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Dorothy Lizabeth Traudt

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PRACTITIONERS' VIEWS ON ACCESS TO THERAPEUTIC  
SERVICES FOR JUVENILE SEX OFFENDERS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Dorothy Lizabeth Traudt

June 2010

PRACTITIONERS' VIEWS ON ACCESS TO THERAPEUTIC  
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by


Dorothy Lizabeth Traudt


June 2010

Approved by:

  
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## ABSTRACT

Sexual abuse has taken on epidemic proportions. Social workers have to work with families, victims, and the offenders who are part of this cycle. The forgotten group is the juvenile sex offenders. This study was conducted to find out what the social work practitioner's views on the juvenile sex offender was and their view on therapeutic services for the juvenile sex offender. To better serve their client base, social workers, and other practitioners in the Inland Empire, need qualified agencies and counselors as referrals who are able and willing to treat these young offenders.

## ACKNOWLEDGMENTS

I acknowledge and thank Dr. Thomas Davis, my research advisor for his guidance and support. He was my cheerleader through this process.

Dr. Ray Liles is genuinely appreciated for his enthusiasm and guidance on this project.

I want to thank all the social workers who agreed to be interviewed. I have the utmost respect for all of their hard work and dedication they have to their respective agencies that they work for.

I was given permission by Nori Muster to use questions from her graduate thesis questionnaire. I thank her for her permission and graciousness.

I have special thanks to my mother-in-law Hazel Herbert, she gave me encouragement to continue when I was ready to quit. All of my friends and family have a special thank you for understanding that I had to put our special time to the side while I dragged to graduation.

Last but not least, I thank the soldiers that my husband left for me. They have become my family. They have encouraged me to do my best and be happy.

## DEDICATION

I dedicate this research project to my husband, Jerome Herbert, who encouraged me to return to school. He started this journey with me and he is walking with me now in spirit.

A special dedication goes to my daughters, Jennifer and Rachel, for their never ending love and support. They are my protectors.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Sexual abuse is a nationwide problem. It is a problem for social workers who must work with the victims, adult offenders and juvenile offenders. Juveniles are responsible for one-third of sexual assaults (Finkelhor, Ormrod, & Chaffin, 2009).

The Crimes Against Children Research Center reported that a national youth survey suggested that there were 320,400 children sexually abused in a given year (Douglas & Finkelhor, 2005). Up to 32% of women and 10% of men have reported in national surveys that they were child sexual abuse victims. However, in cases of familial sexual abuse, incidents may not be reported to authorities because families may choose to keep the abuse a family secret. Furthermore, a case may be reported but law enforcement does not find sufficient evidence to press charges. A child may not be considered a credible witness because of lack of verbal skills so the case may also be dropped and not reported as an assault. Douglas and Finkelhor (2005) report that 9% to 28% of women had

been sexually abused or assaulted as a minor. Childhood sexual abuse can result in children being more at risk of being sexually assaulted and physically abused as adults. All of these numbers and statistics are subject to veracity because many individuals or family members are unwilling to disclose what they consider their personal or family business.

According to Nicole Richards, site coordinator at San Bernardino Sexual Assault Services, in 2008, the number of girls and boys who have been sexually assaulted were even. SBSAS receives almost 400 calls per year on children (N. Richards, personal communication, May 5, 2009). San Bernardino Sexual Assault Services (SBSAS) serves San Bernardino County providing a 24-hour crisis intervention hotline, hospital and court advocacy and accompaniment, and individual and group counseling. Sally Richter, supervising social service practitioner of County of San Bernardino Children and Family Services confirmed that the numbers of boys and girls sexually assaulted are almost equal for her agency in San Bernardino County (S. Richter, personal communication, September 29, 2009). Nationally, girls being sexually assaulted outnumber boys (Douglas & Finkelhor, 2005). No

explanation was found for the gender difference for San Bernardino County statistics compared to the national statistics for any given year. Although there are male and female perpetrators, the majority of perpetrators are male. Surveys done in the United States in 1990 show that only 1% of sexual perpetrators are female (Beech, Perret, Ward, & Fisher, 2009).

The National Center for Juvenile Justice reported that 4,500 rapes were committed by males and 200 by females in 2002. The offenders were all juveniles under 17 years old. Forcible rape cases for female juvenile sex offenders rose by 6%, while male juvenile sex offenders declined by 14% (Snyder & Sickmund, 2006).

Most previous research has been conducted on male perpetrators (Roe-Sepowitz & Krysick, 2008). Female perpetrators are a population that social workers do come into contact with due to their child protection duties. For purposes of this study, unless specific to gender, discussion will pertain to male and female perpetrators.

Salter et al. (2003) found that females, even at a young age are perceived as maternal and nurturing and therefore, sexual abuse by a female can be more devastating than if perpetrated by a male.

With the cyclical manner of sexual abuse, finding therapeutic services for young sex offenders, although it is an unpopular idea, is a necessary need. Silverlake Youth Services, Inc., was an organization that ran seven group homes in San Bernardino County, California. In the summer of 2008, Silverlake Youth Services had difficulties in finding counselors or agencies in the area that would counsel sexual perpetrators (D. Casella, personal communication, July 28, 2008). This is one example of practitioners not knowing where to turn for proper counseling for these children. A majority of counselors only counsel sexual abuse victims and not the perpetrators.

For example, in San Bernardino County there are no such studies or research on the availability of counseling for juvenile sex offenders. This research is being focused on San Bernardino County, due to the lack of research in this area in this county. It is not believed that any social work agency or other therapeutic agency has examined or studied this problem. Therapists who counsel perpetrators and sexually abused victims are critically needed, although the agencies may not have the resources or manpower to train someone who can specialize

in the treatment of juvenile sex offenders. This is a concern for the San Bernardino Children & Family Services. Social workers need competent individuals and agencies with therapeutic expertise to work with children. If the needed services are already in the area, practitioners need to be able to identify them in order to better serve their clients.

This study is being conducted to find out practitioners' views on access to therapeutic services for juvenile sex offenders. This study is also being conducted to investigate practitioners' views on counseling juvenile sex offenders. It is important that services are easily accessible for the families and children who need counseling. If therapeutic services are not available or inaccessible, this delay in needed treatment can be detrimental to the child's long-term outcome and prognosis.

Some agencies may be limited as to whom they are able to serve due to their funding sources. San Bernardino Sexual Assault Services is not able to counsel any perpetrators due to its source of funding. The agency's funding is solely for sexual abuse victims not for perpetrators even if they have a dual role as a

victim. SBSAS has to stop therapy immediately for any sexual assault victims who disclose that they have also offended (N. Richards, personal communication, December 7, 2009). Agencies can lose their funding if they do not abide by their funding guidelines. Funding is a legitimate issue when discussing referrals and resources.

Sexuality, in general, is a taboo subject in Western society. This especially holds true in the United States. Western society is uncomfortable with sexuality and that can delay or obliterate help for these youth, whether they are the victim, perpetrator, or both. Culturally, a perpetrator is the "lowest of the low" but a 6-year-old perpetrator who had just been perpetrated on and does not understand his or her actions should also be considered a victim and be offered appropriate services. Some agencies may be guided by this taboo or it could be a matter of how their resources are allocated.

#### Purpose of the Study

The purpose of this study is to examine social workers' and other clinicians' (marriage and family therapists) views on therapeutic services for juvenile sex offenders and their views on juvenile sex offenders.

It is important that the practitioners' views were explored to see if improvements can be made that can benefit the children they may be working with. This study may find that the practitioners' views on the available therapeutic services and their views on juvenile sex offenders may affect the other.

There is an absence of counseling for juvenile sexual abuse offenders among social service agencies in San Bernardino County. The best practice in social work is early intervention to avoid future at-risk behavior. Currently, there appears to be a disconnect of services in the County of San Bernardino. There is an absence of knowledge between interagency connects or links. Agencies should collaborate with other agencies to help each other with referrals or mutual support. It strengthens each agency's referral sources so in turn it benefits all of their clients.

