

# Adolescent Forensic Health Service

Providing quality health and rehabilitative services  
for young people in the Youth Justice System

The **Royal Children's**   
**Hospital Melbourne**  
Centre for Adolescent Health

**The Complexities of  
Working with  
Adolescents who  
Engage in Broader Antisocial  
Behaviours and Sexual  
Offending**

**MAPPS**  
Male Adolescent Program for  
Positive Sexuality  
Victoria

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# Objectives

- To consider the implications for assessment, treatment and service delivery given a shift in the prevalence of clients who present with both sexual and non-sexual offences
- To consider literature and theories in reviewing MAPPS's current assessment and treatment approaches in order to meet the needs of this growing subgroup
- To demonstrate the challenges and complexities experienced by MAPPS clinicians when providing intervention to this subgroup by utilising two case studies

# MAPPS Client Profile

- Victorian state-wide service working with young men found guilty of committing sexual offences
- Age range 10-21 years
- Youth Justice orders
- Most prevalent offences
  - Sexual Penetration of a Child Under 16 years
  - Indecent Assault
  - Indecent Act
- Treatment
  - 12 – 18 months
  - Group and/or Individual
    - Adventure therapy
  - Family work

# Shift in MAPPS Client Profile

Growing subgroup of clients who engage in sexual and non-sexual offending

	2005/2006	2006/2007	2007/2008
Total referrals	49	47	55
Sexual offences	65%	66%	40%
Sexual and Non-sexual offences	35%	34%	60%

# Clinical and Developmental Profile

- Attachment issues
- Trauma and abuse
- Family dysfunction
- Characteristics of Conduct Disorder
- Educational and social development deficits
- Instability in living situation
- History of non-sexual offending

# Offence Characteristics

- Sex offences more opportunistic than planned
- Victims are typically peers or adults
- Greater use of force/violence
- Substance affected
- Offending in the company of others
- Non-sexual offending behaviours (e.g., motor vehicle offences, thefts, property offences, assaults, etc.) that are more pervasive than their sexual offending behaviour

# Considerations for this Sub-group

The greater number of clients referred to MAPPS with an antisocial presentation, in conjunction with sexually abusive behaviours, has led us to review the way treatment is delivered to best meet the complexities and heterogeneity of this subgroup.

# Theoretical Considerations

- Child and adolescent developmental theories
- Developmental pathways to juvenile delinquency
- Developmental pathways to sexual offending

# Child and Adolescent Developmental Theories

- During adolescence; biological, sexual and psycho-social changes are emerging
- Attachment issues and experiences of trauma and abuse result in interruptions to normal development. This impacts upon the adolescent's
  - Psychological,
  - Behavioural,
  - Cognitive, and
  - Neurological development

# Developmental Pathways to Juvenile Delinquency

- Moffit (1993)
  - Adolescent-limited versus life-course persistent theory
- Gottfredson and Hirschi (1990)
  - General theory of crime

# Developmental Pathways to Sexual Offending

- Becker and Kaplan (1988)
  - Three pathways model
  
- Marshall and Barbaree (1990)
  - Integrated theory of the etiology of sexual offending
  
- Ward and Siegart (2002)
  - Integrative model

# Case Studies

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# Case Study 1

- Bill
- Aged 17 years
- Sexual offence history
  - 13-19 years
    - Indecent Act with a Child Under 16 x5
    - Indecent Assault x6
    - Indecent Exposure x14
    - Stalking x1
    - Unlawful assault x2
- Significant Non-sexual Offending History
  - 12-18 years
    - Thefts x6, burglaries x4, motor vehicle offences x3, possession of a weapon x1, aggravated burglary with offensive weapon x1

# Case Study 1 cont.,

- Developmental history
  - Trauma history
    - Neglect
    - Physical abuse
    - Sexual abuse
  - Instability
    - Multiple relocations and placements
    - Disrupted schooling
  - Problem behaviours
    - Poly substance abuse
  - Mental health history
    - Self harm

