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"Treating Adolescents who sexually abuse - the ATURA'T Project"

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INTRODUCTION

This paper will address the question of adolescents who sexually abuse and, in particular, will outline a summary of the *ATURA'T*¹ programme which operates under the auspices of the *Menors i Família* section of the Autonomous Region of the Balearic Islands². The importance of addressing sexual offending by adolescents will be outlined due to that about one third of all Child Sexual Abuse (CSA) is perpetrated by teenagers and they commit the full range of sexual offences and not just those on the minor end of the scale. Likewise, there is ample evidence that most people who sexually abuse begin while they are very young, in adolescence or even earlier. Intervening with adolescents also has the advantage that it is a form of early intervention and, thus, the potential for prevention is obvious. Adolescents, by definition, are in a stage of transition and patterns of behaviour are not yet fully formed. They can, in this way be diverted away from developing more serious patterns of abusive behaviour.

The ATURA'T Programme consists of both evaluation and treatment. The program uses the AIM2 Assessment Instrument (Print et 2007) developed in Manchester, England, which assesses both a young person strengths and concerns in relation to the risk of re-offending. The question of examining strengths, positive protective factors has been shown to be of great importance in terms of its preventative value. The program is fortunate to have been given permission of the AIM2 authors to have it translated into Spanish, as the lack of material in Spanish is an obstacle for Spanish professionals working with this population.

In terms of treatment the ATURA'T Program uses a multi-dimensional approach, which includes among other elements, an adapted version of the Good Lives Model (Ward et al, 2007)

¹ Atura't is Catalan for "Stop that" or "You stop that".

² BOIB n°111/9/Agosto, Orden 14676

The extent of sexual offending by young people

The importance of sexual offending as a social problem has become increasingly acknowledged since the 1980s. As will be demonstrated later, a high proportion of sexual offences are committed by adolescents, however, in the first instance it is necessary to acknowledge the full extent of the problem generally. This has been empirically documented by various studies. In Spain, López Sánchez y Del Campo Sánchez (1997) highlighted the fact that a high proportion of Spanish adults had experiences of being sexually abused in childhood. Similar studies were conducted elsewhere. For example, in Ireland, McGee et al. (2002) conducted a national telephone survey of 3,118 adults. This study revealed that 42.1% of adult women and 28.6% of adult men reported that they had been subjected to some form of sexual assault during the course of their lifetime. The rates of various forms of contact and non-contact abuse within these findings are summarised in Table 1-1.

Table 1-1: *Lifetime prevalence of sexual abuse in Ireland (adapted from McGee et al., 2002)*

Type of abuse	Men % (number)	Women % (number)
No abuse reported	71.4% (1,074)	57.9% (917)
Some form of abuse reported	28.6% (431)	42.1% (666)
Non-contact abuse	7.0% (106)	9.8% (155)
Contact abuse (without penetration)	16.4% (247)	19.2% (304)
Attempted penetration	2.0% (30)	2.8% (45)
Penetration/oral sex	3.2% (48)	10.2% (162)
Total	100% (1,505)	100% (1,583)

The extent of adolescent sexual offending

It is generally accepted within international research literature that 1/3 of those who sexually assault others are aged less than 18 years of age. For example, Rich (2003) summarises the international research literature as follows. Young people aged between 7 to 17 years are responsible for 40% of sexual assaults against children aged less than 6 years; 34% of sexual assaults against children aged between 7 and 11 years; and 24% of sexual assaults against children aged from 12 to 17 years. The

same author goes on to suggest that among juvenile offenders 14-year-old boys perpetrate the greatest number of sexual offences. Young people are most likely to use threats or violence when offending against older rather than younger children. In instances where the child victim is under 6 years of age, statistically, the juvenile offender is most likely to be a sibling, or other close family member. Most children who are sexually victimised know the person responsible for their abuse, and in the case of a juvenile offender, it is statistically most likely to be a sibling, close-relative, baby-sitter, neighbour, or some other person known to the victim (Rich, 2003).

Two Irish surveys were contrasted by O' Reilly and Carr (1999) based on confirmed cases of child sexual abuse. The first of these concerned all 512 confirmed cases of child sexual abuse within what was then the Eastern Health Board for the calendar year 1988 (McKeown, & Gilligan, 1991). The second study reported information from all 408 cases of confirmed child sexual abuse within Northern Ireland for the calendar year 1987 (The Research Team, 1990).

