

**Managing Sex Offenders in the Community:
Risk Reduction, Risk Management, and Social Responsibilities
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**Enhancing Community Collaboration To Stop Sexual Harm By Youth*
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*Never doubt that a small group of thoughtful committed citizens can change the world; indeed,
It is the only thing that ever does.*

Margaret Mead

Introduction

Addressing sexual harm by youth creates a significant challenge for communities intent on providing safety and protection from sexual abuse for all citizens. Media sensationalism about sexual harm often creates a false sense of fear, and concerned adults may be at a loss about what to believe when it comes to this topic. At the opposite end of the spectrum, gender attitudes about male sexual behavior can inhibit prevention and adequate intervention. While children's services are everywhere, few child-serving agencies provide an empirically driven response to the problem (Grimshaw, 2008; Steinberg, 2008). Many communities struggle to address the challenges effectively. The purpose of this chapter is to provide a foundation for a comprehensive, community-based response to sexual harm by youth.

Defining The Challenge

Sexual harm by youth encompasses a broad range of behavior. While juvenile sexual offenders are defined as "adolescents from age 13-17 who commit illegal sexual behavior as defined by the sex crimes statutes of the jurisdiction in which the offense occurred" (Chaffin, Bonner, & Pierce, 2003, p.1), most youth who sexually abuse are never involved in juvenile justice. Children with sexual behavior problems are defined as children under the age of 13 who "initiate behaviors involving sexual body parts...that are developmentally inappropriate, or potentially harmful to themselves or others" (ATSA, 2006, Section 1: p.3). For the purpose of this chapter, sexual harm by youth will refer to children of all ages who engage in sexual behavior that causes harm to others.

Research indicates "most adolescent sex offenders pose a manageable level of risk to the community" (Chaffin, Bonner, & Pierce, 2003, p. 2). The Task Force Report on Children With Sexual Behavior Problems states that "after receiving appropriate short-term, outpatient treatment, children with sexual behavior problems have been found to be at no greater long-term risk for future sex offenses than other clinic children (2%-3%)" (ATSA, 2006, p.2). Such important information provides a foundation to best address the needs of these youth, their families, victims, and the community at large, where research indicates they are best served in the most cost effective manner (ATSA, 2000; Borduin, Henggeler, Blaske, & Stein, 1990; Borduin, & Schaeffer, 2001; Chaffin, Bonner, & Pierce, 2003; Hunter, Gilbertson, Vedros, & Morton, 2004; Schladale, et al, 2007; Thornton, Craft, Dahlberg, Lynch, & Baer, 2002).

Prevalence:

There is no way to quantify sexual harm by youth. Even if everyone shared a common definition of problematic sexual behavior, diverse professionals see children for such a broad array of services, in such a large number of settings, it would be impossible to accurately survey the problem. Such a challenge in no way impedes an effective response to the issue.

The most recent available data indicate that juvenile sexual offenses resulting in disposal have risen in the U.K. from 1,664 in 2002-3, to 1,988 in 2005-6 (Grimshaw, 2008). These statistics seldom reflect the full extent of the problem (Cawson, Wattam, Brooker & Kelly, 2000). While available data does not adequately convey the breadth, or depth, of the challenge, it does provide information necessary for enhancing a community response. When geographic breakdown of the numbers are available, they can inform analysis of community strengths, and vulnerabilities for adequately addressing needs.

Diversity:

Young people who sexually abuse are a very diverse group who defy categorization and efforts to create valid and reliable typologies (Hunter, Figueredo, Malamuth, & Becker, 2003). Most youth brought to the attention of authorities for causing sexual harm are males between the ages of 13 and 15 (Chaffin, 2009). It is important to note that a very small percentage of youth adjudicated for sexual crimes are female (Grimshaw, 2008). A significant number of young people who sexually abuse suffer co-occurring problems, such as co-morbid psychiatric diagnoses, and developmental disabilities (Hickey, Vizard, McCrory, & French, 2006). Most have experienced family disruption, significant trauma, exhibit poor social skills, and lack core competencies that impede criminal activity (Righthand & Welch, 2001; Schladale, 2006, 2007; Torbet & Thomas, 2005). Many share traits in common with those who exhibit non-sexual delinquent behavior (Seto & Lalumiere, 2006). Professionals intent on obtaining more specific details can do so by obtaining information from the Youth Justice Board at www.yjb.gov.uk and the Association for Treatment of Sexual Abusers (ATSA) at www.atsa.com.

