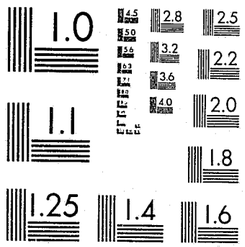




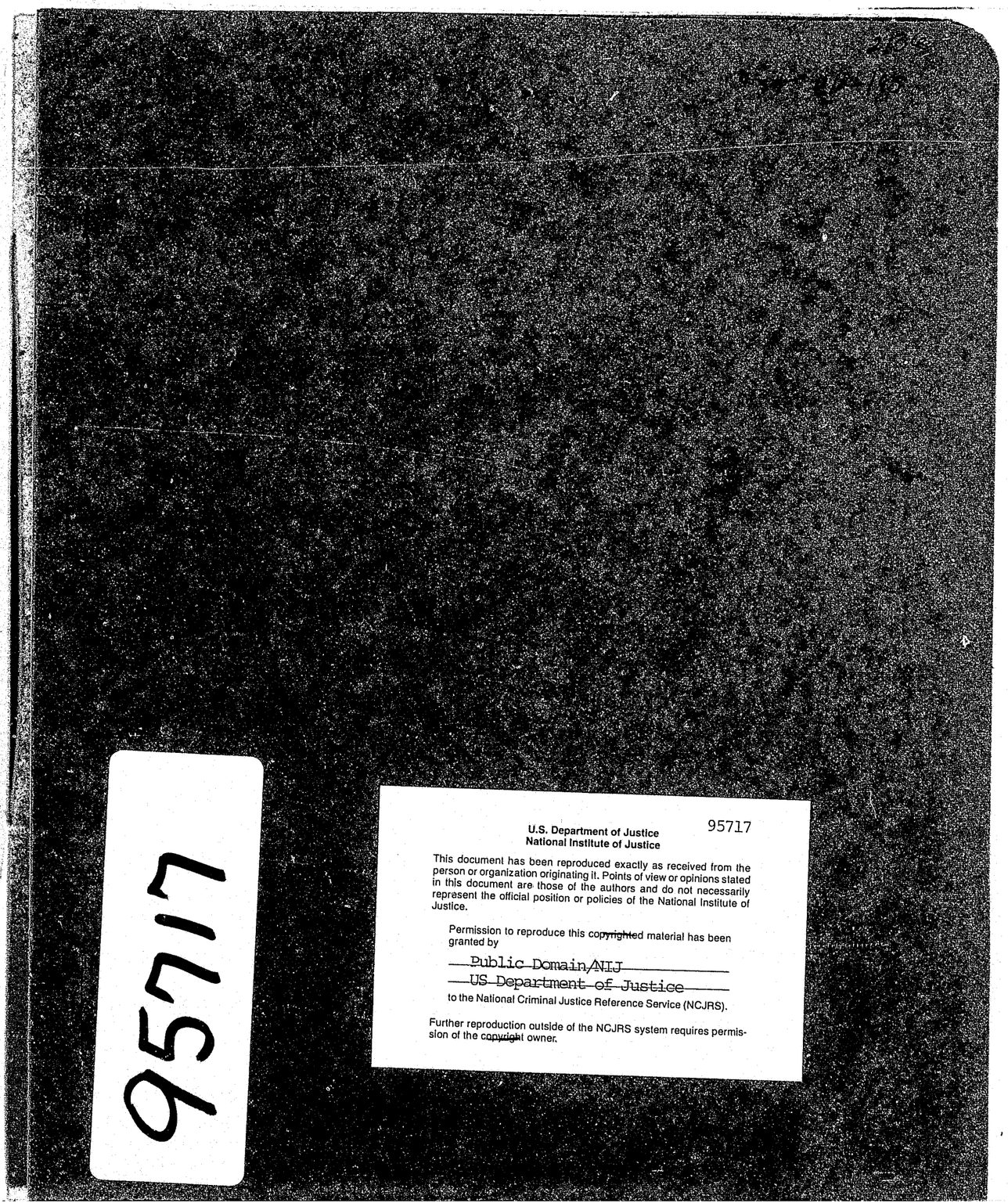

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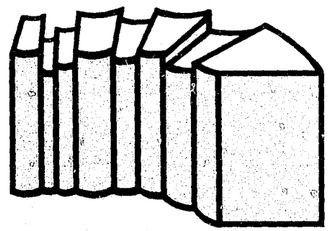

