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THE SOCIAL NETWORKS AND SUPPORT OF JUVENILE SEX OFFENDERS

BEFORE, DURING AND AFTER THEIR TREATMENT

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INTRODUCTION

Youth system (Zaff et al., 2016):

- Family (parents) – Emotional, instrumental, informational support
- Peers – validation support
- Teachers – validation support

Learning goals/objectives: after the presentation you have gained:

- knowledge on how social networks and support are associated with the development of sexual offending in youths.
- knowledge on the influence of social support during treatment.
- Knowledge on the influence of social support on treatment outcomes.

SAMPLE

157 youths treated for committing a sexual offense

Mean age 14.4 ($SD = 2.03$)

Type of offense:

37% sexual assault

16% rape

29% multiple hands-on offenses

14% hands-off offense

4% sexual indecency

64% reported to the police, 36% not reported.

INSTRUMENT

Risk assessment instrument developed by De Waag outpatient treatment center.

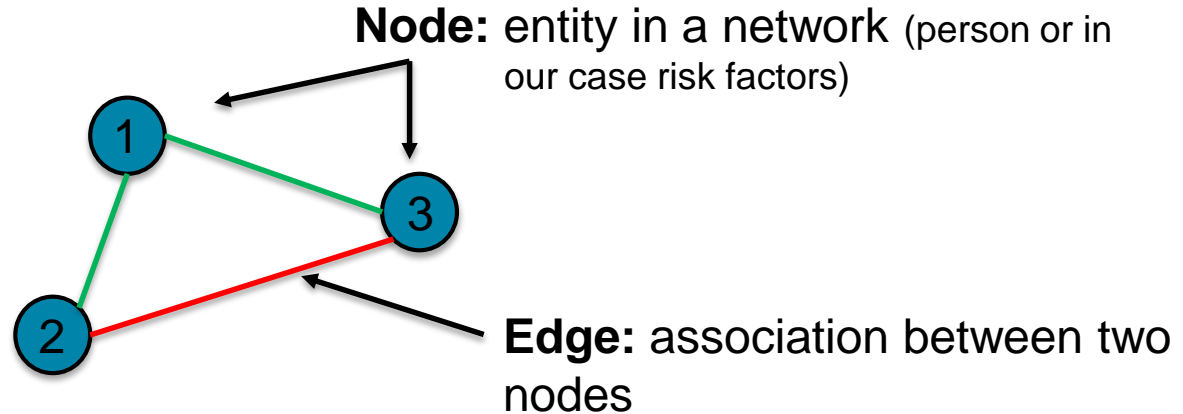
Contains most relevant items of: SAVRY, J-SOAP II, Youth Level of Service|Case management inventory (YLS\CMI) and Static-99

12 Domains:

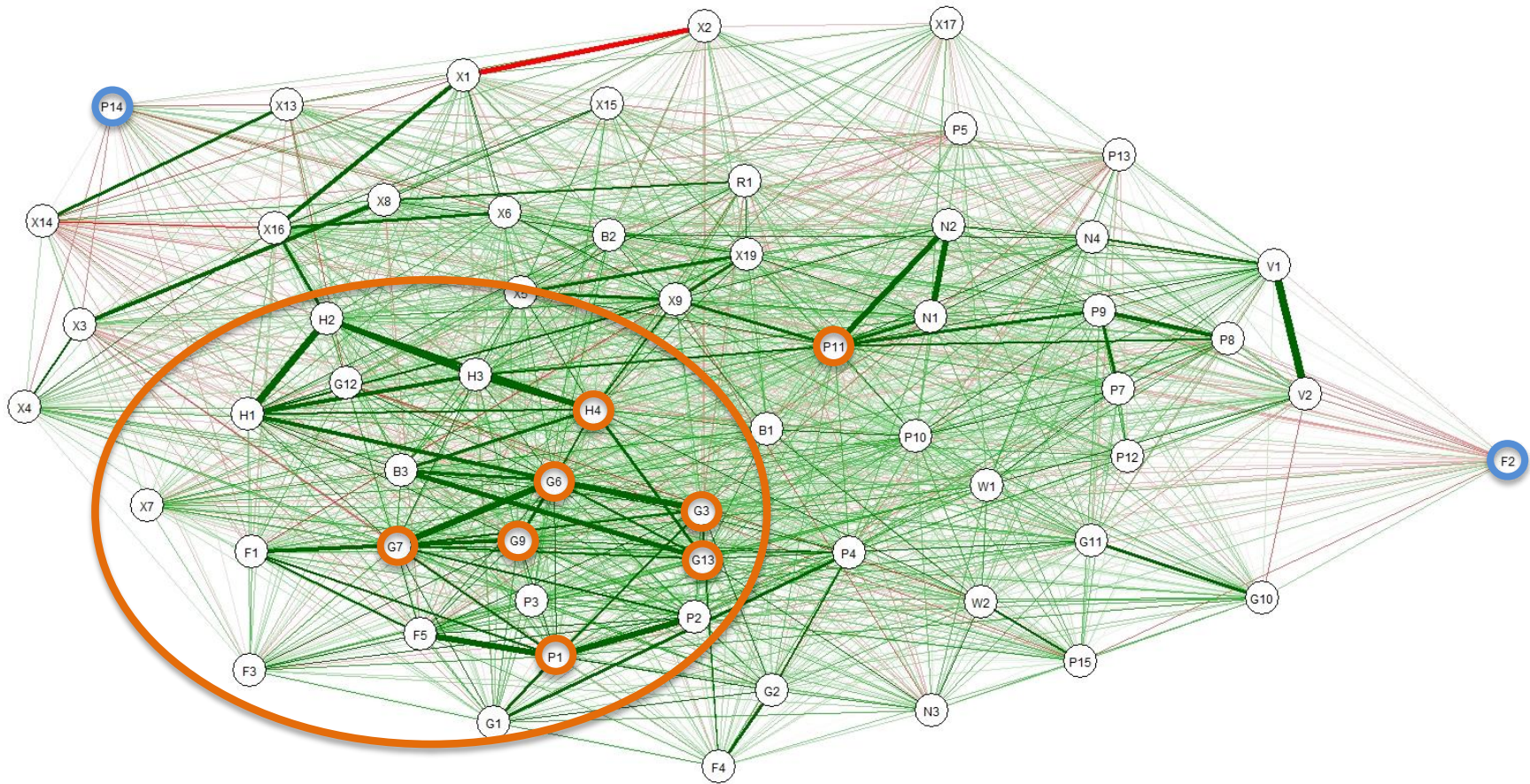
1. Prior and current offending
2. School (and work)
3. Finances
4. Residential environment
5. Family
6. Social (peer) network
7. Leisure
8. Substance abuse
9. Personal/Emotional characteristics
10. Attitudes (toward the victim/offense)
11. Treatment and risk management
12. Sexual delinquency/deviancy

