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# **SEXUALLY ABUSIVE BEHAVIOR IN YOUTH**

**A Handbook of Theory, Assessment,  
and Treatment**

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**Edited by  
Barbara K. Schwartz, Ph.D.**



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*This volume is dedicated to*

*Dr. Steven M. Bengis*

*1947–2015*

*A pioneer in the field of treating young people who have engaged in sexually inappropriate behavior, he devoted his life to advocating for humane treatment of these youngsters and to providing training to his fellow professionals in the most effective approaches.*

*People like you help people like me go on.*

*— Sy Kahn*

# Preface

In 1995, Civic Research Institute published *The Sex Offender: Corrections, Treatment, and Legal Practice*, edited by Dr. Barbara K. Schwartz and Henry R. Cellini. It became one of the most widely used and cited reference books on the psychodynamics of sex offenders, the design and administration of sex offender treatment programs, evidence-based treatment protocols, and the legal environment in which practitioners did their work. A second volume in Dr. Schwartz's series followed in 1997, and then another, and another, at regular intervals, until in 2015 an eighth volume brought the series to nearly 5,000 pages. Each volume combined material on our emerging understanding of the behavioral science of sex offending with important guidance on assessment and treatment for clinicians, along with focused coverage of programs and treatment options for special populations. Today, the eight-volume series edited by Dr. Barbara Schwartz stands as the most comprehensive and authoritative reference work on sex offender treatment, with contributions from more than 100 of the leading authorities in the field, covering all aspects of modern practice. Having grown as it has, *The Sex Offender* series is the essential cornerstone of any institutional or large practice library, but, perhaps, it has also grown too big for many individual practitioners to navigate, especially those seeking specific guidance for special cases or populations. It is for that reason that we have created this new volume, *Sexually Abusive Behavior in Youth: A Handbook of Theory, Assessment, and Treatment*, which brings together material from the series focused on the science, assessment, and treatment of children and adolescents with sexually problematic conduct. Each chapter was selected and reviewed by Dr. Schwartz, submitted to its original authors for revision and updating, expanded with the addition of all-new material, and assembled here to provide a single, authoritative handbook for practitioners who work with young people. Its thirty-five chapters provide authoritative treatments of theory, assessment methods and instruments, and treatment approaches for practitioners working in community settings as well as residential programs. It brings readers the very best material from a landmark series focused on helping young people seeking to overcome problem sexual behaviors.

# About the Authors

## **Howard B. Adler, M.S.W., L.C.S.W.**

Howard B. Adler has served as the clinical director of Snell Farm Children's Center (an affiliate of Hillside Family of Agencies) since 2004. Snell Farm Children's Center is a twenty-eight-bed residential treatment center for emotionally challenged adolescent boys who have caused sexual harm. He received his baccalaureate degree in psychology and sociology at Towson University in Baltimore, Maryland, in 1987, and a master's degree in social work from the University of Maryland School of Social Work in 1989. Mr. Adler has worked with sexually aggressive youth who have experienced cumulative and repetitive trauma in both outpatient and residential settings. He has a particular interest in creating highly collaborative, holistic programs that integrate evidence-based and creative approaches to treatment.

## **Vicki MacIntyre Agee, Ph.D.**

Vicki MacIntyre Agee, a clinical psychologist, has many years of experience designing and implementing treatment programs for adolescent sexual offenders and for serious juvenile offenders. She had particular expertise in designing cognitive behavioral programs with therapeutic milieus. Another area of specialty is quality control monitoring keyed to achieving high standards in treatment. Dr. Agee has been a member of the National Task Force on Standards for Juvenile Sex Offender Treatment for the National Adolescent Perpetrator Network. She has also consulted widely in the United States and Canada. The well-known Canadian researcher Paul Gendreau has written the following about her work, "Her pioneering and innovative work in rehabilitating offenders using contingency management techniques was unparalleled." Dr. Agee is currently retired.

## **Jill C. Anderson, Psy.D.**

Jill C. Anderson is a licensed clinical psychologist. She is a graduate of Argosy University/Atlanta and has more than ten years of experience working with children and families. Dr. Anderson specializes in helping children recover from trauma, with particular emphasis on those ages 4–12 who have been sexually abused. Dr. Anderson is the clinical director at the Children's Center for Hope and Healing, providing individual, family, and group work to sexually abused children, sexually reactive children, and adolescents with sexual behavior problems. She also conducts psychosexual evaluations. Dr. Anderson sees similar clients in her private practice, Corcair Psychological Services, and serves as a consultant and trainer for therapists working with clients who have experienced trauma.

## **Jack A. Apsche, Ed.D., A.B.P.P.**

Jack Apsche, Ed.D., A.B.P.P., was, before his death in November 2014, a psychologist, author, artist, presenter, consultant, and lecturer based in Norfolk, Virginia. Dr. Apsche was a professor of forensic psychology, College of Social and Behavioral Sciences at Walden University, and the founder of the Apsche Center for Mode Deactivation Therapy. He was the only person to be board certified six times by the

American Board of Professional Psychology—in clinical child and adolescent psychology, clinical psychology, counseling psychology, cognitive and behavioral psychology, group psychology, and couples and family psychology. His primary research was in adolescent externalizing disorders. Dr. Apsche published extensively, including several books such as *Mode Deactivation Therapy for Aggression and Oppositional Behavior in Adolescents* (2012), *Current Application: Strategies for Working With Sexually Aggressive Youth and Youth With Sexual Behavior Problems* (2010), and *Responsibility and Self-Management* (2007).

