SUBMISSION on the Inquiry into the Care and Rehabilitation of Youth Sex Offenders

To the Social Services Committee.

This submission is made by Sarah Lilley, Joanna Browne and Amanda Baird on behalf of the Wellington Branch of the New College of Clinical Psychologists (NZCCP). The NZCCP is a professional body for Clinical Psychologists in New Zealand. Our members are Clinical Psychologists who work in the Mental Health, Criminal Justice and private health sectors. One of the roles of the NZCCP is to promote the well-being of society by addressing and challenging unjust societal norms and behaviours (Code of Ethics, 2002)

We wish to appear before the committee to speak to our submission.

SUMMARY

We address each of the Terms of Reference identified by the committee. We provide the Committee with recent research into some of these terms and make recommendations for the future based on that research. Recent research also raises other issues that we believe will be important for the Social Service Committee to consider during their inquiry. The relevant research about these other issues and our recommendations are also outlined below. We conclude that further research is needed into several areas including the New Zealand context of youth sexual offending, specifying the casual mechanisms for youth sexual offending, the prediction of the risk of re-offending in youth sexual offenders, the outcomes for individuals who have engaged in therapy to address their offending and into female youth sexual offenders. This research will lead to a comprehensive understanding of the phenomenon of youth sexual offending and this, in turn, will lead to comprehensive assessment and understanding of this type of offending at the individual level. This understanding can then inform both treatment planning and risk management. Further research would also lead to evidence-based rehabilitation programmes which are effective for this population of offenders.

TERMS OF REFERENCE

1. The placement, supervision and custody of youth sex offenders who are in the custody of Child, Youth and Family Services

In New Zealand when a young person has sexually offended they may become involved with the Police, juvenile justice system or the Child, Youth and Family Service (CYFS) In New Zealand child and adolescent sexual offending is dealt with through a formal protocol between police and the statutory agency that deals with youth offending i.e. or e.g. CYFS. Child, Youth and Family Service manage referrals for sexual offending by children aged 13 and under and the Police manage referrals for sexual offending by young people aged 14-16 (as well as younger children whose offending is considered very serious). A young person between the ages of 14 and 16 may appear before the Youth Court if charged with sexual offences. The Youth Court is governed by the

Children Young Person's and their Families Act (1989) and cannot impose a sentence of imprisonment; however they can 'order' a young person to attend treatment, either community-based or residential. If a young person's offending is ongoing or serious in nature, they may be dealt with by the District Court, in which case a sentence of imprisonment may be imposed.

2. The various support arrangements and programmes available for responding to, and rehabilitating youth sex offenders.

Below we provide information on the options available for support and therapeutic programmes for youth who have sexually offended. We focus on rehabilitative programmes and we have particular knowledge of the options in the Wellington Region.

- Currently there is one CYFS secure residential centre in Christchurch for young men who sexually offend, Te Poutama Arahi Rangatahi or TPAR. This two-year programme takes up to 12 young men aged between 12 and 17. In practice they try not to take people who will turn 18 or 19 whilst on the programme (personal communication). TPAR services the whole of New Zealand and began in 1999. Young people have to be under CYFS guardianship to attend and cannot have been sentenced to imprisonment but may have been sentenced in the Youth Court.
- There are community-based treatment programmes, for example STOP in the Wellington region and SAFE in the Auckland region. These programmes have specific programmes for youth. In order to be eligible the young person does not necessarily have to be in CYFS guardianship (may be living with their family), but needs to have supports in place throughout the programme. Sometimes the Youth Court will order someone to attend the STOP or SAFE programme as part of their sentence.
- Young people in the community who have sexually offended and who are under CYFS guardianship can be subject to High and Complex Needs (HCN) plans. This is usually where they have mental health problems as well as offending. HCN is an interagency strategy that is funded by the Ministries of Health and Education and also Child Youth and Family Service. In some cases the young person may have "trackers" with them constantly to supervise their daily activities. These plans are not specifically designed for youth who have sexually offended and the young person may not necessarily be engaged in treatment designed to reduce their risk of sexual offending while under a HCN.
- In the Wellington region, there is another residential house called Te Whare Awhina in Strathmore (Personal communication). This is a house that can take up to five boys who have sexually offended at one time. It is understood that the boys go to school or alternative education programmes during the day, although it is not known whether they offer any therapeutic programmes to address offending.
- Young people under the age of 17 may be sentenced in the District Court (as opposed to the Youth Court) if their offending is of a sufficiently serious nature and in these cases they may be sentenced to imprisonment. If this occurs then it is likely that they would be required to attend either the Kia Marama or Te Piriti programmes during their imprisonment. These programmes are run through Special Treatment Units within Rolleston and Auckland prisons respectively.

