

**Webinar Transcript: Juvenile Etiology and Typologies**

Bethany: Good afternoon. Welcome everyone. My name is Bethany Broida, and I am the director of communications here at the National Criminal Justice Association. It is my pleasure to welcome you to What Do We Know About Sexual Offending and Sex Offender Management and Treatment Juvenile Etiology and Typologies. This is the fifth webinar in a nine-part series that is designed to provide policymakers and practitioners with trustworthy up-to-date information that they can use to identify and implement what works to combat sexual offending and prevent sexual victimization.

The webinars in the series take place about every three weeks or so, and registration is currently open for the next one which is Adult Risk Assessment and Adult Recidivism. Also, if you have missed prior webinars in the series the webcast and the slides from those sessions are available on the NCJA website. Before I go any further, I would like to thank our wonderful partners at the Smart Office and the Department of Justice Office of Justice Programs for making this webinar possible.

Let me quickly cover a few logistical items. First, we will recording today's session for future play back. The recording and the slides from this session will be posted on the NCJA website at [www.ncja.org/webinars](http://www.ncja.org/webinars) and will be emailed to everyone who registered for this session. Today's webinar is being audio cast through the speakers on your computer. If you would prefer to call in by phone, please use the number contained in your registration email or on the event info tab which is located on the top left side of your screen. If you encounter issues with your audio during the webinar, please feel free to call in by phone.

Due to the number people joining us today, we have muted all participants to reduce background noise. If you have a question to the presenters, we encourage you to submit them using the chat feature on the right-hand side on your screen. Please select host and presenter from the drop down menu next to the text box. We've also included time for a question and answer period at the end of the presentation. However, you may submit your question at any time. If you would like to communicate with NCJA staff during the webinar, please submit your comment using the chat feature to Bethany Broida or host. If you have technical difficulties or get disconnected during the session, you can reconnect using the same link you used to join the session initially. In the last five minutes of the webinar, we will ask you to complete a short survey. The information you provide in this survey will help us plan and improve future webinars.

At this time, I would like to briefly introduce today's speakers. In November 2014, Luis deBaca was appointed by President Barrack Obama as the director of the Justice Department's Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking, otherwise known as the SMART Office. Mr. deBaca previously coordinated US government activities in the global fight against contemporary forms of slavery as Ambassador at Large for the State Department's Office to Monitor and Combat Trafficking in Persons and served as counsel to the

House Committee on the Judiciary where his portfolio for Chairman John Conyers, Jr., included national security intelligence, immigration, civil rights and modern slavery issues. At the Justice Department from 1993 through 2006, he led the investigations and prosecution of cases involving human trafficking, official misconduct, and hate crimes, as well as money laundering, organized crime and alien smuggling. He is the recipient of many awards including the leading honor given by the national human trafficking victim service provider community - the Freedom Network's Paul & Sheila Wellstone Award.

Next, Scott Matson is a senior policy advisor at the SMART Office where he advises 37 states and the District of Columbia on adopting the standards for the Sex Offender Registration and Notification Act otherwise known as SORNA. In addition, he leads the office's efforts on the sex offender management and planning initiative. Before joining SMART, Scott was program manager at the JEHT Foundation where he developed and managed a criminal justice portfolio that included sentencing and corrections policy, reentry, wrongful convictions and the death penalty. Prior to joining JEHT, he was the associate director of the Vera Institute of Justice's Center on Sentencing and Corrections. He served as a research associate at the Center for Sex Offender Management where he provided training and technical assistance to a wide range of international, national, state and local audiences on issues related to sex offender management. He began his career at the Washington State Institute for Public Policy where he researched issues of importance to the State Legislature including sex offender registration, community notification and [inaudible 00:05:01] policies.

Finally, Tom Laversee spent 34 years in clinical administrative positions in the Colorado Division of Youth Corrections. He retired from that department in 2008 and currently is an adjunct professor in the graduate school of social work at the University of Denver. Tom also has a private practice that includes providing consultation, training and clinical services for at-risk youth. His publications include authoring the Moving Beyond Sexually Abusive Behavior group curriculum and student workbook and co-editing Juvenile Sexual Offending Causes, Consequences and Corrections, third edition, with Gail Ryan and Sandy Lane. Tom was presented with the National Adolescent Perpetration Network's Pioneer Award in 2005 for his 21 years of unique contributions to prevent perpetration of sexual abuse. He is also the recipient of the 2010 Gary Burgin Leadership Award from the Colorado Sex Offender Management Board.

Now I'd like to turn the presentation over to Director deBaca.

Luis deBaca:

Thanks Bethany and thanks everybody for joining us today. I want to make sure that we thank not only the folks over at NCJA's Center for Justice Planning, but Tom, our consultant who you're going to be hearing from, and everybody who put so much hard work over the years into the SOMAPI Project. I think Scott's going to lead us off with a little bit of an overview of what we're trying to do. As we get halfway through the webinar series, drawing some conclusions, don't I act like I'm nostalgic for something that hasn't ended yet, but one of the things I think that

we've really seen in the webinar series is confronting a number of the myths that circle this area of sex offender management of the issues in those of us that are dealing with sexual abuse, whether it's dealing from the offender basis or from the important victim basis as well.

I think one of the things that strikes me as I continue to work on this is what everyone knows and what they know they know is not necessarily what the data or what the SOMAPI project is revealing. I think that that's one of the reasons why the webinars are so helpful to us internally but also to hopefully to all of you. I think one of the things that we see is that the areas of juvenile offenders is one of the most emotional areas because there are assumptions about children who offend or assumptions about minors that cut frankly in both directions. A lot of people when you talk to them about this, I'm sure folks on the call have had this happen in their own lives, people know in their heart of hearts that every sexual offender was abused as a child, that they can't be treated, that they will be a recidivist, that they're just a bunch of predators and psychopaths. We wouldn't be here and we wouldn't be doing this work and this project if we didn't believe that that was not true. In fact, the research shows us that there is possibility there.

