

# **Risks & Resilience: Assessing Youths Have Sexually Offended**

## **Case Vignettes**

THE FOLLOWING CASE DESCRIPTIONS ARE FICTITIOUS. THESE EXAMPLES ARE COMPOSITE DESCRIPTIONS BASED ON DETAILS FROM MULTIPLE CASES AND ARE PROVIDED FOR PRACTICE SCORING ONLY.

“Tim”

### Offense(s):

Tim was incarcerated in a juvenile facility after being adjudicated of contact sexual offenses involving 3 different boys, ages 8, 9, and 11. The boys reported the offenses began around 2004 but were not disclosed until 2005, days after Tim turned 15. Tim also was charged with fondling another boy when Tim was 12 years old and the boy was 8, but this charge was dismissed when the victim was unable to testify. Records describe allegations of Tim engaging in frequent sexually inappropriate behaviors when he was as young as 7 or 8 years old (frequent masturbation in school and asking to see other children’s genitals). Upon his arrest, a search of his computer revealed repeated access to child pornography, particularly involving young boys.

Tim’s offenses followed a similar pattern. He would befriend boys significantly younger than himself, buy them things, and play games with them. The other boys tended to have few friends, and were poorly supervised. There was an investigation after one boy disclosed the abuse to the school guidance counselor.

### Criminal History:

Except for the charged sexual offense when he was 12, Tim has no other charged criminal offenses.

### Family:

Tim is the youngest of four children and has three older sisters. Although there were allegations that the father sexually abused two of the sisters, the sisters did not disclose sexual abuse. Pornographic literature and videotapes were found in the home and belonged to Tim’s father. A teenage boy sexually abused Tim on multiple occasions when he was seven years old. He had Tim perform oral sex and anally penetrated Tim.

The family has significant financial problems. Tim’s father’s work history is sporadic. Tim’s father has been described as a heavy drinker and has a couple of charges against him for driving while intoxicated. Tim’s mother was described as depressed. A

few months before his arrest, Tim moved in with his uncle because of constant arguments between his parents. Now he has returned to his parents' home due to his uncle's recent engagement.

School/vocational histories:

Prior to fourth grade he did well academically. However, his grades started to slide in the fourth and fifth grade. He began to fail classes in the sixth grade. Tim frequently dealt with the pressures of school and peer problems by not showing up for school. He often did not complete his homework. Even before Tim entered high school for the 9<sup>th</sup> grade, he had been suspended from school multiple times because of truancy. While incarcerated, Tim demonstrated his ability to do well in school.

Substance Abuse History:

Substance abuse did not appear to be a problem.

Peer relationship:

Tim has no age-appropriate friends. He often has been ridiculed and teased because of how he dresses and his social awkwardness. He has not dated and has no history of being sexually intimate with peers. He recently disclosed his homosexual orientation in a therapy group and was harassed by his peers.

Clinical Factors:

Tim presents with a long history of depression. He rarely displays anger.

Treatment reports indicated that Tim considered his victims willing participants but now has taken responsibility for the offenses. Tim said he "used to" masturbate to fantasies of having sex with boys who were around 8-10 years old and that he frequently engaged in such practices when he felt lonely and depressed. Tim stated that he believes that if he were in an age appropriate intimate relationship he would no longer be interested in sexual activity with young children.

Tim said he wants to change his abusive ways. He quit group therapy after his confidentiality was violated. Tim was very clear that he does not want to be incarcerated again and realizes that any new offenses will result in incarceration in an adult prison. He stated he feels really badly about hurting others.

Treatment Factors:

Tim admits committing the offense and acknowledges his responsibility. He wants to continue in therapy. He knows feelings of loneliness and rejection are risk factors for him. He recognizes that he needs to stay away from young boys and plans to do so. He hopes to develop a career in computers and develop age-appropriate relationships with young men his age.

Current circumstances:

Tim was discharged 2 weeks ago from a youth correctional facility where he had been committed for more than 2 years. He currently is 17 years old and will be on probation until age 19. Tim is living with his parents because placement with his uncle fell through. He plans to get a GED and training in computers, but is not yet enrolled in a class. He works full time for an insurance company in the mail room. He is participating in an intake assessment for the Community Behavioral Health Center's Sexual Behavior Treatment Program.

