Understanding and Improving Therapeutic Engagement with Adolescent Sexual Offenders

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Abstract

Since the 1980s there has been an increasing recognition and concern that adolescents comprise more than one-quarter of all sex offenders (Finkelhor, Ormrod & Chaffin, 2010). As part of a broader community response to this problem, substantial clinical and research attention has been dedicated to developing specialised treatment programs for adolescent sexual offenders (ASOs). As with many clinical and clinical-forensic populations, clinicians have been inconsistent in their ability to effectively engage ASOs in therapy, with high non-completion rates associated with many specialised programs. Poor therapeutic engagement (TE) of ASOs may not only result in inefficient commitment of clinical resources, but may also lead to breaches of statutory orders, increased costs associated with further court and youth justice services, and to detention that may otherwise have been avoidable. Perhaps of greatest concern is the consistent observation in both adolescent and adult samples that sexual offenders who begin but do not complete treatment may be at higher risk of recidivism.

The present thesis reports four empirical studies that together aim to improve understanding of TE with ASOs. The first study aimed to identify multisystemic predictors of TE in a sample of court-referred male ASOs (N = 105, mean age = 15.53, SD = 1.30) participating in specialised treatment between 2001 and 2005. Correlation analysis identified peer relationships, Indigenous status and impulsivity/antisociality as significantly associated with poorer TE. Multiple regression analysis found that a model comprising these three predictors accounted for 33% of the variance of TE. Impulsivity/antisociality and Indigenous status were identified as unique predictors of TE, accounting for 11% and 13% of unique variance, respectively.
Study 2 aimed to examine whether the engagement of caregivers and caseworkers involved in the ASOs’ treatment was associated with ASO TE. The sample comprised 16 male ASOs (mean age 15.13, \( SD = 1.15 \)), 16 caseworkers, and 8 caregivers participating in treatment. Correlations between caseworker or caregiver TE and ASO TE were weak; however caregiver TE was strongly correlated with satisfactory progress in treatment for the ASOs. In addition, clinicians’ and caseworkers’ ratings of ASO TE and ASO self-rated TE were strongly correlated. Impulsivity/antisociality was strongly correlated with poor TE.

The present thesis was conducted with clients and stakeholders of a collaborative, multisystemic, field-based practice model. Study 3 examined whether involvement in this collaborative multisystem treatment model (CMTM) would enhance collaborative treatment partners’ (CTPs) knowledge, skills and confidence in working with ASOs. Study 3 also examined whether CTP knowledge skills and confidence was associated with ASO TE and treatment progress. The sample comprised 35 CTPs (usually caseworkers) whose questionnaire data was matched with treatment data from 35 ASOs (mean age 14.83, \( SD = 1.50 \)) with whom the CTPs were involved. CTPs reported significant improvements in their level of knowledge, skills and confidence in working with ASOs postcollaboration. CTPs reported significantly greater benefits than obstacles with regards to working within the collaborative treatment model. However this study found only weak relationships between CTP knowledge, skills and confidence and ASO TE or satisfactory treatment progress. Study 3 once again provided further support for the negative relationship between impulsivity/antisociality and ASO TE.

Based in part on the findings of Study 1, the ASO treatment model was modified to improve TE particularly with higher antisocial/impulsive ASO clients,
and with Indigenous ASO clients. The aim of Study 4 was to test for improvements in TE by comparing the Study 1 cohort \((n = 105)\) against a second independent cohort \((n = 54, \text{ mean age 15.44, } SD = 1.22, 42.6\% \text{ Indigenous})\). A two-way ANCOVA, controlling for impulsivity/antisociality, indicated significant improvements in TE for both Indigenous and Non-Indigenous ASOs. However, the Indigenous ASOs remained comparatively less engaged than their Non-Indigenous peers.

These findings are discussed in relation to previous research on TE with ASOs. Strengths and limitations of the present research are considered, and implications for multisystemic and clinical theory, treatment provision and prevention of sexual offending are discussed. Finally, a number of directions for future research are suggested.
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Declaration of Originality

I declare that this work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Please note that a modified version of Study 3 has been published in Clinical Psychologist, and modified versions of Studies 1 and 4 have been published in Behavioral Sciences and the Law.


Signed: .................................................................

Date: .................................................................