# A Preliminary Survey of Adolescent Sex Offenses in New York

## Remedies and Recommendations

### Introduction

Two developments during the last decade have forced home the hard fact that many sexual offenders in New York are adolescents: (1) therapists and counselors involved in adult sex offender programs have compiled astonishing information about the adolescent and preadolescent sexual offenses of their clients; and (2) programs serving child and adult sexual victims have identified and reported a substantial number of adolescent assailants. Still, in New York, until the publication of this report, no serious large-scale studies of adolescent sex offenses had been conducted. Further, no serious attempts were being made with juveniles to intervene in abusive sexual behavior at its first manifestation.

This preliminary survey of sexual assaults by adolescents in New York State is a first step toward understanding the phenomenon of adolescent sexual abuse, and the extent and adequacy of the criminal justice system response to it. Based on a year-long search of New York's official and unofficial data on male sex offenders under age 18 for the year 1981, the survey formulates a preliminary picture of offenders, their offenses, and of the programs operating in New York and elsewhere to treat these juveniles. In so doing, the survey also reveals deficiencies in New York's programs and makes policy and programmatic recommendations. The findings and recommendations, though targeted at New York, are applicable to other States as well.

### The data

Official data for the survey were gathered from the records of offenses reported or known to police, arrest records, records of pretrial jail detention, case dispositions and sentences, and even probation and incarceration records during the year 1981. Both New York's Department of Correctional Services (DOCS), which has jurisdiction over offenders aged 16 and 17, and the Division for Youth (DFY), which handles juveniles under 16, were sources. Because these agencies have a lack of uniformity in reporting and recording data, data collection was complicated. Therefore, for purposes of the survey, legal titles of the aggressive and nonconsensual sex offenses defined in New York penal law are used.

Unofficial sources of data included case files from sex offender treatment programs (both adolescent and adult), out-of-State programs, and national surveys and studies.

While the survey was not designed to make complex cost-effectiveness comparisons, it does note that the annual per client cost of a new juvenile sex offender project is estimated at $1,269. On the other hand, the annual cost to incarcerate one juvenile in a DFY secure facility is $67,890. Even foster care costs in excess of $9,044 annually.[1]

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Summarized from *A Preliminary Survey of Adolescent Sex Offenses in New York: Remedies and Recommendations* by Irene F. Jackson for Prison Research/Education/Action Project, a Safer Society Program of the New York State Council of Churches, with permission of Prison Research/Education/Action Project, 1984. Summary published June 1985.

*A Preliminary Survey of Adolescent Sex Offenses in New York: Remedies and Recommendations* is available from Safer Society Press, 3049 East Genesee Street, Syracuse, NY 13224. 315–446–6151. The price is $10, including prepaid handling and postage.

1. Current figures for a community-based project are $900 per year, and for the secure facility, approximately $80,000 per year.

**Aggregate Offender Profiles**

| | Age | | | Ethnicity | | | Origins | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Under 16 | 16 | 17 | Black | White | Puerto Rican | Urban | Sub-urban | Upstate | Unknown |
| DOCS Percentage | | 24 | 76 | 52 | 28 | 20 | 52 | 20 | 28 | 0 |
| DFY Percentage | 100 | 0 | 0 | 50 | 35.2 | 14.8 | 37 | 7.4 | 53.7 | 1.9 |

## The adolescent sexual offender—a description

Analysis of the survey data provides a description of the juvenile sexual offender. Common characteristics of these offenders, aggregate profiles drawn from DOCS and DFY statistics, and selected case studies illustrate the profile.