> They are designed to address the offending of adults who have sexual offended against children. They are not specifically for adolescents and these programmes may not appropriate for adolescents who could be vulnerable to victimization, including sexual abuse, in such settings.

To date, there have been few clinical trials investigating the effectiveness of psychological therapy in reducing youth sexual re-offending (Efta-Breitbach & Freeman, 2004). A recent meta-analysis of 10 clinical trials (Walker, McGovern, Poey & Otis, 2004) established that psychological therapy can be generally effective, especially where Cognitive-Behavioural Therapy (CBT) was used. In addition, a recent literature review (Fanniff & Becker, 2006) suggested that treatment programmes for adolescents who sexually offend are most successful in creating change when they multisystemic. Multisystemic programmes utilize both home-based services involving the whole family as well as intervention in the school and in the community. Fanniff & Becker, 2006 also recommended that treatment programmes are based on CBT. Such programmes focus on identifying the behavioural patterns in offending and then changing the thoughts, behaviours and arousal patterns involved. Given that adolescence is a developmental period in which sex plays an important role and attitudes towards sex become solidified, it is essential that treatment programmes include a sex education component. Kaplan, Becker and Tenke (1991) showed that when included within a broader CBT based treatment programme for sexually abusive behaviour, the sex education component of the programme significantly increased the individuals' sexual knowledge. Whilst this might not directly impact on sexual recidivism, it is crucial in terms of ensuring that a treatment programme is developmentally sensitive and addresses issues around sexual identity that often arise during adolescence. These issues can be even more significant amongst adolescents who have sexually offended, as they try and integrate and understand their offending and possibly their own victimization, in terms of their identity and sense of self. Furthermore, identity development and an integrated sense of self are crucial for ensuring a healthy transition from adolescence to adulthood.

It is therefore recommended that every youth who sexually offends is given the opportunity to engage in therapy designed to address that offending and reduce the risk of their re-offending. From the research currently available these treatment programmes should take a multisystemic approach and utilize CBT and have a sex education component. Treatment services and supports to adolescents who sexually offend in New Zealand need to adhere to the scientist/practitioner model and be engaged in ongoing evaluations of their effectiveness. In this way they will be strongly evidence and best-practice based.

3. Reintegration of adolescent sexual offenders back into the community

Re-integration is not currently a part of all of the rehabilitation programmes offered. Current re-integration options include:

- The STOP and SAFE programmes are community-based treatment programmes, and therefore have a very strong focus in treatment on establishing and maintaining the young person's support networks within the community and

working with caregivers and support people to ensure adequate understanding and management of risk issues.

- One of TPAR's aims is to facilitate the young person's reintegration back into the community following the completion of the programme, including working with community agencies to ensure ongoing therapeutic support for the young person when they return to the community.

It is crucial that any residential treatment programme designed to address sexual offending has a strong "reintegration" focus because…. It is therefore recommended that:

- Rehabilitation programmes, where appropriate, work along side families or caregivers to ensure that they understand what the young person has learnt about their offending within the therapeutic programme and what they as a family can do to support and encourage their family member's safe transition back to the community.
- Reintegration also needs to enable the young person appropriate socialization experiences such as engaging in age and/or developmentally appropriate activities including sports and cultural activities, in a way that manages the risk of further offending.

