



THE ALLIANCE

Volume 3, Issue 3

Fall/Winter

The New York State Alliance of Sex Offender Service Providers and The New York State Chapter of the Association of the Treatment of Sexual Abusers

Richard Hamill, Ph.D.
President

Dominic A. Dispenza,
CSWR
Editor

Mark Your Calendars - May 1 and 2, 2003 NY State Alliance of Sex Offender Service Providers & NY State Chapter of ATSA

announce the 8th Annual Training Conference

This year the 8th Annual Training Conference will be held at the Holiday Inn Select at Niagara Falls, NY. The Conference will feature two well known and knowledgeable speakers, Robin Wilson, Ph.D. and June Tangney, Ph.D. Registrations will be mailed in February 2003.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★
★ Work has begun on a ★
★ new Sex Offender Ser- ★
★ vice Provider Directory ★
★ for New York State. ★
★ Please contact us to be ★
★ sure your agency is ★
★ included. Contact by ★
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

The call for presenters remains open at press time. In addition to the featured speakers, a number of workshops will be offered each conference afternoon. Anyone interested in presenting a workshop on a research or clinical topic related to the sexual offender or sexual abuse fields, please submit a one page summary proposal including: the workshop title; the names, titles, credentials, and agency addresses of the presenters; the name and phone number of one contact person; a brief overview of the workshop content; and the preferred length of the workshop (1 1/2 or 3 hours.) Please submit proposals to:

Newsletter submissions can be sent to: Dominic Dispenza, 21 Princeton Place, Suite 1A, Orchard Park, NY 14127 or you can email me at D A D - CON1959@AOL.COM

Oatka Valley Associates Phone: (585) 344-1563
405 East Main Street Fax: (585) 344-1645
Batavia, NY 14020

We're on the WEB!
Www.nysatsa.org
Or email us at
Nysasosp@nycap.rr.com

In this newsletter there are many interesting articles and news items from around the State. We encourage all members of the Alliance and NYS ATSA to submit any news items, articles or other features that could be published in this forum. It is important for us all to keep in touch with what is happening in our State. Articles featured in this newsletter are a means of increasing our knowledge base. We are such a diverse group that we have a great deal to offer each other, so please submit whatever you can to the address in the left column.

Juveniles who have sexually offended

This Report was written by Sue Righthand, Ph.D., and Carlann Welch, Psy.D. The authors express their sincere thanks to Mary Ann Saar, Associate Commissioner for Juvenile Corrections, Maine Department of Corrections, and Sandra Hodge, Director of Child Welfare, Maine Department of Human Services, for their deep commitment to children, for their astute understanding of facilitating individual and social change, and for making this literature review possible.

Introduction

Sexual abuse is widely recognized as a significant problem in society, and the scope of the problem may be underestimated because juvenile sex offenders who are known to the system may represent only a small proportion of juveniles who have committed such offenses. Studies of adult sex offenders suggest another dimension of the problem: many of these offenders began their sexually abusive behavior in their youth.

The costs of sex offending are substantial for victims and society and for the young offenders and their families. To minimize these costs, timely and appropriate interventions are needed. A review of the professional literature suggests, however, that programs designed to meet the perceived needs of these young offenders frequently apply knowledge and interventions designed for adult offenders without considering developmental issues and needs unique to juveniles.

Characteristics of Juveniles Who Have Committed Sex Offenses

Juveniles who have committed sex offenses are a heterogeneous mix (Bourke and Donohue, 1996; Knight and Prentky, 1993). They differ according to victim and offense characteristics and a wide range of other variables, including types of offending behaviors, histories of child maltreatment, sexual knowledge and experiences, academic and cognitive functioning, and mental health issues (Knight and Prentky, 1993; Weinrott, 1996).

Offending Behaviors

Sexually abusive behaviors and sex offense characteristics.

Sexually abusive behaviors range from noncontact offenses to penetrative acts. Offense characteristics include factors such as the age and sex of the victim, the relationship between victim and offender, and the degree of coercion and violence used.

