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Sexual offending adolescents

A challenge for out-of-home care services

Liz March

An issue of some concern that has emerged in the field of youth welfare in recent years is that of treatment services for young people who are sexually abusive and unable to reside with their families, or other family settings. This issue has been of such concern to staff at St Luke's Anglicare in Central Victoria that a project of review, both of the need for therapeutic intervention and of contemporary practices, was undertaken in the last twelve months. This short paper summarises the specific findings of staff who worked on this practice oriented project and makes recommendations for future practice with the client group.

By way of background, St Luke's provides a range of out-of-home care services for children and young people, with the Youth Services Division providing two out-of-home care programs – Residential Care, and an Adolescent Community Placement (ACP) program. The former provides care in a residential unit with 24 hour rostered staff and the latter provides care with volunteer families within the community. ACP provides foster care for adolescents aged 13+ years at the request of the Child Protection and Juvenile Justice services of the Department of Human Services. Out-of-home care is provided to young people for whom Child Protection have substantiated risk and who are no longer able to reside with their primary care-givers or other family members.

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Author's note:
As a result of my position as a case manager working with these young people, I experienced the frustration of not having a service for them. This highlighted for me a social justice issue for those accused and not convicted; for those deserted in an out-of-home care system; for those families who have no opportunity to salvage their family from the crisis, understand the situation and rebuild; and, ultimately, (as the research suggests) the fact that – without addressing the problem – there will be more victims of sexual abuse and sibling sexual abuse as the generational cycle continues.

A key issue when providing out-of-home care pertains to the provision of appropriate care placements for young people who display challenging behaviours, and sexually abusive behaviours are particularly problematic. A recent investigation into the issue by St Luke's ACP staff revealed that approximately 30% of all referrals to the service were for young people who had allegedly displayed sexually abusive behaviours. Further findings of the staff investigations into this issue are detailed through this practice report.

Sexually abusive young people

Young people who display sexually abusive behaviours are often removed from their families and placed within the 'care' system. If they are charged and convicted, courts are able to order them to attend the Male Adolescent Program for Positive Sexuality (MAPPS), although the length of involvement of the young person in that program is highly dependent upon the length of order. If a young person is not convicted, but requires treatment, the only services available are two Sexual Abuse Prevention programs operated in metropolitan Melbourne by the Children's Protection Society (CPS).

The majority of referrals received by state-wide out-of-home care services for sexually abusing adolescents are from the Department of Human Services (DHS) Child Protection Services with the primary purpose of ensuring the safety of the victim(s) or potential victim(s) to whom the adolescent may have access. It is evident, and generally agreed by those with expertise in this area of work, that young people who sexually offend should not reside where they have access to victims during the period they receive treatment/therapy to change their abusive behaviours.

For many agencies in Victoria, including St Luke's, placement options are limited and this raises serious concerns. The difficulty for Residential Care services relates to the risk associated with cohabiting young people who sexually abuse in a household of young people who are at risk of being potential victims; while ACP has difficulty recruiting community carers who don't either have younger children themselves or receive frequent visits from young children. Ensuring that no children are at risk as a result of placing the young person in out-of-home care is a criterion

that significantly reduces the availability of appropriate, stable arrangements.

It has been the experience of the out-of-home care services that young people who sexually offend often require long term placements, which may be for many years or until independence. Stability and a high level of supervision are essential. As a result carers require regular respite and, while this is difficult to come by, failure to provide it invariably results in placement breakdown.

Furthermore, young people who are alleged to have sexually offended, but have not been charged and convicted, have no access to treatment services if they reside outside of the two metropolitan regions that provide Sexual Abuse Prevention services through CPS. Hence they have no access to the interventions that would assist them to understand the consequences of, or modify, their behaviours, and which offer an opportunity to re-establish relationships, or reunite, with their family.

The out-of-home care system in Victoria can only support the young people in care until the age of 18 years (under the Children & Young Persons Act 1989). Too often these young people become independent within the community having had no opportunity to understand or alter their behaviours, leading them to greater risk of re-offending as an adult sex offender.

Defining sexually abusive behaviours

It is important to define 'sexually abusive behaviours' and their distinction from 'sexualised behaviours' and 'normal adolescent sexual development' as these terms are often confused. Children under 10 years display 'sexualised behaviours' when they engage in sexual behaviours assessed as outside of their normal sexual development. At 10 years of age children reach the stage when it is generally believed they understand right from wrong, known as *mens rea*, and can face criminal consequences for their behaviours. From 10 years of age 'sexual offending' is termed 'the sexually abusive behaviours of adolescents'. This is defined as:

> ... any sexual interaction with a person(s) of any age that is perpetrated (1) against the victim's will, (2) without consent, or (3) in an aggressive, exploitative, manipulative, or threatening manner (Ryan & Lane 1997:3).

