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# The Lived Experience of the Adolescent Sex Offender: A Phenomenological Case Study

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## The Lived Experience of the Adolescent Sex Offender: A Phenomenological Case Study

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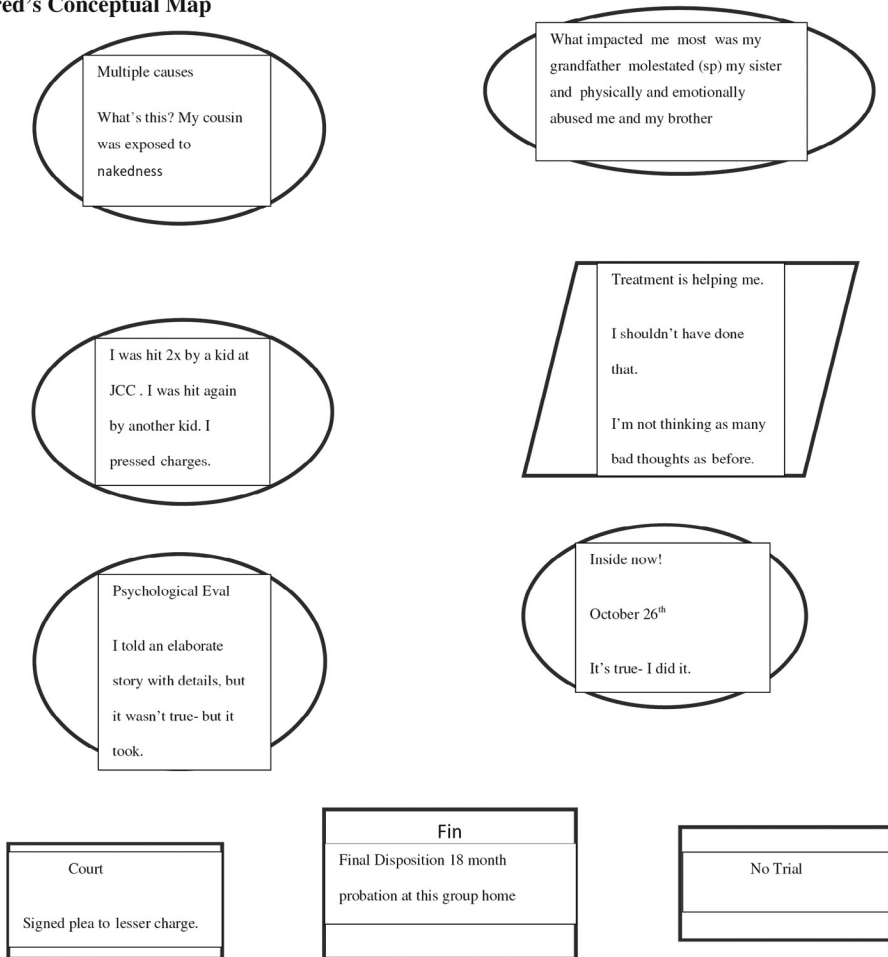
### Abstract

Treatment for adolescents with sexually maladaptive behaviors is a continuing intervention that is changing and developing as greater understanding about this population of adolescents is obtained. The majority of treatment programs for adolescent sexually maladaptive behavior contain programming components that include cognitive distortions/thinking errors. Interviews including a conceptual mapping exercise were conducted with four adolescents adjudicated to a secure care program for sexual behaviors. All four boys completed an interview and a conceptual map of their perceived experiences as an adolescent with sexual maladaptive behaviors. All interviews were audio recorded. Analysis of the interviews and conceptual mappings yielded five themes present in the boys' experience as well as a consideration of the role early trauma may have in the establishment of cognitive distortion development. Contributing environmental and familial factors also play an important part in sustaining cognitive distortion. Main themes include: loss of responsible father or father figure, inability to regulate emotion, lack of personal and parental boundaries, and early exposure to pornography. The contributing influence of responsible male father figures may play an even greater role in the lives of young males than originally thought. How the adolescent inaccurately perceives his environment— in essence what he tells himself and continues to tell himself to make sense of his world—are building blocks in the development and continuation of thinking errors/cognitive distortions used to commit and justify sexual offending behaviors.