Nonsexual criminal behavior.

Juvenile sex offenders frequently engage in nonsexual criminal and antisocial behavior (Fehrenbach et al., 1986; Ryan et al., 1996). A national survey found that most of the 80 juveniles who disclosed sexually assaultive behavior had previously committed a nonsexual aggravated assault (Elliot, as cited in Weinrott, 1996).

Child Maltreatment Histories

The childhood experience of sexual abuse has been associated with juvenile sex offending (Fehrenbach et al., 1986; Kahn and Chambers, 1991; Kobayashi et al., 1995). Childhood experiences of being physically abused, being neglected, and witnessing family violence also have been independently associated with sexual violence in juvenile offenders (Kobayashi et al., 1995; Ryan et al., 1996). The abusive experiences of juvenile sex offenders, however, have not consistently been found to differ significantly from those of other juvenile offenders (Lewis, Shanok, and Pincus, as cited in Knight and Prentky, 1993; Spaccarelli et al., 1997). Research suggests that the role of child maltreatment in the etiology of sex offending is quite complex (Prentky et al., 2000).

Social and Interpersonal Skills and Relationships

Family factors. Factors such as family instability, disorganization, and violence have been found to be prevalent among juveniles who engage in sexually abusive behavior (Bagley and Shewchuk-Dann, 1991; Miner, Siekert, and Ackland, 1997; Morenz and Becker, 1995). Various studies (e.g., Kahn and Chambers, 1991; Fehrenbach et al., 1986; Smith and Israel, 1987) suggest that many

Training Announcements Western Region

"CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS AND ADOLESCENT SEXUAL ABUSERS: IDENTIFICATION AND TREATMENT" ONE-DAY TRAINING

WHO: Joanne Schneider, CSW, Presenter **WHEN:** December 17, 2002

WHAT: A one-day training on the identification and treatment of children with sexual behavior problems and adolescent sexual abusers. **WHERE:** Rochester Psychiatric Center -

Rehabilitation Center auditorium

TIME: 8:45 AM - 4 PM **COST:** There is no cost. Lunch is on - your - own

QUESTIONS: Contact Bev Burke, Field Coordinator, Telephone # (716) 885-4219

SPONSORED BY: The Office of Mental Health, Home and Community - Based Services Waiver program and the OMH Western New York Field Office.

ABOUT THE PRESENTER Joanne Schneider, CSW is the Director of Preventative Services at St. Anne Institute in Albany, NY. She directs the St. Anne Institute Regional Juvenile Sexual Abuser Program, a program providing assessment and treatment to children with sexual behavior problems and adolescent sexual abusers and their families. Services include assessment, group treatment, family treatment and individual treatment. Joanne has trained extensively and has provided tailored workshops and presentations to Office of Mental Health and Office of Children and Family Services staff.

DIRECTIONS TO THE ROCHESTER PSYCHIATRIC CENTER

Get off Thruway at Exit 46 and take 390 North. Follow the airport signs. Take Exit 16B and turn right onto East Henrietta Road (15A). Follow 15A through 2nd traffic light and bear to the right at split in road. This is the onset of South Avenue, go to next traffic light and turn right onto Elmwood Avenue.

Go to next traffic light and turn right onto the grounds of RPC. Follow the driveway towards the 15 story former Terrence Building and bear right. The training will be held in the Rehabilitation Center Auditorium.

(Continued on page 6)

TRAINING PROGRAM: WORKING WITH CHILDREN AND ADOLESCENTS WHO COMMIT SEXUAL ASSAULT

The first two days of training are open to all who wish to attend and who have some responsibility for working with juvenile sexual abusers. This is open to Probation Officers, Mental health therapists and other social service agency personnel. The remaining sessions are intended for treatment providers.

December 4 & 5, 2002 9 AM– 4:00 PM

December 11, 2002 9 AM - 12:30 pm

December 18, 2002 9 AM - 4PM

Western New York Children's Psychiatric Center 1010 East and West Road

West Seneca, NY 14224 Phone: 716-674-9730

EXT: 4149 For Questions or to let us know you plan to attend.

