

Best Practice Standard for Treating Youth Who Engage in Sexual Misconduct

The standards in this manual represent the best practices as measured by current research, evidence-based practice, and outcome measures. Overall, goals include promoting safety, healing, and respect for self and others. The best practitioners are warm and empathic, addressing all aspects of the youth's functioning, while maintaining a focus on those areas demonstrated to be associated with risk and the environment they live in.

The sex-specific treatment approach must be sensitive to the youth's developmental trajectory and how experience, development, environment, differing ability, society, and culture impact this trajectory and create dynamics, issues, and problems that divert the youth on a pathway to engage in problematic sexual behaviors and/or sexually abusive behaviors.

“We do not know exactly what variables need to be present, in what combinations, in what relationships to each other, at what critical points of development, with what intensities, and in what context, in order for sexual abuse to occur and be maintained” (Thomas 2006). However, what is clear is that sexual acting out is a result of multiple, interacting factors (etiological and maintenance factors) that converge at a particular point in time in a given context. These factors “have a cumulative effect” on the youth (Prescott 2006) diverting their normative path of development. It is about the convergence and melding of these factors that creates a synergistic reaction (Ward, Polaschek, and Beech, 2006). Etiological and maintenance factors include: disruption and deficits in development, inconsistent and unhealthy environments, deficits in executive functioning and problems with self-regulation, cognitive distortions and underdeveloped values and morality, problems in emotional identification, expression and regulation, problems and deficits in self-concept, self-esteem and self-identity, social competency and social relatedness problems, childhood trauma and maltreatment, awareness deficits and other comorbid mental health issues and learning disabilities.

Sex-specific assessment should help identify which factors, in what proportion, and at what point in development, youth were directed onto the pathway to offending. Additionally, treatment should assist the youth to increase competency and skills necessary to ensure their ability to control or eliminate the etiological and maintenance factors that influenced their pathway to offend, to re-establish a healthy developmental trajectory (in all developmental stages), to obtain their needs and human goods in a healthy way and to place themselves back on a healthy pathway towards becoming a functional, healthy and happy adult (Ward, T., Polaschek, D. and Beech, A. Theories of Sexual Offending, John Wiley & Sons, Ltd. 2006). [NOJOS Juvenile Sex-Specific Assessment Protocol and Rubric](#)

Consistent with the Utah NOJOS Continuum: “Treatment services are best offered and provided along a continuum of care – from community-based (outpatient) interventions to secure residential or correctional-based treatment programs. To be most successful, the level of intensity and restrictiveness of services must match the current treatment and supervision needs

which, depending on the youth and his/her family and circumstances, are likely to change over time. Most adolescents can be safely treated in community settings. Residential and correctional settings should be reserved for the minority of youth who present with significant risk factors for recidivism or other treatment needs that cannot be met in community settings.” [ATSA Adolescent Practice Guidelines, 2017, page 47.]

National literature endorses the use of a holistic, integrated approach to treating youthful sexual abuse (Longo, 2001; Hunter & Longo, 2004). This approach blends traditional aspects of sexual-abuse treatment into a holistic, humanistic, and developmentally consistent model for working with youth. While cognitive-behavioral treatment methods appear promising, treatment must go beyond the sexual problems and address “growth and development, social ecology, increasing health, social skills, resiliency, and incorporate treatment for the offender’s own victimization and co-occurring disorders” (Developmental Services Group, 2000).

Moreover, a strength-based approach is strongly recommended given that protective factors can have a great impact on decreasing risk and helping the youth in making healthy life choices. Indeed, strengths-based factors help keep youth and their families positively engaged while mitigating risk factors and promoting healthy, prosocial ways for getting needs met, which are all essential components for effective treatment services (See Strengths-Based Alternatives for Mitigating Risk Factors in Youth and Family Services. ATSA Juvenile Practice Committee, September 2020; Powell, K. M. (2018). The importance of a strengths-based approach in sex offense-specific services. The Forum Newsletter-ATSA, Summer Vol. XXX, No. 3; J. Worling, 2017, PROFESSOR).

