

The Nature of Adolescent Sexual Offending: Part Two: The Nature of Adolescent Sexual Offending: Interviewing Techniques with Families and offenders

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Abstract

The role of the social worker and areas to cover in a social work assessment are discussed. Interview techniques with both the adolescent and their family are outlined. Emphasis is placed on the need to involve the adolescent's family in order to effectively address the offending behaviour

Introduction

In Part One sexual offender and the initial assessment process were described. Part two will focus on the strategies for actual intervention with the adolescent and his family by the social worker.

The Role of the Social Worker

A clear understanding of responsibility and the harm resulting from abuse helps the social worker from unintentionally colluding with the offender.

The social work roles are:

1. Assessing the safety of children and young people.
2. Holding young people accountable for their offending behaviour.
3. Ensuring that the needs of victims are respected.

These lead to social workers being key people in responding to adolescent sexual offending. Within these roles, a number of important tasks can be identified.

These include:

1. Hearing the victim's disclosure.
2. Undertaking the initial interview with the adolescent offender and their family.
3. Ensuring treatment is provided and attended.
4. Monitoring the on-going safety of the victim and other children in contact with the offender.
5. Liaison/case management with the treatment agency and others involved.

Invariably, whether the adolescent offender is to be involved with any other agency or not, it is usually the social worker who is asked to make the first therapeutic contact with the young person.

This contact will need to involve some form of assessment interview with both the offender and their family. As described previously in part one, any assessment of an adolescent sexual offender should include a description of the following:

1. A description of all abusive behaviour both current and historical.
2. Level of honesty and responsibility
3. Level of motivation.
4. Triggers that may have contributed to their offending.
5. Their own victimization.
6. Family relationships.
7. The offender's safety (suicidality) and others' safety

Interviewing Families of Adolescent Offenders

The family of the adolescent sexual offender can be a powerful force to support and confront the offender towards admitting the abusive behaviour (Stevenson, Castlio & Seforbi, 1989). As a consequence, it is essential that the family are involved in the early stages of interviewing the adolescent.

As a rule, it is advisable to meet first with the adolescent and the family together, then have a period alone with the adolescent and finally bring them back together. Sometimes, in the session with both the adolescent and the family present, the adolescent hardly needs to speak.

If the family and adolescent are both in denial it is useful to separate them at this stage.

Throughout the interview with the family there are a number of strategies that can help prepare the adolescent to disclose offending.

1 . Prepare the Family for the Shock of Disclosure. It is essential that the family is prepared in the event that an adolescent will disclose either offending and/or his own victimisation.

2. Create a Context for Honesty: This can be facilitated by joining with the family in the first instance and then acknowledging the anger, disbelief, shame and embarrassment of learning that their child is a sex offender. Offer hope, dispel myths, give information and be educational. The social worker should constantly be trying to encourage the family to make supportive comments about the adolescent being honest. The type of questions you might ask include: 'Would you rather your son was honest or dishonest about his behaviour?'; 'Would you respect your son if he was more honest? Explain that their reaction will greatly affect the adolescent's ability to be honest. Support the family in respect of their being able to tell the adolescent that they will be able to handle the disclosure. Present to the family the consequences of not getting the necessary help. The social worker might say: 'Would you want your son to have a future

where he grows up to be an adult sex offender and ends up in jail?' In some situations, the use of some form of leverage may be needed to convince the family to appreciate the seriousness of the issue.

3. Prepare the Family for Talking Explicitly About Sex: For many adolescent sexual offenders, their families may be ambivalent about discussing sexuality. By preparing the family for detailed discussion on sexual matters, it is also giving permission for the adolescent to speak explicitly and break the family norm.

4. Be Sensitive to Other Victims in the Family. Often other victims of abuse within the family will be present and understandably may find these sessions extremely difficult. Sometimes their experiences can be helpful in confronting the offender. Their personal stories can begin to create a climate for further honest disclosures from the adolescent. Respect for the feelings of victims must be shown at all times. It would be inappropriate to have both the offender's siblings and victims of abuse at a family interview.

5. Inform the Family of Potential Relapse. Always discuss with the family the risk of the adolescent re-offending. If the victim is within the same household, discuss the need for the offender to spend some time outside the home. This is especially relevant in the initial stages of counselling and if younger children are living at home. The family must have safety rules in place around the adolescent and these need to be discussed with the social worker. It is also important that the family is informed that keeping safe is the offender's rather than the family's responsibility and that their role is to support him in carrying this out. Discuss On-Going Support. Once therapy begins, the main focus will be on the adolescent. Some family members can become resentful of the offender receiving all the attention. It is important that the family is also offered support. This enables them to continue to see treatment as valuable, to motivate the adolescent towards change and to more effectively monitor the adolescent's behaviour in the family.

Interviewing Strategies with Adolescent Sexual Offenders

6. Read background notes. Prior to the interview, read all documentation available on the offender, the family, and the victim's disclosure.