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“Evan”

Offense:

Evan is a 15 year old boy recently adjudicated for 1 charge of raping a 17 year old girl. The rape occurred five months ago, in May of this year, after Evan’s girlfriend ended their relationship. Following the breakup, Evan spent a lot of time drinking and partying. His victim was a girl he met at a party. He said she was dressed provocatively and made sexual advances toward him. He denies raping her, claims the sexual activity was consensual, and is sorry he ever “met that slut.”

The victim reported that Evan pushed her into a bedroom at the party and onto a bed, pulled her pants down and raped her. She reported that during the rape he swore at her and called her names. Before walking out of the room he slapped her across the face.

Family:

Evan’s father deserted his younger sisters and him when they were preschool age. His mother engaged in several short-term relationships with men before marrying Evan’s stepfather when Evan was 10 years old. After a brief period of family stability, Evan’s stepfather became increasingly violent toward Evan and his mother. Once, when Evan’s mother tried to escape her husband’s wrath, Evan witnessed his stepfather rape his mother on the roof of the family car. The family is well known to the local police who last responded to a 911 call from Evan’s mother six weeks ago; she had just been assaulted by her husband. This assault occurred the night before Evan’s stepfather shipped out to sea for a 3 month stint, where he will remain for the next six weeks. Official records and self-reports indicate that both parents used to engage in heavy substance abuse. Evan’s stepfather has had multiple arrests for alcohol-related barroom fights.

Evan’s relationships with his siblings are described as strained. Evan is jealous of his sisters and believes they are favored over him. Evan continues to be verbally abusive and has been physically aggressive with his siblings in the past. Child protective records describe Evan as physically assaulting his sisters when he was only 8 years old and they were 6 and 5 years old.

Evan described his mother in glowing terms. His mother reported Evan can be very loving, but at times she finds his fury frightening. She said that although Evan has never assaulted her, at times he has expressed anger by breaking some of her favorite things.

### School/vocational histories:

Evan repeated kindergarten after his teachers described him as socially immature and not ready for first grade. Problems with attention, concentration, and hyperactivity were noted. Behavior problems were evident early on with Evan repeatedly responding to perceived slights aggressively. During the third grade he was suspended from school on several occasions for making sexualized comments and gestures and continuing this behavior in spite of repeated classroom interventions. On one occasion he pushed a girl down on the playground, got on top of her, and simulated sexual intercourse.

Upon entering middle school, Evan began associating with other youths who were disruptive in school and was disruptive himself. More and more he did not complete his assignments and started failing classes. He was suspended a couple of times last year for fighting. As the year progressed, Evan began skipping school more and more often until he was suspended for the rest of the year, in May, for threatening a teacher. Since resuming school this year, and under conditions of release in the community, Evan has been attending school and no significant behavior problems have been noted thus far, however school has only been in session for a month.

### Criminal History:

Evan's previous criminal history includes multiple charges of breaking and entering, joyriding, operating to endanger, destruction of property, possession of marijuana, assault, and violation of probation. When he was 14 he received probation for the assault charge and restitution for the destruction of property offense. Other charges were dismissed. Evan's probation was violated by the current offenses. Although Evan has few adjudications he boasts about how many times he has violated the law and has not been held accountable.

### Substance Abuse History:

Evan has a history of abusing alcohol and drugs. He often smoked marijuana before going to school and left school to get high throughout the last school year.

### Peer relationship:

Evan's peer group continues to be boys who engage in substance abuse and delinquent behavior. Although not an official "gang," Evan and his friends sometimes picked fights with vulnerable youths "for fun."

### Clinical Factors:

With the exception of his legal difficulties, Evan reports no real dissatisfaction with his life. He denies the charges against him, in spite of his adjudication. He stated the victim

“wanted it.” Evan has expressed no remorse and no motivation to change his behavior in any meaningful way.

Treatment Factors:

Evan has not been involved in sex offense-specific treatment. He admits that he engaged in sexual activity with the victim but claims it was consensual. He does not acknowledge any problems with his sexual behavior or having any risk factors that require intervention.

Current circumstances:

After his arrest, and a brief period of detention, Evan was placed in his mother’s custody pending the disposition of his case. There have been no reports of physical aggression for quite some time, but a couple of temper outbursts involving some threats of harm have occurred. Evan’s time is very structured, by court order. When not in school, he spends his time sleeping or playing games on the computer. His mother has been compliant with the requirements of his conditional release but believes that her son has been falsely accused.