In conjunction with the defining of sexually abusive behaviours is the need to understand the notion of consent as many young people, in their own defence, misconstrue consent to justify their offending actions.

Consent has been defined as:

> Agreement including all of the following: (1) understanding what is proposed based on age, maturity, developmental level, functioning and experience; (2) knowledge of societal standards for what is being proposed; (3) awareness of the potential consequences and alternatives; (4) assumption that agreements or disagreements will be respected equally; (5) voluntary decision [and] (6) mental competence (National Task Force on Juvenile Sex Offending, 1993, cited in Ryan & Lane, 1997:5).

Treatment options

Private practitioners are often sought for individual counselling for young people displaying sexually abusive behaviours, but these practitioners do not have the capacity to conduct the group work component of intervention, which is seen as pivotal to enabling change. Similarly, the ability to provide ongoing family therapy and support with an emphasis on reunification is also unattainable.

A great concern for St Luke's staff is that rural Victoria does not currently have access to programs or professionals who specialise in the area of adolescent sexual offending who are able to offer an effective treatment program. As a result young people remain separated from their families without the opportunity to understand either their behaviour, or the impact it has on their victim(s); the development of these understandings being essential if the behaviour is to cease and their thinking rehabilitated.

A key issue when providing out-of-home care pertains to the provision of appropriate care placements for young people who display challenging behaviours, and sexually abusive behaviours are particularly problematic.

The recent review of home-based care carried out in Victoria (DHS, 2003) highlights the often unstable nature of out-of-home care for adolescents who have the highest number of placement changes. It would be reasonable to suggest that young people with sexualised behaviours have the potential for many more placements as a result of their difficult behaviours – and these behaviours are more likely to escalate with every year that they remain in care and away from their families and supports. Throughout the Review, carers cited that adolescent behaviours were becoming more difficult to manage – with 50% of carers surveyed agreeing that children with sexually abusive behaviour were more difficult to care for (DHS, 2003:91).

A large number of carers fall into the 20–50 year age bracket – the majority of whom have children of their own or have visiting young children as part of their own family networks. This means it has become increasingly difficult as a service provider to place young people where it is both safe and access to potential victim(s) is not available. The experience of the Children's Protection Society (CPS), and internationally, has demonstrated that attempting therapeutic

intervention with children who remain in unsafe situations is counterproductive, whether they are victims of sexual abuse or adolescents with sexually abusive behaviours.

Recruitment of carers for ACP is on the decline due to the difficult behaviours that are often displayed by young people. A recent survey of potential carers found that '69% of all potential carers would prefer to care for [preschool children]' while 'adolescents [were] the least sought at 19%' (DHS, 2003:91).

Ensuring that no children are at risk as a result of placing the young person in out-of-home care is a criterion that significantly reduces the availability of appropriate, stable arrangements.

Provision of a Sexual Offending Treatment program, with concomitant assessment processes, will not eliminate the need for placement, but has the potential to greatly reduce the number of clients coming into care as a result of unambiguous evidence and may well reduce the length of time that young people require placement in out-of-home care services. In the experience of the CPS, placements supported through such therapeutic service provision also result in greater placement stability. Ideally, a responsive service would require a police report (though not a conviction) recording all of the young person's offences prior to their commencement in the program. This would not only ensure that there is clarity as to the behaviours to be treated, but would also ensure data is accurate with regard to victim numbers. It would also ensure that the young person understands the criminal accountability of their behaviour and takes responsibility for their actions. However, the recording of a conviction would not be a pre-requisite as is currently the case for a young person to attend MAPPS (Juvenile Justice statutory services).

The Children's Protection Society (1999a) released a five-year review of their Sexual Abuse Prevention programs currently operating in metropolitan Melbourne. It identified that a number of referrals were made from the Loddon Mallee region (where St Luke's is situated), despite the fact that the program does not specifically provide a service to this area. Furthermore, 8.1% of referrals taken were from the Loddon Mallee region — a number almost equivalent to all non-metropolitan regions combined (CPS, 1999a:15). The Children's Protection Society ten-year demographic review released in September 2003 confirmed the concerns generated by these figures.

A further concern to St Luke's staff is the disconnection and fragmentation that families experience amid the trauma of sexual abuse. The safety of family members is of paramount importance in the first instance (both for the victim and the abuser). However, it is unnecessary for a family member to be 'sacrificed' to restore family preservation. Young people who are removed from the family home understand the reasons why this must occur, but are left without the opportunity to change their behaviours, express remorse and attempt to reintegrate with their families.

It is important to note that:

> ... a great many adolescent sex offenders present with a history of having been exposed to and/or having been victims themselves of physical and/or sexual abuse (Kobayashi et al., cited in Bunston, 2000:3).