Risk Factors:

Trajectories leading to sexual harm are multi-determined (Becker, 1998), and recidivism rates indicate that youth who have caused sexual harm are at significantly greater risk of committing non-sexual criminal offenses, than of re-offending sexually (Borduin, 1990; Becker, 1990; Chaffin, Bonner & Pierce 2003; Kahn & Chambers, 1991; Langstrom & Grann, 2000; Schram, Milloy & Rowe, 1991; Hunter, et al., 2004). It is therefore critical that community responses focus on empirical evidence for all youth violence prevention and delinquency intervention. It is also important to be aware of specific risk factors for the small number of youth who do go on to commit other sexual offenses.

Information about static, stable, and dynamic risk factors (Epperson, Ralston, Fowers, DeWitt & Gore, 2006; Prentky & Righthand, 2003) has come from diligent and persistent efforts to empirically identify factors critical for prevention. Chaffin, Bonner, and Pierce (2003) identify six factors that indicate risk of recidivism for sexual harm by youth. They are: history of multiple sexual offenses, especially if any occur after adequate treatment; history of repeated non-sexual offenses; clear and persistent sexual interest in children; failure to comply with sex offense specific treatment; self-evident indications of risk such as disturbances of arousal and dysregulation, and verbal threats of intent to re-offend; and parental, or guardian resistance to adequate supervision and treatment compliance.

Worling and Langstrom (2006) identify the following risk factors in the context of current evidence:

Empirically Supported Risk Factors: deviant sexual interest; prior criminal sanctions for sexual offending; sexual offending against more than one victim; sexual offending against a stranger victim; social isolation; and uncompleted offense-specific treatment.

Promising Risk Factors: problematic parent-adolescent relationship; and attitudes supportive of sexual offending.

Possible Risk Factors: high-stress family environment; impulsivity; antisocial interpersonal orientation; interpersonal aggression; negative peer associations; sexual preoccupation; sexual offending against a male victim; sexual offending against a child; threats, violence, or weapons in sexual offense; environment supporting reoffending

Unlikely Risk Factors: adolescent's own history of sexual victimization; history of nonsexual offending; sexual offending involving penetration; denial of sexual offending; low victim empathy.

Detailed knowledge about prevalence, diversity, and empirically based risk factors relating to juvenile sexual offending can enhance a comprehensive response by providing a factual basis from which to build a foundation for collaboration.

Collaboration:

The word collaboration gets a lot of press. It is a term often used and not always practiced. Encarta World English Dictionary's (2009) first definition of collaboration is "the act of working with someone to create or produce something". The same source includes "traitorous cooperation with an enemy" as another definition. Efforts to coordinate service provision for young people who sexually abuse are at risk of resembling traitorous cooperation with an enemy when opposing values and beliefs about this work collide in an environment that does not support respect for diverse thought and transparent exploration of opposing views.

According to the Center for Sex Offender Management (2000) collaboration involves the exchange of information; altering of activities; sharing resources; and enhancement of the capacity of another for the mutual benefit of all in order to achieve a common purpose. Genuine collaboration involves dedication and persistence in the exploration and implementation of empirically based service provision for addressing sexual harm by youth. It is not for the faint of heart!

The following example illustrates typical difficulties in collaboration. In one family with seven children, where all seven were sexually abused, and six sexually abused each other, multiple service providers have been collaborating for over three years, across a broad geographic area, in an effort to prevent recidivism. Numerous private and public agencies have been involved at different times, and three of the children have been placed in multiple residential facilities due to extremely high-risk behavior. On one occasion staff at a residential program lied, and falsified documents about a youth's behavior, in order to influence another program's decision to accept the youth for services. Another time, an angry program manager hung up on the service coordinator after yelling about his dissatisfaction with decision making in a team meeting. Such experiences create a range of challenges and threaten community safety.