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“Jason”

Offense:

Jason is a 14 year old boy. He was charged with unlawful sexual contact after his eight-year old sister disclosed that, when she was asleep in the living room; Jason came home, pulled down her nightclothes and touched her “privates.” She said she awoke, felt scared and began to cry. She reported that Jason did not say anything to her, but got up and left the room when she began crying.

Family:

Jason lives with his biological parents and has since birth. His parents are very religious. They were shocked by their daughter’s disclosure, but believed and supported her. They reported Jason has always been a good kid, but recently has gotten in with a crowd who smoke pot and drink alcohol. His parents worry about the music and videos he enjoys and do not feel able to limit negative peer influences and behaviors. Jason and his parents argue frequently about their rules and limits.

Criminal History:

No prior charges.

Substance Abuse History:

Jason has been “experimenting” with alcohol and drugs. He has gotten drunk on at least several occasions and was drunk on the night of the offense.

Peer relationship:

Jason associates with a variety of youth; some have become increasingly involved in substance abuse. Jason still enjoys getting together with other friends to play sports, but sees no reason to discontinue his associations with his substance-abusing friends, a few of whom have been in trouble with the law.

School/vocational histories:

Jason usually does well in school and receives A’s and B’s for grades. This year, however, his grades have slipped and he has received mostly Bs and Cs.

Clinical Factors:

Jason and his parents appear to be clashing around a number of issues since Jason has become a teenager. On multiple occasions he has reported feeling very guilty about sexually abusing his sister and hopes that she will forgive him. He believes he never would have done such a thing if he had not been drunk and vows never to drink again. Jason and his parents report no history of Jason being physically or sexually abused.

Treatment Factors:

Jason accepts responsibility for sexually abusing his sister, but sometimes minimizes his responsibility by pointing out he was drunk. He expressed a general idea that sex abuse can have harmful effects but described his sister as "over it." Jason plans never to drink again and believes he is not at risk for repeated sexual offending.

Current circumstances:

Jason currently is living with his aunt and uncle who have grown children. They and Jason's parents are confused about Jason's behavior and are willing to support all legal and mental health recommendations. Currently Jason is allowed to participate only in supervised school activities and sporting events. Although Jason is willing to do whatever is asked of him, he says he sees no need for treatment, or for him to change his behavior in any way besides not drinking. He has been referred for an evaluation to identify his risk factors for reoffending and his treatment needs.

Case 1: Max  
Age 15

*This case example is fictitious. Any resemblance to actual cases is coincidental.*

Summary and Recommendations:

*Risk Assessment Findings*

The base rate of re-offending for adolescents who have committed sexual offenses appears quite low. Most research studies suggest that between 3-14% of juveniles convicted of a sexual offense, (depending on the study), are subsequently convicted for another sexual crime. This rate is likely an underestimation of the percentage of convicted adolescents who actually re-offend with a sexual offense because many sexual offenses are not reported. Nonetheless, once identified as having sexually offended, it is likely that, in general, increased supervision and effective treatment interventions may help youths develop prosocial, nonabusive lifestyles rather than continue to commit sexual offenses.

Our understanding of the factors associated with increased risk for future sexual offending is derived primarily from studies of adjudicated juveniles that have re-offended with new sexual offenses. One of the factors associated with increased risk for re-offending among youth who have committed sexual offenses is sexual preoccupation and deviant sexual interests and behaviors. Youths who have committed multiple sexual offenses and who engage in excessive sexual activity or a variety of inappropriate sexual behaviors appear at increased risk for re-offending. While this is Max's first conviction for a sexual offense, he has a history of inappropriate sexual behavior dating back to middle childhood. In addition, Max admitted to daily and frequent masturbation at about age 11; suggesting precocious sexual development, sexual preoccupation, and hypersexuality. He has a history of attempting to solicit sexual contact from adults and peers in inappropriate ways. Max reports that he has some friends; however, these individuals appear to be acquaintances and he seems quite socially isolated. While there is suspicion that Max was sexually molested as a child, he denies recall of any victimization.

A second factor associated with increased risk for sexual offending and, especially, nonsexual offending is a tendency to behave impulsively and engage in antisocial behaviors. Max has a strong and persistent history of poor impulse control. He has engaged in a variety of antisocial behaviors including fighting and destruction of property. Max was suspended from school on several occasions and has been diagnosed with an early onset conduct disorder. Max's early childhood included multiple placements in foster care around the state as a result of parental neglect and physical abuse. Parental rights were terminated, and caregiver stability has been lacking. These findings suggest increased risk for future nonsexual offending. Furthermore, Max's apparent inclination to engage in antisocial behaviors and act impulsively may increase the risk of sexual offending as well.

