

Episode 132 - Dr. Doyle Pruitt: Understanding and Responding to Youth Who Engage in Sexual Harm

[00:00:08] Welcome to in social work. The podcast series of the University at Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of in social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're in social work. Hi again everybody. Did you know that from downtown Buffalo we are 35 minutes away from downhill skiing and snowboarding and less than an hour away from Ellicottville's holiday Valley Resort. A top ski destination in the Northeast United States. I'm Peter Sobota adult sexual offenders are often thought of as especially resistant to change their behavior. But what about youth in adolescence who engage in sexual harm toward others. In this episode our guest Dr. Doyle Pruitt discusses the possibilities of changing the narrative of youth in adolescence who engage in this behavior. She argues that current misperceptions frame youth offenders behavior and influence their social interactions often creating the conditions for the very recidivism that those who work with this population are trying to prevent Dr. Pruitt goes on to discuss the stigma and isolation faced by youth who harm others sexually. The legal challenges related to this issue and the intervention approaches that can be used effectively with this particular population. Doyle Pruitt Ph.D. is assistant professor at the Keuka College Division of Social Work. Her research interests include the impact of family involvement and trauma focused treatment and outcomes of youth who cause sexual harm. Dr. Pruitt was interviewed by Molly Wolf MSW and a Ph.D. candidate here at the School of Social Work.

[00:02:07] Hi I'm Molly Wolf. And today I'll be talking with Doyle Pruitt about youth who cause sexual harm and I think you specifically don't call them sex offenders right. Can you tell me about them. Sure. Well the juvenile justice system was premised on the belief and understanding from human development that adolescents are dynamic and malleable they change. So from this perspective we allow adolescents to make mistakes learn from them and then transform. But when we label a person it becomes more difficult for them to change as they're now trying to change who they are versus changing a behavior. So if we externalize sexual aggression to a behavior that can be stopped we provide the youth the opportunity to adapt and develop along a different safer trajectory. Well still holding them accountable for past behaviors. I also find that there is an extremely hostile and narrow perspective of individuals labeled sex offenders. This perspective is often shaped by media's coverage of extreme cases of adult sex offenders like the worse of the worse. So the Association of the labels sex offender to a youth often becomes isolating debilitating and shaming for them and the behavior that they engage in is appalling and something that I don't condone but I see them as damaged hurting kids who if we give them the right supports environment and treatment they have the opportunity to change the course of their life. So really just trying to externalize that so interesting. What would you say some of the biggest misconceptions around this issue are again there's a heightened sensitivity and tendency to overreact to any sexual behavior in children.

[00:03:55] So what society as a whole tends to forget is that not all sexual behavior in children is problematic. Many young children engage rather in age appropriate sex play such as playing doctor or they repeat words or phrases they overhear in adults without knowing what they truly mean. We just assume when a kid says that they had sex sex means the same thing to them as it does to me or to you. So of course on the flip side there there's members of society who tend to minimize the behavior the boys will be boys or no one got hurt. So what's the big deal. And the polarization of perspectives when it is a youth who causes sexual harm is astonishing. So take the Steubenville Ohio rape case and this is a case where the two accused offenders were star football athletes. They were well liked in the community in the school. The female victim was at a party with these

athletes. These offenders and all the kids were drinking and she was intoxicated. She has no recollection of the assault which was witnessed and documented via social media. So not only was she assaulted by other kids the party saw her being assaulted and we're taking videos and pictures and posting them on Facebook. Public outrage from this really ranged from calling the two boys pedophiles and rapists to victims themselves and the female victim was either supported as being a victim but more often I found she was being called a slut and blamed for the assault because she was intoxicated. And then it became a character assassination.

[00:05:37] So I think also the lack of awareness of what precipitating factors contributed to the development of sexually harmful inappropriate behaviors in children and youth and the fear caused many people to take what they know about adult sex offenders from major media outlets in their own personal experience whether they've been victims or had someone that they cared about or knew be a victim and they assigned that understanding to what a youth who caused sexual harm means what that would mean. They look like that means aspects of the friends such as victim selection grooming offending behaviors and non-sexual behaviors that support the offense are viewed in that light. So youth who cause sexual harm that are simply adult offenders in the making and that they're sexually inappropriate and grooming behaviors are the same as adults. And that's a big misconception in the field and in society in general. So when most people think of a sex offender they picture the disheveled creepy looking guy hiding in the woods watching little kids play in the playground or they think the most recent criminal case highlighted in the media and those cases tend to be extreme in terms of number of victims offenses in duration of the abuse. What most people don't know is that the offender is often known to the victim and has a relationship with them. That means that there were some non abusive and even positive experiences shared. This seems to be more distressing to the adolescent survivors. I work with. So after they disclose the abuse may stop. But what also stops are any good things that happen with the offender. They lose their relationship with them good and bad. And for many of these kids the offender may have been doing something engaging in a non-sexual activity with them that no one else does.

