

Case Management of the Juvenile Sex Offender

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Sexual abuse is a significant problem

- Scope underestimated
- Many adult sex offenders began abusive behavior in their youth
- Substantial cost for victims, society, offenders and families
- Timely and appropriate interventions needed

Most intervention programs do not consider the development issues and needs unique to juveniles.

Criminal Justice, Therapist, School,
Parent Responsibilities

- Prevention
- Recognition of offenses
- Identification of sex offender types
- Investigations
- Correctional protocols

Role of Megan's Law

Prevent further victimization
from occurring

Four Elements of Sexual Behavior

- Fantasy
- Symbolism
 - Includes partialisms and fetishes
- Ritualism
- Compulsion
 - Ronald Holmes

Measures of Deviance

- Degree of Consent
- Nature of the sexual object
 - Age differences
 - Incestuous relationships
 - Animals
 - Fetishes
 - Activities
- Setting in which the activity occurs
- Frequency of the sex act

Types of Juvenile Sexual Behaviors

Sexual aggression is a multidimensional problem without a clearly defined cause.

General Motivations

- Curiosity
- Opportunistic
- Simulation
- Group offenses
- Desire to have sex but no appropriate partner
- Victim "represents" desired but unavailable sexual partner

Types of Juvenile Sex Offenders

- Power reassurance
- Power assertive
- Anger retaliation (displaced anger)
- Anger excitation (sadistic)

Types of Juvenile Offenders

- Sexual curiosity
- Sexually reactive child
- Offenders who have been sexually abused
- Developmentally disabled

Types of Juvenile Sex Offenders

- Juveniles with comorbid psychiatric disturbances
- Juvenile sexual predators
- Juvenile sexual killers
- Juvenile serial killers

Mental Status and
Associated
Sex Offenses
Types of Offenses

Hands Off Offenders

- Exhibitionism
- Voyeurism
- Obscene phone calls (Scatalogia)
- Transvestism
- Fetishes
- Public masturbation

Hands On Offenders (Non violent)

- Fondling (incest)
- Fondling (non relative)
- Frottage

Hands on Offenders (Violent)

- Bestiality
- Rape
- Other penetration
- Sadism
- Masochism (including autoerotic hanging)

Paraphilias and Fantasies

- Signs that a juvenile may be ready to re-offend
- Intervention measures

Development Disabilities

- Special needs
- More behavior modification strategies

Conduct disorders

- Definition
- Age of onset and recidivism
- When conduct disorders change to antisocial personality disorder as a diagnosis

Sociopathy and Psychopathy

- Possible causes
- Intervention measures

Offense Chain and Sex Offender Cycle

Cognitive Behavioral

Relapse Prevention Offense Chain

- Abstinence
- Seemingly Unimportant Decisions (SUDS)
- Dangerous Situation
- Lapse
- Giving Up
- Offense

Sex Offender Cycle

- Biological Formative
 - Brain, Hormones, Senses
- Psychological Development
 - Developmental Theories
 - Freud
 - Classical Conditioning
 - Operant Conditioning
 - Cognitive-behavioral

- Isolation
- General Fantasies
- Precipitating Event
- Specific Fantasy
- Hunt
- Contact

Cycle

- Power, domination, manipulation, control
- Capture
- Sexual assault
- Trophy or Souvenir
- Post Assault
- Post Event
- Reconciliation

Criminal Justice and Therapeutic Responsibilities

Therapy, Probation and Parole Working Together

The Initial Therapeutic Assessment

- Documents needed
 - Offense report(s)
 - Arrest report(s)
 - Investigative report(s) or summary(ies)
 - Victim statements and/or video and audio
 - Previous psychological/counseling reports
 - Study team reports
 - Copies of report cards (if parents release)
 - Any other document reflecting developmental patterns of behavior

Therapeutic Assessment Includes:

- Developmental history
- Educational development
- Social history
- Psychiatric history
- Family psychiatric history
- History of abuse
- Medical history

Therapeutic Assessment Includes:

- Medications (especially psychotropic)
- Employment history – Future plans
- Alcohol or substance abuse history
- Detailed sexual history
- Arrest history
- Detailed analysis of present offense

Treatment and criminal justice response is based on this assessment.

- Confidentiality -

Recidivism

Is it predictable?

Juveniles are at risk if they:

- Continue to engage in behaviors that place them in proximity with events, triggers, facilitators
- Miss appointments
- Are inconsistent in attendance in therapy
- Do not take responsibility for offense

See Handout for complete list

Common Cognitive Errors

- All or nothing thinking
- Mind reading
- Emotional reasoning
- Personalization
- Overgeneralization
- Catastrophizing
- Should statements

See Handout for complete list

Dealing with Enabling Parents

Parents in Denial

Parents impede the recovery process if they:

- Deny their child's guilt
- Minimize their youth's involvement
- Blame the victim
- Blame a third party
- Rationalize

What can be done?

- Reaffirm that the act was illegal
- Reaffirm that the victim was injured
- Describe this negative effect
- Explain that most juveniles do not commit these acts
- Explain the consequences if repeated
- List the triggers
- Explain how to minimize further accusations

School Personnel, Probation,
Parole and Therapists
Working Together

Recovery and rehabilitation must be
tailored to the individual.

Questions to be answered

- Do school officials know about the offense
- Should the youth remain in school
- Regular or special classes
- Gym/locker room
- Monitoring
- Warning Signs

Re-unification

Slow steps