**Christopher K. Bass, Ph.D.**

Christopher K. Bass, Ph.D., originally from Washington, DC, credits his home city with influencing him and his ideas related to ethnocentric research and study. He has psychology degrees from both Clark Atlanta University (1992) and the University of Wisconsin (1995, 2000). After earning his doctorate he began a series of professorships and clinical practice along the eastern United States. An avid scholar, he has published numerous articles investigating the effects of specific culturally relevant treatment approaches on active and reactive conduct disorder and varying personality disorders. His primary area of focus is with African-American adolescent and post-adolescent males. He has also worked with a number of other clinically recognized mental disorders. As an instructor, he has held faculty appointments on the campuses of Hampton University, University of Georgia, Morehouse College, and Walden University. Clinically he has served in a variety of posts including former psychologist for the City of Atlanta, senior psychological partner at Bass Medical and Psychological Consultants, LLC, clinical senior consultant at the Apsche Institute in Virginia and a consultant at the Program Evaluation Station in Georgia, and clinical director of the Young Men's Center at the Pines Residential Treatment Facility. He is a member of the Let Us Make Man Organization. Currently, he serves as an assistant professor within the Department of Psychology and director of the Isabella T. Jenkins Honors Program at Clark Atlanta University, Atlanta, Georgia.

**Steven M. Bengis, Ed.D., L.C.S.W.**

This book is dedicated to the memory of Steven M. Bengis. A nationally recognized and sought after consultant and trainer, he led workshops and keynoted conferences in more than twenty-five states, in Israel, throughout Canada, and in New Zealand. He facilitated the national group that created the Standards of Care for Youth in Sex Offense-Specific Residential Programs and was author of several articles and book chapters and a self-paced online course through NEARI Online. Together with his wife, Dr. Penny Cuninggim, he founded the New England Adolescent Research Institute, Inc. (NEARI) in Holyoke, Massachusetts. Dr. Bengis earned his doctorate in counseling psychology from the University of Massachusetts, was a licensed clinical social worker, and worked as a therapist both privately and in outpatient, residential and school settings.

**Lisa Berry-Ellis, L.C.S.W.**

Lisa Berry-Ellis has spent nearly twenty years working with children and families impacted by trauma particularly sexual abuse. She currently serves as a trauma spe-

cialist for Morningstar Treatment Services, Inc., and also provides consultation and training for professionals working with children who are acting out sexually in therapeutic foster care and residential placement. Ms. Berry-Ellis also serves on the Children's Justice Act Advisory Committee providing recommendations to the Department of Human Services concerning state policy and procedure which impacts Georgia's children. Most recently, Ms. Berry-Ellis served as Clinical Director for Project Pathfinder, of the Family Relations Program, providing program development and clinical services in North Georgia to children and adolescents exhibiting sexual behavior problems. Her prior experience includes serving as a foster care specialist with Families First for six years providing therapeutic services and support to abused children and the foster and adoptive families who cared for these children. Ms. Berry-Ellis completed her bachelor's degree in social work in 1992 and her master's degree in social work in 1994 both from the University of Georgia.

**Daphne Bogenschneider, M.A., LCPC, LSOTP, LSOE**

Daphne Bogenschneider is a licensed clinical professional counselor in Kankakee, Illinois. She is a member of the American Counseling Association, the Illinois Counseling Association, and the Kankakee County Community Crisis Response Team. Ms. Bogenschneider is licensed in the state of Illinois as a Clinical Professional Counselor, Sex Offender Treatment Provider–Juvenile Specific, and Sex Offender Evaluator–Juvenile Specific. She is certified in the provision of EMDR (Eye Movement and Desensitization and Reprocessing) therapy and has also specialized in the treatment of self-injurious (self-mutilation) behaviors. Ms. Bogenschneider previously worked as a therapist for adolescent male and female sexual offenders at a residential treatment center in the state of Illinois for eleven years. During her tenure with the center, Ms. Bogenschneider was a principal member of the team tasked with the development of a gender-responsive adolescent female offender treatment program at Indian Oaks Academy in Manteno, Illinois. She has presented on the national level at conferences including the Association for the Treatment of Sexual Abusers (ATSA), Minnesota ATSA (MN-ATSA), the National Adolescent Perpetrators Network (NAPN), and Wisconsin Prevent Child Abuse (WI-PCA) on topics such as exploring gender-specific treatment approaches for adolescent females with sexual behavior problems, the role of relationships when working with adolescent females with sexual behavior problems, gender-responsive treatment strategies for adolescent female offenders, gender-responsive treatment for adolescent females who offend, and exploring gender-specific treatment approaches for females with severe emotional and behavioral problems. In addition, Ms. Bogenschneider has provided workshops to teachers, law enforcement, and other mental health professionals on the topics of self-injurious behaviors, mental health crisis assessment and intervention, suicide awareness and prevention, normal childhood sexual development, victims of sexual abuse, and the use of expressive/experiential activities in therapy. She is currently the supervisor of the child and adolescent mental health crisis program within her county, is a member of the local School and Community Crisis Assistance (SCAT) Team, and is a member of the Illinois SASS (Screening, Assessment, and Support Services) statewide child and adolescent mental health crisis program stakeholder-leadership committee. Ms. Bogenschneider also provides outpatient/community-based juvenile sex offender evaluation, assess-

ment, and treatment; juvenile forensic/fitness restoration services; and general mental health counseling for individuals with severe and persistent mental illness through the Helen Wheeler Center for Community Mental Health.

### **Alexandra Brereton**

Alexandra Brereton completed her master's degree in forensic psychology at Fairleigh Dickinson University. She is currently enrolled in Fairleigh Dickinson University's Ph.D. program in clinical psychology (Forensic Track). Her current research interests include sexually harmful behaviors committed by children and adolescent, juvenile firesetting, and suicidal and self-injurious behaviors.