[00:07:43] You know making them feel special so they no longer have that person who takes him fishing or help them with their homework or even protected them from their sibling teasing them. So the survivor does not always see their offender whether it's an adult or a youth as evil disgusting or bad. They know that that person is not all bad and that's a big misconception is the expectation that victims see their offender as evil as a monster. So we have adults and adolescents who act out sexually. But we also have children and when we talk about children under 12 years old we're talking about another subgroup that the field terms children with sexual behavior problems. And this is a very diverse group with a range of behaviors. The causes for the behavior may be due to their own experience of abuse and maltreatment. If they've been exposed to a sexualized environment including the media so not just in the House R rated movies and it may be due to their own impulsivity and reactivity or as a way to self soothe many of these children are female while youth and adults who act out tend to be male. And the recidivism rate for this population with treatment is less than 2 percent which is less than the general population. So they really do differ from their adolescent and adult counterparts. In your estimation what causes a youth to engage in sexually harmful behavior. And what are those behaviors look like. Well that's a great question and my response really comes from the base knowledge that no one is born a sex offender.

[00:09:31] As with any other set of behaviors this particular behavior is a combination of individual social cultural and family factors that influences development. We know that many of these youth have adverse life experiences and trauma histories themselves. Many have been exposed to violence in their home or community and many come from families that are functioning at a less than optimal level. For instance many parents of youth who cause sexual harm have their own trauma history in substance use problem. You know this impairs their ability to effectively parent. For the youth around 44 percent of them have a psychiatric diagnosis that's double the rate found in the

general population. They tend to have learning disabilities function poorly in an academic setting have a lower IQ. They tend to have gender stereotyping believes home negativity and hostile masculinity. These youth tend to be socially awkward and isolated. And then we also know 40 percent of them have a history of non-sexual delinquency and antisocial behaviors like fire setting animal cruelty shoplifting and substance abuse. So that's the youth the family that their in tends to be middle to lower socioeconomic status. Some research has shown us that one fifth of these families receive some form of government financial support. Now that in itself means that they're multi stressed and have other things going on that is very taxing to the family system. The existing empirical research tends to describe the families as either mester disengaged have poor boundaries which makes sense if they're mester disengaged less clear and consistent roles. So we'll see prettified children people moving in and out of different roles and to be less supportive.

[00:11:36] And what's really interesting is we know that 43 to 62 percent of these families have another family member who has committed a sexual assault. So the sexual behaviors are classified as either contact or non contact offenses contact means hands on. And these offenses include things such as kissing fondling penetration frottage or rubbing I'll joke with my students that if you go out to the club there's going to be frottage noncontact offences include taking sexual photos of another person exposing them to pornographic images exposing oneself making sexual comments or peeping. So knowing what we do about this population why is it important for social work to know more about this population. Well 20 percent of recorded sexual assault cases are committed by juveniles and the victims are often known to them through family relationships peer groups the neighborhood they live in. That means that there's often ongoing contact. So if the youth is receiving treatment in the community while they're receiving treatment they're probably going to see their victims if they're receiving treatment and residential. When they're released from residential they're going to see their victims. So as a field social work. It's really important for us to understand this population because we can provide support and oversight within the many roles that we fill in making sure that not only the victim and potential victims are safe but also that the juvenile is safe. I tell the kids that I work with that have committed sexual harm that is not just about keeping others safe.

[00:13:30] It's about keeping him or her safe from being in a situation where they could act out and they don't have support systems there to help them or in a situation where they could be accused of acting out when really they didn't because their credibility is already questionable. I think it's also important to know more about this population because of the stigma and isolation that happens to these youth. So for instance in a school setting if administration and teachers find out that a kid has acted out sexually which doesn't mean they shouldn't find out. But what tends to happen is a focus on keeping the other kids safe. And while safety is always the number one priority we want to do so in a way that doesn't isolate the kid who did act out because that just puts him or her at risk for acting out again you know it increases stress and makes them feel bad about themselves it gives them the message we expect you to act out again. So we want to make sure that they're supported. They don't see themselves in only negative light again it's that looking at it as a behaviour instead of a character flaw or who I am and then it doesn't turn into a self-fulfilling prophecy. Many of the youth I mentioned have engaged in other delinquent behaviors and the sexual harm is just one aspect of behaviors that they've engaged in that are harmful to themselves and others and these behaviors come from results of court affect regulation maladjusted social skills limited empathy inadequate impulse control attention and gratification seeking an unhealthy sexual and relationships norms. And when we see past sexual harm and understand what caused it social workers can more adequately address the root cause and work towards preventing future harm. Social workers are also most likely to be the first or only person to have contact with the youth without legal stipulations.

