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151853

No More VICTIMS

Newsletter of the Ohio Coalition for the Treatment of Adolescent Sex Offenders

Issue 2

July/August 1992

Realities And Practicalities To Consider When Conducting Court Ordered Evaluations Of Adolescent Sexual Offenders **NCJRS**

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Portage County Juvenile Court

JAN 11 1995

Setting The Stage

In cases involving adolescents charged with committing delinquent acts, the role of the Juvenile Court is central in terms of balancing the needs of the community with those of the child. Evaluations are often ordered to obtain pertinent information and to assist the Court in its efforts to render appropriate dispositions. In cases where those delinquent acts involve sexually offensive behavior, information and recommendations generated from assessments often form the basis of the Court's disposition.

A variety of reports and/or statements are often on file by the time a Court must render a disposition. These are provided by numerous sources including, but certainly not limited to: schools; parents; victims; perpetrators; guardians ad litem; intake and/or probation departments; detention centers; police agencies; child welfare agencies; attorneys; and mental health professionals. Reports may take the form of predispositional investigations, victim impact statements, social histories, child studies, police and children's services reports, letters from involved parties, psychological evaluations, adolescent sexual offender assessments, and the list goes on. Out of this body of competing information, the Court must extract the salient parts in order to make a balanced disposition.

The focus of this article will be on reports generated by mental health professionals at the order of the Court and the problems encountered by both the examiners and the Courts in their efforts to work together. My hope is to offer suggestions as to how to make those reports to some extent stand out from the field and be responsive to the needs of the Court.

Hearing/Legal System Versus ACQUISITIONS Staffing/Mental Health System

Mental health professionals as a whole typically relish the prospect of testifying in Court about as much as a gall bladder attack and prefer to avoid conducting evaluations for the Court. They often view the legal system as a distant and insensitive bureaucracy where individual treatment issues and dynamics take a "back seat" to what they may see as surface manifestations of underlying issues.

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"Any mental health professional who is going to remain active and credible conducting evaluations for the Court must recognize there is a different set of conditions and constraints that prevail in the legal system ...it is incumbent on the practitioner to become aware of and sensitive to the differences."

The legal community, on the other hand, is typically less than satisfied with the input provided by mental health professionals and often find their reports vague and inconclusive offerings of unsubstantiated opinions that fail to consider the various factors Courts must weigh when making case decisions.

There is a fundamental clash of guiding philosophies and goals of the two systems. Mental health workers are geared toward working in a generally supportive, non-threatening manner in a confidential setting that encourages open disclosure and avoids assigning "ultimate responsibility." This is not to say they are gullible pushovers, but rather that they try to keep what they perceive as the best interests of their client central.

Contrast this with a Court setting where rules of discovery apply and there is ultimately not only the designation of responsibility or "guilt," but also the possible imposition of punishments. Further, Courts render dispositions that are more or less immutable "pending further order of the Court" and the decisions generally rest in the hands of a single individual at a discrete moment in time. Mental health professionals are much more used to, and comfortable in, situations like multi-agency/professional staffings where information is freely shared by voluntary release and a consensus of opinion formed regarding the direction of treatment. Plans are adjusted as often as indicated as the needs of the client change.

Where the mental health system is based on principles like cooperation and mutual consent in working toward accepted goals, the legal system is inherently adversarial even in a Juvenile Court where the rules are, perhaps, somewhat more relaxed. The prosecution and defense counsel often ask for separate evaluations and it comes as little surprise when competing, often diametrically opposed, opinions are offered. The more or less vague language of an evaluation report couched in terms that may reflect uncertainty often stands in stark contrast to the very specific, hard and fast orders of the Court.

The concept of Judicial discretion and the Judge's role as "trier of fact" has no clear counterpart in mental health circles (though sometimes psychiatrists come close) and is often only unclearly understood. To mental health practitioners who are used to being more fully involved in a free exchange of opinions, the way in which Courts render final dispositions may appear arbitrary and capricious. Any mental health professional who is going to remain active and credible conducting evaluations for the Court must recognize there is a different set of conditions and constraints that prevail in the legal system and to operate effectively in that context it is incumbent on the practitioner to become aware of and sensitive to the differences.

CAN WE TALK?

