (Garlick, Marshall & Thorton, 1996)

10

POLL QUESTIONS

- If we have a 35 y/o man who has sexually assaulted a an 8 y/o child, is he a pedophile?
- Have you heard of MAP (not directional ☺)?

11

PEDOPHILIC AND NON-PEDOPHILIC DISTINCTION

- The most important distinction among child sexual abusers is whether they are pedophilic or non-pedophilic
  - Pedophilia has been shown to be a strong predictor of sexual recidivism (Hanson & Bussiere, 1998)
  - **Not all individuals who sexually assault children are pedophiles. Pedophilia consists of a sexual preference for children that may or may not lead to child sexual abuse**

12

TYPES OF SEXUAL ABUSERS

ONE OF THE FIRST TYPOLOGIES WAS FORMULATED FROM THE DELINEATION OF PEDOPHILIC AND NONPEDOPHILIC CHILD SEXUAL ABUSE. GROTH, HOBSON AND GARY (1982) CLASSIFIED CHILD SEXUAL ABUSERS BASED ON THE DEGREE TO WHICH THE SEXUAL BEHAVIOR IS ENTRENCHED AND THE BASIS FOR PSYCHOLOGICAL NEEDS (FIXATED-REGRESSED TYPOLOGY

The fixated offender prefers interaction and identifies with children socially and sexually (Simon et al., 1992).

- These individuals often develop and maintain relationships with children to satisfy their sexual needs (Conte, 1991).
- The majority of fixated child sexual abusers are individuals who sexually assault male children who are not related

Regressed child sexual abusers prefer social and sexual interaction with adults; their sexual involvement with children is situational and occurs as a result of life stresses (Simon et al., 1992).

- Regressed child sexual abusers often consist of incest offenders or offenders who sexually assault female adolescents (Priest & Smith, 1992).

13

VICTIM CHARACTERISTICS DISTINCTION

The victim gender-relationship typology is the only model that has demonstrated clinical utility because it accounts for much of the variability in child sexual abuse, addresses treatment issues and is related to recidivism (Camilleri & Quinsey, 2008).

The gender of the victim remains an important distinction among child sexual abusers because this factor has been shown to be a strong predictor of sexual reoffense (Hanson & Bussiere, 1998), although exactly what can be predicted is unclear.

More recent studies have shown that mixed-gender child sexual abusers reported the highest number of victims (Cann, Friendship & Gozna, 2007; Stephens, Seto, Goodwill & Cantor, 2016), offenses (Simons & Tyler, 2010) and the highest rates of risk for reoffense (Abel et al., 1988; Kleban, Chesin, Jeglic & Mercado, 2013)

14

VICTIM CHARACTERISTICS

Rice and Harris (2002), intrafamilial child sexual abusers (i.e., incest offenders)

- Are less psychopathic,
- Less likely to report male victims,
- Cause less injury,
- Are less likely to exhibit pedophilia
- Have lower sexual and violent recidivism rates.

Intrafamilial child sexual abusers are less likely to have antisocial tendencies (e.g., criminal history, substance abuse) and atypical sexual interests (Seto, Babchishin, Pullman & McPhail, 2015).

Seto et al. (2015) also found intrafamilial offenders display fewer offense-supportive beliefs and interpersonal deficits than extrafamilial child sexual abusers.

Extrafamilial child sexual abusers are more likely to be diagnosed with pedophilia (Seto et al., 2015) and are often unable to maintain adult relationships (Prentky et al., 1989).

Although intrafamilial child sexual abusers substitute a child for an adult sexual partner, they often maintain their adult sexual relationships (Miner & Dwyer, 1997).

15

RAPISTS

- **In comparison to child sexual abusers:**
  - **Rapists are more likely to be younger**
  - **To be socially competent**
  - **To have engaged in an intimate relationship** (Gannon & Ward, 2008).
- Rapists differ from child sexual abusers in that they tend to be of lower socioeconomic status and are more likely to abuse substances and exhibit a personality disorder (e.g., antisocial disorder) or psychosis (Langstrom, Sjostedt & Grann, 2004).
- In addition, rapists often display the following criminogenic needs: intimacy deficits, negative peer influences, deficits in sexual and general self-regulation and offense-supportive attitudes (e.g., justification of the sexual offense and feelings of entitlement in relation to the expression of a strong sexual desire) (Craissati, 2005).

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TYPES OF RAPISTS

The majority of traditional rapist typologies have focused on the relationship to the victim, degree of aggression, motivation, sexual versus nonsexual nature of the assault and degree of control (impulsive vs. planned).

Like child sexual abusers, rapists are often classified by their relationship to the victim (i.e., stranger vs. acquaintance).

Seventy-three percent of rapists know their victims (Bureau of Justice Statistics, 2012).

Acquaintance rapists are characterized as coercive, less violent and less opportunistic than stranger rapists (Bruinsma, 1995).

In contrast, stranger rapists are more hostile and use more expressive violence (i.e., inflicting pain or injury as the goal itself) toward women (Polaschek, Ward & Hudson, 1997).

17

TYPES OF RAPISTS

The power-reassurance or sexual-aim rapist is characterized by feelings of inadequacy and poor social skills and does not inflict injury upon his victims (National Center for Women and Policing, 2001).

- The violence used by the power-reassurance rapist is only sufficient to achieve the compliance of the victim or to complete the sexual act. Such an individual may perceive that the victim has shown a sexual interest in him, or that by the use of force the victim will grow to like him (Craissati, 2005).

The power-assertive or antisocial rapist is impulsive, uses aggressive methods of control and abuses substances. His sexual assaults are often unplanned and he is unlikely to use a weapon (Groth, 1979).

The third type of rapist is the anger-retaliation or aggressive-aim rapist, who is motivated by power and aggression. This individual sexually assaults for retaliatory reasons and often degrades or humiliates the victim.

The fourth type is the sadistic rapist, who reenacts sexual fantasies involving torture or pain.

- Sexual sadism is defined as the repeated practice of cruel sexual behavior that is combined with fantasy and characterized by a desire to control the victim (MacCulloch et al., 1983). This type is characterized by extensive planning and may often result in sexual murder (Groth, 1979).

Although it has been reported in only 5 percent of rapists (see Craissati, 2005, for a review), sexual sadism has consistently been shown as a strong predictor of both sexual and violent recidivism (Hanson & Morton-Bourgon, 2005).