San Bernardino County Children and Family Services and other practitioners in San Bernardino County benefit from counseling for the young sex offenders due to the fact that many of these children are in their custody and care. Eggertsen (2008) reports that sexual abuse is one of the main reasons that a child in a foster home will be



moved from placement to placement. The upheaval upsets the child who wants a permanent place to live. If there is sexual abuse in the home, whether the child is a victim or the perpetrator, there is going to be an investigation and there is a high likelihood that the children in the home will be moved to a new placement. The move can also hurt the foster family who wishes to help the child but may not know how. The foster family may have had little to no training on looking for signs of sexual abuse. They may not have been given the history of sexual abuse or sexual offending of the foster children that are placed with them. The constant moves also become a burden on the social workers and practitioners who work with that child. The practitioners take time to place a child in a home that they deem is appropriate and beneficial to the child.

If sexual abuse occurs at a foster home, it is not a matter that can be dismissed by the social worker. Immediate action needs to be taken and in the case where the child needs to be moved, it may be abrupt and the next available foster family or group home instead of the most ideal placement is used. Proper counseling at a young age will lead to a mentally and emotionally healthy

child. It will also lead to less out-of-home placement changes.

For children who have been sexually abused and then perpetrate against other children - not fully realizing what they are doing or the magnitude of it - there are sometimes barriers to receiving help. Some of the only therapists for perpetrators are therapists working for the criminal justice system. The bottom line is that some children may have to be incarcerated as a teen or adult before they receive any treatment.

The County of San Bernardino would benefit to be proactive with setting up services for youth sex offenders. Sexual abuse is an unpopular social problem but it needs to be tackled. Sexual abuse overburdens the social services and criminal justice system. Social service agencies have to work with children who have been sexually abused and their families on a daily basis. The criminal justice system also has contact with victims and perpetrators on a daily basis.

#### Significance of the Project for Social Work

Social workers are bound by state and federal laws governing their jobs. Social workers are also bound by

internal and external resources that they are able to access. The more quality services that social workers can provide for their clients, the more positive their clients' outcome.

The more readily accessible counseling is for young children of sexual abuse and young perpetrators, the better the outcome. A delay in obtaining counseling services for this population exacerbates the issues surrounding the victimization and perpetration (Breer 1992). If there is hesitation on the part of therapists, social workers or mental health facilities to offer services to this population, the chain of destruction begins. If a child who has been sexually abused is given proper counseling, it deters them from becoming a perpetrator themselves. The counseling also allows the child to become an emotionally healthy adult in the future.

According to Breer (1992), and Salter et al. (2003), if a sexually abused child is not receiving counseling by age 14, they are more likely to progress into perpetrators. The absence of counseling continues this violent cycle of sexual assault victims. Many children in foster care and group homes become the victims and this

becomes an issue for social workers. Although many group homes have their own social workers, the social workers are busy with immediate behavioral or psychological concerns of the children. These social workers may not be giving these children counsel specifically for past sexual abuse. Also, the majority of group homes will not house youth who have been accused of sexual assault. The majority of these accused perpetrators have also been sexually abused. If help is not given to both sexual abuse victims and perpetrators, it affects social services, the criminal justice system, and society in general.

Proper training should be given to social workers to lessen their stress when dealing with these cases. The more training the social worker has, the less apprehension the social worker will have and they can better service their client. Families rely on social workers to provide them with needed services (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2006). If the social worker does not have access to requested or needed client services, the helping process is impeded. Social workers have many roles. They act as a direct service provider, providing marital or family therapy. They can

act as broker, case manager, mediator or advocate for their clients. They may help develop programs and policies. Social workers, as researchers and consultants can make a change for the children they service (Hepworth et al., 2006).

In using the generalist model, the social worker meets with their client to assess their needs which may include referral for counseling. The social worker comes up with a plan, and works with the client to implement it. The social worker then evaluates the plan and at completion, there is termination. A major roadblock to this model can happen if there is a lack of referrals or resources to give to the client. The results of this study may lead to new programs, policy, or procedures. If the research shows there is a barrier to accessing therapeutic services or if the social workers feel they need training in this area, new programs or procedures may be put into place to alleviate any barriers.

The findings of this study would contribute to social work practice, policy, and research in general because it may help streamline access to services that are available in San Bernardino County. It will also see

if additional training is needed or desired by social work practitioners.

This is a group of youth who may never get help if social workers and other practitioners do not have proper counseling resources for these young offenders. This study can also help social workers understand the magnitude of the problem and help them utilize the proper services. The cycle of familial sexual abuse is something child welfare workers deal with daily with their clients.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will give an overview of survivors of childhood sexual abuse, youth sex offenders and possible barriers to therapeutic services for young sex offenders. There is little research on therapeutic services for youth sex offenders. Most research is based on adults in the criminal justice system. Therapeutic services should entail counseling or specific treatment programs due to the age of the perpetrator. This chapter will also give a general overview of therapeutic services that are helping this population.

#### Characteristics of Juvenile Sex Offenders and their Families

Hanser and Mire (2008) compared juvenile sex offenders in the United States and Australia. There were no major differences. They both had the same backgrounds of childhood abuse, sibling incest, dysfunctional family histories, and psychological dysfunctions. In the United States, 20% of sex offenses were committed by youth aged 17 and under. Almost 50% of molestations were committed

by youth aged 17 and under. The average age of a juvenile's first sexual offense was between 12-13 years of age. Abused youth are more likely to commit sexual assaults and other crimes than youth who did not have previous abuse. The victims of juvenile sex offenses are usually female acquaintances or siblings. Female sex offenders abuse younger children and abuse both boys and girls. Female sex offenders are most likely to have past sexual abuse in their history. Sibling incest predominates juvenile sex offenses but there is little research on this. A family's desire not to have law enforcement called in and to keep this abuse as a secret "in the family" is one of the main reasons for this. Juveniles who molest siblings commit the most offenses. Comparatively, sibling offenders commit an average of 18 assaults as opposed to non-sibling offenders who commit 4.2 assaults. The parents of these incest offenders are described as highly abusive and dysfunctional. Approximately 50% of these families have been involved in long-term relationships with children protective services. Only one-third of the other offenders' families were involved with children protective services. Conduct disorder was a main diagnosis of many juvenile sex



offenders. The juvenile sex offenders in both the United States and Australia responded well to correctional treatment. In the United States, there is a low recidivism rate for offenders who complete treatment programs.

Hanser and Mire's (2008) findings were advantageous for this study because it gives a good demographic of the characteristics of the juvenile offenders, their family background and it sheds light on sibling incest.

Martsolf and Draucker (2008) conducted a study on the effects of adversity in the family on adults who had been sexually abused as children. This was a qualitative study done with 98 participants, 48 female and 40 male. All had been survivors of childhood sexual abuse and came from dysfunctional homes. Most had reported that their families blamed them for the sexual abuse or minimized or denied that it had happened. These study participants felt that they had inherited a life full of abuse and misfortune. They felt they inherited this lot in life not only from their parents but from their ancestors that had passed on before them. Some of them had other adults notice the signs of abuse but it went unreported or they sought help from outsiders only to be denied any

assistance. Only a few of these adults had been helped by others to stop the abuse.

This article touched on ethical issues with regard to the indifference that these adult survivors of sexual abuse dealt with when they were ignored when speaking out against the abuse as children.

Whittaker, Brown, Beckett, and Gerhold (2006) found that adolescent child molesters had lower rates of sexual knowledge and lower empathy as compared to non-offenders. The study sample consisted of 55 male adolescents who had not offended and 221 male adolescent offenders. The study asked adolescents basic questions about condom use and acquiring AIDS. The majority of the questions had been answered incorrect. Society may think these perpetrators are sexually sophisticated but this study shows that they were not. These adolescents were ignorant about using condoms and how one contracts venereal disease. This affects our society. They had low empathy for their victims. This could partly be because they had been abused in the past and never learned empathy. Clinicians need to explore if their clients have low empathy and if so, possibly work on that issue. One would assume that

these juveniles could become more violent with having no empathy, and in turn, no remorse.

