

# Self-Study Course

## The Adolescent Sexual Offender

(Revised 7/06)

4.0 Hours Credit

### **CREDITS:**

A full bibliography of materials used in writing this training course is listed on the last page of this self-study.



If you wish to receive training credit for reading this self-study, please fill out the “CHECK YOUR UNDERSTANDING” Questionnaire” at the back of this course. Return the questionnaire to the Alaska Center for Resource Families for 4.0 hours of training credit. The course is yours to keep for further reference.

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# THE ADOLESCENT SEXUAL OFFENDER

## *Introduction*

Many of us who work as out-of-home care providers find it a challenge to work with the adolescent sexual offender. We may be uncomfortable with the fact that these youths are not just victims but perpetrators as well. As foster parents, we may feel uneasy about working with these youths, or having them in our home. We may be unsure what kind of environment is best.

This Specialized Training Packet **The Adolescent Sexual Offender** will provide a solid base of information about adolescent sexual offenders. The course **The Adolescent Sexual Offender** is divided into several sections:

- One:**        *Adolescent Sexual Offenders: An Overview*
- Two:**        *Understanding the Sexual Assault Cycle*
- Three:**      *Issues of Treatment*
- Four:**      *Adolescent Sexual Offenders in Out-of-Home Care*
- Five:**      *State of Alaska Youth Correctional Facilities*

At the conclusion of this training packet is a “Check Your Understanding” test. Please follow the directions for completing this questionnaire and upon completing the questionnaire, please return it to the Alaska Center for Resource Families for scoring.



***NOTE TO READER:*** *This work depends on a variety of sources that are listed at the end of this training packet. This course alone does not qualify any foster parent or residential provider to provide therapy to an adolescent sexual offender. This information is intended to provide basic information about issues of concern to out-of-home care providers regarding adolescent sexual offenders.*

## ***PART ONE: Adolescent Sexual Offenders: An Overview***

### ***CASE STUDY: Sammy***

*Sammy is a 14-year-old boy with dark brown hair and a face full of freckles. He is soft spoken and seems eager to please. Sammy is currently in a foster home with two other male adolescents. When he was still living with his grandparents, it was discovered he was befriending younger children in the neighborhood. He would often go into a child's home when his parents weren't there. He would begin with wrestling and games of tag which proceeded to sexually touching the child. Several incidents led to sexual intercourse. Sammy was discovered by a parent who came home unexpectedly. It was later discovered that Sammy had several victims in the neighborhood. His grandparents didn't want anything to do with him and his mother's whereabouts were unknown. Sammy has recently revealed to his foster mother that he was molested by his mother's boyfriend for several years before he came to live with his grandparents.*

### ***Focusing on Youths who Sexually Offend***

Sammy is an adolescent sexual offender. Each youth is different, but Sammy is typical of some of the challenges facing these adolescents. This training packet will focus on the sexual offender between the onset of puberty through adolescence. It will also focus specifically on behavior that includes the sexual exploitation and assault of others. Adolescents who are sexual offenders may also have other difficulties such as substance abuse, addiction, psychiatric disorders, attachment disorders, and victimization issues. These are important issues but are beyond the limited scope of this training packet.

### ***What are Adolescent Sexual Offenses?***

Adolescent sexual offenders commit the same kind and variety of sexual offenses as do adult offenders. Sexual offenses range from non-contact to contact offenses, coercive to assaultive, seemingly minor to major. Sexual abusive acts include:

- Obscene phone calls, exhibitionism (exposing genitals to others), voyeurism ("peeping Toms" or sneaking looks at others in various states of undress), lewd photography or pornography. All of the above acts may or may not include accompanying masturbation.
- Fondling including "French" kissing, rubbing the body of a younger child, digital penetration, oral sex performed on either offender or child, intercourse, anal intercourse (sodomy), or penetration of the victim with a foreign object. Coercing a victim into sexual acts includes molesting a younger child, implied threats of harm or manipulating a child into sexual activity.
- Rape and aggressive sexual acts including violence, threats of violence, and use of a weapon.
- Consensual activity that turns into rape or other forced sexual acts ("date rape").

Offenders often do not confine their activities to a single type of offense. Sexual offenses often escalate in frequency and in seriousness. The following example shows how sexual offenses can progress:

## **CASE STUDY: Stretch**

*Stretch is a 16-year-old male who was committed to a secure juvenile treatment center. His offense history began with voyeuristic behavior from ages 5-7 including attempts to watch his grandmother and mother use the bathroom and take showers. He recalls at 8 years of age observing his baby-sitter having sex with her boyfriend and at this time began assaultive behavior toward girls on the school ground. By age 11, he was making obscene phone calls and rubbing up against the chests and buttocks of his female classmates. At 13-years-old, he began molesting his younger brother on a regular basis. He came to the attention of the authorities because of a break-in into a woman's house where he seemed to be lying in wait. He stated to the authorities that he intended to rape the woman when she returned.*

Stretch's offenses progressed from voyeuristic behavior and sexual traumatization to obscene phone calls and fondling to aggressive sexual assault. Early, vigorous intervention with adolescent sexual offenders is important for several reasons. First of all, most adult sexual offenders report that their first offense occurred during their adolescent years. Intervention during these years may prevent a large number of victims from being molested as well as helping the offending youth to live a productive and healthy life. Secondly, as will be seen in the section on **The Sexual Assault Cycle**--the more someone offends, the more reinforcing the behavior becomes. Earlier intervention into the cycle can mean more effective treatment.

## **A Note on Female Offenders**

There are female offenders as well, though the number seems to be smaller or, at least, more hidden. Like their adult counterparts, female sexual offenders may hide their offenses under the guise of childcare activities. The common characteristics and dynamics listed in this training packet apply to female offenders as well. For purposes of this training packet, offenders will be referred to as "he".

## **Impact on Victims**

In discussing sexual offending behavior, we need to understand the impact of sexual abuse on its victims. Many sexual offenders in the youth corrections system are victims of some kind of sexual or physical abuse. These victim issues as well as the offending behaviors need to be addressed.

