



Durham Family Court Clinic

Myths of Adolescents who Sexually Offend

Jennifer Matesic, Community Support Team

Sylvia Riley, Community Support Team

As we begin...



Sex Offence Specific Services at Durham Family Court Clinic



- Individual, family and group counselling for justice involved youth through the Community Support Team (CST) and the Intensive Support and Supervision Program (ISSP)
- Support Group for Parents/Caregivers of Adolescents Who Sexually Offended
- Exploring options of how we can expand services to non-justice involved youth

Who We Work With



- Youth aged 12+ (offenses committed prior to age 18)
- Have a youth probation order with a counselling condition (CST) or court order (ISSP)
- Assessed to be at moderately-high risk for reoffending or higher
- Referred by their youth probation officers
- Criminal offences of our adolescent clients vary, but include those who have committed sexual offences

Durham Family Court Clinic

Adolescents who Sexually Offend



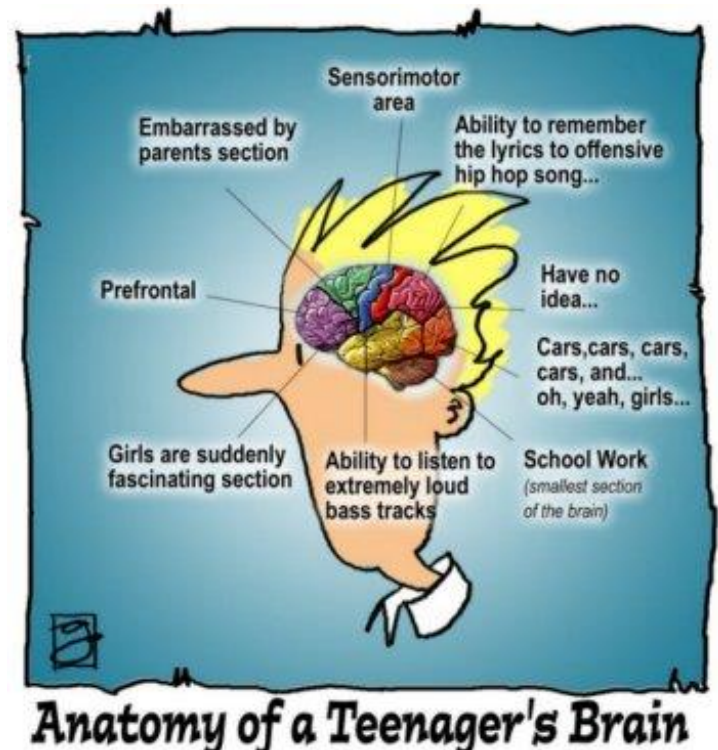
Myths of Adolescents who Sexually Offend



Common Myth

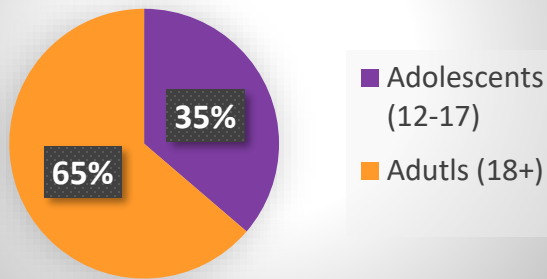
Adolescents and adults who commit sexual crimes are the same

- Thought processes of adolescents (Worling & Langton, 2016)
- Lower recidivism rates
- Engage in fewer abusive behaviours over shorter periods of time
- Less aggressive sexual behaviours
- Are more responsive to treatment
- Have fewer number of victims
- Most do not have deviant sexual arousal/fantasies
- Few are sexual predators/meet criteria for pedophilia