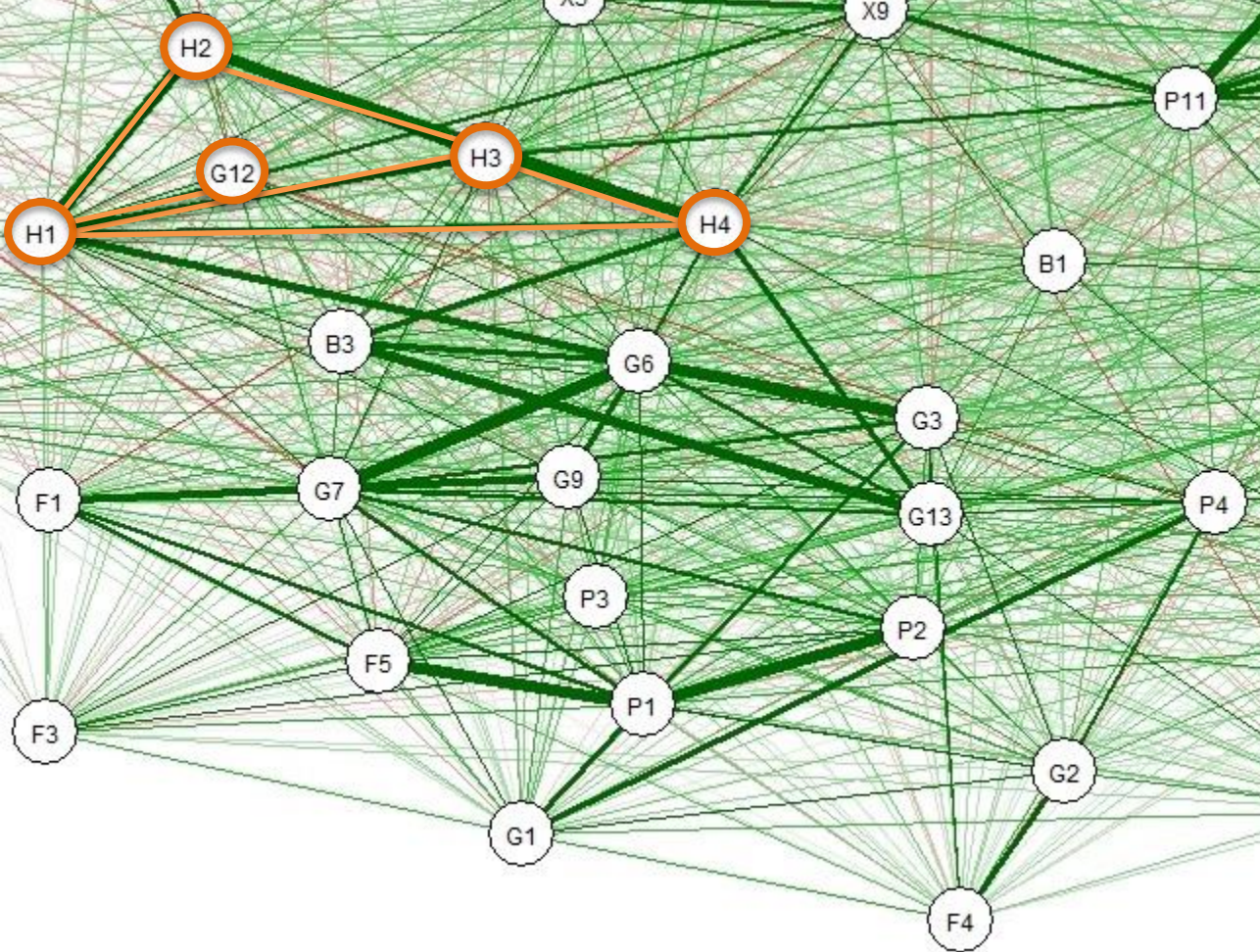
METHOD: NETWORK ANALYSIS

What is a network?



