

Assessment and Treatment  
Adolescents who  
Commit Sexual Offenses

Matthew L. Ferrara, Ph.D.  
Licensed Sex Offender Treatment Provider  
Austin, Texas

---

---

---

---

---

---

---

Intuitive knowing

**HOUSE**

---

---

---

---

---

---

---

Intuitive feeling

Mother      Tool Box

---

---

---

---

---

---

---

Intuitive feeling

## Sex Offender

---

---

---

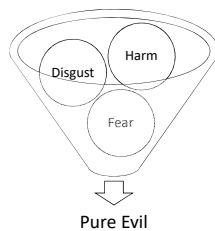
---

---

---

---

## The Myth of Pure Evil and Public Policy



---

---

---

---

---

---

---

How we decide:  
Challenge Question

Decide the occupation of a man named Steve; is he a farmer or librarian?

Steve is very shy and withdrawn, invariably helpful, but with little interest in people, or the world of reality. A meek and tidy soul, he has a need for order and structure, and a passion for detail.

---

---

---

---

---

---

---

How We Decide:  
Farmer or Librarian



---

---

---

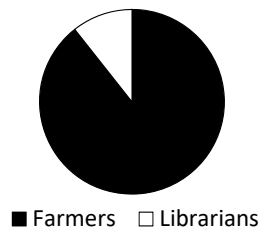
---

---

---

---

How we decide:  
Steve is a farmer



---

---

---

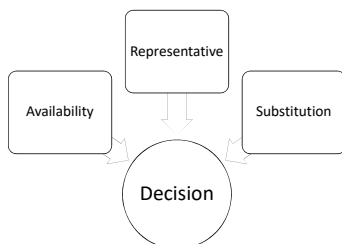
---

---

---

---

How we decide:  
Mental Shortcuts...Heuristics



---

---

---

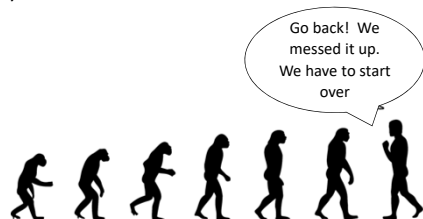
---

---

---

---

How we decide:  
System 1 is the Home for Heuristics



---

---

---

---

---

---

---

How we decide:  
Along comes language...System 2



---

---

---

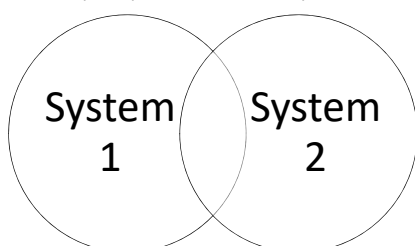
---

---

---

---

How we Decide:  
Evolution Kept System 1 and System 2



---

---

---

---

---

---

---

How we decide:

The Relationship between System 1 and System 2

*The attentive System 2 is who we think we are. System 2 articulates judgments and makes choices, but it often endorses or rationalizes ideas and feelings that were generated by System 1. You may not know that you are optimistic about a project because something about its leader reminds you of your beloved sister, or that you dislike a person who looks vaguely like your dentist. If asked for an explanation, however, you will search your memory for presentable reasons and will certainly find some. Moreover, you will believe the story you make up...**The amount of evidence and its quality do not count for much, because poor evidence can make a very good story.***

Kahneman (2011) *Thinking, Fast and Slow*

---

---

---

---

---

---

---

---

How we decide:

We decide by intuition and backfill with logic



---

---

---

---

---

---

---

---

How we decide:

What does it mean to you as a decision and policy maker



---

---

---

---

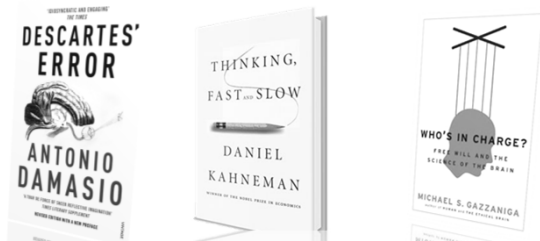
---

---

---

---

Want to know more about System 1 & 2?



---

---

---

---

---

---

---

Fact Checking:  
SMART Office Planning Initiative  
October 2014 (NCJ 247059)



---

---

---

---

---

---

---

Fact Checking:  
Adolescent and Adult Sex Offenders are Different

- 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 and criminal intent.
- The ability to plan ahead, be aware of time, and anticipate future consequences significantly increases with age.
- Risky behavior is more prevalent during adolescence than it is during either preadolescence or adulthood.
- Adolescent motives for sexual offending are diverse and rarely include deviant sexual desire.