Juveniles who accept responsibility for their sexual offenses, express genuine remorse and empathy, and show a strong motivation to avoid future offending are

generally believed to present lower risk for re-offending. Research studies have not demonstrated the significance of these individual factors; however, research findings have shown that treatment completion may be related to lower rates of repeat offending. These individual factors are considered relevant because treatment interventions with youths who commit sexual offenses typically address issues such as accepting responsibility, expressing remorse, demonstrating empathy and motivation for change.

While Max can verbalize that what he did was wrong, he does not seem to fully appreciate the wrongfulness of his actions. He tends to attribute some responsibility for the offense to the victim. He does not express empathy for the victim or others that he has hurt by his offending, and does not evidence guilt or remorse about having engaged in the offense. Other dynamic factors that have more research support and appear relevant for Max include the need for him to appropriately manage his sexual urges; develop age appropriate, consensual, intimate relationships; and manage his impulses effectively and prosocially.

Max also appears to have few positive supports in the community. He has been in the custody of the state child welfare agency because his parents were unable to safely care for him. He has moved from foster home to foster home and has changed schools repeatedly. His grandparents, however, have indicated a willingness to become more involved in Max's life.

While Max shares several characteristics with juveniles who are believed to present increased risk for sexual reoffending, it should be noted that some risk factors appear absent. There is no evidence that he engages in deviant sexual fantasizing or is excessively sexually preoccupied at this time. Importantly, Max presents with some factors that may help to reduce the risk of repeat sexual offending. Max's grandparents have indicated a commitment to Max and appreciate the seriousness of his offenses.

Taken together, evaluations findings suggest that Max presents with significant and serious risk factors that may increase the risk of future sexual. These risk factors include behaviors suggestive of early and excessive sexual preoccupation, social isolation, impulsivity, a tendency to engage in antisocial behavior, and a lack of motivation to make needed, pro-social, changes in his life. With the exception of early and excessive sexual preoccupation, these risk factors also are associated with an increased risk of nonsexual offending. Treatment interventions designed to reduce these risk factors and promote protective factors are strongly recommended. Specific recommendations are provided below.

When assessing and intervening with juveniles who have committed sexual and other types of offenses, it is essential to keep in mind that they are adolescents. Significant developmental changes, often for the better, may occur in relatively short periods of time. For example, overtime, adolescents may demonstrate improvements in impulse control, empathic abilities, and develop more pro-social attitudes and behaviors. It is important, therefore, that Max's risks and needs be re-evaluated periodically, at least every six months, so as to provide appropriate and effective interventions as long as they are needed.

#### *Treatment Recommendations...*

Case 2: Charles  
Age 17

*This case example is fictitious. Any resemblance to actual cases is coincidental.*

Summary and Recommendations:

The base rate of re-offending for adolescents who have committed sexual offenses appears relatively low. Most research studies suggest that between 3-14% of juveniles convicted of a sexual offense, (depending on the study), are subsequently charged or convicted for another sexual crime. This is likely an underestimate of the percentage of convicted adolescents who actually re-offend with a sexual offense because many sexual offenses go unreported. Nonetheless, once identified as having sexually offended, it is likely that, in general, increased supervision and effective treatment interventions may help youths develop prosocial, nonabusive lifestyles rather than continue to commit sexual offenses.

Our understanding of the factors associated with increased risk for future sexual offending is derived primarily from studies of adjudicated juveniles that have re-offended with a new sexual offense. One domain of factors associated with increased risk for re-offending among youth who have committed sexual offenses is deviant sexual interests and behaviors and/or sexual preoccupation. Youths who have committed more than one sexual offense, who engage in excessive sexual activity or whose sexual crimes or sexual behaviors reflect a wide range of sexual interests and sexual preoccupation are considered to be at increased risk for re-offending. Records indicated this is Charles' first sexual offense. The sexual offense does not suggest deviant sexual interests. The victim was a physically mature 13 year-old who, according to her victim statement, consented to sexual intercourse.

A second factor associated with increased risk for sexual offending and especially nonsexual offending is a tendency to behave impulsively and to engage in antisocial behaviors. Clearly, Charles has a strong history of impulsive, disruptive and antisocial behavior. He has a significant history of aggressive behavior, temper outbursts, and school behavior problems.