18

SPECIAL POPULATIONS

- Female Offenders
- Juvenile Offenders
- Internet Offenders
- Religious Offender
- Autistic
- Developmentally Disabled

- Will be discussed in upcoming classes.

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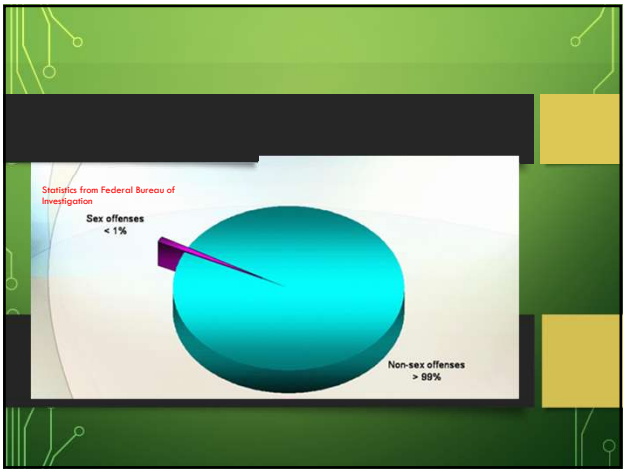

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CRIMINAL STATUTES AND DEFINITIONS

21

EVALUATION OF JUVENILE AND ADULT SEXUAL OFFENDERS

APRIL YOUNG, PHD., LMHC, CST

22

PURPOSE OF A PSYCHOSEXUAL EVALUATION

- Court
- Community Supervision
- Treatment

23

RISK ASSESSMENTS

Level of risk
- Sexual
- non–sexual recidivism;

Types and intensity of interventions
- level of care
  - IP/OP

Specific dynamic risk factors
- targeted through interventions

Amenability

Responsivity factors
- Engagement
- Response to interventions

Strengths and protective factors relative to the individual including family, peer.

24

LEVEL OF RISK

- Admission
  - Admits or Denies?
    - Denial
    - Omissions
    - Truthful

25

LOCUS OF CONTROL

Degree of personal responsibility for offenses assumed

Degree of disowning behaviors

Degree of cognitive distortions to justify the offenses

Assumes responsibility for the aftereffects of offense on the victim

26

COOPERATION

Overall attitude in evaluation process

Willingness to divulge information

Actively participates in interview

Presence or absence of passive-aggressiveness or covert resistance

27


OFFENSE AND VICTIM
Number of offenses
Length of time offending
Number of victims
Male, female, or dual gender choice of victims
Type of offenses and escalation pattern
Age/vulnerability of target victims
Violence, sadism, or physical harm in offending

28


SEXUAL DEVIANCY AND AROUSAL
Frequency of deviant fantasies
Frequency of masturbation to deviant fantasies
Frequency of healthy fantasies and arousal
Frequency of masturbation to healthy fantasies
Arousal to violence or sadism
Presence of sexual dysfunction
Use of pornography
Seeking sexualized atmospheres
Results of phallometric measures
Practicing responsible sexual behavior
Connects sexuality with caring relationship

29


SOCIAL
Level of general victim empathy
Empathy for own victims
Remorse for harming victims
Spontaneity of remorse
Appropriate displays of affect
Congruent/consistent behavior
Feels appropriate guilt
Level of conscience
Responds appropriately to social interaction
Seeks nonsexual social interactions

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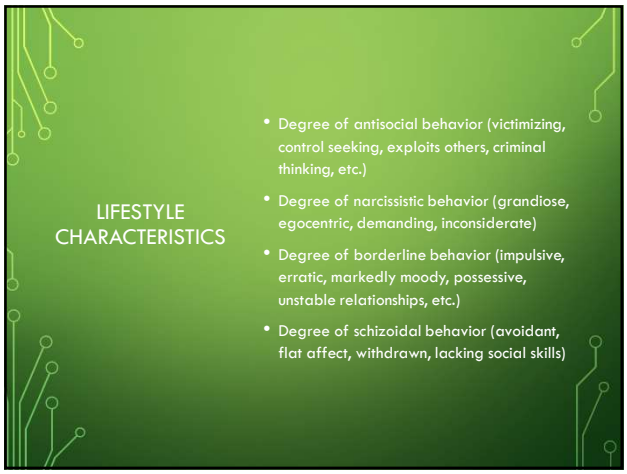
LIFESTYLE CHARACTERISTICS
• Degree of antisocial behavior (victimizing, control seeking, exploits others, criminal thinking, etc.)
• Degree of narcissistic behavior (grandiose, egocentric, demanding, inconsiderate)
• Degree of borderline behavior (impulsive, erratic, markedly moody, possessive, unstable relationships, etc.)
• Degree of schizoidal behavior (avoidant, flat affect, withdrawn, lacking social skills)

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PSYCHOPATHOLOGY
• Psychotic
• Suicidal
• Personality disordered
• Affective disorder
• Organicity
• Developmental disabilities

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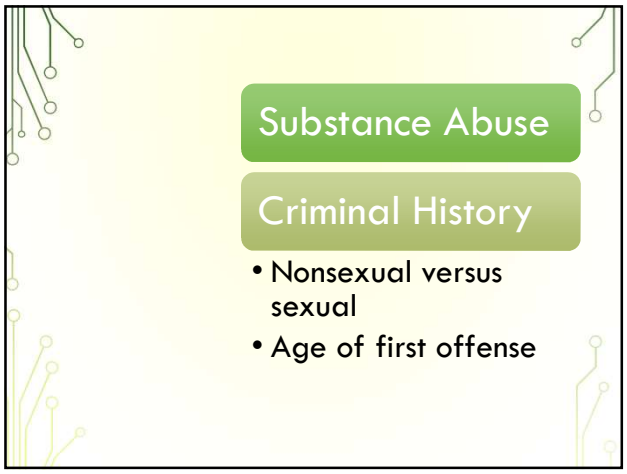
Substance Abuse
Criminal History
• Nonsexual versus sexual
• Age of first offense