**Common characteristics.** The adolescent sex offender is male, lives in a chaotic family situation, and often has been the victim of sexual, physical, or emotional abuse at the hands of his father or other men. His relationship with his father is negative or nonexistent. He may commit many offenses before being formally charged and adjudicated. Characteristically:

- He is very young. Up to 56 percent of assailants in the child sexual abuse cases studied were under the age of 18.
- His offending began early. Incarcerated adult sex offenders admit to committing two to five times as many sexual offenses as those for which they were apprehended, with first offenses starting as early as age 8; 50 percent of all adult sex offenders studied began their offenses as adolescents.
- He is likely to manifest these personality traits and behavior:
  - —low self-esteem;
  - —denial or minimization of the sex offense;
  - —lack of knowledge about positive and consensual sexuality;
  - —lack of skills to manage anger, aggression, and powerlessness nonviolently;
  - —lack of social skills; and
  - —negative effects of sex-role stereotyping.

**DOCS and DFY case files.** Case files of adolescents in these two facilities show an aggregate profile of the adolescent sexual offender who is incarcerated. The sample included 25 males aged 16 and 17 admitted to adult State prisons for assaultive sex offense felonies, as well as 62 DFY juveniles under age 16, all admitted in 1981. (See Aggregate Offender Profiles table for profile summary.)

**Case studies.** The following case studies gathered from the files of DFY illustrate the circumstances and typical offending behavior of the adolescent sexual offender.

Fifteen-year-old Larry was adjudicated for the anal sodomy of his 5-year-old cousin. Larry was born out of wedlock, and his family situation was chaotic. Larry had an as yet undiagnosed neurological problem. He tried to run away from home on numerous occasions. When his offense was discovered, two uncles sexually and physically abused him in retaliation, and threatened him further if he told police.

Sixteen-year-old Dan was imprisoned for rape and sodomy. Although he had no official record, other charges had been dropped prior to the incident, and he was known among county authorities for "sexual exploits." He had a turbulent family background that included incidents of child abuse.

Sixteen-year-old Xavier was charged with rape 1, sodomy 1, sexual abuse 1, and unlawful imprisonment. His record showed one juvenile arrest for rape at age 14. His parents were separated, and he lived with an uncle. Possessing a high I.Q., Xavier believed he had benefited from formal therapy, and had requested an appointment with the prison's mental health unit. He was remorseful.

## Adolescent sex offender programs

In 1975, staff at the Adolescent Clinic of the University of Washington School of Medicine were asked to evaluate and treat a group of court-referred adolescent sex offenders. This first program of its kind began an official response to the young sex offender. Now there are 52 treatment programs nationwide with others under development.[2] This section will review some of these programs and then take a close look at treatment in New York.

**Program goals and methods.** The general goals of treatment programs for adolescent sex offenders are: (1) to protect the community from sexual abuse by treating the adolescent sex offender; (2) to help the offender accept responsibility for his behavior; (3) to help him understand his behavior; and (4) to aid him in developing and practicing a nonassaultive lifestyle.

Although program methods vary, most providers of treatment utilize specialized peer groups, augmented by individual and family therapy, rather than rely on traditional mental health methods.

Many treatment programs encourage the development of a strong peer culture to counteract feelings of powerlessness and low self-esteem. Group and individual therapies combine eclectic techniques and approaches, with new treatment elements being added constantly. Specific program components include family therapy, education in human sexuality, victim awareness, interpersonal social skills development, anger management, grief work, journal keeping, survival skills, sex-role expectations education, general education, and alcohol dependency groups.

Of the three out-of-State programs described, the first is a closed, secure residential setting where the most serious sex offenders are treated; the second is open and residential; and the third is community-based and nonresidential.

The Closed Adolescent Treatment Center in Denver, Colorado, provides a highly structured, 2-year program for learning new, nonassaultive lifestyles. Of the 14 sex offenders in the program, each has been sexually assaulted himself. Ten of the 11 released thus far have stayed in touch with the program and have avoided committing further offenses.[3]

As part of the Sexual Therapy Group at the Hennepin County Home School in Minnetonka, Minnesota, sex offenders spend 6 months or more in a program that houses them in a special cottage separate from other youths. Almost all have been physically, sexually, and emotionally abused or neglected. Of the 22 who have been released, only one is known to have committed a sexual offense after release.[4] He asked to be returned to the program and was readmitted.

