Policies and Best Practices for Juveniles who Sexually Offended Research & Practical Examples

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Forensic Mental Health Association of California
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Why We Are Passionate About This Work?

Then:

When we started this work over 20 years ago there was very little research to guide us.

Now:

We have research about effective treatment methods.

Readily used, easy to implement, and low cost.

95% or more of youth will not recidivate and lead more prosocial lives.

Can prevent future child victims.

How cool is that?

Limitations of Presentation

- Some research here, including the authors', is from small sample of convenience populations, and results need to be replicated.
- The presentation may be influenced by "confirmation bias" factors reflecting the presenters' perspectives, including research on prosocial reasoning.
- In this presentation tests, programs & books are mentioned but the presenters do not have any financial interest or benefits directly or indirectly from any of these products.
- Most research described here relates to males who are ~93% of JwSO. Female population is important, but not much research (Finkelhor, Ormrod & Chaffin 2009).
- Race and ethnicity important in assessment and treatment always.

Terminology & Limitations of Presentation

- The term "Juveniles who sexually offended" (JwSO) is used here. Refers to a behavior, almost always limited, not an enduring characteristic.
- Describing these youth as a "Sexual Offender" is not accurate.
- Some of the material and PPT's are from public domain materials or other sources. Reasonably "fact-checked" but levels of evidence varies. Ask if you need further info. Can provide references to any material presented.
- Do not take any clinical, legal, or other action based on this presentation. Use your usual sources of supervision and consultation.

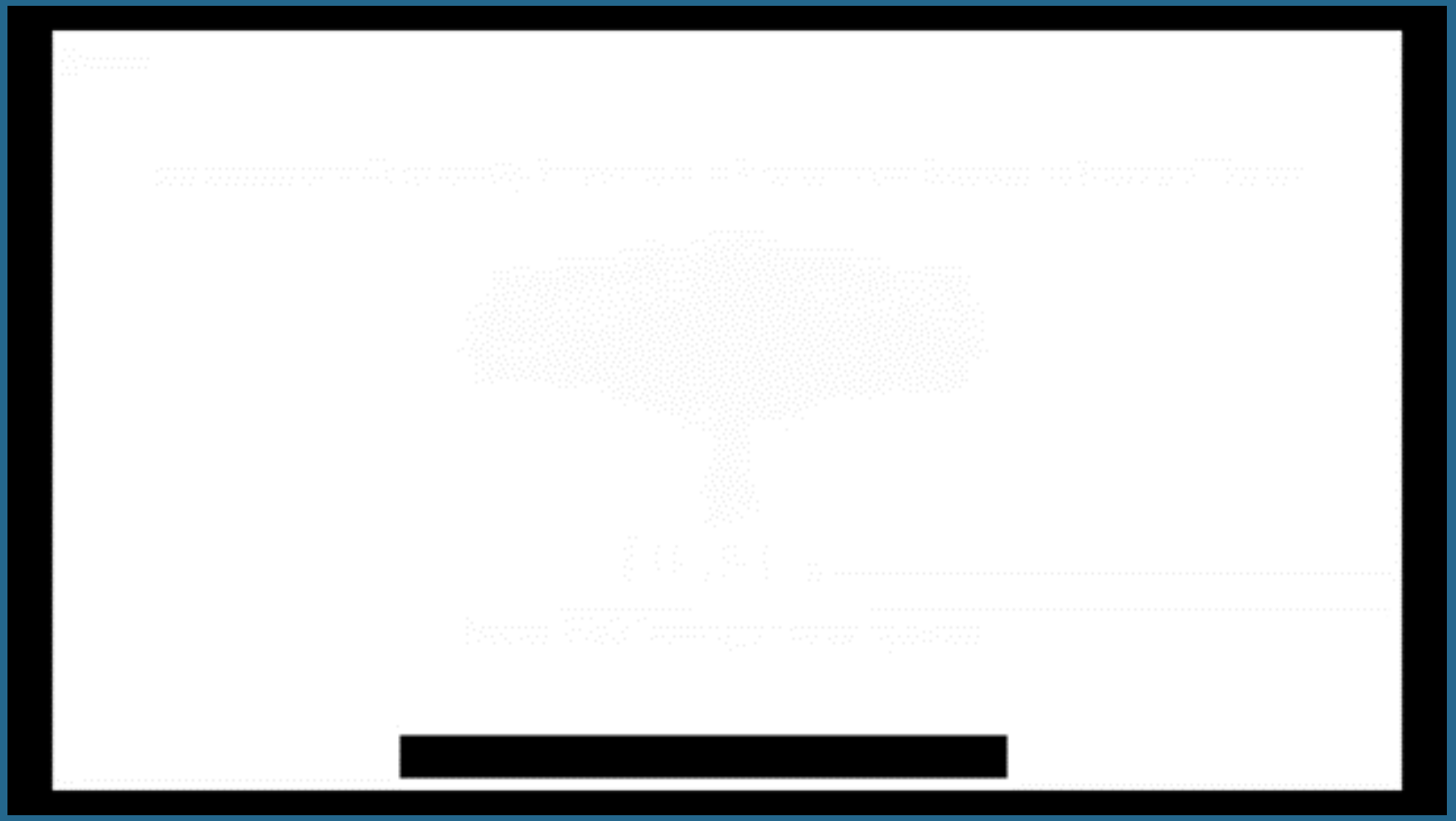
Before We Get Started…

- Always keep a work/life balance and promote self-care.
- This work is not for everybody which is OK. Content here is about sexual harm and take whatever self-care you need during these sessions.
- This work requires not only being smart but sometimes "brave." I had four supervisors, coincidentally all women, were great role models for this, and "way braver" than me.
- Your devotion & courage: Had a PO from a mountain County attend a training who stayed up the night before, had gone out on armed response with Sheriffs to deal with looters and bears at homes damaged by fires. I asked him which was the hardest to deal with, looters or bears? You can guess his answer.
- Does anyone have a story to top that?

Rates, Statistics, Recidivism & Causes

Why: Knowing these "big picture" characteristics help us with both dealing with clients and also designing programs. Who are these folks, what are their risks, strengths, and what we need to do beginning next Monday?

National Center on the Sexual Behavior of Youth (NCSBY)



How Big a Problem?

- According to an OJJDP (Office of Juvenile Justice and Delinquency Prevention, 2022) study:
  - Juveniles (youth under age 18) accounted for about one-quarter (25.8%) of those who committed sex offenses against minors.
  - More specifically, juveniles were responsible for about 40% of the offenses against children under age 6.
- Among the most serious crimes. Significant harm done to victims that can have a lifelong effect.

How Big a Problem?

- One in three female teens is a victim of sexual or other abuse (National Child Traumatic Stress Network, n.d.).
- One in six boys is sexually abused before age 16 (Hooper, 2006).
- Tip of the iceberg: Many more offenses than arrests (Worling, 2012; Office of Juvenile Justice and Delinquency Prevention, 2022).
- Juvenile sex offenders account for only 3.1 percent of all juvenile offenders and 7.4 percent of all violent juvenile offenders (Finkelhor, Ormrod & Chaffin 2009).
- JwSO **w/out** treatment have long-term negative outcomes: 25-year follow-up (Borduin, et al., 2021).

Offense type	**MST**	**Usual Services**
Any offense	1.26	4.67
Sexual offense	.13	.88

- MST showed a 271% decrease in any offense, and 577% decrease in sexual crimes compared to Usual Services.

Juveniles vs Adults

- JwSO are developmentally different from adult offenders in their cognitive capabilities, capacity for self-management and regulation, susceptibility to social and peer pressure, and other factors related to judgment, criminal intent, and the capacity to regulate behavior (SMART, n.d.).
- Juvenile recidivism is estimated to be less than 5% (Aebi, et al., 2022). My experience with over half of California counties is that the rate is less than 3%. Adult rates range 5%-24% (Przybylski, n.d.-a)
- Juvenile offenders are more likely to grow out of crime than adult offenders, and they may benefit from interventions that address their specific needs and risk factors (Ralph, 2020).
- Juvenile offenders are more often victims of sexual, physical, and emotional abuse than adult offenders, and this may influence their offending behavior (Przybylski, n.d.-b).
- In California, juveniles at present can't be placed on sexual offense registries. However, presently there are 2000+ on California's sex offender registry for "juvenile only" sexual crimes because of older policies (California Sex Offender Management Board, personal communication, September 19, 2024).

