CHAPTER 1

Introduction and Updates

Framing the Ideas and the Tasks

As described in the brief introduction, in the seven or so years that have passed since the first edition of this book, many things have changed in the field of treatment for juvenile sexual offenders, although in some ways these changes have been quite subtle. Actually, it might be more accurate to say that many things have changed in the way that we, as researchers and practitioners, see and understand the children and adolescents with whom we work, the way in which we see ourselves in relationship to the work, and the framework by which we conceptualize treatment and implement treatment interventions.

SEVEN YEARS ON: EMERGING IDEAS, THEMES, AND MODELS

Reflected in and driven by an expanding and evolving literature, over the past seven years we have seen the consistent emergence of a number of themes within that literature, adding to a new age in the development and, from my perspective, advancement of our thinking and practice. In our approach and in our thinking, we increasingly and now more consistently than ever recognize troubled young people as "whole" people, and we recognize the need for a multifaceted, multidimensional, and multisystemic approach to treatment.

Thus, we not only see our clients as multifaceted and multidimensional, and far more than just their sexually abusive behaviors, but we see the treatment itself as equally complex and far-reaching and more than simply the sum of its parts. There is an increasing recognition that the therapeutic relationship itself is at the heart of treatment and that treatment is not simply technique and the delivery of information. We recognize that, beyond what we teach young people through cognitive-behavioral and psychoeducational treatments, of great importance is the manner in which we approach and see them and the way in which we help them to think about themselves and others. And we recognize the power of developmental experience and social context on the formation of personality, neurological development, social connectedness, social competence, and current behavior.

Although relatively new to our still-developing field, few of these ideas are new to the larger field of mental health treatment in which sexual offender–specific treatment is embedded. Accordingly, the treatment of sexually abusive youth, and to some degree the treatment of sexually abusive adults, has

entered the larger arena of psychosocial and mental health treatment. In so doing, it has moved away from the black-and-white world of behaviorally oriented and, to some degree, cognitive-behavioral therapies and simplistic psychoeducational treatment models that formerly permeated the field of adult and juvenile work. Indeed, we see these changes in our attitudes, in our practices, and in our sensibilities. One only need look at the Good Lives Model (Ward, Polaschek, & Beech, 2006),[1] which provides an individualized and humanistic mental health approach to the treatment of adult sexual offenders, to see such changes. In addition, the influential work of the practitioners and researchers cited throughout this book has not only helped shape and reshape our thinking and approach to understanding and treating juvenile sexual offenders but has also helped introduce and import state-of-the-art ideas from the surrounding and more general world of mental health treatment.

It is not that we have concluded that our former approach to the treatment of young people with sexual behavior problems was ineffective. In fact, there is no evidence that our former treatment methods did *not* work, at least based on widely described statistics regarding juvenile sexual recidivism, which are the best and most obvious indicator of treatment effectiveness. On the contrary, although different studies have reported different rates of recidivism, the most commonly reported statistics have consistently illustrated relatively low rates of sexual reoffense among juvenile sexual offenders, rates that frankly are not likely to get much lower. Thus, changes and developments in our field reflect a change in our *perspective* about and *sense* of treatment and a shift in our thinking about what it is that makes treatment effective or ineffective as well as the manner in which we think about our clients.

[1]The Good Lives Model is described in Chapter 15.

The Treatment Process

With respect to our view about what makes treatment work, we have recently come to believe that it is the treatment *process* rather than the treatment *method* or technique that is most effective, or at least central, in the application of method. That is, it is the treatment process that drives effective outcomes in treatment *rather* than the techniques of treatment or the materials we use. For example, Beech and Hamilton-Giachritsis (2005) write of a change in the treatment of adult sexual offenders from a direct and confrontational style to a model built on supportive and emotionally responsive treatment relationships. Similarly, Marshall (2005) recommends that clinicians adopt a relationally based approach to treatment, writing that the attributes and behaviors of the therapist more greatly influence behavioral change than the techniques and methods of treatment manuals.

These ideas fit with those found in the general literature of psychotherapy, in which we are increasingly recognizing that what the clinician brings into treatment, in terms of attitude and characteristics, strongly affects the outcomes of therapy (Baldwin, Wampold, & Imel, 2007; Kramer, de Roten, Beretta, Michel, & Despland, 2008; Marmarosh et al., 2009). There is, then, an increasing recognition in our work with offenders, adolescent and adult, that the techniques and content of treatment are inadequate on their own and that treatment ideas and tasks are most effectively delivered and worked on through the therapeutic interaction between clinician and client, the environment in which treatment and rehabilitation occurs, and the investment of the client him/herself.

Over time, as more clinicians have come both to recognize the complex needs of the sexually abusive youth they treat and to apply critical thinking to their work, unidimensional models that consider treatment to be essentially psychoeducational or cognitive-behavioral have been increasingly replaced by more clinically

sophisticated and complete models that recognize the wholeness and complexity of clients and their needs and the need for multidimensional treatment. Longo and Prescott (2006) write, "Our new century finds growing support for [this] holistic/integrated model of treatment" (p. 37), and emphasize the use of a warm, empathic, and rewarding approach in working with juvenile offenders over a hostile, confrontational, and harsh treatment style that they conclude is ineffective with sexually abusive youth.