The Program for Healthy Adolescent Sexual Expression in Maplewood, Minnesota, is community based and involves the offender's family as well. Staff also meet with the offender's probation officer throughout the program. Offenses treated range from exposure to anal rape. Of the 28 sex offenders who have completed the 6-month program, there have been no subsequent offenses reported.[5]

**Residential Treatment in New York.** In the DOCS adult prisons, there is no treatment program for adolescent sex offenders at age 16 or 17. The only identified counseling program specific to sex offenders is a part-time program in Great Meadow Prison at Comstock, where there are no prisoners under the age of 18.[6]

According to DFY psychologist and Youth Rehabilitation Program Supervisor, Gloria McFarland, specialized intensive treatment for young sex offenders is greatly needed. The staff and commitment required for such programs already exist; a modest amount of additional specialized training is all that is needed, McFarland notes. Among DFY's 10 secure facilities, there are 4 current programs to treat adolescent sex offenders.

At Chodikee Secure Center at Highland, the Sex Offender Group Therapy Program started because of the efforts of a 15-year-old resident.[7] Guilty of gang rape, the offender asked the facility to start a sex offender group after he himself had completed several months of intensive individual counseling. The result was a group of six volunteer residents who committed themselves to 10 weekly sessions. Issues addressed included taking responsibility for the offense, developing remorse and empathy for the victim, understanding the reasons for the crime, and preventing future sex offenses.

Chodikee's psychologist, Howard Holanchock, notes that positive peer influence is critical for young sex offenders because they lack social skills. With the group format, they can learn and reinforce appropriate social behavior. Further, they are less likely to admit their crime in front of offenders who have not committed sex crimes. This makes the separate sex offender group important in forcing sex offenders to face their deeds. The coleadership of Eileen Bonesteel, a young mother and childcare professional, brings a woman's point of view into focus for the young offenders.

The Life Skills Group at MacCormick Center near Ithaca was new at the time of the survey. The group is a mandatory 6-month program, meeting weekly, and starting with a nucleus of seven sex offenders. A primary purpose of the program is to help residents build better communication and social skills.

At Goshen Secure Center, psychologist Robert McCarthy meets with five groups of three or four residents weekly. McCarthy places special emphasis on family therapy, helping residents to strengthen ties to family members who are positive influences. McCarthy remains accessible to the young offenders after release and tries to connect them with community mental health services. After 7 years in the program, McCarthy observes that all sex offenders have been victims of family brutality.

The fourth DFY facility with a sex offender treatment program is the Brookwood Secure Center in Claverack. After conducting one 10-session therapy group for sex offenders a year before the survey, facility staff were reported to be considering the need for a specialized treatment approach to sex offenders once again.

**Community-Based Treatment in New York.** A serious need exists for community-based services for sex offenders placed on probation, as well as for those on parole. The survey found that the probationer is more likely to receive some kind of therapy if guided by the probation officer to a clearly defined program, but few are so directed. If left to locate services on his own, the offender is unlikely to seek help. The survey also found that most community mental health practitioners lack specialized training in sex offender treatment and therefore have difficulty in treating these probationers.

2. This figure rose to 225 as of March 1985.

3. Figures for 1985 show that of the 25 who completed the program and were released, only one reoffended.

4. March 1985 data show that of 60 who have been released, only two are known to have committed a sexual offense after release.

5. This figure rose to 80 as of March 1985, still with no subsequent offenses.

6. DOCS has since added four or five 4-hour per week therapy groups in some of the prisons for ages 16 to 21.

7. The Chodikee Secure Center has since changed to a moderate security center, but still has a sex offender group.

The Suffolk County Probation Department has tried for some time to establish a special offender treatment project, but funding has not been forthcoming despite intense support for the program.

Adolescent parolees' access to community-based treatment following incarceration is almost as limited as that for probationers. In addition to specialized sex-offender treatment, parolees need a peer support group similar to Alcoholics Anonymous to help them cope with any continuing tendencies toward problem behavior.

## Recommendations

Treatment of the adolescent sex offender is important not only for its own sake, but also as part of comprehensive sexual abuse prevention programs. Linking victims' needs and education/prevention efforts to offender treatment is a critical step in planning for a safer society.