Table 1-2: *Perpetrator age in confirmed cases of child sexual abuse in one calendar year within the Eastern Health Board (McKeown & Gilligan 1991) and Northern Ireland (The Research Team, 1990).*

Age	EHB Study	Age	Northern Ireland Study
15 years or less	21% of cases	15 years or less	20.5% of cases
16-20 years	16% of cases	16-19 years	16.2% of cases
21-35 years	24% of cases	20-39 years	34.4% of cases
36-45 years	17% of cases	40-59 years	18.5% of cases
46-66 years	9% of cases	60 years or more	11% of cases

Table 1-2 outlines the age range of those who were responsible for the sexual assault of the children concerned, and confirms that between one-quarter to one-third of children reported that the offender was a juvenile. More recently, from the data collected as part of McGee et al.'s (2002) survey of the national adult population, it was apparent that 25.7% of people who reported childhood sexual victimisation indicated that the perpetrator was 17 years of age or less.

The serious nature of offending by adolescents

The research literature also indicates that juveniles engage in sexual offending behaviour which is not only frequent but also of a serious nature. O'Reilly et al. (1998) report data from 23 young people who were among the first to attend a specialist treatment service in Dublin. Their average age at the time of their first known offence was 14.2 years. In total they sexually assaulted 41 children. The majority were acting as a baby-sitter at the time of their offence. Sixteen (69.9%) were responsible for sexually abusive behaviour which included some kind of penetrative act. Only six of the young people had engaged in a single abusive behaviour, while 14 had perpetrated between 5 and 50+ sexual offences.

Problems with definitions

In this area there are frequently problems connected with definitions. This can include debates about what is 'normal' sexual behaviour in children and adolescents? How should one define what constitutes 'experimentation'? Another issue is to do with the fact that frequently young people who sexually abuse are themselves victims of some form of abuse, if not sexual, then emotional or physical. Some professionals are uncomfortable treating both aspects and prefer to do one or the other. There is an understandable and appropriate reluctance to label young people as 'offenders' or 'high risk'. However, these problems can be overcome and professionals should not let them get in the way of developing services.

In Spain a problem that professionals have is a lack of appropriate materials in Spanish, as most of it is in English. In this regard the writer arranged to have a booklet he had previously published in English (McGrath, 2010)³ on distinguishing normal, problematic and abusive sexual behaviours in children and adolescents, translated into Spanish (McGrath 2011)⁴.

PREVENTION

A key motivation for working with adolescents with sexually harmful behaviours is the potential for prevention and in that context the need for an evidence based method to assess risk has been highlighted. In the UK this was highlighted by what is known as the case of "DM". This was a young man who was in a residential unit

³ This booklet can be downloaded, free of charge, from the following site:
<http://www.cari.ie/images/uploads/pictures/Understanding%20%26%20Managing%20Sexualised%20Behaviour%20in%20Children%20%26%20Adolescents.pdf>

⁴ This can be obtained free of charge from <programas@ipinfa.es>

for young people, due to a history of sexually abusive behaviour. Although there were clearly identifiable risk factors in his case, the professionals involved placed more emphasis on their own clinical judgement of the his likelihood of reoffending rather than evidence-based factors pointing to the risk of re-offending.

A short time after he left the residential centre DM raped and murdered an 11 year old boy. This led to setting up of a formal inquiry into DM's circumstances and the various interventions that had been carried out with him. The resulting inquiry report (Bridgewater Project, 2001) was very influential in the development of practice in the UK with young people who exhibit sexually harmful behaviours. In particular, the need to ensure that practice is guided by research on those factors suggesting that a young person is likely to re-offend. In the case of DM the information was known that he had certain characteristics linked to indicators of high risk but the professionals relied more on how he presented to them, which was of a pleasant, ostensibly cooperative youth who did not cause problems in the residential unit.

In Spain one of the most well known and controversial cases in recent years is what is known as "El Caso Mari Luz". This concerns a 5 year old child, Mari Luz Cortés who was murdered in January 2008. It subsequently emerged that the man convicted of her murder, Santiago de Valle, should have been in prison at the time of her death because he had been convicted of sexually abusing his own daughter, beginning at the age of 5. It also emerged that his younger sister reported that when de Valle was a teenager he started to abuse her when she was 5 years old.

While most of the controversy centred on the judicial errors that allowed him to be at large when he should have been in prison, almost no attention was focused on the fact that if he had been treated appropriately, as a teenager, for his sexually abusive behaviour, there would have been much less chance that he would have abused his daughter and, of course, that he would have gone on to kill Mari Luz.

RISK ASSESSMENT EVALUATION

Current approaches within the literature to assessment and intervention with young people who sexually abuse which suggest that clinical assessment should be comprehensive, leading to a formulation concerning the developmental experiences and therapeutic needs covering the domains of

- Sexual offending behaviour
- Development aspects
- Family functioning
- Environmental aspects

Intervention typically builds on the formulation reached during a comprehensive assessment and addresses. Many programmes also incorporate therapeutic work with families as a central component to intervention (Thomas, 2004) as does the ATUTA'T program.