[00:15:42] Treatment is often not mandated and follow through. For these families with outpatient care is very challenging and they have multiple stresses. So the burden that treatment puts onto the

family can be a hindrance for follow through. And for some families they might not think the child anything wrong and they might think that it was a false accusation by the victim. So school social workers particularly can help to minimize the stigma that these youths experience help them develop coping skills empathy and understanding of healthy sexual behaviors and relationships and work towards ensuring safety of all in the school. So again it's not just safety of the other kids safety the kid who's acted out so that he or she doesn't start to get bullied are put in situations where they're going to have to find a way to cope with stress when they don't have those skills. Yeah. As a caseworker social workers can help provide logistical support and psycho education to the youth in their family. While clinical social workers really can use a strength based ecological perspective. So social workers who are all trained to collaborate with other professions like psychiatrists teachers county caseworkers and advocates. So when we use these skills to support a youth who has acted out sexually to help them and their families we work towards addressing that behavior that causes that behavior and we hope to keep the community safe. While you mentioned legal stipulations what are the particular legal challenges related to this issue.

[00:17:28] Oh that's a good one. SORNA so the sex offender registration act as a federal law that was passed in 2006 and it was meant to improve registration and notification programs for convicted sex offenders. And there is a three tier system with Tier 1 being the least serious three being the most serious here in New York State. We don't necessarily use tier we call Level 1 2 or 3. So what's particularly concerning about SORNA with youth is that level 2 and 3 includes sex offenses against minors or children under 13. A level 2 sex offender has to register or they're required to register for 25 years while Level 3 is for life. And that means that they have limitations on where they can work live and if they go to school they have to notify the institution of their registration status for a juvenile. This is a debilitating and life altering requirement. It could mean that they can't get into a dorm they might not even be able to get into a college. So if a youth acted out sexually was convicted at the age of 16 as an adult they have till they're 41 years old. If they're a Level 2 offender that they're on the registry. So that really influences somebody's life and it's counter to the juvenile justice system the belief that kids can change. Other legal challenges you know I find that external supports from schools in the county in terms of like pins and probation is really key to treatment. So as a clinical social worker collaborating with schools and county caseworkers allows me to focus on the youth and the families clinical needs. I'm not the bad guy who's telling the kid what to do or stop doing at school. I'm not the probation officer.

[00:19:25] They have a probation or county worker who's going to be asking those questions. And that frees the youth and the family up to not see me as an adversary but to develop a more trusting relationship that allows for openness. Obviously when you have the requirements of a mandated reporter but Breaking Curfew isn't a mandated reporter issue. So unfortunately though these supports and team approach to treatment is not always an option and that's usually because of funding resource availability and unfortunately even an understanding of the population and how a collaborative approach can be more beneficial. And again that goes back to that belief that youth who act out sexually are just adult sex offenders and they're going to go on offending no matter what we do to help them. So when the victim is a sibling the family faces even more legal challenges. Now the family has to manage the treatment needs in symptomatic effects of both the aggressor and the victim while trying to keep a family system intact. Again these are multi stressed families for the most part. So their skills and abilities to do that is really going to be impaired. The difficulty of keeping that system intact and meeting the needs of the youth who acted out and the victim is exacerbated when the family is dealing with criminal and her family court social services and especially when there's a fear of a future offense which not only means future harm to both kids but possibly a child protective report and removal of one or both kids from the home knowing their accusation that a parent failed to keep their children safe really shuts down the communication and treatment.

[00:21:18] So this is extremely challenging for a high functioning family where for these families that have minimal resources and supports can really be debilitating to them. When we think about it from that perspective what approaches to treatment have been utilized. And what areas that need to address and what hasn't worked and what has worked great Well I think you know the first place we start with this population is a comprehensive assessment rather should be conducted and that assessment is looking at often specific and non offense related variables that are specific to the youth and their families system in environment. So the assessment really tells us what needs to be done. What's the level of risk of youth acting out again. So if the risk level is high then they might need residential treatment because as they go through treatment is going to bring more stuff up and cause more behaviors to come out. They don't have the coping skills. You're talking about difficult topics with them. We don't say of course you're going to act out. And that's OK. We say you're probably going to act out. Can you do that safely. Do you have the supports and external resources available to keep you and others safe. And so really looking at what the treatment needs are it's really good for the assessment. So as with any treatment one should do the assessment identify what the needs are. You establish goals in the treatment plan. These are mutually established goals. So this is our working contract with the U.S. so they know this is what's expected. We are going to talk about your acting out behaviors. We are going to talk about your family.

