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PA Child Welfare Resource Center

**Sexual Abuse Series**

203: Working with Juveniles Who Sexually Offend

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**Introductions**

- Name
- Agency
- Length of employment with agency
- Employment duties
- Three things that come to mind when one hears "juvenile sex offender"

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**Housekeeping**

- 15 minute rule
- Breaks & lunch
- Cell phone, computers, side bar conversations
- Packets
- Parking lot
- Idea catcher

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**Training Agenda**

**Day One**

- I. Welcome and Introductions
- II. Understanding Sexual Behaviors
- III. Characteristics of Juveniles Who Sexually Offend
- IV. Victim-Centered Approach
- V. Assessment

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**Training Agenda**

**Day Two**

- VI. Treatment and Supervision Interventions
- VII. Case Planning With the Family
- VIII. Reunification and Case Closure
- IX. Closing and Evaluation

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**Child Sexual Abuse Series**

- Overview of Child Sexual Abuse
- 203: Sexuality of Children: Healthy Behaviors vs. Behaviors That Cause Concern
- 203: Investigative Interviewing in Child Sexual Abuse Cases
- 203: Working with Juveniles who Sexually Offend
- 209: Family Reunification and Case Closure in Child Sexual Abuse Cases

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### Learning Objectives

- The child welfare professional understands the importance of his/her responsibility to protect the victim(s) from further abuse, to prevent juveniles who sexually offend from re-offending, and knows how to assure that the juvenile is held accountable for his/her behaviors.
- The child welfare professional can identify and coordinate multiple services to multiple parties including the victim, the juvenile who sexually offends, the juvenile's parents/caregivers and siblings.
- The child welfare professional knows the components of a comprehensive and individualized psychosexual assessment, how to obtain the assessment, and can use the assessment to plan services for the juvenile and his/her family.
- The child welfare professional is familiar with various treatment modalities and understands the complex issues involved in reunification, service termination, and case closure.

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### True or False Quiz

**Directions:** Respond to the following statements by saying "True" or "False."

- Children age 0 – 3 will watch or poke at others' bodies.
- Children age 9 – 12 do NOT value privacy.
- Children age 4 – 5 play games like "Doctor."
- Children age 6 – 8 prefer to socialize with the opposite gender than with their own gender.
- Most adolescents age 18 and over understand their sexual orientation, although they may still experiment.
- Children age 4 – 5 experience vaginal lubrication or erection.

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### True or False Quiz

- Children age 13 – 17 do NOT understand consequences of sexual expression.
- It is "normal" for a 15 year old boy to rub his penis until it becomes raw.
- It is "normal" for a child to draw pictures in which the genitals are the predominant feature.
- It is NOT "normal" for children to engage in sexual behaviors with those who are much older or much younger.
- It is "normal" for male and female siblings (age 8, 11, 14, and 15) to play "Spin the Bottle" with one another.
- It is "normal" for a child to request that an adult touch his/her genitals.

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### Three Different Groups

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### Review: The Sexual Behavior Continuum

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### Sexualized Behaviors – Case Scenarios

**ROBERT** - Robert has shown an intense and anxious interest in sexual matters. He has exposed himself to his cousin and he has attempted to initiate oral sex with his cousin.

**JORGE** - Jorge has been publicly masturbating in the boy's locker room while watching other males in his gym class disrobe. Jorge had a male peer touch his penis while in the showers in the locker room.

**ESTER** - Ester had boys at school touch her thighs and vaginal area at school and was observed by younger children to be simulating sexual acts with a same-age female outside of her home.