Dedicated multi-disciplinary communication and collaboration are essential to achieve a comprehensive, clearly defined, and structured community-based approach for addressing sexual harm by youth (Grimshaw, 2008). The Center for Sex Offender Management reports that "in numerous jurisdictions, criminal justice agencies and community organizations have successfully forged partnerships, recognizing the enormous potential for impacting crime and reducing cost when agencies share information, develop common goals, create compatible internal policies to support those goals, and join forces to analyze problems and create responsive solutions" (CSOM, 2000, P.1.).

It is imperative that juvenile justice systems partner with child protective services, mental health services for children, and local schools (Steinberg, 2008). Children's services reform in the U.K. influenced the creation of youth offending teams developed to explain legal implications for youth and families, and collaborate with the Crown Prosecution Service to inform decision-making. Additionally, Local Safeguarding Children Boards were formed to insure the interests of all children, including those who cause sexual harm. Such reorganization has resulted in greater understanding, clarity, and interagency cooperation. The Youth Justice Board's source document, *Young People Who Sexually Abuse*, (Grimshaw, 2008) provides an outstanding resource on the current state of the U.K.'s response to this problem. This chapter addresses specific ways communities can implement recommendations from that document and enhance community safety for all citizens.

Effective collaboration is necessary for compiling evidence of empirically driven interventions that inform best practices and promote successful outcomes. It is critical in coordinating efforts for harm reduction and community safety through resource development and utilization. Excellent collaboration utilizes optimum elements, and channels of communication that streamline access to services. Transparent communication and collaboration reveal harsh realities that must be faced in order to overcome obstacles threatening successful outcomes. Finally, collaboration is necessary for successfully exploring the most cost effective ways to stop sexual harm by youth.

Barriers to Effective Collaboration:

When a community has not established a collaborative process, potential participants may perceive that complex multi-system coordination is unattainable. Concerns about funding and resource allocation can reduce cooperation, and increase unnecessary competition. Potential participants may be fearful or unmotivated when research indicates a need for change. Responsibilities associated with designated tasks may feel threatening or overwhelming. A lack of defined leadership and focus can prevent successful task completion. Inadequate planning impedes satisfactory implementation. Isolated communities and/or a lack of family involvement are often the major cause of collaboration failure.

Developing A Unified Response

Standardization:

Effective community collaboration requires a standardized approach involving a shared mission, vision, core values, and philosophy of care that guide all service provision (Center for Sex Offender Management, 2000; Grimshaw, 2008; Schladale et al., 2007). It is critical that all participants contribute to the creation of such fundamental information in order to ensure compliance. When an approach is dictated rather than shared, communities risk division, and/or noncompliance that may impede progress and reduce community safety.

A unified response provides a documented foundation that serves as a map for service provision. Just like a road map, it illustrates how a multitude of avenues can all lead to the same location, or outcome. It addresses both content and processes for effective intervention.

A standardized approach is not a manual that dictates rigid adherence. Interdependent components are interwoven across a continuum from formal to informal documentation and communication. General guidelines are adequate in some situations while specific protocols are required for other activities. Published standards provide an overarching foundation (Bengis, Brown, Freeman-Longo, Matsuda, Ross, Singer, & Thomas, 1999; Schladale et al., 2007), while protocols such as those for family reconciliation and reunification provide general guidelines (Schladale, 2006), and designated agenda formats entail specific guidelines for facilitation (Grimshaw, 2008).

Documented program descriptions, service, and safety plans are required for all service provision. Service and safety plans are confidentially disseminated among all collaborating partners, and reviewed throughout the full continuum of care. Such information provides clarity about specific interventions, responsibility, and accountability. Without such important information it is difficult to focus, assess strengths and vulnerabilities, and monitor progress in a clearly defined and structured way that streamlines decision-making.

While different entities may have unique documents based upon differing situations, core information should be conveyed in all documentation. For instance, all mission statements should include a commitment to community safety such as, 'our mission is to stop sexual harm by youth'. A vision may be a comprehensive, community-based response to sexual harm by youth that promotes common goals through transparent communication, shared responsibility, mutual authority, and accountability for success. Examples of foundation documents are available at resourcesforresolvingviolence.com, or by contacting the author directly.