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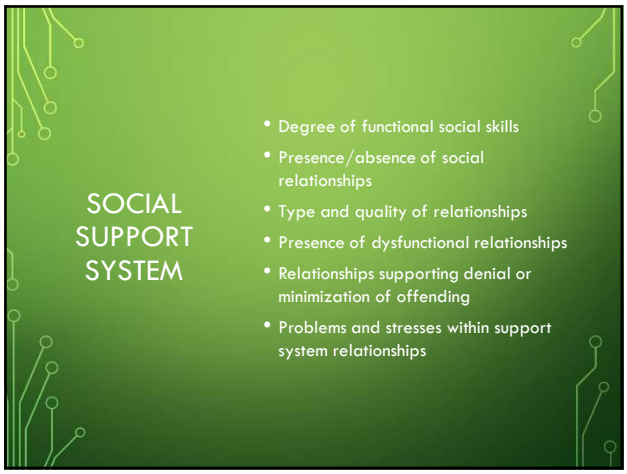

SOCIAL SUPPORT SYSTEM
• Degree of functional social skills
• Presence/absence of social relationships
• Type and quality of relationships
• Presence of dysfunctional relationships
• Relationships supporting denial or minimization of offending
• Problems and stresses within support system relationships

34


OVERALL CONTROL AND INTERVENTION
• Understanding of deviant cycle
• Understands triggers and cues
• Demonstrates motivation to avoid and interrupt cycle
• Recognizes thinking errors
• Actively corrects thinking errors as they arise
• Has replacement behaviors
• Controls inappropriate sexual behavior

35


MOTIVATION FOR TREATMENT
• Overconcern with prison/legal consequences
• Superficial motivations
• Presents facade vs. genuine, authentic presentation
• Level of commitment to stop own offending
• Willingness to complete any needed treatment/recovery tasks

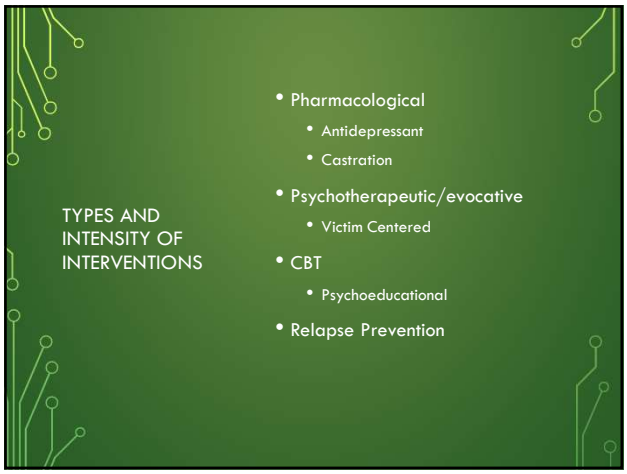
36


SELF STRUCTURE
• Appropriate base of self worth
• Appropriate ways to get self worth
• Appropriate self esteem
• Level of confidence
• Lacks sense of inferiority
• Ability to appropriately cope with failures

37


DISOWNING BEHAVIORS
• Level of defensiveness
• Projects blame
• Displacement of anger
• Irrational beliefs
• Criminal thinking distortions

38


TYPES AND INTENSITY OF INTERVENTIONS
• Pharmacological
• Antidepressant
• Castration
• Psychotherapeutic/evocative
• Victim Centered
• CBT
• Psychoeducational
• Relapse Prevention

39

LEVEL OF CARE

- Inpatient vs Outpatient
  - Is this a case where you could recommend treatment?
  - Intensive?
  - Level of care?
  - Type of placement?

40

DYNAMIC RISK FACTORS

TARGETED INTERVENTIONS

- These are factors that can change
  - Dysfunctional parenting
  - Poor education/vocational skills
  - Antisocial peer associations
  - Substance Abuse
  - Poor use of leisure time
  - Dysfunctional personality/traits (e.g. aggression, poor frustration tolerance, impulsivity, and/or defiance of authority)
  - Attitudes, values, and beliefs supportive of crime

41

Is this person:

- Appropriate for treatment?
- What barriers if any are there

Responsivity Factors

- Motivation and readiness
- Cognitive abilities and challenges
- Learning difficulties
- Learning style
- Temperament and personality style
- Mental, physical, or behavioral health challenges
- Emotional, psychological, and/or behavioral health challenges
- Religious beliefs
- Biosocial factors (e.g., age, gender, and ethnic/cultural)
- Familial stability and support

42

RESPONSIVITY FACTORS

- A healthy sense of personal responsibility and self-efficacy
- Effective emotion regulation and coping strategies
- Self-control and impulse management
- Capacity for problem-solving and effective planning skills
- A close relationship with at least one competent, caring, prosocial adult
- Positive caregiver and family relationship
- Caregiver monitoring and positive discipline
- Prosocial investments, such as school engagement
- Friendships and/or romantic attachments with prosocial peers
- Involvement in positive activities
- Positive community support
- An optimistic future orientation
- Finding meaning in life (e.g., spirituality)

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ASSESSMENTS AND INVENTORIES

44

RISK ASSESSMENTS

Sex offender risk assessments are most often employed in applied forensic settings for purposes of decision-making (Doren, 2002). The typical venues for sex offender risk assessment include —

- The purposes of risk assessment span the spectrum of the adjudication process.
- Sentencing and criminal adjudications, during which the results of the assessment are used to ascertain appropriate levels and periods of confinement and/or community supervision.
- Determinations of treatment needs, settings and modalities.
- Sex offender registration and notification (SORN) proceedings, during which assessment results are used to classify ("level") offenders based on their assessed risk.
- Civil commitment proceedings, during which assessment results are used to argue for and against indefinite confinement based on the assessed risk for sexual recidivism.