Additionally, in order to help offenders empathize with their victims, we need to know how the victim feels about the abuse. Often offenders minimize or deny any impact of abuse on their victims. Often, sexual abuse is perpetrated through passive threats so that physical violence may not be involved. Offenders tell themselves that no one got hurt or that the victim really wanted the sex. Professionals should not reinforce the minimization of the offense by thinking "He was just curious and doesn't have friends of his own." or "It was only fondling." Sexual offenses take a heavy toll on their victims. Many victims of sexual abuse know their abuser. Often in the case of an adolescent sexual offender, the child victim is likely to be a relative or in a care-taking situation. The following example shows such a case:

## **CASE STUDY: Kevin**

*Fourteen-year-old Kevin frequently baby-sat for his 6-year-old cousin and took him on special outings. One summer, it was his job to watch his cousin every morning while his aunt slept in from her night job. It was during this summer that Kevin began to introduce the boy to sexual activities including touching the boy's penis and coercing him into oral sex. Kevin never hit or threatened to hit his cousin. But he did imply that the boy should not tell because his aunt might never let them hang out together again.*

To be a victim is to feel helpless. Each victim will react based on his experience prior to the abuse and how the people around him react after the abuse. The relationship and level of trust between the victim and the abuser is important. The higher the level of trust and bonding between the child and offender, the deeper the betrayal. This is not limited to how closely related a victim is to his or her offender. A trusted neighbor who abuses a child may be a higher level of betrayal than a distant birth father who has a long history of abuse and abandonment in a child's life.

Issues for the sexually abused victim may include betrayal, vulnerability to abuse, traumatic sexualization, helplessness, violation, and secrecy. In studying sexual offenders, it is especially important to pay particular attention to the issue of "victimization of others." There does appear to be a cycle where children who have been sexually abused are at a higher risk to becoming abusers themselves.

### ***Are all sexual offenders themselves victims of abuse?***

We used to assume all sexual offenders were molested as children and that they were repeating the pattern in their own lives. Experience reveals a more frequent history of sexual abuse in offenders, but not all offenders have been molested. This is true for adolescent sexual offenders, as well. When sexual abuse happens in the presence of other problems, the cycle is more likely to continue. These problems include: early disruptions in attachment, high incident of physical abuse, dysfunctional family patterns, high percentage of mothers with chemical addiction, and a highly sexualized environment.

The frequent history of sexual victimization among adolescent sexual offenders should make us realize we often deal with a youth who is both an offender and a victim. The younger the offender is, the more likely that he is also a victim of sexual abuse. The high incidence of childhood victimization (including physical and sexual abuse and neglect) suggests a reactive or learned behavior pattern. Conversations with several Alaskan foster parents reveal they believe almost all of the adolescents offenders in their care are also victims of either sexual or physical abuse.

Still, not all victims become abusers. What makes the difference? No one knows for sure. One study showed that boys molested for shorter periods of time and who were supported by a fairly stable family showed fewer delinquent behaviors than the others in the study. Boys who were more severely molested or did not have the support of family members upon disclosure fared far worse and often showed inappropriate sexual behavior later in their lives.

### ***Characteristics of the Adolescent Sexual Offender***

Each youth is unique and will have a different story to tell. Yet those who work with adolescent offenders see familiar, recurring patterns. **Graph #1** profiles of common characteristics in adolescent sexual offenders.



- Inability to trust
- Low self esteem
- Aberrant sexual fantasies
- Out of touch with feelings and emotions
- Inability to communicate feelings
- Social isolation, superficiality of relationships
- Lack of empathy, anti-social thoughts
- Impulse control problems, excessive need to be in control
- Poor knowledge about sex, difficulties with age appropriate sexual skills
- Denial or minimization of offense
- Dysfunctional family
- Thinking errors or cognitive distortions

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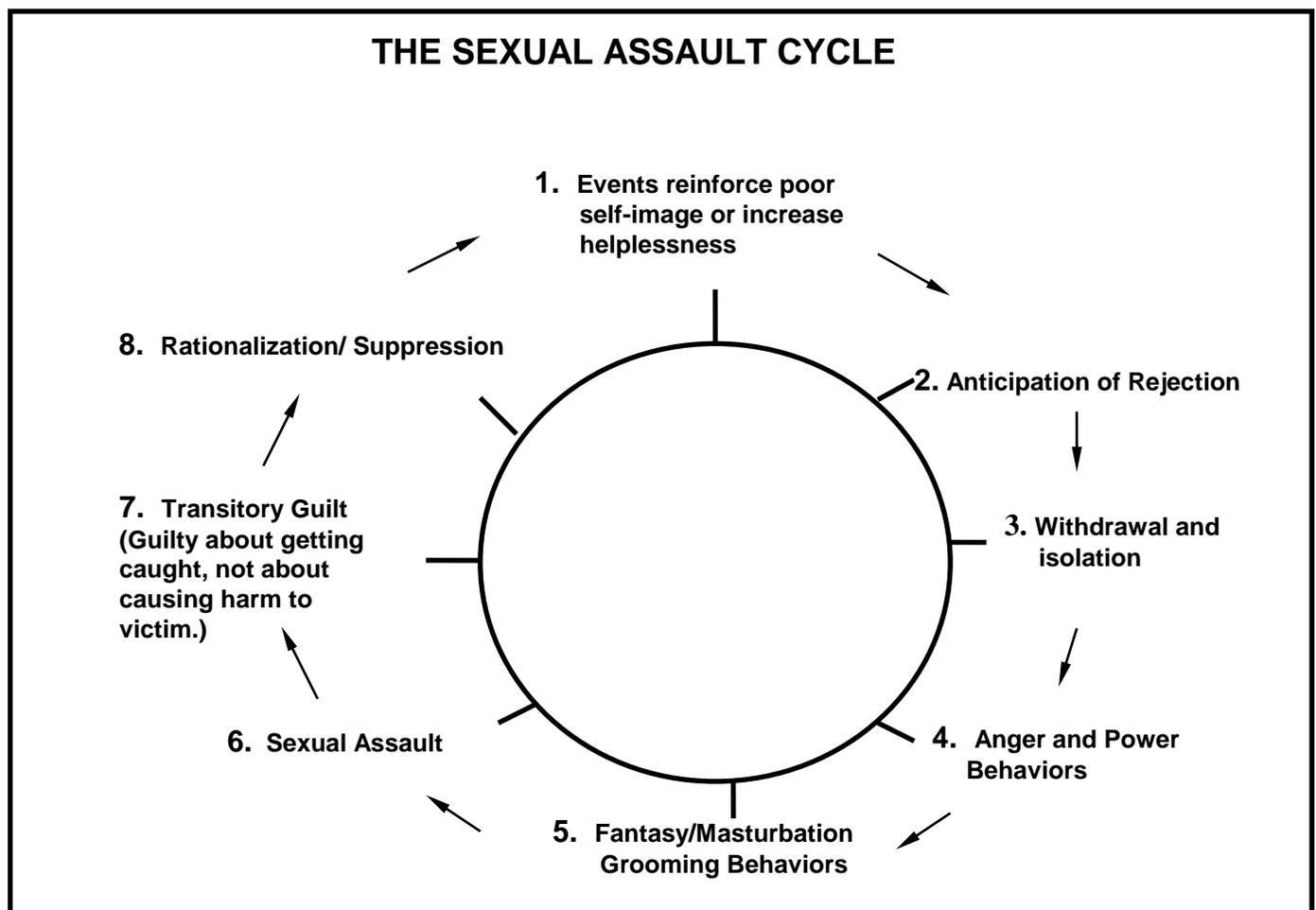
## ***REVIEW OF MAIN POINTS***

