



Understanding Adolescents with Illegal Sexual Behavior

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The Thrive Initiative

-  **Positive Parenting Practices**
-  **Parent and Child Stress Management**
-  **Promoting Healthy Lifestyles**

Universal Programming



Thrive Initiative Program Areas

Universal Parenting Programs

Take Root	Sprout	Grow	Branch Out
Infants (0 to 6 months)	Preschool (3 to 5 years)	Grades K-5 (5 to 10 years)	Grades 6-12 (10 to 18 years)
Infants (6 to 12 months)			
Infants and Toddlers (1 to 3 years)			

Parenting Programs for High-Needs Populations

Take Root Home Visitation	Grow Safe and Secure
Infants and Toddlers (0 to 3 years)	Grades K-5 (5 to 10 years)





Today's presenter



Renee Roman

LMSW



Taking the Adolescent Perspective

Can you remember when...

When you were a teen, what was most important to you?



- My family
- My friends
- My grades
- The person I was dating
- Fitting in
- Standing out
- Something else

When I think of my teen years, I think/feel?

1. They were the best. I would go back if I could.
2. I do my best not to remember them. It was awful.
3. I have some good memories but wouldn't want to do it again.



When you were a teen...



- What was most important to you?
- Who was important in your life?
- What kind of decisions were you making?
- How did you react when you were in trouble?

What may be different now?

- Age of puberty
- Age of sexual activity
- Type of sexual activity
- Technology
- Ease of access to knowledge
- Communication style
- Family composition
- Heightened expectations and increased stress



Adolescence is a Time of Exceptional Growth and Development



Physical

- Onset of menarche average 12.5 years (7th grade) can be as young as 10 (4th grade) and as old as 17 (senior)
- Growth spurt between 13-15 years (may grow between 2 and 5 inches)
- Breasts and hips continue to develop for several more years

Girls



Physical

Boys



- Growth spurt peaks 16-19 years (may grow between 2 and 5 inches)
- Head, hands and feet reach adult size first; followed by legs and arms
- Awkward and clumsy
- Voice changes
- Nocturnal emissions

Cognitive Development

- Thinking becomes more self-conscious, idealistic and critical
- Able to reason, generalize, form hypotheses and test them
- Metacognition
- Able to take multiple views in same situation
- By 14, decision-making process is same as adult; But the recognition of possible consequences is likely not as developed.



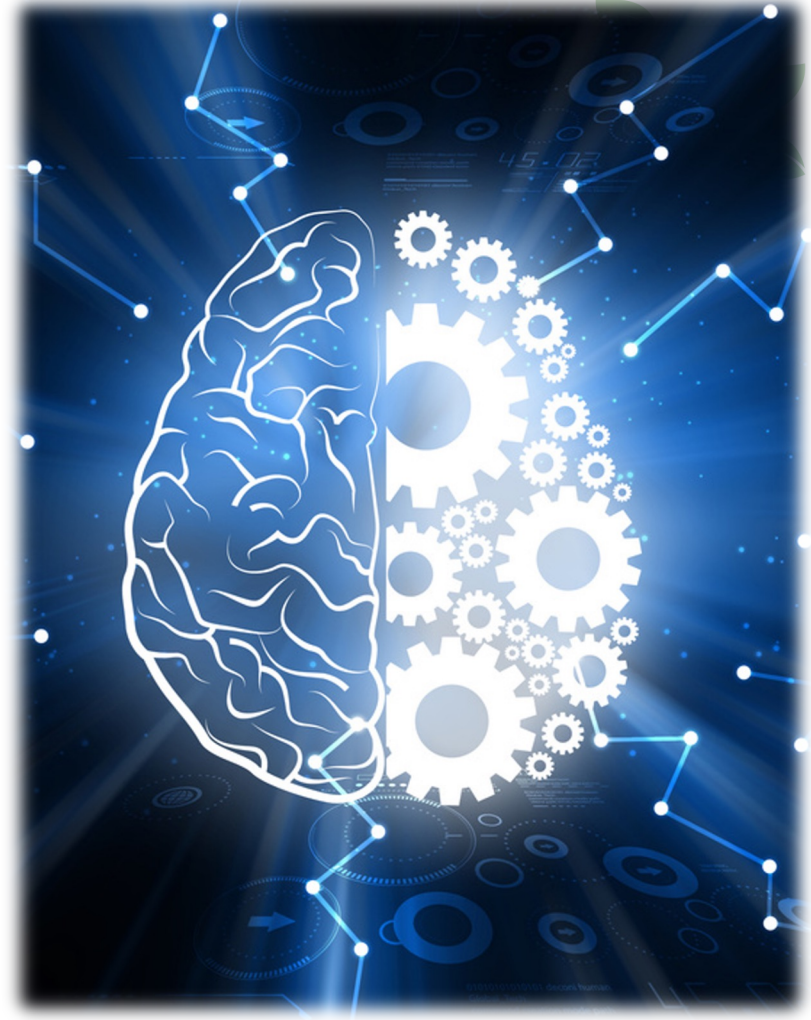
Why Teens Make Bad Decisions

- Impulsivity
- Poor predictors of consequences of words and actions
- Emotional decision-making driven by the amygdala
- Reactive vs. Reflective
- Hormonal changes affect emotions
- Seek out intense experiences that will thrill, scare and excite them