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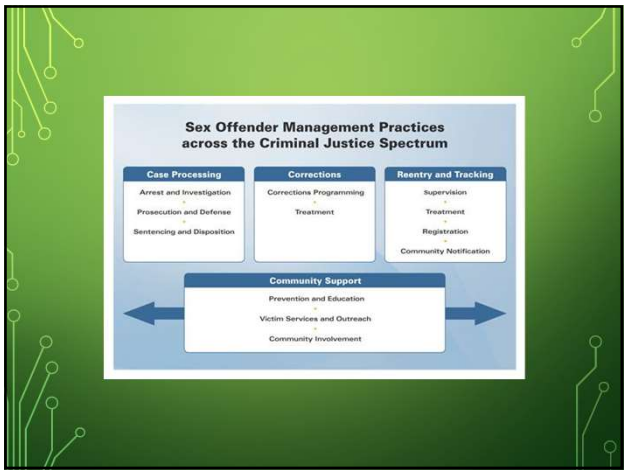

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METHODS OF ASSESSING SEX OFFENDER RISK CAN GENERALLY BE CATEGORIZED AS FOLLOWS (HANSON, 1998):

- Unguided (or unstructured) clinical judgment:
  - The evaluator1 reviews case material and applies personal experience to arrive at a risk estimate, without relying on a specific list of risk factors or underlying theory to prioritize or weight any of the information used.
- Guided (or structured) clinical judgment:
  - The evaluator begins with a finite list of factors thought to be related to risk, drawn from personal experience and/or theory rather than from relevant empirical evidence.
- Research-guided clinical judgment:
  - The evaluator begins with a finite list of factors identified in the professional literature as being related to risk. While these factors are given priority in the risk assessment, they are combined with other factors and considerations using the clinician's judgment.
- **Pure actuarial approach:**
  - **The evaluator employs an existing instrument composed of a finite, weighted set of factors (generally static, or relatively unchanging and historical in nature) identified in the literature as being associated with risk. The instrument is used to identify the presence or absence of each risk factor, and an estimate of risk is arrived at through a standard, prescribed means of combining the factors. This approach is the only risk assessment method that can be scored using a computerized algorithm or by minimally trained non-clinicians.**
- Adjusted actuarial approach:
  - The evaluator begins with the administration of an existing actuarial instrument and then employs a finite list of considerations that can be used to raise or lower the assessed level of risk.

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INSTRUMENTS –RISK ASSESSMENTS

Hanson and Morton-Bourgon (2009) also found that, for assessing the likelihood of **sexual recidivism**, the best-supported instruments were the following:

- Static-99 (Hanson & Thornton, 2000)
- Static-2002 (Hanson, Helmus, & Thornton, 2010)
- MnSOST-R (Epperson et al., 2000)
- Risk Matrix-2000 Sex (Kingston et al., 2008)
- SVR-20, specifically using the mechanical approach of adding up the item scores (Boer et al., 1997)

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RISK ASSESSMENTS CONT.

For assessing the likelihood of violent (including sexual) recidivism, the best-supported instruments were the following:

- Violence Risk Appraisal Guide (VRAG) (Webster et al., 1994)
- Sex Offender Risk Appraisal Guide (SORAG) (Quinsey et al., 2006)
- Risk Matrix-2000 Combined (Thornton, 2007)
- Statistic Index of Recidivism (SIR) (Nafekh & Motiuk, 2002)
- Level of Service Inventory-Revised (LSI-R) and its variants (Andrews, Bonta, & Wormith, 2004, 2006)

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SEXUAL ADJUSTMENT INVENTORY SAI-ADULT

- The Sexual Adjustment Inventory (SAI) incorporates some actuarial or static factors such as gender (sex), and ethnicity. In addition, the SAI includes many dynamic factors (criminogenic needs) like its 13 scales (measures) along with relevant court and treatment history. This information is provided by offenders self-report. The SAI identifies sexual problems and treatment needs.
- The SAI is a 225-item self-report test that takes 45 minutes to an hour to complete. The SAI is an automated (computer scored) test that can be given in paper-pencil test booklet format, on a computer screen or over the internet.
- From answer sheet data input, computer scoring, interpretation and printing of reports takes 3 minutes. SAI tests can be administered individually or in group testing settings.
- The SAI identifies sexual deviance and paraphilias in people accused or convicted of sex offenses.

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THE SAI HAS 13 SCALES (MEASURES):

Sex-Related Scales

Sex Item Truthfulness Scale

Sexual Adjustment Scale

Child Molest Scale

Sexual Assault Scale

Incest Classification

Alcohol Scale

Exhibitionism Scale

Non-Sex-Related Scales

Test Item Truthfulness Scale

Violence (Lethality) Scale

Antisocial Scale

Impulsiveness Scale

Drugs Scale

Distress Scale

51

PENILE PLETHYSMOGRAGH

- This instrument is a psychophysiological technique used to assess sexual interests.
- The penile plethysmograph is attached to the circumference of the penis and the participant is shown a variety of suggestive and pornographic materials.
- This instrument measures arousal to the material. This is an assessment tool and not a criminal investigative tool, such as the polygraph.
- This instrument can be "faked" and it is best utilized with individuals who are motivated to participate in the assessment.
- This instrument may be used with adult and juvenile sex offenders.
-

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ABEL ASSESSMENT OF SEXUAL INTEREST

- This is a screening instrument that measures visual reaction time of sexual interest, along with a thorough, self-report questionnaire assessing interests, behaviors and paraphilia on a computer laptop program.
- The Abel Screen only measures interest, not behavior, of the individual. There are a total of 160 pictures that feature pictures of clothed individuals that range from preschoolers to adults.
- The scoring is based on the length of time that the individual spends looking at a certain picture or groups of pictures and scores that program from 1 (highly disgusting) to 7 (highly arousing).
- This instrument has been administered to individuals who have been informed of how the instrument works and they have attempted to manipulate the results. The results have been the same.
- This instrument may be used with adult and juvenile sex offenders.

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HARE PSYCHOPATHY

This assessment tool combines information from a semi-structured interview with file-based information and is completed by the professional based on criteria from the history provided by the participant.

This assessment is designed to measure psychopathology based on items including grandiose sense of selfworth, lack of remorse, pathological lying, criminal versatility, and violating any conditions of release.

There is a youth version of this instrument (PCL-YV).

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POLYGRAPH

- Clinical polygraph
  - disclosure
    - denial
- Maintenance

- The clinical polygraph is viewed as an instrument that throws a net out to capture additional information.
- This assessment tool may be used with adult and juvenile sex offenders, but its use is recommended for juveniles over 13 years of age

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POLL QUESTIONS

- Should juvenile sexual offenders be subjected to polygraphs?