- 1. Adolescent offenders commit the same sexual offenses as adult offenders. If there isn't intervention or if the behavior is not stopped, these offenses tend to escalate in frequency and severity.***
  - 2. Many adolescent sex offenders are victims of physical and sexual abuse.***
  - 3. While each adolescent is an individual and no two are the same, there tends to be several characteristics common to adolescent sexual offenders.***
  - 4. Early intervention is important because of the need to protect victims and to intervene in the cycle before the pattern is reinforced and becomes more difficult to break.***
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## PART TWO: Understanding The Sexual Assault Cycle

### Understanding The Sexual Assault Cycle

If you are providing care to an adolescent sexual offender, you need to understand the progressive nature of sexual assault. A helpful model of understanding is **The Sexual Assault Cycle** as outlined in **Graph #2** below. This is not a blueprint of a sexual assault, but describes a repetitive pattern often seen in many adolescent offenders. **The Sexual Assault Cycle** also gives us a framework to address the “thinking errors” that make up the belief system of many young offenders. An adolescent with inappropriate sexual behavior does not wake up one day and decide to be an abuser. A youth begins a cycle of thinking and action that is reinforced. This cycle has a beginning phase, a middle phase, and the abusing stage.



*Adapted from Gail Ryan, Sandy Lane, John Davis, and Connie Isaac,  
“Juvenile Sex Offenders: Development and Correction,” Child Abuse and Neglect,  
Vol. 11, 1987.*

## *The Phases of the Sexual Assault Cycle*

There are three major segments in this cycle -- the Precipitating Phase, the Compensatory Phase, and the Integration Phase. The eight steps in the cycle are numbered throughout the explanation below and refer to **The Sexual Assault Cycle Graph # 2** on the previous page.

### *Precipitating Phase*

A youth brings all his experience from his family, school, relationships and peers to how he reacts to events in his life. A youth who has been victimized, abused, battered, put down, unattached, or isolated from his peers, often enters adolescence with a poor sense of self. Poor self-image is never an excuse for offending behavior. But it is important to realize that this is an aggravating factor at the beginning of the cycle. The cycle begins with some **❶ events or situations** that reinforce this sense of poor self-image. The feelings that trigger or reinforce poor self-image include being rejected, ignored, victimized, abandoned, controlled, jealous, or powerless. The events themselves may not be unusual in the normal life of an adolescent. The youth's response to the events, however, seems greatly out-of-proportion.

If the youth does not develop some coping skills and these events continually repeat themselves, the youth begins to **❷ expect rejection**. It sometimes appears that he sets himself up for rejection. He may pick fights, provoke outbursts in others, or request impossible things. He may have unrealistic expectations about what may happen or what he should receive. The youth is rejected and the youth's view of the world is confirmed. He seeks to protect himself through **❸ withdrawing** from others or situations.

### *Compensatory Phase*

Withdrawal is a critical step in this cycle. Withdrawal can mean isolation or operating in secrecy. It may also mean **❹ angry or powerful behaviors** that distance the youth from others and helps him feel "one-up" over another. Another way to feel in control is by **❺ fantasizing about revenge, power, and control**. In fantasies or fixating on the control of others, the youth feels more in control and seems to overcome his feelings of poor self-esteem and rejection. The more out-of-control a youth feels, the more in control he can feel by fantasizing. In **The Sexual Assault Cycle**, this fantasizing takes on sexual overtones. Masturbation may accompany these fantasies of revenge, control and being powerful. These fantasies may form the planning part of the cycle that may lead to actual assault. Planning can take the form of grooming, stalking, or fantasizing of what to do to a particular person. Grooming behaviors include choosing a potential victim, cultivating a relationship, and building trust. Grooming means the gradual breaking down of a victim's potential resistance. The victim, not surprisingly, is often someone weaker, smaller, younger or more defenseless than the offender. The physical gratification of masturbation and the feeling of regaining control reinforces the cycle. The more an adolescent or adult goes through this phase, the more reinforcing the behavior becomes.

The next part of the cycle includes the incident that may or may not bring the youth to the attention of the authorities. For sexual offenders, this takes the form of **❻ sexual assault**, molestation or exploitation of others. Very often an offender is not caught the first time. If there is not a consequence, the action is reinforced and more likely to happen again.