The primary aim in juvenile sex-specific treatment is to instill in the youth the knowledge, skills, and competencies necessary to develop and implement a positive and healthy identity revolving around personally meaningful ways of meeting their human needs and pursuing their interests. Thus, treatment is focused on factors related to the youth’s developmental trajectory— the causal and maintenance factors that diverted the youth to a pathway to offend. Treatment interventions need to help the youth to successfully re-enter a healthy developmental trajectory and build the competency, resiliency, and protective factors necessary to resolve and/or eliminate etiological and maintenance factors that led them to offend.

Many clinicians around the world currently support and have adopted what is called the “Good Lives Model,” from *The Juvenile Sex Offender*, 2nd ed., by Howard Barbaree and William Marshall (New York, N.Y., Guilford Press, 2006). The Good Lives Model is a treatment approach that is based on the idea that successful treatment for persons with sexual behavior problems requires that they not only learn adaptive skills but also develop healthy lifestyles in order to prevent re-offense. The Good Lives Model suggests that material well-being, health, productivity, intimacy, safety, community, and emotional well-being are all critical components in helping clients develop “good lives.” [Pathways Clinician’s Guide by Timothy Kahn, Safer Society Press, 2023.]

Further, according to the “Good Lives Model*¹,” treatment should help the youth acquire (in a healthy way) the skills and primary human goods (healthy living, knowledge, excellence in play and work, excellence in self-agency, freedom from emotional turmoil and stress, friendship, community, purpose in life, happiness and creativity) required to be happy and healthy and live a good life (Ward, T.; Polaschek, D. and Beech, A. Theories of Sexual Offending, John Wiley & Sons, Ltd. 2006, page 297-313; See also, Yates and Prescott, 2011)

As part of a holistic approach, treatment should integrate standard sex-specific treatment components, such as development of full accountability for all offense behaviors, insight into offense dynamics and choice to offend, building realistic and effective self-regulation strategies and skills, develop a family safety plan, develop healthy sexual attitudes, boundaries, impulse control, sexual identity, and develop perspective taking, victim empathy and general caring for others. Overall, sex-specific components of treatment are founded in the restorative justice framework that emphasizes concern for development of victim empathy, restitution, and development of personal responsibility.

Treatment should also include positive sex education and healthy sexuality skills. A psychosexual education emphasis is needed to provide the youth with information regarding maturation, human development, healthy sexual functioning, the current laws regarding sexual conduct, the elements of consent and a healthy sexual identity. Many of these youth also need opportunities to resolve their own childhood victimization with interventions apart from the focus on their sexual misconduct to assist them to resolve trauma, enhance emotional coping skills and develop a healthy sexual identity.

Given that current research suggests exposure to pornography is now a common (developmentally expected) experience for both latency age and adolescent youth, psychoeducation about pornography is often needed to help adolescents think critically about pornography rather than solely focusing on teaching abstinence. Specifically, treatment should include a realistic, balanced, rational, developmentally sensitive, and individualized approach to address pornography use, in the same manner that other risk factors would be addressed. Treatment should help youth assess whether images and practices shown in pornography are realistic reflections of sexual relationships, consensual, or behaviors desirable to, and respectful of, sexual partners, and characteristic of physically and psychologically healthy social or sexual relationships (Bridges et al., 2010; Lim et al., 2017; Pratt & Fernandes, 2015; Prescott & Schuler, 2011; and Wright et al., 2015.) [See also: ATSA Fact Sheet: Understanding and Responding to Pornography Use Among Adolescents Who Have Engaged in Sexually Abusive Behavior: Facts and Considerations for Practice, August 2020)

¹ The Good Lives Model is a strengths-based rehabilitation practice framework that augments the risk, need, and responsivity principles of effective correctional intervention through its focus on assisting clients to develop and implement meaningful life plans that are incompatible with future offending. Originally developed as a rehabilitation framework for adults who have harmed others —when properly adapted—the GLM can be effectively used with adolescents and young men to address their sexually abusive behaviors.

Overall, treatment is about aiding these youth to understand themselves, their sexuality and sexual development, as well as own responsibility for their sexuality (thoughts, feelings, and behavior), further identifying that there are consequences for their choices, and develop competencies and skills to enter or reenter a normative developmental pathway for their sexuality and life.

While NOJOS protocols and practices support the holistic treatment of adolescents and children who have engaged in problematic sexual behavior, NOJOS supports the needs of those who experienced abuse and strongly recommends that ALL treatment decisions should support the healing of both those who engaged in sexually abusive behaviors and those who were victimized.