7. Establish Rapport. Putting the client at ease will increase the likelihood of honesty and compliance in counselling.

8. Respect. The social worker should create a context for respectful behaviour in the interview and model this for the adolescent. For example, only respectful language should be allowed (no sexually aggressive terms for body parts, etc). In challenging the adolescent's cognitive distortions, the social worker should tell the adolescent that they have concerns for them and respect them as a person, but have no respect for their offending behaviour e.g., "I respect you and believe you deserve a better life than that of continuing as a sex offender, so I want to be really honest with you about your offending". By doing this the social worker models both respect and honesty.

9. Take Care in Expressing Emotion: The social worker should take care not to distance the adolescent by showing strong emotional reaction to their disclosures.

10. Create a Context for Honesty. The social worker should support and reinforce even the smallest admission of offending by the adolescent with praise for being honest. This increases the likelihood that they will be more honest in the future. The interview should be prefaced by the social worker talking about the importance of honesty and the consequences for the offender of not being honest. It can be helpful if the social worker is able to use some form of leverage with the offender e.g., threat from family legal action, etc if they are not honest. Bearing in mind that the adolescent may be fearful of the consequences if the offending is admitted, it is crucial to have earlier obtained from the family strong statements of their support for the adolescent being honest. It might be useful to inform the adolescent that they may change their account later to a more honest one. However, any delay would increase the likelihood of their re-offending.

11. Establish Credibility and Control of the Interview. The social worker should state from the beginning of the interview that they have experience with other adolescents who have sexually offended. The social worker can seem especially credible if they can predict what the adolescent might be thinking and the extent of their offending.

12. Open-Ended Questions: This is especially important in allowing the adolescent to talk about their offending in as much detail as possible.

13. Be Sexually Explicit. The social worker needs to be prepared to be sexually explicit in the interview. Similarly, the offender may need some warning that they will be expected to discuss their sexual behaviour in detail.

14. Anticipate Embarrassment: The adolescent sex offender will have their own stereotype of the typical sex offender as totally deviant and worthless. The social worker could help facilitate disclosure by downplaying that stereotype. The social worker could also compare the adolescent's discomfort now with their likely discomfort if their offending was to continue. It is also a well-known phenomenon that many offenders feel a sense of relief when they finally disclose their offending (McGrath, 1990).

15. Offer Hope Through Therapy. It can be comforting for the adolescent and their family if therapy is discussed as a positive experience. The social worker could outline the positive aspects of having therapy, as well as the consequences if they refuse help. They could also use examples of other adolescents for whom therapy has been successful. It might be useful to say; "You're really lucky to have this opportunity to

change. Many adult offenders did not have this chance and have led really unhappy lives. You deserve better than this.”

16. Predict Cognitive Distortions. The sex offender will come to the interview with their story better prepared than the social worker's. The offender's stance can be undermined if the social worker is able to predict the kind of excuses the offender will use. The social worker could then say for example: “if you say to me that you didn't know it was wrong or it was the younger child's fault, then you will be saying the same things that other kids that offend say and I'll know it's an excuse”.

17. Challenging the Behaviour. Challenging cognitive distortions is essential in ensuring that offenders change their behaviour. To effect change, the challenging does not need to be forceful or hostile. Repetition, reframing, rephrasing, interrupting and information-giving are all useful ways in which to challenge the offender's thoughts and offending behaviour. Ways of enabling the challenging to occur while maintaining rapport include; acting more warmly at the time, using humour and making joining comments (Salter, 1988).

18. Confronting Denial: The social worker should be careful when directly challenging an offender's account of an offending incident. Often a direct challenge such as; “you're lying” only serves to place the offender deeper in denial. It is often more successful to resort to a face-saving manoeuvre or simply note the discrepancy in the account and return to it later. In addition, it is important that when working with denial, that the social worker does not appear to side either with the victim or the offender. This is in sharp contrast to working with the offender at any other stage in the treatment where the victim's account of events and their experience should always be given priority over the offender's.

19. The Adolescent Tells "The Story": Even if the social worker has a good account of the offending incidents, the adolescent should be encouraged to describe the offending rather than the social worker relate what they know of the victim's disclosure. This assists the offender in both being honest and in accepting responsibility for their actions. Telling the adolescent that you know there is likely to be more for them to say can invite them to make further disclosures.

20. Reframing. Examples of helpful reframing" that the social worker could use are: therapy is an opportunity for a different life and not an imposition; therapy does not indicate failure, but a success on which the adolescent is to be congratulated for being brave enough to attend. Reframing can also include ways of confronting cognitive distortions such as for those adolescents who deny fantasising or planning their offending (e.g., an adolescent saying, “it just happened”, might be challenged by the social worker suggesting that, if they have no control over their behaviour, they need institutional care).

21. Assume the Adolescent Has a History of Offending. The social worker should assume that the adolescent has a history of sexually abusive behaviour. This often includes deviant sexual fantasies. From the research discussed earlier, it is likely that they have been sexually offending for some time prior to getting caught. Rather than ask questions such as; “Did you do?”, the social worker could ask; “When did you first offend?; How many months or years have you been doing this for?”