**Keywords:** Adolescent sex offenders, cognitive distortions, father figure, parenting, trauma

Research in the field of sexual offending indicates that the rate of sexually based crimes committed by adolescents is significant and alarming (Geradin & Thibaut, 2004). The U.S. Office of Juvenile Justice and Delinquency (OJJDP) recent crime statistics for the years 1980 to 2010 indicate a 62% increase in arrests of males ages 10 to 12 for sexual assault. In addition, for the years 2011–2012, estimated

**Fred's Conceptual Map**



**Figure 1.** Participants' conceptual maps.

numbers of juvenile arrests indicate that of reported forcible rapes, 37% were committed by youth under 15 years of age. Youth 15 years of age and younger are also reported to have been arrested for 50% of other sexual offenses. Research has also stated that adolescents who are known to law enforcement to have committed crimes against children are responsible for 35.6% of offenses, with many of these offenses being sexual in nature (Finkelhor, Ormrod, & Chaffin, 2009). Fritz (2003) also reports that half of adults convicted of sexual offenses state that they began their sexual victimization of others as adolescents. These findings suggest that there has been and continues to be a need for evidenced-based interventions with adolescents who have sexual behavioral problems.

Within the juvenile justice system, evidenced-based treatments are defined as “a body of knowledge, also obtained through the scientific method, on the impact

of specific practices on targeted outcomes for youth and their families” (Underwood et al., 2006b, p. 287). In working with juvenile corrections-based populations, evidenced-based treatments utilize several outcome principles. These include assessment of risks and needs, enhancing intrinsic motivation for change, providing objective interventions that are structured, skills training, using positive reinforcements, utilizing community resources for support, and providing measurable feedback through assessment of practices and processes (Underwood et al., 2006a). Outcome research on evidenced-based protocols continues to be quantitative in nature. There are several limitations of the research into evidenced-based models with juvenile sex offenders. For example, it is difficult to use random assignment in many of the trials, resulting in more quasi-experimental designs as opposed to true experimental research. In addition, there is a lack of representation of many ethnic minority youth in samples, including diverse ethnic groups, females, individuals with mental and cognitive disabilities, complex trauma, and those with severe and persistent mental illness. Cost can also be a factor in conducting research for community programs that rely on limited budgets. These limitations increase the risk of recidivism as well as continued mental health problems for juvenile sex offenders, making this a primary area for future research on evidenced-based treatments and juvenile sex offenders using diverse methodology (Underwood et al., 2006b).

Recently the use of a phenomenological qualitative research design exploring the lived experiences of child sex offenders, adult abuse survivors, and adolescent sex offenders in treatment has been recognized as a viable research method (Garrett, 2010; Ocken, 2004; Somervell & Lambie, 2009). In qualitative methodology, questions arise from the adolescents’ disclosure of events within their life experiences that moved them to their present state. It is clients themselves who generate questions and blends their experiences with perceptions about their experiences into meaning (Nayback-Beebe, 2012). For example, in Garrett’s (2010) qualitative study of the lived experience of the adult child sex offender, indications of early thought distortions in areas such as self-concept, violence, and abuse during the lived childhood experience were disclosed. She posits that by discovering a child’s distortions and risks earlier within the child’s lived experience, interventions could be made which may lower the risk of that child moving from victim to abuser. Somervell and Lambie (2009) utilized a qualitative approach to review wilderness therapy experiences of adolescents with maladaptive sexual behavioral problems (MSBP) in treatment. They were interested in the process by which this particular therapy allowed for change within the adolescent. One of the best methods for gaining this information was to interview the adolescents themselves about their experiences. Qualitative methodology can significantly contribute to much of what is already known about juvenile sex offender treatment and can provide evidence for the use of particular treatment methods or protocols from the youth themselves.