4. **The support mechanisms for youth sex offenders in transition into adulthood**

We believe this term of reference is associated with the committee's focus on rehabilitation programmes and re-integration into the community. We have no further comments to add under this term.

5. The processes for selecting, approving, and monitoring caregivers, providers, and other people involved in the management of youth sex offenders.

The training, recruitment and retention of individuals who work with youth sex offenders needs to be addressed. Currently, the people often employed in these positions lack any formal training or understanding of adolescents who sexually offend, yet they are expected to monitor their behaviour on a daily basis and undertake daily activities with these individuals with little or no formal supervision process (Personal communication). For example, Trackers who work with youth sex offenders who have HCN plans not necessarily have any specific training for working with youth who have sexually offended. It is therefore recommended that:

- There are clear guidelines around 'person specifications' for these roles which should include characteristics such as the ability to maintain excellent professional boundaries and values that support and are in line with a rehabilitation model.
- Trackers or Behavioural Support Workers are fully supported by the organisation employing them and provided with regular training/education opportunities and formal supervision where they can address problems or issues that arise during their interactions with the young person.

- The Tracker or Support Worker also needs to be aware of what the risks are for the individual they are required to work with and they need to have a comprehensive understanding of the safety plan for managing those risks.
- There needs to be clear processes in place for documenting and informing the appropriate agencies or services should concerns about the young person's behaviour or risk arise.

OTHER RELEVANT ISSUES

1. Developmental pathways of youth sexual offending and implications for assessment

In their 2000 study, Lightfoot and Evans aimed to understand the variables that contributed to the occurrence of sexual offending in New Zealand children and adolescents. Their findings suggested that severely disrupted attachment, in conjunction with family experiences of inappropriate sexual expression, place children at risk for sexual offending. These offenders were more likely to have been abused themselves with 95% of offenders reporting having been sexually victimised. Lightfoot and Evans (2000) found that adolescents who were sexually abusive had less social supports and their offending often occurred after a negative emotional experience in conjunction with opportunity (i.e. the presence of a potential victim). In sum, Lightfoot and Evans (2000) concluded that the perpetration of sexual offending in adolescents is the result of an interaction among developmental pathways, coping skills and immediate proximal variables.

These New Zealand findings are consistent with research from overseas which found that early developmental trauma and familial dysfunction appear to be more common and severe in the histories of youths with sexual behaviour problems than in those of adult sex offenders. Such histories are reported to be particularly salient in pre-pubescent offenders, who tend to display a variety of psychiatric, behavioural, social, and educational disturbances that appear to be related to their abuse histories (Veneziano & Veneziano, 2002). Dhawan and Marshall (1996) found that a history of sexual abuse is more prevalent in sexual abusers than in the general population and in nonsexual abusers. Shaw et al. (1999) stated that it is known that the younger the child when his or her first sexual offence is committed, the more likely it is that child has been sexually victimized. A number of researchers have characterized very young offenders as exhibiting impulsivity, symptoms of Attention Deficit Hyperactivity Disorder, anger, fear, loneliness, confusion, depression, obsessional and compulsive preoccupation with sex, excessive sexualisation, anxiety, and sleep disturbance (Ferrara & Mc Donald, 1996; Kavoussi, Kaplan, & Becker and Araji, 1997). As has been outlined earlier, Marshall and his colleagues (e.g. Marshall, Hudson, & Hodkinson, 1993) have argued that attachment problems, characterized by neglectful or rejecting parenting, lead to poor self esteem, the inability to form attachments, and other influences that make youths vulnerable to becoming sex offenders. Related to this, research has documented that these juveniles often have social skills deficits, poor peer relationships, and are socially isolated (Knight & Prentky, 1993). Other studies have found that young people who sexually offend have

often experienced problems in the school setting, including disruptive behaviour, truancy, and/or a learning disability (Bourke & Donohue, 1996).
While the above factors have been commonly found either in the history or the behaviour of adolescent sex offenders, researchers are quick to point out that, just as for adult sex offenders, adolescents who display sexually abusive behaviour are a heterogeneous population. Unfortunately, research has not proceeded as far as to develop pathways and offence process models for this population.