Adolescent Brain is Being Landscaped

- Prefrontal lobe responsible for planning, decision-making and goal-setting is a work in progress
- Unnecessary neural connections cleaned out and eventually result in more efficient and more focused information processing
- Part of the brain responsible for putting the brakes on impulsive actions and runaway emotions is not yet on-line



“I’m so bored”

- Lowest levels of serotonin in adolescent brain
- Serotonin - The main function of **serotonin** is to stabilize your mood as well as feelings of happiness and well-being.
- Low levels make teens more susceptible to feeling stressed and underwhelmed



“That was awesome”

- Most receptor cells for dopamine than any other time in life.
- Dopamine - Dopamine is a so-called messenger substance or neurotransmitter that conveys signals between neurons. It not only controls mental and emotional responses but also motor reactions. Dopamine is particularly known as being the “happy hormone”. It is responsible for our experiencing happiness.
- Adolescents will focus more on the positive rewards and less on the negative risks.
- Can include impulsiveness, susceptibility to addiction, and hyperrationality.
- Hyperrationality - a cognitive process that calculates risk by placing a lot of weight on the positive outcome instead of negative consequences of a possible situation.



Social/Emotional



Erickson's: Identity vs. role confusion

- Explore who they are and establish an identity
- Examine roles they play (student, child, sibling, friend, basketball player) and integrate them into perception of self
- 'child in an adult body' – which am I?

Relational

- Idealistic about relationships and values
- Peer pressure to fit in/belong
- May feel misunderstood
- Adults just 'don't understand'
- Friends viewed as more important than family
 - Although family still has strongest influence on large-scale decisions



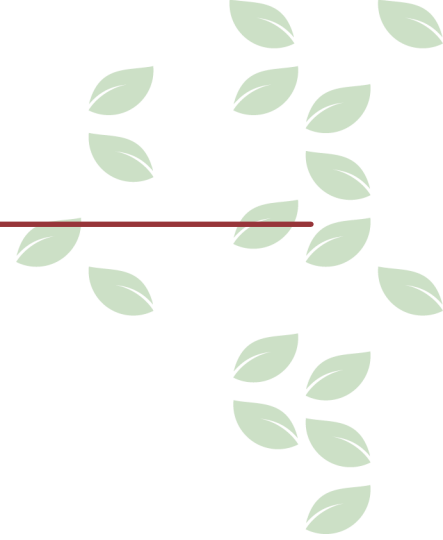
Moral

- Premoral/Preconventional (4-10 Years)
 - Rewards and Punishment
- Conventional (10-13 Years)
 - Opinion of Others
- Post-Conventional (14+ Years)
 - Self-accepted moral principals



Sexual Development

- Ambivalence/discomfort with developing body
- Masturbation becomes goal directed
- Developing range of sexual behavior/experimentation
- Increasing sexual thoughts/feelings/urges
- Sexual orientation/identity development



Adolescent Sexual Behavior

- Adolescent behaviors range from naïve to highly sexualized.
- Intercourse is initiated earlier than in previous generations.
- Girls are increasing in sexual assertiveness.
- Increased information is available; myths are still pervasive.
- Discussions with parents about sex decreases early initiation.
- Everyone is learning but often not at the same pace



Impact of Technology

- Sexual media is more prevalent, widely accepted (even if passively)
- Increased access to technology, regularly and frequently online
- Older youth more likely to view sexualized media (e.g., porn) and engage in digital behavior (e.g., sexting)
- Rates of pornography use in children increases with age and peaks in early adulthood
- Rates of children sexting are not as high as commonly believed, though increases with age
- Child Sexual Abuse Images vs. youth produced/initiated images vs. sexualized images



Teen Exposure to Pornography

- 90% of boys and 60% of girls are exposed to pornography before age 18.
- Some level of exposure to pornography occurs before age 13 in 50% of males and 33% of females.
- Almost 1/3 of teens are exposed to pornography before the age of 10.
- For approximately 2/3 of teens, pornography exposure is unwanted and unwarranted.



“Kids are learning about sex from porn stars – imagine if I left my kids to learn about drugs from drug dealers.”