Christodoulides, Richardson, Graham, Kennedy, and Kelley (2005) found that a large percentage of adult sex offenders started offending during adolescence. Adolescent males are estimated to have committed 30-50% of child molestations. In the United Kingdom in 1997, 23% of individuals found guilty of sexual offenses were between 10 and 21 years old. Due to the high incidence of juvenile offenders turning into adult offenders, the researchers found it imperative to identify the juveniles at risk of re-offending. Fifty adolescents with the mean age of 14.6 years of age from an outpatient mental health clinic were used for this study. Their social worker or probation officer filled out a risk assessment for the study. They were then assessed by a psychologist. The results showed that the psychologist's reports of re-offending were higher than official law enforcement numbers. One of the reasons for this is that some of the new offenses are not prosecuted. There may be the government's resistance to rely on child witnesses. Also, the victim's family may not want the child to be re-traumatized by testifying. The psychologist's correct

estimation of a youth's re-offending is considered beneficial for making accurate risk assessments. The drawback to this is that psychologist did not have exact rules for characterizing repeat offenders versus non-repeat offenders which lead to error in reporting.

Hanser and Mire (2008); Whittaker, Brown, Beckett, and Gerhold (2006); Christodoulides et al. (2005); and Martsolf and Draucker (2008) have all produced studies that introduce the family characteristics of juvenile perpetrators. It also showed how unsophisticated these juveniles are. These family characteristics are important, wherein, they define the same characteristics of the families in which social work practitioners deal with on a daily basis, which are highly abusive and dysfunctional. The children in these families are at risk of sexual abuse and in turn, turning into abusers themselves.

#### Victims Turned Perpetrators with Learning Disabilities and Developmental Disabilities

Hubert, Flynn, Nicholls, and Hollins (2007) studied a population of boys who had learning disabilities or developmental disabilities. They were at high risk for

victimization from sexual abuse and in turn, to become perpetrators. This population is more vulnerable to victimization in general. One case discussed a boy who has disabilities and was abused at a young age, and who became a perpetrator. His mother believed that if he had received help when he was originally abused, he would not be in the position that he was - in jail. She said no one believed that her son had been raped when she tried to get him psychological help. Another mother blamed social services. This may go back to not having social workers or therapists work with male sexual perpetrators or even victims. The researchers used a small sample size of six teenaged boys under age 16 and their mothers.

Social work and marriage and family therapy practitioners are likely to have learning disabled and developmentally delayed clients. Since this is a vulnerable population to sexual abuse and perpetration, practitioners may need to question their clients about how they are interacting with their peers and notice any behavior changes that may indicate some possible abuse.

## Female Sex Offenders

Roe-Sepowitz and Krysick (2008) examined the sexual offenses of female juveniles and their history of abuse as children. They reported that there is little research done on this subject. Their research showed that the treatment programs that girls were put into were designed for males and it did not take into account the differences specific to gender or family history. They reported on one study done by Ray and English (1995) that compared female and male offenders. It found that girls were more likely to disclose past sexual abuse and were more likely to have sexual abuse and physical abuse in their past. They were also more likely to show sexual aggression than boys at a younger age. The girls were more likely to sexually perpetrate while babysitting. But the boys were shown to have less empathy and were more likely to intimidate their victims. For their study, Roe-Sepowitz and Krysick (2008) used a large sample of 118 female youth sex offenders. They used MAYSI-2 as a self-reporting tool and it was administered by the girls' probation officers. The majority of the girls came from chaotic families, had little to no parental supervision, and dealt with mental health issues and school problems.

Their victims were almost evenly male/female ratio. The victims were more than 5 years younger than the perpetrator in 44% of the cases and 26% of the victims were aged 1-4. Most of their victims were siblings. No stranger molestations were reported. For this study, a group of maltreated girls were studied against a group of non-maltreated girls. One significant characteristic was that a maltreated girl was more likely to perpetrate against a relative (such as a sibling) whereas a non-maltreated girl was more likely to perpetrate against a neighbor, friend, or unrelated child that she was babysitting. For females who had been sexually abused, the younger they were when the abuse began, the more coercive they were with their victim. Maltreated girls are more likely than boys to perpetrate against their same sex. One of the weaknesses of this study was that some of the information came from the juvenile probation officers and their answers could have been left up to interpretation. They were also not able to clarify the maltreatment but they believed it had for the most part been underreported.

More emphasis is placed in society on male perpetrators but practitioners who work with children

cannot disregard the girls they have as clients. Salter et al. (2003) found that sexual abuse by a female can be more devastating to victims than if perpetrated by a male. It could be that females are looked on as maternal figures, so to be abused by a female, even a young female, shatters the protection one feels.

#### Male Sex Abuse Victims

Breer (1992) reports that young male victims of sexual abuse are less likely than females to come forward to authorities with their abuse and these males need therapeutic services desperately. If they do not receive services by age 14, they have a higher likelihood of perpetrating against others. He gives an overview of how many male victims emerge into offenders. It is reported that between 19% and 82% of perpetrators had been formerly victimized. One of the most important support systems that will deter children from perpetrating is having a confidant. This is usually someone from the juvenile's immediate support system which would most likely be his or her family. If the family is functional, this can be a positive step, but if the family is dysfunctional, the child most likely will not have a



confidant. The dysfunction causes the supports to be weak or nonexistent. Breer (1992) discussed how a boy's molestation and its aftermath are also influenced by the boy's cultural background. He goes on to say that the child's values and cultural differences must be respected and taken into consideration of treatment. The age that counseling is needed is an important issue. The rates of perpetration can only be expected to rise if therapeutic services are not available or difficult to find, if available.

Although most literature is on female sexual abuse, it is important to look at the male sexual abuse victims. In San Bernardino County the gender rates are almost equal with regard to sexual abuse so it is a local issue (N. Richards, personal communication, May 5, 2009, & S. Richter, personal communication, September 29, 2009).

#### Professionals Working with Adolescent Offenders

Krause (2005) studied burn-out among mental health professionals working with adolescent offenders. With an increase of sex offending among adolescents more clinicians will be needed to work with this population. The clinicians in this study are subjected daily to

stories of horrific prior childhood abuse and the abuse the offenders perpetrated on others. These clinicians can conceivably develop secondary post-traumatic stress from listening to their clients' detailed accounts of abuse. The study contained 90 therapists and measured self-care, compassion fatigue, burnout and compassion satisfaction. The results were that the more self-care that the clinician exercised, the higher compassion satisfaction. It helped with the burnout aspect of their jobs but not the fatigue.

Gover (2004) examined childhood sexual abuse, physical abuse, and neglect and found them to be etiological factors for dissociative disorders, anxiety disorders, obsessive-compulsive, passive-aggressive, and eating disorders. Depression was mentioned as the number one psychological symptom experienced by child sexual abuse victims. This study was comprised of male and female youth. Their age range was 11-20 and they were housed in six juvenile correctional facilities in five different states. They gathered data from the youth from self-report surveys. Their findings were that institutionalized females have higher rates of depression than the males but males also were experiencing

depression. Holistic style treatment programs for these youth have a high success rate and they address their prior sexual abuse and mental health issues. It is noted that these youth have trouble adapting in society and there is an expectation that they will progress to deviant behavior as adults.

Muster (1992) reported on treating adolescent victims turned offenders from the perspective of comparing how different trained therapists view juvenile sex offender treatment. Its findings were that the majority of therapists were in favor of sympathetic methods being used for treatment. Therapists in the corrections field were in favor of confrontational and punitive therapy methods. All of the participants were currently working in the field of sexual abuse or sex offender treatment. This article did not discuss resistance to treat sex offenders. With the participants already working in this specialized field of sexual abuse, they would not have had the same resistance of other therapists.

Although Gover (2004) found that holistic treatment programs were advantageous for offenders, Muster (1992) found that correctional facilities were in favor of

confrontational and punitive therapy methods. This may call for more research and a shift in rehabilitative process. Holistic treatment programs that are offered before being placed in a correctional facility could be more beneficial for youth.