As is often the case, problems involving communication create many of the difficulties encountered when two different systems interact. As indicated in the last section, there is essentially a different language being spoken by the legal and mental health systems and there is seldom anyone who clearly acts in the role of interpreter or liaison. There is also often a tacit assumption that each system should somehow know what the other wants and needs in order to offer useful evaluations. Decisions as to what should be included as part of an assessment are generally left to the evaluator's judgement. Questions or issues to be addressed in the report are often only vaguely stated and the evaluator may only be minimally aware of the resources, or lack thereof, available to implement specific recommendations. This can leave examiners, particularly when they are not affiliated with the Court, feeling as though they are navigating in uncharted waters.

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"To the extent that the examiner paints a picture of the child in a psycho-social context and offers recommendations that take into account the Court's role in balancing competing needs and constituencies, to that degree the assessment meets the needs of the Court."

Whereas professionals conducting evaluations for the prosecution or defense are offered some degree of "guidance" by those respective counsels, examiners conducting evaluations for the Court are often expected to arrive at an objective reading of reality with only their expertise to guide them. There is little guidance the Court or Judiciary can offer as they will ultimately be making official rulings in the case. Though it can be a rather exposed and lonesome position, if practitioners clearly understand their role it can be extremely useful to the Court, forming the link between the legal and mental health systems.

WHO ARE THESE GUYS?

Evaluations may be conducted by mental health professionals who work in a variety of settings. In some cases, Courts employ their own mental health staff on a full-time, part-time or contractual basis. In other instances, the Court will contract with mental health agencies or private practitioners for assessment services. In a recent survey of Ohio Juvenile Courts conducted by the Cuyahoga County Juvenile Court's Diagnostic Clinic, it is interesting to note that of 73 counties responding to the survey only seven (7) Juvenile Courts have their own in-house diagnostic/assessment services. The other 66 respondents all used contract services either through a local mental health agency (N=55) or private services (N=11).

The evaluators also vary in terms of their education, training, experience and professional credentials. These differences will be expressed in their reports in terms of their focus and the factors they feel are important to consider. Differences among professionals in their scope of practice will impose limits on what issues they can address and the kinds of information and recommendations they can generate.

The quality of professional reports varies considerably, and professional credentials, though clearly important, do not necessarily

translate into useful Court reports. The overall adequacy of such reports depends in large part on the knowledge a practitioner has of the practices of a Juvenile Court and the kinds of treatment and/or dispositional options available and program admission standards. To offer the Court useful reports the evaluator needs to provide sufficient information to support and carry out their recommendations. That does not necessarily mean that everything required to effect a certain recommendation must be contained in the report, but at least the steps involved to implement the recommendation need to be outlined and some likely timelines provided.

WHAT THE COURT NEEDS

In cases involving adolescents charged with sexual offenses, the Court is confronted with behavior that is difficult to understand, particularly when viewed in isolation. In cases, for example, where a prepubescent child is sexually molesting still younger children; or an adolescent male, who in all other respects appears to have been conducting himself appropriately, rapes and assaults a toddler; or an adolescent female sexually offends children she babysits; all cry out for explanation and placement within a larger context.

The context I advocate is psycho-social. This involves offering information relative to both the child's social history and their psychological functioning as it relates to the offense of record. Children are viewed as existing and developing within social contexts and those contexts had powerful meaning in terms of shaping them and, perhaps, predisposing them to engage in certain behavior. The overall psychological portrait of a child in terms of personality and cognitive functioning is also viewed as critical in terms of gaining a more thorough understanding of the child.

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Children are much more than the offenses they have committed. Adolescent sex offenders should be understood as children first before they can be understood as sexual offenders. Their offending behavior, though perhaps the reason for their having been brought to the attention of the Court is only one aspect of the child. Assessments that focus exclusively on that one aspect, that is, their sexual behavior, despite its importance, without placing it in a larger context fail to offer a rounded profile. The fact that the child's sexually offensive behavior may necessarily occupy the primary focus of treatment does not mean that examiners can "skip to the chase" and simply offer their opinions and recommendations out of context.

The Court is looking to the examiner to offer an understandable framework within which to place the offense of record. A well-done report will bring the reader along in such a way as to give them a sense of what the child's world is like, similar to a psycho-social biography. Treatment recommendations should follow smoothly from the report in a manner that seems almost self evident. The reader of the report should gain a sense of understanding that includes a feeling of discovery along the way. The transitions in the report from social history and interview information to test data and interpretation on into recommendations should occur in such a way as to invite the reader along.

Each report is like a mini-theory you are proposing to account for the overall case data. Like any good theory it should account for the facts in a straightforward, efficient manner employing as few hypothetical leaps as possible. Though reports are certainly not meant to entertain, neither are they meant to bore; they are meant to inform. The more life you breathe into them by way of pertinent information that brings the child more clearly into focus the more your reports will stand out and receive the attention they merit.