When developing a unified response, plan for conflict, and embrace it! It's a normal part of the process. Acknowledging potentially divergent missions, values, and philosophies as soon as possible can reduce conflict throughout the intervention process. When discrepancies are openly acknowledged early in the creation of collaborative efforts, effective communication can honor varied interests, and provide a foundation for diverse thought and action. Protocols can be established in case opposition results in deadlock.

A uniform response requires: general agreement about what constitutes best practices for harm reduction; commitment to adhere to such practices; and motivation to implement evidence-based interventions.

Standards can help identify sexual harm by youth; promote effective interventions; enhance effective systems of care; and promote a competent response.

Eliminating Sexual Harm by Youth:

If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.

Johann Wolfgang von Goethe

It is important to base a community's response on all relevant research relating to positive youth development, core competencies for court involved youth, sexual harm by youth, trauma, affect regulation, resilience and protective factors, and youth violence prevention (Schladale et.al., 2007; Schladale, 2008). Two relevant documents highlight the state of the research relating to effective screening, assessment, and intervention. They are, as previously mentioned, the source document, *Young People Who Sexually Abuse* (Grimshaw, 2008), and *Community Based Standards For Addressing Sexual Harm By Youth* (Schladale et al., 2007).

All collaborating entities should be required to demonstrate how: interventions contribute to the reduction of sexual harm; relevant service providers are involved in a way that enhances successful outcomes; dispositions focus on least restrictive placement; evaluation and continuous assessment guide a clearly defined process of service and safety planning throughout all transitions across the full continuum of care; and are cost effective. Competency development and treatment are parallel processes that must both be completed in order to effectively achieve successful long-term change.

Competency Development:

Competency development is a youth's ability to enhance knowledge and skills in order to become "productive, connected, and law abiding members of their community" (Torbet & Thomas, 2005, p.3.). Competency development is not treatment. "Youth do not become competent just because they complete a treatment program" (Torbet & Thomas, 2005, p.5.). Conversely, just because a youth demonstrates competency, does not necessarily mean they are finished with treatment.

Some youth receiving services are involved with the juvenile justice system. According to The Juvenile Justice and Delinquency Prevention Committee of the Pennsylvania Commission on Crime and Delinquency the purpose of juvenile justice is "to provide for children committing delinquent acts programs of supervision, care and rehabilitation which provide balanced attention to the protection of the community, the imposition of accountability for offenses committed and the development of competencies to enable children to become responsible and productive members of the community" (Torbet & Thomas, 2005, p.1.).

The role of the juveniles justice system is to "facilitate efforts that advance youths' competencies so that offenders are less likely to take part in anti-social, delinquent behaviors and better able to become responsible and productive members of their communities" (Torbet & Thomas, 2005, p.12.). Whether, or not, youth receiving services are court mandated, developing pro-social competencies is critical for life-long success.

It is important to recognize that education does not equal change. Research indicates five core competency domains. They are: social skills (interaction, cognition and self-control); moral reasoning; academic skills; work force development skills; and independent living skills. All youth must be able to integrate knowledge into consistent practice in order to demonstrate measurable progress.

Treatment:

Successful treatment to stop sexual harm by youth is not limited to behavioral modification of sexually harmful behavior. A holistic, individualized approach based upon empirically driven best practices for

youth violence prevention is indicated (Chaffin, 2009; Schladale et al., 2007; Torbet & Thomas, 2005). Approaching youth as multifaceted individuals addresses relevant needs that contribute to a youth's overall long-term success. A youth's support by, and connection to, the community are critical for successful treatment outcomes. Family sensitive services that embrace strength, competency, and resilience provide the most direct and effective route to therapeutic solutions. Sources for youth violence prevention indicate a need for multi-modal treatment focusing on parents and family, home-visiting, mentoring and social-cognitive strategies (Office of the Surgeon General, 2001; Center for the Study and Prevention of Violence, 2006; Thornton, et al., 2002).