#### Victims Turned Offenders

Salter et al. (2003) conducted a longitudinal study that looked at offenders and investigated whether previous sexual abuse would cause them to become offenders. This study included 224 former male victims of sexual abuse and followed the participants from seven to nineteen years. Twenty-six out of the 224 victims (12%) became abusers themselves. The researchers looked at what was more prevalent in their history. A history of neglect, lack of supervision and sexual abuse by a female stood out. Twice as many of the victims who turned into abusers had been sexually abused by a female as opposed to the victims who did not go on to abuse later. Abuse by a female appeared to have the most profound affect on these individuals. Salter et al. (2003) also found that the victims who became abusers committed their first sexual offense at age 14. This statistic matched what

Breer (1992) stated which was that by age 14, males, were more likely to become perpetrators if they had not received proper therapeutic services.

According to Browne and Lynch (1993), children who have been sexually abused in the past have a higher chance of becoming perpetrators later in life. Children labeled as perpetrators reduce society's attention to their care and protection. Child welfare workers have been in the forefront in the protection of juvenile sex offenders. Child maltreatment leads many to juvenile crime and delinquency. Once a child is labeled as an offender, their psychological needs are often disregarded. They are only looked at as an offender and not as a victim.

#### Theories Guiding Conceptualization

Hanser and Mire (2008) states that cognitive-behavior therapy (CBT) is considered one of the most successful forms of therapy with youth sex offenders. Cooper and Lesser (2008) suggest that CBT has many layers and integration of various schools of thought and therapies. It is a combination of behavior therapy, cognitive therapy, and cognitive and social psychology.

CBT also employs the three schools of rational emotive therapy, cognitive therapy, and self-management strategies. Self-management strategies help with children's impulse control. Gerardin and Thibaut (2004) advocate that through CBT, juvenile offenders learn to take responsibility for their behavior. Denial and minimization must be vanquished from the offenders' reasoning. Family and peer interaction, and educational accomplishments are part of the focus of CBT. The cognitive reasoning of the offender, and their communication and social skills are also examined by the behavioral therapist.

Family systems theory is one theory that says that the use of family secrets can contribute to sexual offending behaviors. The keeping of family secrets is used as a coping mechanism. Family systems theory is based on the theory that an individual has to be looked at as a part of his or her entire family unit. One cannot be treated as a solo individual. Families who participate in therapy as a family may change their dysfunctional patterns (Hepworth et al., 2006). According to Gerardin and Thibaut (2004), family therapy is crucial but the family members of the juvenile sex offenders do not want

always the entire family involved in therapy. The families tend to resist the counseling for themselves and only advocate for the child to be counseled. But the goals of family therapy are to reunify the offender with his or her family and to help the family with better coping and parenting skills. Recidivism is reduced with proper family therapy.

A clinician cannot ask a family if they have secrets. The clinician has to surmise through the family histories, that sexual abuse has happened (Baker, Tabacoff, Tornusciologo, & Eisenstadt, 2003). A family that knows that a child has been abused may not report it or want the child to discuss it because it would bring shame and spotlight on the family. Shame is one of the most powerful, destructive emotions to go through (D. Meints, M.F.T., personal communication, March 6, 2010). This shame cripples the family by not allowing proper intervention for the healing of the abused children. A portion of these same children may go on to become offenders.

Most adolescent offenders need some family therapy or their chances of recovery are significantly reduced. Some families refuse any treatment with their children or

they may be so dysfunctional that their children must be kept away from them (Breer, 1987).

Social learning theory is another theory that could be explored. Albert Bandura believed that behavior and internal processes were a team. Bandura's four areas of social learning are observational learning, reciprocal determinism, cognitive processing, and self-efficacy (as cited in Cooper & Lesser, 2008). A young sexual abuse victim may start sexually acting out because he or she is modeling what was done to him or her. Social learning could be used in the opposite vein. The young perpetrator could learn positive and socially appropriate ways to interact with others. The perpetrator could be taught that abuse he or she had suffered was not his or her fault but also show that he or she is responsible for their own actions now.

The theme of family dysfunction was present in the majority of youth sex offenders. Therapy is pertinent to help the offending youth and the family as a whole.

#### Summary

The literature review summarized studies regarding sexual abuse, victims, perpetrators, and current



treatment. The information on treatment and therapeutic services available is limited. A juvenile's incarceration is not the appropriate next step for therapy. The goal of this study is to ask the practitioners in the social work field their views on accessing therapeutic services for juvenile sex offenders. Practitioners' views on juvenile sex offenders will also be assessed to see if they are overall accepting of these clients or are they apprehensive in treating them. Although specialized counseling services are available in the area, this study will be able to evaluate practitioners' awareness of them and ascertain if the practitioners' wish additional training with this population.

More therapists who are able and willing to counsel child sexual abuse victims and perpetrators are needed in San Bernardino County. It is a vicious cycle. The child sexual abuse victims need to have proper counseling so that they do not go on to perpetrate. The juvenile sex offender needs to get proper counseling in order to stop perpetrating. Counseling will also help lead to a healthy mental and emotional outcome. The longer we wait, the higher the cost to society. The studies have shown that one of the main characteristics of youth sex offenders

was prior child abuse and dysfunctional parents. These are the elements that social workers deal with everyday. Knowing the signs of sexual abuse and how to help both the victim and juvenile offender may help break the cycle and stop a new generation of offenders. Without treatment, the untreated victims may become abusers and the current perpetrators will keep on perpetrating. The citizens of San Bernardino County will pay the cost of untreated juvenile sex offenders in future incarcerations and the cost of more social services.

## CHAPTER THREE

### METHODS

#### Introduction

Chapter three will be documenting the methods used in conducting a qualitative study using grounded theory as the research technique. This section describes the study design, sampling method, data collection and instruments, procedures, and protection of human subjects. At the conclusion, the findings will be analyzed and summarized.

#### Study Design

The purpose of this study was to explore practitioners' views on access to therapeutic services for juvenile sex offenders in the Inland Empire and practitioners' perceptions and knowledge of the juvenile sex offenders.

This study utilized a qualitative method of face-to-face interviews with eight social workers and marriage and family therapists who worked in the County of San Bernardino. In order to get the practitioners' views and perceptions, a face-to-face interview using open-ended questions was the most effective source.

Grounded theory was the preferred theoretical approach for this research. The literature brings forth phenomenology which should benefit from the findings. There is little empirical research done on this subject so this study was approached inductively.

### Sampling

Availability sampling and snowball sampling will be used for this study due to access to practitioners' and time constraints. The sampling consisted of social workers and therapists in San Bernardino County. The drawback to availability sampling and snowball sampling is that it is biased. It is biased because of the fact that only certain social workers and therapists will be interviewed in the study. Due to time constraints and availability of participants, this non-probability sampling was the most appropriate for this research. Although not all the participants may have had experience with counseling juvenile sex offenders in some capacity, their feedback was useful. The optimum criteria for study participants would be if they had at least a year of working with juveniles. Due to the time constraints and possible lack of availability of practitioners' available

to participate in an interview, the criterion was that practitioners had to have worked at least a year with their agency. It was not a requirement to have already worked with juvenile sex offenders. Feedback gathered in this study was used to provide awareness to practitioners' views on therapeutic services for juvenile sex offenders and their views on the juvenile offenders.

#### Data Collection and Instruments

This study utilized data collected during face-to-face interviews with social work and marriage and family therapist practitioners in San Bernardino County. Each interviewee was asked to consent to being audio taped. Handwritten notes by the researcher were also used in case of any equipment malfunction. After completing each interview, the session was transcribed by this researcher in its entirety.

The study participants were asked to complete a demographic survey of five questions which includes the practitioners' 1) gender, 2) age, 3) years as an MSW/therapist, 4) where they work: private agency, private practice, public agency or if they only take court referrals and it asks 5) which of the following

groups have they worked with: child abuse victims, child sexual abuse victims, juvenile sex offenders, adults molested as children, adult sex offenders or others. The interview guide also included 18 open-ended questions. The first section of questions addressed the practitioner's views on access to therapeutic services, the next section addressed the practitioner's views regarding children who have been sexually abused and who are now acting out sexually. The interview questions used for the purpose of this study are attached as Appendix A.