---

---

---

---

---

---

---

Fact Checking:

Many motives but least likely is deviant sexual desire

- Sexual victimization plays a disproportionate role in the development of sexually abusive behavior in adolescents.
- Adolescent sex offending cannot be explained as a simple manifestation of general antisocial tendencies.
- Sex abuse should not be examined in isolation, however, as it clearly co-varies with other developmental risk factors, such as traumatic physical and sexual abuse, neglect, and chaotic family environments.
- They likely also lack protective factors such as emotional support and social competence.

---

---

---

---

---

---

---

Fact checking:

Delinquent history can be used to categorize adolescents with sex offenses

Adolescents with a history of delinquency

- Higher risk for generally offending
- More likely to benefit from treatment aimed at general delinquency factors, e.g., substance abuse treatment, aggression control, and resisting peer pressure

Adolescents with NO history of delinquency

- Fewer childhood conduct problems
- Better current adjustment
- More citizen like attitudes
- Lower risk for future delinquency

---

---

---

---

---

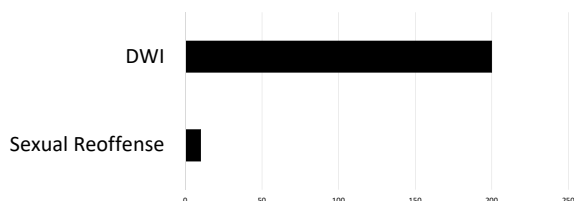
---

---

Fact Checking:

Adolescents with sex crimes rarely reoffend sexually

Number of Crimes before the Criminal is Detected



---

---

---

---

---

---

---

### Fact Checking:

Adolescents with sex crimes rarely reoffend sexually

- Sexual recidivism rate is 7% to 13%
- Adolescents with sexual offenses sexually reoffend at a lower rate than adults with sex offenses
- Sexual recidivism in adulthood is approximately 1%.
- Adolescents who commit sexual offenses have a higher rate of nonsexual recidivism than sexual recidivism

---

---

---

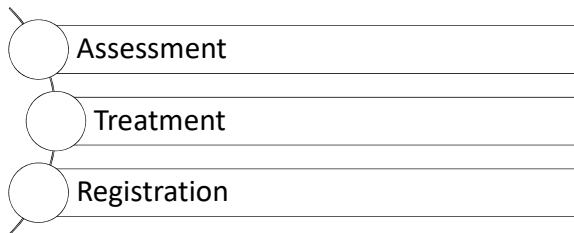
---

---

---

---

### Using Facts to Inform Practice



---

---

---

---

---

---

---

### Council on Sex Offender Treatment Assessment Standards

#### **Comprehensive assessment**

- Mental status examination
- Clinical interview
- Social developmental history
- Personality assessment
- **Risk for reoffense**
- Recommendations for case management, treatment planning and further assessments

---

---

---

---

---

---

---



## Risk Assessments

### Types of Risk Tools

- ERASOR
- J-SOAP-II
- JSORATT-II

### Accuracy of Risk Tools

- Risk instruments have 65% accuracy
- Prediction without a risk instrument is about 2.5% accurate

---

---

---

---

---

---

---

## ERASOR:

Estimate of Risk of Adolescent Sex Offense Recidivism

Sexual  
Factor

Nature of  
Sexual Acts

Psychosocial  
Functioning

Family

Treatment

---

---

---

---

---

---

---

## A tale of two boys...which one is higher risk?

### Daniel

- 14 years old
- Molest 6-year-old stepsister
- 20 incidents; touching & exposing
- No priors; good student; positive peers
- Parents are concerned

### Frank

- 14 years old
- Molest a girl and 2 boys; ages 11 to 12 years old
- One incident touching and exposing
- Prior probation for fight; no friends
- Mother is concerned; dad in distant city

---

---

---

---

---

---

---

### Sexual Factor

Sexual Factor	Daniel	Frank
Sexual interest in children, violence, or both	+	+
Obsessed or preoccupied with sexual thoughts		
Attitudes supportive of sexual offending		
Unwilling to change sexual attitudes		

---

---

---

---

---

---

---

---

### ERASOR: Nature of sexual acts

Nature of Sexual Acts	Daniel	Frank
Ever sexually assault 2 or more victims		+
Ever sexually assault the same victim 2 or more times	+	
Prior adult reprimand or sanctions for sexual acting out		
Threats or use violence/weapon during sexual offense		
Ever sexually assaulted a child	+	+
Ever sexually assaulted a stranger		+
Indiscriminate choice of victim		+
Male offender who sexually assaulted male victim		+
Diverse sexual assault behavior	+	+