There is no cost, lunch on your own.

**Sponsored by: Western NY Children's Psychiatric Center,
Child and Family Services of Erie County,
Erie County Coalition for Sex Offender Management**

PRESENTERS

Dominic Dispenza, CSWR, CAS

Has worked with juvenile sexual offenders since 1987. He has been trained by the U.S. Justice Department and other national experts. He has developed community based and residential sex offender programs for juveniles, adults and special populations throughout NY State. He currently coordinates the sexual abuser program at WNYCPC.

David Heffler, PhD is a diplomate of the American College of Forensic Examiners. He is Chief of Outpatient Services for WNYCPC. Dr. Heffler provides a wide range of forensic mental health services, specializing in evaluation and treatment of sexual offenders/abusers. Dr. Heffler was recently a panelist in a nationally broadcast tele-conference on forensic assessment and treatment of youth violence and juvenile sexual abuse, sponsored by the Office of Juvenile Justice and Delinquency Prevention.

(Continued on page 4)

The Adolescent Sex Abuser/Offender Project (ASA/O)

As reported in the last issue of this newsletter, the ASA/O Project works in collaboration with the Office of Children and Family Services, private agencies, the Division of Probation and Correctional Alternatives, and local probation departments to create an intensive intervention for sexually offending and abusing juveniles. Meredith Ray, the Project Director, chaired an interagency meeting on November 15, 2002 which brought representatives from all of the above named agencies to meet about the services being provided through this project.

There was excellent discussion between the different agencies on how to collaborate with each other to insure the highest level of care for adolescent sex offenders as they move through different systems. All representatives identified and discussed issues that are dealt with in treatment. For example, adolescent offenders who were noted to have made progress in treatment were found to have increases in denial with each move through the juvenile justice system. The adolescent would take full responsibility for his offending in his first placement setting, only to deny aspects when moved to a another level of residential care and again when discharged to outpatient settings. Some discussion was focused on the differences in etiology with some offenders in the outpatient programs in an urban setting versus those adolescent offenders who are participating in inpatient psychiatric treatment. The impact of current media influences on teen sexuality were found to contribute to some of the distorted perceptions of sexuality held

by many of the youth served in these programs.

The overall goal of the project is to reduce sexual offenses by providing intensive services and increased supervision to sexual offenders living in the community.

The program will have an immediate effect on the targeted juveniles, but will also affect the juvenile justice system itself. The program will allow courts to use a greater range of sanctions, because the essential services will be more available.

For more Information Contact:

Meredith Ray, Project Director
Bureau of Children and Families
NYS Office of Mental Health
Email:
coodmlr@omh.state.ny.us

The Capital District Center for Sex Offender Management Receives Grant

In the last issue of this Newsletter, it was reported that NYSATSA and the Alliance began a collaboration with the Rensselaer County Probation Department, to establish a five county CSOM.

The U.S. Department of Justice just gave the New York State project an implementation grant of \$250,000 to set up the Capital District Center for Sex Offender Management. It was the Alliance and NYSATSA that started

this project. One goal at the outset of this program was to show how clusters of counties can work together to establish and/or improve sex offender supervision and treatment.

Cont'd from page 3

Peter Leising, CSWR is a consultant for the WNYCPC Mobile Mental Health Team. In this role, he provides consultation to courts, juvenile probation officers, OCFS, and social service agencies regarding juvenile offenders throughout Western NY. Mr. Leising has completed Juvenile Sex Offender Risk Assessments for various courts over the last 6 years.

Michelle Clark, MA is Director of the Child and Family Services Sexual Offender Management Program and has 6 years experience working with offenders.

All presenters have extensive experience providing training to various law enforcement agencies, the courts, mental health and social service agencies and providing consultation and testimony to the courts.