-Erica Lust, Porn Producer

What are they learning

- Consent?
- Safe sex practices?
- Normalized body images
- What partners want
- What sex looks like
- Feelings?
- Relationships?
- Titles normalize sex among family members or older adults (male and female) with Teens



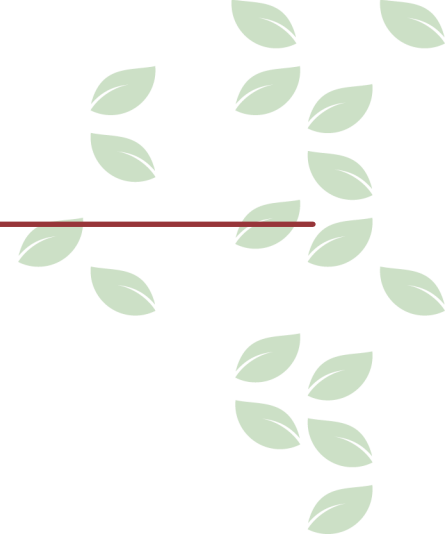
The Perfect Storm

- Time of significant sexual growth and development
- Area of brain responsible for logical thought and advanced cognitive processing not fully developed. Results in sense of invincibility/lack of forethought about consequences of decisions.
- Moral compass focused on avoiding punishment or fitting in rather than serving the greater good.
- Peer relationships are important, but fraught with uncertainty.
- Ready access to technology & pornography.
- Individuation from parents is in full swing.



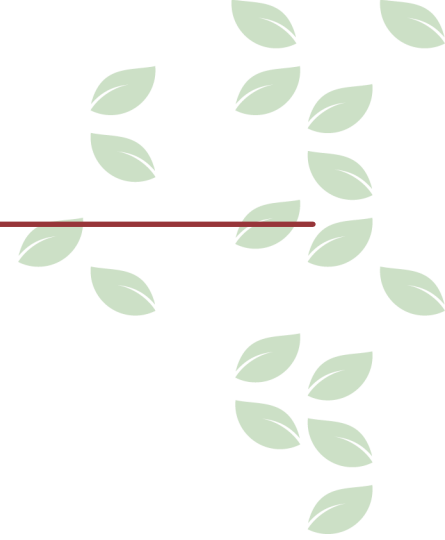
Myth Busting

Myth #1



Teens who have problematic sexual behavior
must have been sexually abused.

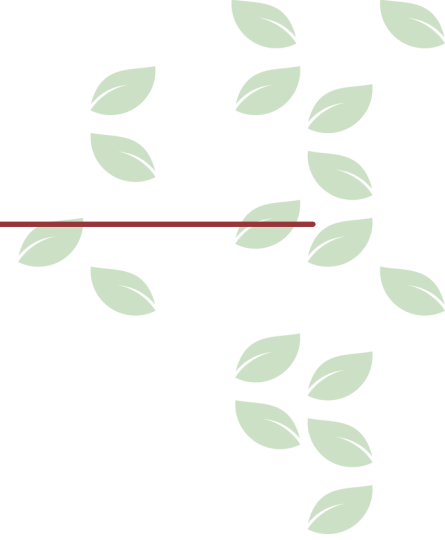
Myth #2



Teens with problematic sexual behavior need to be removed from their home or go to residential placement.



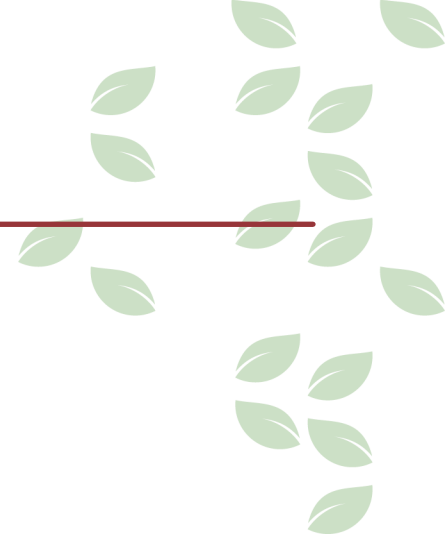
Myth #3



Any treatment is better than
no treatment at all.



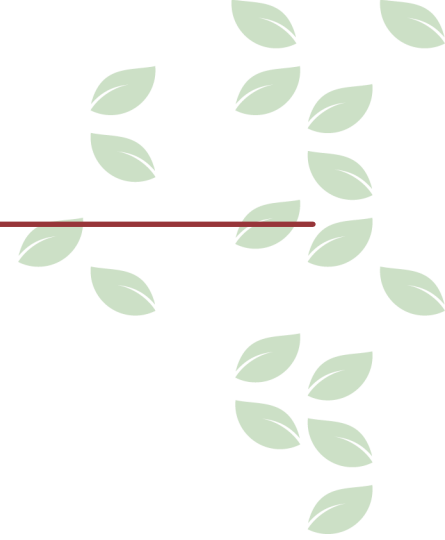
Myth #4



If a teen with illegal and problematic sexual behavior denies their behavior or lacks empathy this is an indication that they are psychopaths.