Recidivism Rates
General, Violent & Sexual for JwSO

Table 3. Weighted Pooled Recidivism Rates Across Periods				
All Study Samples (Nonindependent Samples)				
Year	**Recidivism rate**	**N samples**	**N subjects**	**95% CE**
General Recidivism				
2000-2009	**0.42**	32	4,940	.34, .50
Violent Recidivism				
2000-2009	**0.17**	17	3,872	.13, .22
Sexual Recidivism				
2000-2009	**0.05**	33	5,559	.03, .06
Analysis of rates from before 1980 until 2009 did not indicate a significant decrease (Lussier et al., 2024).				

Conclusion:

- If you run a program sexual recidivism will be low, 5% or less in my experience.

- Given low juvenile recidivism, use of adult-like strategies not justified.

- Adult strategies don't address general recidivism which for teens is 7.4 times higher than sexual recidivism.

Nonsexual crimes have victim's too and we need to target treatment/dispo to address that area.

Sexual Behavior Problems

- Not all sexual behavior problems, even serious ones, are charged and subsequently don't result in a conviction and formal recidivism.
- The low rate of sexual recidivism (5%) doesn't include these types of behaviors & doesn't give a true measure of the persistence of problems behaviors in JwSO. These problems may result in harm to others (Ralph, 2023).
- What are rates of uncharged problematic sexual behaviors in JwSO?
- 20.6% (Ralph, 2015a)
- 16.6% (Viljoen et al., 2008)
- ~20-25% (Aebi et al., 2022)

Comorbid & Nonsexual Issues

Why: Psychiatric and other factors if present about triple recidivism and all are treatable. We need to assess them and treat them, e.g., ADHD or mood disorders. They can all "throw these youth off their game" in making good decisions

JwSO Assessment
Non-Sexual Issues

- Assessment and treatment of JwSO youth have usually focused on problematic sexual elements of the JwSO youth's history and functioning, and with good reason since the offense is sexual. Sexual offenses are among the most serious criminal offenses.
  - Important to assess hypersexuality, compulsive pornography use, pedophilia interests, sex/force, sexual victimization, atypical/harmful sexual interests, **BUT**

- Other co-occurring or comorbid factors are important including ADHD and disruptive disorders, learning problems, history of physical or sexual abuse, mood disorders, sibling, or family conflict.

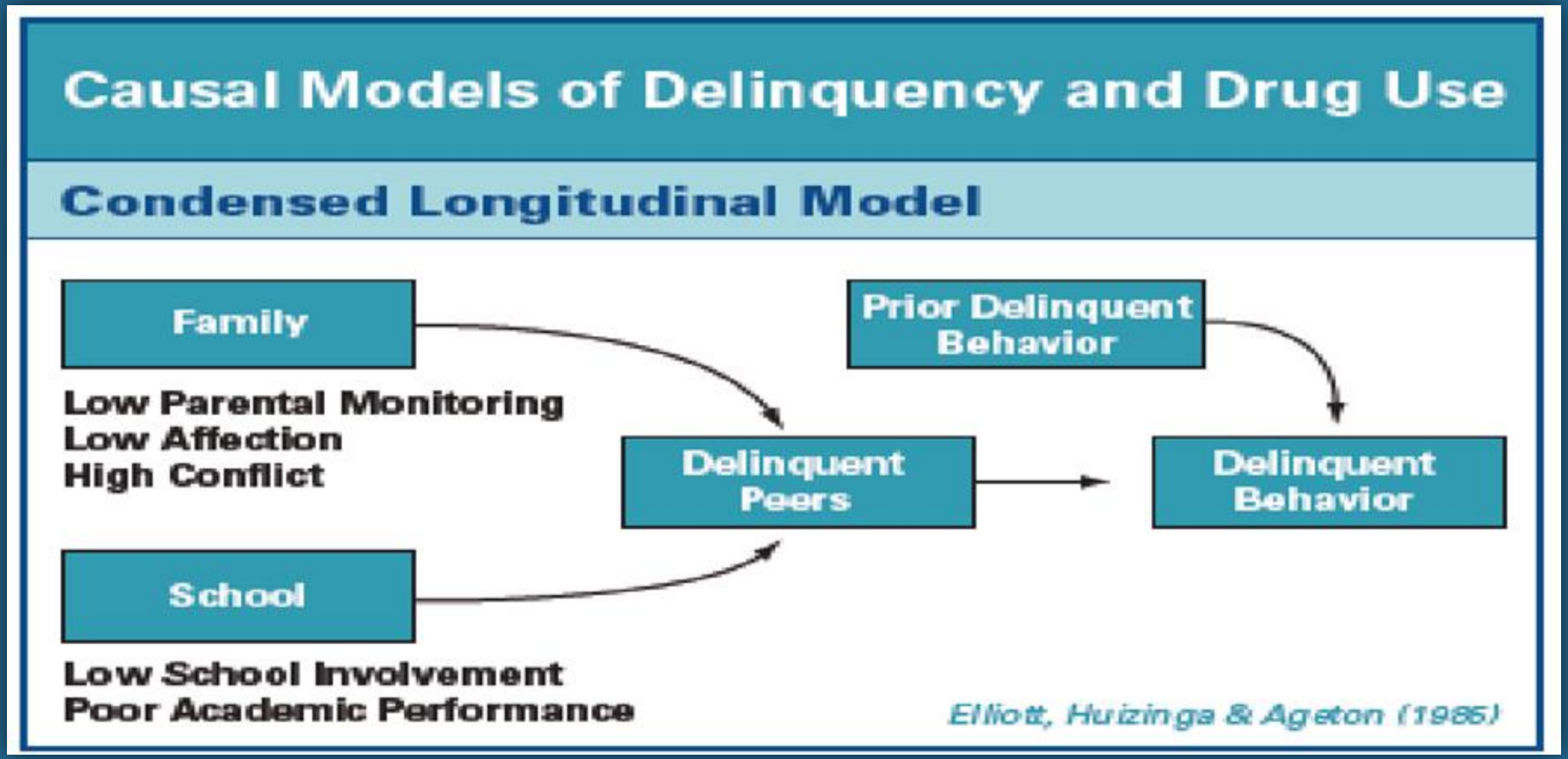
- If present these factors about **TRIPLE** the rate of sexual recidivism (Epperson & Ralston, 2015) and can be treated successfully.

JwSO Assessment
Non-Sexual Issues

- Epperson and Ralston, 2015
- • ADHD and related conditions.
- • Mood problems.
- • Family supervision, hostility, conflict issues.
- • Physical & sexual abuse.
- • Special education status.

- Multisystemic therapy
- • Family: Low parental supervision/hostility.
- • School: Low activity involvement and academic achievement.

JwSO Assessment
Non-Sexual Issues



Female Juveniles Who Sexually Offend

Female Juveniles with Sexual Offenses (FJSO)

Very little is known about this population…Why?