I think that one of the things that I'm very interested in today and I hope that you guys will get out of today is asking some of those questions. Who are these juvenile offenders? What have they experienced? What are they doing? What are they doing to their victims? What does their choice of victims tell us not only about what to do, but then why these things happen? What does their background tell us about it?

All of those together, I think, take us into a different direction perhaps where it's not simply that we know what we know and that's how we're going to make policy, but rather that we know that we need to have an evidence based process where we really get to the bottom of this. I think we're going to see that today.

Those of you who know Scott know that pretty much all he lacks to look like one-half of the MythBusters is a great big mustache, but he has definitely proven himself to be the SMART Office's very own myth buster. I'm going to turn it over to him as we work through this evidence based practice. Thanks, Scott.

Scott Matson:

Thanks, Lu. I won't comment on the myth busting, but I want to thank everybody for joining us here today and special thanks to NCJA for putting these webinars together for us and also for really managing and providing all of the information and oversight for the Sex Offender Management Assessment and Planning Initiative otherwise know SOMAPI. I also want to thank Chris Lobanov-Rostovsky and Roger Przybyski who are project leads on that working with NCJA. I thank Tom Leverage today for authoring the chapter that he's going to speak on.

In combating sexual violence and victimization, we know that all of those who work in this field have really the same goal which is to protect the public from sex offenders and to prevent sexual violence. Over the years, a host of different

policies and programs have been developed to try to do that, but unfortunately, many of these policies and programs don't have a lot of research support to guide them and to bolster them. We do know that programs are most likely to be effective when they're based on scientific evidence and they have that research support.

I want to try to provide a little bit of information about the SMART Office and what we've been doing to these ends. We were developed in 1006 by the passage of the Adam Walsh Act in Congress. We were the Federal office devoted solely to sex offender management related activities. Our primary mission is to assist states, tribes and territories in implementing the Sex Offender Registration Notification Act, but also see it as part of our mission to inform our constituents about our broader scope of sex offender management related activities that are really needed to prevent sexual violence and to keep offenders from re-offending and to protect public safety. To those ends, we launched this SOMAPI Project with the goals of identifying evidence based practices, research needs and gaps and needs in the field and to provide guidance to states and locals on how to do this work and support to do that as well.

The goal of the SOMAPI Project, again, is to identify research supported programs for replication across the United States and to inform OJPs funding decisions concerning sex offender management related programs and research. To do this, we envisioned the SOMAPI Project as a multiple phase project. We set out to have basically all of the research that we could find compiled and vetted basically through NCJA. We contracted with NCJA, contracted with the series of subject matter experts to development these literature reviews to put together basically everything that is known on a host of different subjects related to adult and juvenile offenders.

We also did an inventory of the field to find out what kinds of programs were in use and whether or not those programs have any evidence based support or being researched. We invited a host of experts in this field to come to DC to talk to us about our findings, literature review findings and the inventory findings, and to basically provide a peer review for the report and make recommendations to us about how we should be investing our resources.

The final report has 13 different chapter areas and recognizing the importance between adults and juveniles and their developmental differences and how we should go about working with them. We split the report into two section, one focused on adults and one focused on juveniles who commit sex offenses. These are the different chapters in each.

A variety of different products were developed and are being developed to roll off the SOMAPI Project. The entire report is available online. The website's up there. I encourage you to take a look at it. It's very easy to digest. All the findings, the policy implications and the future research needs are there. I should say it's not easy to digest because it's incredibly long, but there is a nice executive summary in

there, and we're working on developing a series of research briefs that should be up within the next weeks that are actually condensed five or six-page versions of each one of those chapters.

We're also going to a number of different national and regional conferences to present about the SOMAPI Project. As Bethany mentioned, this is the fifth in a nine-part webinar series to release this information. In the fall of this year, we're hoping to have a national symposium on sex offender management and accountability. We're not sure about the dates of the location yet and we encourage you to keep an eye on our website for more information there. At that symposium, we would also roll out our findings and talk also about how we intend to support this field going forward and support this work going forward through our funding efforts.

Just a little bit about the literature review methods before I turn it over to Tom. All of the authors who developed the chapters in the report followed a similar methodology. They utilized social science abstracts databases, Internet searches, reached out to relevant organizations and subject matter experts to compile the different types of research, the different reports and studies that were conducted on each of these topic areas. They focused primarily on studies that are more recent, that is generally studies that were produced within the last 15 years. We really placed a strong emphasis on studies that employed scientifically rigorous methods as well as synthesis studies such systematic reviews and meta analyses.

With that, I'm going to turn it over to Tom Leverage who will talk to you all about juvenile etiology and typologies. Thank you, and Tom take it away.

Tom Leverage: Thank you very much, Scott. I just want to reflect for a moment on Luis deBaca's comments. As somebody who has been in this field since the early 80s, I'm extremely pleased to hear the term MythBusters because I think what all of our goal is to [inaudible 00:16:09].

Bethany: Tom, I think we might have lost you. If everyone wants to hang tight it looks like Tom's going to call right back in. Everyone online, I apologize again for the delay. We're trying to get Tom back as soon as we can. Hang tight for another couple minutes. Hi everyone, I apologize again for the delay. We are doing our best to get Tom back on as soon as we possibly can.

Chris: Hello. This is Chris Lobanov-Rostovsky. I'm going to go ahead and do a little bit of talking while we're waiting for Tom to get back here. As Scott indicated, I had involved in this project in terms of overseeing the development of the different chapters, and so I have some familiarity with the work that Tom has been doing with this chapter. We're hoping that we'll be able to get him back here in just a minute.

I'm going to go ahead and start the introduction portion and hope that he'll ride in on his white horse and save me here in a few minutes. In terms of this chapter, this chapter is broken down into two specific pieces. The first is the etiology of juvenile

sexual offending which looks at the causes or origins of this behavior and the pathways used related to the development onset and maintenance of the behavior. While it's not really causation, per se, it does look at different ways in which this type of behavior may develop.