Myth #5



Teens with illegal sexual behavior are mini-pedophiles and will eventually be adult sex offenders.



Problematic Sexual Behavior in Adolescents



AISB (Adolescent Illegal Sexual Behavior)

- Adolescent (boys and girls, ages 13-18) initiated behaviors that involve sexual body parts
 - Genitals, anus, buttocks, and/or breasts
 - Could involve other body parts: Mouth, hands, etc.
- Sexual behavior is determined to be illegal as defined by the sex crime statutes of the jurisdiction in which the offense occurred.



Adolescent Sexual Behavior Continuum

Developmentally Expected

Common Characteristics:

- Age-appropriate/ With same age peers or developmentally same age peers
- Exploratory, curiosity driven “consensual” behavior
- In the context of sexual attraction and romantic interests/relationships
- Does not interfere with other life activities

Risky to Self or Others

Common Characteristics:

- Puts teen at risk for consequences (e.g., pregnancy, STDs)
- May be driven by peer comparison
- May include some elements of coercion
- May increase teen’s risk of own victimization (e.g., online technology use)

Problematic

Common Characteristics:

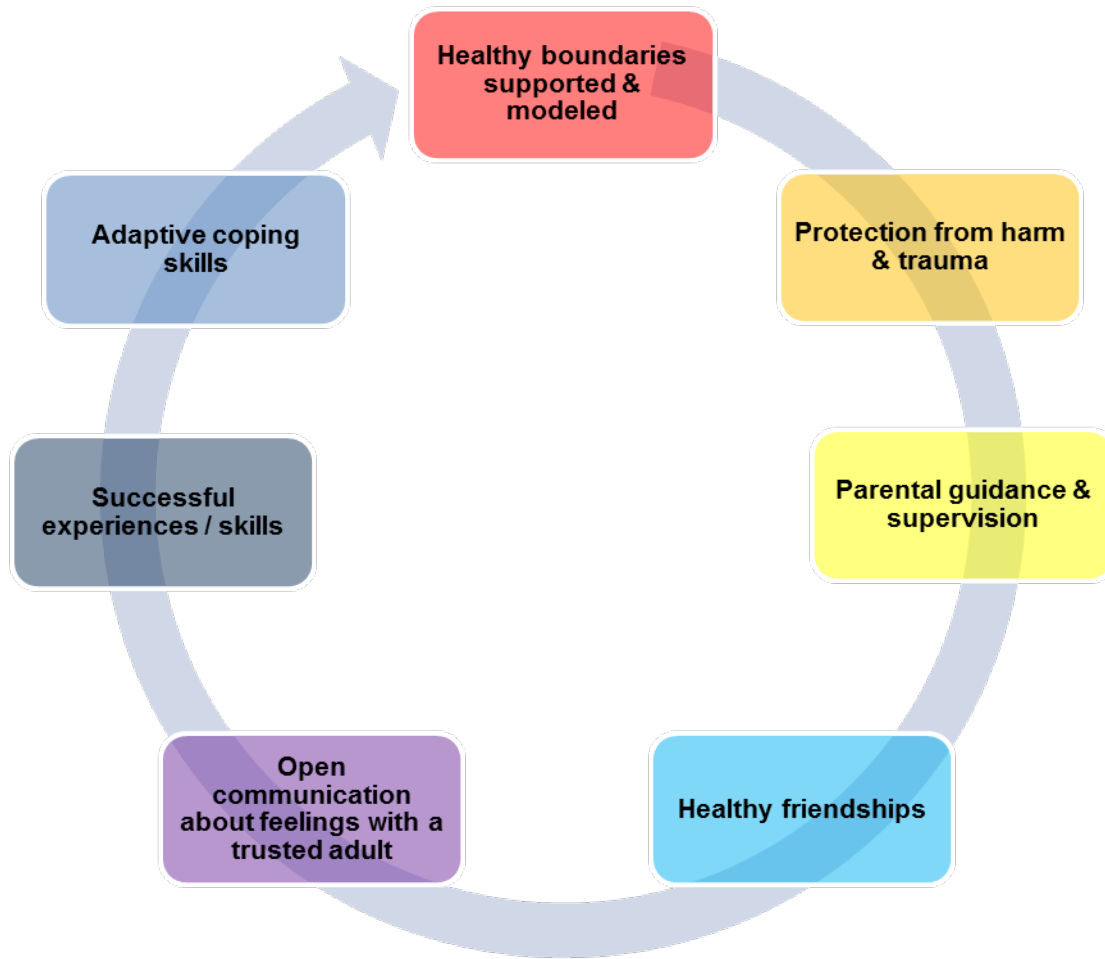
- Illegal
- Coercive
- Aggressive
- Non-responsive to caregiver intervention