### **Guy Bourgon, Ph.D.**

Guy Bourgon received his doctorate in clinical psychology from the University of Ottawa (Ontario) in 1994. As a registered psychologist, he provided assessment and treatment services to offenders for the Ontario Ministry of Community Safety and Correctional Services. In 1999, as the principle investigator, he initiated a long-term national multisite investigation of specialized services for sexually abusive youth and was the main force behind an annual Canadian conference on sexually abusive youth. Currently he is a senior reasearcher with Public Safety Canada.

### **Kurt M. Bumby, Ph.D.**

Kurt Bumby received his doctorate in clinical psychology from the University of Nebraska-Lincoln, as part of the Forensic Psychology Specialty Track of the Law and Psychology Program. He is a senior manager with the Center for Effective Public Policy. Formerly, Dr. Bumby was Assistant Deputy Director and Clinical Director of the Missouri Division of Youth Services, and a clinical assistant professor of psychiatry at the University of Missouri-Columbia School of Medicine. Dr. Bumby specializes in the assessment and treatment of sex offenders and worked in both state and federal correctional systems, forensic hospitals, and juvenile justice agencies. He has served as an administrator, clinician, consultant, and court expert and has published on a variety of forensic topics.

### **Nancy G. Calleja, Ph.D., L.P.C.**

Nancy G. Calleja is professor and chair of the Department of Counseling and Addiction Studies at the University of Detroit–Mercy. She also serves as the clinical director of Spectrum Human Services, Inc. & Affiliated Companies in Westland, Michigan. Dr. Calleja has more than twenty-seven years' experience in juvenile justice and specializes in program development, program evaluation, and the treatment of adolescents with sexual behavior problems. She has received federal funding from the Office of Juvenile Justice and Delinquency Prevention, the Bureau of Justice Assistance, and the National Council on Crime and Delinquency to support projects for adolescents with sexual behavior problems as well as to support other juvenile justice and child welfare research. In addition, Dr. Calleja consults nationally and locally about issues related to comprehensive program development, business planning and juvenile justice. Since 2012, the Forward-Focused Model has been implemented in residential, community-based, and court-based programs across the United States.



**Julie Campbell, L.C.S.W.**

Julie Campbell is a licensed clinical social worker in Philadelphia. Ms. Campbell received a master's degree in social work from the University of Pennsylvania and received postgraduate certification in marital and family therapy from the Council for Relationships in Philadelphia. Ms. Campbell has specialized in both trauma and sexual abuse treatment with children, adults, and families for more than twenty years. In her current position as Coordinator of Trauma-Focused Projects at the Children's Crisis Treatment Center (CcTC), Ms. Campbell participates in trauma-related initiatives in Philadelphia and provides clinical supervision to therapists who specialize in treating children who have experienced a wide range of traumatic events. In addition, Ms. Campbell provides clinical training in the areas of trauma and sexual abuse and has presented at numerous local and national conferences.

**Deborah J. Cavanaugh, B.A., M.A., M.H.C.**

Deborah Cavanaugh received her bachelor's and master's degrees in clinical psychology from Bridgewater State College. Her first research project involved an examination of the relationship between childhood conduct disorder, attention deficit/hyperactivity disorder, and handedness in adult sex offenders. This study was conducted at the Massachusetts Treatment Center for Sexually Dangerous Persons under the guidance of Dr. Robert Prentky and Dr. Martin Kafka. As a result, Ms. Cavanaugh was awarded the first "Theo Seghorn Memorial Scholarship" for "Most Promising Graduate Student" in the field of sexual abusers from the Massachusetts Chapter of the Association for Treatment of Sexual Abusers (MATSA) in 2002. She currently works as the Program Coordinator and Mental Health Clinician for Justice Resource Institute's Research and Clinical Practice Program. Her current clinical interests include trauma and the impact on the developing brain and treating psychiatric disorders in juveniles with sexually abusive behaviors.

**Roy Chancey, L.C.S.W.**

Roy Chancey has more than twenty-five years of professional experience treating children, adolescents, and their families. Twenty-two of those years have been in direct clinical experience working in the field of sexual aggression and sexual victimization. Mr. Chancey is currently a therapist at Hillside Hospital in Atlanta. He has been a clinical director, consultant, and trainer for numerous offender programs throughout the state as well as in Arkansas and New York. He has also coauthored several publications in professional journals. Mr. Chancey is a clinical member of the Association for the Treatment of Sexual Aggression and the American College of Forensic Counselors.

**Kevin Creeden, M.A., L.M.H.C.**

Kevin Creeden received his master's degree in counseling psychology from New York University in 1983. He is director of assessment and research at the Whitney Academy in East Freetown, Massachusetts. He has more than thirty years of clinical experience working treating adult sexual perpetrators and sexually and physically aggressive youth. At present, Mr. Creeden is a guest faculty at the Simmons School of Social Work's advanced training program in trauma-focused treatment. Mr.

Creeden trains and consults both nationally and internationally to youth service, community, and mental health service agencies.

**David P. Fago, Ph.D.**

David P. Fago is co-director of the Maryland Institute, and an adjunct associate professor in the Department of Psychology at the University of Maryland, College Park. His research interests include the evaluation and treatment of sexually disordered behavior in children, adolescents, and adults; the developmental trajectory of disordered sexuality; and the uses and misuses of forensic assessment. He is an active clinician and advocate for the use of empirically validated assessment and treatment for sexual offenders. He also is an editorial consultant to the journal *Psychotherapy: Theory, Research, Practice, Training*, published by the American Psychological Association. Dr. Fago received undergraduate and graduate degrees from Boston College and the University of Maryland.