I think that's really important to us from a clinical perspective in terms of knowing why this behavior has come about, how the behavior comes about and how it is maintained as well. If we know those things in terms of our work with kids, then we can begin to develop treatment plans and supervision and management plans to be able to intervene with this population. The etiology research, I think, has been very important in terms of helping us to gain a better understanding about juveniles who commit sexual offenses. I think what we've realized is it's not as simple as one etiological factor, that there are multiple different pathways or factors that play a role in the development of this behavior.

I think many of the folks who have done the theoretical work as well as the research in this area have looked at different types of pathways and different etiological factors. This webinar today will highlight some of those. In addition, we'll be looking at the typology research as well.

Tom Leversee: Am I back?

Chris: You're back, Tom?

Tom Leversee: Yes, I hope so. I don't know what happened to my call, so I apologize to everybody.

Chris: I was just doing a general introduction to the etiology and typology and what that is. I talked about etiology and you can pick it up with typology, Tom. Take it over.

Tom Leversee: Okay, all right. Let's just talk. Let me just say another quick word about etiology, as Chris I'm sure already talked about it. We're talking about the causes and origins, the keywords causes, origins and pathways. Some additional definitions when you talk about etiology, the study of why things occur or in the medical field factors coming together to cause an illness. Typological research we're essentially talking a classification system, a way of understanding different profiles offenders, and the research thus far has been looking at differentiating based on victim age, delinquent history and personality characteristics.

When we look at the etiological research, we're looking for conceptual frameworks, personality constructs, etc., that give us guidance in developing both our primary prevention and our tertiary prevention. I'm guessing most of you attending this webinar today are probably treatment providers or evaluators, so you're at the tertiary prevention level. You're trying to intervene after something has already occurred, but hopefully through the process we can get to the point in gaining knowledge to where we can have much more impact at the beginning of the process and intervening before something occurs.

When we look at the etiological research, we'll be looking at few studies that involve a focus on single factors, but most of the research we're doing is focusing on multiple factors. What we're finding out from the etiological research, not surprising to most of you, is that etiological factors both [inaudible 00:28:55] and interact with each other. Another way of looking at it is when we look at risks we also look at the accumulation and the interaction of risk factors with other.

A couple of other important definitions for today when we're looking at etiological factors and typological factors for that matter is the difference between static and dynamic factors. Static factors are those historical fixed or unchanging factors. There's nothing you can do to change the fact that somebody's experienced an adverse childhood experience such as abuse, neglect or loss, or risk factors related to the use ecology. There're factors in the family or the neighborhood or the school or the peer group.

Dynamic factors, on the other hand, are changeable. These are the factors that become our treatment targets. Examples of dynamic factors are cognitions, so values, attitudes, beliefs and thoughts. Social isolation, social competence, self efficacy, sexual interest whether it's atypical or normal, current family and community stability and adjustment factors. These are all things that we can have an impact on, as I said become our treatment targets.

Also when we're looking at etiology and typology, from the standpoint of planning our treatment to provision intervention we're looking at the process of case conceptualization and case formulation. I think it's important before I head into the research to really think about that. As I go through the research, think about particular cases that you're involved with or have been involved with and write down specific static factors and dynamic factors and what are the implications for treatment and supervision. Just quickly as we look at this case formulation process, as we sit down and plan our treatment and intervention on a case, we think about what are the current problems, how did these problems develop and how are they maintained. That really is all about etiology, looking at the specific life events and experiences and sometimes this includes genetic predispositions.

What dysfunction or maladaptive thoughts or beliefs are associated with the problems? Based on the individual's developmental, family and social experience, what are his most basic core beliefs about the self, about the world, about others, about relationships? What strategies, both cognitive and behavioral, has the individual developed with these dysfunctional or maladaptive beliefs? Then maybe more in the present focus, what are the stressors, current stressors, contributed to this person's [inaudible 00:31:41] problems or interfere with their ability to solve their problems?

Let's start. Let's move on into the research now. The first few slides we're going to be talking at single factor, and it'll focus solely on sexual victimization. This particular slide is looking at more of a direct path from sexual victimization to engaging in sexually abusive behavior and sexual offending. What Veniziano and

LeGrand found as their research suggested, their results suggested, that sexually abused juveniles were more likely to select behaviors that were reflective of their own sexual victimization. What this suggests is that the sexual offending of some adolescents that has been sexually victimized essentially represents a reenactment of their own sexual victimization or a reactive condition or a learned behavior pattern.

When we think about that we think about trauma reactive and we also think about the social learning aspects of the sexual victimization experience. Grubell and Knight were interested in looking at are there particular sensitive periods within a youth development when sexual abuse can do the most damage and perhaps place youth at higher risk of engaging in sexually abusive behavior. They indeed found that sexual victimization between the ages of three to seven was a sensitive period that increased the risk of subsequent sexual offending. They also found that continuous sexual abuse was more likely related to severe perpetration, not surprising, than discrete period, and that both age and the length of the sexual abuse also contributed to attitudes and behaviors related to the youth committing sexual.

Continuing along with the focus of sexual victimization as far as a predictor of subsequent sexual offending, the first bullet is talking about research from Hunter and Figueredo. As you can see, what they found was these four factors were substantial risk factors that started subsequent sexual offending and [inaudible 00:34:01] surprise you.

A younger age at the time of sexual victimization which again reflects the developmental competence as far as their ability to process their experience, a greater number of incidents, a longer period of waiting to report the abuse and lower level of family support after the revelation of the abuse. When you look at those four factors we can certainly see how this constellation of factors could aggravate the overall trauma and work against resolution of the trauma. Then the last two bullets raise concerns about the quality of the caregiver, child relationship as an additional risk factor.

This second bullet, David Burton, results suggested that sexually victimized youths were likely to repeat what was done to them. As you can see, in regard to the relationship with and candor of the victim, their mode of operandi or their pre-assault pattern or [inaudible 00:34:57] patterns and the specific types of sexual behaviors that they engaged in, again, as being a repetition of what was done to them. This does suggest, again, that in these cases sexually abusive youth may have learned to be sexually abusive from their own sexual victimization.