Sexual Behavior in the Context of Personal Victimization

- External influence(s) directing/influencing youth’s sexual behavior
- Online Exploitation
- Commercially Sexually Exploited Youth



Creating Supportive Environments Increase Key Protective Factors



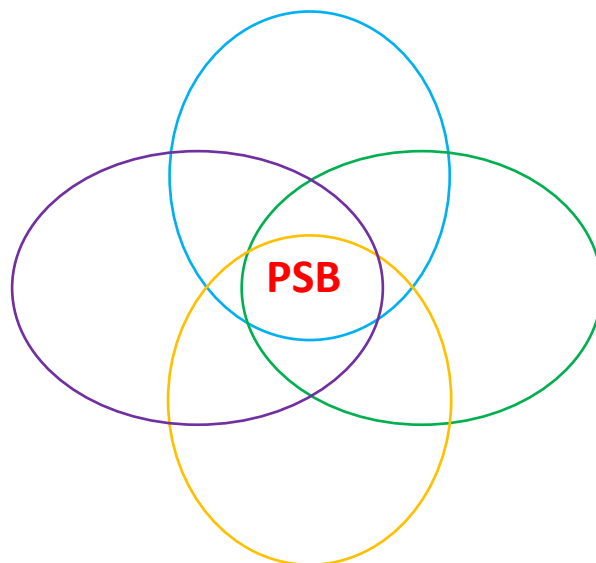
What Contributes to PSB?

Modeling of Sexuality

- Sexual abuse
- Modeling / exposure

Modeling of Coercion

- Physical abuse
- Domestic violence
- Peer/ community
- Harsh parenting practices