A Third Direction

The first edition of this book described this evolving model and way of thinking as a "third direction," and this third, or newly emerging, direction remains the focus of this second edition, in which sexually abusive youth are understood as our children, in need of understanding, support, personal development, and social connection, not as social pariahs destined to become adult criminals and sexual predators. This third direction moves away from pendulumlike swings between a criminal justice approach and a humanistic orientation, moving instead toward an integrated and complex model free of either end of the spectrum and unfettered by a single pivot point somewhere in the center. This more mature, advanced, and informed third direction promulgates a holistic, multifaceted, and integrated approach to treatment and understands and treats the adolescent as a person in development with patterns of thinking and behavior unique to adolescent development rather than simple shadows of and precursors to early adulthood. It recognizes the troubled, antisocial, detached, and socially abhorrent nature of sexually abusive behavior but works with the emotional, cognitive, social, and behavioral components basic to mental health and the development of sound and resilient individuals.

These relatively new ideas in sexual offender treatment—that we need to build therapeutic alliances with our clients, help instill hope in them, and help them grow rather than simply confront, challenge, and judge them—are welcome and bring the treatment of juvenile (and adult) sexual offenders closer to therapeutic principles and processes already found in mainstream psychotherapy. Beyond the realm of treatment and the treatment process, further linking our understanding and treatment of juvenile sexual offenders to the larger field of mental health is the idea that our clients, the young people with whom we work, are individuals who travel along individual pathways through life.

Heterogeneity and Multifactorial Pathways

Even though they frequently share similar histories and diagnoses, and sometimes prognoses, we now more fully recognize the heterogeneity of sexually abusive youth, described by Caldwell (2002) as "one of the most resilient findings in the research on juvenile sexual offenders" (p. 296). Yet another emerging perspective, then, clearly related to the multifaceted nature of the youth with whom we work is our recognition that sexually abusive behavior neither develops in a vacuum nor follows a simple, one-size-fits-all pathway driven by factors common to every sexually reactive child or sexually abusive adolescent. Accordingly, we now more clearly understand and describe a *multifactorial* pathway to the sexually troubled and abusive behavior of children and adolescents, along which different individuals develop differently.

Put another way, the root of juvenile sexual offending is multidetermined, involving individual, family, peer, school, and community variables (Letourneau, Schoenwald, & Sheidow, 2004) as well as biology (O'Connor & Rutter, 1996), temperament (Kagan & Snidman 2004), and socioeconomics (Lipsey & Derzon, 1998). Thus, despite the many developmental commonalities and shared features in the lives of sexually troubled youth, the development and enactment of sexually troubled behavior is a complex phenomenon and develops under conditions and through circumstances that are different for each

person. Even though the pathway for many sexually abusive youth often starts at a common point, we have learned that we cannot predict the eventual outcome of the pathway because, like smoke drifting into the air, it is influenced by many subtle factors, many of which we are unaware or cannot predict. There are no predetermined pathways that inevitably set into motion any particular behavior, including sexually troubled behavior. Individual pathways are so complex and influenced by so many factors, both subtle and obvious, that it is unlikely that we will be able to define a single pathway, or set of factors or events, that leads to the same behavioral outcome for every individual first stepping along a similar path.

Multiple Pathways to Sexual Recidivism

We have also come to recognize not only a multifactorial pathway to the development of sexually abusive behavior but that multiple factors are also at play in sexual recidivism, an idea clearly reflected in the work of Tony Ward and colleagues in the development of their self-regulation model of offense and relapse (Ward et al., 2004; Yates, Kingston, & Ward, 2008). In turn, this has led us to reconsider our view and use of the relapse prevention plan as the only and best means for combating and managing sexual relapse, a plan that has been increasingly critically scrutinized (Carich, Dobkowski, & Delehanty, 2008; Wheeler, George, & Stoner, 2005), rejected by some (Laws, 2003; Thakker, Ward, & Tidmarsh, 2006; Ward, Polaschek, & Beech, 2006; Yates, 2007), and subject to some recent spirited debate (Carich, Dobkowski, & Delehanty, 2009; Yates & Ward, 2009). This new thinking has helped to shift the balance from what Laws (2001) described as the uncritical acceptance by the treatment community of the relapse prevention model to a more critical and sophisticated mind-set and has added to our expanded understanding and conceptualization of what drives both recidivism and the individuals who recidivate.

The Social and Ecological Environment

Juvenile sexual offending does not develop in a vacuum. Over the past seven years, we have seen an increasing recognition that troubled sexual behavior occurs in a social and developmental context, not absent of interactions with the environment. Again as in mainstream psychotherapy, we have come to see children and adolescents in context, engaging with, influenced by, and contributing to an interacting set of social forces and systems in which we understand that the attitudes, beliefs, social interactions, and behaviors of our children can be more fully understood *only* in the context of the ecological environment (Bronfenbrenner, 1979; Elliot, Williams, & Hamburg, 1998).

In this systems theory model, there is a constant interaction between individuals and other individuals, between individuals and the systems within they live and function, and between systems. Just as in a physical ecology, all aspects of the environment are linked, mutually interactive, and influential. In adopting a developmental and ecological perspective, we can more easily see the "fit" between the sexually troubled behaviors of children and adolescents and the social environments in which they live, learn, and function and with which they constantly interact. This view—not new to social work, which has long considered it imperative to see and work with the person in situ (in the situation of his or her life), and family systems theories, which understand individuals as members of a family system—has helped to promulgate treatment models such as multisystemic therapy, which work with delinquent and sexually troubled youth in and within their families and communities.

Evidence-Based Treatment

In fact, many of the ideas discussed have been derived from a developing and deepening research base that has grown stronger over the past seven years and with it, a focus and even

reliance on research. Tied to this, another clearly emerging theme in our literature and practice is that of evidence-based, or empirically validated, treatment (seemingly pushing aside the prior term, "best practice"). In many ways paving the way for both stronger and more effective practice, evidence-based treatment requires that we *account* for the therapeutic practice models we develop and apply, provide support for their value, and demonstrate their effectiveness. As we learn how to use this instrument of evidence-based practiced, we must also recognize that it is currently, and may remain for some time to come, a clumsy instrument that is as capable of great harm as it is great good. We must therefore think about what models of evidence-based treatment currently exist, how to develop new models, how such models are empirically validated and upon what evidence they are built, how we conceptualize and measure the variables that we define as evidence, and how we apply such models.