In addition to the sexual victimization, Burton also looked at the interaction of the sexual victimization, in particular personality traits, in this case submissive and forceful personality traits. What Burton's research results suggested was that youth that scored higher on the submissive trait may believe that relationships with others are required to feel comfortable and socially confident. What does that have



to do with them subsequently engaging in sexually abusive behavior? What I would wonder as a result of that is whether the youth's sexually abusive behavior represents a pairing of both sexual behavior with social emotional neediness.

Those who scored higher on the forceful personality trait may derive pleasure from inflicting pain on their victim. These individuals had been sexually victimized and scored higher in the forceful personality trait were more likely to use force in the commission of their sexually abusive behaviors.

Now we're going to shift from single factor, sexual victimization, to multiple types of maltreatment. Awakened and Saunders results, this is the first bullet, showed that the majority of the adolescents who sexually offended against females their age or older came from disturbed family backgrounds. They found that physical abusive by father and sexual abuse by males increased the level of sexual aggression by adolescence. Not surprisingly, a child's bonding to his mother was found to increase with sexual aggression. This was a protective factor as far as having a sexual victimization and reducing the risk, the possibility of subsequent sexual offending.

Then the last bullet is just talking about some research that was done by Cavanaugh, Pimenthal and Prentky. What they looked at was the prevalence of co-occurring disorders in the population of both males and females who engaged in sexually offending behaviors. Now it's important to note that their sample experienced a high degree of physical, psychological and sexual abuse as well as neglect. The researchers found some pretty high prevalence of co-occurring disorders that could've been related to the severity of their victimization. They found that 66.7% of their study subjects had an ADHD, 55.6% had PTSD and 49.9% had a mood disorder. One-quarter also used drugs and about one-fifth consumed alcohol.

Let's step back and pause for a moment now and reflect a little bit on what we've learned so far and the implications for treatment and supervision. In the research that I cited we've learned that sexually offending behavior was to some degree a reenactment of their own sexual victimization or a reactive condition or a learned behavior. From a treatment standpoint, from a treatment intervention standpoint, this speaks to issues related to trauma reactivity, learned cognitive behavioral patterns and personality traits, all dynamic factors that we can address in treatment.

As I've gone through these, if you again reflect I'm curious it may be a current or past client that comes to mind as we've talked about these. Let's move along.

I think this slide, the first bullet is speaking about research by Seto and Lalumiere. I think this research was important to our field because as the field started to shift there were those that were asking are juveniles who commit sexual offenses really that different from non-sexual delinquents. Looking in Seto and Lalumiere had a large sample of both juveniles who committed sexual offenses and non-sexual

delinquents. What they found was that those juveniles who committed sexual offenses in comparison to non-sexual delinquents had a higher rate of sexual victimization, had a higher rate of having been exposed to sexual violence, also other abuse and neglect were more likely to have experienced social isolation, had a higher rate of early exposure to sex or pornography, were more likely to manifest atypical sexual interest, anxiety and low self esteem.

Let's again pause for a moment and look at that list of factors and pull out the dynamic factors which can become our treatment targets. We certainly could hypothesize from this sample that a fair number of youth experienced a trauma related symptoms, so some sort of trauma [inaudible 00:40:22] trauma resolution interventions is important, but also social isolation and social confidence, atypical sexual interest, anxiety and in particular social anxiety, and low self esteem. Again, important things that can become part of our treatment targets.

Leibowitz, Burton and Howard basically looked at three different groups in their research. This is talking about the second bullet on this particular slide. They looked at sexually victimized and non-sexually victimized adolescent sexual abusers and they compared them with a group of non-sexually victimized delinquent youth. What they found was that the sexual victimized sexual abusers, not surprisingly, had the highest mean scores of trauma and personality measures followed by the non-sexually victimized and the sexual offenders and general delinquent youth.

I'd like to give some definitions now that I think are going to be very important as we look at the upcoming slides and the results of the research in upcoming slides. I'm also going to give you some examples from my clinical experience in regards to particularly hypermasculinity in general. These are all things that we tend to see in some segment of [inaudible 00:41:49] population. Definition, sexual preoccupation. This refers to an abnormally intense interest in sex that dominates psychological functioning. This particular construct substantially overlaps with sexual compulsions, sexual addiction and hypersexuality.

Hypermasculinity. This is the constellation of beliefs that a masculine identity involves the following: Power, risk taking, toughness, dominance, aggressiveness, honor defending, competitiveness and impersonal sexuality. I'd like to give you a couple of examples from my clinical experience. One of my youth when I scored within this definition of manhood spoke about beating up someone who's older than you and making them hurt physically; being feared and respected, if I didn't like them I expected them to fear me, if I liked them I expected them to respect me; talked about relationships with males as a power struggle; also described believing that no one can tell me what to do if I was already grown up and put people in their place.

This youth was pretty heavily involved in the gang culture. I asked him to talk a little bit about what he observed as far as the gang culture and their attitudes towards women and sex. He said that women at parties were like material items, no love or affection, used for one thing, sex. If women knew the men thought like

that they just let them. Anytime I wanted it better be there, it wasn't physical abuse it was mental abuse.

Another youth, again, when exploring his definition of manhood described men are macho, do what they want, do what they please, dominant role in any situation. Women are meant to be there for men. He talked about his image with peers as having to be grade A, top of the class. I was the stuff, the life of the party, controlling any situation. If I want it I'll be able to get it, and this is a really predominant thought in regard to the sexual [inaudible 00:44:08]. I knew when I had the spotlight on me I had to be the player.

Let's see how these definitions apply to some of the research that I'm going to be talking about in the next few slides. What we're going to be talking about now research wise is the relationship between multiple types of child maltreatment and different personality variables. In Johnson and Knight's, on this first bullet, they were looking at the extent to which their sample experienced childhood trauma, engaged in adolescent delinquency and exhibited particular personality dispositions and cognitive biases. What they found was that the constructs or the traits in sexual compulsivity and hypermasculinity ... let me step back for moment. I realized it didn't finish a couple of definitions.

