

Gail Ryan Tom Lerversee Sandy Lane

Third Edition

Juvenile Sexual Offending

Causes, Consequences,
and Correction

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Gail Ryan
Thomas Leversee
Sandy Lane



John Wiley & Sons, Inc.

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Published by John Wiley & Sons, Inc., Hoboken, New Jersey.
Published simultaneously in Canada.

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Library of Congress Cataloging-in-Publication Data:

Juvenile sexual offending : causes, consequences, and correction / [edited by] Gail Ryan, Thomas Lerversee, and Sandy Lane.—3rd ed.

p. cm.

Includes index.

ISBN 978-470-53191-4 (pbk); 978-0-470-64669-4 (ebk); 978-0-470-64693-9 (ebk); 978-0-470-64694-6 (ebk)

1. Teenage sex offenders. I. Ryan, Gail. II. Lerversee, Thomas III. Lane, Sandy L.

HV9067.S48J88 2010

364.36—dc22

2010005949

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

*This book is dedicated by the editors
to the memories of Fay Honey Knopp for
her shepherding of workers in this field,
Brandt F. Steele for his fostering and mentoring
of clinicians working in child protection,
and to the young clients who have struggled
with us to achieve understanding and change in
order to stop the multigenerational cycle of abuse.*

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Acknowledgments

The editors wish to thank our family members for their support of our work, as well as our many colleagues throughout the field whose sharing and collaboration have contributed to 30 years of work in this field. The patience, nurturance, and good nature of those working with these troubled and troubling youth has enriched our professional experience and enabled the advances in knowledge and practice that are apparent in this text.

Members of the National Adolescent Perpetration Network, Directors of the Kempe Center, the University of Colorado Denver School of Medicine, Department of Pediatrics, the Kempe Foundation, and the Colorado Division of Youth Corrections have provided the opportunity and necessary support for this work.

Thanks to the following colleagues who reviewed this book and provided feedback:

Magdalena Linhardt
University of Maine, Augusta
Sandra M. Todaro
Bossier Parish Community College, Louisiana

The editors especially want to thank the chapter contributors for their work, Gerry Blasingame for his input updating the special population information regarding those youth with developmental disabilities, and David Prescott for help with references.

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Sandy Lane, BSN, was one of the pioneers in developing offense-specific treatment programming for the Colorado Division of Youth Services at the Closed Adolescent

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Jerry Thomas, M.Ed., has more than 40 years of experience working with children and families, served on the National Task Force on Juvenile Sexual Offending (1986–1993), and contributed to the *Standards of Care For Youth In Sex Offense-Specific Residential Programs*. She and her son, Wilson Viar III, M.A., have worked together to author numerous textbook chapters on the importance of involving families in treatment. She was influential in pioneering child advocacy in Tennessee, and is particularly recognized for her expertise in creating and evaluating safety in child welfare settings. She has been a consultant and trainer in developing many offense-specific programs in the United States and abroad, and continues to provide expert testimony in institutional abuse cases since retiring. She is a recipient of the Beyond the Call Award, 2003, and the Faye Honey Knopp Award, NAPN 2005.

Introduction

Sexual offenses encompass a wide spectrum of behaviors in a variety of situations, victimizing many types of persons. Sexual aggression in the form of violent or sadistic rape has long been feared and punished, and other deviant sexual behaviors and paraphilias have been shunned and prohibited. Sexual deviance has generated many myths and misconceptions. In the past, sexual offenses often eluded report and recrimination because of the lack of accurate information and the reluctance of many cultures to discuss sexual issues. Juveniles who committed sexual offenses were often exempted from responsibility for their abusive sexual behaviors and many of their exploitive behaviors were considered “adolescent adjustment reactions” or “exploratory” stages of development.