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### Theories about the Etiology of Sexual Offending

- Biological factors
- Behavioral factors
- Attachment intimacy factors
- Sociocultural factors

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### Cultural Factors to Consider

- Fear of the system
- A belief that justice cannot be obtained
- A belief that family problems should not be discussed outside the family
- A belief that counseling and other social services are not needed

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### Small Group Activity

**Each small group should:**

- Determine whether there is a need for further agency involvement/investigation
- What possible safety threats exist
- Determine an appropriate response time
- Identify what individuals to interview (and in what order)
- Formulate questions to ask of those individuals being interviewed

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Victim/Survivor Needs	Levels of Betrayal
<ul style="list-style-type: none"> <li>To feel safe</li> <li>To have some level of influence/power</li> <li>To have information</li> <li>To be believed</li> <li>To not be blamed</li> </ul>	<ul style="list-style-type: none"> <li>Offender</li> <li>Caretaker/significant other</li> <li>Professionals</li> <li>Self – both physical and emotional</li> </ul>

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**A Shift in Practice**

- Who is the client?
- What is the goal of the intervention?
- How do your personal values affect the work?
- What are the limits of confidentiality?

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**Multi-Disciplinary Approach Activity**

- Form six small groups
- Each group is assigned a category of professionals that might play a role in the assessment process of juveniles who engaged in sexually abusive behavior
- List what roles each professional can play:
  - Forensic evaluators
  - Specialized treatment providers
  - The court system
  - Juvenile probation officers
  - Child welfare professionals
  - Educational providers

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### Assessment Tools

As a child welfare professional, you are not expected to know all recent tools, but whoever is assigned to do the assessment should be aware of using **different tools** with **different kids** who have **different issues**.

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### Ongoing Assessment

Due to the fact that significant changes can occur during the course of a juvenile's life as well as the lives of their family and peers, it is important to conduct ongoing assessment.

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### Recidivism

Between 2000 and 2014, the adolescent recidivism rate is **2.75%**

- This is **73% lower** than the rate of 10.3% reported by studies conducted between 1980 and 1995

Various research studies clearly demonstrated that providing individualized treatment (especially those that take place in the community and emphasize family involvement) for adolescents who sexually abuse significantly reduces their risk to reoffend.

Treatment seemed to have a larger impact on adolescents than adults.

(Caldwell, 2016); (Schmucker & Losef, 2015)

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### Treatment + Supervision=Intervention



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### Treatment Overview

- Treatment providers should be specially trained in sex-offense interventions and research-based treatment models
- Treatment needs to be holistic, strengths-based, developmentally-informed, and individualized
- Treatment should be based on a risk assessment process that is ongoing
- Treatment needs to be regularly evaluated and adjusted to maximize youth and family responsivity

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### Treatment Targets Activity

1. Divide into five small groups
2. Assign treatment targets to groups
3. Groups will review assigned treatment targets (**Handout #18**) and identify areas where, as a child welfare professional, you could provide support, collaborate, educate, or coordinate with a treatment professional

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### Supervision Strategies

- Incarceration
- Probation
- Electronic Monitoring
- Residential Treatment
- Group Home Placement
- Foster Home Placement
- Community-Based Treatment



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### Registration Laws & Recidivism

- No research to date shows that registration laws reduce sexual recidivism. In fact, research shows that registration laws actually increase general recidivism
- Placement on tiers has nothing to do with risk of re-offending
- More than 90% of all new sexual offenses are committed by those not registered

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### My Greatest Concern Is ...

**Victim:** "I am a molested child and my greatest concern is..."

**Juvenile who sexually offended:** "I molested my sibling and my greatest concern is..."

**Father:** "My child was molested by a brother or a sister and my greatest concern is..."

**Mother:** "My son or daughter molested a brother or sister and my greatest concern is..."

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### Establishing a Positive Working Relationship

- Develop respectful relationships with the juvenile and their family
- Encourage hope and change
- Engage the family in the assessment and treatment process
- Promote an environment for cooperation and compliance

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### Family Cohesion

Adaptability

The diagram shows a 2x2 matrix. The vertical axis is labeled 'Adaptability' and the horizontal axis is labeled 'Family Cohesion'. The four quadrants are: Top-Left (Engaged), Top-Right (Boundaried), Bottom-Left (Enmeshed), and Bottom-Right (Disengaged). Each quadrant is represented by a light blue circle.

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