Dynamics in Adolescent Sexual Abuse and Incest; factors in treatment and healthy development to adulthood

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Goals of the Presentation

- Overall view of adolescent sexual offending, history, statistics, definitions etc...
- Dynamics involved in assessment both in terms of clinical picture but also regarding risk for reoffending sexually or otherwise.
- To increase understanding of the sibling incest problem.
- To review guidelines of healthy developmental sexuality
Goals of the Presentation

- To explore what might be considered “normal” sexual behavior between siblings.
- To identify indicators/warning signs that a behavior might be becoming abusive.
- To explore the etiological/causal factors related to sibling incest
- To discuss interventions.
Statistics

- Juveniles account for more than 1/3 (35.6%) of those known to police to have committed sex offenses against minors.
- Those who commit offenses are more likely than adults to sexually abuse in a group and within a school setting.
- More likely to abuse boys than girls, victims also younger.
- 1 out of 8 are younger than 12.
- 7% of known sex crimes by juveniles are by females.
- Statistics are difficult due to inconsistency of reporting sexual abuse by adolescents and children (by both victims and within jurisdictions).

(OJJDP Bulletin, D Finkelhor, R Ormrod & M Chaffin, 2009)
Terms

- Juvenile Sex Offender
- Extended Juvenile Jurisdiction (EJJ)
- Adjudication vs. Stayed Adjudication
- Commit vs. Condition of Probation
- Certification
What is Adolescence?

- Common determinants:
  - Biological age: Puberty
  - Chronological age: Beginning of high school, “teen” years
  - Social maturity: Accomplishments, responsibilities

- Best determinants:
  - Beginning: Biological age
    - Hormonal changes (puberty)
  - End: Social age
    - When one is primarily involved in adult roles, legally regarded as an adult, and seen by oneself and others as an adult.
Stages of Development

- **Early Adolescence**
  - Rapid physical and intellectual growth
  - Beginning of adult sex characteristics

- **Middle Adolescence**
  - Increase independence (physical and emotional)
  - Learn independence and interdependence in relationships

- **Late Adolescence**
  - Identity development
  - Goal Setting
Areas of Development-Adolescence

- Physical
  - Secondary Sex Characteristics, hormone changes, growth spurt
  - Consider how biological changes impact social and psychological factors (i.e. self-esteem, independence)

- Spiritual
  - Begin to internalize personal beliefs and practices, which may be similar to or different from those of their parents and their friends
  - Older teenagers begin to make choices about where intentional spiritual practices fit (or don’t fit) in their lives.
  - Activists
Areas of Development, Continued…

- Cognitive
  - Able to begin to use self-reflection and make predictions—think about future!
  - Grey area/Abstract thinking
  - Imaginary Audience/Personal Fable

- Identity
  - Major issue with adolescents! Begin with lack of firm commitments on future and progress through ambivalence, conformity, anxiety and eventual stable commitment
Areas of Development, Continued...

- Emotional
  - Shift attention from parents to peers
  - Impulsivity-Brain Development
  - Moodiness
  - Anxiety

- Social
  - Friendships become more intimate & important
  - Begin to interpret other motivation and consider alternatives
  - Ambivalence about increasing independence
Other Developmental Considerations

- **Attachment**
  - Failure to securely attach results in an ability for intimacy, trust, empathy, social skills, perspective taking, and self-confidence = inability to meet needs
  - Leaves youth emotionally deprived and self-centered, yearning for intimacy and connection without skills to accomplish relationships.
  - What needs are being met by offending behaviors??
  - Interesting to note, recent research by Seto and Lalumiere (2010) did not find attachment problems to be a distinguishing feature of adolescents who sexually abuse (however, they also noted there were few attachment studies to review). More research needed
Other Developmental Considerations...

