

# What Research Shows About Adolescent Sex Offenders

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# Indian Country Child Trauma Center (ICCTC)

- Established at the Center on Child Abuse and Neglect (CCAN) in 2003
- A member of the National Child Traumatic Stress Network [www.nctsn.org](http://www.nctsn.org)
- The ICCTC is a Category II Intervention, Development and Evaluation Center funded by SAMHSA



# Indian Country Child Trauma Center

- **Mission**

To improve and adapt evidence-based treatments for Native children and adolescents in Indian Country who have experienced traumatic events

## National Child Traumatic Stress Network

- **Mission**

To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.



# National Center on the Sexual Behavior of Youth

- Established in 2001 by OJJDP
- Develop and disseminate information and curricula on adolescent sex offenders and children with sexual behavior problems for multiple disciplines and the public
- Designed not to reflect the field, but to improve practice in the field

[www.NCSBY.org](http://www.NCSBY.org)



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# General Definition

- Adolescents (13-18 years of age) who engage in an illegal sexual behavior as defined by the sex crime statutes of the jurisdiction in which the offense occurred.



# Characteristics of ASOs

- Very diverse population—no “profile” or single set of characteristics
- Diverse in sexual behaviors, gender, race, family factors, socio-economic factors, maltreatment history, and co-morbid problems



# Characteristics of ASOs

- Most ASOs do not share the central characteristics of adult sex offenders. Compared to adult offenders, most ASOs:
  - Have fewer victims, fewer behaviors, shorter duration of behavior
  - Engage in fewer behaviors involving penetrative acts
  - Have different motivations for their behavior--more experimental or curiosity driven behaviors



# Characteristics of ASOs

- Less specific, focused sexual deviancy
  - Less evidence of sexual compulsivity, “cycles,” “grooming” or other features more often found in adults
  - No evidence that most ASOs have a lifelong, incurable sexual disorder or paraphilia
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- Peer rapists (adolescent-on-adolescent) differ from child molesters who are less delinquent, often immature, etc.

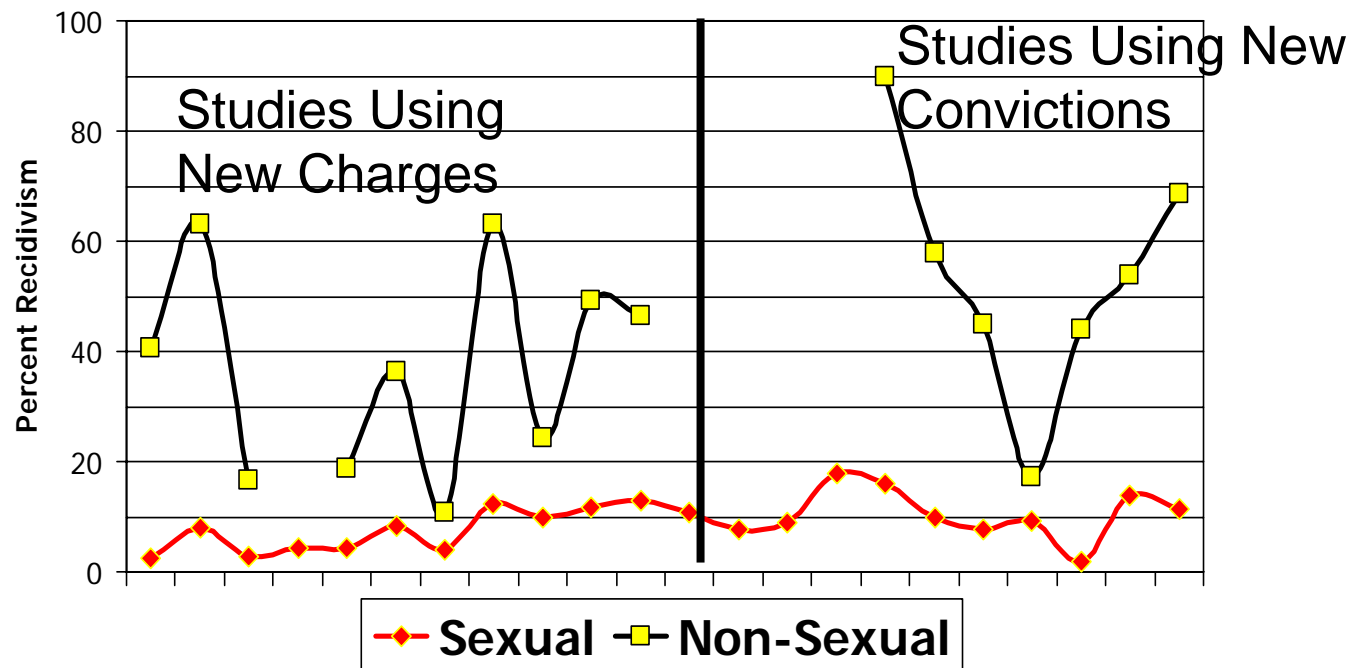


# Incidence and Prevalence

- Adolescents account for 17% of arrests for all sex crimes annually
- 30% of child sexual abuse is committed by adolescents
- Females under the age of 18 account for 1% of forcible rapes committed by juveniles and 7% of all juvenile arrests for sex offenses, excluding the category of prostitution



# Basics of Risk and Prognosis: ASO Sexual and Non-Sexual Recidivism Across 20+ Studies



Studies following at least 50 youth for at least one year. Average length of follow-up = 5 years. Various interventions.



