

# ATSA Blog

Association for the Treatment & Prevention of Sexual Abuse

Friday, August 5, 2022

## Some reflections on prosocial goals and plans for juveniles who sexually offended

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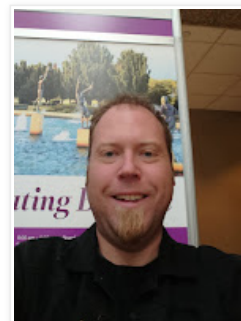
Treatment approaches for juveniles who sexually offended (JwSO) has changed dramatically since I started doing this work in 2000. Back then the "core pathology" of these youth was considered a psychosexual disorder, and that the focus should be on sexual compulsion, pedophilic interests, relapse prevention plans, use of polygraph, confronting "denial" or minimization regarding the offenses and the youth's responsibilities, among other features. Today complementary approaches have been developed which focuses not only on "thinking errors" regarding sexual issues, but promotes prosocial reasoning in general, promotes strength-based foci, targets general recidivism, and promotes age-appropriate personal and social maturity for the youth. There is also been a substantive effort moving towards evidence-based interventions targeting sexual and total recidivism.

I thought I might pass along some thoughts about an issue that I do not recall ever seeing in trainings or the literature. While I am all for evidence-based practices, I have to confess that the following are mostly based on my own clinical experiences and judgment. I think in our field there is still room for some of this. Since I am talking about personal opinions and experience, I am not including a number of references and citations, as I might otherwise, and hope this is okay.

In starting treatment with JwSO youth, I am aware of the trauma to the youth and their family of going through the court and probation process. This can include the arrest, subsequent investigations, possible detentions or placements, court dates, probation interactions, changes to school and home life, among other aspects. In my experience, this happens even with the most respectful and careful management by all the parties. Even though the youth may have "earned" these consequences by their harmful actions, I have to deal with trauma-type reaction on the youth's and family's part in dealing with the consequences of the harmful behaviors. This may be an adjustment for some of us, since we usually identify trauma as related to someone being victimized by another, rather than experiencing appropriate but stressful consequences related to their harmful behaviors. Also, I find myself dealing with the youth with a damaged self-image, which may include of you of the self as someone who harmed others, particularly children. Additionally, "orders of the court" and a "Safety Plan" may limit prosocial opportunities and interactions in the community and participation in age-appropriate activities and relationships for these youth.

In treatment now I am viewing part of my work as targeting these issues. For example, initially I am dealing with the trauma reaction to the court/probation process, the harmful aspects of an associated self-image as "an offender", and trying to make sure the youth has as many prosocial activities, involvements, and experiences as are consistent with court orders and a Safety Plan. The logic of this is that in the future the adolescent can function better, have less problematic behaviors, and probation involvement of any type if these issues are addressed. For example, helping the youth develop a realistic but positive self-image means they are more likely to put themselves in situations, enjoy, and gain benefit from educational recreational, and social interactions. A realistic, positive,

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and modest self-image, in my experience opens doors and possibilities that would not be present otherwise. Likewise, if we were able to deal with the trauma reaction of such youth, they and their family are less likely to be operating from a position of fear and scared feelings. Starting from a place of fear and anxiety, makes it harder to make effective decisions and have better relationships. Additionally, if we are able to help the youth develop age-appropriate social, educational, and recreational experiences, the amount of positive and prosocial activities in their life expands. As it expands, it "crowds out" at least in theory, the possibility for negative habits or patterns of behavior. Prosocial activities also provide the key ingredient for developing prosocial relational and reasoning skills, a key goal for JwSO youth.

As I am doing treatment now for these youth, I target these goals, and highlighting and emphasizing parts of my usual treatment approaches that relate to these areas. For example, treatment for most of us starts out with developing a Safety Plan, making sure that risks and vulnerabilities of the youth are accounted for, mainly by a variety of restrictions and supervisions. Here is an idea. How about developing something to complement the "Safety Plan", a "Prosocial Plan" at the start of treatment. This plan would develop ideas for prosocial activities, relationships, and positive thinking and problem solving experiences. The development of a "Prosocial Plan" also helps promote a positive self-image. For example, if our self-image is based on our activities and accomplishments, if the youth is cut off from prosocial activities, how can they develop a prosocial self-image? Let us develop at the start of treatment a "Prosocial Plan" to complement the Safety Plan. This is usually done towards the end of treatment, but how about putting it upfront as well?

It might be useful to develop some structured curriculum regarding issues such as this. It could also be part of interesting research measuring and tracking, for example, trauma reactions related to the probation process, the evolution of a prosocial identity, and the development of prosocial activities, and see if these are associated with positive treatment outcomes.

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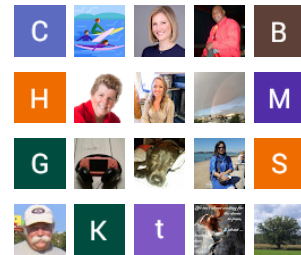
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