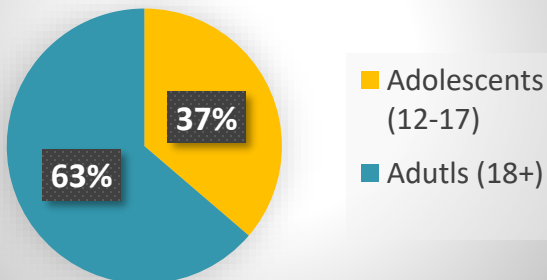


Common Myth

Sexual Offences in Canada

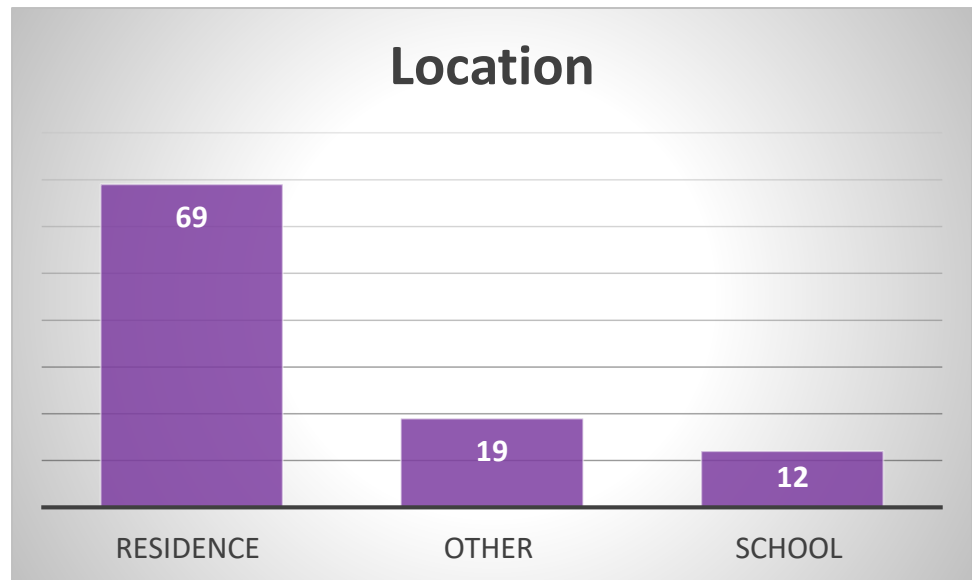


Child Sexual Abuse Cases



Adolescents rarely commit sexual offenses

Location



Common Myths



Adolescents who sexually offend are just curious about sexuality, and do not commit serious sexual offenses.

- It is developmentally appropriate for adolescents to be curious about sex, but adolescent sexual offending behaviour is DIFFERENT
- Some sexual offenses committed by adolescents are non-contact offenses or are limited to touching over the clothes, while others are extensive, aggressive sexual behaviour that includes forced vaginal or anal intercourse
- Intrafamilial sexual abuse often occurs over a longer period of time and progresses in nature

Developmentally Appropriate Adolescent Sexual Behaviour

- May be involved in consenting sexual relationships with people their own age
- May be preoccupied with sexual thoughts for longer periods of time
- Talk in a sexual way to friends and same aged peers
- Sending/receiving sexual images with others, with consent and within a relationship
- Interest in erotic material and use this to masturbate



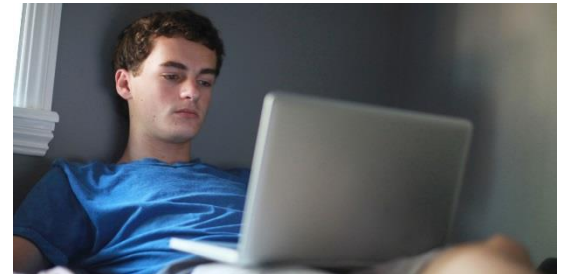
Concerning Adolescent Sexual Behaviour

- Indiscriminate or compulsive sexual activity
- Views violence or aggression as an acceptable part of sex
- Indecently exposes him/herself, rubs him/herself against people sexually or makes sexually obscene phone calls
- Sending/receiving sexual images with multiple people, or without consent, or for exploitation
- Using force, threats, coercion, or guilt

It's most important to look at the context of the behaviour, rather than the act itself.

A Note about Sexualized Media...

- Thanks to technology pornography and other sexualized material is easily and readily accessible to anyone, including children and youth
- It is developmentally appropriate for youth to seek out some erotic material, and use this to masturbate and/or create erotic fantasies
- Concerns:
 - Frequency of viewing
 - Content of what's being viewed
 - Addictive quality of porn and impact to attitudes/values/arousal



What to do if you discover porn use?

