TREATMENT OF ADOLESCENTS WHO HAVE SEXUALLY ABUSED

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INCIDENCE OF SEXUAL OFFENSES AMONG ADOLESCENTS Canada: (Total sexual offenses 2001 – 2006 : 7931)

<table>
<thead>
<tr>
<th>Year</th>
<th>Sexual Assault</th>
<th>Other Sexual Offenses</th>
<th>Total Sexual Offenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001 - 2002</td>
<td>1008</td>
<td>516</td>
<td>1524</td>
</tr>
<tr>
<td>2002 - 2003</td>
<td>1022</td>
<td>477</td>
<td>1499</td>
</tr>
<tr>
<td>2003 - 2004</td>
<td>999</td>
<td>452</td>
<td>1451</td>
</tr>
<tr>
<td>2004 - 2005</td>
<td>863</td>
<td>442</td>
<td>1305</td>
</tr>
<tr>
<td>2005 - 2006</td>
<td>786</td>
<td>466</td>
<td>1252</td>
</tr>
</tbody>
</table>

(Statistics Canada)

INCIDENCE OF YOUTH SEXUAL OFFENSES (ALBERTA 2005 – 2006)

<table>
<thead>
<tr>
<th>Type</th>
<th>Guilty</th>
<th>Acquitted</th>
<th>Stay</th>
<th>Other</th>
<th>Total of all decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assault</td>
<td>45</td>
<td>8</td>
<td>15</td>
<td>4</td>
<td>72</td>
</tr>
<tr>
<td>Other Sexual Offenses</td>
<td>35</td>
<td>5</td>
<td>11</td>
<td>2</td>
<td>53</td>
</tr>
<tr>
<td>Total of all decisions</td>
<td>80</td>
<td>13</td>
<td>26</td>
<td>6</td>
<td>125</td>
</tr>
<tr>
<td>Total Percentage (approx)</td>
<td>64%</td>
<td>10%</td>
<td>20%</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

(Statistics Canada)
GENERAL STATISTICS OF ADOLESCENT SEXUAL OFFENCES

- Incest Offences: Majority of cases
- Rape: Range from 7% to 35%
- Female victims of sexual abuse: 70% (average age: 8 yrs)
- Male victims of sexual abuse: 13 to 40% (average age: 5 yrs or younger)

(Statistics Canada)

GENERAL DESCRIPTORS OF ADOLESCENTS WHO HAVE SEXUALLY ABUSED

- Adolescents account for a large number of sex offenses. Estimates: 30%-50% of child molestations, and 15%-20% of rapes
- Adolescents who have sexually offended are a heterogeneous group regarding sexual deviation/pre-occupation, delinquency, anti-social behaviour, mental health needs, and family functioning
- Relatively early sexualization is related to more fixated unhealthy sexual attraction in later years


GENERAL DESCRIPTORS OF ADOLESCENTS WHO HAVE SEXUALLY ABUSED (Continued)

- Most adolescents who have sexually offended do not go on to commit sexual offenses as adults, but may be more inclined to commit non-sexual offences
- Generally, adolescent sexual offending is more about delinquency and capacity to be abusive than sexual deviance
- Studies show lower recidivism for adolescents who have received treatment for sexual offending compared with adults

BRIEF OVERVIEW OF ADOLESCENT SEX OFFENDER
LITERATURE ON TREATMENT EFFECTIVENESS

Treatment is more likely to be effective when we:
• Engage and motivate the adolescent and the family
• Take developmental levels into account
• Deliver treatment in a style that encourage respect, hope and concern for the adolescent and the family’s general well-being
• Follow a cognitive-behavioural approach, and focus on skills practice
• Match the intensity of treatment with the adolescent’s estimated risk to re-offend
• Focus on dynamic risk factors that relate to recidivism
• Focus on overall pro-social functioning

THE PROCESS OF CHANGE

Phases of treatment (guidelines)
• Beginning phases (Mapping treatment and getting started)
  – Provide overview of projected course of treatment
  – Assessment of the youth and the family’s attitudes and beliefs about the sexual offending
  – Assessment of extra-therapeutic factors, e.g. safety issues, environmental influences, co-morbid conditions, etc.
  – Assessment of risk to re-offend/treatment needs (ERASOR, JSOAP)
  – Establishing the youth’s and the family’s goals for treatment
  – Determining motivation for change and motivational interviewing
  – Safety planning

PROCESS OF CHANGE (Continued)
• Middle phases (Focus on sex offending-specific issues)
  – Accepting responsibility without externalizing blame
  – Psycho-education: learning about sex abuse, healthy and unhealthy relationships, and abuse cycle
  – Working with reluctance to change, e.g. shame and embarrassment and honesty
  – Modifying cognitive distortions and facilitate self-monitoring
  – Facilitate victim empathy
  – Social and life skills training
  – Anger management
PROCESS OF CHANGE (continued)

• Later phases (Risk management)
  – Identify basic and individualized risk factors with the youth and the family
  – Develop healthy, effective strategies to intervene with the risk factors and patterns
  – Develop strategies to increase healthy decision making, engaging in healthy behaviours and relationships, and dealing with unhealthy sexual thoughts

(Adapted from Page & Murphy, 2007)

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FAMILY THERAPY

• Engaging the family
  • Explaining the purpose and mapping the course of treatment
  • Develop understanding of family’s experience of the sexual abuse
  • Assessment of:
    – family’s circumstances and safety issues
    – family’s attitude and understanding of the sexual abuse
    – Sentiments towards their son/daughter who perpetrated the abuse as well as towards the ‘victim’, especially in cases of incest
    – family history, resourcefulness and areas of need

(Ryan & Lane, 1997)

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FAMILY THERAPY (continued)

• Treatment issues
  – Develop a healthy understanding and attitude toward the sexual offence
  – Facilitate disclosure of the offence/s and secrets
  – Explore the impact of the abuse on family members and on the family as a whole
  – Strengthen family relationships
  – Family reunification in cases of incest

(Ryan & Lane, 1997)
"IT IS IMPORTANT TO REMEMBER ADOLESCENTS WHO COMMIT SEXUAL OFFENSES ARE CHILDREN AND ADOLESCENTS FIRST;..... THEY ARE MORE THAN THEIR CRIMES. THEY REQUIRE INDIVIDUALIZED AND DEVELOPMENTALLY APPROPRIATE INTERVENTIONS AS WELL AS OUR ATTENTION AND CONCERN"


References & Bibliography

References & Bibliography


• Statistics Canada. www.statcan.ca


Resources

• Association for the Treatment of Sexual Abusers www.atsa.com

• Non-profit, interdisciplinary organization founded to foster research, facilitate information exchange, further professional education, and provide for the advancement of professional standards and practices in the field of sex offender evaluation and treatment
Resources

• Canadian Children’s Right Council
  www.canadiancrc.com
• National Adolescent Perpetration Network (N.A.P.N.)
  http://www.kempecenter.org/napn
• STOP IT NOW!
  http://www.stopitnow.org

Resources

• Toll-free helpline for sex offenders, potential offenders, and friends/families
• 1-888-773-8368
• Not a counseling service; intended to supply callers with information/resources
• to move forward in looking for answers and seeking services
• Offers: Confidential support for sex offenders. Info about how to access sex offender treatment
• Resource for friend/family members to seek information

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Thank you for your participation

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