### *The Integration Phase*

This phase involves how the offender perceives his actions and how he justifies what he does. After sexual assault, the offender may feel regret or **❼ guilt** if caught but there is usually little empathy for the victims. There may be little or no guilt about hurting another person. In justifying his actions, the offender turns to **❸ rationalization**. Offenders think of their own needs and wants. They minimize their offense and the harm to their victim. Offenders may rationalize that the victim wanted it or begged him for sexual activity, even when

there is violence involved. He may suppress or deny the harm he has done. When he is confronted or caught, the youth may also swear that he will never do it again. He may actually believe this or he may be saying what he thinks the person in authority wants to hear. Unless there is intervention into this cycle, the offender remains tied to a thinking system that is faulty and leaves him vulnerable to continuing the pattern.

### ***Thinking Errors and the Effect on Adolescent Sexual Offenders***

**The Sexual Assault Cycle** is supported by underlying “thinking errors.” Thinking errors mean that a youth has a belief system that causes negative effects in his life and causes harm to others. This belief system prevents him from changing because it allows him to not take responsibility for his actions. Thinking errors allow an offender to justify unjustifiable actions. It also prevents an offender from changing. If nothing is their fault, then they neither have to change nor feel guilty for harm they have done!

Thinking errors were first identified by Dr. S.E. Samenow and Dr. Samuel Yochelson in years of research studying adult chronic offenders. They found that chronic offenders think differently than normal people. This thinking made sense and was logical to the criminal, but was different than how most people think. These thinking errors are also called “concrete thinking” or “one-sided thinking.” Concrete thinkers react out of self-interest, focus on meeting their needs and desires, and act often without considering how their actions will affect others. All of us think one-sidedly at times. But most mature teens and adults are also capable of abstract thinking most of the time. Abstract ideas include delaying gratification for something better in the future, considering the feelings and rights of others, and thinking about the consequences of an action. This abstract thinking is difficult for people who think only about their own needs and wants.

These thinking errors as identified by Samenow and Yochelson apply to adolescent offenders as well. **Graph #3** includes **Samples of Thinking Errors** identified and used in the McLaughlin Youth Center Naatak Sexual Offender Treatment program.

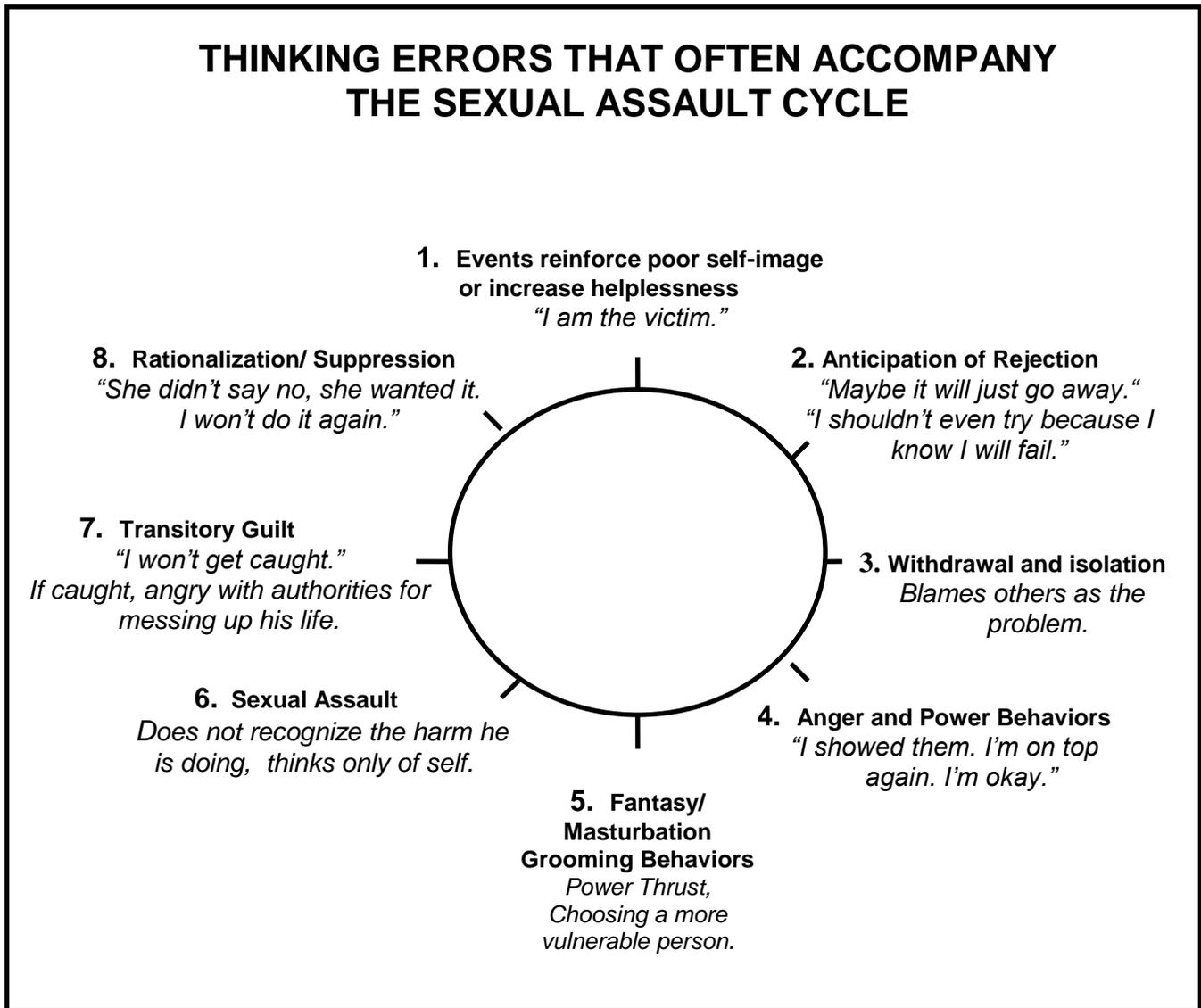
<b><u>THINKING ERROR</u></b>	<b><u>EXPLANATION</u></b>
<b>Victim Stance</b>	<i>Blames others when he gets in trouble. Doesn't respect the rights of others but expects everyone to respect his.</i>
<b>“I Can’t” Attitude</b>	<i>Really means “I won’t.” Avoids risk or responsibility.</i>
<b>Lack of Concept of Injury to Others</b>	<i>Doesn't see himself as hurting others. Little concept of how his actions have hurt others' feelings or harmed others physically.</i>
<b>Failure of Empathy</b>	<i>Demands every break and consideration of self but does not consider others. Sees others as being there just to meet his needs. No obligation to others.</i>
<b>Unrealistic Expectations</b>	<i>Very high opinion of self. Expects things to be easy. Cannot delay gratification or work hard for something. He thinks he is the best but will not do his best.</i>
<b>Failure to Plan Ahead</b>	<i>Cannot consider consequences. Wants things now. Doesn't do well at long-range plans.</i>
<b>Power Thrust</b>	<i>Uses power and control over others weaker than himself to feel power. Can't stand others getting more or “having their way.”</i>