- Social Learning
  - Find media/cultural messages appealing which require no intimacy or skills can lead to increase of such fantasy and = offense
  - Pre-mature exposure to pornography
  - Objectification of women-media
  - Acceptance of violence-media
  - Sex as something done to another vs. consensual
Natural and Healthy Sexual Behaviors in Children

Motivation includes curiosity, exploration
Mimics what is seen on T.V. or in real life
Similar age
Mutual agreement
Secret
Spontaneous or Planned
Occurs in all family types
Natural and Healthy Sexual Behaviors in Children

May include a few to many instances
Frequency and ages may vary
Behavior may stop and start at will
Light hearted, silly
Religion or parental induced guilt
May experience arousal or no arousal
When discovered may feel shy, embarrassed
Sexual Behaviors & Development

- **Infants**
  - Kids may touch their genitals during diaper changes
  - Male infants may have an erection

- **Toddlers (ages 2-3)**
  - Like to be naked
  - Gender Awareness/Identity/ Roles

- **Pre-School (ages 3-5)**
  - Purposeful touching of genitals
  - Playing “doctor”
  - Questions about sex/sexuality increase
- School-Aged (ages 6-10)
  - Curiosity about pregnancy, birth, gender roles
  - Strong sense of self related to gender
  - Slang
  - Sexual joking

- Pre-Teen (ages 10-13)
  - Hormones begin to kick in
  - Early signs of development
Teenage (ages 13-18)

- Increase in sexual urges and curiosity/experimentation
- Romance vs. Love
- Struggles: sexual orientation and peer pressure to have sex
- Masturbation (impact of religion, social norms, parent’s expressed view of sex)
- Does it interfere with their daily life?
Sexual Behaviors

- Think back….
  - Brainstorm sexual behaviors which occurred in adolescence….(not specifically yours…)

- Which are typical vs. inappropriate vs. offenses
  - Consider:
    - Obscene Phone calls
    - Flashing/ “mooning”
    - Pornography
    - Sexting
Why a discussion about sibling sexual behavior?

- Misconceptions regarding the seriousness and/or severity of a significant sexual behavior problem.
- Misconceptions regarding the nature and impact of sibling sexual contact.
- To improve the health of dysfunctional families.
Specifically

- Long standing myth that adolescents are “experimenting” with their sexuality and that assaultive sexual interactions with younger siblings are merely slight variations in the natural process of sexual development.
  - O’brien, 1991 as cited by Worling, 1995

- Incidents are underreported and the nature of sibling incest is understudied due to questions raised historically about whether the sexual contact can have long term effects on the individuals involved – versus working out developmental issues.
Sibling sexual contact is seen as less harmful because no generational boundaries are crossed.

Much incest is never revealed, and thus its actual prevalence can only be estimated, often from child protective agency case reports. These reports are generally held to be grossly under-representative of actual incidents.

- Canavan, Meyer, Higgs 1992
Defining - What is Sibling Incest?

- Sexual behavior between siblings which is not age-appropriate, is not transitory, and is not motivated by developmentally appropriate curiosity. It may or may not involve the use of force or coercion.

- Calfaro, Conn-Calfaro 1998
Russell (1986) found that at least 2% of women reported one sexually abusive experience with a brother before the age of 18.
Frequency continued…..

- “Sibling incest has been estimated to be at least five times more prevalent than parent-child incest.”
  - Adler and Schutz, 1995

- 23,000 women per million in this country may have been victimized by a sibling before the age of 18
  - (Jane Mersky Leder in “Brothers and Sisters”, St. Martin’s Press, 1991)
Finkelhor (1979) found that 94% of reported nuclear family incest involved siblings.

Survey of college students found that 15% of females and 10% of males had some type of sexual experience with a sibling.

Few of that sample (12%) of the total ever told anyone.

- Finkelhor, 1980 as cited by Canavan, Meyer and Higgs
57% of people who had experienced intrafamilial sexual abuse reported that the contact occurred with a brother or sister

Sibling-incest offenders have been charged with a higher number of offenses

Sibling incest offender’s were more likely to have two or more victims
- McHugh and Nisbet, 2003
DATA: Intensity

- O’Brien found that 46% of his sample of sibling incest cases included penile penetration – significantly more than his cases of extrafamilial child molestation.
  - Cited by Adler and Schutz 1995
Intensity data continued….

- Adler and Schutz (1995) – small sample size however:
  - Genital exposure - 67%
  - Oral sex on offender - 83%
  - Oral sex on victim – 58%
  - Digital penetration – 42%
  - Penis penetration – 33%
Data - Duration

- Cyr et al cited:
- Wiehe 1997 – “few respondents experienced a single or one time event.
- Cole (1982), Laviola (1992), and Russell (1986) reported sexual activities occurring for between 4 – 9 years.
- Finkelhor (1980) 27% reported behaviors continued for over one year.
Some adult sex offenders report their 1<sup>st</sup> sexual offense before the age of 18.

