

Preparation for Midterm

Testable Material

Readings (S.A. and M.C.)

Lectures (S.A. M.C. and analyses)

Testimonies

Types of questions:

short answer

critical analysis

application of theories

multiple choice

bonus questions

CHEO is a full page

Review

Sociological Postvis

-Compare strain and subcultural theories

-Compare Cohen and Miller's concept of class

Biological and Psychological perspectives

-contributions and controversies

Explanations, classification and critiques

Complexities of conformity

Determinism

Contemporary Emphases of Theories/Issues

Presentation on Sexual Offending among Youth

by Social Worker from CHEO's Mental Health Outpatient Services

During and after the presentation, take note of, as well as reflect on the following details:

a) Unique & Distinguishing Circumstances

What are the unique factors and contexts among the youth compared to the adult population?

b) Why it is a Complex Issue

- Consider the seriousness of the sexually offending behaviour and how it is perceived.

- Consider how it is controversial.

- Consider that it is perpetration by children against children.

- Consider the rights of all children affected.

- Consider the impact for the offender's entire family.

- Consider how offenders and victims are often part of the same families and how the parents must support both.

c) How is this issue understood via the theories from our course?

- Which theories are most relevant to this issue based on the explanations provided by the social worker?

- Illustrate how the theories from our course shed light on this issue. d) Impact as a Criminology Student and as a Person

- How has the content of this presentation impacted you as a criminology student?

- What have you learned from this presentation?

- Has your perception of this issue been affected as a result of this presentation? If so, how? If not, why not?

- How has your (professional) criminological lens been impacted by this presentation?

- How has your personal opinion been affected by this presentation?

- How will this presentation impact your approach to offenders and victims, as well as their families in the future?

From this lecture, the main points are

- The need to differentiate between adolescents sexual perpetrators and adult perps
- Determining the risk of sexual recidivism
- Considering treatment options
- Consider the impact on families

18 years ago, guest lecturer received call from a Doctor at CHEO and asked if he would see a 14 year old sex offender. First thing he had to do to prepare himself for this patient was to review the differences between pedophiles and adolescent offenders.

Differences

- Adolescents who commit sexual offences are unique individuals. They are a very heterogenous group, while adult offenders are a more homogenous group
- Compared with adults, adolescent sexual preference show a lesser association with their offence history

Heterogeneous Groups

- Exhibit varying emotional and behavioral control, ranging from extremely impulsive to over controlling
- Over controlling are far more dangerous
- Majority of adult offenders fall in aforementioned category
- Sexual interest of these offenders varies from no attraction to children to exclusively interested in younger children
- Can display no other antisocial behavior, or they could display a conduct disorder presentation
- Adult population are more criminally active in cases like these
- When the perp is not interested in children, the main goal is deconstruct why they did it
- Intellectually delayed to gifted
- Often the case is that perp was watching tv, became sexually stimulated by content, chooses to abuse child
- Adolescent sexual preferences are a work in progress as the adolescent defines sense of self with a number of domains through many outlets, including sexual interest
- With the adult population, sexual interest is more defined

Enduring behavioral tendencies

- Adolescents are more likely to be “risk takers” and “sensation seekers”; any behavioral trait or set of trait may well be reflective of more transient developmental process

Caregiver Collateral Consequences

- Parental stress and hardship
 - uncertainty and fear
 - Supervision and safety
 - Mental health concerns
- Isolation, rejection (perceived, actual)
- Family Distress, Custody
- Separation of immediate and extended family
- Harassment and labelling (in-person, online)
- Deprivation of apology and reconciliation
- Many parents feel the need to rearrange their life due to sense of responsibility (change vacation schedule and job etc)
- Many families split due to their child’s actions (grandparents have to choose who is welcome at family parties if assault took place within extended family)

Stigma and embarrassment

Mother 4: Mother lost her daycare business due to her child's actions. She speaks on the stigma put on the whole family in an incident such as this. She also speaks on how they cannot tell anyone due to the embarrassment, stigma, and for the safety of their child. She was worried that the victim's mother would not report it, so she called CAS herself. She later found out it was her own son who was sexually abusing the victim. She feels very responsible, and she takes responsibility. She explains that she sent an apology message to the mother of the victim, and that she did not receive a response. She broke down crying during this, as she never got to reconcile with them. To this day she holds her son accountable for his actions, and does not brush this incident under the carpet. She supports her son by getting him the help he needs.