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*Adapted from **Thinking Errors** Naatak Cottage Offender Treatment program participant handbook, January 1994, McLaughlin Youth Center, Anchorage, Alaska.*

## How Do Thinking Errors Fit Into The Sexual Assault Cycle

**Graph #4** is a reprint of **The Sexual Assault Cycle**. Thinking errors are indicated at various stages of the Cycle. These thinking errors may be different for different offenders. A critical part of treatment is to confront these thinking errors and help youth take responsibility for their actions. Responsibility for one's actions needs to be learned if the offending cycle is going to stop. Helping a youth identify his own offending cycle and the accompanying thinking errors is an important part of treatment.



**Adapted from *The Sexual Assault Cycle***  
From Ryan, et al.

### ***What does this mean for the out-of-home care provider?***

Out-of-home care providers can structure a living environment for adolescents that demands responsible behavior from all of its members. In learning about thinking errors, out-of-home care providers can identify these faulty thinking patterns and avoid reinforcing these faulty beliefs. Foster parents can reinforce positive ways for a youth to deal with frustration, rejection, disappointment and feelings so that he can deal with these things effectively and in real life, not in fantasy. Residential providers can have a milieu that reinforces the need for responsibility and communication of feelings.

In knowing about **The Sexual Assault Cycle**, providers can recognize that offenders tend to have a pattern of isolation, grooming and assault. They tend to think in ways that allow abuse to happen. In knowing this, providers can be alert to grooming behaviors in their household or residential centers and confront offenders on inappropriate behaviors. For offenders, changing this mindset is vital. Building self-esteem and empowerment alone is not enough to halt **The Sexual Assault Cycle**.

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## ***REVIEW OF MAIN POINTS***

- 1. There is a pattern of abuse with a beginning, middle and abusing stage that seems common with adolescent offenders. Helping adolescents become aware of their own patterns can help interrupt the cycle.***
  - 2. The Sexual Assault Cycle reinforces itself because during the fantasy stage the youth tends to feel more in control and the use of masturbation reinforces the use of fantasy in the cycle.***
  - 3. The Sexual Assault Cycle is supported and perpetuated through a belief system that allows offenders to justify unjustifiable actions. These are called “thinking errors” or cognitive distortions.***
  - 4. Thinking errors include ways of thinking that encourage offenders not to take responsibility for actions, to blame others for events, to not think about the consequences of their actions and to ignore how actions may affect or hurt other people.***
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## ***PART THREE: Issues of Treatment***

### ***Treatment Issues***

Thinking errors, past victimization, the addictive nature of sexual assault, poor peer relationships--all these critical parts of **The Sexual Assault Cycle** may be treatment issues. Treatment methods for the adolescent sexual offender will vary depending on what is available in the community, where an adolescent is sent for treatment, and the particular needs of the adolescent. Group treatment seems particularly effective with adolescent sexual offenders. Other treatment methods may include education, individual insight therapy, family therapy, A.A. type support meetings, and the use of journals for regular monitoring of self.

Following are several treatment issues common to adolescent sexual offenders. These are not the only issues an adolescent may have (for example substance abuse is not listed here) but these are ones frequently seen in adolescent offenders. With each of the treatment issues listed here, we also list the goal of treatment. ***Again, this course is meant to give foster parents a base of information regarding sexual offenders. It is not intended to prepare or qualify someone to provide treatment.***

#### **TREATMENT ISSUE: Denial and Minimization of Abusing Behaviors**

**TREATMENT GOAL:** *Offender will acknowledge he did the crime and accept responsibility for his action.*

Denial may be very strong in the offender. Lying and minimizing the offense seems to come easily to the offender. In addressing the denial of the offense, there is often a need for a high level of confrontation with the offender. The adolescent sexual offender needs to reach a level of discomfort that will motivate disclosure and make him want to change. This confrontive style of working with offenders may be harsher than what other therapists use or what foster parents are familiar with. This style, however, may be necessary in order to break through the pattern of distorted thinking and rationalization. Group treatment can be particularly effective in confronting denial.

#### **TREATMENT ISSUE: Deviant Sexual Arousal vs. Appropriate Sexuality**

**TREATMENT GOAL:** *Offender will gain an understanding and knowledge of appropriate sexuality and open the door to acceptable sexual activities.*

Adolescent offenders often have a very limited knowledge of healthy and normal sexuality. Sexual education classes and individual treatment providing education around sexuality and relationship issues can be very helpful. If offenders have developed a unhealthy fetish or a criminal fixation on younger children as sexual objects, some sort of aversive conditioning may also be called for. Daily journals might be used to track fantasies and serve as a discussion point of appropriate sexuality. Questions and concerns around homosexuality may also be important issues for male offenders and victims of past abuse.

#### **TREATMENT ISSUE: Objectification of Victim vs. Victim Empathy**

**TREATMENT GOAL:** *Offender will identify the effects of his actions on his victims, how the victims felt and what effect it had on them. An offender will personalize his victim.*

Part of the cycle of sexual assault that allows offenders to hurt other people is the lack of empathy for the victim. Realizing that your victim is a person, not an object and that you have caused harm through your actions is an important part of treatment. This can be accomplished by demanding the offender use the first name of the victim when describing the assault. In some group sessions, women volunteer

role play victims with offenders or volunteers who have been victims can confront offenders with the effects of their victimization. Offenders may be asked to write a letter of apology to their victims accepting responsibility for the harm they have caused.

