Hi Alberto, Below is the October issue of NEARI News. Please create a pdf and post it to our newsletter webpage: http://www.neari.com/trainingcenter/newsletter.html. We are emailing the issue tomorrow (Thursday), so let us know if you can't do this by tomorrow morning. Thank you, Nancy

Is Specialized Assessment and Treatment for Adolescents Really Needed?
by David S. Prescott, LICSW

Summary
This study compares the recidivism patterns of a cohort of 249 juvenile sexual offenders and 1,780 non-sexual offending delinquents who were released from secured custody over a 2-1/2 year period. The prevalence of sex offenders with new sexual offense charges during the 5-year follow-up period was 6.8%, compared to 5.7% for the non-sexual offenders, a non-significant difference. Juvenile sex offenders were nearly 10 times more likely to have been charged with a nonsexual offense than a sexual offense. Eighty-five percent of the new sexual offenses in the follow-up period were accounted for by the non-sex offending delinquents. None of the 54 homicides (including 3 sexual homicides) was committed by a juvenile sex offender. The implications of the results for recent public policy trends that impose restrictions that are triggered by sexual offense adjudication are discussed.

The Issue
How different are adolescents who have sexually abused from other adolescents who engage in illegal behavior? And what are the implications for our field?

The Research
We have one request of you. If you have found these newsletters helpful, please pass this newsletter on to one of your colleagues. They can easily sign up at the NEARI website at http://www.neari.com/mailing.html or simply click on the link, "Forward email," located at the bottom of the email.

Thank you for your continued interest in NEARI and we hope you will enjoy this adventure through technology with us.

Warmly,
Steven Bengis and Joan Tabachnick
www.neari.com

Featured Website

The California Coalition on Sexual Offending maintains an excellent library of resources for professionals.

What may be especially valuable is their extensive resources under their listing of "Feature Articles:" www.ccoso.org.

About the Author:
David S. Prescott, LICSW

David Prescott website

A nationally recognized expert in the field of sexual abuse assessment, treatment, management, and prevention, Mr. Prescott has published numerous articles and authored, edited, and co-edited books on risk assessment, interviewing, and providing residential treatment to youth. He is the President of ATSA and is currently the Clinical Director at the Minnesota Sex Offender Program in Moose Lake, Minnesota.

Michael Caldwell examined the sexual re-offense rate of 249 adolescents who had sexually abused. He compared this rate with the sexual offense rate of 1,780 adolescents who had been in trouble with the law for non-sexual behavior. 6.8% of the adolescents who had sexually abused faced subsequent charges for sexual offenses, while 5.7% of the adolescents who were not previously known to have engaged in sexual abuse were charged with sex crimes.

Implications for Professionals

Not all youth who sexually abuse do so again. If the data shows that so few adolescents persist in sexual abuse, why have we developed such a specialized field?

First, the roots of our field are based upon the assumption that even small rates of continued sexual harm are unacceptable. However, even small risks for significant harmful events make comprehensive assessment necessary. Not only can it identify treatment needs, it can rule out areas that don't apply to a particular adolescent. High-quality assessments have the potential to identify those who are less likely to abuse again, thus protecting them from unnecessary long-term consequences.

Like every other adolescent, adolescents who have sexually abused require guidance in developing a clearer sense of who they are, who they can be, and who they want to be. This guidance in their case must include the areas of sexual health and responsibility. These areas in themselves require advanced training, knowledge, and skill. Given that adolescents vary in their clinical needs, assessment and treatment of adolescents take a whole-person approach. Focusing only on specific elements of an adolescent's life (e.g., sexual behavior, diagnosis) is not enough.

Implications for the Field

A significant number of adolescents who have engaged in illegal behavior subsequently cause sexual harm. Adolescents who sexually abuse do not follow any one pathway and are not "specialists." That is, a vast amount of sexual abuse is caused by those not known to have done so previously. Studies show that treatment can reduce the risk of future sexual harm (see May 2008 issue of NEARI News); the expertise and perspective that we bring to our work with sexually abusing adolescents is something that would benefit any professional working with at-risk adolescents--especially those who have exhibited some illegal behaviors.

Sexual re-offense is only one way to understand the effects of treatment. Obviously, eliminating sexual harm is the cornerstone of treatment for adolescents who have sexually abused. However, with so many of those who sexually abuse going on to commit other kinds of crimes, and so many of those who demonstrate illegal behavior going on to commit sexual abuse, it is essential that all treatment of adolescents take into account their entire life and future. Although abuse-specific treatment is important for those who have abused, it must also take place within a whole-person framework.

Reference


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Next Month

Elizabeth Letourneau and Michael Miner address their serious legal and clinical concerns about adolescents who have sexually abused.

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