

Carr, A. & O'Reilly, G. (2004). The assessment and treatment of juvenile sex offenders in Ireland. *Special Residential Services Board Bulletin*, August 2004.

THE ASSESSMENT AND TREATMENT OF JUVENILE SEX OFFENDERS IN IRELAND

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Running head: Juvenile Sex Offenders

Keywords: Juvenile sex offenders, adolescence, sexual abuse

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Summary

Child sexual abuse (CSA) is a widespread national problem. Evidence indicates that in between one-quarter to one-third of all cases the perpetrator is a juvenile sex offender. In the Republic of Ireland there are only 4 juvenile sex offender treatment programmes staffed by interagency, multidisciplinary teams. These teams have developed rigorous assessment and treatment procedures. The programmes take account of the multifactorial causation of juvenile sexual offending and the need to involve families and a variety of agencies in helping these youngsters develop more productive lives and avoid recidivism. There is a need to develop and evaluate similar programmes in each region of the country.

Prevalence of CSA in Ireland

Child sexual abuse is a major problem in Ireland. The *SAVI Report* (McGee et al., 2002) based on a random sample of over 3,000 Irish adults found that 24% of men and 30% of women have been victims of child sexual abuse (CSA). 3% of males and 6% of females reported penetrative CSA.

The Age Distribution of CSA Perpetrators

Adolescents are responsible for about a third of all cases of CSA in Ireland according to comprehensive studies of 512 confirmed cases of CSA in the Eastern Health Board Region (McKeown et al., 1989) and 408 cases in Northern Ireland (The Research Team, 1990). The SAVI Report indicated that 25% of those who reported sexual victimisation in childhood identified the age of the perpetrator as less than 17 years of age (McGee et al., 2002).

Multifactorial Causation of Juvenile Sexual Offending

There is no single cause for juvenile sexual offending. Multiple factors may predispose youngsters to engage in sexually abusive behaviour. A variety of events and circumstances can precipitate specific sexual offences. Many factors can maintain a pattern of re-offending (Carr, 1999; Carr & O'Reilly, In Press; O'Reilly & Carr, 1998; O'Reilly, Marshall, Beckett & Carr, 2004).

Predisposing Factors

Being brought up in a disorganized, violent or abusive family environment may render adolescents vulnerable to sexual offending. In disorganized family environments many

youngsters develop insecure attachment styles, low self-esteem, empathy deficits and social skills deficits, all of which are risk factors for sexual offending. In violent families some youngsters learn to use coercion for getting their needs met. In families where CSA occurs, some victims learn to sexually victimize others.

Intellectual disability may render youngsters vulnerable to sexual offending. Difficult temperament and poor impulse control are also predisposing factors for sexual offending. Some youngsters with difficult temperaments and poor impulse control find it very challenging to regulate strong emotions and urges including anger, fear, sadness, and sexual desire. As such they are at risk for expressing rather than inhibiting strong sexual urges. When combined with a coercive interpersonal style such adolescents may find it difficult to make and maintain appropriate romantic relationships, and so may attempt to have their sexual needs met through abusive behaviour.

Deviant sexual arousal is a further predisposing factor for sexual offending. Some youngsters for temperamental reasons or as a result of deviant socialization, become sexually aroused in response to deviant sexual situations such as those involving violence or CSA.

Precipitating Factors

Specific sexually abusive acts may be precipitated by a combination of factors. These include the onset of puberty; easy access to potential victims; access to particularly vulnerable victims such as those with disabilities; lack of access to normal romantic relationships; increased stress and neediness due to life events such as bereavement, loss or failure; and reduced inhibitions due to intoxication with alcohol or drugs.

Maintaining Factors

Once a youngster has sexually offended, a pattern of re-offending may be maintained by a variety of factors. These include cognitive distortions or beliefs that allow the youngster to either deny, minimize or justify their abusive behaviour and its impact on their victims.

Where the pattern of re-offending involves the same victim, the victim's decreasing resistance abuse may maintain the offending behaviour. A pattern of sexual re-offending may also be maintained by the absence of parental monitoring and supervision of adolescents' daily routines. Masturbation to memories and fantasies associated with past sexual offences may also maintain a pattern of sexual offending. Broader cultural factors such as living in a society that undervalues children and in which child pornography is widely available may also maintain CSA.

Protective Factors

From this cursory account it is clear that no single factor causes juvenile sexual offending, but rather in any given case, it is possible through careful assessment to identify specific predisposing, precipitating and maintaining factors associated with that particular adolescent's pattern of sexual offending. On the positive side, a number of individual and family strengths may function as protective factors. These include acceptance of some degree of responsibility for the abuse; making a commitment to change the offending behaviour pattern; high self-esteem; an internal locus of control; social skills required make and maintain appropriate relationships; involvement in a supportive educational placements; a strong social and family support network; effective parental supervision; and the capacity to acquire relapse prevention skills. The more protective factors that are present in a particular case the better the prognosis.