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JUVENILE TREATMENT

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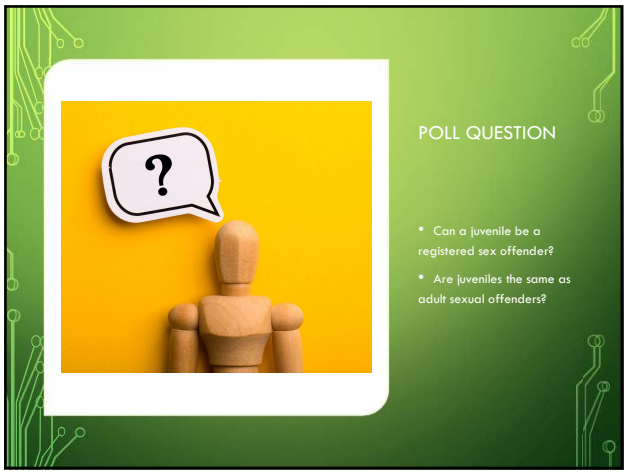

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WHAT IS A SEX OFFENDER ?

- Individual who has committed and/or has been convicted of a sexual act that may be considered criminal.
  - Bestiality
  - Incest
  - Rape, Sexual Battery (Chapter 794.)
  - Lewd and Lascv (Chapter 800.)
    - Battery
    - Molestation
    - Behavior
    - Exhibition

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WAYS THEY ENTER TREATMENT

Private Client

Department of Children's and Families (Child Protective Services)

Legal –Most common

- Criminal Charges
- Diversionary
- Residential Programs

60

JUVENILE VS. ADULT

Based on the scientific evidence, it is clear that juveniles and adults differ in their cognitive capabilities, capacity for self-management and regulation, susceptibility to social and peer pressure, and in other areas related to judgment, criminal intent, and the capacity to regulate behavior.

1. Risky behavior is more prevalent during adolescence than it is during either preadolescence or adulthood.
2. The ability to plan ahead, be aware of time, and anticipate future consequences significantly increases with age.

SOMAPI-Full report 2014 (Sex Offender Management Assessment and Planning Initiative)

61

DIFFERENCES TO CONSIDER

- Patterns
- Deviant Sexual Arousal
- Psychopathology
  - empathy
  - Impulsivity
  - Unstable emotions

62

SIMILARITIES

- potential to cause considerable harm to the victims they target.
- adults and juveniles tend to target persons who are known to them, rather than targeting strangers.
- adults and juveniles are committing more sex offenses than the official data reflects.
- adults and juveniles tend to engage in some degree of planning prior to offending, and that the offenses that they commit do not "just happen.
- distorted thinking patterns (thinking errors)
- adult and juvenile sex offenders often have some form of self-management, coping skills, and/or social competency deficits
- adult sex offenders and juvenile sex offenders are diverse and heterogeneous populations.

63

WHO AND WHY?

- Etiology- causes or origins of juvenile sexual offending and the pathways related to the development, onset, and maintenance of sexually abusive behavior
- Typology - types or categories of offenders or victims, and offense characteristics.

64

ETIOLOGY

Summary of Research

- Sexual Victimization
- Sexual Victimization and Personality
- Multiple Types of Child Maltreatment
- Multiple Types of Child Maltreatment and Personality

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SEXUAL VICTIMIZATION

Sexually abused juveniles were more likely to select sexual behaviors that were reflective of their own sexual victimization (Veniziano, Veniziano, and LeGrand 2000)

Ages 3 to 7 may be a sensitive period when sexual abuse can do the most damage and place a youth at higher risk for engaging in sexually abusive behavior (Grabell and Knight 2009)

Berman and Knight (2015) found that being sexually abused by a cohabitant perpetrator was the best predictor of subsequent sexualization (sexual preoccupation, sexual compulsivity and hypersexuality), callousness/manipulativeness and higher impulsivity or disinhibition.

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SEXUAL VICTIMIZATION AND PERSONALITY VARIABLES

A younger age at time of sexual victimization, a greater number of incidents, a longer period of waiting to report the abuse and a lower level of perceived family support after revelation of the abuse were found to be predictive of subsequent sexual perpetration. (Hunter and Figueredo 2000

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MULTIPLE TYPES OF MALTREATMENT

Sexual aggression a learned behavior, modeled after what they observed at home

Physical abuse by the father and sexual abuse by males increased sexual aggression by adolescents. A child's bonding to his mother was found to decrease his sexual aggression

Findings highlight the importance of assessing and treating co-occurring issues, which can often be influential in sexual offending

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RELATIONSHIP BETWEEN MULTIPLE TYPES OF CHILD MALTREATMENT AND PERSONALITY VARIABLES

Knight, R.A., & Sims-Knight, J.E. (2004)

Sexual compulsivity and hyper-masculinity → through misogynistic fantasy behavior → significantly discriminate verbally and physically coercive juveniles who commit sexual offenses from those who do not report using force in their offenses

- Role of sexual victimization, physical abuse, and alcohol

Daverso, M.T., & Knight, R.A. (2007).

Three traits-

- Sexual drive/preoccupation,
- antisocial behavior/impulsivity,
- callous/unemotional traits- predicted sexual coercion against women1
- Early traumatic physical and sexual abuse play an important etiological role

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RELATIONSHIP BETWEEN MULTIPLE TYPES OF CHILD MALTREATMENT AND PERSONALITY VARIABLES

Zakireh, B., Ronis, S.T., & Knight, R.A. (2008).

Evidence that developmental and early childhood maltreatment experiences and specific, mediating personality traits contribute significantly to predicting adolescent sexual offending against younger victims

Burton, D.L., Leibowitz, G.S., & Howard, A. (2010)

Three categories of risk factors—greater hyper-sexuality or sexual deviance, more violent behavior or fantasies, and an increased history of victimization—are consistent with path models that predict sexually abusive behavior toward peers and adults

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TYPOLOGY

Typology research to date has primarily differentiated subtypes of juveniles who have committed sexual offenses based on

- victim age
- delinquent history (differentiating sex-only vs. sex-plus offenders)
- personality characteristics.