This study: statistical associations, controlled for all other nodes (risk factors)





Attitudes

- H1 – Taking responsibility
- H2 – Empathy
- H3 – Cognitive distortions
- H4 – Deviant attitudes

Family

- G1 – Delinquent parents
- G2 – Drug/alcohol abuse parent(s)
- G3 – Psychological problems parent(s)
- G6 – Parenting skills
- G7 – Relationship quality parents
- G9 – Discontinuity in care (<12yr)
- G12 – Relationship siblings
- G13 – Support by adults

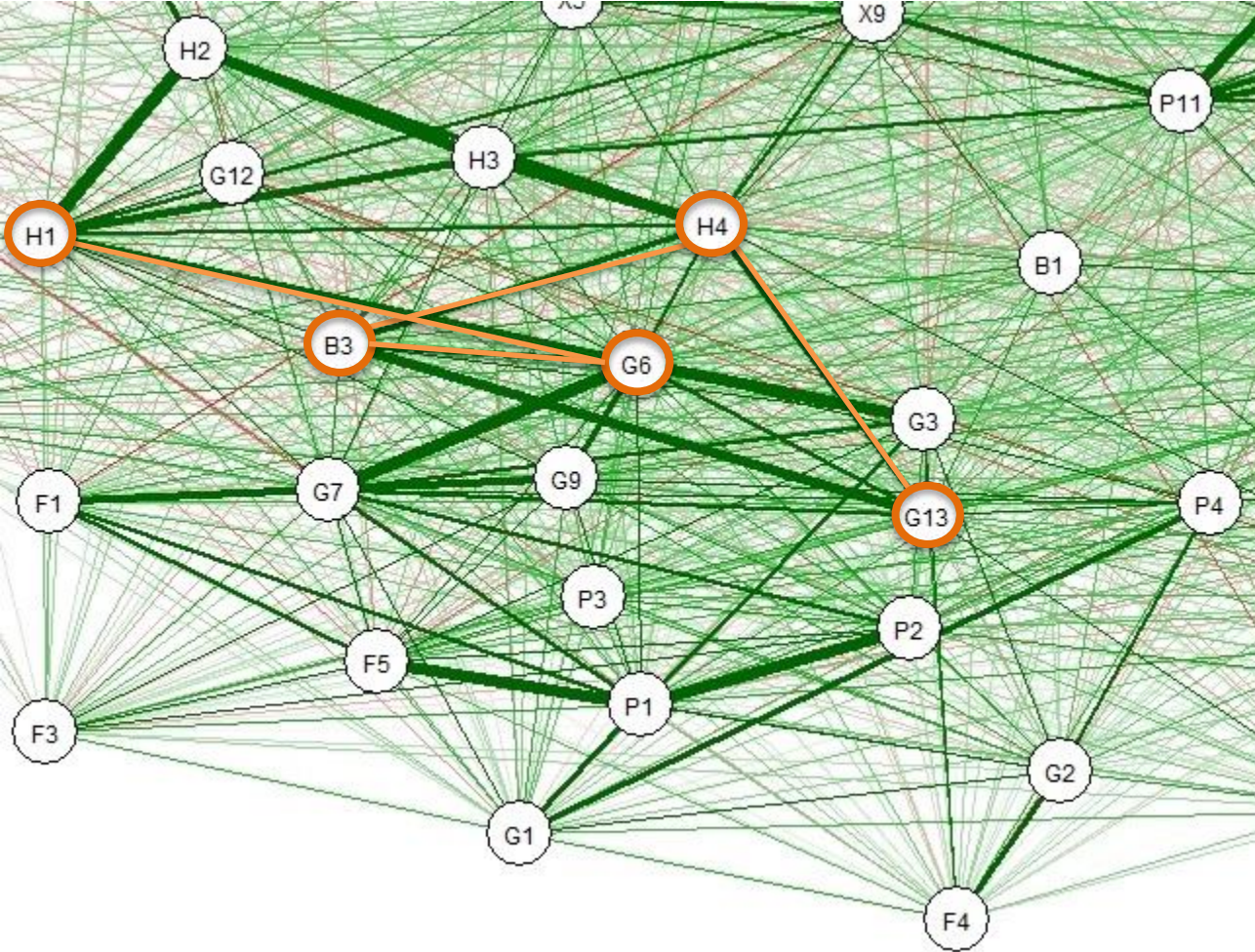
- F1 – Divorce parents
- F4 – Unemployment parent(s)
- F5 – Domestic violence

Treatment

- B3 – Parents cooperative in treatment

Personal/emotional

- P1 – Witnessed domestic violence
- P2 – Abuse (<12yr)
- P4 – Conduct disorder (<10yr)