Quantitative research has identified several common core elements in evidenced-based protocols for juvenile sex offenders. These include psychoeducation on victim awareness, trauma concerns, anger management, social skills training, sex education/positive sexuality, the sexual assault cycle, and restructuring of cognitive distortions (Berenson & Underwood, 2001). In particular, cognitive distortions have been highlighted as an important contributing factor to both the development and maintenance of maladaptive sexual behaviors. Cognitive distortions are defined as the “internal processes, including the justifications, perceptions, and judgments used by the sex offender to rationalize his . . . behavior” (Abel, Becker, & Cunningham-Rathner, 1989, p. 137). Cognitive distortions are evaluated based on cognitive products. Examples of cognitive products include self-statements (e.g., “I was only fooling around”; Murphy, 1990) or attitude statements (e.g., “Sometimes touching a child sexually is a way to show love and affection”; Bumby & Bumby, 2004). Ward & Hudson (2000) proposed that cognitive distortions are based on schemata that represent beliefs about victims and groups of individuals and beliefs about how they should behave (e.g., focusing on their own gratification first).

Cognitive distortions and schemata represent an important element in evidenced-based treatment of juvenile sex offenders. In fact, most practitioners feel that cognitive distortions are an important target in treatment. Cognitive distortions have been shown to occur throughout the offending cycle, and often as part of a complex cognitive interplay between personal and interpersonal experiences (Ward, Polaschek, & Beech, 2006). These distortions have also been conceptualized as a way for sexual offenders to avoid the guilt and shame that their behaviors induce (Abel et al., 1989). Cognitive distortions are seen as both contributing to and maintaining offending behaviors, increasing the risk of reoffending (Ward & Hudson, 2000). Since higher levels of risk of reoffending (recidivism) are associated with cognitive distortions (Worling & Curwen, 2001), a greater understanding of how cognitive distortions originate and become normalized patterns of thinking in male adolescents with MSBP becomes an important piece of treatment information. Another valuable asset would be additional information provided by the adolescent himself about the development and operationalization of his own cognitive distortions.

The purpose of this phenomenological study is to describe the male adolescent sex offender’s lived experience in the area of cognitive distortions with a specific focus on how cognitive distortions developed, contributed to offending behaviors, and were utilized while offending continued. Research questions were not designed a priori, rather they were allowed to emerge from the data provided by the youth. Obtaining experiential information from the adolescent himself about the development of his own distorted thinking processes and how this influenced and justified his maladaptive sexual behaviors contributes

a slightly different dimension to the body of quantitative research that has influenced adolescent treatment programming thus far. Hearing what the adolescent thinks about his life, his family, his sexual behaviors, being in treatment, and feelings of remorse (or the lack thereof) directly from the adolescent propels the treatment provider into the personal world of the adolescent sex offender and makes it real. The adolescent is no longer a “case” or the subject of a court report or a member of the sex offender group meeting at two o’clock every afternoon. The adolescent becomes real—with real hopes, hurts, talents, regrets, dreams, and potential that goes beyond his sexual behaviors. Sharing lived experiences with clients can provide the researcher with rich and genuine information that can contribute to improving therapeutic early interventions. By examining the relationship between specific sex offender treatment components, such as cognitive distortions, and the personal experience information provided by the adolescent, data may indicate whether current programming is addressing the treatment needs of the adolescent with MSBP. The relationship between sex offender treatment components and personal experience information in a manner that is conducive to changes in thinking patterns that can then lead to changes in decision making and decreased sexual acting out is essential (Eastman, 2004; Rich, 2003).

## **Method**

### ***Study design***

For this research, a bounded phenomenological case study of the lived experience of the adolescent with maladaptive sexual behaviors was utilized. Qualitative research methods have been used in some studies of children and adolescents with sexual behavior problems. This study implemented a semistructured interview that included a conceptual mapping task with four adolescent males adjudicated for sex offender specific treatment. The researcher hoped to gain a deeper understanding of the physical, emotional, spiritual, and cognitive processes that may contribute to the development of cognitive distortions/thinking errors as experienced by an adolescent with sexual behavior problems.