As we consider evidence-based treatment, we must also take into account the ideological perspective embodied in the philosophy of evidence-based treatment by which only particular methods of measurement are considered valid and treatments are considered valid and supported only when they are capable of being measured in the prescribed fashion. Here, Greenberg and Watson (2005) remind us that the dominant view in psychology at the moment is that quantifiable evidence alone counts and that "the fallacy that 'absence of evidence means evidence of absence' is currently dominating psychotherapy funding, practice, and education" (p. 113). Similarly, Smith and Pell (2003, p.1460) describe the risk that our search for the "holy grail" of evidence-based practice may overfocus us on empirically based research alone, excluding the search for and use of clinical expertise and judgment. Discussed later and again in Chapter 18, it is important, then, that we remain alert to the possibility that research will become the tail that wags the dog, with "the dog" being the practice of treatment.

Developing Models and the "Allure" of New Disorders

Other themes that have consistently appeared in the literature, as well as the subjects of workshops in conferences and training presentations, are attachment-focused, trauma-informed, and psychoneurological models that further inform us of the complexity of the individual and the inevitable interrelationship between the developing child and his or her social environment. Although these ideas and themes are still developing, one hopes they are with us to stay and will provide the foundation for further growth in our thinking, but they have a downside as well as an upside.

The upside is that these ideas promote an openness, richness, and sophistication in our thinking, and they allow us to see children, adolescents, and adults as complex beings. They allow us to recognize and take into consideration the natural power of the social environment in which children are raised and the developmental process through which they pass while in these social environments, which I described as the "developmental-learning environment" in the first edition of this book. However, we also risk the "allure of rare disorders" described by Haugaard (2004), in which attractive new ideas may become buzzwords, or the "soup de jour," and begin to lack real meaning, blinding us to larger and still more complex factors and issues and potentially simplifying, rather than furthering, our thinking. It is critical that as we take new ideas on board, we do not throw out the baby with the bathwater. As we expand our thinking, we should build on and integrate new ideas with foundational ideas, synthesizing an evolving set of ideas rather than discarding one set of ideas in favor of another that may turn out to be just as limiting.

Exercising Caution

Schlank (2009) recently described "pendulum swings" in terms of both research findings and attitudes about sexual offender treatment

and wrote of "instant excitement" about new ideas that have led to "knee-jerk reactions, with individuals wanting to abandon all previously held beliefs" (p. 27). The risk, then, besides abandoning ideas that actually have merit and adopting new ones that lack time-tested and well-researched support, is that in any pendulum-like application of ideas, we become reactive rather than proactive, because pendulum thinking is limited in its flexibility and responsiveness. Thus, the third direction described in this volume also seeks a well-balanced approach to research, understanding trends, and the application of ideas, whether old, new, or developing. It requires a willingness to explore and go further as well as the willingness to give up or improve on old ideas that no longer apply or work, but it also requires the ability to exercise careful and critical thinking before staying put or moving on.

But a caution. In July 2007, the *New York Times Magazine* (Jones, 2007) featured as its cover story juvenile sexual offenders in the United States, providing a view of the sexually abusive youth as more than simply a "juvenile sexual offender" and highlighting our changing views and perspective. It was refreshing to see this focus in the popular media, and especially in such an esteemed and widely distributed magazine. Among others, Robert Longo was quoted in the article, acknowledging that some 20 years or more ago, much of what the field thought it knew about juvenile sexual offenders was "wrong." However, as we consider what we have since learned, what we now know, and how far we have come in our thinking and in our discoveries, let us be careful not to make the same mistake of thinking we *now* know it all; that we were "wrong" *then* but are "right" now. We may yet find that the ideas we hold today do not hold water over the course of the next 20 years.

Nevertheless, this second edition embraces this new thinking and these new ideas, which are in large part the very ideas and principles that were supported and put forth in the first edition. The second edition, as a revision rather than a new book, updates and builds on the prior edition and adds new material. It describes new ideas that, in some cases, build on, complement, and expand previously held ideas and practices and in other cases replaces prior ideas and methods. It also describes controversies and areas that require the application of critical thinking rather than the mere acceptance of new thoughts and the possibility of a new "conventional wisdom." Above all else, as was true for the first edition of *Understanding, Assessing, and Rehabilitating Juvenile Sexual Offenders*, this edition maintains a focus on providing information and ideas rather than prescription. It emphasizes the development and application of critical thinking, or the exercise of informed judgment and reflective thinking with regard to the information that we are developing and, in many cases, being handed. To be avoided, however, is an attitude of out-with-the-old conventional wisdom (which we now know to be "incorrect") and an in-with-the-new conventional wisdom (which we now know to be "correct"). The third direction does not seek to merely exchange one set of ideas with another, but instead builds and expands upon, and further refines and reshapes, our ideas.

FRAMING THE IDEAS AND THE TASKS

Looking back, we see some of the themes, ideas, practices, and overall directions that have further emerged over the past decade or so. However, in the present and as we move on, how do we best think about and apply these ideas? How do we best organize the material and the ideas so that they are accessible and understandable to us, so that we can see their strengths and possibilities and where they can take us and their weaknesses and limitations and where *they* might also lead us? The remainder of this chapter offers some thoughts and a perspective that can help frame these ideas and help us to consider and reflect upon the work and its many requirements, tasks, and methods, and how to best apply and practice them.