A trauma sensitive treatment foundation of positive youth development is replacing the historical pathology-based approach derived from conventional wisdom for incarcerated adult sex offenders (Schladale, 2008; Chaffin & Bonner, 1998). Current evidence indicates that the most effective treatment is based upon a foundation of non-judgmental attitude, empathy, genuineness, and warmth (Hubble, Duncan, & Miller, 1999; Hunter & Chaffin, 2005; Miller & Rollnick, 2002). Additionally, recent studies indicate that successful outcomes in psychotherapy are based upon four factors (Hubble, Duncan, & Miller, 1999). They are: therapeutic technique (15%); creation of hope and expectation for change (15%); the therapeutic relationship between service providers and clients (30%); and client characteristics (40%) including strengths, resources, social support, and living environment.

Treatment begins with a thorough evaluation in order to best meet a youth's goals for change (Prescott, 2006; Schladale, 2008; Schladale et al., 2007). Ongoing assessment of individual and environmental protective factors, and core competencies create a foundation for positive youth development vital to harm reduction. This information guides safety and treatment planning throughout the therapeutic process.

Therapeutic change occurs in the context of relationship. While progress is measured through competency development (Torbet & Thomas, 2005), the treatment process is not based on linear progression. Services may be more accurately described as analogous to a weaving. Therapeutic issues are introduced into a treatment process and are interwoven in ways that integrate themes and connections to each family member's life experiences. Many threads are similar and repetitive throughout the fabric of treatment. The entire process and content of a healing experience creates a unique pattern that illuminates the changing tapestry of a youth's life story. Therapeutic components, or threads, that create the weaving, provide a pattern design for treatment.

These components of treatment occur in a holistic, ecological framework throughout the full continuum of care. Utilizing a family focus that addresses physical, social, psychological, and spiritual elements of therapeutic change enhances potential for long-term successful outcomes. According to Community Based Standards For Addressing Sexual Harm By Youth (Schladale, et al., 2007) generally agreed upon treatment components involve elimination of harm by:

- Teaching affect regulation (Schoore, 2003; Stein & Kendall, 2004; Groves, 2002; Torbet & Thomas, 2005)
- Teaching social problem solving, including resolving interpersonal disputes (Office of the Surgeon General, 2001; Thornton et al., 2002; Henderson, 1996; Torbet & Thomas, 2005)
- Building social skills to enhance greater self-confidence and social competency (Office of the Surgeon General, 2001; Thornton et al., 2002; Torbet & Thomas, 2005)
- Promoting social perspective taking to enhance empathy for and sensitivity to the negative impact of sexual harm on victims, families, and communities (Office of the Surgeon General, 2001)
- Mentoring youth (Ferber et al., 2002; Thornton et al., 2002; Center for the Study and Prevention of Violence, 2006)
- Helping youth to understand and intervene in disturbances of arousal that may influence sexually harmful behavior (Stien & Kindall, 2004; Van der Kolk; 2004)
- Promoting positive self-worth and self-confidence (Henderson et al., 1996; Ferber, Pittman, with Marshall, 2002)
- Developing an appreciation for and connection to one's culture (Hunter et al., 2000; Center for Sex Offender Management, 1999)

- Clarifying and modeling values related to respect for self and others (Henderson et al., 1996)
- Teaching and modeling social psychology of gender as a component of harm reduction (Burn, 1996).
- Teaching sexual health (Hunter et al., 2000; Center for Sex Offender Management, 1999; Brown & Schwartz, 2006; Ryan & Lane, 1997)
- Healing trauma (Schladale, 2006; Creeden, 2004; Creeden, 2006; McMackin, Leisen, Cusack, LaFratta, & Litwin, 2002; Kauffman Best Practices Report, 2004; Schore, 2003)

Interventions with youth who have caused sexual harm are continually evolving. Empirically based studies are emerging in the field and guiding practice. It is imperative to acknowledge that advances in research will influence ongoing change in best practices for eliminating sexual harm by youth. Staying abreast of such important research requires responsive and flexible collaboration as new research renders current best practices outdated.

Effective Collaboration

Effective collaboration is a fluid and unique process for each community. Urban, suburban, and rural environments present a broad array of diverse challenges, resources, or a lack of resources. Cultural attitudes and human diversity play a significant role in accessing services, and active engagement in such services. Attitudes, values, and beliefs influence all collaboration.