- Don't freak out! This leads to shame and likely will inhibit any helpful conversation and the youth being forthcoming in the future.
- Assess frequency and content of porn use. If it is violation of a court ordered condition it will need to be reported.
- Use this and other opportunities (eg. Sexual content of ads, tv/movies/songs) to discuss the negative aspects of porn use.
 - At a minimum this includes roles of women, absence of consent, unrealistic expectation regarding sex, etc.
- Advise the youth's treatment provider of what you have observed, and collaborate on how to proceed.
- A reminder that possession of child pornography (any images of people under age 18) is a crime that we all have a duty to report.

Common Myth

Anyone who sexually offends against a child is a pedophile.

- Current research indicates only a minority of adolescents who sexually offend have deviant arousal (intense sexual interest in children and/or violence), and approximately 60-75% of adolescent males who sexually offend are most strongly sexually interested in consensual activities with age-appropriate partners

(Worling, 2012)

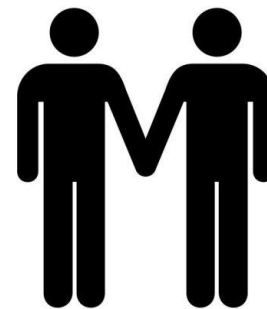


Common Myth



When a male adolescent sexually harms a male child it means they are gay.

- 95% of adolescents who have the same sex victims are heterosexual



Common Myths



Adolescents who sexually offend come from “poor families” and “bad neighbourhoods”, were sexually abused as children, and/or have other serious psychological problems.

- Adolescents who sexually offend are ethnically, economically, and educationally diverse
- Most children that experience sexual abuse do not go on to offend sexually
- Most adolescents who sexually offend do not have a major psychological disorder or condition
- It is a behavior, and there is no profile of a typical adolescent who has engaged in criminal sexual behavior (Worling & Langton, 2016)

Common Perception



Adolescents who sexually offend are different from those who offend non-sexually

- Research indicates that there are significant differences between those adolescents who offend sexually and nonsexually
 - social isolation
 - history of childhood sexual abuse
 - atypical sexual interests
 - early exposure to sex/pornography
 - anxiety
 - low self-esteem



Or are they?

- But... sexual and nonsexual offending adolescents have some commonalities (van Wijk et al., 2005)
 - Frontal lobe-executive dysfunction
 - Peer relationship issues
 - Family conflict
 - School performance etc.



Common Myth

Adolescents who sexually offend should be placed in secure, residential treatment facilities

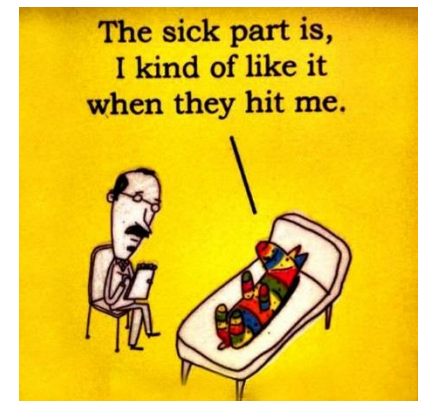
- The majority of adolescents who sexually offend can successfully participate in community-based counselling



Common Myth

Adolescents who sexually offend need long-term intensive therapy.

- Many adolescents who sexually offend are successfully treated in shorter, less intensive treatment programs
- Treatment duration is dependent on the youth's strengths, risks, and needs. Average length is 13 months/180 hours of treatment (Worling & Langton, 2016)
- The average length of treatment for sibling sexual abuse is 21 months



Best Practice Guidelines for Assessment & Treatment Professionals

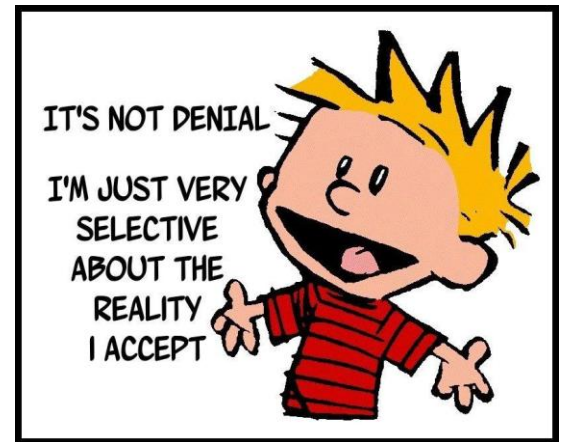
Current best practices indicate that prior to treatment, youth who have sexually offended/harmed should participate in a comprehensive assessment
Because they are not all the same

- An assessment acts as a roadmap for treatment, determining which dynamic risk factors should be addressed
- Professionals assessing or providing treatment for adolescents who sexually offend should adhere to ATSA Practice Guidelines for Adolescents (2016), and ensure they have adequate training, experience, and supervision in addition to being aware of current research in the field.