The interviews took place at random dates, places and times, dependent on the interviewees' availability. The questions were phrased to be open ended to elicit a more thorough, thought provoking response.

#### Procedures

A letter of consent from San Bernardino County Children and Family Services had been obtained that gave permission to interview their social workers for the purpose of this project. A copy of this letter of consent is attached as Appendix B. A social worker who works outside of San Bernardino County Children and Family Services interviewed for this project. Each interview

took approximately 25 to 30 minutes. There was a set of twenty-four questions which includes five demographic questions and 18 open ended questions. Some of the questions came from a thesis questionnaire by Nori J. Muster (1992). The researcher received permission to use Ms. Muster's questions. This study includes some of Ms. Muster's questions. The e-mail correspondence granting permission is attached as Appendix C. The interview guide used for the purpose of this study is attached as Appendix A. The interview guide focused on obtaining the practitioners' views on access to therapeutic services for juvenile sex offenders and the practitioners' views on juvenile sex offenders.

Eight social workers or marriage and family therapists in San Bernardino County were interviewed. Due to scheduling conflicts and availability, there are no particular participants being sought out. This was an availability sampling and snowball sampling. The data collection took place from January 11, 2009 through March 22, 2009. All participants received a \$5.00 Target gift card and \$5.00 Subway gift card to thank them for their time.

## Protection of Human Subjects

The human subjects in this project were social workers who worked in the County of San Bernardino. The interviewees' identifying information was kept confidential. Their identifying information included their age, gender and place of employment. The interviewee was identified only as a number on data sheets for this purpose. This was done by only using numbers to identify participants. The researcher has a master list linking the names of the participants to the identifying number but this will be stored in a locked file cabinet separate from any other research data. Only the researcher has access to the locked file cabinet and any collected data will be destroyed after three years. The participants were only given random numbers. An informed consent giving the researcher the participants' explicit consent to participate was utilized. The participants were informed of the purpose of the study, the description of the study, their participation was voluntary, all information will be kept confidential and anonymous, the length of the interview, risks and benefits of their participation. A copy of this consent is attached as Appendix D. The researcher was the sole



transcriber of the audio tapes to ensure confidentiality. The interview tapes and recorder have been kept in a locked file cabinet only accessible by the researcher when the researcher is not actively taping or transcribing. A debriefing statement was given to all participants. A copy of the debriefing statement is attached as Appendix E. All participants were informed of the confidentiality of the research and their responses.

#### Data Analysis

The data collected was analyzed using qualitative data analysis techniques. The first step was to conduct face-to-face interviews with the participants. These interviews were audio taped and handwritten notes by the researcher were also utilized. After the transcription of the audiotapes by the researcher, a coding method using different levels was put in place. The first level of codes identified certain categories. The second level of coding identified certain patterns or subject matters that arise from the analysis of the data. Also, to eliminate researcher bias, the supervising academic advisor for this study reviewed the codes, categories and

data analysis. This implemented soundness and credibility of the results.

#### Summary

This chapter presented the methodology utilized in this study. The chapter discussed the study design, the sampling method, data collection and instruments, procedures, and protection of human subjects. The chapter concluded with the procedures associated with the data analysis.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter presents the data that was gathered through face-to-face interviews of eight social workers and marriage and family therapists who work in San Bernardino County. The subject matter of the interviews was the practitioners' views on access to therapeutic services for juvenile offenders and their views on juvenile offenders. The results of these interviews were analyzed and were coded according to recognized themes. Four themes came out of analyzing the respondents' answers with regard to how they felt about access to therapeutic services for juvenile sex offenders and how they felt about the juvenile sex offenders. The four themes were: apprehension about working with clients who were juvenile sex offenders, practitioners' knowledge of agencies in San Bernardino County that offered counseling with juvenile sex offenders, practitioner's view of juvenile sex offenders and practitioners' views on training to help with working with juvenile sex offenders.

## Presentation of the Findings

Eight participants were interviewed for this project. An analysis by qualitative means was used to analyze the patterns that resulted from the narrative data. The narrative data was coded by category and theme. Four themes came out of analyzing the respondents' answers with regard to how they felt about access to therapeutic services for juvenile sex offenders and how they felt about the juvenile sex offenders. A total of eighteen research questions were asked, six of those will be discussed here. They are the focus of this study.

### Demographics

The general demographics of the participants were presented in this section in questions one through five. The demographic findings were as follows: the sample consisted of six women and two men. The participants' age range was between 40 and 65. Five of the participants had their MSW (Master of Social Work) degree, while three had their MFT (Marriage & Family Therapy) degree. Each participant had been a practicing MSW or MFT from a span of six to fifteen years. Seven of the participants worked for the County of San Bernardino Children and Family Services, a public agency, while one participant worked

at a community-based organization. All of the participants responded that they had worked with child abuse victims, child sexual abuse victims, adults molested as children and adult sex offenders. Seven out of the eight respondents said they had worked with juvenile sex offenders.

#### Apprehension about Working with Juvenile Sex Offenders

To determine if the practitioners had any apprehension about working with juvenile sex offenders, the researcher asked, "Did you have any apprehension about working with juvenile sex offenders?" Two respondents said that they did not have any apprehension about working with clients who were juvenile sex offenders.

One of those respondents commented:

Well, if I have any apprehension, it is just uncertainty that there is not a lot of material to be trained about how to, maybe, appropriately serve the population. That would be some of the apprehension. It is still such a sensitive or critical topic. Um, I don't think anybody or I am unaware of anybody who really has a really good

program. A real, solid grounded program, although there are various. In my graduate school, there was not a whole lot on that. It was mostly children of victims that could lead to perpetrating but not necessarily, a treatment program. (P#14, personal interview, February 2010)

Two respondents said that they would have apprehension about working with juvenile sex offenders. One respondent said that they were uncomfortable with the act that the perpetrator performed. Three respondents said that they had apprehension due to the fact that they had a lack of training in this area.

One of those three respondents commented:

Apprehension? Hum, if that would be not knowing current treatment model or intervention model that I could apply in my interactions with either the perp or the victim of this operation. (P#28, personal interview, February 2010)

One participant said that they would not have apprehension if they were counseling the juvenile by him or herself. Their apprehension stemmed from the fact that they practiced family therapy and it is difficult for them to counsel a perpetrator in a family environment.

### Practitioners' Knowledge of Agencies in San Bernardino County that Worked with Juvenile Sex Offenders

To determine if the practitioners knew of any agencies in San Bernardino County that worked with the population of juvenile sex offenders, the researcher asked, "Are you aware of any agencies that counsel juvenile sex offenders?" Five respondents were not aware of any agencies in the area that offered counseling for juvenile sex offenders.

One of these five respondents commented:

"There was one agency, but he went out of business. I forgot his name. I do not know any offhand, basically that specialize in that area" (P#17, personal interview, February 2010).

Four respondents knew of licensed therapists, psychiatrists, and psychologists that they would refer clients who were juvenile sex offenders. Two respondents knew of Center for Childhood Trauma that specialized in juvenile sex offenders. One respondent said that they have referred clients to Healing Hearts for counseling.

### Practitioner's View of Juvenile Sex Offenders

To determine the practitioners' views on juvenile sex offenders the researcher asked, "At what age should a

sexually abused child be held responsible for aggressive sexual behavior? If yes or no, why do you think that?". The researcher also asked "Do you believe that prior sexual abuse issues or criminal issues should be dealt with first with regard to juvenile offending? If yes or no, why do you think that?"

For the first question, interviewees were asked, "At what age should a sexually abused child be held responsible for aggressive sexual behavior? If yes or no, why do you think that?" Four respondents said that they did not know what age to hold the child responsible. One respondent said age 13.

One respondent stated:

In their later teens. To be able to get a full understanding of what I consider is an illness. Once they have gone through adolescence, I think they are more capable of understanding that aspect of it.

(P#17, personal interview, February 2010)

One respondent said that:

I think it just all depends. It depends on what the sexual behavior is. It depends on the maturity level of the child. If it is a 6 year old or a 7 year old, I doubt if they would have that. Um, there are



consequences but when you use the word responsible, you know that brings on an entirely different thing.