Information obtained from social history interviews with parents and the child should focus on providing some understanding of the social

and familial forces at work in the child's development. Personality and cognitive assessment provide information about the child's psychological world in terms of the abilities, action, tendencies, defense mechanisms, ego coping skills, disturbed thought patterns, emotional depth and other individual factors important to be considered in the Court's handling of a case. Included within this data is as detailed a sexual history as can be offered which includes information that addresses risk factors relative to reoffending and the most appropriate setting for treatment to begin. Treatment decisions may range from placement in a very restrictive, locked setting or outpatient therapy or something in between.

It is the examiner's job to try to delineate issues and concerns that go beyond those that are obvious just by the nature of the offense and to offer recommendations the Court can feasibly consider in making a disposition. The Court does not expect mental health professionals to be able to provide all the answers, though occasionally it may appear that way, and it certainly does not want examiners attempting to assume the Court's role as decision maker. What they are seeking are insights into a child's overall makeup that such practitioners can offer that help place a specific act into a more understandable context. Then, based on that understanding, offer recommendations that address as thoroughly as possible the various concerns present.

Recommendations offered need to take into consideration the same issues a Court must try to balance. Those factors include community safety and victim issues, treatment needs of the perpetrator, time constraints, and the need for offender accountability to name a few. To the extent that the examiner paints a picture of the child in a psycho-social context and offers recommendations that take into account the Court's role in balancing competing needs and constituencies, to that degree the assessment meets the needs of the Court.

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"Courts and their detention centers can only hold in abeyance for a limited time the imposition of a disposition. If the 'best recommendation' cannot be realized in a reasonable time frame if at all, it is, in fact, not the 'best recommendation.'"

FINAL CONSIDERATIONS

If recommendations generated from examiners' reports are to be useful, the means for implementation must be available within the constraints imposed by time, money, and practicality. Examiners all too often content themselves with offering their "best recommendations" without addressing the issues related to implementation. There is a tendency to relieve themselves of such responsibility in ways that suggest that it is up to someone else to pick up the ball and carry it after they have offered their recommendations.

Examiners need to take into account practical matters like program admission standards, waiting lists, availability of funding, etc., when making their recommendations. This does not mean that they should not offer their "best recommendation," but that they should be aware of the likelihood of implementation and if it is questionable offer some back-up options that are clearly more available.

Courts and their detention centers can only hold in abeyance for a limited time the imposition of a disposition. If the "best recommendation" cannot be realized in a reasonable time frame, if at all, it is, in fact, not the "best recommendation."

FOR FURTHER INFORMATION CONTACT:

Robert S. White, L.P.C.C.
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Portage County Juvenile Court
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IF YOU ARE INTERESTED IN SUBMITTING AN ARTICLE FOR PUBLICATION
IN "NO MORE VICTIMS," PLEASE CONTACT OYSN AT:

OYSN/NMV
500 S. FOURTH STREET
COLUMBUS, OH 43206-1102
PH: (614) 461-1354
FAX: (614) 461-6605

YOUR COMMENTS REGARDING CONTENT AND FORMAT OF "NO MORE VICTIMS" ARE
ALSO WELCOME.

OHIO VICTIM TRAUMA TREATMENT PROJECT

The Ohio Department of Human Services, in cooperation with the Ohio Department of Mental Health, the Family Recovery Center of Children's Hospital Medical Center of Akron and the Ohio Youth Services Network, have initiated a new project to create a statewide pool of trained practitioners with expertise in treating victims of child sexual abuse.

The project will broaden the base of expertise of experienced therapists, and will also prepare new therapists to enter the specialized field of child victim treatment.

Victim Trauma Treatment Project: Goal and Planned Activities

The overall goal of this project is to ensure that no child sexual abuse victim or family member lacks ready access to skilled treatment services. A statewide Ad Hoc Committee on Victim Trauma Treatment comprised of representatives from key agencies and systems involved in serving child sexual abuse victims has been developed to assist in marshalling Ohio's resources to develop a comprehensive system for victim treatment. In meetings held thus far, members of the Ad Hoc Committee have shared their expertise to help work toward the implementation of project activities. The initial phase of the project will include the following activities:

- The establishment of four, regional Victim Treatment Networks to coordinate training and networking support for area victim therapists.
- The development of a ten-day victim treatment training sequence designed to train at least 300 clinicians. The sequence, presented by national experts on victim trauma treatment, will include six days of training in each of four regions, and four days of statewide training. Fees for the training will be minimal (to cover meal costs only).

