

NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.



Volume 4, Issue 9

September 2011

Dear Colleague,

NEARI Press Webinars

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9/19/11 from 2:00-3:00 PM EST

"Best Practice on the Front Lines:

What works with adolescents who have sexually abused"

Please join us as we pilot test our first FREE webinar with David Prescott, LICSW. Within this one-hour webinar, Mr. Prescott will provide an overview of the most current research and discuss the implication for professionals working directly with a wide range of adolescents exhibiting problematic to sexually abusive behaviors.

We are also adding a new feature: "Responding to Feedback." We appreciate your comments and suggestions and we have tried to highlight some of the key points our colleagues sent to us in response to the last newsletter issue. This kind of discussion is truly the best way for all of us to learn. We hope you will take the time to look through that commentary.

As always, if you have any questions, please don't hesitate to contact us at info@nearipress.org or call us at 413-540-0712 x14.

Sincerely,

Joan Tabachnick and Steven Bengis

www.nearipress.org

Characteristics of Youth Who Continue Their Sexual Or Non-Sexual Criminal Behavior

by Steven Bengis, David S. Prescott, and Joan Tabachnick

Question

Why do some adolescents continue to sexually abuse while others stop? What characteristics differentiate adolescents who continue to sexually abuse from those who don't (or those who continue into non-sexual criminal behaviors)?

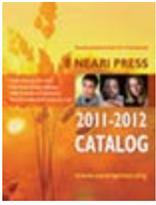
The Research

In 2011, Carpentier, Leclerc and Proulx examined factors related to the age of onset, variety of criminal activity, and desistance from sexually abusive behavior in 351 adolescent males:

- For age of onset, the study examined children whose first sexually abusive behavior was committed prior to age 12 (considered early starters) and those who engaged in sexually abusive behavior after the age of 12 (late starters).
- For variety of criminal activity they differentiated two groups, "sex-only aggressors" (no other known criminal behavior) and "sex-plus aggressors" (those known to have engaged in other non-sexual criminal behavior).
- To better understand desistance from criminal behavior, the researchers used reviews of criminal charges to create three categories: stable highs (participants charged with other offenses at least one of which was a sexual offense and/or a violent offense), de-escalators (those charged with offenses that were neither sexual nor violent), and "desisters" (those not charged with any new offense).

The study results suggest that the co-occurrence of BOTH aggressive and sexual deviant behaviors in childhood is associated with continuation of sexually abusive behavior.

The study noted that those adolescents who stopped any criminal behaviors (sexual or otherwise) had fewer cognitive, familial, social, and academic deficits in childhood than those who did continue in some criminal activity. In addition, very few non-offending teens continued with substance abuse or socialization with other delinquent peers. The authors suggest that attachment to family and school are essential protective factors against continued delinquency. The study also noted that adolescents who continued to engage in criminal sexual or violent behaviors ("stable high" groupings) could be differentiated from the teens who continued criminal activity but were neither sexual nor violent ("de-escalators") by differences related to childhood development. The de-escalators



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had lower rates of ADD, aggressive behavior, sexual and physical victimization, and long-term paternal absence. The authors concluded that sexual victimization and the long-term absence of a paternal figure at a young age increased the risk of become a "stable high" offender.

Implications for Professionals

This research echoes other studies that point to the need for early intervention in the lives of children who have been sexually traumatized AND exhibit early anti-social behaviors. The study leads us to ask: What kinds of treatment interventions might mitigate the effects of early childhood trauma and the lack of an involved, engaged, stable family or social support networks. This study further illustrates the need for differentiated treatment approaches based on the age of onset, the variety of criminal behavior in which the client engages, and the persistence of sexual or other criminal behavior over time.

This study further encourages us to craft interventions that focus on trauma, attachment and socialization as critical risk factors, especially for those children younger than 12 who have general anti-social tendencies. Early trauma can affect a child's capacity for attachment as well as their academic life, both of which might push a child toward delinquent peers. Finally, in addition to the low base-rates of sexual recidivism for adolescents, this study points out that those youth who only engage in sexually abusive behaviors may be at lower risk and more amenable to intervention than those youth who engaged in both general and sexually criminal behaviors, or who had school problems and went on to associate with delinquent peers. Professionals should pay special attention to variables related to attachment and socialization among adolescents who sexually abuse, since these factors appear critical to understanding and helping these adolescents stop.

Implications for the Field

This research reinforces other studies that support clear differentiations of risk and criminal trajectories amongst adolescents who sexually abuse. This study reinforces our need to examine not only recidivism data, but also the literature in related to other criminal activity (non-sexual) and the study of desistance as well as persistence. Carpentier and her colleagues help to remind us that there is a unique opportunity in public policy to focus limited resources on those whom the research suggests will persist in their sexualized behaviors AND to incorporate successful protective and management interventions that have demonstrated efficacy with the general delinquent population.

