

PART I

Understanding the Juvenile
Sexual Offender

CHAPTER 1

Working With Juvenile Sexual Offenders: Framing the Ideas and the Tasks

THE ISSUES of sexuality, sexual conduct, and sexual offending among adolescents and children have never been more significant. Unfortunately, these issues and concerns threaten to become more significant still, as we see and tackle increasingly serious and more pervasive developmental, emotional, and behavioral problems in our children.

We live in a society in which children of all ages in the general population are increasingly more exposed to sexuality and violence on a daily basis. Under the most benign of circumstances, exposure is through the media, with an increasingly heavy focus on violence and a near endless (and still mounting) emphasis on the importance and prevalence of sex. In virtually every form of media, children are inundated with images of and ideas about sexuality and sexual behavior. In the United States, for instance, it is virtually impossible to watch prime-time television or see a movie directed toward adolescents that is free of implicit—and with increasing frequency explicit—sexual innuendo, content, and behaviors. In many cases television shows, movies, electronic games, and music recordings with explicit sexual and violent themes or overtones are aimed directly at teenagers and often have an audience that includes children from 6 years of age and up (U.S. Federal Trade Commission, 2000). Of course, most recently added to the list, and for many children perhaps the most available and flexible form of media, is the Internet and its often direct, graphic, invasive, and sometimes shocking sexual messages and content.

Under less benign and more direct circumstances, many children are exposed to sexual behaviors through the reality of their own lives and their

own experiences in their communities and, in some cases, their own families. Some of these children witness sexual practices, behaviors, and violence in their own homes and communities through the lives of their parents, siblings, and other community members. For many other children, exposure is of the most direct form as they become victims of sexual abuse and violence. Sadly, in many cases when children are the victims of sexual abuse, the sexual offenders are *themselves* children.

Accordingly, we live in a society that is more and more focused on social interventions and on the treatment of both the sexually abused and those who abuse. Statistics of every kind tell us that of the multitude of sexual crimes committed in the United States each year, many are committed by teenagers and younger children, ranging from exposure to molestation and rape. Most times, children are the victims of these crimes committed by other children.

THE TREATMENT TASK

We approach social and behavioral problems with juveniles through treatment, with *sexual-offender-specific* treatment most distinguished from other therapeutic interventions by its *forensic* focus. That is, sexual-offender-specific treatment crosses the line between the treatment of criminal behavior and the treatment of mental health and behavioral disorders. Work with child and adolescent sexual offenders is even more complex as it deals with developmental and cognitive issues, personality development, family and community systems, a complex interplay between developing emotions and behaviors, the line between normative sex play and experimentation and the development of sexual offending behavior, psychiatric comorbidity, social learning, and often the echoes of personal trauma in the adolescent or child offender. Here, we are working with young people, troubled and troubling in behavior, still very much in the process of exploration, development, and maturation, and still very much influenced and directed by the messages embedded in the activities, relationships, social models, and larger social environment that surround them.

Relatively few individuals working in the field are well versed in all aspects of such treatment, and practitioners skilled in one area often lack knowledge and skills in another. Mental health practitioners are often overwhelmed by or simply unaware of the complex forensic, criminal, and social issues tightly wrapped up in the treatment of juvenile sexual offenders. Conversely, those well versed in forensics and criminal behaviors are often not familiar with developmental, family, mental health, or diagnostic considerations and issues. Either way, practitioners in forensic and mental health treatment may not be familiar with the special dynamics found in children and adolescents who, after all, are not merely underdeveloped adults. In addition to blending foren-

sis psychology and adolescent mental health and behavioral treatment, there is a need to adopt the perspective offered by social psychology, which posits that individual psychology and behavior must be understood in the context of the surrounding society.