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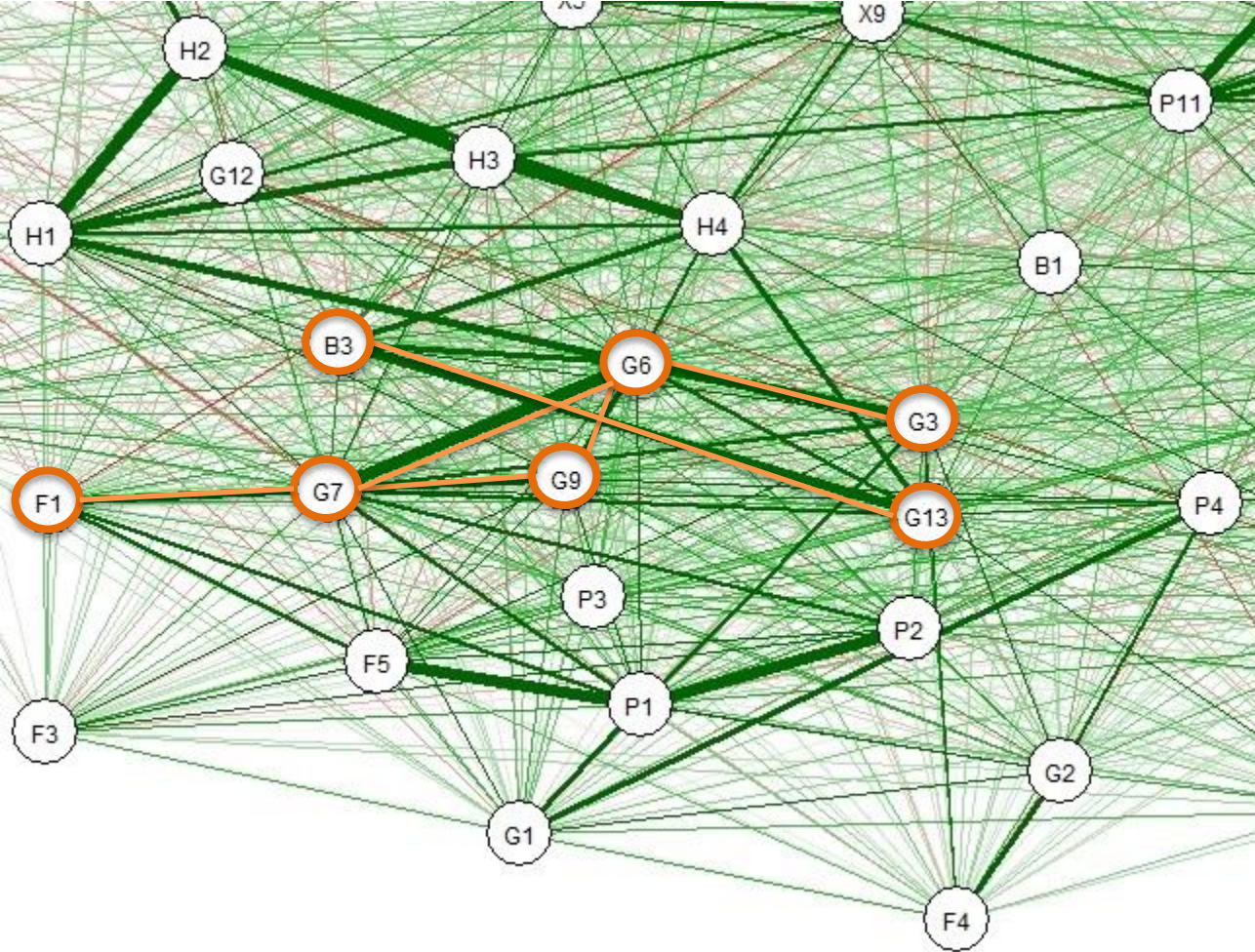
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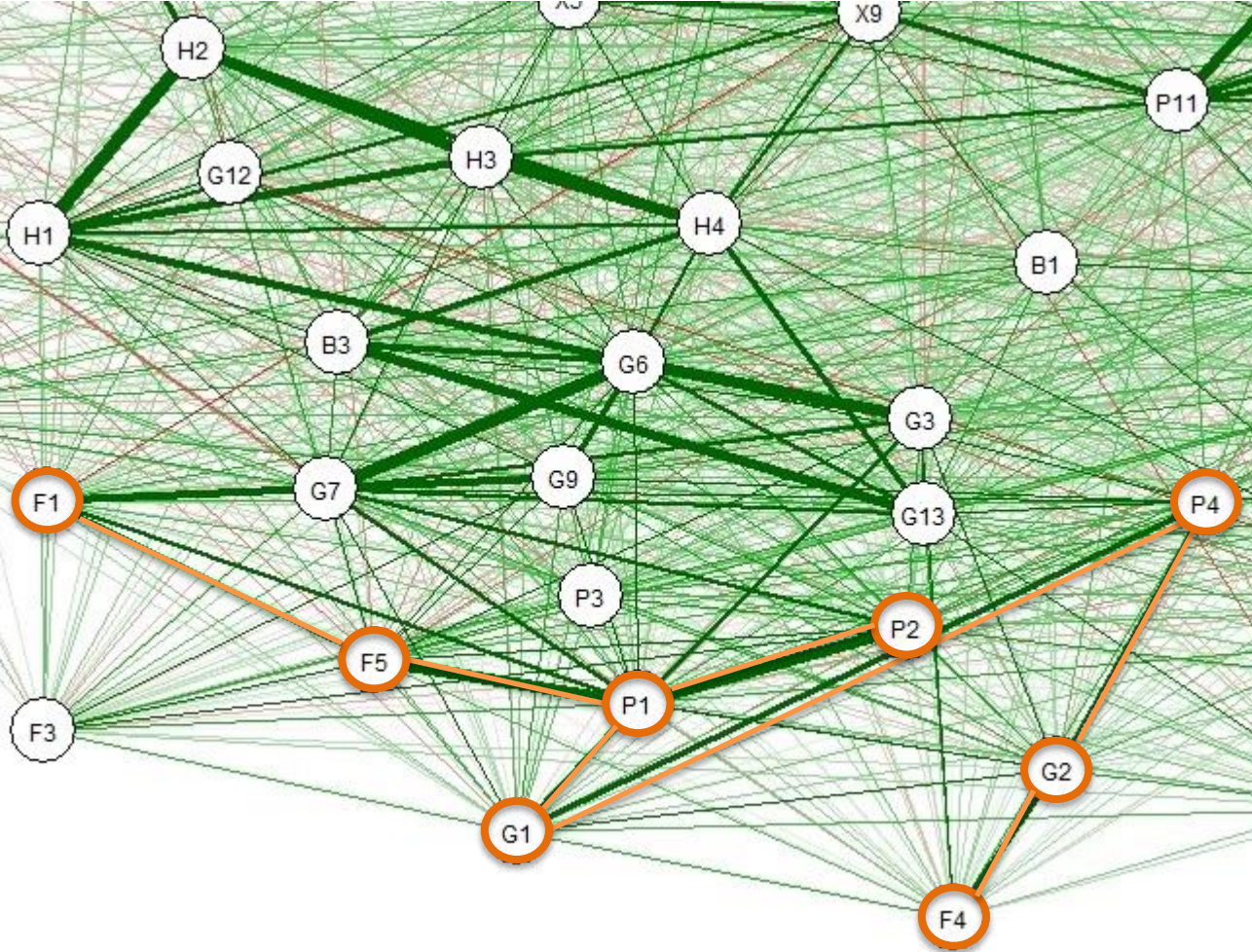
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