The Treatment Task

In general, with children and adolescents, we always approach social and behavioral problems through the provision of treatment, and the distinction between a general treatment approach and what is often called "sexual offender-specific treatment" is the *forensic* focus of the latter. That is, interventions directed toward behaviors that involve criminal activity of some kind, including both assessment and treatment interventions, take on a different slant, often involving both legal issues and consequences and public safety, in addition to and as well as the needs of the individual client and the client's system (such as the family). For juveniles, this most often involves either the juvenile court and/or some form of state agency, such as a youth authority or department of child and family services. The nature of forensic work, as well as its interrelationship with mental health treatment, or "forensic mental health treatment," is discussed in Chapter 14. For now, it is perhaps enough to say that forensic mental health treatment, of which sexual offender–specific is one example, crosses the line between and integrates the treatment of criminal behavior and the treatment of mental health and behavioral disorders.

Work with sexually abusive children and adolescents is made more complex still as it deals with developmental and cognitive issues; personality development; family and community systems; a complex interplay between developing emotions and behaviors; the line between normative sex play, experimentation, and behavior and the development of sexually troubled and abusive sexual behavior; psychiatric comorbidity; social learning; and often the echoes of personal trauma in the adolescent or child offender. Here, then, we are working with young people, troubled and troubling in behavior, still very much in the process of exploration, development, and maturation, and still very much influenced and directed by the messages embedded in the activities, relationships, social models, and larger social environment that surrounds them.

However, relatively few working in the field are well versed in all aspects of such treatment, and often practitioners expert in one area lack knowledge and skills in another. Mental health practitioners are often overwhelmed by or simply unaware of the complex forensic, criminal, and social issues tightly wrapped up in the treatment of juvenile sexual offenders. Conversely, those well versed in forensics and criminal behaviors are often unfamiliar with developmental, family, mental health, or diagnostic considerations and issues. Either way, practitioners in forensic and mental health treatment may not be familiar with the special dynamics found in children and adolescents who, after all, are not merely underdeveloped adults. In addition to blending forensic psychology and adolescent mental health and behavioral treatment, there is a need to adopt the perspective offered by social psychology, which posits that individual psychology and behavior must be understood in the context of the surrounding society, and an ecological model, which tells us that individual behavior is constructed through live and ongoing interactions between the individual and his or her social environment.

Given the changing and developing face of child and adolescent sexual experiences and behaviors and the prevalence of adolescent and younger sexual offending, the reality is that sexual offender–specific assessment and treatment is being pushed onto practitioners poorly trained and ill prepared for the work. Current training models are often too simplistic or unintegrated, focusing on either: (a) a forensic and correctional approach in which it is assumed that the clinical treatment of juvenile sexual offenders will be dealt with elsewhere (in a specialized treatment program), or (b) a mental health approach that fails to recognize or incorporate a forensic mindset and assumes that criminal issues are either not present or have been dealt with elsewhere (presumably in a prior correctional program). In such models, we risk treating forensics and mental health treatment as different disciplines rather than combining the two into a single approach.

Of course, specialists trained in forensic psychology, forensic social work, or forensic counseling do exist, but they remain few and far between in the world of sexual offender treatment. In fact, few specific training programs marry these two distinct approaches into a single specialization: the forensic and mental health treatment of juvenile sexual offenders. Instead, we use the relatively few specialists trained and experienced in general forensic treatment to consult and educate or appear in court to provide expert testimony rather than ensuring that those who treat sexually abusive youth are themselves fully trained in forensic mental health.

The task, then, is to develop practitioners who understand the complexities of juvenile sexual offenders, who are trained in both forensics and mental health and who also understand the nature, world, and behavior of the adolescent. These clinicians will understand the development of sociopathy and social deviance; the psychology and development of adolescent personality and behavior; methods for behavioral and mental health assessment and treatment; and the influence of the social world on the ideas, attitudes, beliefs, expectations, social framework, and behaviors of children and adolescents. To fulfill this goal requires that, as practitioners, we understand the forensic principles that frame and shape this work, the interpersonal and intrapsychic dynamics that lead to and maintain sexually abusive behaviors, and the issues and processes involved in the development of personal identity and mental health, and that we know how to apply our knowledge in such a complex environment.

A Forensic Mental Health Approach to Treatment

Despite its forensic underpinning, the work of assessing and treating juvenile sexual offenders is not a practice isolated from the mainstream of clinical work with developing or troubled children and adolescents of every kind. Rather, it is a subset of this larger field. As such, the work requires educated and trained clinicians and program managers who understand the tasks and methods of treatment, the development of normative and psychopathological adolescent behavior, and the influence of social psychology and social learning, at all times remaining informed and often directed by the forensic perspective.

Happily, work with sexually abusive youth has increasingly moved away from an isolated and limited form of treatment that depended on and borrowed heavily from either an adult criminological model or a substance abuse treatment model.[2] Instead, the field is developing into a far more sophisticated and informed practice that lies within, and not separated from, a broader clinical approach in which the adolescent is understood and recognized as a *whole* person, not merely a sexual offender. At the same time, our work with juvenile sexual offenders requires that the mental health approach be informed and guided by a forensic mind-set that seeks to understand offending and related behaviors as meeting criminogenic needs (factors that contribute and give rise to criminal behavior) as well as other needs related to personal identity, social attachment, and emotional satisfaction.

In the treatment of sexually abusive youth, criminality, deviant behavior, public safety, social competency, personal development, and mental health are intertwined and inseparable. In the treatment of juvenile sexually abusive behavior, mental health treatment without forensics is naive; a forensic or criminogenic approach without mental health is unrealistic and punitive; and a combined forensic and mental health approach without the application of social psychology and ecological thinking is hopeful but poorly informed and limited, and probably bound to fail or be less effective than it might otherwise be.