Research into the developmental pathways to youth sexual offender so far show us that the development of this offending is complicated, involving many different environmental and inter- and intrapersonal factors. In addition, there are significant individual differences in the development of youth sex offending. As such, assessments and intervention strategies undertaken with this population need to be thorough and acknowledge the various casual mechanisms that can contribute to the development of sexually abusive behaviour.

It is therefore recommended that in all cases where a young person has sexually offended a thorough, specialist assessment to inform treatment planning and decisions about placement needs to be undertaken. Given that the causal mechanisms involved in sex offending are complicated and multifaceted, it is crucial that any such assessment is carried out by professionals (e.g. psychologists/social workers) with sufficient knowledge and understanding in this area. Both the juvenile offending literature and the adult literature emphasize the importance of using a multi-informant style of assessment, including clinical interview, collateral information, and psychometric questionnaires (e.g. Shaw et al., 1999). Such an assessment should be routine when a young person comes to the attention of either the police or CYFS for sexual offending.

2. Assessment of risk of sexual re-offending by adolescents

Assessments of the risk of sexual re-offending within the adult population have focused great attention on the use of actuarial risk assessment instruments. Actuarial risk measures are clinician-rated questionnaires assessing the presence of both static (historical) and/or dynamic (current) risk factors for further offending, to determine an individual's level of risk. Clinicians have relied on these measures in the past and currently. There is little research, however, into risk factors for adolescent sexual offending, particularly the dynamic variables (Gerhold, Browne & Beckett, 2007). In addition, there is a movement away from the use of these measures by some clinicians because of the statistical limitations of using these measures. Recent literature suggests the inaccuracy of actuarial risk assessment instruments for measuring an individual's level of risk (Hart, Michie, & Cooke, 2007).

As a result of this new research (Hart, Michie, & Cooke, 2007), it has been recommended that assessments with youth sexual offenders aim to develop a full formulation of the psychological and social factors that have contributed to the development and maintenance of the problem behaviour. Such formulations would inform a risk management plan that would be developed to ensure not only public safety, but also the

safety of the individual in question. It is noted that due to the high prevalence of youth sexual offenders who have themselves been sexually abused we have a responsibility to keep them safe from victimization as much as keeping them safe from further offending. A thorough assessment would inform estimates of risk of re-offending and treatment planning and the most appropriate treatment programme could then be sought (i.e. community-based or residential).

3. Female youth sexual offenders

Historically, literature and research in the adolescent sexual offending area has focused predominantly on boys with very little attention paid to females. More recently however, research has begun to emerge with respect to adolescent females who engage in sexually abusive behaviours (e.g. Tardiff, Auclair, Jacob, Carpetier, 2005). In New Zealand there are no residential services for girls who sexually abuse. Whilst it might be the case that there is no need for such a residential service at the present time it may be an area in which future planning is required. New Zealand statistics have shown a recent increase in overall offending by females and it is likely that this will also see a rise in the number of adolescent females coming to the attention of services because of sexually inappropriate/offending behaviour. Furthermore, the treatment needs of females who sexually offend may be different from those of males and thus further research in this area may be required.

CONCLUSION

Over the last 20 years international literature on youth who engage in sexually abusive behaviour has grown dramatically and it is now widely accepted that this is a unique population who require specialised assessments and interventions. There is an acknowledgment that this group has unique treatment needs there is a lack of research supporting the use of specialised assessment and treatment strategies. More specifically, there is a lack of research in the New Zealand context. Active steps to encourage and support research in this area need to be taken. It is therefore recommended that further research is conducted into the areas youth sexual offending in the New Zealand context, in further specifying the developmental pathway/s to youth sexual offending, into the accurate prediction the risk of offending, and re-offending, into the efficacy of therapy and rehabilitation programmes and finally into female youth sexual offenders.

With this additional research, we will have a thorough understanding of youth sexual offending. This will lead to comprehensive assessments of the individual youth sexual offender which can, in turn, lead to tailored treatment planning and risk management. Further research can also ensure that the treatment these offenders are receiving is effective.

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