I'm not going to go back on the slide, but misogynistic means reflecting or exhibiting hatred, dislike, mistrust or mistreatment of women. Callous non-emotional traits are talking about those youth that lack emotional responsiveness, lack of normal empathy responses and not emotionally invested in others or conventional achievement. This callous non-emotional trait you hear a lot about in the research and interventions with general delinquents, and although it's a small percentage of general delinquents they tend to be somewhat higher risk those that are manifesting this trait.

Anyway, Johnson and Knight found that the combination of sexual compulsivity and hypermasculinity in combination with misogynistic fantasy behaviors, those characteristics the juveniles that manifested those characteristics were much more likely to commit sexual offenses involving force. Similarly, Knight and Sims-Knight, in the second bullet, talked about the traits of sexual drive and preoccupation, anti-social behavior and impulsivity and callous and unemotional traits as also being a combination of traits that predicted youth that were more likely to use force in their sexual offending behaviors. Both of these studies speak to the role that the [inaudible 00:46:34] factor of early traumatic physical and sexual abuse play as well as the dynamic factors of sexual compulsivity, hypermasculinity and misogynistic fantasy and general anti-social orientation played in those juveniles who were engaging in sexually abusive behavior involving force.

This next set of research studies talks about the relationship between multiple types of childhood maltreatment and personality variables. These two studies were looking at developmental pathway models that differentiated youth who offend against children from youth who offend against peers and adults. You'll see in a few

minutes now that this also has typological implications.

This first bullet is a research by Daversa and Knight. They were looking at characteristics related to juveniles who sexually offend primarily against younger victims. They identified four significant paths that emerged in the model. The first three pathways that they described involved the developmental experience of emotional and physical abuse, and then the subsequent personality characteristics that were relevant to the sexual victimization against children were psychopathy, sexual fantasy including child fantasy, sexually inadequacy and sexual fantasy and child fantasy, and the third one also just directly through sexual inadequacy. The fourth one there was a direct path that went directly from sexual abuse into child victimization. Again, as we're trying to reflect on identifying the dynamic risk factors to become our treatment targets we're looking at psychopathic traits, sexual fantasies including child fantasies and sexual inadequacy as things that we can target.

The second bullet we're looking at factors, the first one was looking at factors related to those juveniles who were most likely to sexually offend against children. The second series of factors is looking at those juveniles who are more likely to offend against peers and adults. What they found were three categories of risk factors, greater hypersexuality or sexual deviance, more violent behavior or fantasies, and a history of victimization. Again, we get that piece about a [inaudible 00:49:28] preoccupation, hypersexuality and more generally violent as factors related to offending against peers and adults.

One more slide on pornography, and then we'll [inaudible 00:49:52] on etiology research, then we'll get some conclusions and policy implications. This particular research slide had to do with research on pornography. Burton, Leibowitz and Howard looked at pornography exposure between male adolescents who sexually abused and male non-sexual offending delinquent youth. Again, male adolescents who sexually abuse compared with male non-sexual offending delinquent youth. What they found was the juveniles who had engaged in sexually abusive behavior reported more exposure to pornography when they were both under and over the age of 10 than non-sexual abusers.

In spite of this, the researchers characterized this study as exploratory in nature because what they found with this early exposure for the juveniles who commit sexual offenses was not correlated to the age of which their sexually abusive behavior started was not related to their reported number of victims and was not related to their sexual offense severity. They felt that they at this point in time they really couldn't draw any firm conclusions about prohibition or control of pornography for adolescents who were sexually abused.

I'm trying to be aware of the time we lost so that there's time for some questions and answers. I'm going to try and move somewhat quickly through some of these slides so we have [inaudible 00:51:29]. Just very quickly looking at conclusions and policy implications from the etiology and research that I've shared with you, clearly

sexual victimization plays just disproportionate role in the development of sexually abusive behavior, but it also co-varies with other developmental risk factors. The multiple factor theories in regards to early childhood maltreatment clearly increases the likelihood of sexually abusive behavior, but it also either indirectly or directly in relationship with personality variables. The combination of some form of sexual or physical victimization, abuse, neglect in combination with certain personality variables predicted subsequent sexual offending behaviors.

Another thing that I think is really important to me references back to Mr. deBaca's comments about our field. He said what we're trying to do is identify developmental antecedents that can not only inform our treatment planning for tertiary intervention but also ultimately be the basis for identifying at risk groups for primary and secondary prevention. One of the resources that I would just want to reference to you that I think would be important to ask this and the reason is that it talks about the broad range of prevention all the way from the primary, secondary to tertiary is for you to go on the website of the Association for the Treatment of Sexual Abusers, the ATSA website, and the document is called A Reasoned Approach Reshaping Sexual Offender Policy to Prevent Child Sexual Abuse, again, the ATSA website, A Reasoned Approach Reshaping Sexual Offender Policy to Prevent Child Sexual Abuse.

When we look at some of the limitations of the research and future needs it's obvious that we've been focusing solely on risk factors. It's certainly likely that these juveniles also lack protective factors, and the other piece that we need more information on and more understanding of is the interaction between risk factors and protective factors as far as possibly mitigating or decreasing the risk of future engagement in sexual abusive behavior. There's a lot of exciting stuff going on in the field right now in regard to looking at protective factors. Again, I would reference ATSA, the sexual abuse journal called Sexual Abuse Journal Research and Treatment, February 2015, devotes an entire addition of the journal to protective factors and exploring the emerging research. That's really where we're at in regard to that. Worley and Lankin they've been exploring what they're describing as interactive protective factors. Those protective factors that can be shown to moderate the association between a risk factor and recidivism.

Let's shift now to typologies. When we talk about typologies, again, we're looking at a classification system. We're looking at trying to define specific profiles of offenders, looking at underlying psychological processes. Examples of underlying psychological processes are what are some the basic core beliefs, what are some of the cognitive, emotional processes that are precursors to offending behavior, how are they processing social information, some of these types of things. We're also looking at trying to identify key constructs for assessment and possible etiological factors that are specific to a subtype or typology.

What we're really aiming to do is to better be able to refine our treatment and deliver individualized treatment that addresses the unique risk and needs for each of the different subtypes. When we're looking at constructs for assessment, we're

talking about things like trauma, social confidence, delinquent orientation, [inaudible 00:56:16] occurring mental disorders, atypical sexual interest, sexual drive and preoccupation, and as we talked previously hypermasculinity.