[2]The development of an adult sexual offender model and its importation of ideas and methods drawn directly from the treatment of substance abuse is well documented (e.g., for instance, Carich, Dobkowski, & Delehanty, 2008, and Laws, 2003) including the application, until recently, of ideas and language involving relapse and relapse prevention.

The Application of Insight and the Exercise of Critical Thinking in Treatment

For the individual sexual offender, the treatment questions are: What happened, and how, why, and what can we do to ensure it does not happen again? However, the larger and more looming questions are: Why do so many children sexually abuse other children, and how did this situation come about? What social forces have led to the development of so many children and adolescents who engage in sexually abusive behavior or behavior that is sexually troubled or, at least, sexually precocious? Although this book cannot possibly answer such complex issues, we can approach and address these questions, asserting the importance of developing well-informed practitioners who consider and struggle with such questions and think originally while engaging in the practice of assessment and treatment. Having strong and well-informed opinions can shape both our practice at the level of the individual youth and the way we think about juvenile sexual offenders and execute our practice at the broadest level. Accordingly, the orientation of this book asserts the importance of both knowledge and original thinking in the practitioner, addressing the need for critical thinking in everything we do as evaluators and treaters of sexually troubled and sexually abusive youth.

A second and related orientation involves exploring our beliefs about juvenile sexual offenders as well as the source of the ideas and influences behind our thinking and assumptions. We ask what shapes the way in which we assess sexually abusive behaviors and provide treatment, as well as our choice of treatment interventions and methods. Underlying each method is a belief system about what works best in the assessment and treatment of juvenile sexual offenders. But instead of simply adopting such methods and ideas at face value, as "received wisdom," we can be most effective when we apply a critical eye even to the most accepted methods and practices. Informed by studies and opinions that support or refute the most common interventions and ideas, and by understanding the thinking that lies behind our beliefs and practice, we are most able to engage in a well-considered model of treatment and placed in the best position to decide which treatment methods and approaches to adopt. The willingness to challenge the status quo of treatment is an important tool in the development of inspired, informed, and original thinkers.

This book also adopts the perspective that insight into the motivation, the mind, and the behavior of the juvenile sexual offender is *critical* to effective practice. In each individual case, clinicians must understand how and why the juvenile sexually offended and show this insight through clinical formulations that demonstrate knowledge into the case in addition to the ability to visualize and describe the youth's pathway to sexual offending, causation and motivation, psychological development, and the goal of or need filled for the youth by the offense. This is very different from the model found in many of today's programs in which treatment remains primarily conceived as a cognitive process, largely delivered through the teaching of concepts and techniques to juvenile offenders. This model typically requires clinicians to teach such concepts and test for their acquisition and retention but requires little clinical insight into motivation, the development of behavior, or the underlying psychology of the individual. Concerns about attachment and social connection, empathy, moral development and remorse, personal responsibility, sexual arousal, and other factors central to the treatment of juvenile sexual offenders often are addressed through treatment methods that require little insight in either the juvenile or the clinician and rarely involve the family system. However, a model that emphasizes clinical insight is not mutually exclusive or antithetical to a cognitive-behavioral approach to treatment; instead it underpins and adds to that treatment by ensuring that the clinician has a depth of understanding that shapes and directs all treatment.

Above all, this book takes the perspective that our response to the problem of juvenile sexual offending (and ultimately adult sexual offending, as we know that a good many, if not most, adult sexual offenders began to engage in sexually abusive behavior as adolescents) must be well informed and measured, well founded, and fresh and creative, based on both knowledge and analytical thinking in practitioners and program managers. We wish to avoid the trap described by Chaffin and Bonner (1998), in which they suggested that our search for the truth has led us to a poorly informed "conventional wisdom" that has shaded into dogma.

The Search for the Perfect Answer

In forensic work in general, and perhaps in sexual offender work in particular, there seems to be an insistence on producing (or discovering) universal and simplistic tools that can provide noncomplex and parsimonious answers to extremely complex and convoluted issues. At the heart of this is the idea that our theory is too poor and that if only it were stronger and more informed, we would be able to understand and control more of our universe. This model of the world once was called a machine model because it implies that the world, and all the people in it, simply unfolds in a manner that is predictable and can be fully understood with enough information. This model stands in contrast to a clinical perspective, which more or less considers experience to be too rich for our theory ever to explain fully.

In clinical work, we treat every case as unique, guided by theory, research, and experience, understanding that the situation and context is instrumental in the development and unfolding of individual experience. We depend on the work and ideas of others to provide a foundation upon which to build our own work, illuminate and guide our way, provide a common language, shape our ideas, define treatment methods and protocols, and help us understand those interventions and practices that work. But in clinical work, we do not abandon our intellect and experience and hand everything over to fixed ideas that claim to represent the way things really are, as well as the reality of our clients' experience and our own. This perspective is especially important as so many certain ideas have later turned out to be not so certain, and even wrong. Indeed, as Kagan (2006) has written, "the history of psychology is littered with the broken hopes of those who mistakenly assumed that a single measure permitted a confident conclusion about a psychological process" (p. 81).

The Use of Statistical Research: Strengths and Caution

We refer to, and to some degree depend on, research throughout this book. Indeed, research, strong and weak, has propelled our field forward over the past decade. As described, one of the developments in our field over the past decade has been the deepening and broadening of our research base as well as movement toward the discovery and application of evidence-based models of assessment and treatment. For these reasons, among others, it is important to note that we must exercise caution in how we read, evaluate, and apply research, recognizing both its strengths and its limitations.