Successful collaboration requires continuous evaluation of who should be involved. Each community should have key members who oversee and manage formal structures and processes that provide the community infrastructure for addressing sexual harm by youth. Additionally, multidisciplinary treatment teams have responsibility for actively engaging youth, parents (or guardians), and social support network members in activities for youth violence prevention. This is an inclusive, rather than exclusive, process. The more people involved in eliminating sexual harm, the greater the potential for successful outcomes.

If the community does not already have a youth offending team or Local Safeguarding Children Board, efforts should be made to develop them. If responsibility has not been designated, a steering committee can be formed to determine who should conduct a strengths and needs evaluation of the designated community, or facilitate the process themselves. Recommendations from such an evaluation provide the foundation from which specific efforts begin.

Designating the most cost effective empirically driven interventions ensures streamlined implementation and monitoring. When all entities with designated services for addressing sexual harm by youth are identified, and agree to participate in the community collaborative, a standardized process for implementation and monitoring progress is established. Comprehensive service and safety plans provide a map for so doing.

Finally, a system for tracking outcomes is developed through assessment of competency development (Torbet & Thomas, 2005). When all components of the community collaborative are in motion, continual assessment of service provision is provided through consumer feedback.

Above all else, explicit, respectful interdependence is the key to successful collaboration. It is also the most professionally exciting way to perform the often grueling, and gut wrenching work of eliminating sexual harm by youth. Professionals, youth, and family members working diligently to heal such pain can join together in a committed effort to restore victim justice and community safety. When this happens, secrecy and isolation associated with violence and sexual abuse are reduced, attachments are formed, and restorative experiences occur.

Recommendations

When collaborating with families to stop sexual harm by youth it is imperative that we:

- Create a context of respect, care, and concern for the development of trust in working relationships.
- Promote sharing of all resources.
- Involve families, teachers, coaches, clergy, and anyone else willing to support these youth in their efforts at harm reduction.
- Embrace distrust, ambivalence, and resistance.
- Engage and motivate participants to integrate positive change into their lives.
- Ask permission to talk about sensitive issues.
- Allow each youth and family to lead the process.
- Recognize challenges to addressing the pain of sexual abuse.
- Advocate for, and support all participants in utilizing untapped strengths and competencies in order to prevent recidivism.
- Expect disclosure of significant trauma that may include family dissolution, violence, substance abuse, poverty, discrimination, illness, and/or disabilities.
- Ensure that all participants are emotionally prepared for the impact of addressing sexual harm.
- Teach all participants affect regulation in order to prevent further harm.
- Use the trauma outcome process to provide an understanding of behavioral change necessary for harm reduction.
- Help participants become pro-social community members.
- Provide ongoing support as indicated.

Dedicated service providers can use the following empirical factors to enhance collaboration and harm reduction:

- Be genuine.
- Define clear expectations.
- Don't judge.
- Practice empathy.
- Express warmth.
- Exercise patience.
- Provide hope and optimism for a youth's success.
- Give clear instruction and support for truth telling.
- Find out about each youth's interests and dreams.
- Help them explore and pursue those interests and dreams.
- Discuss and explore feelings in an emotionally safe environment.
- Explain differences and varieties of touch.
- Teach youth about benevolent touch for themselves and others.
- Respect privacy by having rules about bathing, dressing and sleeping.
- Develop a positive, non-punitive plan for managing challenging behaviors such as night terrors, bedwetting, soiling, aggression, masturbation, etc.
- Do things that kids and families like to do.
- Create a plan to ensure respect for each child's physical and emotional boundaries.
- Share any concerns with treatment team members.
- Promote and have fun!
- Celebrate any success no matter how small, or seemingly insignificant.
- Celebrate yourself, and your colleagues, every day for a job well done!

A single professional seldom sees youth who have caused sexual harm throughout the full continuum of care. Most often these youth and families experience a multitude of child serving agencies, and a diverse array of professionals. The complex nature of sexual harm by youth requires thoughtful consideration of research relating to youth violence prevention. Clearly defined, comprehensive community collaboration provides a structured way to enhance successful outcomes that impact all facets of society.

**This work is adapted from Resources For Resolving Violence, Inc. (resourcesforresolvingviolence.com), and Community-Based Standards For Addressing Sexual Harm By Youth (Schladale, Langan, Barnett, Nunez, Fredricks, Moylan-Trigiano, & Brown, 2007).*

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