As society has come to recognize the incidence and prevalence of child sexual abuse, clinical work and research have illuminated the negative impacts of early sexual exploitation on the developing child. Legal, educational, and social service approaches have been mobilized to intervene on behalf of sexually abused children. Since the 1980s, the sexual abuse of children has been defined as criminal and perpetrators are now held accountable and punishable; mandatory reporting has been legislated to aid in earlier detection; prevention messages have sought to teach children to resist and report sexual victimization, and treatment programs have evolved to treat those who are abused and those who abuse them, and also their families. The primary prevention of sexual abuse, however, is dependent on eliminating the danger or potential of sexual exploitation by stopping sexual offending. Effective intervention to prevent further offending by identified offenders and to prevent the development of offending by the next generation is ultimately the only proactive alternative in sexual abuse prevention. It is by asking the question, “Who are these sex offenders, and where do they come from?” that attention turns to children and adolescents who sexually abuse others.

Recognition that sexually abusive behaviors that begin in childhood or adolescence might continue into adulthood has led to the development of early intervention programs to address these behaviors immediately, in hopes of preventing both the victimization of others and the habituation of these behaviors. Programs for identified youth developed rapidly in the 1980s, adapting treatment strategies that were in use in adult programs, based on the belief that the adolescents who sexually offended were destined to become the adult offenders of the future, unless something interrupted that development.

As research has evolved through three decades, there is now much more known about juveniles who sexually offend, and much of the new knowledge is good news. Long-term follow-up studies continue to demonstrate much lower rates of sexual recidivism by juveniles than expected, and even less after participation in specialized treatment programs. The growing body of research and clinical knowledge has

contributed to new models for understanding and responding to juvenile sexual offending, and thus necessitates the revision of this text. This third edition reveals dramatic discoveries and new approaches that were only foreshadowed in the 1997 edition.

It is now clear that many youth who commit sexual offenses in childhood or adolescence are more like other delinquents than like adult sexual offenders. Although some youth do have a “sexual deviance” problem that may continue to pose a risk across the life span, for most, the sexually abusive behavior is much more about their capacity to be abusive and their failure to perceive and/or be responsible for the harmful effects of their behavior. The fact that most do not appear to be acting on pedophilic interest is good news, as is the fact that they can become both culpable and responsible for their sexual behavior when required to do so. Nonetheless, sexual abusers of all ages continue to be characterized by denial and minimization of their past and resistance to intervention.

Treatment is often most successful when court ordered rather than voluntary, and offense-specific treatment continues to employ some nontraditional approaches.

The largest portion of juvenile sexual offenses involve victimization or exploitation of significantly younger children, and lesser portions involve harassment or violent assaults on peers, adults, or strangers. Therefore, the primary focus throughout this text is on the sexual abuse of children, and issues of peer harassment, violent offenses, and various subgroups are addressed separately only when theory or practice differs significantly. Similarly, acknowledging that the common denominator is the abusive nature of the behavior, all types of abusive behaviors are addressed, and the sexual nature of the behavior is only one aspect of the problem to be addressed in offense-specific treatment.

Clinical work with these youth builds on traditional clinical training, and specialized training prepares clinicians to treat these youth in abuse-specific/sexual offense-specific programs. This text continues to address the need for comprehensive coursework to be provided in graduate schools, as well as postgraduate certificate programs, to support educational competency for those who work with sexually abusive youth and their families. The text describes descriptive, qualitative, and empirical studies of the causes, consequences, and correction of juvenile sexual offending; suggests theoretical perspectives and clinical approaches; and creates an agenda for primary, secondary, and tertiary perpetration prevention strategies. The text is not designed to describe specific programs but to provide a base of knowledge to support decision making, program development, and case management by the multidisciplinary professionals involved in child protection, child welfare, mental/behavioral health, and juvenile corrections. Supplemental reading in sexual abuse, child development, sexuality, delinquency, aggression, and clinical practice is recommended for clinicians specializing in the treatment of sexually abusive youth.

The book presents a developmental-contextual perspective by looking at sexuality, child development, deviance, dysfunction, risk, and resilience, as these things relate to sexually abusive behaviors. The consequences for the youth, for those they abuse, and the families of each are examined; also, the role and responsibility of parents and alternative care providers in supervision and health promotion are described. Legal issues are discussed, as well as the range of services needed to meet the needs of youth who have sexually offended.