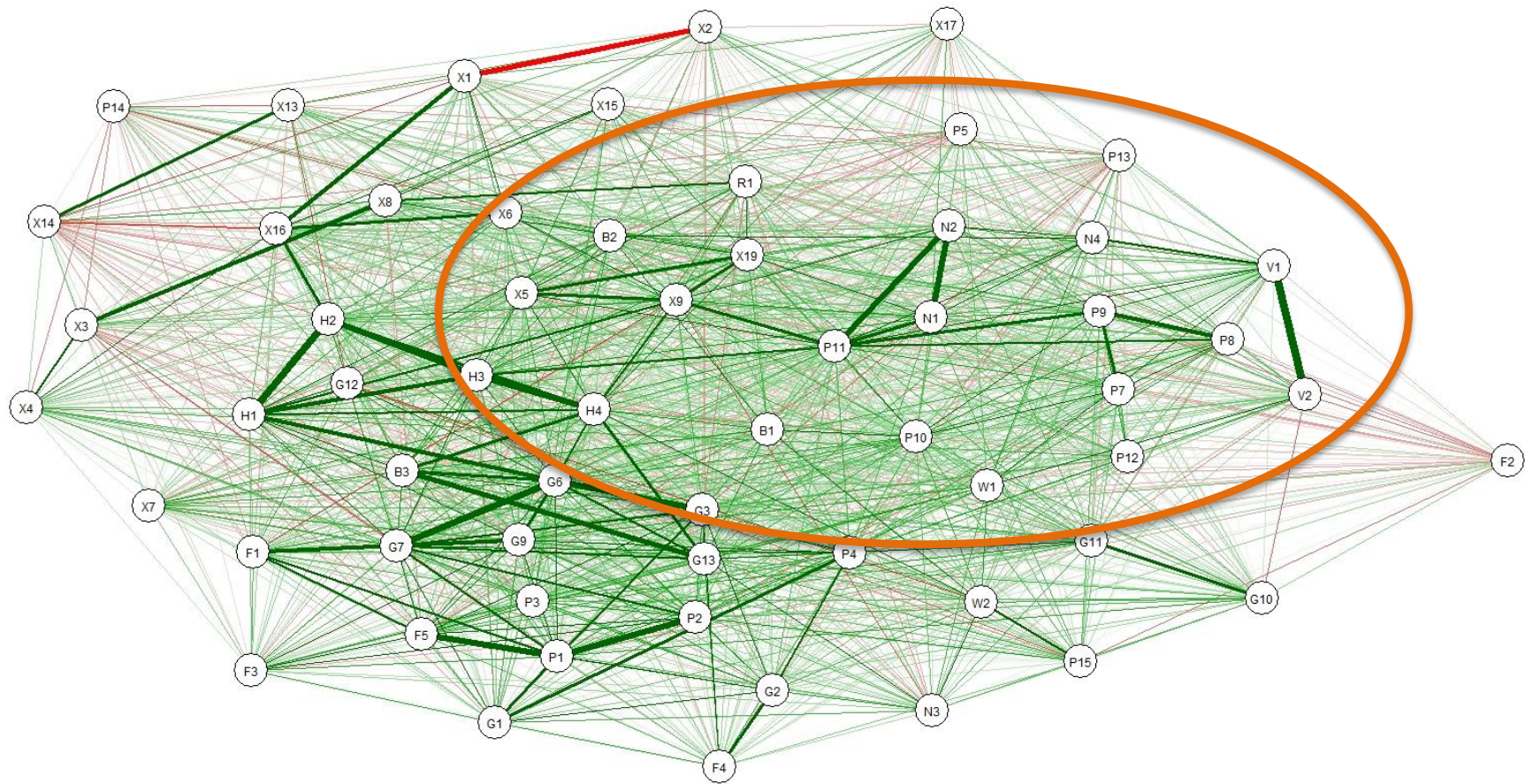
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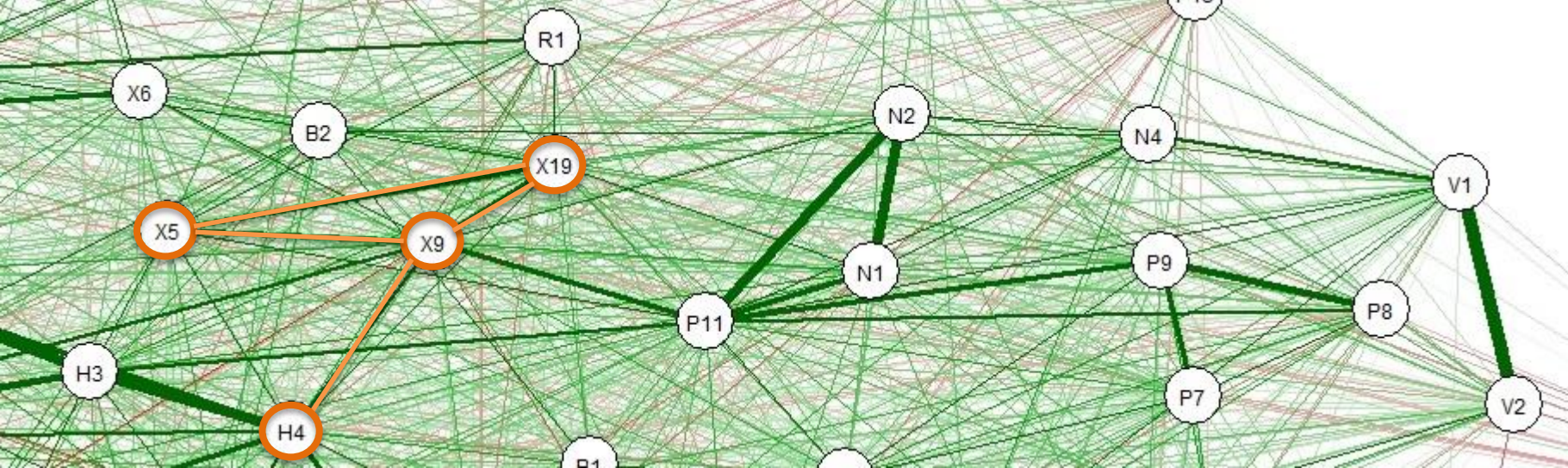
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Personal/emotional