-Societal scripts about females, and perception that sexual abuse by females is harmless (Oliver, 2007)
-Offenses by females tend to be underreported
    -fear of not being believed
    -fear of having masculinity challenged (if male victim)
-Difficult to detect
    -females are in caretaking roles where physical touching may be expected

Characteristics of FJSOs in Comparison to MJSOs

-Tend to be younger at first offense than male juveniles SOs (Hickey et al., 2008; Vandiver, 2010)

-Much more likely to have male victims (Vandiver 2010) than MJSOs

-BUT–both groups most likely to abuse females

-Have more ACEs related to intrafamilial (Hickey et al., 2008) and extrafamilial (van der Put et al., 2014) sexual abuse

-More likely to have been exposed to violence in their homes (Hickey et al., 2008)

-Show fewer risk factors for general delinquency than nonSO FJs

-except for greater likelihood of sexual abuse and social isolation (van der Put et al., 2014)

-Higher likelihood of co-offending (Hendriks & Bijleveld, 2006; Vandiver, 2010)

FJSO and the Justice System

-FJSO tend to have more lenient treatment than their male counterparts (initially) (Cochran & Mears, 2015)

-BUT-at disposition, may receive harsher treatment (Leiber & Peck, 2015)

-FJSO more likely to receive a verbal warning and get released (in comparison to males) (Vandiver, 2010)

- FJSOs more likely to have non-contact offences as primary charges (pornography and indecent exposure) (Siegel & Fix, 2020)

Sigel & Fix, 2020

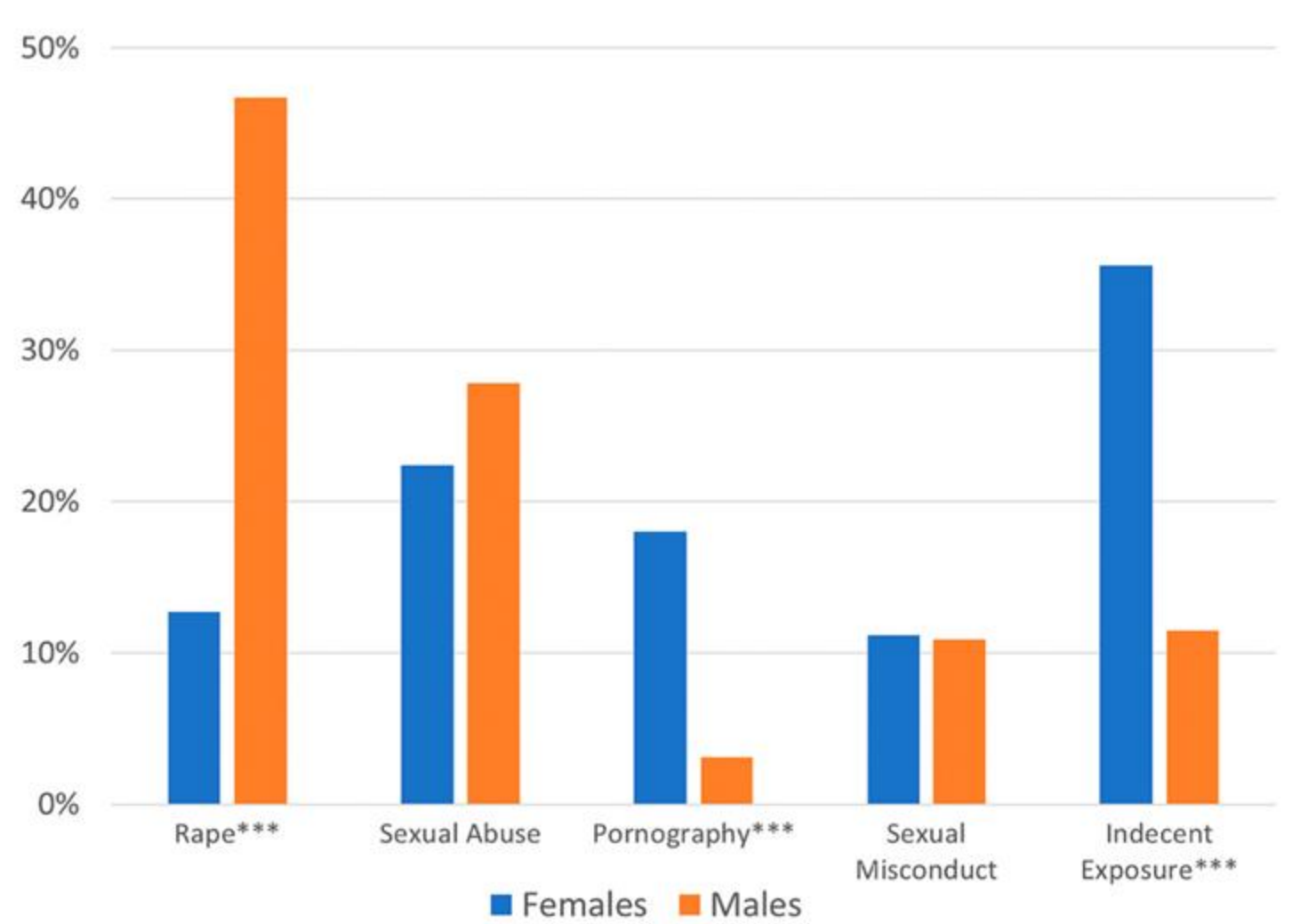


Figure 1. Distribution of offences by gender.

Note: *** = $p < .001$.

What About Co-Offending in FJSO?

Three perspectives about motivations for co-offending (Weerman, 2003)

1. Group influence-we only wear pink on Wednesdays
2. Social selection-birds of a feather
3. Instrumental perspective-making life easier

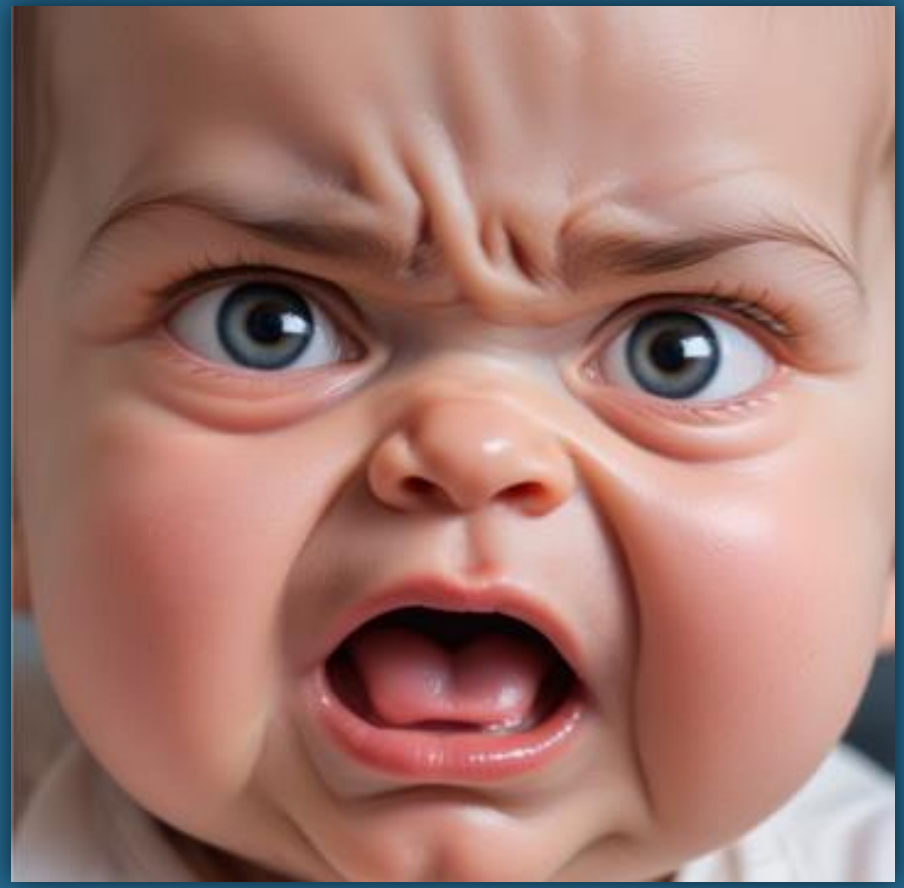
Three perspectives on goals for co-offending (Wijkman et al., 2015)

1. Victim harassment-moving up the ranks
2. Sexual gratification-own or others
3. Revenge/Punishment-via humiliation, targeted