Given both the changing face of child and adolescent sexual experiences and behaviors and the prevalence of adolescent and younger sexual offending, the reality is that sexual-offender-specific assessment and treatment are being pushed onto practitioners who are poorly trained and ill prepared for the work. Current training models are often too simplistic or unintegrated, focusing on either (a) a forensic and correctional approach assuming that the clinical treatment of juvenile sexual offenders is dealt with elsewhere (in a specialized treatment program), or (b) a mental health approach that fails to recognize or incorporate a forensic mind-set and assumes that criminal issues either are not present or have been dealt with elsewhere (presumably in a prior correctional program). Here, we risk treating forensics and mental health treatment as different disciplines rather than combining the two into a single approach. Of course, specialists trained in forensic psychology, forensic social work, or forensic counseling do exist, but they are few and far between in the world of juvenile sexual offender (JSO) treatment, where the vast majority of practitioners are neither trained nor experienced in both aspects of treatment. In fact, we have few specific training programs that marry these distinct approaches into a single specialization: the forensic and mental health treatment of juvenile sexual offenders. Instead, we use the relatively few specialists trained and experienced in general forensic treatment to consult and educate or appear in court to provide expert testimony, rather than ensuring that those who treat juvenile sexual offenders are themselves fully trained in forensic mental health.

The task, then, is to develop practitioners who understand the complexities of the juvenile sexual offender, are trained in both forensics and mental health, and understand the world and behavior of the adolescent. These clinicians will understand the development of sociopathy and social deviance, the psychology and development of personality and behavior, the assessment and treatment of behavioral and mental health, and the influence of the social world on the ideas, attitudes, beliefs, expectations, social framework, and behaviors of children and adolescents. This requires that we understand the forensic principles that frame and shape this work, the interpersonal and intrapsychic dynamics that lead to and maintain sexual offending behaviors, and the issues and processes involved in the development of personal identity and mental health, and that we know how to apply our knowledge in such a complex environment.

THE APPROACH TO TREATMENT

Despite its forensic underpinning, the work of assessing and treating juvenile sexual offenders is not isolated from the mainstream of clinical work with developing or troubled children and adolescents of every kind. Rather, it is a subset of this larger field. As such, the work requires educated and trained clinicians and program managers who understand the tasks and methods of treatment, the development of normative and psychopathological adolescent behavior, and the influence of social psychology, at all times remaining informed and often directed by the forensic perspective.

Happily, work with juvenile sexual offenders has to some degree moved away from an isolated and limited form of treatment that depended and borrowed heavily from either an adult criminological model or a substance abuse treatment model. Instead, the field is developing into a far more sophisticated and informed practice that lies within, and not separated from, a broader clinical approach in which the adolescent is understood and recognized as a *whole* person, and not merely a sexual offender. At the same time, our work with juvenile sexual offenders requires that the mental health approach be informed and guided by a forensic mind-set that seeks to understand offending and related behaviors as meeting criminogenic needs (factors that contribute to criminal behavior), as well as needs related to personal identity, social attachment, and emotional satisfaction. In the treatment of the juvenile sexual offender, criminality, deviant behavior, public safety, social competency, personal development, and mental health are intertwined and inseparable. In addition, mental health treatment without forensics is naive; a forensic or criminogenic approach without mental health is unrealistic and punitive; and a combined forensic and mental health approach without the application of social psychology is hopeful but poorly informed and limited, and probably bound to fail.

THE THIRD DIRECTION

In our understanding and treatment of juveniles we have, over the years, alternated between a nurturing-guidance approach to a criminal justice approach and perhaps are beginning to swing back somewhere toward the middle. The risk, though, in any pendulum-like application of ideas is that we become reactive rather than proactive, because pendulum thinking is limited in its flexibility and responsiveness. What we can hope for is a new direction, unfettered by a single pivot point. It involves understanding and treating the adolescent as an adult-in-the-making with unique patterns of thinking and behavior that are not simply shadows of early adulthood; recognizing the criminogenic, antisocial, detached, and socially abhorrent and deviant needs embedded in sexually abusive behavior; and working with the emotional,

cognitive, and behavioral components basic to mental health and the development of sound and resilient individuals.