**Amy L. Garbrecht, Psy.D.**

Amy L. Garbrecht earned her doctoral degree from Xavier University in 2005. Her dissertation research compared juvenile sex offenders and non-sex offenders on a variety of variables; her clinical internship was with the Abuse Treatment and Prevention Program at Mercy First in Syosset, New York. She is currently the program director for Butler County Juvenile Rehabilitation Center, a community correctional facility for felony juvenile offenders in Hamilton, Ohio. She previously worked at the Ohio Department of Youth Services as a psychologist with institutional youth and youth on parole. She has worked in community corrections and residential treatment facilities with children, youth, and families for more than twenty years. Dr. Garbrecht is a clinical member of the Association for the Treatment of Sexual Abusers (ATSA), a member of the American Correctional Association (ACA) and the Ohio Psychological Association (OPA), and part of the clinical faculty at Wright State University's School of Professional Psychology.

**Cheryl Georges, L.I.C.S.W.**

Cheryl Georges is a licensed independent clinical social worker in Rhode Island and Massachusetts. She is a sexual abuse specialist for the state of Rhode Island, working primarily with child victims of sexual abuse and their families. Ms. Georges received her master's degree in social work from Rhode Island College in 1997 and has provided individual, family, and group therapy to victims of trauma since that time. She joined St. Mary's Home for Children in 2001 as a clinician for the Shepherd Program, an outpatient therapeutic group that specializes in assessment and treatment for victims of sexual abuse, juveniles who have sexually offended, and their families. Since 2005, Ms. Georges has been the director of the Shepherd Program, which in addition to the sexual abuse specialty interventions offers a Parent Resource Education Program and Children's Intensive Services.

**Robert Grant, L.I.C.S.W.**

Robert Grant is a licensed independent clinical social worker in both Rhode Island and Massachusetts who specializes in the treatment of childhood sexual abuse and juvenile sex offending behaviors. Mr. Grant earned his master's degree in social work

from Boston University in 1998. He joined St. Mary's Home for Children in 2000 and is a treatment specialist in the areas of childhood sexual abuse and sexual offending behaviors for the state of Rhode Island. Since that time, Mr. Grant has provided individual and group treatment for children and adolescents who are survivors of sexual abuse, clinical assessments of both victims and offenders, and individual and group treatment for juveniles who have been adjudicated for issues related to sexual offending behaviors. In conjunction with his outpatient responsibilities, Mr. Grant is also the program coordinator for the CIS (Children's Intensive Services) program, a community-based treatment program providing intensive mental health services to children and their families.

**Laura Grossi, M.A.**

Laura M. Grossi is a doctoral candidate in Fairleigh Dickinson University's clinical psychology program (Forensic Track). She holds a master's degree in forensic psychology. She is completing her predoctoral internship at Eastern Virginia Medical School. Ms. Grossi has presented and published research related to forensic assessment, predictors of feigning/malingering, and physical and sexual aggression exhibited by children, adolescents, and adults. Her dissertation research involves the assessment of malingering with pretrial defendants hospitalized for restoration of adjudicative competence. She was recently awarded the American Psychological Foundation's 2016 Steven O. Walfish Student/ECP Grant to support her research endeavors in the field of psychology.

**Nancy Halstenson-Bumby, Ph.D.**

Dr. Halstenson-Bumby received her doctorate in clinical psychology from the University of Nebraska-Lincoln. She is a clinical assistant professor of psychiatry and neurology at the University of Missouri-Columbia School of Medicine and provides outpatient services to a wide range of clientele. Dr. Halstenson-Bumby specializes in adolescent issues, as well as eating disorders. She has worked with sexual abuse victims as well as adolescent sex offenders for a number of years.

**Bert Harris, M.A., L.P.**

Bert Harris is a licensed clinical psychologist and certified psychodramatist working in Philadelphia. Mr. Harris received his master's degree in clinical psychology from West Chester University. He has specialized in forensic psychology with adult and juvenile sex offenders for the past eleven years. He has assisted in the development of risk assessments for juvenile sex offender's and published research in this area. Mr. Harris is a member of the Pennsylvania Sexual Offenders Assessment Board and the Association for the Treatment of Sexual Abuse. He has conducted training and presentations in the area of sexual offending at the local and national level. Currently, Mr. Harris treats adolescent and adult sex offenders and evaluates adolescent sexual offender services for the city of Philadelphia.

**Charles E. Hodges, Jr., M.S.W., L.S.C.W., CSOTP**

Charles E. Hodges, Jr. holds a a master's degree in clinical social work and a Master of Divinity degree. He is licensed in the state of Virginia as a clinical social worker and is certified in Virginia as a Certified Sexual Offender Treatment Provider.

He develops and oversees adolescent sexual offender programs. He is a consultant and a staff trainer; he supervises clinicians for licensure; and he is an author and a university speaker. Mr. Hodges's work settings include outpatient private practice and residential sexual offender treatment.

**Christopher D. Jones, Ph.D.**

Christopher D. Jones is the team leader for the Applied Research & Translation (ART) Team at the Centers for Disease Control and Prevention (CDC) in the area of chronic disease prevention. During his career at the CDC, Dr. Jones has served as a senior program evaluator in the area of chronic disease prevention and as an evaluation team leader in the area of injury and violence prevention. Prior to joining the CDC in 2010, Dr. Jones practiced clinical social work and conducted evaluation research in the area of youth violence, specializing in both residential and outpatient treatment for sexually abusive youth and their families. He has worked with community mental health in North Carolina and Georgia and the Georgia Department of Juvenile Justice, and he has served as a research consultant for the Child Molestation Research and Prevention Institute.

**Lee Anna Knox, Ph.D.**

Lee Anna Knox earned a doctorate in Applied Psychology from Portland State University with specializations in community and developmental psychology. Dr. Knox currently teaches undergraduate courses in general psychology and lifespan development both online and in person. In addition she is an advocate for at-risk adolescents and their families, and for the homeless and housing insecure with local non-profit organizations in the Portland Metropolitan area.