Normal Sexual Behavior in Children

Why: Because knowing what is “normative” provides a baseline

Normal Sexual Exploration

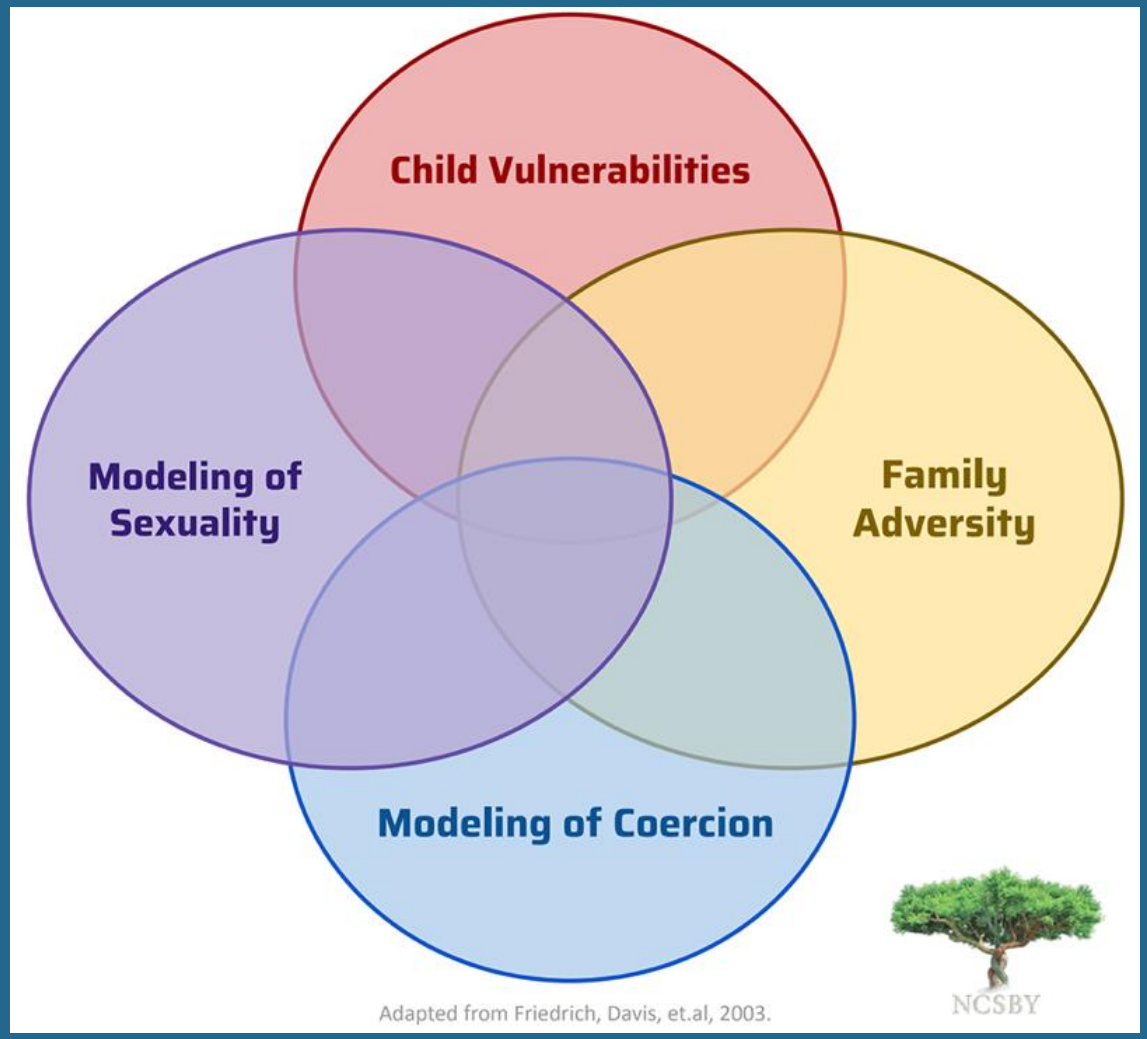


- Infancy
- Children are curious about their bodies and explore
- Sensorimotor learning
- Other people's responses are social learning opportunities
- Masturbation ?!?

Factors Influencing Sexual Behaviors

- Child's age
- Time spent in day care
- Family living space
- Child's neighborhood
- Parental attitudes and values
  - -Religion
  - -Culture

Factors in the Shift to Unhealthy Sexual Behaviors



(National Center on the Sexual Behavior of Youth, n.d.-a)

Factors in the Shift to Unhealthy

Child Vulnerabilities

- Confusion
- Poor role models
- Developmental disabilities
- Has been physically/ emotionally/sexually abused and/or neglected

Family Adversity

- Sexualized home environment
- Home environment with little or no physical/sexual/
- emotional privacy
- Financial stress
- Family violence

Factors in the Shift to Unhealthy

Modelling of Coercion

- Observed physical violence towards others in family
- Sex paired with aggression

Modelling of Sexuality

- Parents who act sexually after drinking/using
- Live in a sexually explicit environment
- Used to meet emotional needs of parent…some sexualized

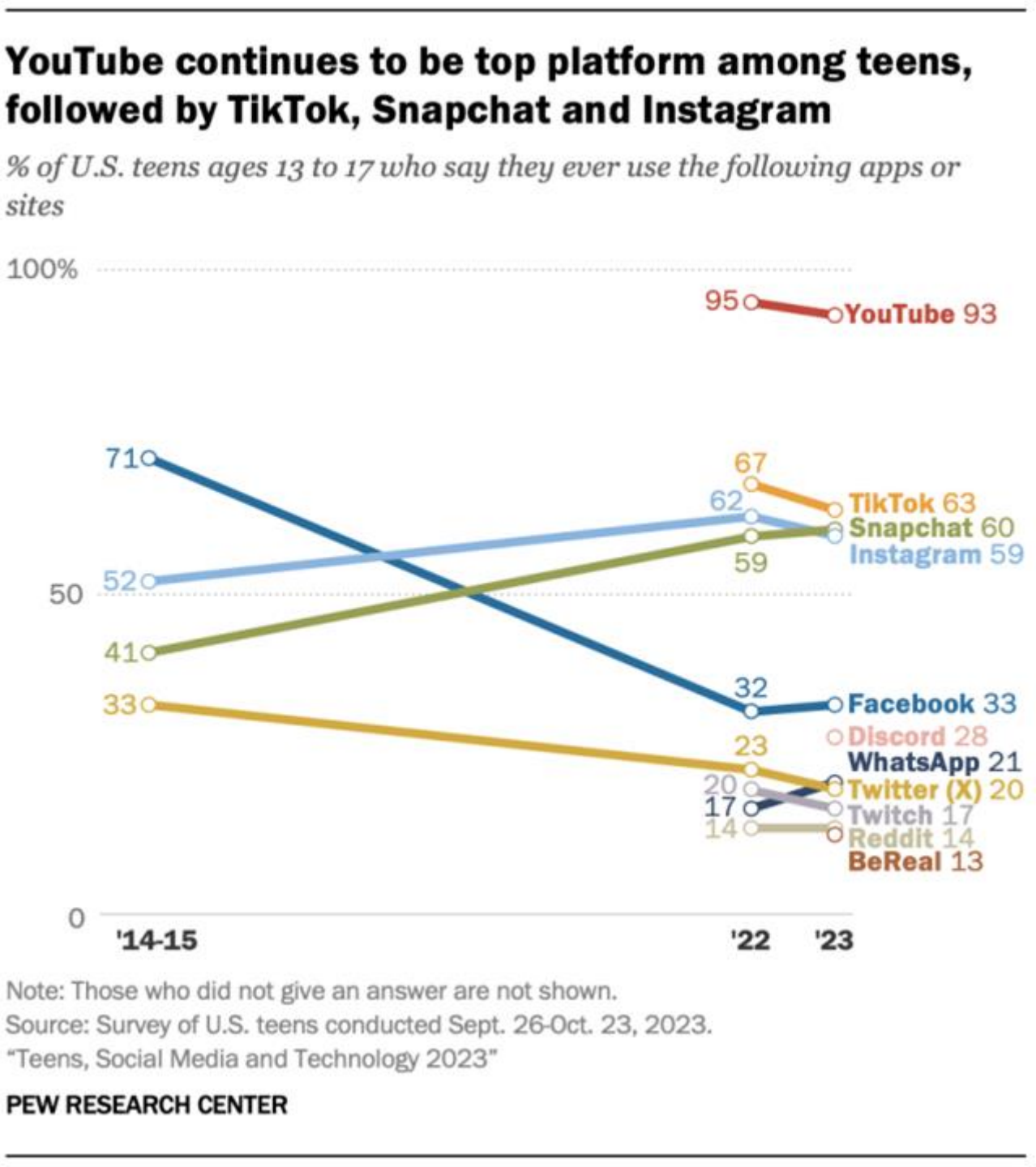
Teens and Technology

What can possibly go wrong?

