

Science, Mental Health Professionals, and Juvenile Sex Offenders: What Do We Really Need To Do With This Child?

Stephen A. Thorne, Ph.D.
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(512) 342-1661 (ph) (512) 306-9234 (fax)
drstephenthorne@yahoo.com

Guilt/Innocence -
Did He/She Do It?

Empirically Supported Juvenile Sex Offender “Profiles”

Psychological Tests Capable of Identifying Juvenile Sex Offenders

The Process Benefits from Confidence in Law Enforcement
Questioning and CAC Forensic Interviews.

A Few Things to Know About Juvenile Sex Offenders

Juvenile sex offenders and adult sex offenders are at completely different developmental, social, emotional, and behavioral stages in their lives. Adult sexually aggressive/violent behavior is (often) prompted by a different set of experiences and contexts than that of children and adolescents.

“Juvenile sex offenders are in many ways more similar to other juveniles who commit nonsexual offenses than to adult sex offenders.” *Stern, Guckenburg, and Petrosino, 2017 (p.4)*

“Types” of Juvenile Sex Offenders (Shaw & Antia, 2009 – In Benedek, Ash, and Scott (Eds):

1. Juv has a true paraphilia.
2. Socially impaired juv seeking sexual gratification.
3. Juv with true neurological disorder.
4. CD/ASPDish juvenile.

In Short...

“The considerable research attention focused on juvenile sex offenders in the past two decades has demonstrated that this is a heterogenous population that has far more in common with non-sexually offending juvenile delinquents than with adult sex offenders. Most (although not all) sexual offending in juveniles is best understood as embedded within a framework of developmental, emotional, and behavioral problems, rather than as a harbinger of adult paraphilia. The cognitive and psychosocial immaturity of youthful offenders suggests that these juveniles are still experimenting and are not fixed in their expressions of sexuality. Hence, there is considerable potential for response to appropriate treatments and interventions.”

Ryan, Hunter, and Murrie, 2012 (p. 2 and 3)

Disposition - Risk/Recidivism

JSO Recidivism Estimates

Research consistently shows lower sexual recidivism rates for juvenile sex offenders (as opposed to adult sex offenders).

Caldwell (2016). Meta-analysis looking at over 33 studies (examining over 20,000 adolescent sex offenders) conducted between 2000 and 2015. Avg 5-year (known) recidivism rate = 2.75%.

As with adult sex offenders, always keep in mind that true recidivism rates are unknown.

JSO Assessment Measures

JSOAP-II, ERASOR, JSORRAT – II

Static-99R/Static 2002R (most commonly used adult measure, can use with 16-17 y.o.'s)

None of the above instruments are perfect – they all have limitations. In fact, none of the juvenile specific measures have been shown to be effective in accurately assessing sexual recidivism. None should be viewed as “predicting” sexual recidivism for a specific juvenile.

Different...But (Perhaps) in Some Ways the Same

Though, as indicated, the dynamics underlying offenses committed by juvenile sex offenders are thought to be significantly different than those committed by adult sex offenders, a *McCann and Lussier 2008* meta-analysis (*18 studies, 3,189 offenders*) looking at recidivism did find *some* similar risk factors. Specifically, having previous sexual offenses and previous non-sexual offenses (and, in general, displaying both antisocial and sexually deviant traits/tendencies) was shown to correlate with sexual recidivism, as was the selection of male victims, child or adult victims (as opposed to peers), and the selection of stranger victims.

More on Victim Age

“The current study further supports the validity of distinguishing adolescent sex offenders by victim age...Offenders with child victims were less sexually experienced than offenders with any peer or adult victims. This was not a function of age or opportunity, because all groups had similar mean ages. Instead, this result suggests that compared with adolescents who offend against peers, those who offend against children are more likely to do so because they lack the sexual and social maturity to form intimate relationships with peers.”

Leroux, Pullman, Motayne, and Seto, 2014 (p. 13; N = 162 court-referred male sex offenders ages 12 – 17 yo)

Treatment

First and Foremost – Does Treatment Work?

“Specialized treatment for juveniles who sexually offend leads to reductions in both sexual and nonsexual recidivism.

Both single studies and synthesis research examining treatment effectiveness have become more scientifically rigorous in recent years, and these studies consistently demonstrate that treatment is effective for many juveniles...Treatment approaches that address multiple spheres of juveniles’ lives and that incorporate cognitive-behavioral techniques along with group therapy and family therapy appear to be most promising.”