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VICTIM AGE

Hunter (2009) reported on a study of a national sample of 256 adolescent males who committed sexual offenses and were receiving treatment in an institutional or community-based setting. Initial results suggest the presence of five subgroups and associated characteristics:

Life Course Persistent — Antisocial

- Has the highest arrest rate for nonsexual crimes and the highest reported rate of childhood exposure to violence
- Evidences lengthy childhood histories of exposure to violence and early developmental onset of pornography viewing and drug/alcohol use

Adolescent Onset — Experimental

- Is more inclined to sexually offend against peer and adult females
- Appears less psychosocially and psychosexually disturbed than other subgroups, and reports less childhood exposure to violence and less preadolescent pornography/substance use
- Appears to have the lowest average number of victims of the five subgroups

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VICTIM AGE CONT…

- Socially Impaired — Anxious and Depressed
  - Predominantly sexually offends against children
- Pedophilic Interests — Antisocial
- Pedophilic Interests — Non-Antisocial
  - Evidences lengthy childhood histories of exposure to violence and early developmental onset of pornography viewing and drug/alcohol use

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LEROUX ET AL. (2016)

Adolescents with child victims	Adolescents with peer or adult victims
•Less sexually experienced, •Most sexually atypical •Lower on measures of general delinquency •Results "partially support the hypothesis that adolescent sexual offending against children is better explained by special explanation factors rather than general delinquency factors	•More likely to have inflicted more physical harm on their victims •More likely to have been under influence of substances at time of offense •Most severe behavioral problems include higher rates of general substance use, prior conduct disorder, and disruptive behavior disorder at time of assessment •Results more consistent with the general delinquency explanation

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JOYAL, CARPENTIER AND MARTIN (2016)

JSOs with child victims	JSOs with peer/adult victims
•Socially isolated or rejected by their peers •Low social competence •Atypical sexual interests	•Present antisocial profile: diverse criminality, criminal activity with peers, using drugs and alcohol and conduct disorder diagnosis •Have more peer-aged friends •Previous consensual sex with peer-age teen •Targeted an unknown victim

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DELINQUENT HISTORY

- Butler and Seto (2002), Pullman et al. (2014)
  - adolescents who commit sexual offenses,
  - versatile offenders and
  - nonaggressive offenders
- 114 adolescent males
  - Sex Only (sex offense only)
  - Sex Plus (multiple)

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DELINQUENT HISTORY

Sex-Only Offenders	Sex-Plus Offenders
•More atypical sexual interests	•antisocial personality traits
•Greater deficits in romantic relationships	•Drug use and psychiatric issues to include familial mental health issues
•More likely to have a child victim	•Greater deficits in general social skills
•More likely to have a male victim	•physical injury to victim and more likely to use weapon
	•More likely to be living in single-parent home
	•More likely to have been physically abused

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AGE AND PERSONALITY CHARACTERISTICS

Worling (2001) four personality-based subtypes and associated characteristics:

- **Antisocial/impulsive youth are likely to have a propensity for rule violations. Their sexual offending, at least initially, is more a result of this factor than deviant sexual arousal. Descriptors of this subgroup may include anxious, unhappy and rebellious.**
- **Unusual/isolated youth are emotionally disturbed and insecure. They are characterized by a peculiar presentation and social isolation. Their awkward personality features may inhibit their ability to develop and maintain healthy and intimate relationships with consenting peers.**
- **Overcontrolled/reserved youth** endorse prosocial attitudes, are cautious to interact with others and tend to keep their feelings to themselves.
- **Confident/aggressive youth** are confident, self-centered, outgoing, aggressive and sociable.

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WHAT ACTUALLY HAPPENS

- Juvenile
- Victim
- Family (victim and perp)

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SNAP SHOT

- Sexual Act
- Victim Disclosure
- Initial reaction
- TO report or not to report (who is required)
- Report to LEO, DCF, Schools (Impact)
- Unfamiliar with process and agencies –They are suppose to help?
- Arrest or separation –no contact
- Court appearances

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SNAP SHOT CONTINUED

- Department of Juvenile Justice (DJJ)
- Court ordered therapy and sanctions
- Restrictions and polygraphs
- Additional victims
- Parents and family feels punished
- RESISTANCE
- Reunification?

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DISPOSITION

- Outpatient Treatment
  - 9-18 months, sometimes longer
  - Weekly Individual, Group, and Family
  - Safety planning
  - Polygraphs
- Inpatient treatment
  - Low
  - Med
  - High-Max

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GOALS OF TREATMENT

- Take Responsibility for behavior
- identifying the various issues or factors that contributed to their sex offending and other problem behaviors
- develop healthy coping skills that can offset these risk factors
- develop prosocial skills and competencies, establishing positive peer relationships and to promote healthy family functioning

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TREATMENT TARGETS

- Owning behavioral
- Behavioral Tech.(arousal control)
- Emotional Well Being (family functioning)
- Victim empathy
- Anger management and/or healthy masculinity
- Healthy Sexuality
- Relapse Prevention (no longer supported as Evidence based)

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WORKING WITH JUVENILES

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THE THERAPIST'S SANITY ☺

- You have to have a healthy outlet
- You will need your own therapist—so get one
- How to handle when your youth reoffends.
- Take care of yourself

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THE TREATMENT OF ADULT SEX OFFENDERS

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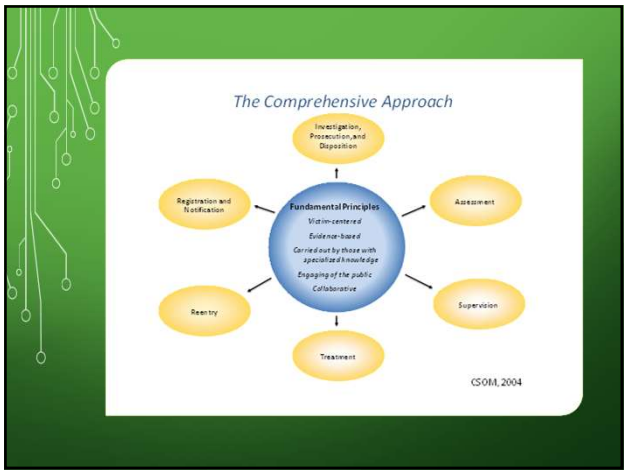

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DIFFERENCES FROM OTHER FORMS OF MENTAL HEALTH TREATMENT

- Involuntary clients
- Victim and community focus
  - The primary focus of treatment is not the well-being of the client; rather, it is the protection of the community

CSOM Training Curriculum: An Overview of Sex Offender Treatment

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DIFFERENCES FROM OTHER FORMS OF MENTAL HEALTH TREATMENT (CONT.)

- Limited confidentiality
- Treatment goals set by provider
- Collaboration of treatment provider with others involved in the management of the case
- Local and statewide policy teams

CSOM Training Curriculum: An Overview of Sex Offender Treatment

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CHARACTERISTICS OF CURRENT SEX OFFENDER-SPECIFIC TREATMENT METHODS

- Group treatment (predominantly)
- Cognitive-behavioral therapy
- Psychopharmacology (use of medications)

91

HOW LONG SHOULD SO TREATMENT LAST?