Child Vulnerabilities

- Behavior problems
- Developmental & verbal delays
- Impulse control problems

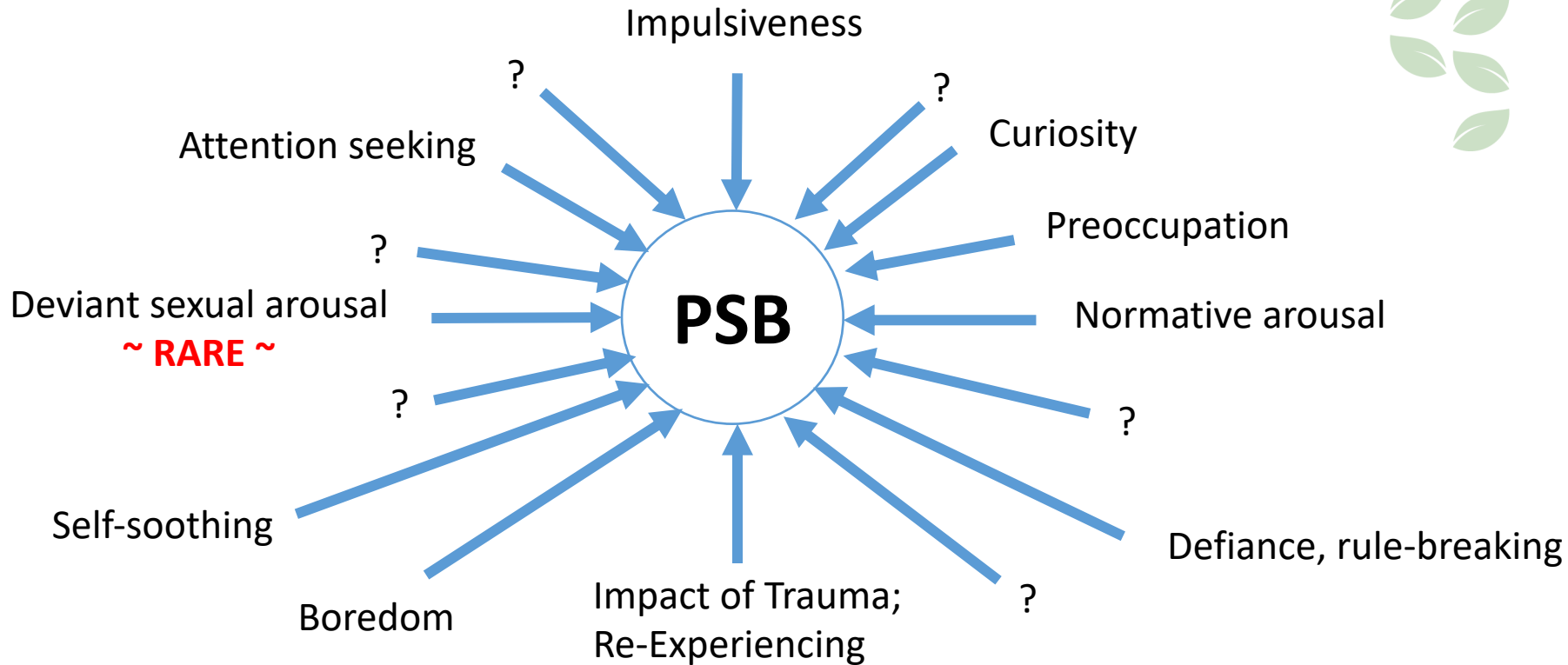
Family Adversity

- Factors that interfere with parental guidance & supervision

Adapted from Friedrich, Davis, et.al, 2003



Drivers (Triggers) for Problematic Sexual Behavior



Common Dynamics in Youth Referred for PSB

- Sexual curiosity plus opportunity
- Developmental immaturity
- PSB is part of a larger pattern of general delinquency
- **RARELY** due to sexual attraction to prepubescent youth



...there is hope...

- Though adolescent PSB may look similar, in some ways, to adult illegal sexual behavior, teens are not “mini pedophiles” with ingrained deviant sexual interests.
- They are teens who significantly harmed someone else, and have the developmental potential for knowledge and skills acquisition, and personal growth.
- Teens are still learning and growing across many areas, including brain development. This means there is great opportunity for cognitive, emotional and behavioral change.
- We have teen-focused treatments that WORK, with data showing extremely low recidivism rates.



Developmentally, teens are gaining advanced cognitive capacity to:

- Perspective-taking
- Plan ahead and practice delayed gratification
- Increase capacity for higher-level moral reasoning
- Think more abstractly

Teens are still heavily influenced by primary caregivers, peers, and other environmental factors.

- Enhancing caregiver-teen relationships and supporting prosocial peer relationships and activities can be highly impactful.



Treatment is

Trauma
Informed

Habilitative

Behaviorally
Focused

Family
Oriented

Developmentally
Driven



Clinical Decision Making

- Safety is the first priority in case planning and clinical decision-making
- Assessments drive individualized treatment and case planning while determining if the sexual behavior is normative or atypical and identifying contributing factors and intervention needs
- Treatment planning and interventions ensure safety and address risk, protective factors and other intervention needs using appropriate evidence-based interventions



PSB-CBT-A Treatment Goals

- Decrease youth problematic sexual behavior
- Improve youth coping skills and self-control strategies
- Reduce/avoid youth out-of-home placement
- Improve caregiver monitoring, supervision and parenting/behavior management skills



PSB-CBT-A Treatment Modules

#	<u>Youth Topics</u>	<u>Specialized Caregiver Topics</u>
1	Who to Tell and How to Respond	
2	Sex Laws	Monitoring Teen Sexual Situations
3	Sexual Health	
4	Principles of Healthy Sexual Behavior	
5	ABC's of Behavior	Understanding Caregiver Responses to Youth PSB
6	Juvenile Justice/Special Topics Speaker	
7	What Rules Should Caregivers Set?	
8	Caregiver-Teen Communication	
9	Reasons for Problematic Sexual Behavior	
10	Disclosure	Common Experiences of Caregivers & Monitoring Peer Groups/Activities/School Involvement
11	Restitution and Apology	
12	Graduation	