Check Suicidal Ideation: Loss and Ross (1988) suggest that, while the social worker should request a mental health assessment if there are genuine concerns for the offender's mental health, it is always useful to at least assess if the offender has ever had suicidal thoughts. This also includes asking for current or past plans, past attempts and whether they have known someone who has committed suicide. There is a need to be aware that some adolescents may use the threat of suicide in an attempt to manipulate the social worker's sympathies in this situation. For a more detailed discussion of suicide assessment see: Ministry of Health (1993).

22. Face-Saving Manoeuvres: It is rare that a sex offender is able to be totally honest in the initial interview due to the shame, embarrassment and/or denial they may have. Face-saving manoeuvres that the social worker may offer include suggesting a second interview at which, you predict, the offender will have remembered more of their offending because this normally occurs. The social worker may also suggest to the offender some of the excuses they may have used at the time of their offending and allow the offender to make those excuses in the interview e.g., “You may not have realised that it was really abusive what you did but it sounds like you did something to the child. The social worker “sidelines the cognitive distortions in order to get an admission. The distortions should be noted for follow up later in therapy.

23. Provide Information: It is useful to offer the offender and their family a prediction, based on the clinical research and your experience with other offenders, of the adolescent's likely future and consequent need for therapy. The social worker should always provide information on what help is available to the offender. Even if the offender is still denying any offending at the end of the interview, the social worker should take the opportunity to be educational about the effects of sexually abusive behaviour on both victims and offenders. In addition, the social worker should state clearly what the consequences to the adolescent will be if they are still denying the offending at the end of the interview.

24. Express Concern for the Offender without Therapy: The social worker can predict the likely outcome for the adolescent in adulthood based on their knowledge of the research and their experience with other adolescent sexual offenders. The social worker may repeat that they don't believe that the adolescent deserves this kind of life, but that it will happen because sexual offending behaviour does not disappear by itself, despite a person's best intentions.

25. Addiction as a Metaphor: For adolescents who deny the need for help on the basis that they will never re-offend, it can be useful to use the example of sexual offending being like alcohol addiction (i.e. very difficult to stop without help, needing to learn how to deal with temptation in high risk situations and needing to change the behaviours that have supported the addictions).

Counselling

When compared with adult sexual offenders, the majority of adolescent sex offenders have been offending for a fraction of the time. As described earlier, their arousal to deviant sexuality is likely to be still relatively new (this will depend on factors such as the duration of their offending behaviour). Another difference is that adult offenders have often developed elaborate cognitive distortions to deny and minimise their behaviour. This serves as a way to reduce internal and external inhibitors and rationalise their behaviour. In contrast adolescents often have relatively simple cognitive distortions. As a result, the adolescent sexual offender is generally more responsive to making changes in counselling than adult offenders. This message should be given to adolescent offenders and their families to increase their hope for changing the behaviour. It is also more ethical to provide appropriate treatment at this age in order to reduce the number of potential victims and allow the adolescent the opportunity of improving their quality of life.

As mentioned earlier, it is desirable for adolescents and their families to go to counselling on a voluntary basis. However, because of the emotion and difficulty that surrounds this type of behaviour, many will want to minimise the behaviour because of disbelief and fear. In such instances, mandated treatment may be required (Salter, 1988).

An adolescent's developmental stage is one where they are making dramatic changes. What may complicate therapy is a rebellious nature that some adolescents have as they make the transition from dependence to independence. In the process of assessment and therapy, creative ways need to be employed that not only engage the adolescent but also allow for the important issues in sex offender treatment to be addressed.

Ideally, counselling should be comprehensive and involve family, individual and group therapy over a period of 1 to 2 years. It should address directly their offending behaviour (e.g., victim empathy, deviant arousal patterns, the use of pornography, offending cycle, sex education, social skills, relating to others in non-abusive ways, attitudes towards women and children, responsibility and honesty, apology for their behaviour) as well as non-offending behaviour (e.g., family relationships, self-esteem, anger management). Individual therapy can address issues such as a personal history of abuse, deviant arousal patterns and self-esteem.

For those adolescents with histories of sexual abuse it is important to address their offending behaviour first. This reduces the likelihood of them minimising and rationalising their behaviour, while at the same time reducing the risk of them re-offending. It also gives the victim and their family a message that their offending is being taken seriously and that they were not to blame for what happened.

Group therapy can facilitate the challenging of cognitive distortions which often start, and maintain, their offending, while family therapy can again address any minimising they may have about their son's (adolescent's) behaviour and the strengthening of family relationships. Relapse prevention focuses on maintaining long term changes in their behaviour by teaching the ways to cope with stressful and potentially "at risk" situations.

This is only an overview of assessment and counselling options, for a more in-depth account see: Becker and Kaplan (1988); Barbaree, Marshall and Hudson (1993); Davis and Leitenberg (1987); McGrath (1990); Ryan and Lane (1991) and Salter (1988).

Discussion

This paper has presented an overview of both research and some of the initial clinical techniques that can be employed when assessing adolescent sexual offenders and their families. It is hoped that it will enable those that have contact with adolescent sexual offenders to be better equipped.

With accurate assessment and specialised intervention, there exists an opportunity for adolescent offenders to stop their abusive behaviour before it becomes part of their lifestyle, thereby reducing the prevalence and effects of sexual abuse in New Zealand.

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