Risk assessment is an attempt to evaluate the likelihood that someone who has already abused will do the same thing, or something similar, again. The ATURA'T program uses the Spanish version of the AIM2⁵ assessment model developed in Manchester by the AIM Project (Print et al, 2007). This instrument not only addresses the question of "concerns" (risk) but also an individual's "strengths" (protective factors) which has been shown to more linked to reducing the likelihood of re-offending than risk factors (Griffin et al, 2008). This study compared youth with similar risk profiles but differing strength profiles and found that those with low strengths were much more likely to re-offend.

All the factors that are included are based on the available research linking that factor to the likelihood of re-offending. Both the concerns and strengths examined by the AIM2 framework include static factors, those that cannot change (e.g. age at first

⁵ In 2009 the author was given permission by the authors of AIM2 to translate it into Spanish exclusively for use in the ATURA'T programme. The lack of resources in Spanish is an obstacle encountered by Spanish professionals working in this area and, in part at least, accounts for the scarcity of programmes in Spain compared to other developed countries.

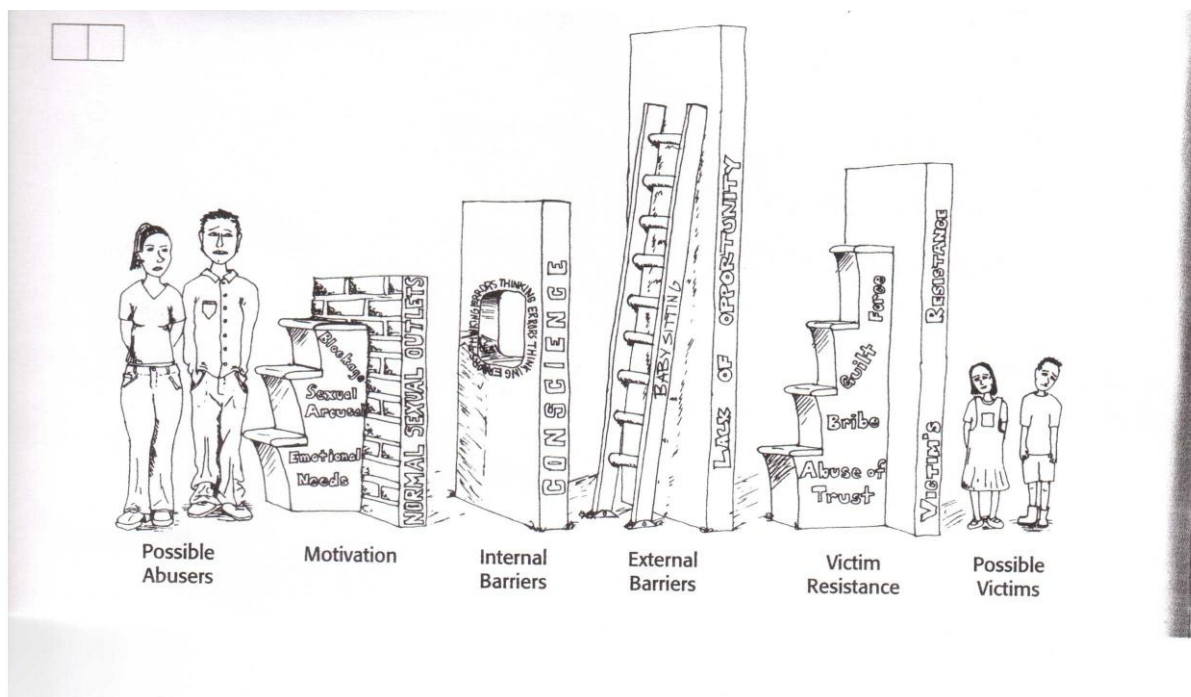
offence) and dynamic factors (those that can change) e.g. whether the young person has positive interests or hobbies.

Theories that explain sexual offending

The first unified theory to explain sexual offending was published by Finkelhor (1984). This four-factor theory argues that child sexual abuse is caused by a combination of four factors which consist of:

1. Motivation to Abuse/ sexual interest in children
2. A lack of internal controls
3. A lack of external controls
4. Overcoming the resistance of the child

FINKELHOR'S Four Factor Theory:

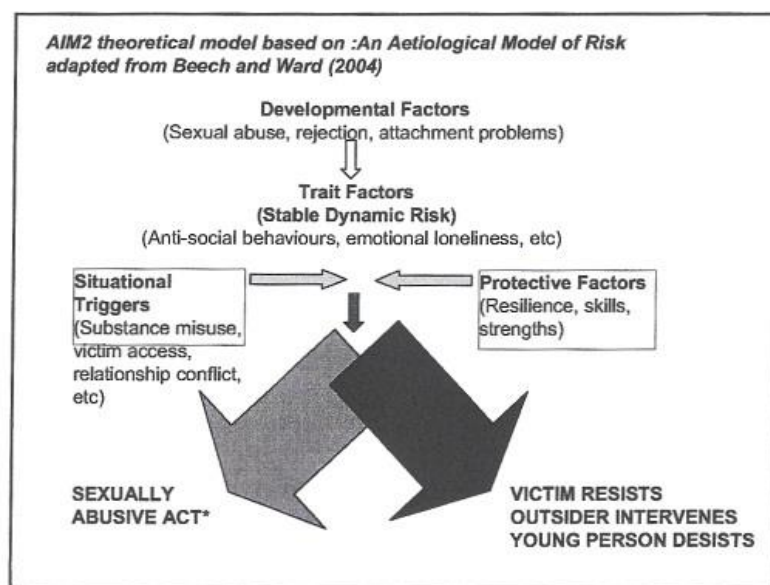


From: Kahn, T. J. (2001) *Pathways - A Guide for youth starting treatment*. (3rd Ed) Brandon, VT: Safer Society Press.

Finkelhor's theory was a very useful development as it overcame some of the difficulties by previous attempts to explain sexually offence behaviour. For example, Family Systems Theory went some of the way to explain sexual abuse within

families but it had nothing to say about those who sexually abuse outside the home. Feminist theories explained the abuse of women and girls in terms of inequalities between males and females but could not explain the abuse of boys. Earlier theories, for example, Freudian theories examined incestuous relationships between fathers and daughters but could offer nothing to explain father-son sexual abuse. Finkelhor's integrated theory can be applied to males and females, inside or outside the family and pulled together knowledge from a wide variety of disciplines. It has been refined since then, however, and in the case of sexual abuse but adolescents the AIM2 framework uses a model developed by Beech & Ward (2004)

Figure 1 below represents the theoretical model used by the AIM2 framework.



The ATURA'T program

The ATURA'T program began in 2008. It is a multi-disciplinary program that evaluates and treats young people between the ages 14-18⁶ years who are convicted of sexual offences in the Balearic Islands. All those involved in the program have been convicted of a sexual offence and have their attendance included in the list of

⁶ In exceptional circumstances some youths outside this age range are accepted into the program.

judicial measures set down by the presiding judge. Attendance, therefore, is compulsory and not voluntary on the part of the young people involved.

The process begins with an assessment using the AIM2 framework and, depending on the outcome of that, an individually tailored program of intervention is planned. Thus, the ATURA'T program is not a 'one-size-fits-all' approach, as it recognises that each individual is unique. Therefore, each young person's needs and strengths are different and the response must take that into account. With regard to the level of risk each youth poses, the term used is "Level of Supervision Required". This is arrived at taking a subset of the AIM2 criteria, both of concerns and strengths to classify broadly what type of intervention is required. This phrase is not just political correctness but an accurate description of a young person's circumstances. It recognises that the level of risk does not lie solely in the young person but also in their circumstances. For example, a young person who is well supported and supervised is, obviously, going to pose a lower risk than one who has no such support and supervision. Thus, one cannot simply label a young person as "High Risk" or "Low Risk" without reference to his overall circumstances.

Following the evaluation process treatment is based on a combination of individual work with each young person and intervention with their parents or carers, in the case of those who are in State care but are not in contact with their families of origin. Treatment draws on a variety of sources including the writings of Finkelhor (1984), Marshall & Barbaree (1990), Hall & Hirschman (1992), Smets & Cebula (1988), but relies principally on the Good Lives Model (Ward & Siegert, 2002).

Supervision.

The ATURA'T program was designed by the writer who continues to offer the treatment team periodic supervision. Having external supervision is recommended as part of best practice in this area. Spanish professionals suffer a disadvantage due a general lack of materials in Spanish, as much of the literature and materials are in English.

CONCLUSION

Sexual abuse is a very serious social problem and given the high level of abuse perpetrated by adolescents requires that measures be put in place to intervene with adolescents in the interests of prevention. In recent years instruments for the evaluation of risk have been developed. However, assessing risk must also examine strengths or protective factors in each case in planning treatment. In 2008 the ATURA'T program was developed by the Direction General of the Menors i Familia section of the Government of the Balearic Islands to address this growing problem. All young people (14-18 years) with convictions for sexual offences are referred by judges to the ATURA'T program for assessment and treatment. Evaluation is done following the AIM2 Framework developed by Print et al (2007). Treatment follows an eclectic approach but draws strongly on the Good Lives Model (Ward & Siegert, 2002).

Programmes for the treatment of those who sexually abuse are relatively rare in Spain and Spanish professionals are often hindered by a lack of resources in Spanish. However, the ATURA'T programme is fortunate to have access to a Spanish translation of the AIM2 framework, which has facilitated their work in the interests of developing strategies and interventions with this client population that can help reduce risk and less the degree of sexual abuse perpetrated by adolescents in the Balearic region.

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