---

---

---

---

---

---

---

---

### ERASOR: Psychosocial Functioning

Psychosocial Functioning	Daniel	Frank
Antisocial (e.g. criminal) orientation		+
Social isolation		+
Negative peer influence		
Interpersonal aggression		+
Recent escalation in anger/negative affect		
Impulsive		

---

---

---

---

---

---

---

---

ERASOR:  
Family Environment

Family Environment	Daniel	Frank
High stress family environment		
Problematic parent-child relationship		+
Parents do not support treatment		
Home provides an opportunity to reoffend	+	

---

---

---

---

---

---

---

---

ERASOR:  
Overall Risk Ratings

	Total Risk Factors
Daniel	5
Frank	11

---

---

---

---

---

---

---

---

Council on Sex Offender Treatment  
Treatment Principles

Cognitive Behavioral	Prevention
Multifaceted	Developmentally Sensitive

---

---

---

---

---

---

---

---

### Council on Sex Offender Treatment Treatment Interventions

- ☐ Group Cog-Behavior Treatment
- ☐ Individual therapy and other needed therapy
- ☐ Chaperon training
- ☐ Family Therapy for Reintegration
- ☐ Polygraphs

---

---

---

---

---

---

---

### ERASOR: Overall Risk Ratings

	<b>Total Risk Factors</b>
Daniel	5
Frank	11

---

---

---

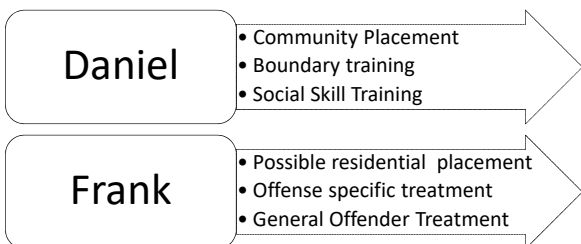
---

---

---

---

### ERASOR: Response Options




---

---

---

---

---

---

---

Registration  
SMART PROGRAM (2014)

Further expansion of SORN with juveniles is not recommended in the absence of more empirical evidence supporting the utility of this strategy.

---

---

---

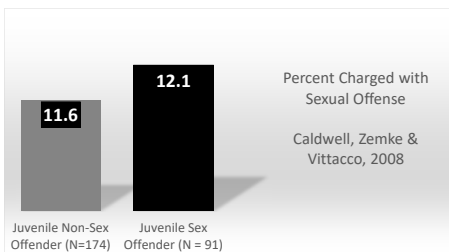
---

---

---

---

Registration:  
Registration does not work



---

---

---

---

---

---

---

Registration  
Everyone registers or no one at all

- 174 Non-sexual Offenders x 11.6% = **20** new sexual offenses
- 91 Sexual Offenders x 12.1% = **11** new sexual offenses

---

---

---

---

---

---

---

## Why the registry is harmful...collateral victims

### Comartin, Kernsmith, Miles, (2010)

- Siblings – resent time, money, and attention focused on registrant
- School age relatives – fear detection of relative on registry

### Improving Illinois Response to Sexual Offenses Committed by Youth

- There is no persuasive evidence that placing youth on sex offender registries prevents reoffending, but the registry requirements can undermine the long-term well-being of victims, families, youth and communities." (2014)

---

---

---

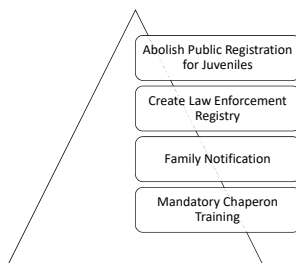
---

---

---

---

## What to do about registration



---

---

---

---

---

---

---

## Recommendations SMART Office Planning Initiative October 2014 (NCJ 247059)



---

---

---

---

---

---

---

## Recommendations

1. Given the differences between adolescents who commit sex offenses and adults who commit sexual offenses, management policies used with adult sex offenders should not automatically be used with adolescents.
2. Programs designed to reduce recidivism should target general offending and sexual offending.
3. Programs should be evaluated for their effectiveness and the possibility of creating problems, e.g., mixing low and high-risk individuals.
4. Interventions need to fit the individual's risk, needs, and learning style.

---

---

---

---

---

---

---

## Recommendations

5. Individuals conducting risk assessments must be properly trained.
6. Risk assessments should look at both risk and protective factors.
7. Use evidence based treatments.
8. Match the intensity of treatment to the adolescent's level of risk.
9. Never, never, never ever put an adolescent on the public registry.

---

---

---

---

---

---

---



---

---

---

---

---

---

---