Research provides an opportunity to hypothesize and test out ideas, and much of what we read and hear is based on research-driven studies aimed at producing the empirical evidence described throughout this book. However, the problem with research into juvenile (and adult) sexual offending is that it is often significantly flawed, often fails to produce meaningful data, and often is not replicated by others or cannot be replicated. In the natural sciences, experiments (i.e., research) can be replicated with relative ease. The same brick can be dropped off the same tower under the same conditions time after time with the same results, and all variables can be controlled in order to observe not only the effects but the controlling factors. In addition, we can measure the results in quantifiable data.

Not so in the social sciences, however. In fact, it is difficult to imagine running the *same* experiment with the same subjects and getting exactly the same results, let alone using *different* subjects and under different circumstances. That is why we use inferential statistics in the social sciences, why we require random samples that we believe represent the general population under study, and why we require large sample sizes so we can be relatively sure that our data have true meaning. Nonetheless, research into juvenile sexual offending typically does not meet these standards, for many practical and ethical reasons.

In fact, many research studies are too limited in size or design to be of any significant value, other than pointing us in a particular direction. It is enormously difficult, if not ethically impossible, to create experimental and control groups for study, it is often the case that subjects selected for study are not selected randomly and it is virtually impossible to replicate experimental research designs. W. L. Marshall and Marshall (2007), for instance, have highlighted some of the difficulties inherent in conducting human research with sexual offenders in particular. They point to the difficulty in applying highly experimental designs, suggesting that study outcomes may be flawed and inaccurate in part due to the study design itself, and they note also that study designs may raise ethical questions in human subject research. W. L. Marshall and Marshall's perspective was hotly refuted by Seto et al. (2008), a response that was, in turn, refuted by W. L. Marshall and Marshall (2008), serving to illustrate the point that not only are there great difficulties in conducting meaningful research with sexual offenders but also that no single or "correct" perspective is accepted by all, including those who conduct research for a living.

Moreover, when we read research that tells us one thing, we usually can cite other research that tells us just the opposite. Nevertheless, those who support a particular perspective often present research that strengthens and justifies their position, ignoring or minimizing studies that negate or refute their point, a practice sometimes referred to as confirmation bias (Littell, 2008; Luborsky et al., 1999). In a similar vein, some research in our field appears geared toward proving or supporting an a priori (already adopted) perspective, and in these cases there is a self-fulfilling, and even self-promotional, aspect to research. We should be particularly aware of research that supports a particular idea or model when it has been conducted by researchers who have a stake in the model or idea that is being studied, reflecting the possibility or even likelihood of an allegiance effect (Blair, Marcus, & Boccaccini, 2008), or the tendency for researchers and others to select and interpret outcome data in a manner that supports a favored perspective. We should be especially wary when similar outcomes either have not been replicated or cannot be supported by independent researchers. We should be cautious when data supporting the effectiveness of a set of ideas or a particular model are the outcome of research conducted or commissioned by those who have developed or currently maintain the very ideas or models under examination or have some other clear stake in the ideas/model.

Additionally, in our search for direction or perhaps the perfect answer, consumers of research sometimes enthusiastically and uncritically accept and pass along the data from just one or two studies, or a series of studies conducted by the same author or related groups of colleagues, as if they represent the best or all of our knowledge. In some cases, research findings that are actually quite limited in scope or authorship, or both, become "popularized" and driven into "common wisdom," taking on the appearance of empirical "fact" where no such fact actually exists, only interpretation.

One further risk exists in regard to the role and nature of research and its application to practice. This risk involves the adoption of a perspective that denies the value or relevance of any form of evidence other than that derived through the scientific method. To consider scientific method the only source of our knowledge is to accept the idea that the methods of quantitative science are applicable to all spheres of life and experience and believe that information and experience

that cannot be measured through the scientific method lacks legitimacy, a perspective sometimes known as *scientism* (Hayek, 1952). From this perspective, any knowledge obtained by any means other than that of the scientific tradition is "at once ruled out of court" (Feyerabend, 1993, p. 11), and we risk becoming "hamstrung by arbitrary (even if widely agreed on) definitions of what counts as good science" (W. L. Marshall & Marshall, 2007, p. 259).

Consequently, although always of great importance, statistical human research is not always relevant, is certainly not always correct, can sometimes mislead (albeit unintentionally), is sometimes poorly designed or conducted, is sometimes biased by the allegiances of the researchers, and is often flawed and limited and can thus just as easily hold treatment back as promote it. So what do we know? Well, perhaps that no one *really* knows. We can only suppose and make calculated and educated guesses, informed by research that, although sometimes strong, is also often weak and limited, as well our professional judgment and experience.

It is thus important that we recognize the fact that our ideas about and approach to statistical research frame how such research is used and have clear implications for the "rest" of our work—that is, clinical practice. A dependence on research potentially weakens, and even devalues, professional judgment and clinical practice rather than strengthening it. An equal partnership is required between research and practice, recognizing that the imperative of research is not simply to increase knowledge but also to serve practice.

A Note on Terminology, Language, and Labeling: Getting It "Right"

Throughout this book, I use the terms "juvenile sexual offender," "sexually abusive youth," "sexually troubled youth," and other variants interchangeably. However, it is important to note that many professionals, including many central to this field, choose to not use and often, and perhaps increasingly, frown on the term "juvenile sexual offender." Accordingly, that term is used here in full recognition of the view of many treatment professionals that the term mislabels and even stigmatizes children and is even unnecessary. From this view, the label is believed to cloud the fact that these are deeply troubled children who need our help more than our labels and who furthermore do not deserve the labels we place on them.