**TREATMENT ISSUE: Victimization Issues**

**TREATMENT GOAL:** *Offender will share his own history of victimization and become aware he is not alone. He will deal with his hurt and anger about victimization and learn to separate his feelings from his own victimizing of others.*

Many adolescent offenders have been sexually abused themselves. These offenders may feel alone and isolated. Group treatment can cut down on the isolation a youth feels. It is very important, though, to separate out a youth's own victim issues from being an offender. Many victims of abuse do not offend other children, so being abused can never be accepted as an excuse for abusing others. Victimization may contribute to issues of powerlessness or poor self-concept that make a teen more vulnerable to continuing the cycle. Ultimately, however, the offender needs to separate his own victimization issues from his actions of victimizing others. One cannot be made an excuse for another.

**TREATMENT ISSUE: Thinking Errors**

**TREATMENT GOAL:** *Offender will learn to take responsibility for his actions and recognize thinking errors and be able to apply the appropriate corrective.*

Once the offender begins to take responsibility for his actions, it is important to work on self-awareness issues and patterns of distorted thinking. Both issues must be addressed. If offenders raise their self-esteem and empowerment but do not change their distorted pattern of thinking, they could be more dangerous than before. If they do not raise their self-esteem, they will not be motivated to change. The key is to help adolescents become aware of distorted thinking patterns and to strengthen coping skills in dealing with potential situations of rejection. This can be done in individual treatment. It can also be done in a group setting. Following is an example of how thinking errors are addressed in a group treatment setting:

**EXAMPLE: Thinking Errors Treatment Group at McLaughlin Youth Center**

*In the Naatak Cottage Sexual Offender Treatment program at McLaughlin Youth Center, a treatment group explores thinking errors with the adolescents in the program. Every week, a different thinking error is defined and explored. Participants in the group are expected to personalize the thinking error to their own experience by completing a written assignment on at least one error each week. Adolescents in the program use a workbook that describes the thinking error and offers a corrective or way to change thinking. Adolescents must complete the entire workbook before moving into the next treatment level.*

**TREATMENT ISSUE: Issues of Relapse Prevention**

**TREATMENT GOAL:** *The offender will learn awareness of his own sexual assault cycle, how to stop the process and how to use newly learned behavior as a substitute.*

**The Sexual Assault Cycle** is more than a way to understand an offender's behavior. This Cycle (or a similar model) is often used with offenders to help them understand their own cycles. In recognizing moments of feeling rejection and isolation, offenders can learn more appropriate ways of assertiveness or social skills that will help them be more successful in their relationships. In recognizing triggers, offenders can construct safety plans for use when feeling stressed. In understanding their own thinking errors, they can learn to keep themselves from falling prey to faulty thinking. This can be done through group or individual treatment with offenders repeating the story of their offense and identifying the stages they went through. The Safer Society Company has also published a set of workbooks called

Pathways and Relapse Prevention that help adolescents work through and understand their own cycles. Relapse prevention is a critical part of any adolescents treatment.

**TREATMENT ISSUE: Social and Interpersonal Skills**

**TREATMENT GOAL:** *The offender will develop alternative behaviors to conflict and learn to feel confident in interpersonal relations. The offender will learn social skills that increase his chance for successful relationships and social interaction.*

If offenders are to be successful in society, they need to learn appropriate ways to get their needs met for companionship, friendship and relationships. They need to learn skills that will minimize the chance of being rejected by others, thus pushing them into isolation. Role play, group treatment, social skills programs and communication classes can all be helpful. Living in a structured social environment can also teach a youth about getting along, solving conflicts and dealing with feelings. One therapeutic group home encourages residents to write about significant social interactions and feelings in a journal each day. During group time, participants discuss what happened, how they felt and how they reacted. The group discusses if the action was appropriate and offers alternatives if the actions were not.

***A Look at the Special Issues of Fetal Alcohol Spectrum Disorder***

As a foster parent or residential provider, you should be aware of the connection between sexual offending and Fetal Alcohol Spectrum Disorder or FASD. FASD describes a condition where a child was exposed to alcohol prenatally and is subsequently effected either neurologically, developmentally or physically. FASD effect each individually differently depending on the amount or organic brain damage and the time of brain and motor development during the development of the fetus.

Characteristic behavior in these youths and children include impassivity, poor attention span, hypersensitivity, and inability to read social clues. There is also a higher incident of inappropriate sexual behavior among effected youth and children, especially if there is a history of victimization. One 20-year study of individuals with FASD showed 40 to 51% exhibited some sort of inappropriate sexual behavior. This does not mean that all adolescent sexual offenders are prenatally alcohol effected. Neither does this mean that all alcohol effected youth will become sexual offenders. But it may mean we provide services or treat these young people differently, taking in account the nature of their disability. The treatment issues are the same, but the delivery of services may be different. Many adolescents and young adults with a Fetal Alcohol Spectrum Disorder has not been diagnosed. If an adolescent has FASD, an accurate diagnosis can help tailor services to the child’s abilities, thus more effective intervening.

**REVIEW OF MAIN POINTS**

- 1. Denial in adolescent sexual offenders may be very strong. Getting offenders to take responsibility for their actions is a critical part of treatment.***
- 2. Several issues need to be addressed in treatment including thinking errors, personalization of victims, social skills, victims issues and relapse prevention.***
- 3. Adolescents with a Fetal Alcohol Spectrum Disorder sometimes show inappropriate sexual behavior including molesting younger children. Proper identification of these offenders is important in order to ensure effective treatment techniques.***

***PART FOUR: Adolescent Sexual Offenders In Out-Of-Home Care***

## *Profile of a Foster Home: The Andersons*

Lisa and Robert Anderson (not their real names to protect the privacy of their foster children) have been foster parents for over nine years. They focus on caring for adolescent sexual offenders. Their home houses youths from all over Alaska including youths who one day will return to their villages. Young adolescent boys ranging from 14 to 17 years of age usually stay about a year.