The research to date has essentially delineated subtypes of juveniles looking at sexual offenses based on these three dimensions. The first one is victim age. The question is there a difference between juveniles who commit sexual offending behavior towards peers or older females versus those who are offending against children? Delinquent history, is there is difference between juveniles who are committing just primarily sexual offending beginner and those that are committing both sexual offending behavior and non-sexual delinquency? Thirdly, is there a difference between juveniles profiles and subtypes based on personality characteristics?

When you think about your cases and we walk through some of this research, the most important things we're talking about here, what is driving the sexual offending and other non-sexual delinquency? What type of cognitive emotional processes, what type of developmental experiences, co-occurring disorder, personality traits. What is driving the sexual abusive behavior and non-sexual delinquency? What are our differential dynamic risk factors and treatment targets? I think at an early age it's kind of a one size fits all treatment. What etiological pathways and typologies allow us to do is to really see the diversity of the population and to identify differential treatment and supervision.

We talked about [inaudible 00:58:14]. Let's talk some about the differentiating juveniles who commit sexual offenses based on victim age. This slide essentially contains 13 different studies. This research is looking at adolescents who sexually offended against females their age and older. What these studies found was that these juveniles who were offending against females their age and older were more generally delinquent and had greater anti-social tendencies, displayed higher levels of aggression and violence in the commission of their offense. One study found they were also more likely to use a weapon, less likely to be related to the victim, so they're more likely to select a victim who was either a stranger or an acquaintance, less likely to be socially isolated or have social competence issues in comparison to those who offended against children and more likely to have come from a disturbed family background.

Now look at research that looked more at characteristics and etiological factors related to juveniles who committed offenses against children, and I think you see a very different profile. The issue of adolescents who sexually offended against children and this [inaudible 00:59:38] studies [inaudible 00:59:39] particular slide more likely to have pessimistic styles and deficits, self sufficiency, more likely to manifest psychosocial deficits, have experienced social isolation, experienced [inaudible 00:59:52] anxiety, higher levels of co-occurring anxiety and depression.

Sexual offending as a compensatory behavior, this is a very important piece of the hypotheses that many of these researchers are seeing in regards to some of these

juveniles who are offending primarily against children. Essentially, what they're is that these youth are turning to children because of these issues and psychosocial deficits and social competencies, they're turning to children to get sexual gratification, emotional intimacy, emotional connection with others, these types of needs meant that they don't feel like they're able to get with same age peers because of their feelings of social inadequacy, social competence issues. Essentially, I guess you could say they're treating the children to get these needs met. Some of the research also found they are less likely to use aggression in their offenses than juveniles that are offending against same age and older and more likely to victimize relatives.

Then we know that there's a small subset, this is a couple of studies reflected on here, there's a small subset of adolescents who are targeting children because of pedophilic interests. The previous slide we talked about psychosocial deficits really driving the sexually abusive behavior towards children. In the small subset in a small percentage of juveniles committing sexual offenses are targeting children because they're primarily attracted to children. Again, this is more a factor in adults, and we also know that the ability to measure this in adolescents is challenged by the dynamic and fluid nature of development including sexual interest et cetera.

This study looked, this is Minor and colleagues, they were exploring the relationship between sexual youth perpetration and insecure attachments and adolescent social development. They looked at three different samples of 13-18 year old adolescents. The first group were adolescents who committed sexual offenses against child victims. The second group were adolescents who committed sexual fantasies against peer or adult victims, and the third group were non-sexual delinquent youth.

What they found was that those juveniles who were offending primarily against children manifested a preoccupied or a fearful attachment style. These youth were more likely to perceive themselves as socially isolated with respect rejection from same age peers, manifest anxiety in their interaction with same age females. Clinical experience I found some of these youth feel like same age females aren't really accessible to them and more likely to have a high sexual drive and preoccupation. Whereas, they found that those juveniles who sexually offended against peers and adults were really not much different than non-sexual delinquents as far as their attachment style. Both were more likely to have a dismissive attachment style characterized by avoidance of intimacy, a devaluation of relationships and striving to maintain autonomy.

This is research that was done by Hunter in 2009 looking at a national sample who were receiving treatment in institutional and community based settings. These were some subtypes that he delineated from his research. This first group, the life course persistent anti-social, if you're familiar with the research by Terry Moffat in general delinquency differentiating between life course persistent and adolescent limited offenders, these life course persistent individuals typically the research that

Hunter did on those who committed sexual offenses had the highest rates of arrest for non-sexual crimes and the highest reported rate of childhood exposure to violence. This is a small percentage of juveniles delinquencies in general they've committed disproportionate amount of delinquency. These are the youth that are higher rate persisting to adulthood both for general delinquency and indicates with Hunter's research possibly to sexual offending would probably more likely non-sexual delinquency.

The adolescent onset experimenters I'm guessing we've seen a lot, all of us have seen I think youth in our practice, they really appear less psychosocially and psychosexually disturbed than the other subgroups, have the lowest average number of victims.

The socially impaired anxious and depressed, again, this was a subtype that Hunter found was predominantly sexually offending against children. They're offending with a transient nature, more reflective of adolescent experimentation, and then also compensation for psychosocial deficits that impaired their ability to development healthy same age peer relationship. Then again, there's a small subset of juveniles with sexually abusive behavior is driven by pedophilic interest.

This slide is basically Zakireh, Ronis and Knight found in their research that there was a subtype of youth with sexual offending which is part of a broader pattern of anti-social and delinquent history who have shifted to the researchers focusing on whether or not there're subtypes of juveniles who commit sexual offenses where their sexual offense is just a part of a broad range of non-sexual delinquent history. Butler and Seto also found a segment of sexual offending adolescents who committed their offense as part of a broad range of non-sexual delinquency who are at higher risk for general reoffending and were more likely to benefit from treatment targeting general delinquency factors.