**Alejandro Leguizamo, Ph.D.**

Alejandro Leguizamo received his undergraduate degree in psychology from Boston University and his doctoral degree in clinical psychology from the University of Michigan. He completed a postdoctoral fellow in forensic psychology at the University of Massachusetts Medical School.

After practicing forensic psychology in various settings and serving as Assistant Clinical Director and Clinical Director at the Massachusetts Treatment Center, he joined the faculty in the psychology department at Roger Williams University in Bristol, Rhode Island. He also conducts evaluations and provides specialized treatments for the Massachusetts Department of Youth Services. His interests include multicultural issues in sex offender research and treatment, offenders' exposure to, and use of, pornography, and sex offender recidivism.

**Elizabeth J. Letourneau, Ph.D.**

Elizabeth J. Letourneau received her bachelor's degree from the State University of New York at Buffalo in 1988 and earned her doctoral degree in clinical psychology from Northern Illinois University in 1995. Dr. Letourneau specializes in interventions for youth who engage in risky behaviors (e.g., youth with HIV who engage in unprotected sex and youth with sexual behavior problems). She has ongoing studies funded by the National Institute of Mental Health and the National Institute of Drug

Abuse examining the efficacy of novel interventions that target youth risk behaviors. Dr. Letourneau also conducts research on the effects of criminal justice policies that target sex offending, with projects funded by the Centers for Disease Control and Prevention, the National Institute of Justice, and the National Science Foundation.

**Thomas F. Leversee, L.C.S.W.**

Mr. Leversee has more than thirty-four years of clinical and administrative experience in the Colorado Division of Youth Corrections and in private practice. This includes over twenty-seven years of experience working with sexually abusive youth. Mr. Leversee published the *Moving Beyond Sexually Abusive Behavior* group therapy curriculum through NEARI Press as well as having publications in a national newsletter, a journal, and three books. Mr. Leversee has conducted extensive training and presented at numerous national conferences. He was presented with the National Adolescent Perpetration Network's "Pioneer Award" in 2005 for his "21 years of unique contributions to prevent perpetration of sexual abuse." Mr. Leversee retired from his position as coordinator of sex offense-specific services for the Colorado Division of Youth Corrections in July 2008. He is currently teaching at the Graduate School of Social Work at the University of Denver and is also providing consultation, training, and clinical services for at-risk youth.

**Herman Lindeman, Ph.D.**

Herman Lindeman earned his master's degree at Louisiana State University and his doctorate at Arizona State University, where he completed a 2,000-hour Veterans Administration Hospital internship. He is an Arizona-licensed psychologist with over twenty-six years of experience in private practice. His clinical practice incorporates direct patient services and community consultation. Dr. Lindeman specializes in evaluations and assessments. He has developed more than thirty proprietary assessment instruments or tests for court, probation, corrections, counseling, and treatment settings. He is the founder and president of Behavior Data Systems, Ltd., and Risk & Needs Assessment, Inc.

He is a member of several professional associations, including the Arizona Coalition Against Domestic Violence; Academy of Domestic Violence Counselors; American Association of Marriage and Family Therapy; National Association of Pretrial Service Agencies; California Probation, Parole and Correctional Research and the Western Correctional Association; American Society of Clinical Hypnotism; American Association of Hypnotherapists, American Probation and Parole Association; National Association of Drug Court Professionals; and California Coalition on Sexual Offending. Dr. Lindeman is also listed in the National Register of Health Service Providers in Psychology.

**Heather MacKenzie, Ph.D.**

Heather MacKenzie is an assistant professor in the Department of Clinical Health Psychology, Faculty of Medicine, at the University of Manitoba. Dr. MacKenzie conducted her doctoral research within the area of language and cognitive development and has a special interest in developmental disorders including autism spectrum disorder.

**Gina Madrigano, Ph.D.**

Gina Madrigano is a registered clinical psychologist who received her doctorate from the University of Montreal (Quebec, Canada) in 2000. She has provided assessment and treatment services to young offenders for the Ontario Ministry of Community Safety and Correctional Services, and for adult offenders for the Correctional Service of Canada, the Royal Ottawa Hospital, the Brockville Psychiatric Hospital, and the Secure Treatment Unit in Brockville. She has also conducted assessments for the National Parole Board of Canada and has been principal investigator and co-applicant on grants involving the assessment of sex offenders. She is currently in private practice providing clinical services to adolescent and adult sex offenders, in addition to providing clinical services to other forensic and nonforensic populations.

**Kelly E. Morton Bourgon, M.A.**

Kelly E. Morton Bourgon received her master's degree in psychology from Carleton University (Ottawa, Ontario) in 2003. Her thesis evaluated the predictive accuracy of four risk assessment instruments on a sample of adolescent sexual offenders. She was involved with the national multisite investigation of specialized services for sexually abusive youth as a research associate and conference director. She is currently working at the Department of Justice, Research and Statistics Division, as senior research officer.

**Kevin M. Powell, Ph.D.**

Kevin M. Powell has been working with at-risk children, adolescents, and their families for over two decades in a variety of settings including schools, outpatient youth service agencies, inpatient hospitals, and correctional facilities. He is the clinical director and a licensed psychologist at Platte Valley Youth Services Center, a 132-bed youth correctional facility in Colorado. Dr. Powell is an adjunct faculty at Colorado State University in the department of psychology. He also provides trainings to mental health professionals, teachers, direct care staff, and other youth service providers on the topic of strengths-based interventions for working effectively with at-risk youth, including those with sexual behavior problems. He can be contacted through his website at [www.kevinpowellphd.com](http://www.kevinpowellphd.com).