If there is an overriding rule in the house, it is that no secrets are allowed. Lisa and Robert share information with the probation officer and demand that kids don't keep secrets from them. Their reason is two fold, Lisa says. "That is how sexual offenders can keep offending. They keep secrets and start grooming others as victims if they can operate in secrecy." "The other reason," Robert adds, "is that kids can protect themselves by not getting trapped in a vulnerable position if someone is "coming on" to them."

The Andersons have found that there is not a stereotype of a sexual offender. Many are very charming and polite. "You don't have to teach these kids manners," Lisa said. "Some have severe learning disabilities or a low IQ." If anything is a common denominator, it is a history of sexual victimization. "I would say at least 80% have been sexually abused themselves," Robert estimates. Lisa adds, "And I would say that for every assault that we know about, there are 10 more assaults that didn't come to light. We find out about some of them after the kids have been here for a while."

The Andersons have some very important rules that allow all children in the home to live safely. Rules are set up to protect the safety of all the family members. Rules also guard against putting adolescents in a compromising position that may allow them to offend again. A sampling of these rules include:

- *No violence is tolerated.*
- *No inappropriate sexual conversations.*
- *No wrestling or sexual tag.*
- *No drugs or alcohol.*
- *Family members need to be dressed when walking around the house.*
- *One person in bathroom at a time.*
- *Sleep in shorts or pajamas.*
- *Get dressed in the bathroom.*
- *No pornographic materials.*

The Andersons point out that some of these rules might be more restrictive than a "normal" family. But they are necessary in order to keep the environment safe for everyone. The Andersons both want to protect potential victims and also want to avoid putting kids in a compromising position. Part of that protection is a very high level of supervision. The adolescents are not left alone in the house. They are supervised closely on outings, such as swimming at the local pool where potential problems may arise. "You have to know what is going on," Lisa says. "If you pay attention to what kids are saying and how they are acting, you can detect potential grooming or abusing patterns and intervene early." The boys must tell Robert or Lisa where they are at all times. If they are not where they are supposed to be (such as skipping school, not coming home) there is always a consequence. Also, during one-on-one conversations or heated discussions, doors are left open for the protection of both parties.

When asked what kind of advice they would offer foster parents working with offenders, both the Andersons agreed. "Get as much background information as possible. It helps you determine if a kid is going to fit with the kids you already have in your home." Lisa also advocates that foster parents keep a good relationship with the probation officers or with D.F.Y.S.. Communicate with them immediately about problems or threats from kids, she says. Be honest and open. It is harder to be manipulated or tricked when the adults involved with the kids are all talking with each other on a regular basis.

Robert also advises that foster parents who do this work need to be comfortable in talking about sexuality. That includes discussing homosexuality, sexual organs, erections, and sexual attraction among other concerns. If you are uncomfortable or if you are trying to fake it, the kids will know. He admits that he had to work at it and that he is a lot more comfortable now than when he first started. He says it is important to address these issues with the kids, that foster parents must be willing to learn, if they are to be successful. The Andersons spend a lot of time talking with their kids about all their behavior. They talk not just about sexual behavior but about their feelings, actions and how they feel about things.

“Know where your own boundaries are, too.” Lisa adds. “Don’t be afraid to say something, even to a kid. You can’t be afraid to confront a kid when he seems to be hugging you but is really brushing up against you in a sexual way. You have to know what you’re comfortable with and let the kids know that too.”

Because the Andersons have been running their group home for several years, several “graduates” have come back for a visit. Lisa says this is a powerful model for the kids in the program. “They see that other people like them can get straight and have a healthy family and stop offending. That gives them hope that they can do it, too.”



## *Profile of a Foster Home: The Reeds*

Bud and Debbie Reed (not their real names) have been foster parents for over fifteen years and specialize in delinquent kids. Despite these years of experience, Debbie says, “I think it is important to always keep learning. There is always room to learn more. The dynamics of sex offenders, I think, is a lot more complicated than we think.”

Debbie and Bud have both sexual offenders and non-sexual offenders in their home. They choose this arrangement because they want a mixed community. When they take in a youth who has a history of sexual offending, they find out as much as they can. They are especially interested in the profile of the offender’s victims. Once, they discovered that the typical victim of a youth offender in their home fit the description of another child in the home. Because the Reeds knew this, they kept a high level of supervision in the household and never left the two boys together unsupervised. Debbie says it worked out okay, but they would not do that again. They advise other foster parents not to mix up offenders with other kids who fit the profile of their victims.

Once an adolescent offender comes to live in their home, Bud and Debbie let the adolescent have the opportunity to tell the others in the home why he is there. He can choose when and how he tells them, but he must tell them within two weeks. This assures that there are no secrets in the community, but gives some control and choice to the adolescent.

The Reeds have similar rules to the Andersons. Family members must remain clothed (no walking around in underwear or naked) and there is close supervision and monitoring of everything that is happening. Adolescents are not left unsupervised and sexual conversations must be appropriate. Because they live in a large, comfortable house, they are able to make sure that if a youth has a sex offending history, he has his own room for his own safety and the safety of others.

One of the more interesting features of the Reed home is the use of a weekly “roundtable” discussion. Much like family meetings, the whole community gathers and discusses a variety of issues. All teens get an opportunity to chair a meeting. Discussion topics can be brought up or are chosen from a jar into which all family members can put questions, concerns and topics. Debbie says this has brought to light many interesting and valuable discussions. The Reeds also use journals in the home to explore feelings actions and understanding the offending cycle.

Debbie stresses that the most important thing foster parents can do is know themselves. “Know who you are, and what you are comfortable with. You have to be comfortable with sex offenders. If you’re squeamish about the behavior, you might want to think about taking in different kids. You have to be able to deal with it square.”

She also says it is just as important to listen to what is going on. “Be aware of what is happening in your home.” Knowing the adolescent’s cycle of offending helps you point out things to the child and be aware of patterns of abuse that might be set up. Work closely with the therapist, she advises. Encourage adolescents to keep working on their issues, but remember your role as a foster parent.

“We are not therapists,” Debbie admits, “but we put a humane face on family life.”