Basics

(Pew Research Center, 2022; Pew Research Center, 2023)

- 97% of teens use the internet daily
- 46% say they are online almost constantly
- 95% of teens have access to a smart phone
- So where can things go wrong?



What are Considered Harmful Tech-Assisted Behaviours?

Spectrum

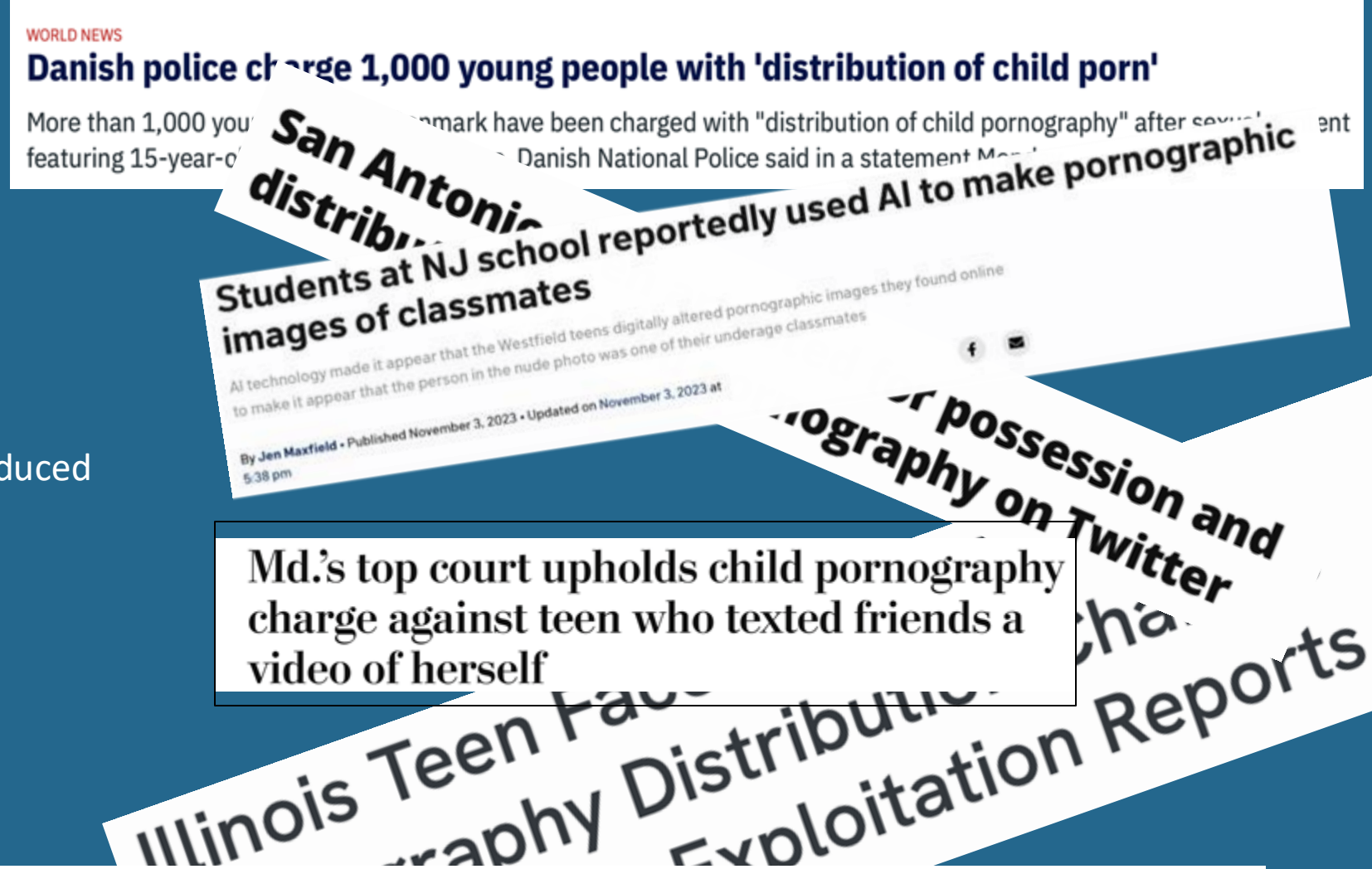
- Developmentally inappropriate use of pornography/accessing extreme/illegal porn/preoccupation with porn
- Exposing other children to pornography
- Online grooming
- Making indecent images of minors
- Sexual harassment
- Sexting
- Inciting other to engage in online sexual behaviours

- Most minors who engage in online harmful behaviour also engage in it offline
  - For very young use of porn (under 13), in about half, it appears to trigger offline problematic sexual behaviors

Early intervention is important

Online Offenses

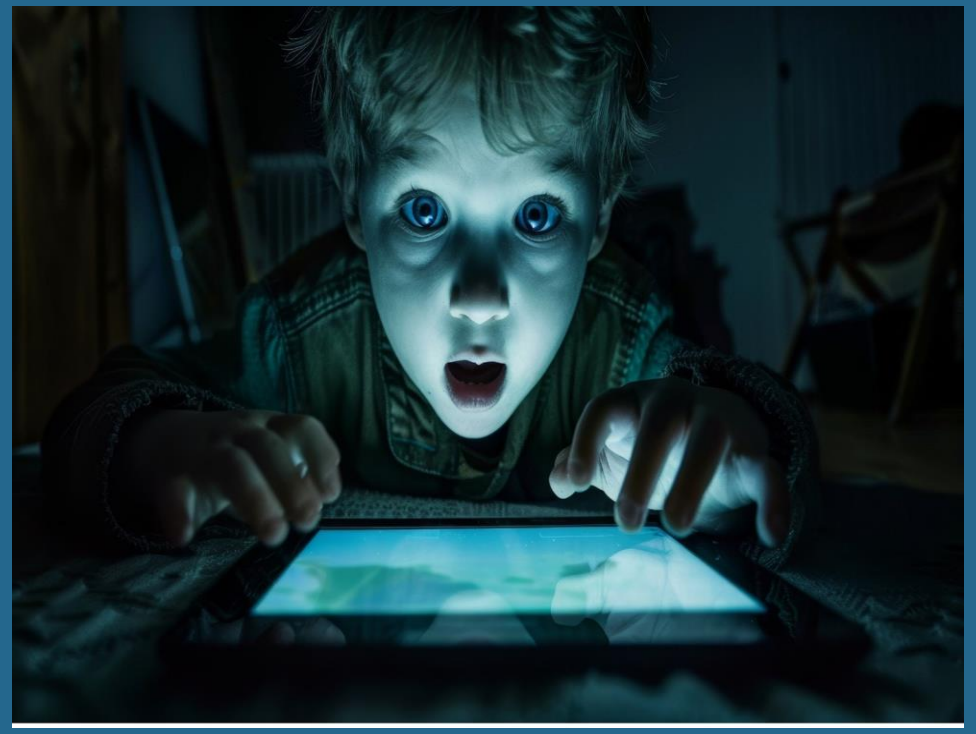
- About 1/5 of images are self-produced
- Undesired forwarding
- Revenge porn
- Sextortion
- AI-generated images



But (And This is Where it Gets Messy)

- What do we know about children who search for images of same-aged children?
- What do we know about the impact of social media on youth sexual health behaviors?

- Frequent/daily social media use linked to 77% increase in risky sexual behavior in teens (Purba et al., 2023).
- Minors have reported positive self-image after sexting (Stanley et al, 2018)
- Youth report sexting as a healthy alternative to having sex (Stanley et al, 2018)



Risk Measures for Sexual Recidivism

The Estimate of Risk of Adolescent Sexual Offense Recidivism-2
(ERASOR-2) (Worling, 2004)

- The ERASOR is for assessing re-offense in juveniles who sexually offend, ages 12-18, males and females.
- Can be used as a clinical guide for assessment and ID important factors for intervention (e.g., sexual compulsion, family environment enabling offending, etc.)
- The ERASOR has 25 risk factors falling into five categories:

    1. Sexual Interests, Attitudes, and Behaviors
    2. Historical Sexual Assaults
    3. Psychosocial Functioning
    4. Family/Environmental Functioning
    5. Treatment

- The ERASOR provides an overall risk assessment rating of Low, Moderate, or High.
- What these mean in terms of rate of recidivism is not available. What does “Low” risk mean in terms of actual risk?