THE GOAL OF THIS BOOK

This is a book for practitioners of behavioral and emotional assessment and treatment and for the designers and managers of assessment and treatment programs for juvenile sexual offenders. It is designed to provide both a broad overview of and a detailed look at treatment for juvenile sexual offenders, as well as presenting a specific set of tools for working with this group of troubled children and adolescents and a framework in which to practice.

The book explores basic ideas that will help readers develop an understanding of the problems, behaviors, and factors that contribute to sexual offending among adolescents and children and provides detailed ideas and methods for assessing juvenile sexual offenders and their risk for future re-offending. It also describes methods for treating juvenile offenders, going beyond the cognitive-behavioral approaches prevalent in the treatment of sexual offenders and marrying psychoeducational, cognitive-behavioral, and psychodynamic treatments into a larger model that in turn incorporates individual, group, and family treatment into an approach that treats the whole child.

However, I do not intend this book to be simply another version of how to assess and treat juvenile sexual offenders; there are already many well-written and developed books that address these ideas, many of which are listed as references. Instead, this book looks at the same issues, concepts, and models through critical eyes and presents a clear and direct pathway to assessment and treatment in a manner that will help practitioners to become familiar with or critique the ideas of the field and perhaps go beyond them to find or create ideas of their own design that meet their own clinical orientations and experiences.

This book addresses complex issues and ideas in straightforward terms, without falling short of the high ideals, integrity, and sophistication required to be instructive, knowledgeable, contemplative, and critical enough to induce original thinking in the minds of every practitioner. This book simplifies but is not simplistic, instead urging the reader toward discerning thinking. In addition, this book is both theoretically and empirically driven, with many references to historical and current research and publications, but is neither built upon nor driven by research. It describes many standard ideas, models, and methods but supports neither the status quo or de facto conclusions nor the practice of adopting existing ideas simply because they are in use everywhere else. If anything, this book actively cautions against adopting and using such models merely because they are standard treatment fare. Models and ideas should be developed and used because they work and because we can

see they work, not because they are the standards in the field. This requires the application of critical thinking in every practitioner. This is a book for practice, then, and the development of the knowledge base and informed thinking that are required for effective practice.

UNDERLYING BELIEFS

For the individual sexual offender, the treatment questions are what happened, how, why, and what we can do to ensure that it does not happen again. However, the larger and more looming questions ask why so many children sexually abuse other children and how this situation comes about. What social forces have led to the development of so many adolescents and children who engage in sexually abusive behavior or behavior that is sexually inappropriate or, at least, sexually precocious? Although this book cannot possibly answer such complex issues, we can approach these questions, asserting the importance of developing informed practitioners who consider and struggle with such questions and think originally while engaging in the practice of assessment and treatment. Having strong and well-informed opinions can shape both our practice at the level of the individual juvenile and the way we think about juvenile sexual offenders and execute our practice at the broadest level. Accordingly, this book asserts the importance of both knowledge and original thinking in the practitioner and addresses the need for critical thinking in everything we do as treaters of juvenile sexual offenders.

Additionally, this book explores our beliefs about juvenile sexual offenders, as well as the source of the ideas and influences behind our thoughts and assumptions. I ask what shapes the way we assess sexual offending behaviors and provide treatment, as well as our choice of treatment interventions. Underlying each method is a belief system about what works best in the assessment and treatment of juvenile sexual offenders. But instead of simply adopting such methods and ideas as received wisdom, we can be most effective when we apply a critical eye even to the most accepted methods and practices. Informed by studies and opinions that support or refute the most common interventions and ideas, and by understanding the thinking that lies behind our beliefs and practice, we are most able to engage in informed treatment and are placed in the best position to decide which treatment methods and approaches to adopt. The willingness to challenge the status quo of treatment is an important tool in the development of inspired, informed, and original thinkers.