- Different offenders require different lengths of treatment
- High levels of denial, sexual deviancy, and risk require longer, more intense treatment

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THE FOUR DOMAINS OF TREATMENT

- Sexual Interests
- Distorted Attitudes
- Interpersonal functioning
- Behavior Management

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SPECIALIZED SEX OFFENDER ASSESSMENT

- Criminal justice assessments
- Clinical assessments
- Psycho-physiological assessments
  - Polygraph
  - Penile plethysmograph (PPG)
  - Abel Assessment of Sexual Interest

CSOM Training Curriculum: An Overview of Sex Offender Treatment

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THE MANAGEMENT OF SEX OFFENDERS

- The management of sex offenders is Victim Centered
- Based on research and "best practices" literature from the sex offender management field

(Carter, Bumby, & Talbot, 2004)

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VICTIM-CENTERED

- Victim Philosophy

"What's best for the victim/community

  - Children need protection and Adults need empowerment

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WHAT IS VICTIM CENTEREDNESS?

- Moves beyond primarily offender-focused strategies
- Reflects a concurrent appreciation for victims' needs, interests
- Recognizes potential that some sex offender management strategies inadvertently can negatively impact victims, families
- Appreciates need to engage victim advocates to help inform and examine policies, practices

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A SYSTEMS APPROACH TO TREATMENT

- What do Survivors need?
- What should be done to manage sex offenders effectively?
- Who should be involved in sex offender management?
- How should we approach this work?
- Why should it be done this way?

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SEX OFFENDERS HOMOGENOUS OR HETEROGENEOUS GROUP?

- Sexual offenders exhibit heterogeneous characteristics, yet they present with similar clinical problems or criminogenic needs (e.g., emotional regulation deficits, social difficulties, offense supportive beliefs, empathy deficits and deviant arousal)
- The degree to which these clinical issues are evident varies among individual offenders (Gannon, Terriere & Leader, 2012; Ward & Gannon, 2006).
- Indeed, this heterogeneity challenges effective risk management and treatment of offenders (Martinez-Catena, Redondo, Frerich & Beech, 2016).

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SEX OFFENDERS ARE A DIVERSE POPULATION

- What they "look like" varies
- What they "do" varies
- Who they target varies
- Why they do it varies
- Their risk to recidivate varies

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NO TWO OFFENDERS ARE EXACTLY THE SAME

- Research demonstrates that there is no "typical" sex offender: sex offending crosses lines of race, gender, culture, age, SES, IQ, and other functional levels
- There are no personality or other characteristics that, if present, indicate a person is a sex offender
- Much like the general population, sex offenders are a heterogeneous group

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DIFFERENCES AMONGST SEX OFFENDERS

- Amenability to treatment
- Level of remorse, empathy
- Acceptance of responsibility
- Supervision and treatment needs
- Recidivism risk

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DIFFERENCES CONTINUED

- Sexual interests and arousal patterns
- Victim preferences
- Range of offending behaviors
- Ability to manage impulses
- Attitudes towards deviant behavior

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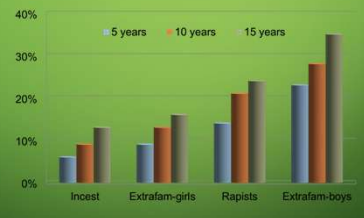
RECIDIVISM RATES BY SUBGROUPS



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RISK FACTORS TO RECIDIVATE

- Two types
  - Static
    - Generally historical, unchangeable
  - Dynamic
    - Stable – slower to change
    - Acute – can change quickly

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KEY STATIC FACTORS AFFECTING RECIDIVISM RISK WITH ADULT SEX OFFENDERS

- Prior sex offenses
- Prior non-sex offenses
- Non-related victims
- Stranger victims
- Male victims

(Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005)

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KEY DYNAMIC FACTORS AFFECTING RECIDIVISM RISK WITH ADULT SEX OFFENDERS

- Deviant sexual interests, sexual preoccupations
- Intimacy deficits, conflicts
- Hostility
- Antisocial orientation, psychopathy
- Self-regulation deficits
- Employment instability

(Hanson & Morton-Bourgon, 2005)

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WHAT ARE THE GOALS OF TREATMENT AND SUPERVISION OF SEX OFFENDERS?

- No more victims
- Victim centered
- Reduce the risk for re-offense via
  - Effective supervision (specialized training/smaller caseloads/paying attention to RNR)
  - Solid validated assessments (Pay attention to risk/needs)
  - Treatment for SO risk as well as other dynamic risk factors
  - Appropriate advocacy
  - Accountability

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OVERALL TREATMENT GOALS

- Accept Responsibility
- Behavior Management
- Self Understanding
- Victim Empathy
- Relationships and Communication
- Relapse Prevention

• MORIN & LEVINSON, 1998

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TYPES OF SEX OFFENDERS

- Rapists
- Child Molesters
- Paraphilics
- Sex Addicts
- Sexual Harassers
- Other

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RAPISTS

- Sexual behavior as a means of exerting power and
- control over another person.
  - Strangers
  - Wives
  - Date rape
- Victims are a representation of something to be conquered or subjugated.

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RAPISTS

- **Treatment Goals:**
  - Anger reduction and management
  - Trauma reparation

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CHILD MOLESTERS

- **Means to meet social/power/belonging needs**
  - Daughter as substitute wife
  - Power over child compensates for inadequacy
  - Fantasy feelings of being loved and revered
  - Compensate for being abused as a child
- **Victim is a distorted figure that satisfies the need.**

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CHILD MOLESTERS

- **Treatment Goals**
  - Able to engage in age appropriate sexual activity
  - Heal past trauma
  - Increase feelings of self worth and adequacy

115

PARAPHILICS

- **Sexual behavior as a means of sexual relief or gratification.**
  - Exhibitionism
  - Voyeurism
  - Pedophilia
- **Victim is an object to satisfy desire**

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PARAPHILICS

- **Treatment Focus:**
  - Decrease sexual desire
- **Interventions:**
  - Medication
  - Behavior Modification
  - Minimal Arousal Conditioning
  - Covert Sensitization
  - Masturbatory Reconditioning