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Attitudes

H3 - Cognitive distortions

H4 – Negative ideas

Sexual delinquency

X5 – Long offending period

X9 – Coping with sexual needs

X19 – Number of victims

Personal/emotional

P7 – Impulsive (previous 6 months)

P8 – Stressful events (previous 6 months)

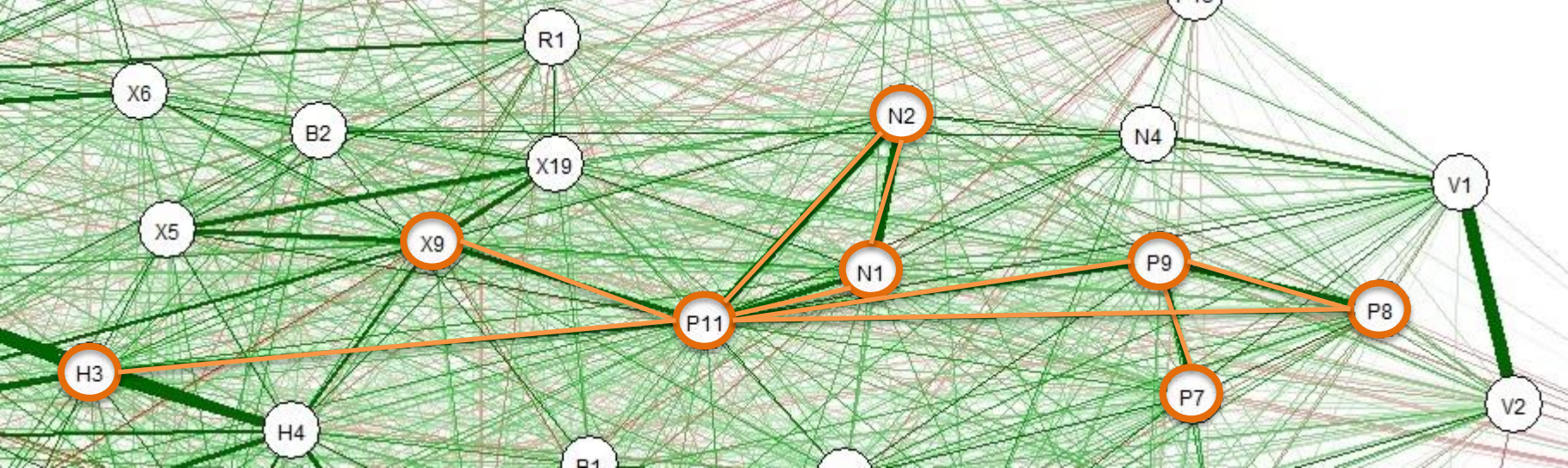
P9 – Coping skills (stress previous 6 months)