This book also adopts the perspective that insight into the motivation, the mind, and the behavior of the juvenile sexual offender is critical to effective practice. In each case, clinicians must understand how and why the juvenile committed a sexual offense and demonstrate this insight through clinical formulations that demonstrate knowledge of the case, as well as the ability to vi-

sualize and describe the juvenile's pathway to sexual offending, causation and motivation, psychological development, and the goal or need that the offense filled for the juvenile. This is very different from the model found in many programs today, in which treatment is conceived primarily as a cognitive process provided primarily through the teaching of concepts and techniques to juvenile offenders. This model typically requires clinicians to teach such concepts and test for their acquisition and retention but demands little clinical insight into motivation, the development of behavior, or the underlying psychology of the individual. Concerns about attachment, empathy, remorse, personal responsibility, sexual arousal, and other factors central to the treatment of juvenile sexual offenders are often addressed through treatment methods that require little insight in either the juvenile or the clinician. A model that emphasizes clinical insight is not mutually exclusive or antithetical to a cognitive-behavioral approach to treatment but instead underpins and adds to that treatment by ensuring that the clinician has a depth of understanding that shapes and directs all treatment.

Above all, this book takes the perspective that our response to the problem of juvenile sexual offending (and ultimately adult sexual offending, as we know that a good many, if not most, adult sexual offenders begin as juvenile sexual offenders) must be informed and measured, well founded, and fresh and creative, based on both knowledge and analytical thinking in practitioners and program managers. I wish to avoid the trap described by Chaffin and Bonner (1998), who suggested that our search for the truth has led us to a poorly informed conventional wisdom that has shaded into dogma.

THE SEARCH FOR THE PERFECT ANSWER

In forensic work in general, and perhaps in sexual offender work in particular, there seems to be an insistence on producing (or discovering) universal and simplistic tools that can provide noncomplex and parsimonious answers to extremely complex and convoluted issues. At the heart of this is the idea that our theory is too poor and that if only it were stronger and more informed, we would be able to understand and control more of our universe. This used to be called a *machine model* because it implies that the world and all the people in it simply unfold in a manner that is predictable and can be fully understood with enough information. This contrasts with a clinical perspective that more or less considers experience to be too rich for our theory to ever explain fully.

In clinical work we treat every case as unique, guided by theory, research, and experience, understanding that the situation and context are instrumental in the development and unfolding of individual experience. We depend on the work and ideas of others as a foundation on which to build our own work, illuminate and guide our way, provide a common language, shape our ideas,

help us understand those interventions and practices that work, and define treatment methods and protocols. But in clinical work we do not abandon our intellect and experience and hand everything over to fixed ideas that claim to represent the way things really are as well as the reality of our clients' experiences and our own. This is especially important because so many certain ideas have later turned out to be not so certain—and even wrong.

THE PERILS OF RESEARCH

Research provides an opportunity to hypothesize and test out ideas, and much of what one reads and hears is based on research-driven studies aimed at producing the empirical evidence described throughout this book. However, the problem with research into juvenile sexual offending is that it is seriously flawed, fails to produce meaningful data, and often is not replicated by others or cannot be replicated.

In the natural sciences, experiments (i.e., research) can be replicated with relative ease. The same brick can be dropped off of the same tower under the same conditions time after time with the same results, and all variables can be controlled to see not only the effects but also the controlling factors. In addition, the experimenters can measure the results in quantifiable data. Not so in the social sciences. In fact, it is difficult to imagine running the *same* experiment with the same subjects and getting exactly the same results, let alone using *different* subjects and under different circumstances. That is why we use inferential statistics in the social sciences, why we require random samples that we believe represent the general population under study, and why we require large sample sizes so that we can be relatively sure that our data have true meaning. For many practical and ethical reasons, however, research into juvenile sexual offending typically does not meet these standards.