New information included in this edition reflects the curiosity and the science that has informed the development of juvenile models, which are now substantially

different from traditional adult models. Appreciation of the juvenile's capacity to change supports the risk reduction–health promotion models that are characteristic of these newer approaches. Using all available knowledge, current hypotheses hold the promise of significantly reducing the incidence and prevalence of sexual abuse in future generations.

Typology research now illuminates the diversity that exists in this population in regard to subtypes, duration of offending behaviors, clinical characteristics, etiology, social and interpersonal skills, relationships, and mental health issues. Differential treatment and supervision interventions are discussed that address the individualized needs of this diverse population.

Over the past 25 years, increasingly punitive legislative and policy responses to juveniles who have committed sexual offenses fail to reflect the research. Many of the popular beliefs, trends in adult sex offender management, and community reactions continue to be applied equally to juveniles who have committed sexual offenses. The dilemma this creates is described. The dissonance between what is known about this population and legislative and policy responses is discussed, with recommendations as to how communities might proceed.

The current state of the art in evaluation and ongoing assessment methodologies and protocols are presented. The increase in empirically supported risk assessment instruments is bringing the field closer to an actuarial instrument. Evaluation and ongoing assessment is discussed from the standpoint of both the science and the art.

This third edition reflects the tremendous strides in research on brain growth and development, and the impact of positive and negative life experiences on the brain. New knowledge has important implications in understanding normal adolescent development, juvenile culpability, and the impacts of neglect or trauma on the brain. The relevance of evidence-based treatment for trauma symptoms and other mental/behavioral disorders is also discussed. In the "special populations" chapter, some new developments in meeting the special needs of children, females, developmentally disabled, and violent youth who engage in sexually abusive behavior have been added. Drawing from the research to date, a number of well grounded hypotheses are suggested regarding primary and secondary perpetration prevention.

The good news is that the work with abusive and at-risk juveniles is a dynamic and evolving field. That can also be bad news when writing a book such as this. This text captures a "moment" in time in the field, yet even as the book goes to print, new developments continue to shape the "state of the art." The continuing evolution of knowledge informs the work, but underscores the need to be thoughtful and cautious about any intervention that might potentially cause harm. It is incumbent on the professionals working with these populations to continue to learn from the emerging research and literature.

Gail Ryan, Tom Leversee, and Sandy Lane
Denver, Colorado, USA

Juvenile Sexual Offending

PART ONE

THE PROBLEM

CHAPTER 1

Sexually Abusive Youth

Defining the Problem and the Population

GAIL RYAN

SEXUALLY ABUSIVE BEHAVIOR has been defined as any sexual interaction with person(s) of any age that is perpetrated (a) against the victim's will, (b) without consent, or (c) in an aggressive, exploitive, manipulative, or threatening manner. It may involve one or more of a wide array of behaviors, and multiple paraphilias (more than one type of sexual deviancy) may be exhibited by a single individual. Molestation may involve touching, rubbing, disrobing, sucking, exposure to sexual materials, or penetrating behaviors. Rape may include any sexual act perpetrated with violence or force, although legal definitions often include penetration: oral, anal, or vaginal and digital, penile, or objectile. Hands-off offenses include exhibitionism (exposing one's genitalia); peeping or voyeurism (observing others without their knowledge or consent); frottage (rubbing against others); fetishism (such as stealing underwear, urinating on a victim, or masturbating in another's garments); and obscene communication (such as obscene telephone calls and verbal or written sexual harassment or denigration).

Definition of the acts that constitute sexual abuse cannot be approached in terms of behavior alone. Relationships, dynamics, and impact must be considered because most of the behaviors could also be nonabusive. Definitions of rape relate primarily to force and lack of consent and often include penetration. In contrast, sexual harassment is not defined by behavior, but by the perception of unwelcome advances, words, or behaviors that cause someone to feel uncomfortable or unsafe. So the act of intercourse might be abusive or not, and what might be welcome flirting with one peer might be sexual harassment of another.