(P#304, personal interview, February 2010)

Another respondent said:

"I think any age. But the level of responsibility would depend on the age" (P#414, personal interview, February 2010).

For the second question, interviewees were asked, "Do you believe that prior sexual abuse issues or criminal issues should be dealt with first with regard to juvenile offending? If yes or no, why do you think that?"

Six respondents said victim issues should come first, one respondent said that they should be dealt with simultaneously and one respondent said that the offending issue should be dealt with first.

Comments were:

"Being a victim should be addressed first" (P#13, personal interview, February 2010).

"Sexual abuse issues can be a driving force in their other behaviors" (P#304, personal interview, February 2010).

"I think prior sexual abuse should be a priority because usually there is a continuance of that type

of behavior. In that, if that is not addressed, I believe it leads to the criminal aspect of it"

(P#17, personal interview, February 2010).

#### Training to Help with Working with Juvenile Sex Offenders

To determine if practitioners had any training in the treatment of sexual abuse victims and if they had not had any, would they be interested in training, the researcher asked, "Have you attended any seminars or training on the treatment of sex abuse victims?" The researcher asked as a second portion to this question, if they had training, where did they receive it and if they had not received any, would they be interested in obtaining training. Seven out of the eight interviewees had attended seminars or training on sex abuse victims. The training was varied, the places mentioned were, Child Welfare Training Academy, Loma Linda University, California State University San Bernardino, Job Corps, PERT, County Mental Health, licensing, San Bernardino County Children and Family Services in-house CALPERS, Child Assessment Center (CAC) training, and county seminars. The one respondent who did not have any

training on sex abuse victims said that they would be interested in obtaining training.

To determine if practitioners had any training in the treatment of juvenile sex offenders and if they had not had any, would they be interested in training, the researcher asked, "Have you attended any seminars or training on the treatment of juvenile sex offenders?" Four out of the eight interviewees had attended seminars or training on the treatment of juvenile sex offenders. The researcher asked as a second portion to this question, if they had training, where did they receive it and if they had not received any, would they be interested in obtaining training. Three respondents had not attended any seminars or training on the subject matter. One respondent did not remember if they had any training. The respondents who did have training received their training from the CAC, county seminars, California State University San Bernardino, or school (non-specific). One respondent did not remember where they had received the information. When asked if they would be interested in training, the respondents who did not have training or did not remember if they had had training, all said they would be interested in training.

One respondent who worked for San Bernardino County Children & Family Services stated the reason training was important:

"Because there are a number of our clients that are sex offenders. And I think to keep current on the treatment, various programs would be beneficial for us" (P#17, personal interview, February 2010).

Two respondents answered that it is important to keep current on new treatment and programs.

One respondent commented:

Yeah, I think it always helps to get as much as information as you can get. For sure. And by the way, often times, the juvenile sex offenders, whether they are actually caught, or not, um, ultimately have problems as they get older. And that we do see. I do see those adults that have carried this secret with them or whatever. Or, in some cases, as it is a black cloud for many, many years. And it comes out in other ways. Addictions and a lot of other situations. (P#304, personal interview, February 2010)

## Summary

Four themes came out of analyzing the respondents' answers with regard to how they felt about access to therapeutic services for juvenile sex offenders and how they felt about the juvenile sex offenders. The four themes were: apprehension about working with clients who were juvenile sex offenders, practitioners' knowledge of agencies in San Bernardino County that offered counseling with juvenile sex offenders, practitioner's view of juvenile sex offenders and practitioners' views on training to help with working with juvenile sex offenders.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the results of this researcher's findings. The limitations of this study will also be reviewed in this section. The conclusion will present the culmination of the data and analysis.

#### Discussion

Eight social workers with either an MSW or MFT degree were interviewed for this research. The purpose of this study was to explore practitioners' views on access to therapeutic services for juvenile sex offenders in the Inland Empire and practitioners' perceptions and knowledge of the juvenile sex offenders.

After analyzing the interview data, four themes emerged. The following is discussion of the thematic data:

The first theme was regarding the practitioners' apprehension about working with juvenile sex offenders. The majority of the participants said that they would have apprehension about working with juvenile sex offenders. All of the interviewees have already worked

with this population, albeit with apprehension. One of the participants who said that they did not have any apprehension appeared during the interview to be the most uncomfortable with this subject matter. All of the respondents agreed that any apprehension that they had came from not having any training in working with this population. One worker believed that this is still a sensitive or critical subject and that could be why there are not a lot of obvious trainings available.

This can be interpreted that although the practitioners are already working with the juvenile offenders as part of their jobs, the apprehension may be affecting how these juveniles are being serviced. The social workers may be doing the bare minimum for these youth because of their being uncomfortable.

For the second theme, the practitioners' knowledge of agencies in the Inland Empire that work with juvenile sex offenders examined the question of where would social workers find therapeutic services for their clients. Half of the interviewees did not know of any agencies or private therapists in San Bernardino County to refer a client who needed this specialized treatment. These are seasoned social workers who have worked with the county

or various agencies for a minimum of six years in the same geographic area. This brings up an issue of a lack of resource information making it to the professionals who need it. One of the social workers said that they never have a problem while referring a juvenile sex offender to therapy. When asked to clarify, the practitioner said that there is a high concentration of incest where their unit is assigned and all the therapists in that area work with the victims and the offenders, regardless of age.

In addition, during the course of this research, many practitioners mentioned William Breer. William Breer, MSW, was a licensed Clinical Social Worker and Marriage Family Child Counselor who specialized in male victims of molestation and adolescent molesters. He was renowned in the Inland Empire among counselors and San Bernardino County Children and Family Services for his work with both the male victims and perpetrators but he is now retired. It was stated by a few practitioners that since Mr. Breer's retirement, they did not know where to refer children.

This might indicate that these juvenile offenders in the Inland Empire are not getting the therapeutic



services they need. Half of the social workers in this study do not know where to send these juveniles. The studies have shown that these youth need intervention as early as possible and social workers not knowing where to send their clients will facilitate a delay in treatment.

For the third theme, practitioners' view of juvenile sex offenders, this examined the question of whether social workers looked at a juvenile offender as a victim or as a perpetrator. It also looked at how social workers viewed the juvenile offenders' responsibility for their actions. Muster (1992) reported that 28% of psychologists and therapists believed that children from ages 3-6 years old were responsible for their sexually aggressive actions. In the same study, 61% responded that children younger than six should be responsible for sexual aggression. This researcher wanted to ask the same question to social workers. Only one respondent said that a child at any age was responsible. The majority of the practitioners were unsure of the age saying that we would need to know the maturity level of the child. When asked the question of whether a juvenile offender should have their previous sexual abuse issues or criminal issues handled first, six out of the eight respondents felt that

the child should have their previous sexual abuse issues handled first.

This can be interpreted that although the social workers in this study may have apprehension working with this population, they looked at the juvenile sex offender as a victim, not a criminal. Social workers have a code of ethics that they are trained to work by and this might be one example of it in practice.

The fourth theme assessed training. The research was unanimous that practitioners in this study wanted training regarding juvenile sex offenders. They felt it would help facilitate them in working with this population. Due to not having education in graduate school or training on this matter, it caused the majority of the participants to have concerns on working with this population of juveniles.

This might indicate that it is now time to add this type of training to curriculum. All of the interviewees had training for the sexual abuse victims. Since the majority of juvenile sex offenders have also been victims, and social workers are already working with them, it is important to also know the progression from victim to perpetrator.

One unexpected finding of this study was that there was a gender difference found while analyzing the data. The two men in the sample, had more punitive views on the handling of the juvenile sex offenders as compared to the women. The first male interviewee was the only participant who thought that a juvenile offender's status as a victim is secondary to their criminal issues. He also did not see family reunification possible with a juvenile offender. The second male interviewee would not allow a young incest victim to see their offending sibling although he thought family reunification may be appropriate with proper protections in place. He also felt that the offender should know that their actions were wrong and a punitive element should be placed on it. To have validity, to confirm this gender difference, research would have to be done with a larger sample and an equal amount of men and women.