### ***Participants***

Participants for this project were recruited from a secure care treatment program specializing in treatment of adolescent males with maladaptive sexual behaviors. All participants had been adjudicated for sexual offenses committed against other individuals and were from the Louisiana Office of Juvenile Justice Sexual Problem Behavioral Program. The program had 24 hour staffing, a

case manager, a behavioral health therapist, a program manager, direct intervention personnel, and a clinical supervisor. All staff members actively participated in the weekly multidisciplinary team meeting in which each resident's progress in the treatment program was discussed. Topics included social interaction with peers and family and progress in therapy. Discharge planning updates and family therapy participation were also included. The selection criteria included being adjudicated for committing a documented sexual offense. The four boys that met the criteria were selected by their primary therapist and their names given to the researcher. All boys were willing to participate in the study. Of the four participants, three boys were 14, and one boy was 15 years old. Ethnicity of the four participants was recorded as one Hispanic, one African-American/Hispanic, and two Caucasians. All four boys reported English as their primary language.

The clinical supervisor of the residential program explained the research project to each participant's parent/guardian, and signed releases were obtained from each parent/guardian. Prior to each interview, the researcher reviewed the project with each participant and then obtained each boy's signature on the consent form allowing audio taping of the interviews and a review of treatment files confirming demographics for each boy. Each adolescent participated in an individual audiotaped interview with the researcher, including completion of a conceptual mapping exercise. All interviews were conducted onsite at the therapeutic group home. Participants were asked to choose their own pseudonym. Presented in order of interview are Fred, Harry, Alex, and Karl. Participant profiles contained a textural description of the experience as viewed by the participant followed by a structural description, which addressed the context in which the experience happened. A description of the participant's conceptual mapping task experience was also presented and included a diagram of the participant's conceptual map.

### ***Data collection***

The researcher traveled to the treatment program and spent a week with the adolescents and staff to assist in rapport building. She spent every day at the treatment home talking with staff, therapists, and getting to know the participants by eating meals with them, being in group with them, and spending informal time conversing with them. Three confidential interviews were completed in the therapy office. Interviews lasted between 60–90 minutes depending on the amount of life experience each boy chose to share. Each session involved reviewing the participant's release, fielding any questions the participant had, and obtaining his signature on the release form. The interview/conceptual mapping exercise then began.



The researcher followed a four part conceptual mapping procedure. Phase I was informal and consisted of getting to know the participant and setting him at ease by explaining what would be happening in the interview. Phase II was the actual interview process. Interview questions were derived from knowledge of the population and previous qualitative studies (Nayback- Beebe, 2012). The researcher began the interview by making the following statement: "I'd like you to tell me the whole story of how you came to be in this treatment program from the very first time you got involved with sexual touching right up to today. Include what you were thinking and feeling about your experiences. While you are telling the story, I will be taking notes." In Phase III, the researcher asks the participant to look though the sticky notes and review each one for accuracy. This was the time when the participant could make corrections and clarify his statements written on the notes. The researcher then asked the participant to place the note on newsprint and then see if any of the notes seem to belong together. The participant was then asked to draw a circle around those notes that seemed to go together to make a group or cluster. The participant was asked to draw arrows to indicate how and in what direction these groups of thoughts/experiences seemed to move from one to the other up to the day of the interview.

In Phase IV, the boys were asked to reflect on their conceptual map for a few minutes and tell the researcher what they saw. What were their thoughts and feelings as they looked over their journey? The researcher then asked the question: "What do you think helped to make it easier for you to start to believe that it was okay to touch someone in a sexual way without their permission?" To end the interview, the boys were asked if there was anything else that they wanted to add to the ideas they already had shared. Only after the interviews were completed did the researcher review participants' files to verify demographics and events.