- Provision of other program supportive services including:
 - videotapes of the victim treatment training sequence;
 - resource newsletter focusing on treatment models, policies, funding, etc.;
 - clinical teleconferencing provided by victim treatment experts from the Akron Family Recovery Center of Children's Hospital Medical Center of Akron;
 - on-site clinical technical assistance provided by victim treatment experts; and,
 - policy work regarding licensing, victim treatment, funding and services, and incentives to encourage clinicians to enter the specialized field of treatment of child victims of sexual assault.

Statewide Training and Networking Event

A two-day, statewide training and networking event will be held September 14, 15, 1992 at the Ohio State University's Fawcett Center for Tomorrow in Columbus. This event will formally "kick-off" the Ohio Victim Trauma Treatment Project and further discussion of the project goals will be included in the agenda.

The event will also feature the following training:

- September 14, 1992 - "Intrafamily Sexual Abuse Training," presented by Mary Jo Barrett, M.S.W., Director, Midwest Family Resource Associates, Ltd., Chicago, Illinois;
- September 15, 1992 - "Cultural Framing: A Context for Evolving Technologies in the Treatment of Child Victimization," presented by Sheryl Brisset-Chapman, Ed.D., A.C.S.W., L.I.C.S.W., Executive Director, Baptist Home for Children and Families, Bethesda, Maryland.

For further information, contact: Ohio Youth Services Network at (614) 461-1354

REGIONAL UPDATE

Are you involved in your regional coalition? Most of these meet on a regular basis, share resources and information and coordinate regional training events.

If you'd like to obtain further information about coalition activities in your area, please contact the appropriate coalition coordinator listed below.

SOUTHEAST OHIO AREA

Contact Person: Bob Hout
Tri-County Mental Health & Counseling
28 W. Stimson
Athens, OH 45701
PH: (614) 592-3091

CUYAHOGA COUNTY AREA

Contact Person: Matt Novak
Cuyahoga County Juvenile Court
2163 E. 22nd Street
Cleveland, OH 44115
PH: (216) 443-3512

CENTRAL OHIO AREA

Contact Person: Shari Uncapher
The Family Support Program--Children's Hosp.
700 Children's Drive
Psychology Department, CHPB-4th FL
Columbus, OH 43205
PH: (614) 461-2100

SOUTHWEST OHIO AREA

Contact Person: Cathy Harruff
Diversion Alternatives for Youth (DAY)
330 South Ludlow
Dayton, OH 45402
PH: (513) 223-4410

LUCAS COUNTY AREA

Contact Person: Dorothy Haverbusch
Lucas County Juvenile Court
429 Michigan Street
Toledo, OH 43624
PH: (419) 249-6771

RICHLAND COUNTY AREA

Contact Person: Vicki Glorioso
The Center for Individual and Family Services
741 Scholl Road
Mansfield, OH 44907
PH: (419) 756-1717

STARK COUNTY AREA

Contact Person: Linda Shipbaugh
Discovery-The Twelve, Inc.
2613 Cleveland Avenue, North
Canton, OH 44709
PH: (216) 452-0372

Each regional coalition has videotapes of the 1987 "Training for Treatment of Adolescent Sexual Offenders" series sponsored by OYSN and featuring national presenters such as Jonathan Ross and Peter Loss, Michael O'Brien, Vicki Agee, etc. These videotapes can be borrowed by regional coalition members. To do so, contact the individuals listed, with the following exceptions:

In Hamilton County, contact Tony Trotta of Hillcrest School at (513) 772-4040 (To borrow videotapes only, other coalition activities are handled by Cathy Harruff at the DAY program)

In Franklin County, contact Patricia Ellis, OYSN Training Coordinator at (614) 461-1354.

FOCUS ON...Southwest Ohio Perpetrator Treatment Coalition (S.O.P.T.C.)

The Southwest Ohio Perpetrator Treatment Coalition coordinated "Training on Adolescent Sexual Offenders: Assessment and Treatment," presented by Michael O'Brien on July 20, 1992. Forty (40) professionals attended this session which focused on: factors to consider when making a risk assessment, the PHASE Program typology for adolescent sex offenders, psychosexual assessment report guidelines, and eclectic treatment approaches. The training was held at St. Joseph Children's Treatment Center in Dayton.