Directions to WNYCPC
NYS Thruway to 400 Expressway (East Aurora) Take Union Road Exit. Turn right onto Union Road. Turn left at East and West Road. Western New York Children's Psychiatric

Juveniles who have sexually offended (continued)

juvenile sex offenders have experienced physical and/or emotional separations from one or both of their parents.

Social skills and relationships.

Research repeatedly documents that juveniles with sexual behavior problems have significant deficits in social competence (Becker, 1990; Knight and Prentky, 1993). Inadequate social skills, poor peer relationships, and social isolation are among the difficulties identified in these juveniles (Fehrenbach et al., 1986; Katz, 1990; Miner and Crimmins, 1995).

Sexual Knowledge and Experiences

Sexual histories and beliefs. Research suggests that adolescent sex offenders generally have had previous consenting sexual experiences (Becker, Kaplan, Cunningham-Rathner, and Kavoussi, as cited in Knight and Prentky, 1993; Groth and Longo, as cited in Knight and

Prentky, 1993; Ryan et al., 1996). Research also suggests that sometimes their previous experiences exceed those of juveniles who have not committed sex offenses (McCord, McCord, and Venden, as cited in Knight and Prentky, 1993). Prior experiences with sexual dysfunction, most commonly impotence or premature ejaculation, have also been reported in juvenile sex offenders (Longo, as cited in Knight and Prentky, 1993). A study of 1,600 juvenile

sex offenders from 30 States (Ryan et al., 1996) found that only about one-third of the juveniles perceived sex as a way to demonstrate love or caring for another person; others perceived sex as a way to feel power and control (23.5 percent), to dissipate anger (9.4 percent), or to hurt, degrade, or punish (8.4 percent).

Deviant sexual arousal. Studies of male college students and adult sex offenders have shown that deviant sexual arousal is strongly associated with sexually coercive behavior (Barbaree and Marshall, as cited in Hunter and Becker, 1994; Earls and Quinsey, as cited in Hunter and Becker, 1994; Prentky and Knight, as cited in Knight and Prentky, 1993). Controlled studies of deviant sexual arousal in juvenile sex offenders are lacking. Two studies (Schram, Milloy, and Rowe, 1991; Kahn and Chambers, 1991) reported associations between sexual reoffending in juveniles and deviant sexual arousal, but both studies relied on clinical judgments rather than objective methods to identify deviant arousal.

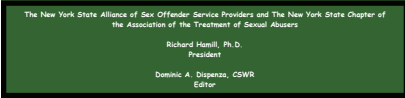
Pornography. Investigations into the role of pornography in juvenile sex offending are limited in number. One study (Becker and Stein, as cited in Hunter and Becker, 1994) found that only 11 percent of the juvenile sex offenders studied said they did not use sexually explicit materials. Another study (Wieckowski et al., 1998) found that exposure to pornographic material at a young age

was common in a sample of 30 male juveniles who had committed sex offenses. A comparative study (Ford and Linney, as cited in Becker and Hunter, 1997) found that 42 percent of juvenile sex offenders, compared with 29 percent of juvenile violent offenders (whose offenses were nonsexual) and status offenders, had been exposed to hardcore, sexually explicit magazines.

Cognitive distortions and attributions. Knight and Prentky (1993) pointed out that some factors observed in abused children (e.g., reduced empathy, inability to recognize appropriate emotions in others, and inability to take another person's perspective) may have relevance for juvenile sex offenders who have been maltreated. This observation is consistent with research indicating that cognitive distortions, such as blaming the victim, are associated with sexual reoffending in juveniles (Kahn and Chambers, 1991; Schram, Milloy, and Rowe, 1991).