Juveniles who accept responsibility for their sexual offenses, express genuine remorse and empathy, and show a strong motivation to avoid future offending are generally believed to present lower risk for re-offending. Research studies have not demonstrated the significance of these individual factors; however, research findings have shown that treatment completion may be related to lower rates of repeat offending. These individual factors are relevant because treatment interventions with youths who commit sexual offenses typically address such issues as accepting responsibility, expressing remorse, demonstrating empathy and motivation for change.

While Charles verbalizes that what he did was wrong, he does not demonstrate guilt or remorse over his actions. Furthermore, he tends to externalize responsibility onto the victim. While he recognizes that intercourse between a 17 year old and a 13 year old is illegal, he does not appear to appreciate why there should be societal rules against such behavior. Other dynamic factors that have more research support and appear relevant for Charles include impulse control problems and antisocial attitudes and beliefs.

Findings also suggest that Charles has limited, positive community supports. He tends to associate with a delinquent peer group and is estranged from his family. On a more positive note, during the past three months, Charles has been maintaining employment at a local restaurant and has established a positive relationship with a peer-aged girl, a senior in high school, who appears to have a prosocial orientation.

In sum, it is important to remember that, as noted above, the base rate of sexual reoffending is relatively low. Thus, although findings indicate that Charles shares some characteristics with juveniles who have committed sexual offenses, and who have reoffended with a new sexual offense, his pattern of risk factors suggest a greater risk of general delinquent offending, than sexual offending per se. These risk factors include his general tendency to behave impulsively and act and think in antisocial ways. There is no evidence, however, that Charles is sexually preoccupied, engages in deviant sexual fantasizing, or is sexually attracted to prepubescent children. Thus, although Charles presents with some risk factors that may be associated with sexual reoffending, his apparent lack of sexual preoccupation and deviant interests suggest his sexual offense may have been more opportunistic than reflective of a persistent path of sexual offending.

When assessing and intervening with juveniles who have committed sexual and other types of offenses, it is essential to keep in mind that they are adolescents. Significant developmental changes, often for the better, may occur in relatively short periods of time. For example, overtime, adolescents may demonstrate improvements in impulse control, empathic abilities, and develop more pro-social attitudes and behaviors. It is important, therefore, that Charles' risks and needs be re-evaluated periodically, at least every six months, so as to provide appropriate and effective interventions as long as they are needed.

#### *Treatment Recommendations...*

### RATING FORM

	Tim	Evan	Jason
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total #1			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
Total #2			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
Total #3			
24.			
25.			
26.			
27			
28			
Total #4			

Tim

STATIC / HISTORICAL SCALES

Sexual Drive/Preoccupation Scale Score: \_\_\_/16 = \_\_\_

[Add Items 1-8 (range: 0-16)]

Impulsive-Antisocial Behavior Scale Score: \_\_\_/16 = \_\_\_

[Add Items 9-16 (range: 0-16)]

DYNAMIC SCALES

Intervention Scale Score: \_\_\_/14 = \_\_\_

[Add Items 17 - 23 (range 0-14)]

Community Stability Scale Score: \_\_\_/10 = \_\_\_

[Add Items 24 - 28 (range: 0-10)]

Evan

STATIC / HISTORICAL SCALES

Sexual Drive/Preoccupation Scale Score: \_\_\_/16 = \_\_\_

[Add Items 1-8 (range: 0-16)]

Impulsive-Antisocial Behavior Scale Score: \_\_\_/16 = \_\_\_

[Add Items 9-16 (range: 0-16)]

DYNAMIC SCALES

Intervention Scale Score: \_\_\_/14 = \_\_\_

[Add Items 17 - 23 (range 0-14)]

Community Stability Scale Score: \_\_\_/10 = \_\_\_

[Add Items 24 - 28 (range: 0-10)]

Jason

STATIC / HISTORICAL SCALES

Sexual Drive/Preoccupation Scale Score: \_\_\_/16 = \_\_\_

[Add Items 1-8 (range: 0-16)]

Impulsive-Antisocial Behavior Scale Score: \_\_\_/16 = \_\_\_

[Add Items 9-16 (range: 0-16)]

DYNAMIC SCALES

Intervention Scale Score: \_\_\_/14 = \_\_\_

[Add Items 17 - 23 (range 0-14)]

Community Stability Scale Score: \_\_\_/10 = \_\_\_

[Add Items 24 - 28 (range: 0-10)]