Commonly Cited Risk Factors Not Currently Supported in Research

Commonly Cited Risk Factors Not Currently Supported in Research

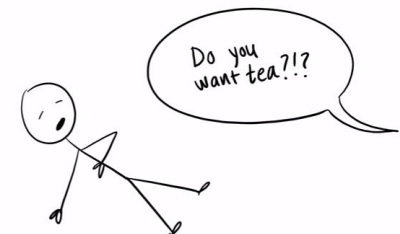
- Denial of the sexual offense
- Lack of victim empathy
- History of non-sexual crimes
- History of child sexual abuse
- Penetrative sexual assaults



What is Sex Offense Specific Treatment?

- Common sex offense specific treatment goals include:
 - Increasing accountability and responsibility for past offending
 - Developing sexual offense prevention plans
 - Enhancing healthy sexual interest and attitudes
 - Recovery from traumatic distress
 - Working with parent and caregivers

CONSENT
IT'S SIMPLE AS TEA



“What can I do to help?”

The best teacher for a child or teenager is a positive adult who models a sense of equality in relationships, possesses accurate information about sex, and is comfortable with his or her own sexuality.



Shame

- Many adolescents who sexually offend experience profound shame at being viewed by themselves and others as a “sex offender”, “pervert”, or other negative labels
- Shame = negative view of self “I’m a disgusting/bad/defective person” vs. Guilt=negative view of one’s actions “I did a disgusting/bad thing”
- Shame produces:
 - feelings of anger, hostility, blaming of others, defensiveness, avoidance, denial & minimization
 - depression, social anxiety, reduced self-esteem & self-efficacy, self-harm
 - Reduced capacity for empathy or intimacy with others
 - Research indicates shame inhibits the treatment process, therefore increasing re-offense risk

What Can I Do to Reduce Shame?

- Be mindful of language, assumptions, generalizations
- Treat adolescents who sexually offend like a person who made a choice to do a bad thing, instead of like they are a bad person
 - *They will know the difference!!*
- Appreciate that with support and treatment these young people can choose to make healthy sexual decisions, and avoid harmful ones
- Inspire HOPE for healthy futures



“What Can I Do to Help?”



- Be aware of your own attitudes, values, and biases
- Possess accurate information
- Be comfortable, open, and direct using clear, concise language when discussing sex, sexuality, sexual offending
- Don't be vague, this indicates something shameful
- Naming sexual offending vs. “the incident” or “what happened to you/what you did” focuses on behaviour, reduces shame
- Be that positive role model who is non-judgemental and treats the youth with respect
- Support sexual and non-sexual treatment targets

Contact Us



Durham Family Court Clinic
ASSESSMENT • MEDIATION • COUNSELLING SERVICES

44 Richmond St. W., Ste 201

Oshawa, Ontario L1G 1C7

Tel. 905-436-6754

Fax 905-725-0845

www.dfcc.org

Jennifer Matesic: jmatesic@dfcc.org

Sylvia Riley: sriley@dfcc.org

Resources for healthy sexuality, sexual consent, and healthy relationships

- Age of Consent to Sexual Activity (<http://www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html>)
- www.yesmeansyes.com
- The Little Black Book for Guys/Girls-St. Stephen's House
- www.sexualityandu.ca
- www.whiteribbon.ca
- TedX-Why I Stopped Watching Porn
<https://www.youtube.com/watch?v=0t2VPBF6Kp4>
- Adolescent Brain Development
<https://www.youtube.com/watch?v=hiduiTq1ei8>
- AsapScience <https://www.youtube.com/user/AsapSCIENCE>
- Consent: It's Simple as Tea
<https://www.youtube.com/watch?v=fGoWLWS4-kU&t=2s>
- Cycling Through Consent <https://www.youtube.com/watch?v=-JwIKjRaUaw>

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