In evaluating the sexual abuse of children, when adults sexually abuse a child, age differential and behavior are adequate to define the problem. In contrast, when sexual interactions involve two juveniles, age and behavior identifiers may be inadequate definitions, and further evaluation is required.

It is clear that an older adolescent sodomizing a small child is sexual abuse, but as age differences narrow and the behaviors become less intrusive and/or less aggressive, the interaction and relationship between the two juveniles needs evaluation. In

any sexual interaction, the factors that define the nature of the interaction and relationship, and define the presence or absence of abuse or exploitation are consent, equality, and coercion.

Consent as a legally defined construct is based on the perceived competence or culpability of juveniles. Even older adolescents are seldom considered competent or responsible for legal consent in important decisions. In sexual issues, state laws use arbitrary ages to define an "age of consent" for engaging in sexual relationships. The age differs from state to state, but is usually between 14 and 16. These laws are not based on any scientific evidence or understanding of human sexuality, but reflect the values of the community and were historically aimed at preventing the exploitation of youth by adults. In most cases, activities with willing similar-aged peers were only charged as "statutory" crimes if a complaint was made. More recently, some states have amended "age of consent" laws to 18, essentially attempting to legislate abstinence for all youth. Such laws can result in charges for sexual offenses for nonabusive activities in dating relationships. Therefore, the need to differentiate the legal constructs from clinical concerns has become even more critical. Assessing consent in the interactions of juveniles demands more than a legal definition or an age identifier. The elements of consent are defined as follows:

Consent: Agreement including *all* of the following: (a) understanding what is proposed; (b) knowledge of societal standards for what is being proposed; (c) awareness of potential consequences and alternatives; (d) assumption that agreement or disagreement will be respected equally; (e) voluntary decision/choice; and (f) mental competence (National Task Force on Juvenile Sexual Offending, 1988, 1993). These elements are relevant in all forms of consent, not just consent for sexual behaviors, and the term "informed consent" is used to indicate culpability/responsibility for choices. Defining "informed" consent among juveniles must consider the *similarity of knowledge* regarding each of these constructs, based on age, maturity, developmental level, functioning, and experience. Unequal knowledge compromises equality and can be exploited, but equal ignorance or naiveté does not obviate consent.

Confusion in defining consent among juveniles can stem from a failure to distinguish cooperation or compliance from consent. The apparent outcome may appear identical in terms of behavior, but the intent, motivation, and perception are quite different, so the experience and impact are not the same. Whereas consent implies that both persons have similar knowledge, understanding, and choice, *cooperation* implies active participation regardless of personal beliefs or desire and may occur without consent; and *compliance* may indicate passive engagement without resistance in spite of opposing beliefs or desires (Ryan, 1988).

Equality considers differentials of physical, cognitive, and emotional development, passivity and assertiveness, power and control, and authority. Physical differences such as size and strength may be assessed with some ease; cognitive and emotional differentials may be more reflective of life experience. Thus, in similar situations, one case of two children of the same age engaging in reciprocal genital touching may be exploitive due to either a delay in the development of one child or precociousness in the development of the other, whereas a case of two juveniles with an age difference of even three or four years engaging in the same behavior may not be exploitive if the two are developmentally equal. Similarly, power and control issues and passivity and assertiveness may define the roles of two juveniles in an interaction and thus clarify the equality or inequality of the two in a particular situation. In some cases

where all other factors appear equal, some subtle authority of one child over the other may exist. This authority may be explicit, as in the case of an older child who is put in charge of a younger one in a babysitting relationship or on an outing. Other examples of explicit authority are when one child is the “president of the club,” the “parent,” the “teacher,” or the “hero” in a play situation. More subtle levels of authority may exist if one child has previously been held responsible for the other’s misbehavior or due to the implications of family positions (for example, if one is the older brother, favorite child, uncle, or so on) or due to differences in self-image related to popularity, competence, talents, and success. The juvenile who feels inferior in a peer relationship may be victimized by a similar age peer, as surely as a smaller child may be victimized by an older adolescent.