S.O.P.T.C.'s next venture will be to expand the Coalition and form committees to address the needs of the southwest Ohio area.

(Many thanks to Cathy Harruff of the DAY Program for submitting this regional update.
FOR FURTHER INFORMATION CONTACT: Cathy Harruff, M.S., President S.O.P.T.C.; c/o Diversion Alternatives for Youth PH: (513) 223-4410

TRAINING OPPORTUNITIES

SEPTEMBER 10-13, 1992 -- "Fourth International Conference on Male Sexual Abuse;" to be held in Portland, Oregon; for further information contact: Donald Man at (503) 228-1939

SEPTEMBER 14, 15, 1992 -- "No More Victims," Statewide Training and Networking Event of the Ohio Victim Trauma Treatment Project; to be held in Columbus, Ohio; for further information contact OYSN at (614) 461-1354

SEPTEMBER 24, 25, 1992 -- "Assessment and Treatment of Sexualized Children and Children Who Molest;" presented by Dr. Toni Cavanagh Johnson, Ph.D., Clinical Psychologist; to be held in Toledo Ohio; sponsored by the Ohio Youth Services Network and the Northwest Criminal Justice Training and Education Center in cooperation with the Lucas County Sex Offender Treatment Network and the Family and Child Abuse Prevention Center; for further information contact Stephanie Cole at (419) 244-3053 or Dorothy Haverbusch at (419) 249-6771

OCTOBER 7-9, 1992 -- "ATSA (Association for the Treatment of Sexual Abusers) National Conference;" Further information will be included in the next edition of this newsletter.

NOVEMBER 15-17, 1992 -- "Seventh Annual Meeting: Justice for Juvenile Sex Offenders;" sponsored by the National Council of Juvenile and Family Court Judges, the National Task Force on Juvenile Sex Offenses of the National Adolescent Perpetrator Network and the Network on Juvenile Sex Offenders in Nevada; to be held in Lake Tahoe, Nevada; for further information contact: Juvenile Sexual Offender Conference; Dept. GS; P.O. Box 8970; Reno, NV 89507 or call (702) 784-6012

DECEMBER 10, 11, 1992 -- "Deadly Dilemmas: What is Culpability?" - Advanced training on the concept of "Culpability and Sexual Actions of Children;" presented by Jan Hindman of AlexAndria Associates; 911 S.W. 3rd Street, Ontario, OR 97914 To obtain a conference brochure, send a written request to the above address

REGIONAL TRAINING EVENTS PLANNED

- The **Cleveland-area** sex offender treatment coalition has planned two days of training:
September 25 - training on "Cultural Sensitivity" will be presented by Dr. Marie Clark
October 23 - training on the "Thinking Errors Approach" will be presented by David Berenson

For further information contact:
Matt Novak; Cuyahoga County Juvenile Court;
2163 E. 22nd Street; Cleveland, OH 44115
or call PH: (216) 443-3512

- The **Southeast Ohio Sex Offender Treatment Coalition** is in the process of planning a training event featuring Dr. Vicki Agee which will focus on how to provide treatment with limited resources, interagency cooperation and staff issues.
- The **Southwest Ohio Perpetrator Treatment Coalition** is planning training focusing on the treatment of prepubescent sexual offenders. The training, presented by Alison Stickrod, will be held in Cincinnati.

Further details about the Southeast and Southwest Ohio Coalition training events will be published in the next edition of "No More Victims."

IF YOU KNOW OF OTHER UPCOMING TRAINING OF RELEVANCE TO SEX OFFENDER TREATERS, PLEASE SEND THIS INFORMATION TO:

OYSN-NMV Newsletter
500 S. Fourth Street
Columbus, OH 43206-1102

THANK YOU!

RESOURCES...RESOURCES...RESOURCES...

(Note: Descriptions of publications included in this section have been excerpted from resource brochures and booklets. Copies of these brochures and booklets, which also contain prices and order forms, may be obtained from OYSN or from the publishers listed at the beginning of each section.)

Available from: Sage Publications, Inc.;
P.O. Box 5084; Newbury Park, CA 91359;
PH: (805) 499-0721; FAX: (805) 499-0871

Available from: The Safer Society Press;
R.R. 1, Box 24-B, Orwell, VT 05760-9756;
PH: (802) 897-7541

- Working With Sex Offenders: Guidelines for Therapist Selection; by Michael A. O'Connell, Eric Leberg, and Craig R. Donaldson with a foreword by Anna C. Salter

"Outline[s] a process by which community supervision agents, judges, prosecuting attorneys, probation and parole officers, and others can decide which therapists should be selected to treat sex offenders. Also discusses what should take place in the evaluation process and during the course of treatment for sexual deviancy."