P11 – Self image (previous 6 months)

Social (peer) networks

N1 – Adequate social contacts with peers

N2 – Rejection by peers



Attitudes

H3 - Cognitive distortions

H4 – Negative ideas

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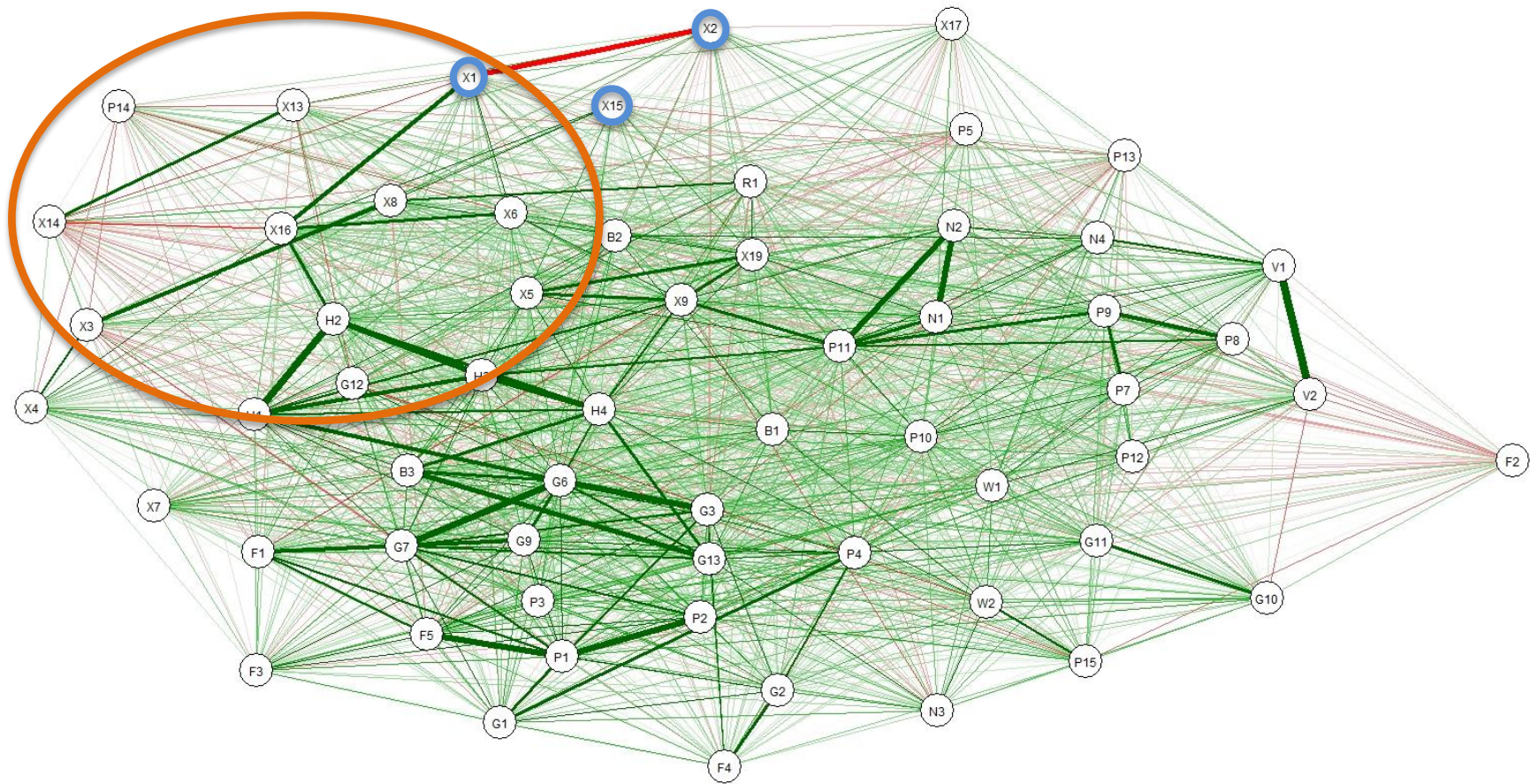
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Social networks