U. S. Dept of Justice Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking; “Fact Sheet” on website, dated May 2017)

What is it that actually works?

A lot of support for Multisystemic Treatment (MST), a community-based intervention, and (regardless of treatment modality) parental involvement.

“Presently available data support the contention that sexual behavior problems in youth are often embedded in broader psychopathology and systemic dysfunction, and that intervention must extend beyond the manifest sexual behavior problems to be effective in helping these youth to lead productive lives.”

Ryan, Hunter, and Murrie, and 2012 (p. 190)

In a (General) Nutshell

“Facilitating prosocial and developmentally appropriate skill development, using evidence-based interventions that match presenting risk and needs, including caregivers and other positive supports, addressing risk and protective factors across the adolescent’s natural ecologies (e.g., family, peers, school), occurring in the natural environment when possible to allow the adolescent and his/her caregivers to practice skills and use social supports in real-life situations, tailoring approaches to match individual characteristics and circumstances of the adolescent (e.g., developmental status, learning styles, gender, culture); and addressing sexually abusive behavior problems as well as other conduct problems.”

2017 ATSA Adolescent Practice Guidelines

Important to Note!

“It is the author’s belief that the majority of sexually abusive adolescent males can be safely and effectively treated in the community with proper clinical programming and the establishment of necessary legal safeguards. The latter includes the careful integration of court supervisory and clinical services for adjudicated youth. Community treatment offers a number of potential advantages over residential care. In particular, it is far less disruptive to the youth’s life. The youth usually can be maintained in his or her regular school. Where appropriate, he may still see friends and engage in sports and other healthy after-school activities. Most important, he remains close to supportive family members. It is also far less expensive and permits limited public dollars to be spread over a larger number of youth in need of services.”

Ryan, Hunter, Murrie, 2012 (p. 179)

Juvenile Sex Offender Registration and Notification (JSORN)

Does JSORN Work?

“National Incident-Based Reporting System (NIBRS) data on juvenile sexual crime reports originating in 4 states were used to assess the association between 4 different juvenile sex offender registration policies and juvenile sexual crime reports. Autoregressive integrated moving average (ARIMA) analyses revealed no significant changes from before to after the implantation of juvenile registry requirements, suggesting that none of the tested policies influenced juvenile sexual crime reports. These results are commensurate with the only study evaluating juvenile sex offender registration on first-time sexual crimes and with the broader literature evaluating (and failing to find) an association between juvenile sex offender registration enactment and juvenile sexual offense recidivism rates...To date, no published studies support any public safety effect associated with juvenile sex offender registration policies.”

Sandler, Letourneau, Vandiver, Shields, Chaffin, 2017 (p. 131)

More on Impact of JSORN

“In sum, there are no published findings that support any positive effects of juvenile registration or notification, including any positive effects on community safety. Moreover, new studies have linked registration and notification policies with egregiously harmful outcomes to children. The results that we present from our study...are consistent with these findings and lend support to efforts to replace juvenile sex offender registration and notification requirements with more effective prevention and treatment efforts.”

“There is no evidence that subjecting children to sex offender registration and notification procedures deters other children from engaging in harmful or illegal sexual behavior...All available research on that issue finds that juvenile registration and notification policies also fail to deter sexual or violent recidivism.”

Impact (on offender) of Juvenile Registration

Mental Health

Harassment and Unfair Treatment

School Problems

Living Instability

Risk of Reoffending

Harris, Walfield, Shields, Letourneau, 2015 (N = 265 U. S. respondents. Provider data collected between March 2013 and August 2013. Opinions did not vary by provider demographics, treatment modalities, or client profiles.)

Additional Data on JSORN Offender Impact

“Registered children reported more problems or fewer strengths on in the domains of mental health, peer relationships, and experiences with safety and victimization. Most notably, relative to Nonregistered children, Registered children reported significantly more severe suicidal cognitions and had higher odds of having recently attempted suicide in the past 30 days. Likewise, Registered children were 5 times more likely to have been approached by an adult for sex in the past year.

Letourneau, Harris, Shields, Walfield, Ruzicka, Buckman, Kahn, Nair, 2018 (Survey of 251 boys receiving tx for sex-related issues; 29% had gone through registration)