[00:23:07] You getting bullied whatever it is and then working on developing trust and rapport that works towards developing that strong therapeutic relationship that's important with any client system that we work with. But really critical with this population they have to feel that they can trust us and they're not going to be judged. Nobody wants to be judged. And when we feel like we're being judged we shut down. So we're not going talk so doing that with the youth this is really key to being empathic with. Again as I said what they did the behavior is not OK. And I tried to convey that message that they don't agree with your behavior. That's what needs to change. But you as a person have redeeming qualities you have positive polyesters likable stuff about you. We have to be aware of our own triggers and values too. This is really hard work. When you're listening to a disclosure of the 14 year old who sexually assaulted a 2 year old that really challenges you as a professional. So a lot of self care and really the field has made this significant move away from a confrontational approach. Confrontation isn't going to work. Confrontation is based on judgment that I'm better than you. I'm going to break you and get you to come fast. Now that's not productive for anybody. So what most treatment programs are using right now is a combination of psycho education therapy and when necessary psycho pharmaceutical interventions. So with psycho education it tends to focus on healthy sexuality.

[00:24:49] Social skills affect regulation impulse control and then any other topics specific to the youth like drug and alcohol treatment and therapy tends to be provided individually in a group format and with families or some combination there and cognitive behavioral therapy multisystemic therapy have had the highest success rates with a population. When we're measuring recidivism so sexual recidivism and non-sexual recidivism. The focus of individual therapy depends on the specific needs of the client but it typically includes understanding their sexually harmful behaviors any grooming behaviors they may have engage in any deviant arousal that may have them present affect regulation building or enhancing of empathy exploring interpersonal relationships trauma resolution increasing self-worth and esteem. Looking at their family history and its impact on youth in any psychiatric issues. So we're doing a lot with these kids and then some strategies that are typically used are in therapy discussions gradual exposure if there's trauma repetition role playing modeling of behavior and homework assignments. What I find is really key is any opportunity to practice learn behaviors such as social skills. Because in my office they can learn the concept but then being able to take that knowledge and do it isn't always achievable without having the opportunity to practice which is another reason why we don't want to isolate these kids and say you can't do anything with any of your peer groups. So school really becomes a critical factor here of collaborating with them and saying these were the skills that were learned. Let's come up with

opportunities that are safe for the client and kids that he or she will be around for him or her to practice that and to get feedback on it. May I ask you mentioned gradual exposure as one of the strategies. Can you tell me about that.

[00:27:02] What does not mean gradual exposure exposure to what would be exposure to their own adverse or traumatic experiences. So talking about those again in a community based treatment program you don't want to overwhelm the youth. The same will go for their offense. Most kids have some sort of regret about what they've done. It might start out being they regret it because they got caught but once they start to understand the impact of what they've done it can become overwhelming the level of harm that they've caused somebody else how long that's going to last in somebody's life can be really distressing. And with that too there's I have found in my work that there are stages of disclosure so you can get this overview at first in asking more details about the offense. You can see when the clients are being honest or not but everybody especially has had this population we say what we're comfortable with and as we become more comfortable we'll disclose more information more thoughts and feelings that we have. I always say it's like peeling back layers of the onion so you just go deeper and deeper into the feelings and thoughts associated with the trauma or with the offense and impact on them their victim their families. Wow. Well that's incredible. This has been incredibly enlightening today an incredible informative but for those who are worth something. Are there resources available to learn more about youth who cause sexual harm. Things that you think that must reads for people. Yes. So the Association for the treatment of sexual abuse is the organization and there's an international organization for this as well. It's called ATSA.

[00:28:55] And they have a website atsa.com ATSA and they're state chapters and they have a national conference and state conferences every year for books. There's the handbook of clinical intervention with young people who are sexually abused. And that's a really good one. Dr. William Freidrich has a book. Children with sexual behavior problems family based attachment focus therapy. That's a very accessible book provides a wealth of information. And then there's actually a new book that just came out called psychological trauma and juvenile delinquency. New Directions in research and intervention. And this looks at the link between trauma and aggression. The book is also in a special edition of a journal. So if you can't afford the book and you have access to peer reviewed journals you can find those articles in there but I really like that one because again is talking about that connection which we really haven't been doing as a field. What impact is their own trauma history have on their acting totally. Well I want to thank you for being with us today. This was an incredibly informative podcasts. Thank you. Thank you. You've been listening to Dr. Doyle Pruitt discuss youth and adolescence who sexually harm in social work. Hi I'm Nancy Smith professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history our programs and what we do we invite you to visit our Web site at www.socialwork.buffalo.edu.