This research by Carpenter, Peed and Eastman looked at both victim age and personality characteristics. Again, you can see [inaudible 01:06:41] starting to converge of some of the research in regard to some of these types of offenders that sexual offend against children and the issues related to social confidence and co-occurring depression and anxiety, et cetera. Those who sexually offended against children, more schizoid, avoidant, and dependent, withdrawing from social encounters, experiencing [inaudible 01:07:09] isolation. Whereas, those that offend against peer age and older much more likely to manifest an inflated self esteem and to be arrogant and interpersonally exploitative.

Try and move through these quickly so we can have some questions. This is also just some subtypes, some research that Hunter did that was focusing in on research, typology research, based on personality characteristics. Again, I think just what you'll see is that the first subtype more generally delinquent. The next two subtypes experiencing some combination or co-occurring disorder and social confidence, social awkwardness creating obstacles for their ability to maintain healthy and intimate relationships.



Richardson and colleagues used the MACI to take a look at a personality based taxonomy based on personality characteristics and personality [inaudible 01:08:27]. They delineated five subgroups that you can see there including the anti-social, submissive, dysthymic/inhibited and dysthymic/negativistic. They found that the submissive and the dysthymic/inhibited youth represented individuals that are essentially internalizing their issues, passively dependent, high levels of social or generalized anxiety, co-occurring mood disturbances, socially withdrawn and isolated, et cetera. Whereas the anti-social group they said was the closest to a peer conduct disorder, and they also found the dysthymic/negativistic group while experiencing a longer term chronic depression tended to more externalize these symptoms and demonstrated intimidating behaviors and being indifferent to the feelings of others.

What they really found, I guess, the results provided evidence, Richard and colleagues, for the diversity of adolescents who sexually abused both in regard to personality characteristics and the presence of psychopathology, and that these factors should be taken into consideration in consulting treatment planning based on subgroup membership.

We'll put a wrap on this and talk about conclusions, and then give some time for Q&A. Again, to summarize what we've talked about, the typology research has looked at differentiating juveniles who commit sexual offenses based on victim age, delinquent history and personality characteristics. I think that there's increasing convergence in the literature. I think it's really quite exciting as far as differentiating between juveniles whose sexual offending is driven by psychosocial deficits and those that sexual offending is just part of a broader range of general delinquency, and that we really should be looking at some different treatment tracks in directing those subtypes. Not to say that those are the only subtypes, but those are two that are really jumping out, I think, from the research.

One of group of researchers talked about perhaps we really don't have enough information yet. We certainly don't have enough information to describe what we call empirically validated typology, but some of the dimensions that we can be looking at as far as our assessment and treatment planning would include the traumatic and chaotic family environments, attachments, psychosocial adjustment, delinquent history and orientation, a co-occurring mental problem, sexual drive and preoccupation and atypical sexual interest. What we're hoping for is the ability to really be able to provide individualized treatment and supervision based on subtype specific treatment and supervision needs. We also know clearly that victimization and trauma resolution are going to be huge pieces of our intervention with these youth.

Anyway, sorry about the quickness of the end of this. I'm going to now turn this over to Scott for some brief Q&A.

Scott Matson: Thank you, Tom. That was great information, and I hope everybody was able to get

as much out that as I do. I've read the chapter several times, and I think I learn something everytime I go back through it. Again, thank you for the great information. You'll see on the following slides we've included the notes from the chapter. These are available on the PowerPoint that will be on NCJA's website following the webinar.

I encourage you all to head back the SOMAPI report on our website, on the SMART Office website, to read up more on this chapter and the others, especially the juvenile chapters if that's why most of you tuned in. We're going to go ahead and open up the Q&A. There're some directions there on how to send a question to the panelist.

We received a few during the registration process and during the webinar itself that we want to cover. Again, some of these things as in the past questions are a bit out of place for this webinar and will most likely be addressed in others or in the previous webinars they were addressed. We're going to try to focus mostly on the questions that were directly to this topic area.

Tom, I wanted to first start off by asking you a question that came in, what kind of characteristics or clinical history or typology responds the best to community based treatment?

Tom Leverage: I think when we look at that we certainly have to start with the issue of risk. We do know that the vast majority of juveniles who commit sexual offenses don't re-offend sexually, are more likely to re-offend with non-sexual dlinquency. As such, we believe that the majority of juveniles who commit sexual offenses will respond well to community treatment.

We certainly would be wanting to look at risk, certainly you could say there're some correlation between some of the characteristics and what we find in some of the risk assessment instruments. If we start with an instrument like the JSO before we really talk about typologies, the whole issue of prior legally charged offenses, number of sexual abuse victims, duration of sexual offense histories, sexualized aggression, these are things that we're going to be looking at and determining with in determining whether an individual needs a residential placement or can be treated in the community.

I think as we talked about some of these juveniles and particularly those with the social competency and psychosocial adjustment issues, many of these youths really did not, other than their sexual offending, did not have much of a history at all as far as other non-sexual conduct problems or delinquencies. Also, many of those other than their sexual offending behaviors manifested pro-social attitudes in regard to a lot of other areas. When you look at that and that portends of a better treatment outcome and we would certainly expect those individuals in many cases would be able to be appropriate for community treatment, not only would be appropriate but it would be in their best interests to get as many opportunities as possible for normal pro-social interactions and pro-social development.

Certainly, those individuals whose sexual offending is part of a broader range of non-sexual delinquency who are engaged in a high level of non-sexual delinquencies, whose sexual offenses involve a lot of aggression, who were manifesting the callous non-emotional traits and who do not seem very amenable to treatment would be more likely the groups and individuals that we'd be looking at, perhaps some of a residential or secure residential care as part of their interventions.

Scott Matson: Thanks, for that. I don't know if you've seen this, but a number of questions have come in related to female juveniles and [inaudible 01:16:46] this applies to the etiology and typology information applies to them as well.