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Attitudes

H2 - Empathy

Sexual delinquency

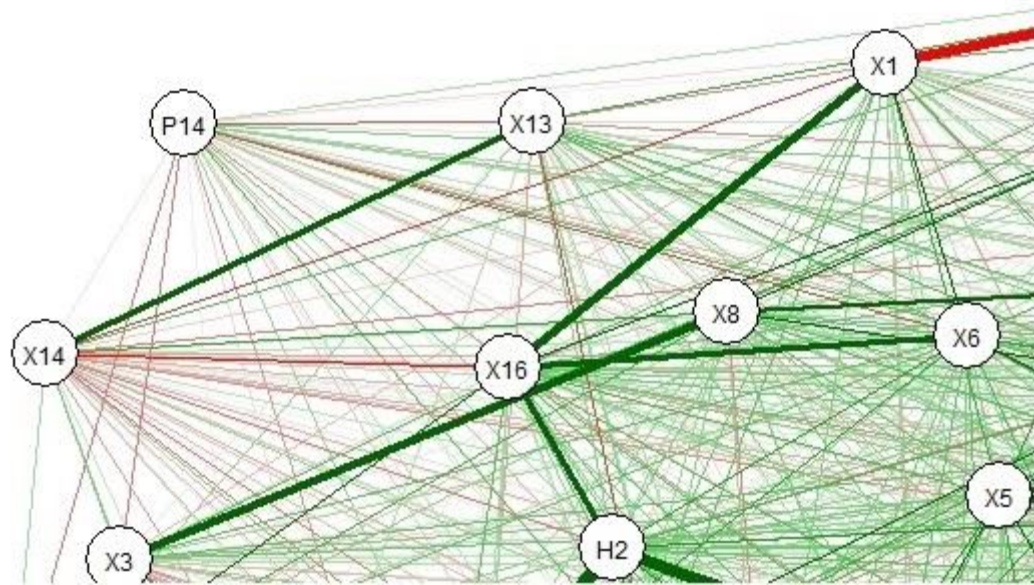
X1 – Hands-on sexual offense

X3 – Paraphilia

X6 – Offense planning

X8 – Excessive sexual behavior

X16 – Victim is a child (below age 10 and at least 4 years younger than the offender)



CONCLUSION: BEFORE

Three clusters of characteristics:

- Largest cluster problems with attitudes of the juvenile, family problems, limited support by adults, personal and emotional problems (related to family; domestic violence, abuse), and attitude of parents toward treatment.
- Second cluster shows high concentration of recent personal or emotional problems related to inadequate social networks with peers.
- Final cluster shows problems associated with sexual behavior.

THERAPEUTIC RELEVANCE

Focus treatment on risk factors with high strength centrality:

- **Highest strength centralities:** parenting skills, quality of relationship parents, self-image, discontinuity in care (<12yr), psychological problems parents, witness domestic violence, support by adults and deviant attitudes about sexuality.
- **Bridges:** cognitive distortions and coping with sexual needs.

Weak strength centrality: deceased parent(s) and attention deficit hyperactivity disorder.



DURING TREATMENT

Basic sample information:

- About 40% received individual treatment, 39% received a combination of treatments with involvement of family members.
- Mean face-to-face appointments: 29 ($SD=22.3$)
- No association between the type of offense and the treatment.

Based on high strength centrality risk factors no differences in treatment.

TREATMENT AMENABILITY

Treatment readiness:

- Motivated
- Able to respond appropriately
- Finds treatment relevant and meaningful
- Has capacity to successfully enter treatment

(Ward et al, 2004)

Treatment amenability and the role of peer and family factors

- Association between parental assessment of the need for treatment and the youth's amenability for treatment.

PARENTAL SUPPORT

78,8% stated at the start they wanted to be involved in the treatment

“It is not relevant any more”, mother and stepfather - case #22.

“If it happened and I am not saying that it did, I call it playing doctor. Just like we did in the past”, mother - case #124

“I distanced myself from him. I am afraid I will hurt him once we butt heads over something minor”, father - case #184

“If he gets rid of it [*sexual deviant behavior*], than he gets rid of it, I do not need any help”, mother - case #107.

THE EFFECT ON THE PARENT(S)

Parents often have strong feelings about the offense

Impact of the offense for parent(s) and other family members:

- End of relationships (romantic or with relatives)
- Having to move
- Family life disrupted

Monitoring and trust

“We can not do this forever”, father – case #115

PEERS

Significant influence by family risk factors, peers were less prominent

Peer networks during treatment

Pervasive developmental disorders

CONCLUSION: DURING

All individual cases

- Limited ability to focus treatment on family domain
- Parental opinion has significant influence on the youths' opinion
- Consequences of the offense on family life were significant
- Parents appreciated treatment, but struggled with 24/7 surveillance



AFTER TREATMENT

General outcome:

- Positive association between motivation at the start and treatment outcome ($r=.538, p<.001$)
- Youths with high centrality strength risk factors have significantly less positive treatment outcomes

No recidivism rates, but during treatment some reoffending occurred (7 cases)

CASE #121

Hands-off offense: hacking and exhibiting himself using his phone and webcam

- Relationship with parents described as good by the youth. Later during treatment he states he does not feel any attachment
- Accomplished liar
- Parents supportive, trusting
- Parents monitor him, but they do not discipline him
- Youth does not see his behavior as problematic

Treatment ended before accomplishing any of the goals.

Conclusion: parents very supportive, but enable his behavior (downplaying, no disciplining etc.)



AND NOW....

Recidivism rates

Social relations model

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