## Case Study 1 cont.,

- Treatment attendance and engagement
  - Community based order
    - Community referral - extremely difficult to engage
  - Breach of Order - Incarcerated for re-offending
    - Individual treatment sessions with MAPPS
  - Parole
    - Community referral - did not engage
  - Breach of parole - Incarcerated for re-offending
    - Re-commenced weekly individual treatment sessions
  - Parole
    - Paroled on another two occasions and re-offended on both occasions within two weeks of his release – indecent exposure x13

# Case Study 1 cont.,

- Treatment focus and challenges
  - Individual treatment sessions
  - Sexual offending behaviours
  - Difficult to engage
  - Shift in treatment focus
  - Ecological limitations
- Secondary consultation
  - Youth Justice Case Manager
  - Treating Psychiatrist
  - Custodial Health Services staff
- Risk estimate
  - Based on Juvenile Sex Offender Assessment Protocol -II (Prentky and Righthand, 2003) scores in conjunction with clinical judgement
    - Initial – low-moderate
    - Final – high

# Case Study 2

- Ben
- Aged 17 years
- Sexual offence history
  - 15-16 years
    - Indecent Assault x1
  - Allegations and disclosures
    - Frottage
    - Sexual harassment
    - Sexual assault (rape)
    - Approaching younger vulnerable adolescents for sexual activity
    - Targeting residential unit staff, co-residents and strangers in public settings
- Significant Non-sexual Offending History
  - 14-17 Years
    - Thefts (drug-related) x2, burglaries x6 and motor vehicle offences x4

## Case Study 2 cont.,

- **Developmental History**
  - **Trauma history**
    - Neglect
    - Physical abuse
    - Exposure to violence, drug use and other criminal behaviour
  - **Instability**
    - Placed in care
  - **Problem behaviours**
    - Oppositional, defiant and impulsive behaviour
    - Poly-substance abuse
  - **Mental health history**
    - Self harm
    - Trialled low dose ADHD medication
    - Reactive Attachment Disorder, Conduct Disorder, considered emerging Personality Disorder (Antisocial type)

## Case Study 2 cont.,

- Treatment attendance and engagement
  - Commenced in custody and continued on parole – 12 months
  - Initially difficult to engage
- Treatment focus and challenges
  - Sexual offending behaviours
  - Values, attitudes and beliefs that support antisocial behaviour, including sexual offending behaviour
  - Family relationships
  - Drug and alcohol use
  - Non-sexual offending behaviours
- Secondary consultation
  - Youth Justice Case Manager
  - ICMS Case Manager
  - Support / lead tenant worker

## Case Study 2 cont.,

- Risk estimate
  - Based on Juvenile Sex Offender Assessment Protocol-II (Prentky and Righthand, 2003) scores in conjunction with clinical judgement
    - Initial – moderate-high
    - Final – low-moderate

# Challenges of Working with this Sub-group

- Difficult to engage
- Higher treatment attrition rates
- Limited family support
- Multiple assessments and intervention attempts
- Heterogeneous subgroup

# Implications for Assessment and Treatment

- Address the broader criminogenic needs and antisocial behaviours in addition to sexual offence specific treatment
- Consider the developmental stage of the client
- Consider the neurological impact of trauma and disrupted attachment
- Individually tailored through the identification of individualised pathways that have lead to the development of the offending behaviour

# Implications for Service Delivery and Broader Systems

- Considerations for MAPPS include
  - Specialist / generalist treatment service?
  - Individualised tailored treatment
  - Budget planning and resource allocation
  - Partnerships with external agencies
  - Flexibility in service delivery

# Acknowledgements

We would like to acknowledge the significant contribution to the development of this presentation made by:

Dr Irene Panagopoulos (Senior Clinician – MAPPS)  
Ms Kay Lancefield (Consultant Psychologist)

Also to acknowledge that this paper has extensively relied upon the work of leading theorists in the field