ERASOR-2

High Risk Factors for Sexual Reoffense	Present	Partially/Possibly Present	Not Present	Unknown
Sexual Interests, Attitudes, and Behaviours				
1. Deviant sexual interests (younger children, violence, or both)				
2. Obsessive sexual interests/Preoccupation with sexual thoughts				
3. Attitudes supportive of sexual offending				
4. Unwillingness to alter deviant sexual interests/attitudes				
Historical Sexual Assaults				
5. Ever sexually assaulted 2 or more victims				
6. Ever sexually assaulted same victim 2 or more times				
7. Prior adult sanctions for sexual assault(s)				
8. Threats of, or use of, violence/weapons during sexual offense				
9. Ever sexually assaulted a child				
10D. Ever sexually assaulted a stranger				
11D. Indiscriminate choice of victims				
12D. Ever sexually assaulted a male victim (***males only***)				
13D. Diverse sexual-assault behaviours				
Psychosocial Functioning				
14D. Antisocial interpersonal orientation				
15D. Lack of intimate peer relationships				
16D. Negative peer associations and influences				
17D. Interpersonal aggression				
18D. Recent escalation in anger or negative affect				
19D. Poor self-regulation of affect and behaviour (Impulsivity)				
Family/Environmental Functioning				
20D. High-stress family environment				
21D. Problematic parent-offender relationships/Parental rejection				
22D. Parent(s) not supporting sexual-offense-specific assessment/treatment				
23D. Environment supporting opportunities to reoffend sexually				
Treatment				
24D. No development or practice of realistic prevention plans/strategies				*
25D. Incomplete sexual-offense-specific treatment				*
Other Factors				
"*" - 24,25 not applicable, not in JSR treatment.				

Overall Risk Rating - Low ☐ ☐ Moderate ☐ ☐ High

M
V

Juvenile Sexual Offense Recidivism Risk Assessment Tool-II

(JSORRAT-II) (Epperson & Ralston, 2015)

- Development: The JSORRAT-II was developed to provide a risk assessment instrument for juveniles who sexually offend.
- Item pool: Review of the literature resulted in the development of a large pool of items. 12 items were selected using statistical methods.
- The 12 items maximally discriminated those who recidivated from those who didn't.
- Scoring was done only with information from the probation file.
    - Not from other sources, e.g., what someone "knew" but didn't put in the file.
- Items were designed to be easily and unambiguously scored from file information.
- Items and the scoring sheet are on next page.

JSORRAT-II

Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II)
California Score Recording Sheet

Name: _____ CII #_____ DOB_____

1. Number of sex offense charges (counts) adjudicated (including current offense):
   - One 0
   - Two 1
   - Three 2
   - Four or more 3
2. Number of different victims in charged sex offenses:
   - One 0
   - Two 1
   - Three 2
3. Length of sexual offending history based on sex offense charge dates:
   - Only One Charge Date 0
   - 1 Day to 5.99 Months 1
   - 6.00 to 11.99 Months 2
   - 12.00 Months or more 3
4. Under court-ordered supervision when they committed any sex offense for which they were eventually charged?
   - No 0
   - Yes 1
5. Any charged felony-level, hands-on sex offense committed in a public place?
   - No 0
   - Yes 1
6. Use of deception or grooming in any charged sex offense?
   - No 0
   - Yes 1
7. Prior sex offender treatment status:
   - Never entered 0
   - No prior treatment failures 1
   - At least one prior treatment failure 2
8. Number of officially documented incidents of hands-on sexual abuse in which the offender was the victim:
   - None 0
   - One to four 1
   - Five or more 2
9. Number of officially documented incidents of physical abuse where the offender was the victim:
   - None 0
   - One to four 1
   - Five or more 2
10. Any placement in special education?
    - No 0
    - Yes 1
11. Number of educational time periods with discipline problems:
    - None or One 0
    - Two 1
    - Three 2
12. Total number of non-sexual offense charges (counts) adjudicated:
    - None or One 0
    - Two or More 1

TOTAL SCORE:

Scorer:_____ Date: _____

Risk Level	Score
Low	0
Low-Moderate	1 – 3
Moderate	4 – 7
Moderate-High	8+

Revised 3-13-14

Juvenile Guidelines

Why: If you don't know where you are going, you might wind up someplace else. --Yogi Berra

Guidelines Background

Guidelines influenced by changes in research & practice in last 20 years, including:

- Developmental models, skill building and problem-solving.
- Less use of adult-derived models, e.g., relapse-prevention.
- Research has limits, but medium effect size for juvenile assessment/treatment methods.
- Juvenile assessments as effective as adult counterparts and treatment more effective.

Guidelines Background

More Changes:

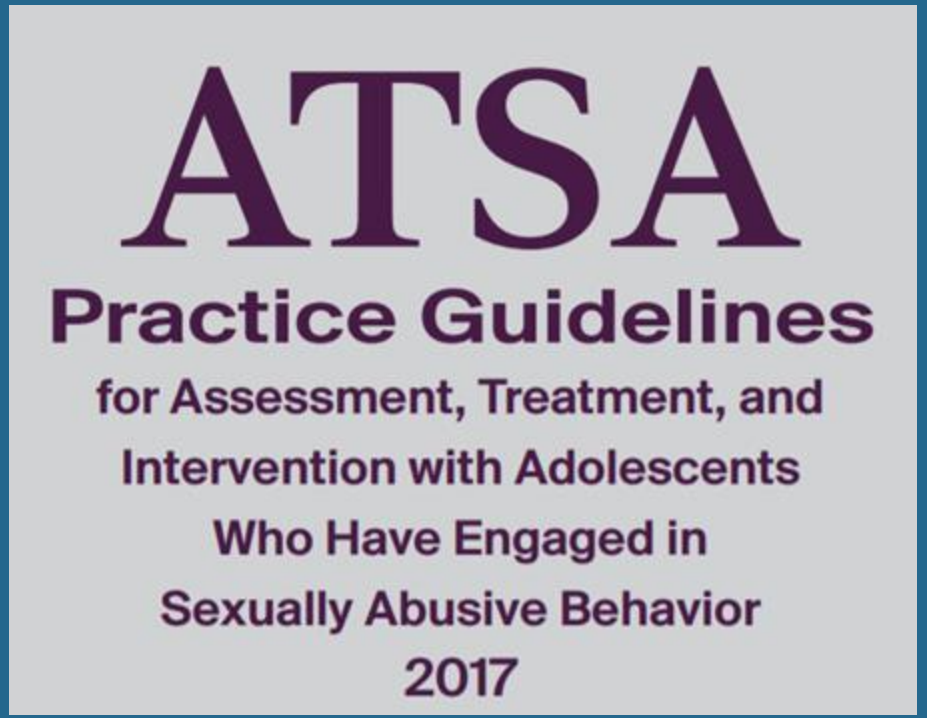
Developmental perspective:

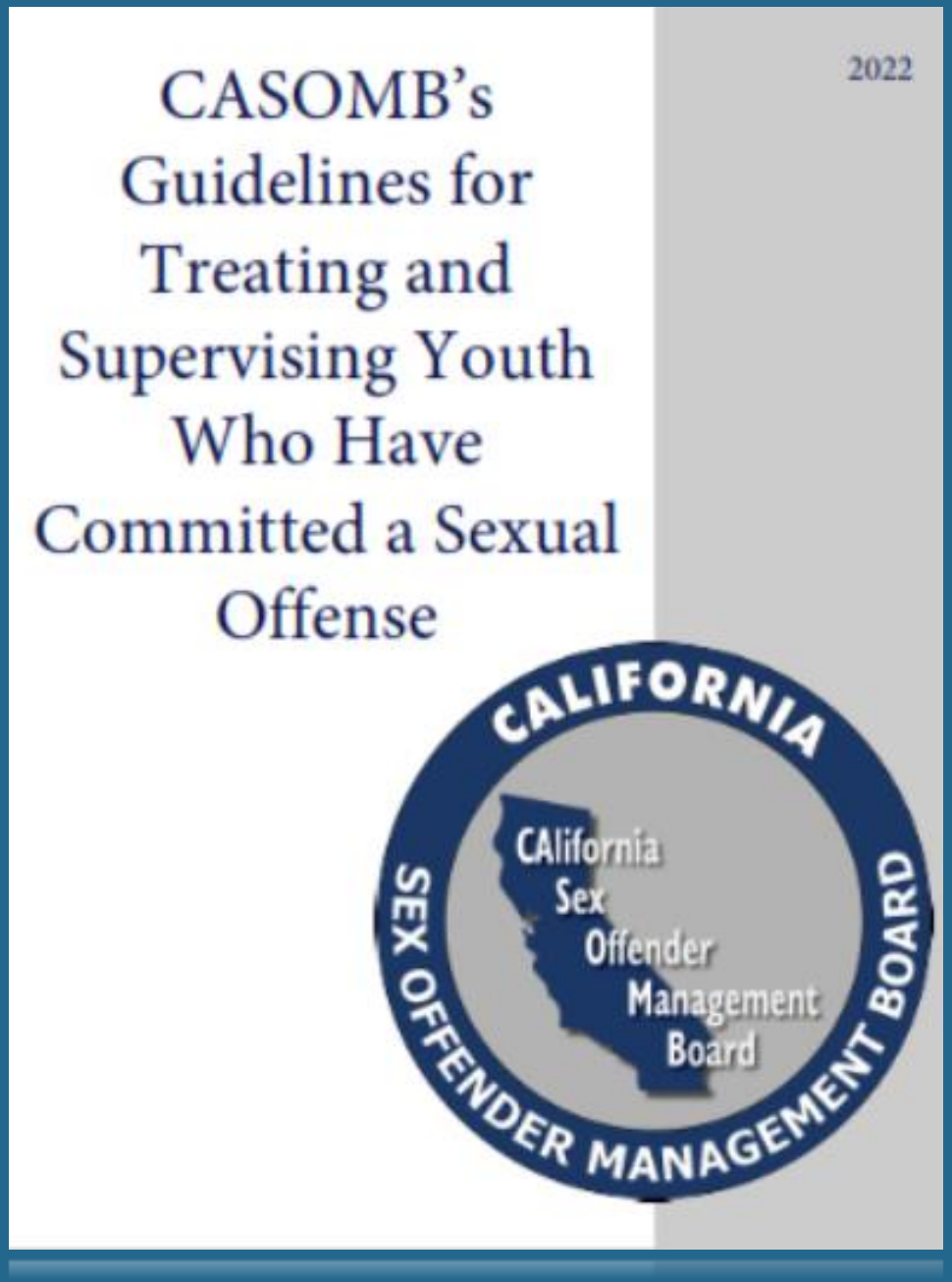
- Adolescent brain development till 25.
- Supreme Court Graham v. Florida (2010).
- Low sexual recidivism: 2.75% (Caldwell, 2016).
- Highest rates of sexual offenses ages 13 & 14.
- General recidivism is 7-10X high as sexual recidivism.
- Assessment & treatment methods for general probation population useful for JwSO.

ATSA Juvenile Practice Guidelines 2017

(ATSA Adolescent Practice Guidelines Committee, 2017)

- A. General Expectations
- B. Intended Scope, Applicability, and Use
- C. Sexual Abuse as a Public Health Issue
- D. Foundational Points of the ATSA Adolescent Practice Guidelines
- E. Assessments of Adolescents Who Have Sexually Abused
- F. Treatment Interventions
- G. Special Populations




2022
CASOMB's Guidelines for Treating and Supervising Youth Who Have Committed a Sexual Offense
CALIFORNIA
CAlifornia Sex Offender Management Board
SEX OFFENDER MANAGEMENT BOARD

CASOMB, 2022

California Sex Offender Management Board
Juvenile Summary

CASOMB, 2023

Characteristics of Effective Treatment

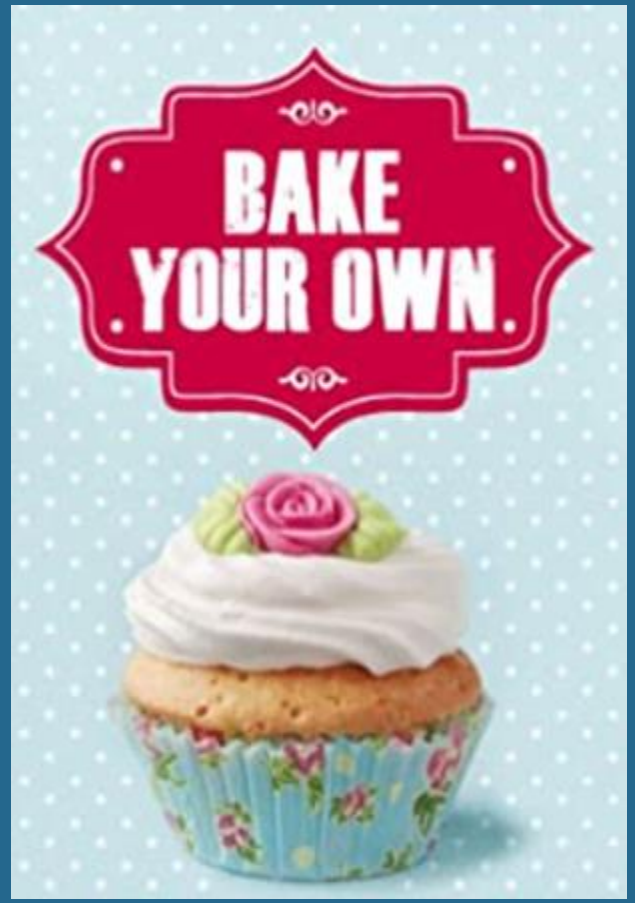
Why: Good treatment is like a good diet, it has several characteristics connected with good outcomes. You can "Bake Your Own" program. Or you can use a "Name Brand."

What are the Ingredients for a Good Program?

Step 1: “Bake Your Own” or find an off-the-shelf "Name Brand" approach that fits your population.

- Multisystemic Therapy, Good Lives, Dialectical Behavior Therapy, Relapse Prevention, Trauma Focused, etc.
- Bake Your Own can be as good or better than Name Brand.
- Method should include counseling and skill building, and manualized.

Step 2: Make sure you assess & treat the youth for comorbid factors which may disrupt recovery (PTSD, ADHD, substance use, etc.)



What are the Ingredients for a Good Program?

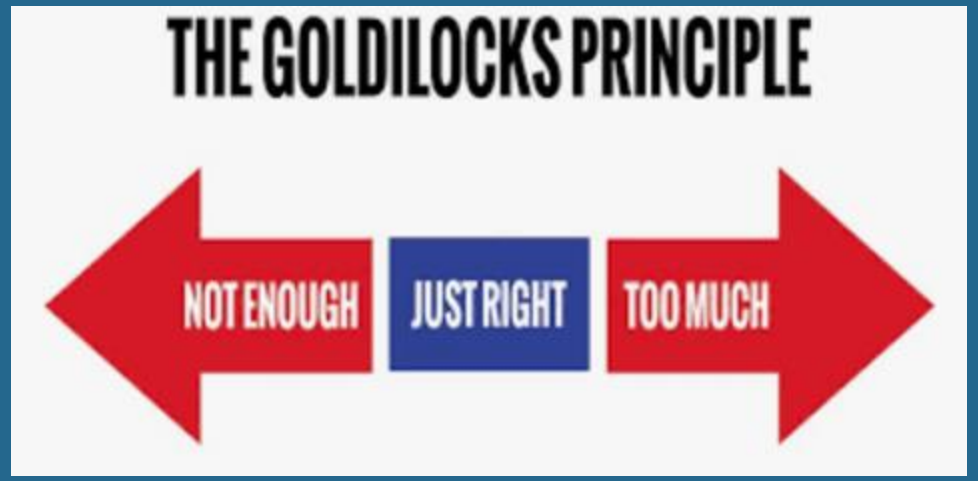
- Step 3: Develop a collaborative relationship with therapist, family, the youth, and PO! (The PO is the "secret ingredient" for success).
- PS- PO's have superpowers but are too modest to tell.