### ***Data analysis***

Before beginning formal analysis of the data, the researcher participated in bracketing to identify her own possible biases or interpretations of the data based on phenomenological research protocol (Creswell, 2007). For example, the researcher carefully documented her experience in building rapport in the program for several days before conducting interviews. The researcher also identified how her own ethnic background could influence her perceptions of the experiences related in the interview. Bracketing was shared with three independent researchers as part of the epoch process to increase the overall trustworthiness of the study. All three peers were heavily involved in the data analysis as a way of cross-checking possible biases. After data compilation, analysis began with the transcription of all participants' interviews. While the researcher read through the transcripts,

she made notations of statements that stood out from the interviews. During the second read through, the researcher began identifying significant, nonrepeating statements. During the next read of the interview transcripts, the researcher reduced the data by identifying and discarding irrelevant and repeated statements. She then organized the significant statements into clusters of meaning, which yielded five different themes emerging from the interview regarding the development and maintenance of cognitive distortions. Comparison with the conceptual maps verified the identified themes in the interview transcripts. Figure 1 provides a conceptual map of participants. The following are representations of two conceptual maps beginning with Fred, then Alan.

Both the conceptual maps and emerging themes were also confirmed by the participants themselves through the conceptual mapping exercise. The themes that emerged from the data were: loss of responsible father figure, ineffective management of emotion, lack of appropriate personal and parental boundaries, avoidance of personal responsibility, and early exposure to sexuality and pornography.

For additional verification, the researcher chose to submit random transcriptions of the interviews to three independent researchers for verification. All verifiers were familiar with qualitative methodology and two of the three also had experience with adolescents having maladaptive sexual behaviors. All three researchers verified the five themes as present in the data.

In qualitative research, research questions often emerge from the data of the phenomenon. In this study, three significant research questions were identified.

- (1) What contributes to the development of cognitive distortions in the adolescent with maladaptive sexual behaviors?

From the interviews with the four adolescents, several of the emerging themes and shared experiences contribute to a better understanding of how cognitive distortions developed in this small group of juvenile sex offenders. The most significant common experience expressed to the researcher was an intense, deeply felt personal loss of their father figures through death or abandonment. The loss of a responsible father figure combined with an emotionally unavailable mother or weak emotional connection to the remaining caretaker left the boys with little emotional skills with which to cope with the trauma or make sense of their experience. When a parent leaves the family, the family system and home environment becomes more chaotic and uncertain. When a child's world explodes around him or her, the child tells himself something to help make sense of the experience. The child is more likely to develop a skewed perception of his experience based on inaccurate information without a responsible adult to help balance and accurately interpret the traumatic experience with the child. This created a ripe psychological environment for the development of thinking errors/ cognitive distortion in the four boys based on the expressed emotions of fear, anger, and insecurity. The

absence of a responsible father figure was devastating for the boys and skewed their view of themselves, the world, and their relationships.

(2) How do cognitive distortions contribute to sexual offense?

All four of the study's participants were exposed to sexuality at a young age by their father or parental figure. When their natural childhood innocence questioned the pornography and inappropriate adult sexual information being shared by their parent figures, they told the researcher that they were confused. Because their parental figures were the ones providing this inappropriate information, the boys thought it must be okay. One boy shared that when he committed his offenses, he just remembered what he had seen on the pornographic websites he and his father had watched repeatedly. Another boy reported that his mother "was doing things with men" and that he did not like it. The message he received was that sex was the most important thing to his mother and that he was not important. This boy experienced deep feelings of anger, loneliness, and grief. He learned that watching pornography and later sexually touching others helped him feel better at least until he got caught. Yet another shared that he watched his older sister have sex in front of him. The message this boy internalized was that you can have sex with anybody, anywhere, and no one really cares. He concluded that there were no rules for sexual behavior and there was no responsible adult to tell him otherwise or challenge his misperceptions. This boy also learned to use sexual touching as an emotional coping skill especially in the case of feeling anger and jealousy toward others.