Abstract

The aim of the study was to identify the factors associated with age of onset of sexual aggression and variety and desistance of criminal activity among adolescent sexual aggressors. The sample consisted of 351 adolescents who were assessed in an outpatient psychiatric clinic between 1992 and 2002. Recidivism data were collected after a mean follow-up period of 8 years. Indices of early antisocial behaviors (aggressive behavior, anti-social traits) were associated with early activation of a pattern of sexual offending as well as a polymorphic criminal career in adolescence. Findings support previous research indicating that most adolescent sexual offenders who persist in criminal career commit a variety of offenses and do not specialize in sexual crimes.

Citation

- Carpentier, J., Leclerc, B., and Proulx, J. (2011). Juvenile sexual offenders: Correlates of onset, variety, and desistance

info@nearipress.org or call us at 413.540.0712, x14 to let us know if you have a question or a topic you would like us to cover.

If at any time you no longer want the e-newsletter, just let us know and we will remove your name from our list.

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About the Editor:
David S. Prescott, LICSW

[David Prescott website](#)

An internationally recognized expert in the field of sexual abuse assessment, treatment, management, and prevention, Mr. Prescott has published numerous articles and authored, edited, and co-edited books on risk assessment, interviewing, and providing residential treatment to youth. He is a Past President of ATSA and is currently Clinical Director for the Becket Programs of Maine, overseeing inpatient and outpatient services for juveniles.

of criminal behavior. *Criminal Justice and Behavior*, 38, 854-873.

To print a pdf of this article, click [NEARI NEWS](#).

Responding to Feedback

Dear readers:

NEARI News has now been in existence for three years. During that time, we have received more positive feedback and a larger readership than we ever imagined. We have also had requests for articles on particular topics and the occasional email taking issue with what we (Steve Bengis, Joan Tabachnick, and I) have written. It seems worthwhile to comment on some recent feedback and the newsletter in general. Thank you to everyone who has contacted us.

One response to a recent article, titled "The validity of assessing risk" deserves comment. In it, the reader, who preferred to communicate privately, commented on the predictive validity of the scales in question, our views of their applicability in certain cases, and what appeared to be an underlying message that it is probably impossible to predict adolescent behavior and thus risk assessment tools should really not be developed at all. We are very grateful to the reader for coming forward and believe this is an excellent opportunity to clarify our views:

The reader stated that "I typically enjoy reading your synopses; however, I found that most of the comments in that particular piece strayed quite far from the research that you were reviewing". This comment is duly noted and deserves a clarifying response. In many instances, we deliberately seek to report on a research finding and its direct implications. In this instance, we found that the study's findings prompted as many questions as answers, and felt an obligation to broaden the discussion. After all, the purpose of NEARI News is to review and discuss recent research and the literature beyond. In the future, we will attempt to clarify more explicitly the intention of our reviews.

The reader commented that the research study by Rajlic and Gretton found a moderate effect size for sexual reoffending for both the J-SOAP and the ERASOR. Noting that this is a similar effect size to the adult actuarial tools, the reader commented that many professionals would interpret the Rajlic and Gretton data as supportive of the risk assessment tools that they examined. The reader's comments raise the question of whether we had picked the wrong study if our intention was to criticize the existing tools. The reader felt we had misinterpreted research findings, while our intent was to highlight the limitations of the existing instruments and urge caution in their use.

The reader is absolutely correct about the moderate effect size found in this study. There is little doubt that comprehensive assessments seeking to understand the underlying propensity of an adolescent for sexual re-offense should refer to tools such as JSOAP-II and the ERASOR, as well as the research on which their authors developed them. NEARI News' intention has never been to denigrate them. In fact, were it not for the efforts of these measures' authors and those who research them, our field would not be in a position to ask key questions about how best to reduce the risk for sexual re-offense.

Just the same, questions remain: Under what circumstances is a moderate effect size an acceptable foundation for assessments that can potentially impact an adolescent for years to come? Recent controversies in the civil commitment of adult sexual offenders may be useful to consider in this context. The reader correctly noted that the predictive validity of these scales was considerably higher for that sub-population of adolescents who did not have prior backgrounds of non-sexual offending. This is

certainly true, and it would have been helpful for us to highlight this fact beyond including the abstract, where it is referenced.

Finally, the reader asked why we pointed out that the risk assessment tools do not consider such elements as autistic spectrum disorders when this was not a focus of the study in question. The reader further questioned whether we were aware of research suggesting that trauma or an autistic spectrum disorder diagnosis would impact differentially on risk assessment. We believe our comments in this area were justified. For example, some adolescents have a history of trauma, while others do not. Some have a diagnosis of an autism spectrum disorder AND a history of trauma, etc. The scales in their current form provide much useful information about risk factors generally. However, they do not necessarily identify the best ways to address those risk factors in interventions such as treatment and supervision. Clinicians assessing youth with autistic spectrum disorders will have good reason to wonder about applicability to unusual cases. Here is where the strengths and limitations of the scales are particularly clear: The overall trend of predictive validity, although varying across studies, should provide optimism about the scales' ability to identify populations of youth more likely to persist in sexual harm. However, for some youth they may not provide adequate guidance in the absence of further specialized assessment. To our knowledge, this was never the intent of the scales.

We are grateful to those willing to share their thoughts with us, and hope that this clarifies our thoughts on the current state of risk assessment and management. We also hope that it clarifies the overall purpose of our newsletter.

Warm regards,

David