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Statistically Speaking: Distinguishing Misinformation from Effective Intervention in the Court System's Treatment of PTSD-Affected Juvenile Sex Offenders

By Kathryn Huber

Within the juvenile justice system, no class of offender is as controversial, or as subject to misinformation, as the juvenile sex offender, or JSO. In his survey of nearly two decades of research, Dr. Mark Chaffin, a pediatrics professor at the University of Oklahoma, discusses some of the assumptions society holds about JSOs, and points out that these assumptions are largely based on misinformation, public outcry, and erroneous beliefs that stand in direct contrast to objective, empirically-based research findings. Even though the juvenile court's primary objective is to rehabilitate youth who engage in delinquent behavior, this mentality often does not extend to its treatment of JSOs. In the court system, the influence of the misinformation Dr. Chaffin describes is especially visible in the harsh sanctions and ineffective treatment so often imposed on JSOs. Research indicates that these measures are usually not conducive to rehabilitating JSOs in the long term – and further, when they are applied to the significant number of youth sex offenders who suffer from Post-Traumatic Stress Disorder, or PTSD, they are often not only ineffective, but counter-productive and detrimental. By contrast, when these youth are treated with PTSD-focused interventions that specifically address their mental health concerns, research shows that their rates of recidivism decrease in response.

PTSD is a silent scourge among youth sexual offenders. As a population, the majority of JSOs are adolescent males, with a number of co-occurring risk factors for delinquent behavior. For most, offending behavior occurs within the family, or with a child the juvenile knows. Most significantly however, an alarming number of offenders have been victims of some sort of trauma themselves, and go on to develop PTSD as a result. In one sample of eleven to eighteen-year-old male sex offenders, ninety-five percent of the eighty-five participants reported experiencing at least one traumatic event, with just under half of the sample exhibiting symptoms of PTSD. Fifty-six percent of the boys identified their most significant trauma as childhood sexual abuse, either having been abused themselves or witnessing the abuse of a minor family member. While research shows great variation regarding the rates of sexual victimization among JSOs, it is remarkably consistent in finding that this population experiences elevated levels of PTSD. In other studies, the prevalence of PTSD among male JSOs ranged from 11 to 73 percent, which even on the lower end of the scale, was significantly higher than the general population of their non-offending, same-aged peers.

Though it is well established that a history of traumatic victimization has a significant correlation to delinquent behavior in children, PTSD induced by these experiences has an especially detrimental impact on juvenile sex offending behaviors. In a collaborative study between Tufts University Medical Center and the National Center for PTSD, researchers found that PTSD symptoms acted as triggers for offending behavior in a significant portion of a sample of youth sex offenders. PTSD-affected

youth may offend in an attempt to make sense of their early experiences through traumatic reenactment – perpetrating the same behavior against others that was done to them in an effort to understand the abuse they suffered. Such reenactments are common in PTSD-affected children who have survived other types of trauma. Often, they compulsively act out the traumatic event in an attempt to understand it. The difference is that when a child victim engages in traumatic reenactment of a car accident, he or she is likely to be referred for treatment – when the child traumatically reenacts an act of sexual abuse, he or she is likely to be incarcerated.

Clearly, JSOs have a great need for a trauma-informed approach to sentencing when they become involved with the juvenile justice system, but an understanding of the impact of trauma is only the start. In order for the court to address the cognitive process that contributes to sex-offending behavior and provide meaningful rehabilitation, it must be willing to reject the influence of long-accepted myths and public misperceptions about JSOs in favor of PTSD-specific treatment supported by empirical research. While PTSD-specific treatment programs do exist for JSOs and have demonstrated effectiveness for both JSOs and other types of non-sexual juvenile offenders, the juvenile court is often hesitant to use them in sentencing JSOs, relying instead on more punitive measures. Why is it that the juvenile court, which has widely adopted a rehabilitative approach to other types of juvenile crime, so readily discards this mission when faced with PTSD-affected JSOs? According to Dr. Chaffin, it is simple – society has made up its collective mind about youth sex offenders, and even in the face of a growing body of research, these deeply entrenched notions are difficult to change.