# Basics of Risk and Prognosis: ASO Sexual and Non-Sexual Recidivism Across 20+ Studies

## Summary of Current Treatment Outcome Research Data

- Almost all intervention approaches have low rates of sexual recidivism (often under 10%).
- Non-sexual delinquency appears to be consistently more of a problem than sexual recidivism.
- No single sex offender treatment approach has been demonstrated to be better than other sex offender treatment approaches.



# Can ASOs live in the community?

- Most ASOs can safely remain in the community during treatment
- Some ASOs need residential placement; however, there is some professional consensus that most ASOs can be treated on an outpatient basis. Decisions about placement in residential or incarcerated settings should depend on community safety and treatment needs.



# Can ASOs attend school safely?

- Most can attend public schools and participate in school activities without jeopardizing the safety of other students.
- In some cases, school personnel may need to know information to ensure safety and protection of the students.



# Do ASOs need intensive residential treatment?

- Many ASOs are successfully treated in shorter, less intensive treatment programs.
- Many ASOs are seen in outpatient group treatment programs that meet once a week for 8 to 28 months.
- Residential and inpatient treatment should be reserved for most severe cases, such as adolescents with other psychiatric disorders and/or continued illegal sexual behavior which recurs despite appropriate outpatient treatment and supervision.



# Will ASOs grow up to be adult sex offenders?

- Current research shows that the sexual re-offense rate for ASOs who receive treatment is low in most US settings.
- Studies suggest that the rates of sexual re-offense (5 – 14%) are substantially lower than the rates for other delinquent behavior (8 – 58%).



# Treatment Providers

- What should a good treatment provider look like?
  - Should be licensed and have experience with the population. Should be familiar with research and practices with this population (check membership in relevant professional organizations, etc.)
  - Should address both sexual issues and general behavior and not focus on one to the exclusion of the other
  - Should involve parents and others from the youth's social ecology in the program
  - Should not put ASOs in an adult program or use an adult (“incurable sex offender for life”) model.



# How Long Should Treatment Take?

Typical ASO outpatient programs are around one year in length

- Some programs are less. MST is generally around 4-6 months.

Residential treatment placement should last until the youth is ready to continue treatment at a step-down level of care. This will usually be a few months

- There is no scientific support for the common practice of routinely keeping these youth in residential facilities for years, and there is reason to think this is a potentially harmful practice. Long-term placement should be reserved for rare and extreme cases.

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# Unique Aspects of OUHSC Program

- Elect group leader every six weeks
- Group members evaluate other group members
  - Disclosure
  - How seriously members take treatment
  - Apology letters
- Strong weekly and monthly parent involvement
- Weekly self-evaluation and therapist rating
- Graduation ceremony with parents, probation officers, family members



# Unique Aspects of OUHSC Program

- Yearly participation by District Attorneys and juvenile Judge
- Send Quarterly 1-page reports to probation officer
- Complete and read graduation papers to large group at graduation ceremony
- Require 2 monthly follow-up sessions after graduation



# Supervision requirements for ASOs and their families

- No baby-sitting under any circumstances.
- No access to young children or potential victims without direct supervision by a responsible adult who is aware of the problem.
- No authority or supervisory role over young children (e.g., in school, church or job activities).
- No possession or use of sexually explicit, "x-rated," or pornographic materials.



# Supervision requirements for ASOs and their families

- These rules do not preclude most ordinary daily activities, such as going to school, church, stores or restaurants with family, or involvement in age-appropriate and appropriately supervised peer activities, such as sports, band, or church activities.



# OUHSC ASO Program: 10-Year Recidivism

- 220 Boys
  - Enrolled in the program between 1986 and 2002
  - Seen for at least one session
  - Follow-up up for all arrest and child abuse perpetration events, both prior to enrollment and through early 2005 in three separate databases:
    - OSBI arrests database
    - JOLTS database
    - DHS Child Welfare database for perpetration reports



# What Predicts Who Completes Successfully?

- Factors That Do Not Predict Program Success
  - Referral source (OJA, Juvenile Bureau, Other)
  - Age
  - Number of victims
  - Prior number of arrests (all types)
  - Victim age
  - Recent or Early Program Client
- What Does Predict Program Success?
  - Parent/Caregiver Attendance Rate
    - The higher the rate of parent attendance, the greater the chances that the youth will successfully complete the program



# Summary and Possible Implications

- Confirms that even with long-term follow-up, and including child welfare report data *overall sex offense recidivism is low* among youth seen in the program
- Rates of non-sexual offense recidivism, most often property crimes, are much higher than sex offense recidivism
- Successful program completion is a strong predictor of low risk for either sexual or non-sexual recidivism
  - Successful completers rarely have future sex offense events and have low rates of non-sexual offense events
- Parent/caregiver involvement in treatment matters. Parental involvement is strongly associated with successful completion, and is particularly associated with reduced risk for future non-sexual recidivism



# Treatment of Adolescent Sex Offenders

## Current Research

- Limited empirical research on effectiveness of treatment
- Multisystemic Therapy (MST) has best empirical data
- Randomized clinical trials being currently conducted
- Known recidivism rates are 5-14% for boys receiving treatment



# Conclusions

- ASOs have low rate of recidivism.
- Valid and reliable risk assessment instruments under development.
- Most ASOs should be treated in out patient, community based programs.
- Courts and providers need effective working relationships.



# ICCTC Website

Check the website at

<http://www.icctc.org>

to download a copy of this  
presentation.



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