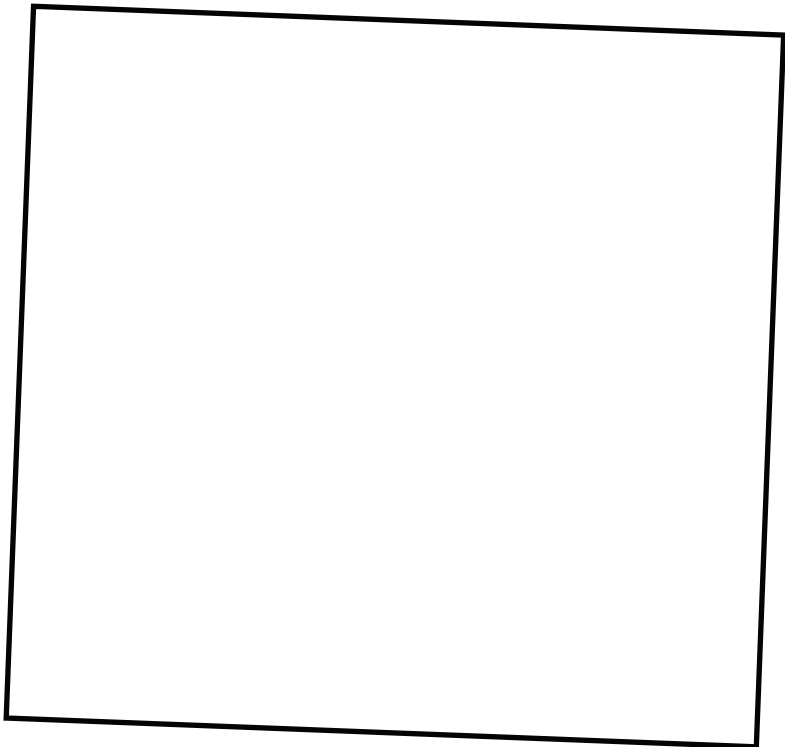
Mental Health Issues

Symptoms and disorders. Conduct disorder diagnoses and anti-social traits frequently have been observed in populations of juveniles who have sexually offended (Kavoussi, Kaplan, and Becker, 1988; Miner, Siekert, and Ackland, 1997). Studies also have described other behavioral and personality characteristics in juveniles who have sexually offended, such as impulse control problems



P.O. Box 3115
Albany, NY 12203-3115
(518) 489-7971 - phone
(518) 489-0012 - Fax

**Confronting Sex Abuse in the 21st
Century**



— and lifestyle impulsivity (Prentky and Knight, as cited in Prentky et al., 2000; Smith, Monastersky, and Deisher, as cited in Prentky et al., 2000). Carpenter, Peed, and Eastman (1995) found that juvenile sex offenders whose victims were younger children had higher scores on the Schizoid, Avoidant, and Dependent scales of the Millon Clinical Multiaxial Inventory (MCMI) than those whose victims were their age peers. Studies also have found higher rates of depression in juveniles who have sexually offended than in the general juvenile population (Becker et al., as cited in Becker and Hunter, 1997; Kaplan, Hong, and Weinhold, as cited in Becker and Hunter, 1997). Few studies of adolescents and children with

— sexual behavior problems report major psychopathology in the subjects and their families (Becker, as cited in Ferrara and McDonald, 1996; Johnson, as cited in Ferrara and McDonald, 1996).

Substance abuse. Studies vary widely on the importance of substance abuse as a factor in sex offending among juveniles. Lightfoot and Barbaree (1993) reported that rates at which juvenile sex offenders were found to be under the influence of drugs or alcohol at the time they committed their offenses ranged from 3.4 percent to 72 percent. Although substance abuse has been identified as a problem for many juveniles who have sexually offended (Kahn and Chambers, 1991; Miner, Siekert, and Ackland, 1997), the role of sub-

— stance abuse in sex offending remains unclear. Although substance abuse has a disinhibiting potential and, if present, may require intervention.

Detach and mail to: Beverly Burke,
NYS Office of Mental Health, Western
NY Field Office, 737 Delaware
Avenue, Suite 200, Buffalo, NY
14209 **Or fax to:** (716) 885-
4096

_____ Yes, I wish to attend the
December 17, 2002 training at
the Rochester Psychiatric Center-
Name: _____

_ Title: _____

_ Address: _____