The researcher found that there were not a lot of agencies in the County of San Bernardino that offered counseling services for juvenile sex offenders. While carrying out the research, it was found that there are pockets of the county that do not have services for this population. Also, a lot of the agencies are not linked to

one another. In the course of this research it was discovered that San Bernardino Sexual Assault Services that was in need of referral information for juvenile sex offenders did not have knowledge of the Center for Healing Childhood Trauma. The Center for Healing Childhood Trauma specializes in treatment of juvenile sex offenders. This is one example of agencies not having knowledge of other resources in San Bernardino County. This would help each agency with cross-referrals and mutual help. One social worker said they would refer any juvenile offenders to Healing Hearts Counseling. This researcher could not verify that this agency even would counsel this population.

#### Limitations

There were several limitations to this study. Since the study was done using face-to-face interviews with working social workers and therapists, it was challenging to enlist participants due to their busy schedules. The study consisted of eight participants and due to the small sample size; it cannot be representative of social workers or therapists in general. The study was also limited to participants working in the County of San

Bernardino in the state of California. A representative sample from another county or geographic area may have emerged as a different set of results.

Further information was warranted from certain agencies and therapists' to gather research on this population. Multiple calls were attempted to the recommended agencies and therapists', to no avail. This limitation hampered this researcher's insight on this population. Some of the recommendations were considered experts in their field but have since retired. This limitation also makes it unclear of the existence of more agencies and therapists that will work with juvenile sex offenders. The additional knowledge of available agencies would help practitioners better serve their clients.

#### Recommendations for Social Work Practice, Policy and Research

The findings of the research appear to show that practitioners want to be well-informed when working with the population of juvenile offenders.

The first recommendation that could be for the social workers to have access to training to lessen the apprehension they may experience while working with

juvenile sex offenders. All of the participants in the study were interested in participating in training.

The county offers training through PERC. PERC is a department within the County of San Bernardino that administers training to its employees. If PERC is unable to provide this specific training, practitioners who work with San Bernardino County Children and Family Services may be reimbursed from MOU funds, if available. If the training is pertinent to their practice and during work hours, they may be able to be reimbursed fully or partially.

Center for Healing Childhood Trauma was the only agency found in San Bernardino County that specialized in counseling for juvenile sex offenders. They offer counseling and education services to victims of child abuse in Rialto, California. It offers counseling and groups for intrafamilial sexual abuse, adults molested as children and child victim therapy. They also offer training for the identification and treatment issues of victims and families of sexual abuse. The training is offered to social workers, psychologists, counselors, mental health workers, or any professionals working with victims of sexual abuse. The training runs for nine

weeks. The Center for Healing can also customize training for a particular agency or for specific professionals. For example, if social workers wanted training to learn more about the treatment of juvenile sex offenders and how to more effectively work with them, training can be customized. Although their general training program is nine weeks, a specific training that is being requested can be adjusted to that group's specifications, be it a three hour training or six hour training, etc. (S. Chalupnik, personal communication, April 20, 2010).

The second recommendation would be to implement a database within the San Bernardino County Children and Family Services to make finding referrals for this area of specialization and also for referrals in general to be a simpler and more efficient task. To be able to give clients fast and appropriate referrals is a first step in empowering the client. To date, there is not a universal referral resource list on-line with the County of San Bernardino for the Children & Family Services department. Some of the referral lists are hard copies that are handed out to the workers. There may be discrepancies between different referral sources. Not all pertinent services that pertain to a provider are listed correctly.

For example, one listing for Center for Healing Childhood Trauma, did not state that they treat juvenile sex offenders, while another referral list posted the correct information. Social workers have heavy caseloads and may not have time to call 10 or more listings to find out exactly what services are offered by a particular agency. The social workers rely on the information handed out by the County. One social worker says he has made a habit out of asking parents on a weekly basis if they have called the referrals that he has given them. This ensures that the referral contact information is current and that the client is starting to work on their case plan. He said in the past if he did not do this, the client might wait until the day of court to tell him that that they could not reach the provider.

The Illinois Department of Children and Family Services offer an on-line program for use by their social workers and for school social workers who work for the Chicago School District. The on-line system allows the practitioner to type in the appropriate zip code for their client and all available services in the client's geographic area will appear (L. Walker, personal communication, April 23, 2010.) This saves time for the



social workers and for their clients. Social workers in San Bernardino County are at risk of giving out referrals which may not have current contact information or are no longer approved by the County. Their clients may or may not inform their worker that the referrals are not active. This prolongs the client's process in working their case plan.

The third recommendation would be a preventative method to be included in court-ordered parenting classes. Along with the standard parenting classes, an additional section would be added that deals with keeping your child safe from sexual abuse. In general, people are in fear of a stranger hurting their children. Sexual abuse from an acquaintance or family member is more likely than a stranger assault. It would be beneficial for parents to receive classes on what sexual abuse warning signs to look for in their children. The parents could benefit from education on looking at the people in their life to see if these are safe people to have around their children.

Along with this third recommendation, this research showed that boys are overlooked as victims. Most of the research is on female victims. Parents should be educated

to also be protective of their sons as they are their daughters. Even a boy at a young age is programmed to be tough and parents believe that the child can take care of himself. When it comes to sexual abuse, a child cannot take of himself. It is also a myth that an older boy could not be taken sexually abused because again, society believes that a male can take care of himself.

### Conclusions

Working with juvenile sex offenders and their families is part of everyday duties for many social workers. Kit Sumner, who is on the Board and Executive Committee of Prevent Child Abuse Utah, a member of the Utah Sexual Violence Council and on the board of Male Survivors spoke at a conference on the sexual abuse of boys. He is a survivor of family sexual abuse. He said that sexual abuse is the secret and silent epidemic of American society (K. Sumner, personal communication, March 5, 2010). This is an epidemic that social workers are dealing with on a daily basis. This research showed that the social workers are willing to work with juvenile sex offenders but that they have apprehension due to lack of knowledge on the issue and lack of training. An

effortless way to access referrals to competent therapists trained in therapy for these young offenders is also essential.

APPENDIX A  
INTERVIEW GUIDE

## Interview Guide

### Demographic questions:

1. Gender:
2. Age:
3. Years as MSW/Therapist:
4. Where do you work?  
 private agency                       private practice  
 public agency                          I take court referrals
5. Which of the following groups have you worked with?  
 child abuse victims                       child sexual abuse victims  
 juvenile sex offenders                       adults molested as children  
 adult sex offenders                          other

### Practitioner's views on access to therapeutic services:

6. Tell me about your counseling experiences with juveniles who have been accused of sexual offenses with sibling incest or outsiders.
7. What type of apprehension, if any, do you have about working with juvenile sex offenders?
8. What agencies are you aware of that counsel juvenile sex offenders?
9. What age are you aware of that juvenile sexual abuse victims and perpetrators need counseling?
10. Have you attended any seminars or training on the treatment of sex abuse victims?
11. If no, would you be interested in getting training and why would you be interested or not be interested?
12. If yes, where did you get the training and how do you feel the training will affect your working with this population?
13. Have you attended any seminars or training on the treatment of juvenile sex offenders?
14. If no, would you be interested in getting training and why would you be interested or not be interested?
15. If yes, where did you get the training and how do you feel the training will affect your working with this population?

The following questions are to elicit practitioners' views regarding children who have been sexually abused and who are now acting out sexually:

16. Do you believe that sexual abuse issues should be dealt with first with regard to juvenile offending? \_\_\_\_\_ Why? \_\_\_\_\_
17. Do you believe that offender issues should be dealt with first with regard to juvenile offending? \_\_\_\_\_ Why? \_\_\_\_\_
18. Do you believe that sexual abuse and offender issues should be dealt with simultaneously with regard to juvenile offending? \_\_\_\_\_ Why? \_\_\_\_\_
19. At what age should a sexually abused child be held responsible for aggressive sexual behavior? \_\_\_\_\_ Why? \_\_\_\_\_
20. Would you allow a young sibling incest victim to see the offending sibling?
21. If no, why?
22. If yes, why?
23. Under what circumstances, do you believe that family reunification is possible in sibling incest cases?
24. What type of therapy do you believe can help children who are acting out sexually and sexually abusing others?