All of the survey recommendations are applicable to other States in addition to New York.

- Treatment for incarcerated adolescent offenders. DOCS and DFY should provide administrative support and funds for skills training of appropriate staff members in specialized therapy and intervention for the treatment of adolescent sex offenders. Support and funds should also be provided to expand specialized treatment to all facilities with sex offender populations.

- Treatment for nonincarcerated adolescent sex offenders. Information and training on the specialized treatment needs of adolescent sex offenders should be provided to all agencies and service providers at the county level. The counties, in turn, should ensure that treatment is offered to the young offenders and their families.

- Education and training for sex offender treatment specialists. New York schools and departments of medicine, pediatrics, psychology, social work, nursing, and public health should include in their curricula mandated courses in human sexuality and victimology, electives in sex offender treatment, and internships in sex offender treatment programs.

- Prevention. The State legislature should provide funding for rape crisis, child advocacy, and public health programs to enable outreach and dissemination of information, literature, curricula, and programs to prevent child and adult sexual abuse. Especially important are those programs aimed at preventive education of children.

- Research. Within the Division of Criminal Justice Services, or a similar agency, a statewide sex crimes analysis unit should be created to collect and disseminate standardized data on specific penal law offenses. Data should include offender age and sex; offenses reported/known to police; offenses unfounded; and arrests, charges, pleas, detention days, and dispositions by county and court jurisdictions.

- Comprehensive State planning. The Governor should appoint a planning committee to design and create a New York Council to Prevent and Treat Sexual Abuse. The goals of this council should be to control and reduce sexual abuse in New York State and to address three important areas of concern: victim/survivor assistance, offender treatment, and community prevention efforts.

While more complete data are needed to determine the extent of the problem of adolescent sex offenders, this should not cause State officials to delay in taking immediate steps to address the needs clearly identified by this survey.

**Further readings:**

Juvenile Sexual Offenders—Guidelines for Treatment. By A.N. Grath, K.P. Lucey, W.F. Hobson, and J. St. Pierre. *International Journal of Offender Therapy and Comparative Criminology*, V 25, N 3 (1981), pp. 265–272. NCJ 82548

Juvenile Sexual Offenses in the Histories of Adult Rapists and Child Molesters. By R.E. Longo and A.N. Grath. *International Journal of Offender Therapy and Comparative Criminology*, V 27, N 2 (1983), pp. 150–155. NCJ 92209

*Remedial Intervention in Adolescent Sex Offenses—Nine Program Descriptions*. By F.H. Knopp. 1982: 161 pp. Availability: Safer Society Press, 3049 East Genesee Street, Syracuse, NY 13224. Price $17.50 including postage and handling. NCJ 88864

Treatment Model for the Adolescent Sex Offender. By L. Margolin. *Journal of Offender Counseling Services and Rehabilitation*, V 8, N 1-2 (Fall/Winter 1983), pp. 1–12. NCJ 92849

**Sources on this topic:**

Adolescent Perpetrator Network
C. Henry Kempe National Center for Prevention and Treatment of Child Abuse and Neglect
1205 Oneida Street
Denver, CO 80220
303–321–3963
Refers inquirers to national network of juvenile sex offender treatment professionals; provides program listing.

Adolescent Sex Offender Project
Prison Research Education/Action Project
Shoreham Depot Road
Orwell, NH 05760
802–897–7541
Maintains nationwide files of adolescent and adult treatment providers; provides referrals, training, and consultation.

American Psychiatric Association
1400 K Street NW.
Washington, DC 20005
202–682–6000
Responds to specific inquiries; has public affairs office; provides association brochure.

Child Protection Center
Juvenile Abuser Treatment Program
Children's Hospital
National Medical Center
111 Michigan Avenue NW.
Washington, DC 20010
202–745–3000
Provides services designed to address problems of youthful sex offenders.

Forensic Mental Health Associates
Three Ireland Road
Newton, MA 02159
617–332–0225
Conducts seminars and training on sexual abuse/assault prevention; has ordering service on publications related to sex abuse and offenders.

# END