## *Suggestions For Out-Of-Home Care Environments*

We asked the Andersons, the Reeds and other treatment providers about suggestions for providing an effective out-of-home care environment for the adolescent sexual offenders. The following are suggestions that came up repeatedly:

1. Youths who have a history of sexual offending need a high level of supervision. Out-of-home care providers need to take responsibility for public safety as well. That means situations such as schools, family gatherings, neighbor children and public places such as pools demand high supervision.
2. House rules that keep family members safe and establish expected conduct should be clear and simple. Take special care around issues of dressing, bathrooms and showers, bedrooms, privacy and touch.
3. Keep communication open and ongoing between treatment team members. The foster parent with other members of the team involved with the adolescent must be sharing information and working together. This must be communicated to the youth as well. He needs to know that you share information regularly with the probation officer, therapist or social workers.
4. Learn to be comfortable discussing sexuality and sexual offenses. Some youths may have aberrant sexual patterns such as fixating on young children or women's underwear. Some may have fears or questions about homosexuality. Take appropriate precautions and develop a vocabulary to talk to youth about sexuality.
5. Know the cycle of sexual offending. Be aware of "grooming behaviors" and confront them when they are happening in your home. Know the youth's relapse prevention program and act on what you are seeing. If you feel something is not right--act on it. Youths need both supervision and support to keep from re-offending.
6. If you take an adolescent into your home, know as much of his history as possible. Be sensitive to how the "new" teen may fit in with the ones already living in your home. Don't match older kids with much younger ones.
7. Take special care with children and animals in the household. Sexual offenders and small children do not mix. Offenders may also target animals for abuse or mistreatment. If you have animals, make sure they are protected.
8. Be aware that offenders can be charming and look good on the outside. Don't give away too much trust too soon. Beware of manipulation and con games that lull you into letting your guard down. Keep control of your household. Trust your instincts. *Know what is going on in your house!*

## ***PART FIVE: State of Alaska Youth Correctional Facilities***

Following is a list of the State of Alaska Youth Correctional Facilities available throughout the state through the Division of Juvenile Justice. Often these programs have knowledgeable persons working with youth or professionals who can direct you to resources for treatment and information in your area regarding adolescent sexual offenders. To find out about other private treatment resources, contact your local Office of Children's Services office.

### **Bethel Youth Facility P.O. Box 1988, Bethel, Alaska 99559 (907) 543-5200**

The Bethel Youth Facility consists of a Detention Unit with a design capacity of eight residents and a Treatment Unit with capacity of 11 residents. The vast majority of youth admitted to the Bethel Youth Facility are Alaska Native. These young people come to the facility from a wide geographical area representing Barrow, Nome, Kotzebue, Fairbanks, Bethel, and the 56 villages of the Yukon-Kuskokwim Delta.

### **Fairbanks Youth Facility 1502 Wilbur Street, Fairbanks, Alaska 99701 (907) 452-1581**

The Fairbanks Youth Facility serves the Northern OCS region. The Fairbanks Youth Facility is the second largest of Alaska's juvenile correctional facilities, with a design capacity for 20 residents in detention and 20 in treatment.

### **Kenai Peninsula Youth Facility, 405 Marathon Road. Kenai, AK 99611 (907) 335-2011**

Dedicated September 26, 2003, the ten-bed Kenai Peninsula Youth Facility is newest secure DJJ facility. Serving youth in their community provides greater offender accountability, and contact with families, the court, local law enforcement officials, and schools. Remaining near or in their own community provides many advantages as juveniles transition back into the community

### **Johnson Youth Center, 3252 Hospital Drive, Juneau, Alaska 99801 (907) 586-9433**

Juneau's 28-bed youth facility provides both short-term detention and long-term treatment. The Detention Unit at JYC, where youth are remanded for short-term stays while they await determination of the outcome related to their offense, frequently houses nine to sixteen residents, even though it was designed for eight. The opening of the new detention center in Ketchikan, and increased, community-based alternatives to detention developed in conjunction with Juneau Probation Services have helped decrease this overcrowding.

### **Ketchikan Regional Youth Facility, 3058 Fifth Avenue, Ketchikan 99901 (907) 225-8900**

Opened in March 2002, the Ketchikan Regional Youth Facility is a unique, dual-function facility serving the needs of youth who need to be detained for delinquent behavior and those who have mental health issues requiring short-term evaluation, stabilization, and crisis respite services. The Detention Unit provides secure confinement for up to six youth who have been arrested for criminal charges or violations or who are in need of custody due to severe intoxication. The four-bed mental health unit provides a short-term (1-15 days), safe environment for youth with serious emotional difficulties.

**Mat-Su Youth Facility, 581 Outer Springer Loop Rd., Palmer, Alaska 99645 (907) 746-1630**

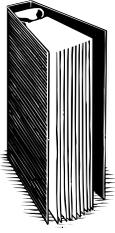
The Mat-Su Youth Facility was designed and operates within a Restorative Justice framework. The local juvenile probation office is co-located with the 15-bed secure detention unit at the facility; combining detention and probation services in one facility has enabled effective victim service coordination and adequate supervision of youth being released back into the community. Programs are continuing to develop that touch on all aspects of restorative justice: public safety, restoration of victims and communities, and competency development.

**McLaughlin Youth Center 2600 Providence Drive, Anchorage, Alaska 99508 (907) 261-4399**

Among the programs offered at MYC are secure detention, alternatives to detention, long-term treatment programs, and aftercare services such as the Intensive Community Supervision Program. The Center offers specialized programs for sex offenders, girls, older teens, those who have participated in gangs, and youth posing significant risk to themselves and others. The administration at McLaughlin Youth Center also provides oversight and support services for the new Mat-Su Youth Facility in Palmer.

**Nome Youth Facility (1045 East 4th St.) P.O. Box 1750, Nome, Alaska 99762 (907) 443-5434**

The fourteen-bed Nome Youth Facility serves the northwest region of Alaska, including the twenty-six villages surrounding Nome and Kotzebue. The staff here continued to be adaptive and inventive in their work. Although the facility was not designed for long-term detention placements, the unique needs of this remote region and the effectiveness of detaining offenders close to home have led to the development of a facility that can provide long-term detention holds when necessary.



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**TEST**