Therefore, if the multi-generational nature of sexual abuse is to be addressed, it must occur at this level where positive outcomes are notable. It has been found that:

> More than half of the adolescents referred to the program for sexually abusive behaviours reported a history of victimization (Flanagan & Hayman-White, 2000:13).

Overall findings are consistent with the notion of an 'intergenerational cycle' of abuse (Ryan, 1999, cited in Flanagan & Hayman-White, 2000:13).

Treatment must also encompass all family members rather than the abuser in isolation. An important component of effective treatment relates to families understanding why the behaviours have occurred, the nature of offending and sexual abuse prevention; incorporated is the consideration that their abusive child may have been subject to abuse. Similarly, it is important for families to understand that they play an important role in the rehabilitation of their child. Ryan and Lane (1997) suggest, '...juvenile's treatment is enhanced by tapping into family strengths and resources'.

The number of potential victims of adolescent abusers who do not receive treatment for their behaviours remains an additional concern.

> Research from the late 1970s onwards has consistently shown that a significant number (approximately 50%) of adult male sex offenders began committing sex offences in their early adolescence (Gonsiorek et al., 1994, cited in Bunston, 2000:2).

In addition, there is '... research indicating that some adults' offending histories began between the ages of eight and eighteen' (Groth et al., 1982, cited in Bunston, 2000:2). The Children's Protection Society reported that 49.5% of their clients reported having two or more victims (CPS 1999b).

The Children's Protection Society (2001) has developed a Cost Benefit Analysis emphasising the need for prompt action in relation to the treatment of sexual abusers. It cites '...one adolescent perpetrator has an average of 3 victims

before entering CPS's service' and 'Adult sex offenders have an average of 43 victims' (Fisher, 1994, cited in CPS, 2001). The Analysis estimates that during 2001 it cost $14,500 to provide adequate counselling to a victim of sexual abuse for a period of two years, and approximately $12,500 to provide counselling and group work to a perpetrator for up to 2 ½ years.

> ...CPS estimates that an absence of treatment for one perpetrator during adolescence could potentially cost $583,000 to counsel up to 40 victims' (CPS, 2001).

Donato and Shanahan (1999, cited in Grant 2000:5) suggest that:

> ... cost benefit analysis has shown that treatment programs are by comparison 6-7 times less expensive than adolescent incarceration.

The evidence to date suggests that early intervention treatment models of this nature work very effectively with adolescent perpetrators. Similarly, research suggests that if communities are to make a significant impact in the issue of child sexual abuse, then action must be taken while the perpetrators have the best opportunity to alter their behaviour – during adolescence.

> Early intervention with adolescents is encouraged as they are seen as less entrenched in deviant arousal patterns, with generally less chronic behaviours than their adult counterparts and consequently, as more receptive to treatment (Perry & Orchard, 1992, cited in Bunston, 2000:2).

... research suggests that if communities are to make a significant impact in the issue of child sexual abuse, then action must be taken while the perpetrators have the best opportunity to alter their behaviour – during adolescence.

Conclusion

Research consistently suggests that treatment for an adolescent offender has the potential to be far more successful than treating adult offenders, particularly with the use of the 'group model'. Adolescents are sensitive to peer group relationships and are more challenged when confronted by their peers.

> Group work is recognized as one of the most effective forms of treatment for adolescent offenders, as peer pressure often operates to ensure a greater degree of disclosure and confrontation amongst the participants. Knopp states that group work is most widely used as the 'value of group treatment is that offenders best understand how other offenders think, respond, what they fear and why they lie (Saunders & Awad, 1988, cited in Bunston, 2000:5).
>
> Offenders also participate in group work. The group often confronts the ideas and thoughts expressed by other offenders whilst supporting and reinforcing appropriate behaviour (Grant, 2000:5).

Baker and Morgan (1993, cited in Grant, 2000:5) identify that:

> the peer support found in such groups (employing the relapse prevention methods) is very important to the offenders and is an excellent tool for cognitive change.

With each article and piece of research comes further endorsement of use of the group model to assist young people to make cognitive and behavioural change whilst reinforcing self esteem and self worth. Throughout the literature, the absolutely critical nature of treating sex abusers at adolescence in order to prevent sexual abuse is repeatedly emphasised. Quotes and costings in relation to social cost, judicial costs, adult incarceration and assistance for victims of sexual predators, speak volumes in support of the effective treatment of adolescent sexual abusers.

Alongside group work it is also recommended that a continuum of services be provided to young people and their families, incorporating different levels of intensity of therapy based on differential diagnosis and risk assessment (Ryan, 2002).

For services in regional Victoria, these clearly articulated therapeutic responses remain unattainable. And in the meantime, out-of-home care services continue to struggle with the rapidly increasing demand to place sexual offenders, and remain perplexed and alarmed by the prospects for these individuals to continue their abusive behaviours into the future. □

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