

Working with Adolescents Who Have Engaged in Sexually Abusive Behavior

Anna C. Salter, Ph.D.

Agenda

- Working with adolescents & ethical issues
- Treatment
- Typology
- AnDetecting deception

Ethical & Effective Ways of Working with Adolescents

General agreement on ethical principles.

Ethical Principles

Treat People

Fairly

Humanely

With dignity

Ethical Principles

- Respect for autonomy
- Take into account development
- Act in client's best interest
(but who is the client?)
- Do no harm
- Do not deceive clients
- Using effective treatment.
- Safety first

Humane & Dignified Treatment

What is Not Humane & Dignified?

- Yelling at offenders
- Putting toilet seat around neck
- Treating with contempt & disdain
- Use of arbitrary authority

What is Not Ethical

- Deceiving a client into thinking information is confidential, if it isn't
- Forcing a client to self-incriminate then using the information to prosecute him

But

- Problem is more often conflict of ethical principles than outright unethical behavior.

Ethical Dilemmas

- Youth with inappropriate sexualized behavior placed in residential milieu with residents who do not have inappropriate sexualized behaviors.
- How to ethically inform staff in a way that doesn't make the youth the target of discrimination?
- Staff often speak about the child's behaviors in a way that is shameful to the client.

Is It Ethical . . .

- To censure notes given to probation officers when the juvenile discloses thoughts and actions that help to keep deviance alive?

Can You Take Out an Ethics Complaint If . . .

- Child protective serves has affirmed sexual assault (anal, vaginal, and oral) of two 7 year olds by a 14-year-old male cousin.
- DA accepts a plea agreement to a lesser charge, then drops charges altogether?

Differences in Therapy Between Offenders . . .

Clients who are mandated into therapy for
illegal and abusive behavior

and

those who are not

Treating or Colluding?

Bad Old Days or Good Old Days?

Therapists didn't share info with P & P

Therapists protected clients from
consequences of their behavior

Therapists kept secrets

Clients set goals

P&P and Treatment

- Currently

P&P work together

P&P sit in groups

Offenders know what they say in
therapy is not confidential from other
team members

“Secrecy is the lifeblood of sexual
aggression”

In Most Therapy, Client Sets Goals

- Smoking
- Over-weight
- No exercise
- Conflicts with boss
- Conflicts at home
- Only problem is “boss is an idiot”

No problem!

Autonomy

Restrictions on Autonomy

- Involuntary treatment
- Limitations on confidentiality
- No choice of type of therapy
- No choice of therapist
- Therapist working with probation & courts
- Registration as a sex offender
- Restrictions on places they can live and whom they can live with

What Can We Do?

- Least restrictive environment
- Allow choices whenever possible
- Involve offender in decision making

Ethical Principles

Show respect

(Words are not enough.)

Current Ethical Challenges

- P& P should not sit in groups – client won't speak freely? (Sawyer & Prescott, 2010)
- Is the polygraph coercive? (Chaffin, 2011)
- Therapists should not ever investigate or try to obtain confessions? (Chaffin, 2011)

Adolescent Sex Offenders

- Committed a non-sex offense 86%

(Jacobs et al., 1997)

Adolescent Sex Offenders: Sexual vs. General Recidivism

FU up to 6 years

■ Sexual

Recidivate

7.5 to 14

■ General Criminal

40 to 60

(Langstrom & Grann, 2000)

What Predicts Reoffending?

4 variables correctly classified 77% reoffenders

Involvement with delinquent peers

Crimes against persons

Attitudes towards sexual assault

Family normlessness

(Ageton, 1983)

What Predicts Reoffending?

Involvement with delinquent peers

Correctly classified 76% reoffenders
(Ageton, 1983)

Impulsive/Antisocial Behavior

Adolescent sex offenders

With

High levels of impulsive/antisocial behavior

Increased recidivism

(Waite, et. Al., 2005)

Violent Sex and Nonsex Juvenile Offenders

Sex offenders resemble nonsex offenders

Nearly all child, family, peer and
demographic risk factors

(Wijk et. Al, 2005)

Connecting With & Delinquent Teens

Connecting

- Therapists represent world of authority
- Antisocial teens and adults – not accepted the social contract

Teens View of Adults

- Don't understand
- Focus too much on responsibilities: not enough on fun
- Exaggerate risks
- Obsess on remote dangers
- Don't understand the teen is immortal
- Just wants to berate them and make them feel bad

Delinquent Teens

- All of the previous
- Defiance, not alliance
- Prone to power struggles
- Do not identify
- Share family's view of therapists

Identification Outside Self



The Invisible Audience

Tightrope Walking

- Represent norms of law-abiding world
- Build a working relationship

Therapists Cannot . . .

- Fail to report infractions
- Collude in blaming the victim
- Wink at “technical” violations, e.g., alcohol and drugs
- Expect reciprocity

Requirements for Effectiveness

- Predictability
- Fairness
- No change in personal distance
- Non-defensive
- Not out to get them
- Not out to save them

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Anna C. Salter, Ph.D.

Website

www.annasalter.com

Rapport

Based on?

Self-disclosure

Trust?

Consistency & honesty

Not having an ax to grind

The Knife Edge

Like the teen
Minimize the offense

Face the offense
Monsterize the teen

Basis of Therapeutic Relationship

- Trust?
- Warmth?
- Empathy?
- Self-Disclosure?

“I tell my clients that I do not operate on a trust basis. Trust is what’s abusable. . . . Feeling confident about them can be dangerous.”

(Knopp, 1984)

If trust them . . .

- No GPS
- No drug testing
- No verifying info
- No collateral supervision
- No checking in with employer, family, individual therapist, etc.

Trust Undermines Abstinence

Removes external controls

Basis of Alliance

- Fairness
- Goodwill
- Honesty

Three Rules of Working with Sex Offenders

- Verify

- Verify

- Verify

Fairness

- More important to teens
- Gross and elementary
(One size fits all)

What to Do?

- Teen A Calms down when sent to a time-out for inappropriate behavior
- Teen B Escalates in time-out
 Calms down if left in group

Different penalties seen as “unfair”

What If . . .

- What's good for individual
- Is seen as “unfair” by group?

What's At Stake?

Therapists represent authority

Anti-social teens & adults do not accept authority

Group – towards or away to an acceptance of
legitimate authority

- Nobody accepts arbitrary authority
- No therapeutic alliance with “unfair” authority