In fact, many research studies are too limited in size or design to be of any significant value other than pointing in a particular direction. It is enormously difficult, if not ethically impossible, to create experimental and control groups for study; subjects selected for study are usually not selected randomly; and it is virtually impossible to replicate experimental research designs. In addition, much research in our field seems geared toward proving an already-adopted perspective, and there is a self-fulfilling aspect to it. Moreover, when we read research that tells us one thing, we can usually cite research that tells us just the opposite. Nevertheless, those who support a particular perspective often present research that strengthens and justifies their position and ignore research that negates or refutes their point. In this vein, the same research data are often reported and passed on repeatedly as though they are flawless, creating the myth of known fact where none exists. Consequently, research is of great importance but has limited use at this time, and can just as easily hold treatment back as promote it.

So what do we know? Well, perhaps that no one *really* knows. We can only suppose and make calculated and educated guesses informed by research that is often weak at best and by our professional judgment and experience.

TERMINOLOGY AND LABELING: GETTING IT “RIGHT”

It is important to note that many professionals, including many central to this field, choose not to use and sometimes frown upon the term *juvenile sexual offender*. Accordingly, the term is used here in recognition of the view of many treatment professionals that the term mislabels and stigmatizes children and is even unnecessary. In this view the label is believed to cloud the fact that these are deeply troubled children who need our help more than our labels and who do not deserve the labels we place on them.

The underlying questions for assessment and treatment are, What is a sexual offense; why do kids sexually offend; and should we call their behavior sexual offending? Is it more correct to call these kids “sexual offenders,” “sexual abusers,” “children who sexually offend,” “children who engage in sexualized behaviors,” “children who sexually abuse others,” or even “young males who are sexually acting out and displaying abusive or challenging behavior,” as described on one business card? Where does one draw the line between the desire to avoid stigmatizing kids through negative labeling, euphemism, semantics, hairsplitting, and political correctness?

Does good and effective treatment practice even have anything to do with the labels or terms we use to identity the kids with whom we work? For those who believe that labels do matter there is the assumption that using the right treatment term aids treatment and that using the wrong term hinders or hurts treatment prospects. Of course, it is a little more complex than this. The view that negative labels are, or may be, harmful pulls on a sociological tradition asserting that negative labeling leads to both social stigmatization and negative self-image.

Those who wish to avoid harsh-sounding terms see such labeling as unnecessary and, under the worst circumstances, harmful; the sociological model of *secondary deviance* holds the view that deviant acts are committed in part as a *result* of being labeled deviant. Critics of strong labels additionally suggest that the tag is unnecessary and does not help treatment and thus should be avoided rather than risking harm to the still-developing personal identity of juveniles, as well as to the way others see and think about them. Additionally, those who are uncomfortable with or prefer not to use the term juvenile sexual offender sometimes consider the label to be incorrectly applied and assert that the term applies only to juveniles adjudicated on charges of sexual offense (i.e., charged with and found responsible for criminal sexual acts) and that we should refer to other children and adolescents entering treatment for sexually abusive behavior by other terms.

Alternatively, proponents of such labeling note that direct terms convey more precise meaning and that a label like juvenile sexual offender jolts juveniles who are sexually aggressive, as well as their families, into awareness. They argue that calling a spade a spade both provides a framework for treatment and a mind-set that helps the juvenile sit up and pay attention and avoids potentially whitewashing a harsh reality. The term not only focuses on why the juvenile has come into treatment but also fits a model of restorative justice in which there is a clear emphasis on the harm caused and the victims of such harm, rather than on the juvenile and his need for treatment alone.

Finkelhor (1979) described the decision to reject certain labels because they are pejorative and might lead to bias in examining the problem or treating the individual. He recognized that certain terms and labels have political and moral overtones but did not feel that this "disqualifies them from use in scientific investigation" (p. 18). Although Finkelhor is referring to the term *sexual victimization* (the polar opposite, one might say, of "sexual offending"), he wrote that in an effort to raise consciousness, it is appropriate to use terms that arouse feelings and stimulate responses. He also declared that "merely choosing another 'sanitary' term . . . does not solve any problems. It is still obvious to anyone but the most gullible that the researcher is interested in the phenomenon that is being called sexual abuse by people in the social and political arena" (p. 18). He advised that "the better course of action . . . is to use the value-laden term but to carefully caution readers about perceptual biases that it may introduce" (p. 18).