I hope that, in reading this book, you will discover that the view of sexually abusive youth presented here is one that fully fleshes out, recognizes, and describes the fullness of each child and adolescent as a whole person and an individual, and not simply a "juvenile sexual offender" and further that this book does not support the view that people are defined by their behavior or their diagnosis.

Central and underlying questions for us must be as basic as: What *is* a sexual offense, *why* do children and adolescents engage in sexually abusive behavior, and should we call this behavior sexual *offending*? Is it more correct to call these youth "sexual offenders," "sexual abusers," "children who sexually offend," "children who engage in sexualized behaviors," "children who sexually abuse others," or even "young males who are sexually acting out and displaying abusive or challenging behavior," as described on one business card in my possession? Where does one draw the line between the desire not to stigmatize youth through negative labeling, euphemism, semantics, hair splitting, and political correctness?

Does good and effective treatment practice even have anything to do with the labels or terms we use to identity the youth with whom we work? For those who believe that labels count and are destructive, or at least counterproductive, there is an assumption that using the correct treatment term or identifying label will aid treatment and using the wrong term will hinder or hurt treatment prospects. Of course, their perspective is a bit more complex than this. The view that negative labels are, or may be, harmful pulls on a

sociological tradition which asserts that negative labeling leads to both social stigmatization and negative self-image.

Those who wish to avoid harsh-sounding terms see such labeling as unnecessary and, under the worst circumstances, harmful; the sociological model of "secondary deviance" holds the view that deviant acts are committed in part as a *result* of being labeled deviant. Critics of strong labels additionally suggest that the tag is simply unnecessary and does not help treatment, and, thus, may as well be avoided rather than risking harm to the still-developing personal identity of juveniles, as well as the way others see and think about them. Additionally, those who are uncomfortable with or prefer to not use the term "juvenile sexual offender" sometimes consider the label incorrectly applied; they assert that the term applies only to juveniles adjudicated on sexual offense charges (i.e., charged with and found responsible for criminal sexual acts) and that we should refer to other children and adolescents entering treatment for sexually abusive behavior by other terms.

Alternatively, proponents of such labeling note that direct terms convey more precise meaning and a label like "juvenile sexual offender" helps jolt juveniles who engage in sexually abusive behavior and their families into awareness. They argue that calling a spade a spade provides a framework for treatment and a mind-set that helps the juvenile sit up and pay attention and avoids potentially whitewashing a harsh reality. The term not only keeps the focus on why the youth has entered treatment but also fits a model of restorative justice in which there is a clear emphasis on the harm caused and the victims of such harm rather than on the youth alone and his or her need for treatment. Further, in terms of labeling theory, in his study of 2,920 adult sexual offenders Maddan (2008) concluded:

> *the labeling perspective has proven that the labeling perspective is not an appropriate theoretical framework from which to draw conclusions about sexual (or general) recidivism, writing when using recidivism as the dependent variable, the labeling perspective failed miserably: there was absolutely zero effect of the formal label of sex offender . . . on the likelihood of specific recidivism. (p. 76)*[3]

Finkelhor (1979) described the decision to reject certain labels because they are pejorative and might lead to bias in examining the problem or treating the individual. He recognized that certain terms and labels have political and moral overtones but does not feel that this "disqualifies them from use in scientific investigation" (p. 18). Although Finkelhor is referring to the term "sexual victimization" (the polar opposite, one might say, of "sexual offending"), he writes that, in an effort to raise consciousness, it is appropriate to use terms that arouse feelings and stimulate response. He also writes that:

> *merely choosing another "sanitary" term . . . does not solve any problems. It is still obvious to anyone but the most gullible that the researcher is interested in the phenomenon that is being called sexual abuse by people in the social and political arena.*

He advises that "the better course of action . . . is to use the value-laden term but to carefully caution readers about perceptual biases that it may introduce" (p. 18).

Vizard (2002) has written that, in relation to labels that describe sexually aggressive behavior in children and adolescents, "virtually all these terms may be criticized on some basis or other" (p. 177). Why even bother discussing what may amount to hair-splitting, then? Because at times, terms and labels become a point of contention among professionals, and because one object of this book is to assist the reader in recognizing the ideas and the issues that help us to understand and build the foundation for both knowledge about and treatment of sexually abusive behaviors in juveniles. Another reason is to make the strong point that there is no "correct" way to think about or understand treatment, and before we

[3]Maddan (2008) additionally provides a detailed overview, description, and critique of labeling theory, for those interested in learning more about the subject.

move on to exploring and thinking about sexual offenses, sexually abusive behavior, and juvenile sexual offenders, we must understand that the basis of our work is not clear cut, as we sometimes make it out to be. Our field continues to develop and emerge, but if the things that seem most obvious to us at any given time become the "correct" things, we may fail to recognize that the tide of treatment beliefs and interventions ebbs and flows.

It is also reasonable to think of changes in the field as evolutionary. As discussed, we discard current ideas, adopt new ideas, revisit old ideas, and inject into or remove from treatment those things that we learn along the way. The trick is not to act in haste, uncritically, or in a poorly informed manner. However, convictions about the correct way to think or the right term to use risk limiting new and creative ideas that do not fit with conventional wisdom and potentially dismiss other points of view and practices.

In this book, then, the term "juvenile sexual offender" is used synonymously with other terms, some far more subtle, to depict and describe children and adolescents who are sexually aggressive, sexually abusive or offensive, or engage in inappropriate sexual behaviors that victimize others. I am not sure that the use of any of these terms, all of which are labels, is proper. Yet I am certain that they all, to some degree, fail to fully express the complexities inherent in the sexually abusive and inappropriate behavior of children and adolescents or the full complexity of those children as whole people. I frankly hope we never find the "right" term that we all *must* use and at the same time that we never miss seeing the troubled child *behind* the label.