-Contemporary Psychology

- Treating Child Sex Offenders and Victims: A Practical Guide; by Anna C. Salter

"She provides excellent summaries on identification of sexually abused children without skirting the problem of false reports, especially in the context of custody evaluations."

-Readings: A Journal of Reviews and Commentary in Mental Health

- Practical Program Evaluations: Examples From Child Abuse Prevention; by Jeanne Pietrzak, Malia Ramler, Tanya Renner, Lucy Ford and Neil Gilbert

"Quite useful as a 'how to' manual...It does an excellent job of 'demystifying' evaluation by providing the information in an easy-to-read manner...The book's greatest asset is the rich resource information it provides...The appendices and resource lists are a must for anyone conducting evaluations of child abuse and neglect prevention programs."

-The Advisor: American Professional Society on the Abuse of Children

- Women and Men Who Sexually Abuse Children: A Comparative Analysis; by Craig Allen, Ph.D.

"An 80-page exploratory study, including 41 tables, presenting a comparative profile of 65 women and 75 men who have sexually abused children...contains useful information for the clinician treating female sex offenders. Denial, motivation, and the female offender's belief concerning ability to change are addressed.

- When Children Molest Children: Group Treatment Strategies for Young Sexual Abusers; by Carolyn Cunningham, Ph.D. and Kee MacFarlane, M.S.W.

"This 240-page manual provides theoretical and practical information for working with 'abuse-reactive' children ages 5-12 whose sexual behavior may involve coercion, force, intimidation, and secrecy, and whose victims are generally younger, smaller, or weaker. Their sexual behaviors include acts characterized by violence, seduction, rage, sexual gratification, and the abuse of power."

- The Use of Victim-Offender Communication in the Treatment of Sexual Abuse: Three Intervention Models; Chapters by Walter Bera, Jan Hindman, Lucy Hutchens, Denise McGuire and James M. Yokley

This 112-page monograph describes the victim-offender communication techniques used in three sex-offender treatment models: The Restitution, The Clinical Trials, and The Systems-Attributional models. Case studies illustrate how these techniques are implemented and their outcomes are discussed.

RESOURCES...RESOURCES...RESOURCES...

Available from: Launch Press; P.O. Box 5629;
Rockville, MD 20855; PH: (800) 321-9167;
FAX: (301) 869-0621

- Sexualized Children: Assessment and Treatment of Sexualized Children and Children Who Molest; by Eliana Gil, Ph.D. and Toni Cavanagh Johnson, Ph.D.

"This book provides a comprehensive overview of the problem of sexualized children, providing some guidelines for normative sexual behaviors in young children, a continuum of sexual behaviors with molesting behaviors at the extreme, criteria for differentiating between 'normal' and 'abnormal' sexual behaviors, the dynamics in these children's families, and suggested treatment strategies and modalities."

- Children Who Molest: A Guide for Parents of Young Sex Offenders; by Eliana Gil, Ph.D.

"This booklet is for parents of young sex offenders, who face a crisis when their child molests, and who must resolve their own feelings of denial, anger and shame while helping their child through this difficult time. This is particularly stressful when there is sibling sexual abuse... Therapists working with families of young sex offenders will find some valuable suggestions to help the family."

- Children's Story: Sexually Molested Children in Criminal Court; by Hon. Sandra Butler Smith

"A large number of children must become involved with the legal system as witnesses on their own behalf. Yet the courts have a difficult time obtaining factual information on sensitive topics from young children...Sexually abused children are a unique challenge. They must be assisted to disclose emotionally upsetting information in a clear way with explicit details. Children who are traumatized may not have a clear or complete memory or may feel emotionally fragile communicating in a courtroom setting. This book discusses these issues and offers suggestions for minimizing the difficulty for children in court."

Available from: The Ohio Youth Services Network; 500 S. Fourth Street; Columbus, OH 43206-1102; PH: (614) 461-1374;
FAX: (614) 461-6605

- The Ohio Directory of Treatment Programs for the Adolescent Sexual Offender; this is a Free Publication

- Sex Offender and Victim Treatment Training on Videotape (Request a free copy of "Training on Videotapes" brochure);
- Telephone consultation with national sex offender treatment experts is available monthly free-of-charge. Request that your name be added to the mailing list to receive monthly scheduling information.

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