All four of the boys endured chaotic and unstructured home environments and, according to their experiences related to the researcher and their official historical data, all four participants experienced all or a combination of neglect; family violence; emotional, physical, or sexual abuse; and exposure to pornography. These experiences are significant contributing factors in developing sexual maladaptive behaviors (Creeden, 2013; Hunter, Figueredo, & Malamuth, 2010; Netland & Miner, 2012; Prichard, Spiranovic, Watters, & Lueg, 2013; Worling, 2005). Schwartz, Cavanaugh, Prentky, and Pimental (2006) confirmed that a high number of adolescents with sexual behavior problems and aggression have experienced similar life situations. In the participants' related experiences and histories, emotional dysregulation emerged as a theme. Emotional dysregulation also has been noted to be significant in adolescents with sexual behavior problems (Hunter et al., 2010; Kahn, 2001; Zaremba & Keiley, 2011).

(3) How do cognitive distortions contribute to the maintenance of offending behaviors despite informal and/or formal sanctions?

Unable to accept or manage the world around them, the participants in the study created their own construct with their own skewed value system based on a foun-

dation of well-rehearsed cognitive distortions about themselves and their parents/caretakers, peers, and home life. This way of thinking worked for them for a time. Once their natural innocence was lost through pornography/sexuality introduction, the boys shared it was easy to break another's boundaries when they were angry, jealous, lonely, or dealing with the strong sexual urges of puberty.

Carefree sexual behavior was represented and reinforced by caretakers' actions as well as a hypersexualized world of entertainment and fantasy that targets youth. However, sexual activity for the participants was never able to repair their hurts or make their world right in the long run. Once having sexually offended, feelings of guilt about what they did generated shame about who they were, creating the need to resolve the disconnect among who they are, who they think they are, and who they would like to be. Self-generated cognitive distortions are the way out of facing painful truths. It worked to help them temporarily feel better, lessened the internal repercussions of their behavior (Kahn, 2001), and enabled the adolescent to continue the maladaptive sexual behaviors (Eastman, 2004).

## **Discussion**

The purpose of this phenomenological case study was to explore the lived experience of the adolescent with maladaptive sexual behaviors in the area of cognitive distortion development. The audio taped interviews and conceptual mappings of four adjudicated male adolescents with maladaptive sexual behavior problems produced five themes: loss of responsible father figure, ineffective management of emotion, lack of appropriate personal and parental boundaries, avoidance of personal responsibility—using cognitive distortions/ thinking errors, and early exposure to pornography and sex.

### ***The loss of responsible father figure***

The issue of father figure loss was common to all four of the boys' experience and viewed by all of them as a tremendous personal loss from which they have struggled. This initial experience and how the boys perceived this event appears to have laid a foundation of skewed reality perceptions about themselves, their family units, and the world around them. This is particularly true as each boy endorsed an emotionally unavailable remaining parent/caretaker. Research has endorsed that parental loss without a strong parental/caretaker connection is seen in adolescents who develop sexual maladaptive behaviors, aggression, and other behavioral difficulties (Savage, 2014; Zaremba & Keiley, 2011). Fred: "What impacted me most was that my grandfather molested my sister and he went to jail." Harry: "My dad died when I was two." Alex: "I haven't seen my dad in a long time. I want to see my dad. I lost my family." Karl: "I don't have a dad or anything."

Family problems have been identified as a common etiological factor for juvenile sex offenders (Ward & Hudson, 2000). There is a great deal of heterogeneity in family composition and factors that can contribute to the possible development of cognitive distortions. Recent theories have extended work on cognitive distortions to include the concept of schemata, which are defined as cognitive storage devices that hold knowledge and process incoming information according to previous experience (Ward et al., 2006). Treatment providers working with youth should pay particular attention to family variables, such as loss, that can contribute to cognitive distortions.