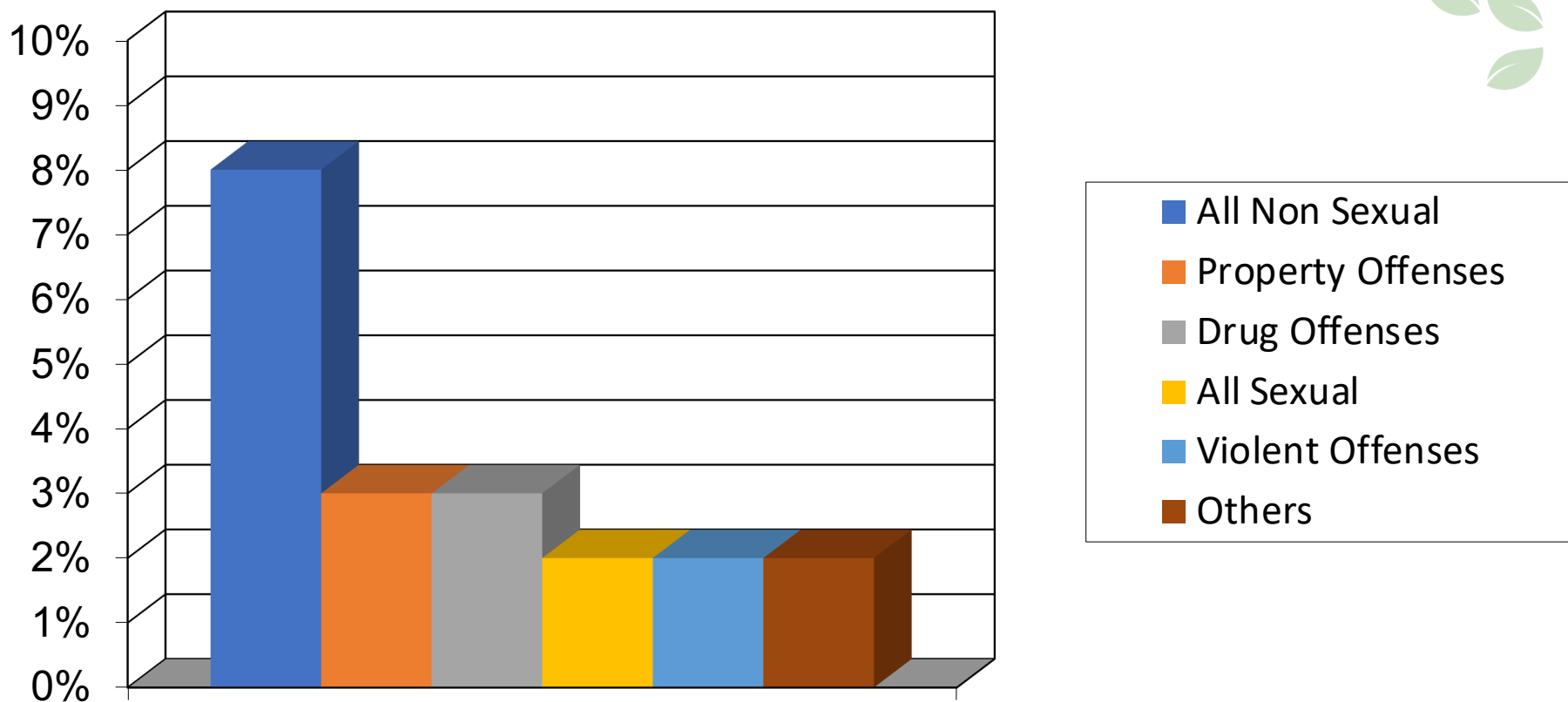
OUHSC PSB-A Treatment Program: 10-year recidivism study

- 220 boys
 - Follow-up for all arrest and child abuse perpetration events:
 - OSBI arrests database
 - JOLTS database
 - DHS Child Welfare database for child maltreatment reports
 - Less than 3% recidivism rate for youth who successfully completed treatment



10 Year Follow Up – Recidivism Rates (Jolts, OSBI, and OKDHS)

Types of Adult Convictions Among Former Adolescents with PSB



Why should caregivers participate?

Long-term follow up of program completers indicated that caregiver attendance and participation was the most significant predictor of a teen's long-term success.

What Teenagers Really Need from Their Parents

To be the calm in their storm.
Patience... lots of patience.
To be their biggest cheerleader.
To feel the warmth of our touch.
To be truly present in their lives.
Guidance even when they're not accepting.
For us to remember what it's like to be a teenager.
To love them fiercely and unconditionally even when they're not very loveable.

Raising Teens Today



Planning for Safety

Safety Planning Guidance

- Safety plan rules serve two functions:
 1. To minimize opportunities for future PSB
 2. To reduce risk of misperception/false accusations by others.



What Do Teens with PSB Need?

- Adolescents who act out sexually generally have poor internal controls. Therefore, it is recommended that strong external controls be implemented and enforced by responsible adults
- The purpose of the rules is to help ensure safety (i.e.. Decrease of PSB behaviors), NOT to punish
- Once a youth develops the ability to control impulsive and problematic behaviors, usually with the aide of therapy, rules can be reduced
- When a teen with PSB is in treatment, an adult's involvement in treatment is essential



Planning for Safety

- Youth with PSB can remain in their home, even with other children with proper safety planning
- Assessment of the adolescent with PSB and their caregiver will be important
- The caregiver is key to developing an adequate plan and they must believe there is a perceived risk of the youth continuing to engage in problematic sexual behavior to properly supervise
- Should include consideration of the teen's environment such as having their own bedroom, eyes on supervision with other children, rules around privacy in bathrooms and bedrooms, youth's level of cooperation with limit setting



Planning for Safety cont'd

- Caregiver needs to understand their liability as a supervisor
- Anyone in a caretaking role with the youth needs to be aware of safety plans
- At least one person (typically social worker) at the school should be aware of safety plans



Voices of Youth



Care about ME

Listen– Not
judge

Keep family
connections

TRUST
takes time

Not “Denial”
– Its Fear

Not Alone
with Group



Appropriate & Helpful Messages

- Convey that the situation is serious
- Without doom and gloom
- Give action steps for
 - Safety
 - Additional supports
 - Communication during the process
- Hope
- Help is available