**Robert Prentky, Ph.D.**

Dr. Prentky teaches in the Department of Psychology at Fairleigh Dickinson University and is director of the master's degree program in forensic psychology. He has practiced as a forensic psychologist for the past thirty years, and in that capacity assessed or supervised the assessment of over 2,000 sexual offenders. He has been the principal or co-principal investigator on fourteen state and federal grants and served as an ad hoc reviewer for seventeen professional journals. Dr. Prentky chaired two conferences on sexual offenders for the New York Academy of Sciences (1988 and 2002). He has presented several hundred times in the United States, Europe, Canada, and Israel and published more than eighty papers/chapters and five books. He was elected a Fellow of the American Psychological Association (2003) and the Association for Psychological Science (2006).

**David S. Prescott, L.I.C.S.W.**

David S. Prescott serves as director of professional development and clinical director for the Becket Family of Services. He has produced thirteen book projects and numerous articles and chapters in the areas of assessing and treating sexual violence and trauma. Mr. Prescott is a past president of the Association for the Treatment of Sexual Abusers, the largest professional organization of its kind in the world. He is also the 2014 recipient of that organization's Distinguished Contribution award. He is a Certified Trainer for the International Center for Clinical Excellence and a member of the Motivational Interviewing Network of Trainers. He has lectured around the world and serves on the editorial boards of two scholarly journals, *Motivational Interviewing: Training, Research, Implementation, and Practice* and the *Journal of Sexual Aggression*.

**Doyle K. Pruitt, Ph.D.**

Doyle K. Pruitt is associate professor of social work at Keuka College. Dr. Pruitt has provided expert court testimony, risk assessments, and consultation in numerous counties in New York State. She currently serves as the principal investigator for Outdoor Adventures for Sacrifice in Service (OASIS), a not-for-profit recreational program for disabled veterans.

**Norbert Ralph, Ph.D., MPHT**

Norbert Ralph is a clinical psychologist at the Juvenile Justice Center in San Francisco, coordinator of the Juvenile Sexual Responsibility Program, coordinator for the Juvenile Court Alienist Panel, and chair of the Competency Evaluation Committee. Dr. Ralph is also a psychiatric epidemiologist, and neuropsychologist, who has written twenty-four articles, book chapters, or books. He was formerly associate clinical professor in family practice, University of California School of Medicine–Davis, and lecturer and research biostatistician in the Program in Maternal and Child Health, School of Public Health, at the University of California–Berkeley. He is a trainer for Aggression Replacement Training® through the California Institute for Mental Health. He is the chair of the Research Committee for the California Coalition on Sexual Offending. Dr. Ralph is a member of the Quality Management Committee, AllCare Independent Physicians Association. He is a founding board member and treasurer of the East Bay Children's Law Offices which provides legal services to the 1,600 foster children in Alameda County. He provided consultation and training for the Center for Families, Children & the Courts, Judicial Council of California, and to the Tribunal de Justiça de Santa Catarina, Florianapolis, Brazil.

**Daniel Rothman, Ph.D.**

Daniel Rothman is a registered clinical and forensic psychologist. He specializes in the assessment and treatment of children, adolescents, and adults with sexual, aggressive, and antisocial behavior problems and has provided assessment, consultation, and treatment services in child protection, hospital, and correctional settings. Dr. Rothman has special interests in the roles of trauma, attachment, and developmental disabilities (including autism spectrum disorders) on child development; prevention initiatives for youth at risk for engaging in abusive sexual behavior; multisystemic

and holistic approaches to intervention and risk management for high-risk youth; and how to tailor therapeutic relationships to enhance clinical outcomes. He has written articles and book chapters on these and other topics and frequently provides training for child welfare, mental health, and criminal justice professionals locally, nationally, and internationally.

**Melissa Santoro, L.I.C.S.W.**

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has several years of experience scoring and writing up the J-SOAP-II (Juvenile Sex Offender Assessment Protocol-II) and general risk assessments. In addition, she has experience counseling survivors of domestic violence and sexual assault as well as juveniles with traumatic histories and acting-out behaviors. For a short time in 2008 she was the director of Community Based program; soon after became JRI's director of special projects and has served in that role since that time. Her current area of focus for JRI is administrative, operations, team building and recruitment.

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Barbara K. Schwartz received her doctorate in psychology/criminology from the University of New Mexico. She has treated sex offenders since 1971 and directed statewide programs in New Mexico, Washington, Massachusetts, New Jersey, Missouri, and Maine. Dr. Schwartz has also been the clinical consultant to programs for juvenile sex offenders in Connecticut and Massachusetts. She has consulted with over forty states in establishing and evaluating sex offender programs as well as providing training through the National Institute of Corrections and the Center for Sex Offender Management. She was retained by the government of Israel to help establish its national program. She has published numerous peer-reviewed articles and edited eight books, and her works have been published in five languages. Dr. Schwartz recently retired as program director of the sex offender treatment program for the Maine Department of Corrections. She served as a consultant to the Special Master in the Farrell Consent Degree for the California Division of Juvenile Justice. Dr. Schwartz consults nationally on individual sex offender and program evaluations.

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Carl Schwartz has worked with delinquent and sex offender clients and their families for more than thirty years. He started Arizona's first sex offender residential program and has published articles concerning the developing of empathic capacity, the use of mindfulness practices, and the normalization of adolescent sexuality. His approach reflects extensive experience with Ericksonian hypnosis, neurolinguistic programming, family systems perspective, and the use of direct decision therapy. He is both a sexologist and an attorney.

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Jerry Thomas received her master's degree in education from the University of Memphis. She is a recognized expert in the field of youthful sexual aggression, specializing in family treatment, and safety in out-of-home settings. She has developed six different programs for sexually abusive youth, conducted program evaluations for residential treatment centers, juvenile correctional systems, boarding schools, and foster care. She has also conducted a wide range of professional and staff training, provided consultation and expert witness services to legal professionals, and presented seminars and workshops across the United States, Canada, and Great Britain.