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SEX ADDICTS

- Obsessive, compulsive, out of control behavior as a means to alleviate pain.
- The obsessions and compulsive behavior lead to an impaired thinking state as a result of the flood of dopamine in the brain.
  - Internet pornography
  - Compulsive masturbation
  - Anonymous or paid partners

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SEX ADDICTS

- Victims are the sexual partners, who are objects (as a drug) and the partners and families who are harmed emotionally and/or financially

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SEX ADDICTS

- **Treatment Goals:**
  - Develop healthy sexual behavior as a means of expressing intimacy and connection
  - Heal past trauma
- **Treatment Interventions:**
  - Individual and Group Therapy
  - 12-Step Meetings
  - Medication for depression and/or compulsions

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SEXUAL HARASSERS

- **Uses sex as a demonstration of power and control with those of lesser status**
  - Quid pro quo
  - Hostile environment
- **Victim is employee, student, or supervisee**

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TYPES OF TREATMENT

- Surgery
- Group therapy while incarcerated
- Outpatient group therapy
- Self-help groups
- Individual therapy
- Pharmacological

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SURGERY

- **Neurosurgery**
  - Stereotaxic hypothalamotomy
    - Partial removal of parts of the hypothalamus which helps to disrupt production of male hormones and decrease sexual arousal and impulsive behavior.

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SURGERY

- **Castration**
  - Removal of the testicles to radically reduce testosterone production.
  - Reduces sex drive so may be effective when that is the motivator of sex offending behavior.

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- The following slides contain information from the workbook ***"The Road To Freedom"*** by John W. Morin, Ph.D., and Jill S. Levenson, MSW, 1998.

125

ACCEPTING RESPONSIBILITY

- **What Is Sexual Assault?**
- **Committing To Treatment**
- **Denial**
  - Denial of the Facts
  - Denial of Awareness
  - Denial of the Impact
  - Denial of Responsibility
  - Denial of the Need for Treatment
- **Giving Up Denial**

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UNDERSTANDING YOUR BEHAVIOR

- **Defining Sexual Deviance**
  - Any sexual act that involves a child (Child Sexual Abuse)
  - Any sexual act with an adult who has not consented to sex
  - (Rape and sexual battery) (also Sexual Harassment)
  - Exposing one's sexual organs to a child or an adult (Exhibitionism)
  - Watching or spying on a person who is undressed or engaged in sex (Voyeurism)
  - Talking on a telephone in a sexual way with a person who has not consented to sexual talk (Obscene Phone Calls)

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COMPULSIONS AND ADDICTIONS

- **Addiction Continuum**
- **Understanding Your Losses**
- **Compromising Your Values**

128

INCEST

- Understanding the nature of the child-adult relationship
- Children are naturally affectionate and loving
- Children naturally accede to parental/adult authority
- Children are easily threatened to maintain secrecy

129

GROOMING

- **Preparing a victim for sexual contact**
  - How did you select your victims?
  - How did you control your victims?
  - How did you manipulate the environment and others around you to gain access to the victim?
  - How did you get your victims to participate?
  - What was said and done by you to your victims?

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CRAVINGS, URGES, AND THE "PIG" (PROBLEM OF IMMEDIATE GRATIFICATION)

- Desire
- Intention
- Cognitive Distortions
- Plan

131

DEVIANT FANTASIES

- **Reinforcement**
- **Intermittent reinforcement**

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NON-CONTACT OFFENSES

- **Exhibitionism**
- **Voyeurism**
- **Obscene phone calls**
- **Internet offenses**

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UNDERSTANDING ANGER

- **About**
  - Powerlessness
  - Fear
  - Out of control
  - Needs not being met

134

FAMILY VIOLENCE

- **Domestic Violence**
- **Physical Child Abuse**

135

MANAGING YOUR BEHAVIOR

- **Coping with deviant thoughts and fantasies**
  - Committing yourself to a non-deviant lifestyle
  - Conditioning and counter-conditioning

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UNDERSTANDING YOURSELF

- Exploring your childhood
- Understanding your family
- Understanding Child Abuse
- If you were sexually abused as a child
- Losses
- Learning to express feelings
- Learning about your needs
- Self esteem
- Understanding sex
- Writing a sexual autobiography

137

VICTIM EMPATHY

- **How sexual abuse affects victims**

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RELATIONSHIP AND COMMUNICATION SKILLS

- Understanding relationships
- Basic beliefs about yourself and others that interfere in relationships
- Achieving intimacy
- Effective communication techniques
- Spirituality: your relationship with God

139

THINKING

- **Looking at how we think**
- **Distorted thinking**
- **Identifying distorted thoughts that lead to sex offenses**

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RELAPSE PREVENTION

- **Abstinence**
- **Personal decision matrix**
- **Relapse prevention plan**
- **Anatomy of a sex crime**
- **Understanding the relapse process**
- **Understanding behavioral chains (REBT)**
- **Chains and cycles**
- **Creating your own offense anatomies**

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RELAPSE PREVENTION CONTINUED
Patterns of offenses
External triggers: stimuli and situations
Internal triggers
Recognizing coping strategies you're already using
Rewarding yourself
Developing support systems
Talking to your partner or loved ones about your offense
Putting it all together

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ADJUNCTIVE THERAPIES
Marital and Family Therapy
Family education seminars and couples groups
Substance abuse treatment
Educational/vocational supports

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QUESTIONS

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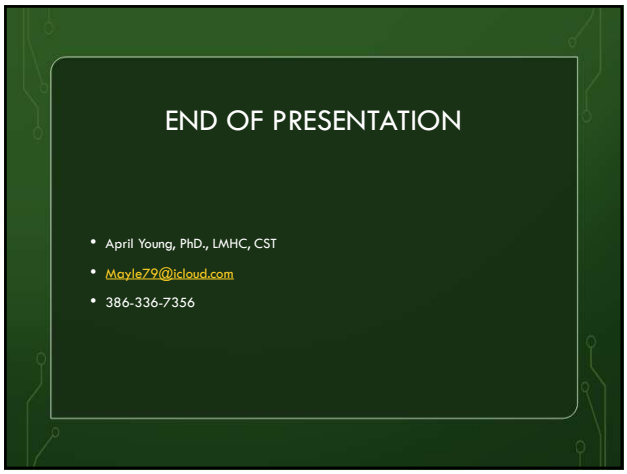
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