- Step 4: Implement the program with high quality and fidelity (do QA, train, supervise, monitor fidelity).

- Step 5: Track outcomes for quality improvement (almost never done).

More Ingredients for a Good Program?

- Goldilocks Principal: Not only the right ingredients but don't bake for too short or too long, but just right!
    - How about: After our intensive evaluation, **TAH-DAHH**, everybody gets a two-year program and uses Pathways.
- Trauma of Treatment: Youth and family coming into treatment are often experiencing traumatic reactions of shame, guilt, which accounts for reactions. What reactions & how to help.
- Present them with a model that fits the problematic behavior. I found that a "developmental narrative" can be part of explanation. It's a hazard of adolescent development.
    - Increased "drive" but no "steering."
- Fasten your seatbelt: Develop a Safety Plan before you start this trip.
- Get comfortable about talking about "uncomfortable" subjects. (Don't try this at Starbucks!)



Defining a Quality Treatment Program

- **Quality of implementation matters:**
  - Baglivio et al. (2018) evaluated 56 residential programs for probation youth in Florida.
  - High quality programs had 33% recidivism and lowest quality programs had 66% recidivism.

- **Specific qualities include:**

1. adequate therapist training
2. a manualized treatment protocol
3. observed adherence to treatment models
4. internal fidelity monitoring
5. corrective action with problem situations
6. evaluation of the facilitator's effectiveness

Are we there yet? Termination criteria

What are termination criteria?

Guidelines give useful information.

ATSA Juvenile Guidelines

- Social isolation/Competence
- Attitudes supportive of abusive behaviors
- Parent-Child relationships
- Healthy sexuality
- Self-regulation
- Social and community support
- Nonsexual delinquency

Termination criteria

Prosocial Passages-Authored by Dr. Ralph- Treatment topics to be covered

- Developing a safety contract with the youth and family.
- Understanding court orders and the probation system.
- Laws and also social rules regarding sexual behaviors.
- Consents in sexual relationships.
- Healthy adolescent physical, sexual, and brain development.
- Positive problem-solving strategies.
- Effects of sexual abuse on victims.
- Understanding factors that contributed to the offense.
- A plan to prevent future problem sexual behaviors.
- Apologies letters to parents and other relevant parties.
- A positive life plan to promote a problem-free lifestyle.

Treatment issues

What are goals of treatment for youth w/ PBS?

Recidivism & PBS

- Reduced sexual recidivism: Estimated t a o be 3 to 5% in California.
- Reduced non-adjudicated PBS: Ralph (2015a) id'd 20.6% in residential program.
- Reduced non-sexual recidivism: 42% in Lussier, et al. (2024).

Developmental outcomes

PBS indicates "derailing" of prosocial developmental outcomes. High comorbid psychiatric, substance use, family, & learning problems.

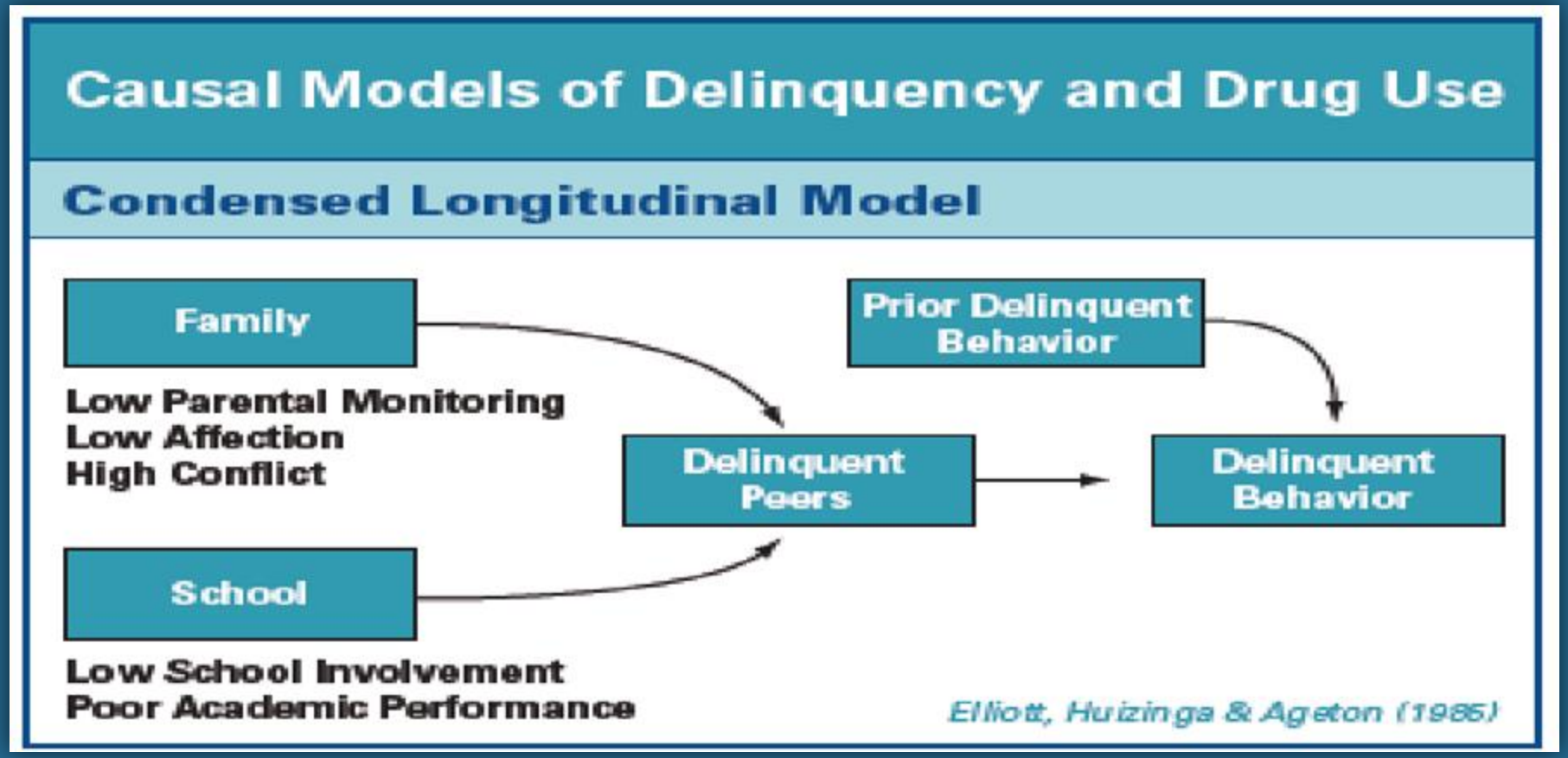
Developmental perspective

- Adolescent brain development till 25.
- Supreme Court Graham v. Florida (2010).
- Low sexual recidivism: 2.75% (Caldwell, 2016).
- Highest rates of sexual offenses ages 13 & 14.
- General recidivism is 8-10X high as sexual recidivism.
- Assessment & treatment methods for general probation population useful for YwSO.

Strength-based Factors

- Strength-based
  - Worling & Laughton (2015) found increased strengths of youth predicted decreased sexual recidivism.
    - Strengths might include:
      - Interpersonal strength
      - Family involvement.
      - School functioning
      - Emotional strength.

JwSO Assessment
Non-Sexual Issues
(MST Services, 2002)



Treatment issues

(At least two types): Require different approaches and likely have different prognoses

Developmentally related PBS. Effective interventions:

- Time
- Legal sanctions
- Safety planning
- Treatment

Psychosexual disorder (voyeurism, pedophilia, violence & sex, hyper sexuality, compulsive pornography use). Effective interventions:

- Additional targeted treatment

Questions from Participants?

The only "dumb" question is the one that was never asked.
-R. Bautista

Don't be afraid to ask the "dumb" question, everyone else will be relieved you had the guts to ask!
-S. Sandberg