In 1986 she was invited to join The National Task Force on Juvenile Sexual Offending sponsored by the National Council of Juvenile and Family Court Judges, and participated in writing *The National Task Force Report*. She was appointed a member of the 1995 National Mental Health Institute Special Committee on Female Sexual Offending and in 2002 was appointed by the Center on Sex Offender Management to the 2nd National Summit on Sex Offender Management. In 1999, as a founding member of the National Task Force on Offense Specific Residential Programs, she participated in writing the *Residential Standards for Sex Offense Specific Programs*.

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pital-based treatment, the youth residential Therapeutic Community setting, and Forensic Foster Care. His abuse treatment approach is published in the book *Social Responsibility Therapy for Adolescents & Young Adults: A Multicultural Treatment Manual for Harmful Behavior* (2008).

# Introduction

This volume aims to provide the reader with an overall view of the most recent developments in analyzing, evaluating, and treating young people with sexually inappropriate behavior. The authors have been asked to update their work to include the most current research. There have been a number of developments in this field in the past decade that have had a significant impact on both the victims and perpetrators of sexually abusive conduct. The role of juveniles in this problem has been recognized. Finkelhor, Ormrod, and Chaffin (2009) report that 25.8% of the sex crimes reported to the police have been committed by juveniles as well as 35.6% of offenses against minors. A more recent study by Swenson and Letourneau (2011) report that percentage to be 40%. Reportedly these sexually abusive behaviors usually begin to increase at age 12 and peak at 14 (Office of Juvenile Justice and Delinquency Prevention, 2009). However, one out of eight of these crimes are committed by children under the age of 12 (Office of Juvenile Justice and Delinquency Prevention, 2009). These crimes are notoriously underreported.

However, the good news is that crime including juvenile crimes has continued to decline since the 1980s. Smith (2015) found that juvenile crime in general decreased 21% between 2001 and 2010. Ironically sex crimes by females increased by 69% since 1985. This is most likely due to changes in sentencing practices in which courts now take charges involving females more seriously. A report on California crime rates indicated that juvenile offenses dropped 41.8% between 2009 and 2014 (Webster, 2015). The number of youths in residential facilities had fallen by 53% while those in large facilities had decreased by 74% (Office of Juvenile Justice and Delinquency Prevention, 2014). While many of these studies addressed overall juvenile crime, it also reflects sex offenses. Indeed, these statistics reflect the authors' personal experience. In the past twelve years I have worked with the Maine Department of Corrections and the California Division of Juvenile Justice. During that time the California Division of Juvenile Justice went from seven juvenile facilities scattered throughout the state to two facilities, both located in Stockton. Maine recently converted one of its two juvenile facilities into an adult facility as it was only housing twenty-five residents.

This decline in juvenile offenders is also reflected by a decline in treatment programs for youth with problematic sexual conduct. The Safer Society periodically conducts surveys of all the sex offender treatment programs in the United States and Canada. In 2002, 937 programs for adolescent offenders in the United States and 401 programs for children completed the survey (McGrath, Cummings, Burchard, & Ellerby, 2009). In 2009, 494 adolescent programs and 203 programs responded. At that time 375 were programs for male adolescents in the community with 124 for boys under 12, while there were 98 residential programs for male teens and 15 for male children. One hundred and two programs treated female adolescents in the community and sixty-two treated prepubescent girls, while there were nineteen residential programs for female adolescents and four for younger females (McGrath et al., 2009). While a decline in responses to the survey may be attributed to a number of factors,

given the context of a general decline in children and youth needing these services, this undoubtedly contributed to the diminished number of programs.

Contributing to this declining crime rate is the low recidivism rates among juveniles convicted of a sex offenses. Grotper and Elliott (2002) reported a 3–10% figure while Caldwell (2010) indicated 7%. However, despite the fact that the vast majority of youth who are not reconvicted of sex crimes, in 2006 the Adam Walsh Child Protection and Safety Act mandated that states include juveniles on their sex offender registry. Failure to comply with this requirement would result in loss of certain federal grant monies. Those juveniles required to register were defined as those 14 or older who had committed a serious sex crime. The Office of Sex Offender Sentencing, Monitoring, Apprehension, Registration and Tracking is charged with administering the act. In order to encourage compliance, the SMART office has modified the definition of the type of crime which met the definition of a serious sex crime. Currently the definition focuses on forced sexual penetration and is defined as “offenses that consist of engaging (or attempting or conspiring to engage in) a sexual act by force or the threat of serious violence or by rendering unconscious or involuntarily drugging the victim” (information retrieved January 17, 2017, from [www.smart.gov/juvenile\\_offenders-htm](http://www.smart.gov/juvenile_offenders-htm)). Juveniles are required to remain on the registry for twenty-five years. A number of states have refused to comply with these requirements. Forty-seven states have some kind of registration but only twenty-seven have mandatory registration. Twenty-three states have lifetime registration and fourteen states have no minimum age requirements. Idaho removes juveniles from their registry when the youth is 21 and Maryland removes the individual at the end of the juvenile court jurisdiction. Sixteen states post personal information of juveniles on their website and nine make registration or posting discretionary. In Oklahoma when a juvenile is released from custody, a prosecutor may file a petition with the court to place the individual on the registry. Two mental health professionals then prepare evaluations for a judge who then makes the final determination. In the ten years that this procedure has been in place, only ten juveniles have been required to register. In Delaware a judge may exempt a juvenile from registering (SMART, 2015).

One way to deal with serious juvenile offenders which bypasses some of the objections to registering youths is to bind them over as adults and try them in adult courts. This is usually done in three different ways. In twenty-three states it is the law that if a juvenile commits a certain sex offense and is of a certain age, that person is automatically tried as an adult. In some states there is an amenability hearing where a juvenile may be exempted from prosecution as an adult if that person is found to be amenable to treatment. In fifteen states the prosecutor has complete discretion and in forty-seven states a judge can find that a juvenile is no longer amenable to treatment and bind him or her over to adult court. Some states have several different paths to dealing with these serious youthful offenders. It has been recommended that the SMART office can determine whether a state is in compliance with the Sex Offender Registration and Notification Act (SORNA) by doing the following:

- Examining the state’s policies and practices to prosecute as adults juveniles who commit serious sex offenses.