Vizard (2002) noted that in relation to labels that describe sexually aggressive behavior in children and adolescents, "virtually all these terms may be criticized on some basis or other" (p. 177). Why even bother discussing what may amount to hairsplitting, then? Because at times, terms and labels become a point of contention among professionals, and because one objective of this book is to help the reader recognize the ideas and issues that help us to understand and build the foundation for both knowledge about and treatment of sexually abusive behaviors in juveniles. Another reason is to make the strong point that there is no correct way to think about or understand treatment, and before we move on to exploring and thinking about sexual offenses and juvenile sexual offenders, we must understand that the basis of our work is not clear-cut, as we sometimes make it out to be. Our field continues to develop and emerge, but if the things that seem most obvious to us at any given time become the "correct" things, we may fail to recognize that the tide of treatment beliefs and interventions ebbs and flows.

It is also reasonable to think of changes in the field as evolutionary, recognizing that we adopt and sometimes discard new ideas, revisit old ideas, and inject into or remove from treatment those things that we learn along the way. Convictions about what is right risk limiting new and creative ideas that do

not fit with conventional wisdom, relegating other ideas and practices to the realm of ineptitude or failure to understand the real issues.

In this book the term *juvenile sexual offender* is used synonymously with the many other terms—some far more subtle—used to depict and describe children and adolescents who are sexually aggressive, who sexually abuse or offend, or who engage in inappropriate sexual behaviors that victimize others. I am not sure whether the use of any of these terms, all of which are labels, is proper. On the other hand, I am sure that they all, to some degree, fail to express fully the complexities inherent in the sexually abusive and inappropriate behavior of children and adolescents. I frankly hope we never find the right term that we all *must* use, and at the same time I hope that we never miss seeing the troubled kid *behind* the label.

I encourage practitioners to decide for themselves the terms with which they are the most comfortable in describing the children and adolescents with whom they work. This book does not purport to present the right answers or the correct things to do. Instead, it presents a wide range of information and ideas intended to inform, educate, stimulate critical thinking, and above all help practitioners to arrive at their own conclusions and head in the directions that make the most sense to them, based on the clinical, theoretical, and empirical-research evidence of the field. My conviction is that we should not accept the first term or idea that comes our way, regardless of its source, but instead recognize the diversity of opinions, ideas, and perspectives in our field and the larger fields of forensics and mental health in which it is nested, any of which may be right. In fact, it may be true that there is a continuum of sexual behaviors along which children's sexual offending lies, and we should create a typology that allows us more neatly to use different terms to describe different kinds of children who engage in different kinds of sexual behaviors and abuse. Perhaps it is most useful to refer to juveniles who sexually offend as "juveniles at risk for becoming adult sexual offenders."

Nevertheless, the task of wrestling with what we mean when we speak about juvenile sexual offenders is important. The changing terminology reflects a healthy change in our thinking, supportive of the juvenile behind the sexually abusive behavior, in which the assessment and treatment pendulum may be swinging away from the criminal justice end of the spectrum and back toward the more understanding and sensitive end of the scale.

A NOTE ON PRONOUNS

Whenever a pronoun is required, I refer to sexual offenders as "he" because most sexual offenders are male, although there is awareness of the number, and perhaps the growing number, of females who commit sexual offenses against children and adults.

THE WISH

Many of the ideas in this book are neither original nor correct, but they are explored, framed, and laid out in a manner that, I hope, will bring the practitioner to a clear understanding of the ideas, issues, tasks, and methods of the work. Above all, this is a book with a goal (and a passion): to develop skills and informed, sophisticated, critical, and original thinking in those who assess and treat juvenile sexual offenders, or whatever we choose to call these troubled children.