Coercion, the third factor in defining abuse in juvenile sexual interactions, refers to pressures that deny the victim free choice. The factors already discussed as inequality are often the tools of coercion: perceptions of power or authority may be exploited to coerce cooperation, while size differentials may coerce compliance.

Another level of coercion involves secondary gains or losses that may result from the interaction. Secondary gains are employed in bribery to coerce cooperation or compliance in return for emotional or material gains. When money, treats, favors, or friendship are offered in return for sexual involvements, the bribe is the tool of coercion. Even more subtle secondary gains lie in nurturance and care that may be offered or withheld in abusive relationships. Secondary losses for lack of compliance may be material, but may also be perceptual in the victim’s fear of rejection or abandonment—the loss of love, friendship, or caring. Threats of secondary losses may be implicit, as when the victim thinks, “Maybe he won’t like me if I don’t do it,” or explicit, as when an offender states, “I won’t like you if you don’t.”

Finally, coercion may be expressed through the threat of force, threats of harm, or overt violence. Threats of force or violence are more common elements of coercion than are actual acts of violence. Both threats and acts of violence are less common in the sexual abuse of children than in sexual assaults against peers or adults, since it is usually possible to coerce a child without resorting to violence or force. In cases of juvenile sexual behavior, coercion may be most employed to assure secrecy and nondisclosure, following an interaction that is perceived likely to result in negative consequences.

THE MODAL SEXUALLY ABUSIVE YOUTH

There is no single profile descriptive of every sexually abusive youth—it is possible to paint a picture of the modal (or most often identified) youth and offense as a composite, and then describe the range of characteristics that may vary from the mode.

In the early literature, many samples of sexually abusive youth were identified and described. The modal factors were quite similar in the early samples (Chabot, 1987; Farrel & O’Brien, 1988; Kerr, 1986; Ryan, 1988; Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996; Wasserman & Kappel, 1985; Wheeler, 1986). The majority of those identified youth were male (91 to 93%), and the modal age of referral was 14. These youth were most often white and living with two parental figures in the home at the time of the offense. They rarely had any previous charges for sexual offense, but very often had other sexual offenses and other victims prior to being referred. There was also one chance in three that they had been adjudicated for nonsexual delinquent behavior.

More recent research often describes particular subgroups of the whole population of youth who are known for sexual offending (see Chapter 6), or particular characteristics of interest, so recent descriptive studies of the whole population are scarce. However, developments over the past 20 years suggest that the current mode of referrals may be somewhat younger (due to earlier identification), have fewer previous victims (due to earlier interventions), and may be involved in somewhat more nonsexual delinquency.

The juvenile offense scenario most often involves a significantly younger child victim, five to eight years old, and most often a female who is not related by blood or marriage. The behavior is unwanted or confusing, involves genital touching and often includes penetration (over 60%), and involves sufficient coercion or force to overcome any resistance.

THE RANGE OF CHARACTERISTICS

Sexual abuse may be perpetrated by children as young as 3 to 5 (Cavanaugh-Johnson, 1988; Isaac, 1986), and juvenile offense referrals may include youth through ages 18 and 19. A majority of work and research with sexually abusive youth to date has focused on 12- to 18-year-olds who are adjudicated for sexual offenses; however, identification of sexually exploitive and aggressive behaviors in preschool and elementary schools by prepubescent children has increased dramatically as early childhood educators and caregivers have learned to define abuse among children and become aware of the need for early intervention (Bonner, Walker, & Berliner, 1996; Gil & Cavanaugh-Johnson, 1993). Earlier referrals of younger children contribute to a broader range of characteristics in today's samples. Also, sexual "harassment" was not defined or referred to as a "sexual offense" until recently. The influx in referrals for sexual harassment (particularly from schools) adds another subgroup of offenses that may also affect the numbers in terms of similar age victims, as well as the scenarios, locations, and characteristics of juvenile offenses.