Tom Leverage: The vast majority of these studies almost exclusively I would say were males. What I would suggest, and I have only worked exclusively with males, but there is a document on the website, the Center for Sex Offender Management, that focuses on females who have committed sexual offenses. Just briefly looking at some of the research that they're summarizing in that document as far as characteristics and typologies of adolescent females who committed sexual offenses, a higher prevalence of sexual victimization than even their male counterparts are committing sexual offenses, instability and dysfunction within the family home, more likely and this is true of the general delinquency too that the female general delinquents are more likely to have co-occurring in psychiatric disorders, more likely to targeting children within the family or within their familiar. The limited amount of typology research that's been done in the CSOM article differentiated three different types of female adolescents who have engaged sexual offending behaviors.

The first type described those who engaged in a limited number of incidents against a non-related child within the context of babysitting. What they found about with these youth were they were relatively inexperienced and naïve and somewhat fearful with respects to sexual matters. Their offending behaviors appeared to be more motivated primarily by experimentation or [inaudible 01:18:30] curiosity. This particular subtype, their histories of maltreatment and family dysfunction and psychological [inaudible 01:18:39] were fairly limited.

The second subtype they talked about was with girls who appeared to be sexually reactive. When we talk about sexually reactive we're talking about those who've been sexually victimized and there's some trauma reactivity. They were generally abusing younger children in a manner that mirrored their own victimization, although some in the subtype evidenced emotional psychological and other difficulties. These issues were generally were not severe and many of these youth possessed adequate social skills and other personality strengths.

Then the third subtype that they identified in the CSOM article [inaudible 01:19:19] research were adolescent females who engaged in more extensive and repetitive sexual offending behaviors and how manifested much greater levels of emotional

and psychosexual disturbance. They described many of these have [inaudible 01:19:33] experienced considerable developmental trauma including sexual victimization often beginning at an early age which likely contributed to their significant difficulties with adjustment and stability. I think that the a lot of people would say that the typology research as it relates to females has progressed as far as that is addressing males.

Scott Matson: Thanks. There were a couple of questions that you may have covered already related to the histories of abuse and what percentage of juvenile sex offenders have been victims, have all juvenile sex offenders have they been victims? Does it increase their likelihood for re-offense? Can you just speak to that to just clarify some of that information?

Tom Leversee: No, all juveniles who committed sexual offenses have not been sexually victimized. I frankly don't know if this is accurate. I believe that the research on sexual victimization has ranged between 40% and 80%. It's certainly plays and the research studies that we looked at, particularly where there was significant amount of sexual victimization over a long period of time, where it was kept secret over a long period of time and where there wasn't a supportive response once it was disclosed, all those factors increase the likelihood of sexual offending.

We also know that the vast majority of individuals that are sexually abused do not go on to engage in sexually abusive behavior, or for that matter other conduct problems. As we talked about, there are cases where there's severe and chronic sexual abuse, where there's sexual offending behavior may reflect sexual reactivity, but in many cases the sexual victimization co-varies with other risk factors that increase the possibility of engaging in sexually abusive behavior.

Scott Matson: Thanks. There was a question just I think of a definitional question maybe about the defining atypical sexual interest. Can you do that for us?

Tom Leversee: Yeah, basically that term is kind of interchangeable with pedophilic interests and deviant sexual arousal. I think the reason that, and I don't know, I can't necessarily speak to the adult field, but I'm wondering if the reason that in the juvenile field that we're more likely to use the term atypical sexual interests as opposed to deviant sexual arousal or pedophilic interests has to do with, as I said earlier, the dynamic nature and the fluidity of sexual development in adolescents and our attempts to be careful with our terminology, particularly when it gets to the power of labels like pedophile and deviant sexual arousal and really understanding that's an earlier understood traits in adulthood because of the more fixed nature of sexual development and "finished nature" of sexual development in adulthood versus adolescents.

I'm wondering if that term atypical sexual interest has intentionally been used because of the emotional charge and the negative labeling aspects and stigmatization related to terms like that apply are in deviant sexual [inaudible 01:23:57]. Those my thoughts.

Scott Matson: Yeah, that's a good point. I think we have time for one more question, but before we do that I wanted to let everybody know that there is a poll that NCJA is about to open up to give us some feedback on the webinar. I know it's greatly appreciated, so if you could take a minute to fill that out we would all appreciate it. The one last question I'll throw out there since you worked in the field for so many years, Tom, is how you feel youth respond best to treatment, in a community based setting or residential setting or is it not as cut and dry as choosing one over the other?

Tom Lerversee: I think when you at look just adolescent conduct problems in general that whether it's just general delinquency or sexual offending to the degree we can we always want to, I think, treat youth in their communities. The main reason in outpatient and in their communities, the main reason is that we know adolescent development is inextricably linked to their transactions and their interactions with their environment, the ecological framework. We talk about the adolescent's interaction with their families, and their interaction with their peer groups, and their interaction with their school and their neighborhoods, and that's a significant piece of adolescent development. To the degree we can, obviously with safety in the community always taking priority, we want to give juveniles the opportunity for normative social interaction and normative development.

If you think about the subtype of juveniles who commit sexual offenses with the typology research the more psychosocial deficit we have a lot of issues related to social isolation and social marginalization and low social confidence and self esteem, we want to provide opportunities that build their self efficacy, and self esteem, and their social competence. I think we're more likely to be able to do that in the community. This is all understanding the fact that there're segmented individuals that are high enough risk or need at least a period of more structured containment that you can provide in a residential or a secure facility. Even in those cases, once the youth is low enough risk to be treated in the community I think we should be transitioning them into a step down or a lower level of care so that I think we're better able to support and facilitate adolescent development by doing that.

Scott Matson: Thanks, Tom. I appreciate it. That's about all the time we have, so I want to thank Tom as well as everyone in the audience for joining us today. Special thanks to Chris for pinch hitting for a few minutes here while we had the technological problems. We hope again that you all can join us for the next webinar in the series. This one's going to focus on adult risk assessment and recidivism, and that will be held on July 13th. The one following that we'll be looking at adult typologies and that will be on August 24th. Registration is currently open for I believe both of those webinars. Visit [www.ncja.org/webinars](http://www.ncja.org/webinars) to register.

I want to thank everybody again for joining us, and I want you all to have a great afternoon. Thanks.