Nevertheless, the task of wrestling with what we mean when we speak about juvenile sexual offenders is important. The changing terminology reflects a healthy change in our thinking, supportive of the child or adolescent *behind* the sexually abusive behavior, in which we see a movement away from harsh and insensitive appraisals toward a more understanding, sensitive, and well-informed recognition of the child. However, you, as the practitioner, must decide for yourself *your* choice of language, from "juvenile sexual offender" to "sexually abusive youth" to "adolescents with sexual behavior problems," and more. We thus encourage practitioners to decide for themselves the terms with which they are the most comfortable in using to describe the children and adolescents with whom they work.

In terms of the "correct" label and terminology, indeed there may not be a single label that can accurately and precisely define the population we are describing because of the heterogeneity of the population. It may, in fact, be true that there is a continuum of sexual behaviors along which juvenile sexual offending lies, and we should instead create a typology that allows us to more neatly use different terms to describe different kinds of children who engage in different kinds of sexual behaviors and abuse. However, creating a complete and meaningful typology has proved a daunting task, and I suspect it always will in terms of being able to capture and define human personality, motivation, and behavior.[4] Regardless, the titles, terms, and labels we use are an effort to describe an *entire* population

[4]In fact, a number of researchers have sought to develop typologies of juvenile sexually abusive behavior or distinguish between types of adolescent sexual offenders (e.g., for instance, Almond & Canter, 2007; Carpenter, Peed, & Eastman, 1995; Ford & Linney, 1995; Hsu & Starzynski, 1990; Hunter, Figueredo, Malamuth, & Becker, 2003; Hunter, Hazelwood, & Slesinger, 2000; Kemper & Kistner, 2007; Parks & Bard, 2006; Richardson, Kelly, Bhate, & Graham, 1997; Worling, 2001) and sexually troubled children (Bonner, Walker, & Berliner, 1999; Hall, Matthews, & Pearce, 1998; 2002; Johnson, 2002; Pithers, Gray, Busconi, & Houchens, 1998).

However, sexually abusive children and adolescents are a truly heterogeneous population, as are all humans. Other than generating simplistic, but utilitarian, typologies, these researchers have not experienced a great deal of success in typing, or grouping, juvenile sexual offenders into exhaustive and mutually exclusive categories based on both their sexually abusive behavior and their personal characteristics. Neither have these basic typologies, useful for comparison and pointing to the distinctions among sexually abusive youth, proved effective at explaining the etiology of different types of sexually abusive behavior or how to best treat different "strains" of juvenile sexual offending.

rather than be hindered by diversity within the population of sexually abusive youth. No matter what the label, the goal is not to be insensitive, create additional stigma, condemn the youth, mistake the youth for the label, or dismiss the wholeness of each individual.

Perhaps it is most useful of all to refer to juveniles who sexually offend as "juveniles at risk for becoming adult sexual offenders." Beyond labels, we must recognize and respond to the children, adolescents, and young people with whom we work as whole people in whom sexually abusive behavior or other forms of sexually troubled behavior represent simply one element of their makeup and experience.

Framing the Ideas: In Conclusion

This book does not purport to present the right answers, the correct way to think, or the correct things to do. Instead, it presents a wide range of information and ideas intended to inform, educate, stimulate critical thinking, and, above all, help practitioners to arrive at their own conclusions and head in the directions that make the most sense to them, based on the clinical, theoretical, and empirical/research evidence of the field. My conviction is that we should not accept the first term or idea that comes our way, regardless of its source or how many times it is repeated, but instead recognize and value the diversity of opinions, ideas, and perspectives in our field and the larger fields of forensics and mental health in which it is nested, any or all of which may be right.

Beyond this, in terms of how we think about and approach the work, in its second edition this book puts forth the perspective that the work does not just exist, waiting for us to come along, figure it out, and pick up the reins. Rather, it highlights that the work is what we make it and that our view as researchers and practitioners is key, as it influences our work in three broad and interacting categories, each of which builds on the others:

1. The way we think about and understand the young people whom we study and with whom we work, and what they need in treatment
2. Our ability to think about and plan our treatment interactions and interventions
3. The way that we interact with and relate to the people we are seeking to help

I started this chapter by writing that many things have changed during the course of the past seven years. I also said that the changes were subtle. In fact, we have not thrown out everything we knew; we have simply and thankfully expanded and advanced our thinking and our minds. Without forsaking the forensic backdrop against which sexual offense–specific treatment is played out, or overlooking the danger posed by sexually abusive behavior, we have nevertheless made significant movement toward aligning the treatment of sexually abusive youth with the larger field of mental health treatment within which treatment for sexual abusers is embedded. Rather than wholesale and revolutionary changes, we have seen changes that are evolutionary and therefore more subtle and nuanced, and a deepening and enrichment of what we knew and now know more about. These changes permeate the field at every level, from the development of ideas about and instrumentation for risk assessment, to increased depth and complexity in our understanding and delivery of treatment, the recognition of heterogeneity and diversity among sexually abusive youth, the impact of sensitive developmental periods in the formation of the neurobiology and personality of each child, and the importance of the environment both in the development and in the rehabilitation of troubled behaviors.

We are part of an important and exciting field, and this is an exciting time to be part of this field. Juvenile sexual offenders, children and adolescents with sexual behavior problems, sexually abusive youth—whatever language we use to refer to the children and adolescents who engage in sexually abusive behavior—are our *children*. They need our guidance, support, understanding, help, and care.