Some adolescent discuss problematic, coercive and offensive behavior occurring in early childhood.
Characteristics

- Adolescents who sexually abuse share many characteristics with general juvenile delinquents; however, they are different in ways as well.
- Those who commit sexual crimes are more likely to have:
  - Atypical sexual interests
  - History of sexual victimization
  - Social isolation (some have social skills, but tend to isolate)
  - Less extensive criminal histories
  - Fewer antisocial peers
  - Fewer substance use problems
Characteristics, continued…

- Other characteristics which may arise in those who offend sexually include:
  - Exposure to sexual violence
  - Experience other abuse or neglect
  - Early exposure to sex or pornography
  - Anxiety
  - Low self-esteem

(Seto & Lalumiere, 2010)
Factors which are NOT supported in recent Seto & Lalumiere (2010) study:
- Exposure to non-sexual violence
- Family relationship problems
- Social incompetence
- Conventional sexual experiences
- Antisocial attitudes & beliefs about women or sexual offending
Assessment

- What are the Assessments called?
  - Psychosexual Evaluation

- When do they happen?
  - Can be done various times
    - Before adjudication
    - After adjudication
    - Onset of treatment
Intervention/Assessment

● Categories for obtaining data during investigation:
  – Nature and duration of the sexual contact
  – Where
  – Who knew
  – Who did the victim tell
  – History of prior sexual abuse of either victim or perpetrator
Continued

- Prior history of sexual abuse of parents
- Possible sexual activity between parent/child
- Significant role reassignment within the family.
- Quality of the marital relationship
- Parenting responsibilities
- Sexual boundaries in the home – restrictive or flexible
- Ability of parents to protect children in the future.
  - Smith and Isreal, 1987 as cited by Pesciallo 1998

- Unmet needs of the parents
- Unmet needs of the children  Pesciallo, 1998
Assessment – Owen 1998

- Age or developmental level of children
- Age difference
- Extent and duration of sexual behavior
- Power dynamics in sibling and family relationships
- Physical size
- Did behavior stop when children wished it
Owen - continued

- Coercion techniques
- Extent of emotional and physical abuse in the sibling relationship.
Family Intervention – Brunette

- **Intake Process:**
  - Review how the sibling incest was discovered in the family.
  - Be sure reports happen – encourage and empower family to make the report.
  - Explore each family members “reality” in terms of the incest and their current coping.
  - Safety Plan – assurances made for the safety of the victim, plans for contact with offender
Issues for Assessment and Treatment

- Enforced secrecy
- Power differentials
- Influence on sexual development
- Individual after effects
- Disturbance in family dynamics
- Gender-based differences in relationship style

- Canavan 1992
What to look for in families

- Poor supervision
- Poor choices in babysitters and caretakers
- Lacks supervision and care by two parents
- (physical absence or emotional absence)
- Multi-familial home with older children responsible for younger
- Allows physical abuse and neglect
- Rigid family structure
- Repressive attitudes towards sex
- Poor boundaries
Boundaries

- Inappropriate sleeping arrangements
- Older opposite sex children sleep with parent in absence of same sex parent
- Flagrant nudity
- Lack of privacy
- Inappropriate parental interest in child’s sexual development or experiences
- Extremely relaxed view on sex
- Open parental sexual activity
Assessment

- Goal is to provide firm foundation for treatment
- General Tools
  - MMPI-A
  - MACI
  - JI-R
- Risk Tools—should be re-assessed every 6 months
  - ERASOR
  - JSOAP-II
Adjunct Tools
  - Polygraph
  - PPG
ERASOR Risk Factors

- Sexual Interests, Attitudes, and Behaviors
- Historical Sexual Assaults
- Psychosocial Functioning
- Family/Environmental Functioning
- Treatment
Sexual Interest, Attitudes, and Behaviors

- Deviant sexual interests (younger children, violence, or both)
- Obsessive sexual interests/preoccupation with sexual thoughts
- Attitudes supportive of sexual offending
- Unwillingness to alter deviant sexual interests/attitudes
Historical Sexual Assaults