Sexual offenses are perpetrated by juveniles of all racial, ethnic, religious, geographic, and socioeconomic groups in approximate proportion to these characteristics in the general population. Although most of these youth are living in two-parent homes at the time of discovery (70%), over half report some parental loss (such as abandonment, illness, or death of a parent); disruptions/separations due to placement of a child, or divorce, hospitalization, or incarceration of a parent. Inconsistent care, parental loss, exposure to domestic violence, and/or dysfunctional child-rearing experiences are factors overrepresented in this population.

The majority of these juveniles are attending school and achieving at least average grades, although a significant number have been identified with special problems in school, such as learning disabilities, special education needs, truancy, or behavior problems. The range of social characteristics includes every type of youngster. Samples of sexually abusive youth may contain the tough delinquent, the under-socialized youth, the social outcast, the popular star, the athlete, or the honor roll student. Few have been previously diagnosed and treated for mental illness, psychosis, or developmental disabilities, although there does appear to be an overrepresentation of emotional and behavior disorders, affective and attentional/hyperactivity disorders, obsessive-compulsive disorders, and posttraumatic stress disorder (Becker, Kaplan, Tenke & Tartaglino, 1991; Dailey, 1996; Ryan, 1993) and many have developmental deficits. Some are well-known for chronic nonsexual

delinquency but many do not have observable personality or behavior characteristics that set them apart from their peer groups.

THE RANGE OF OFFENSE SCENARIOS AND BEHAVIORS

The juvenile's stage for sexual offenses is often their own home or the home of the other child; but it may also be outdoors somewhere in the neighborhood. Sexual assaults against peers sometimes occur in the context of a date, or a victim may be sought out, stalked, and seized in a more typical rape scenario. Assaults on older persons often occur during the commission of a robbery or burglary, typically in the home of the victim. A majority of juvenile offenses (more than 65%) involve significantly younger children—45% are siblings or other children living in the same household. Children provide easy targets as they may seek out attention or be left in the care or company of an older youth by unsuspecting adults. Over 95% of child victims of sexual abuse know the perpetrator as an acquaintance, friend, neighbor, or relative.

The sexual behaviors involved in juvenile offenses include the whole range of human sexual behavior. Some hands-off offenses such as peeping, flashing, or obscene communications may precede hands-on offenses, and sometimes continue between offenses. It is important to note too, that more normative, nonabusive sexual experiences may have preceded the juvenile's illegal behavior (Becker, Cunningham-Rathner, & Kaplan, 1986). It is clear that the sexually abusive behaviors of youth are not merely the "exploration" of curious youth, but are also not always indicative of sexual pathology. Access and opportunity may contribute to the risk.

Sometimes sexually abusive youth have abused the same victim on more than one occasion, over a period of months or even years prior to disclosure or discovery. Even with increased public awareness, they may still have multiple victims over time prior to their first arrest. The average number of victims of juvenile perpetrators in data from the 1990s was seven, and some juveniles had disclosed thirty or more. In most cases, however, an earlier age of identification is correlated with a smaller number of victims and fewer offenses. It is possible and perhaps likely that the average number of victims and/or offenses may have declined in recent years. In fact, there has been a decline in rates of child sexual abuse as a whole (Finklehor & Jones, 2004; Finkelhor, Hammer & Sedlak, 2008). However, it is not clear whether that decline includes the rate of sexual abuse of children by other children. Reliable data regarding the incidence and prevalence of juvenile sexual offenses continues to be elusive.

Although juvenile offenses may involve similar behaviors and have many things in common, each of the youths is a unique individual. Describing the modal youth or the most common abuse scenario does not constitute a profile of the sexually abusive youth or of their abusive acts. Each case requires individual assessment to describe differential diagnoses and treatment plans.

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