Assessment and Intervention Services

There are four juvenile sex offender treatment programmes in the Republic of Ireland and three in Northern Ireland. Some of these programmes are staffed by interagency multidisciplinary teams with input from professionals in community care services, child and adolescent psychiatry services, residential child care services, Gardaí, probation and welfare services, the judicial system, educational psychology services, schools, and vocational training services. Programme staff are released on a regular sessional basis, from their employing agency, to offer assessment and intervention for juvenile sex offenders as part of the interagency multidisciplinary team. This is a valuable model for practice because it facilitates interagency collaboration which is essential for child protection.

Assessment of Juvenile Sex Offenders

The two main functions of assessment are (1) to develop a therapeutic relationship with the juvenile offender and his family and maintain good professional relationships with members of the involved interagency network; (2) to gather sufficient information to construct a formulation and treatment plan. A formal contract for assessment should be signed by the juvenile offender and his parents and a similar process should be used later when contracting for treatment. Interagency collaboration with relevant statutory agencies should occur to ensure mandated attendance at assessment and intervention if the young person and his family decline the offer of voluntary assistance. Third party information such as victim statements to Gardaí or social services are useful in this regard.

Assessment procedures include interviews and psychological testing with the adolescent; interviews with the parents and legal guardians; interagency liaison meetings with other involved professionals; and a review of available reports and victim statements

from other agencies. Assessment interviews include a comprehensive developmental and family history and in particular cover psychosexual development; capacity for making and maintaining friendships; self-esteem; locus of control beliefs; impulse control and self-regulation; academic achievements; antecedents, behaviours and consequences of the sexually abusive behaviour; capacity for victim empathy; cognitive distortions concerning abuse; and current and past access to potential victims.

Psychological testing is a central part of the assessment process. Some Irish treatment programmes use the Adolescent Sex Offender Assessment Pack (Beckett, 1997). This covers three broad areas: (1) deviant sexual beliefs and cognitive distortions; (2) personality factors associated with sexual offending including self-esteem, locus of control, empathy, assertiveness, anger management, and emotional loneliness; and (3) dishonest response style. This pack can also be re-administered after treatment in order to evaluate treatment outcome.

Information from the assessment are integrated into a formulation which specifies predisposing, precipitating, maintaining and protective factors which forms the basis for a treatment contract and plan which is presented to the juvenile offender and his family. A more detailed account of the clinical assessment of juvenile sexual offenders and their families can be found in O' Reilly and Carr (2004a).

Treatment of Juvenile Sex Offenders

Juvenile sex offender treatment tends to use a parallel adolescent and parent group format. Adolescents attend a weekly group meetings for 12-18 months and concurrently their parents attend a parent support group. In the adolescent programme the following topics are covered: understanding the rules of the group; giving an initial account of sexually abusive behaviour; building motivation to change sexually abusive behaviour;

modifying cognitive distortions; taking responsibility for sexually abusive behaviour; developing victim awareness; autobiographical review; relationships and sexuality education; anger management and social problem solving skills training; and relapse prevention planning. Parent support groups help families come to terms with their child's sexually abusive behaviour, to modify family factors that may have contributed to the occurrence of the abusive behaviour, and to develop ways to contribute to the adolescents relapse prevention support system. Further information on therapeutic work with adolescents and their families can be found in Print and O' Callaghan (2004) and Thomas (2004).

Treatment Effectiveness

While controlled treatment outcome studies of adult sexual offenders have been conducted (O'Reilly & Carr, 2004b) similar evaluations of programmes for juvenile sex offenders are sorely lacking. However, two studies illustrate the magnitude of the benefit to society from supporting the development of such programmes. Abel et al., (1985) found that 240 untreated adult sex offenders who began their sexual offending as juveniles had an average of 580 sexual offences. In contrast, Alexander (1999) found a recidivism rate of only 7.5% in a sample of 875 treated juvenile sexual offenders. These results point to the value of developing such programmes throughout Ireland and to the importance of routinely evaluating their effectiveness. Finally a recent meta-analytical report (Hanson et al., 2002) by an expert committee comprised of both critics and advocates of sexual offender intervention concluded that current approaches to intervention (mostly based on studies of adults but including a small number of adolescent studies) reduced both sexual and non-sexual recidivism (sexual recidivism: treated offenders 9.9%, untreated offenders 17.4%; general recidivism: treated offenders 32.3%, untreated offenders 51.3%). On

balance the evidence on treatment effectiveness is very encouraging but indicates that much research and therapeutic work remains to be done with juveniles who sexually offend.

Further Reading

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