### ***Ineffective management of emotion***

The participants in this study had problems with emotional regulation, becoming easily agitated with others, and verbally and physically aggressive to peers, parents, staff, and teachers. All four boys had been placed out of their homes for problems with aggression prior to their sexual behaviors. Two of the four had undergone mental health treatment and were receiving psychotropic medications. Emotional regulation problems appear to be common in maladaptive sexual behavior treatment (Hunter et al., 2010; Zaremba & Keiley, 2011). Anger had been modeled for them by their parent/caretakers, including a parent yelling at the therapist, a participant's mother becoming aggressive toward him when she discovered his offenses, and father figures being verbally and physically abusive to participants' mothers. Examples of emotional dysregulation include: "I was so irritated that I did what I did to him to get him to shut up 'cause I wanted to sleep," "I hate that foster mother. I just want to slap her in the face," "He made me angry," "I just picked him up and threw him out the second story window," "I just stabbed her in the hand with my fork," and "I assaulted a police officer." Statements such as these demonstrate many cognitive distortions, including externalizing blame and blaming the victim. For treatment providers, focusing on emotion regulation skills becomes an important part of therapy. Learning to manage negative emotions and direct behaviors in positive directions should be included as part of an evidenced-based treatment protocol. While many treatment approaches include anger management, it may be beneficial to expand skill instruction to include all forms of emotion regulation.

### ***Lack of personal and parental boundaries***

Lack of personal and parental boundaries within the participants' family systems was present in all four families. Lack of established personal boundaries as well as a lack of parental boundaries and supervision creates an unstructured and chaotic household environment in which maladaptive sexual behaviors can occur (Cava-

naugh, Smith, CrossBear, Hornberger, & Kelley, 2010). All four participants were privy to adult information that they should not have been. Parents/caretakers exposing the child to sexual information that was not age appropriate at the time was endorsed by the participants. Each participant also discussed ways that others, such as friends or siblings, were also inappropriate. In addition, participants discussed ways that they had also been inappropriate with others or struggled to maintain boundaries, especially sexual boundaries. Boundary setting for both the adolescent and for the family would be a beneficial addition to treatment. While some treatment protocols may discuss sexual boundaries, other boundaries should also be a focus. A lack of boundaries may raise the risk of serious violation against others or against the youth himself. Several participants indicated that they had been the victims of physical, emotional, or sexual abuse, some after entering treatment at the hand of peers. Ensuring safety in treatment while teaching boundary skills becomes an important treatment consideration.

### ***Avoidance of personal responsibility***

All four participants exhibited the use of cognitive distortions and thinking errors in minimizing, denying, or misrepresenting their behaviors as they shared their experience. Some of these thinking errors included lying, blaming the victim, feigning ignorance, acting helpless, and being angry and jealous of the victim. Cognitive distortions/thinking errors have long been recognized as a serious treatment issue in maladaptive sexual behaviors (Kahn, 2001; Van Vugt et al., 2011; Worling & Langstrom, 2006). Thinking errors were also present in the way in which each boy viewed their family systems and their futures. For example, one participant was not accepting the concept that his sexual behavior had caused his family member harm or hurt in any way. He could not grasp that their relationship had changed. Another participant blamed his negative behaviors on the birth of his sibling changing the amount of attention he received from his father figure. The last two participants saw themselves as the victims of circumstances. Cognitive distortions related to avoiding personal responsibility are common in the juvenile sexual offending population. Learning to take responsibility and teaching empathy are important components of some treatment programs. However, emphasizing these issues should be considered for all youth given the prevalence of this distortion.

### ***Early exposure to pornography and sexuality***

Pornography was present in each participant's experience prior to their sexual acting out behaviors. Participants shared that their first experience with pornography came from their father figures introducing them to pornographic websites

showing a variety of sexual activities, including incest. One participant reported that when he was committing his offense, he just remembered what his father had showed him and did what he had been shown. Another participant also viewed pornography with his father figure. Later this participant would download pornography on his cell phone. He readily admitted that pornography caused him a great deal of trouble and influenced him to seek sexual activity. Exposure to pornography, neglect, and abuse has been found to contribute to development of maladaptive sexual behaviors in adolescents (Hunter et al., 2010; Prichard et al., 2013; Schwartz et al., 2006). While many individuals who endure sexual abuse or view pornography do not necessarily go on to sexually offend, the prevalence of these conditions does speak to the importance of considering sexual addictions as well as trauma focused intervention.