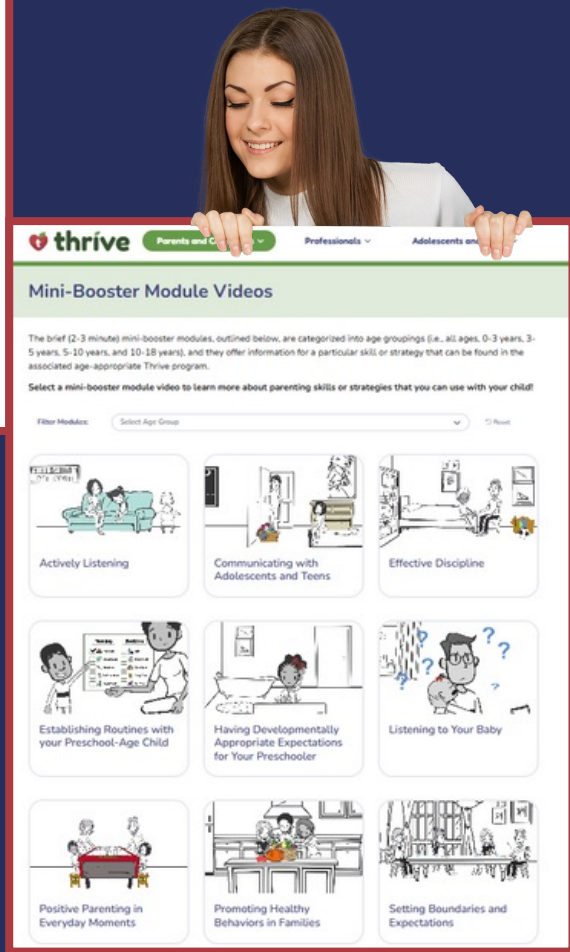
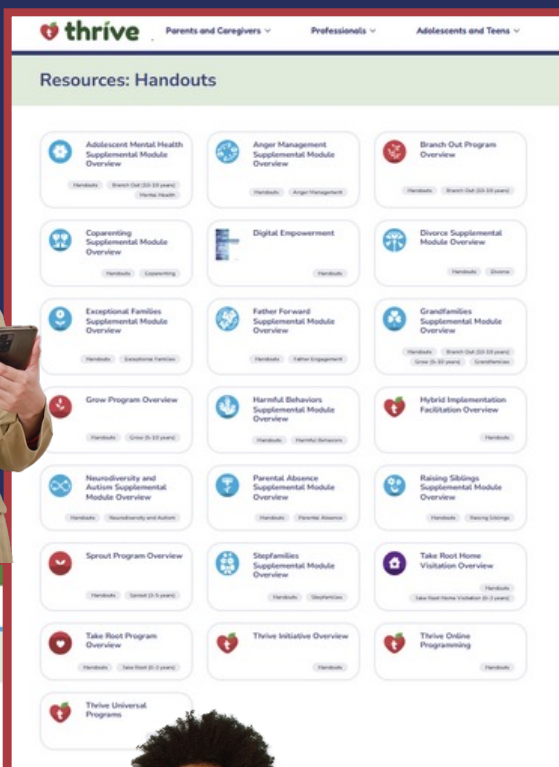
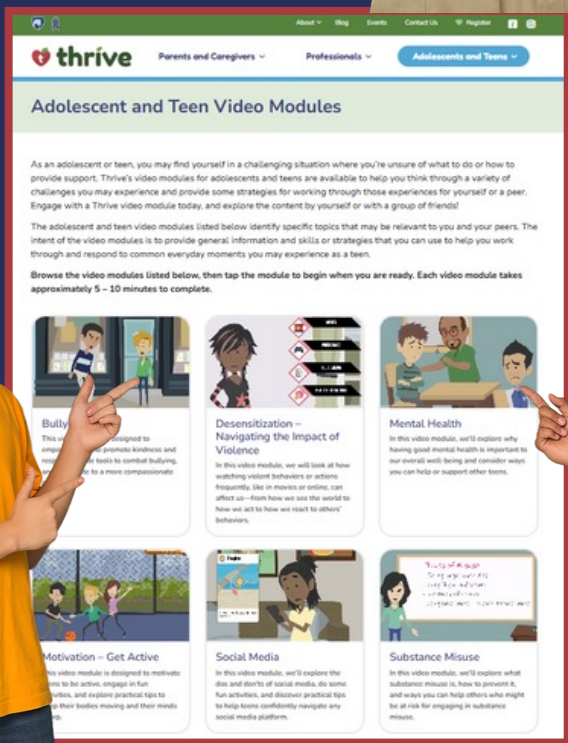


Contact Information



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- Finding effective programs or trainings
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** Slide deck and recorded presentation will be available on the Thrive website.*



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