APPENDIX B

SAN BERNARDINO COUNTY LETTER OF CONSENT



CHILDREN AND FAMILY SERVICES  
150 SOUTH LENA ROAD SAN BERNARDINO CA 92415-0515

COUNTY OF SAN BERNARDINO  
HUMAN SERVICES  
DEANNA AVEY - MOTIKEIT  
DIRECTOR

Dr. Laurie Smith  
School of Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, Ca 92407-2397

- 150 S. Lena Rd.  
San Bernardino, CA 92415
- 170 North Yucca Street  
Baretoe CA 92311
- 412 W. Hospitality Lane  
San Bernardino CA 92415-0913
- 1300 Bailey Avenue  
Needles CA 92363
- 9838 7th Street  
Rancho Cucamonga CA 91730
- 851 W. Foothill Blvd.  
Rialto, CA 92378
- 128 Carousel Mall  
San Bernardino CA 92415-0084
- 1504 Gifford Avenue  
San Bernardino CA 92415-0021
- 15480 Ramona  
Victorville CA 92392
- 56311 Pima Trail  
Yucca Valley CA 92284

TDD - Telephone Services For The Hearing Impaired (909) 386-8780  
(10/05) Child and Adult Abuse Hotline 1 (800) 627-6724

Dr. Laurie Smith,

This letter serves as notification to the School of Social Work at California State University San Bernardino that Dorothy Traudt has obtained consent from Children and Family Services of San Bernardino County to conduct the research project entitled "Practitioners' Views on Access to Therapeutic Services for Juvenile Sex Offenders."

If you have any question regarding this letter of consent you may contact:  
DeAnna Avey-Motikeit, Director at (909) 386-1378.

Sincerely,

DeAnna Avey-Motikeit, Director

11/15/09  
(Date)

MARK UFFER  
County Administrative Officer

BRAD MITZELFELT  
PAUL BIANE

Board of Supervisors  
First District NEIL DERRY  
Second District GARY C. OVITT  
JOSIE GONZALES .....Fifth District

Third District  
Fourth District

(08/09)



APPENDIX C

AUTHOR'S PERMISSION FOR INTERVIEW GUIDE QUESTIONS

----- Original Message -----

From: "Traudt, Dorothy" <traudtd@csusb.edu>  
Date: Tuesday, October 27, 2009 4:11 pm  
Subject: Re: Permission for using your questionnaire from 1992 article  
To: Nori Muster <nori@norimuster.com>

Thank you for your help. I will be working on this until approx. May. I will send you a copy when I have finished. I found that in my area, there is limited help for juvenile offenders. For the clinicians who may want to help, they do not know where to find agencies or other expert clinicians.

Dorothy

----- Original Message -----

From: Nori Muster <nori@norimuster.com>  
Date: Tuesday, October 27, 2009 8:17 am  
Subject: Re: Permission for using your questionnaire from 1992 article  
To: "Traudt, Dorothy" <traudtd@csusb.edu>

Dear Dorothy,

Thank you for your letter. Please use my questionnaire and let me know how it goes. Yeah, three to six years old, right. It sounds like we are on the same page. I posted my entire thesis and other graduate work here:

<http://norimuster.com/writing/juveniledelinquency.html>

<http://norimuster.com/writing/thesis.html>

Nori

On Oct 27, 2009, at 6:52 AM, Traudt, Dorothy wrote:

Dear Ms. Muster:

May I have your permission to use your questionnaire from your 1992 article, Treating the Adolescent Victim-turned-Offender? Also, did you have additional questions on the questionnaire that were not published?

I am an MSW graduate student at California State University, San Bernardino. I am working on my research project that is tentatively named, Barriers to Therapeutic Services for Juvenile Sex Offenders. I found your article essential to my project. I discussed your Questions 4: At what age should a sexually abused child be held responsible for aggressive sexual behavior? with one of my professors. I was appalled that 28% of clinicians would find that 3-6 years should hold that responsibility.

Thank you for your time and your work.

Dorothy Traudt

<http://mail.csusb.edu/sample.html>

4/25/2010

APPENDIX D  
INFORMED CONSENT

## Informed Consent

This research you are being asked to participate in is to investigate the practitioners' perception of juvenile sex offenders, knowledge about counseling services or training in the community and to see if there is an interest in more clinicians willing to work with these youth and their families. This research is being conducted by Dorothy Traudt, a Master of Social Work graduate student under the supervision of Dr. Thomas Davis, School of Social Work, California State University, San Bernardino. This study has been approved by the Social Work Human Subjects Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: Your participation will help practitioners in the Inland Empire utilize and disperse information regarding therapeutic services for juvenile sex offenders. It will further help strengthen the children and families that practitioners are helping in this aspect.

DESCRIPTION: The project you are being asked to participate in will be conducted in a face-to-face interview. You will be asked a few demographic questions. You will also be asked about your knowledge or interest in therapeutic services for juvenile sex offenders.

PARTICIPATION: Your participation is entirely voluntary. If you choose to refuse to participate, you will not be penalized by any means and you may refuse to answer any questions and you may withdraw from this study at any time.

CONFIDENTIALITY: The information you give will be completely confidential and anonymous.

TIMING: This interview will take approximately 25 to 30 minutes.

RISKS: There is not any foreseeable harm or risk to you by your participation in this research project.

BENEFITS: Your participation will benefit practitioners' knowledge of therapeutic services for juvenile sex offenders. This will enable practitioners to disburse valuable information to the children and families which they service. All participants will receive a \$5.00 Target gift card to thank you for your consideration and time.

AUDIO RECORDING: By placing a mark below, I am consenting to my interview being audio recorded. Data from this recording will be used to progress this study's report.

CONTACT: If you have any questions or concerns about this research project, you may contact my research advisor, Dr. Thomas Davis, Associate Professor, School of Social Work, California State University, 5500 University Parkway, San Bernardino, CA 92407, 909-537-3839.

By placing a mark below, I acknowledge that I have been informed and understand the nature and purpose of this study and am giving my consent freely to participate. I am at least 18 years old.

\_\_\_\_\_   
 Place a mark here

Today's date: \_\_\_\_\_, 2010

Yes \_\_\_\_ No \_\_\_\_ I agree to the audio recording of this interview.

APPENDIX E  
DEBRIEFING STATEMENT

## "Practitioners' Views on Access to Therapeutic Services for Juvenile Sex Offenders"

### Debriefing Statement

The interview you just completed was done in conjunction for research on practitioners' views on access to therapeutic services for juvenile sex offenders. The researcher is interested in practitioners' knowledge and experience with working with juvenile sex offenders. Another contention of interest is practitioners' knowledge of therapeutic services in the Inland Empire for treating juvenile sex offenders. It is anticipated that the end result of this study will be that the information gathered will be used to streamline therapeutic services for juvenile sex offenders. This may entail a network of resources that social workers and other practitioners' may utilize for their clients' family and children.

Thank you for participating in this study and from refraining from discussing the study with other people. Due to the sensitive nature of the study, if you are feeling uncomfortable or distressed as a result of participating in the interview for this study, you are advised to contact Loma Linda University Behavioral Medicine Center, 1710 Barton Road, Redlands, CA 92373, 1-877-LLUMC-4U or access their 24 hour HelpLine at 909-558-9275. You may also contact Behavioral Health Services, Community Hospital of San Bernardino, 1805 Medical Center Drive, San Bernardino, CA 92411, 909-877-6333, ext. 3900. Both facilities are in the San Bernardino area. If you have any questions about this research project, please contact Dr. Thomas Davis, Associate Professor, School of Social Work, California State University, 5500 University Parkway, San Bernardino, CA 92407, 909-537-3839. If you would like to obtain a copy of the completed research, please contact the Pfau Library, 5500 University Parkway, San Bernardino, CA 92407, after September 1, 2010.

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