- Evaluate their policies and procedures on registering delinquents adjudicated for serious sex offenses
- Evaluate other policies and practices to identify, track, monitor or manage juveniles adjudicated of serious sex offenses
- Evaluate how states make the public aware of the identity of juveniles adjudicated of serious sex offenses for public safety purposes.

Finding alternative ways to protect the public from these offenders would increase compliance. In the meanwhile, the courts in several states have intervened to block lifetime registration, finding it to be unconstitutional. In 2014 the Pennsylvania Supreme Court struck down this requirement. Judge Baer, quoting a similar finding in Ohio in 2012, stated the following (retrieved January 15, 2017, from *reason.com/blog/2014/12/30/lifetime-registration-for-juvenile-sex-offenders*):

For a juvenile offender, the stigma of the label of sex offender attaches at the start of his adult life and cannot be shaken. With no other offense is the juvenile's wrongdoing announced to the world. Before a juvenile can even begin his adult life, before he has a chance to live on his own, the world will know of his offense. He will never have a chance to establish a good character in the community. He will be hampered in his education, in his relationships, and in his work life. His potential will be squelched before it has a chance to show itself.

Research on the effectiveness of registering these juveniles has failed to demonstrate that it improves public safety. An Illinois Commission charged with studying the effectiveness of this policy concluded that (<http://reason.com/blog/2014/12/30/lifetime-registration-for-juvenile-sex-offenders>)

Illinois should remove young people from the state's counter-productive sex offender registry and end the application of categorical restrictions and collateral consequences. There is no persuasive evidence that subjecting youth to registries improves public safety or reduces risks of future offending. The research does not indicate registries repair harm to victims.

Not only has no research indicated that being on a sex offender registry decreases reconviction rates for juveniles, but Letourneau and Armstrong (2008) found that in South Carolina there was no researchable difference in recidivism between juveniles who were on the registry and those who were not—but those on the registry committed more nonperson offenses.

In a move to minimize the stigmatizing of youths who commit sex offenses, the professional community that deals with these individuals has moved away from referring to them as “juvenile sex offenders,” which pins a label on the entire person, and is moving toward referring to them and to their behavior as “youth convicted of a sexual offense,” “youth who engage in inappropriate sexual behavior,” and “youth who

have committed sexual assaults.” The authors in this volume have been encouraged to use such a term. However, it may be difficult to make this transition as the old term is so ingrained in our brain.

Another very interesting and important development in this field is the emerging research on brain function and its relationship to adolescent development. The development of advanced technology has allowed us to watch the brain at work. This has allowed us to confirm with hard-core data what we have long suspected—that adolescents think differently than adults. Allstate Insurance ran a humorous but informative ad questioning “Ever wonder why 18-year-olds drive like they have half a brain? Because they do.” We now know that due to differences in the rate of brain development, normal brain processes such as pruning, and the effect of trauma on the brain, an adolescent’s cognitive processes are not comparable to those of a normal adult.

The brain of an adolescent changes structurally as well as biochemically. There is an increase in dopamine which is associated with risk taking (Steinberg, 2008). The forebrain, which is responsible for higher cognitive functioning, is continuing to develop, partially due to the pruning process which is eliminating unneeded neuronal connections and gray matter while increasing myelination which improves the brain’s ability to process information. This continues past the age of 18. Pruning occurs last in the area that stifles impulses, assesses risk, and controls moral reasoning (Casey, Jones, & Hare, 2008). Consequently from the age of 10 even normal adolescents are less future oriented, have difficulty considering consequences, and are more easily influenced by their peers (Steinberg, 2005).

The influence of brain development on adolescent behavior was formally acknowledged by the U.S. Supreme Court in 2005 when it ruled that under the “evolving standard of decency,” it was cruel and unusual punishment to execute a person who was under the age of 18 at the time of the murder (*Roper v. Simmons*, 543 U.S. 551 (2005)). The court’s decision was largely based on amicus briefs filed by the American Medical Association, American Psychological Association, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry and the Law, National Association of Social Workers, and the National Mental Health Association. In addition to pointing out how the neurological functioning of the adolescent brain impacts judgment, problem-solving, impulse control, and perspective taking as well as other higher cognitive functioning, the groups also pointed out that violent delinquents usually suffer from comorbid disorders that exacerbate the already existing vulnerabilities of developing youths.

The next several years will bring further progress, we hope, and areas of research in this field. The whole area of cybersex as it applies to adolescents needs to be explored. Already youths are being charged with sex offenses for sexting (retrieved January 24, 2017, from [cnn.com/2009/crime/04/07/sexting](http://cnn.com/2009/crime/04/07/sexting)). It’s hard to imagine what doors will be opened by new innovations in technology. These may also advance assessment techniques with directed evaluation of brain functioning easily accessible. The other area which is just being revealed is the prevalence of rape on college campuses (retrieved January 24, 2017, from [www.umbd/title/t14185572](http://www.umbd/title/t14185572)). Many of the young men involved in this crime are still in their adolescence. Additionally, the same dynamics may be present in public and private high schools with the victims being too frightened to come forward.



One very optimistic note is that having attended the MASOC (Massachusetts Adolescent Sexual Offender Coalition) conference, which was led by our dear friend, Steve Bengis, Ph.D., to whom this volume is dedicated, I have witnessed the tremendous number of young people who are entering our field. It will be up to them to hold the light of hope for the troubled youngsters whom we treat.

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