### ***Limitations***

As with any study, the current work has several limitations. The sample size was small, including only four boys. The sample was also from the same treatment facility in the southwestern part of the United States. The use of a qualitative research design as well as the CMT can also introduce limitations. For example, the conceptual mapping techniques (CMT) requires some ability to think abstractly. Although the participants had IQs above 70, the development of abstract thought that normally occurs in adolescence may have not been present. In addition, although the researcher attempted to bracket and increase the trustworthiness of the study, her own biases and interpretation may have influenced the interview and data analysis process.

### ***Future directions***

This study was a phenomenological case study of the lived experience of the adolescent with maladaptive sexual behaviors. The researcher used an interview with a conceptual mapping exercise with four participants aged 14–16 years old who were receiving treatment for sexual behavior problems through adjudication by the juvenile justice system. Several important themes emerged from the data. Loss of father figure, emotional estrangement from mother figure, pornography, violence, and sexual and physical abuse all influenced the development of cognitive distortions that were employed to maintain offending behavior despite consequences. Cognitive distortions have been recognized as an important element in the treatment of juvenile sex offenders since the early 1980s. While many evidenced-based treatment protocols include a focus on cognitive distortions, the mechanisms behind the development and maintenance of these distortions for youth with MSBP have not been clearly documented. The current study identifies several common

pathways that may lead to the creation and utilization of cognitive distortions. In identifying and working with cognitive distortions, cognitive behavioral techniques (CBT) are often used. Cognitive-behavioral treatment elements are often a fundamental part of group work with adolescent offenders, and they focus on improving interpersonal relationships skills. Also, a group CBT approach allows the offender to take responsibility for their behaviors in front of other peers (Terry, 2013). Each participant was receiving CBT treatment as part of his treatment. All four participants also demonstrated varying degrees of cognitive distortion. An understanding of the possible pathways that lead to the use of cognitive distortions can be a valuable addition to CBT treatment. Not only can cognitive distortions be identified, but triggers and situations where distortions are more likely to be used can also be incorporated into an individual treatment plan.

As mentioned, the field of juvenile sexual offending is largely dominated by quantitative research. While these types of studies provide valuable information, qualitative research can help to enrich understanding of the individual, lived experiences of the youth (Creswell, 2007). Additional qualitative research can be an invaluable addition to the treatment of youth with maladaptive sexual behavioral problems. The current study provided several important pathways to the development and use of cognitive distortions. While the presence of cognitive distortions in this population is well known, specific mechanisms have not been as prevalent in the literature. Through sharing their experience, these youth provided valuable information regarding their thought processes and what has influenced them. Further exploration of common experiences with a larger and more diverse sample size could continue to provide additional information to strengthen current CBT and other treatment approaches for cognitive distortions.

One pathway to cognitive distortions mentioned by the youth was the introduction to pornography and other sexually explicit experiences at a very young age. The effects of viewing sexually explicit materials, such as pornography, have long been known to be a risk factor for sexually acting out among some youth. Accessing images that are sexually explicit can impact current as well as future sexual and emotional development (McEllrath, 2014). Although viewing pornography does not in and of itself lead to sexual offending, one concern is the ability to access these images that today's youth have. With the Internet, smartphones, and other devices, sexual material is readily available and even marketed to adolescents, which can be problematic (Wells, Mitchell, & Ji, 2012). The role of pornography and juvenile sexual offending continues to be an underresearched area in the literature. Given the commonality of this experience and the introduction of this material to all four boys in the current study, further research is necessary to determine how best to address this issue in the treatment of youth with maladaptive sexual behavioral problems.



## Contributors

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