Instead of receiving services specifically targeting their mental health needs in order to reduce recidivism, JSOs with PTSD are more likely than any other type of PTSD-affected juvenile who has been adjudicated delinquent to be incarcerated, subjected to increasingly punitive regulatory laws, or otherwise harshly sanctioned. Even though PTSD is now a widely understood and easily diagnosed mental health issue for which treatments are available, punitive measures receive widespread public approval when applied to JSOs, despite the lack of empirical evidence for their effectiveness. In some states and under federal law, children as young as fourteen years old can be placed on a sex offender registry for life with the same notification requirements as adults, with little opportunity to appeal this decision.

These sanctions impose significant hardship on a young offender's ability to live as a productive member of society, often affecting a youth's ability to enroll in college, join the military, obtain employment, apply for public benefits, or secure housing. For JSOs with PTSD, these measures may actually contribute to recidivism by facilitating a cyclical process. PTSD symptoms often worsen under stress, and when a youth experiences increased stress in response to the social isolation, stigma, and condemnation that frequently accompany public registration and reporting of their sex offender status, researchers have found that they may attempt to cope through traumatic reenactment. Adolescence is also a time when social and peer relations are essential to healthy development, but PTSD-affected youth offenders face significant barriers to meeting this developmentally appropriate need. By stigmatizing these children through traditional sexual offender practices, we are not only ignoring the trauma that has led to their illness

and impeding their recovery; we may actually be increasing their likelihood of further delinquent behavior or sexual reoffending.

According to Dr. Chaffin, a significant part of the disconnect between what research demonstrates are effective interventions with PTSD-affected JSOs and how these children are actually treated in the court system is perception. The public, the court system, and to some extent, behavioral and mental health experts hold a number of beliefs about JSOs as a population that have long been accepted as common sense. The problem with all of this "common sense" however, is that it is not supported by research.

One influential perception is the widespread public belief that juvenile crime is an ever-worsening problem for which rehabilitation-based remedies are not effective. Even those who see rehabilitation as worthwhile often draw the line at sexual offenses. There are few crimes more emotionally charged or universally reprehensible than the sexual abuse of a child, but it is easy to forget that when JSOs offend against same-age or younger peers, the perpetrator is also a child, and almost always a child who has been severely traumatized themselves. While effective treatment certainly benefits individual JSOs, it also yields a valuable public safety implication by reducing the number of victims. In addition to issues of public perception, the juvenile court system and to some extent, behavioral and mental health experts, have long held the belief that juvenile sex offenders who offend against other children are virtually identical to adult offenders, in that their offending behavior is predatory in nature and part of a fixed pattern. When a juvenile has committed his first sex offense, it is often assumed that he will be a sexually dangerous person for life – so the same punitive registries and restrictions used for adults have been deemed equally necessary to keep the public safe from juvenile offenders.

Despite the prevalence of these beliefs, research shows that these perceptions have little basis in reality. In actuality, the vast majority of juvenile offenders are not the hardened predators of the adult world, but instead tend to be developmentally or intellectually immature in both their understanding of right and wrong and their understanding of sexual activity. Many juvenile sex crimes are not predatory acts of violence but rather crimes of opportunity, experimentation, and attempts at traumatic reenactment - especially in institutional placements with limited adult supervision. If treated with appropriate PTSD-specific therapy, PTSD-affected JSOs often go their entire lives without sexually re-offending, may also experience a reduced likelihood of committing other non-sexual offenses, and are likely to fare better academically and socially.

Accordingly, the policies of the justice system toward PTSD-affected JSOs are not aligned with the juvenile court system's goal of rehabilitating children. Instead of being based on sound, scientific research, punitive policies are based on misperceptions, and are likely to do more harm than good by ignoring the impact of PTSD on patterns of offending behavior. Without a significant shift in our dealings with JSOs toward PTSD-specific treatment, we are likely to continue missing opportunities for rehabilitation, and to continue stigmatizing and harming a group of children who – with proper guidance, support, and treatment - are no more likely to re-offend than their peers who commit much less emotionally charged offenses.

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