- 2 or more victims
- Same victim 2 or more times
- Prior adult sanctions for sexual assaults
- Threats of, or use of, violence/weapons during sexual offense
- Ever sexually assaulted a child
- Ever sexually assaulted a stranger
- Indiscriminate choice of victims
- Ever sexually assaulted a male victim (males only)
- Diverse sexual assault behaviors
Psychosocial Functioning

- Antisocial interpersonal orientation
- Lack of intimate peer relationships/Social isolation
- Negative peer associations and influences
- Interpersonal aggression
- Recent escalation in anger or negative affect
- Poor self regulation of affect and behavior
Family/Environmental Functioning

- High stress family environment
- Problematic parent-offender relationship/parental rejection
- Parent(s) not supporting sexual offense specific assessment/treatment
- Environment supporting opportunities to reoffend sexually
Treatment

- No development or practice of realistic prevention plans/strategies
- Incomplete sexual offense specific treatment
Treatment/Intervention

- Can treatment be voluntary?
- Where does treatment happen?
  - Outpatient
  - Residential
  - Correctional
- How long does treatment last?
Best practice treatment components include:

- Consider multiple factors leading to abusive behaviors
- Office of Juvenile Justice and Delinquency Prevention (2010) noted “Strikingly absent is any indication that current legislative mandates such as technological monitoring systems, registration, or community notification contribute substantially to safer communities when applied to children or adolescents.”

(Worling, Littlejohn, & Bookalam, 2010)
Treatment, Continued...

- Not one single modality of treatment provided
  - Individual, group & family
  - Consider environment they live in (or return to)
- Focus on strengths, not only areas of growth
- Client-centered
- Focus on balance of problem sexual behaviors and promoting healthy sexual competence
- Treatment model is recommended to include:
  - Insight and accountability for past offending
  - Developing re-offense prevention plan
  - Victim impact
  - Social relationships
  - Trauma
  - Family communication & relationships
  - Prosocial sexual attitudes & knowledge
(Worling, Littlejohn, & Bookalam, 2010)
General Considerations:

- Safety of the victim is priority!
- Interventions should be focused on prevention of further abuse.
- Interventions should focus on the specific needs of each family individually – versus a cookie cutter approach.
- Work with offender toward relapse prevention.
- Most effective intervention/treatment will involve the entire family.
- Integrated/multi-disciplinary/wholistic approach.
Horton – etc.
Area’s to address with Offender

- Low feelings of self esteem
- Offender’s own victimization – empathy
- Social isolation experienced by the offender’s – social skill deficits
- Sex education – sexuality education
- Pattern of response and offending – cycle of abuse
DI Treatment Dimensions

- Active Offending
- Denial
- Empathy
- Psychological
- Substance Abuse
- Sexuality
- Relapse Prevention
- Supportive Environment
Active Offending Dimension

- Behavior Regulation
- Pro-Social Attitudes
- Decreased Negative Peer Influence
Denial Dimension

- Decreased Deceptiveness
- Decreased Denial/Minimization
Empathy Dimension

- Knowledge of Victim Impact
- General Empathy
- Perspective Taking
Psychological Dimension

- Development Sense of Self
- Functional Coping Skills
- Self Esteem
- Decreased Emotional Loneliness/Isolation
- Emotional Anger control
- Emotional Regulation
Substance Abuse Dimension

- Decrease Exposure/Temptations to Chemicals
- Follow thru in support Programming
Sexuality Dimension

- Decreased Sexual Preoccupation
- Extinguish Deviant Interests/Beliefs
- Decreased Sexual Entitlement
- Sexual Knowledge/Sexual Development
Relapse Prevention Dimension

- Understanding/Awareness of Risk Factors
- Applies Interventions
Supportive Environment Dimension

- Appropriate Goals
- Relies on Support Circle
- Parent Relationships
- Intimate Peer Relationships
The National Center on Sexual Behavior of Youth (NCSBY) reports that only 5% to 14% of juvenile sex offenders re-offend. The re-offense rate for sex offenses is substantially lower than are the recidivism rates for other adolescent delinquent behavior, which range from 8% to 58%.
Things to remember about JSO’s…

- They are different from adults!
- They are different from each other!
- They are different from adults!
- Motivation for offending can be complex!
- They are different from adults!
- Low Recidivism rates
- They are different from adults!
Presentation Slides

- Several slides taken from previous presentations:
  - “Sibling Incest”, Jeff McConnell, LICSW and Linda Petsoulis, MALP, Duluth Institute