Mother 2: Feels as if she's an inappropriate mother (self blame)

Mother 1: Felt anger, blames herself for taking him off his medication for ADHD.

Father 6: Feels regret, guilt, and blindsided. He promised his daughter when she was born that he would always protect her. Never thought his own son would hurt his daughter.

Mother 6: felt she was losing one of her children and choosing between saving one of them. Then realized by reporting son she was also saving him because he needed help.

Mother 3: Felt appalled. Worried about victim blaming herself. Mother extended treatment beyond mandated conditions by CJS and CAS to prevent recidivism. She kept her son in CHEO till he aged out, then continued his treatment while he was over 18 at another hospital.

Mother 5: Son had lingerie fetish from a very young age. This fetish led to inappropriate sexual touching when the son was an early teenager. The mother felt pure anger when the event occurred, because she brought this up to many professionals in concern over the years, but they always brushed it off. She said that the social worker helped her son very much and the son actually looked forward to seeing the social worker, as he could talk about the fetish that he had openly for the first time.

Father of 15 year old male perp: he believes that the kids need to get the help they need. They must be held accountable, but they also must be equipped with skills to make sure they do not do it again.

Mother 1: Believes that her child would have serious self esteem issues if not for social worker

Father 2: States that the social worker helped not only his stepchild, but also himself throughout the difficult situation.

Some instances in which parents initially reject because they were so angry that they could not look at their offending child, child would have to go live with their grandparents.

Some parents look at their offending child and view them as both victim and perpetrator, not outright denial but a form of it.

In many cases, apologies and reconciliation never occurs, which has a very paralyzing impact on everyone involved in the situation.

The Collateral Consequences to Parents and Families of Sexually Offending in Eastern Ontario Youth- Negotiating the Best Interest of all Children

Economic strains

having lack of access, waiting lists to access services, have to turn to private practices = costly

Parents are often dismissed, guilty by association

Coming from a place in recognizing the rights of children

Study objectives

examine the impact of young persons sexual offending behaviour on family members

13 - 15 y/o all male vic 4 - 10 y/o female or male usually a relative or close neighbour

Caregiver collateral consequences

Parental stress and hardship

uncertainty and fear

supervision and safety

mental health concerns

Isolation, rejection (perceived, actual)

family distress, custody disruptions

Separation of immediate and extend families (siblings etc, being no longer welcome to certain family activities (rejection))

Harassment and labeling (in-person and online) LABELING THEORY had to shut down fb

Deprivation of apology and reconciliation** daycare setting mother lost her daycare because her son was the offender, financial implication was one element, stood by son and supported him.

struggled with the lack of reconciliation from the victim's family. range of consequences like social implications

Stigma and Embarrassment

mother 4- "oh my my kid does anyone know the stigma this put onto the whole family you know its not just applied to one person its applied to everybody its associated with and i think people forget that. But you have to keep it inside b/c its a shame its an embarrassment you don't want o tell anybody oh my god look at what my kid did who do you tell so you keep really quiet."

want to protect the dignity of their child

mother 2- think I'm a bad person "self blame"

Mother 1- ashamed but more how could u do this “anger” medication struggle a lot with mental health and social behaviours more self blame one medication she took him off ADD feels that this wouldn't have happened and had not torn the extended family apart

Father 6- felt blindsided and regret and guilt that it happened, promised he would protect his daughter from the day she was born and did not expect that harm would be caused by her very own brother. Importance about being informed

mom felt conflicted like she could only save one feeling she would lose her son, felt that the decision was best so he could get help, difficult repercussions for the parent too

concern for victim mother 3 disgust in what their child did, and felt responsible to the victim. went beyond expectations of CJS and CAS. treatment program with Richard expected for 6 months and extended it until he was 18 4 years after aged out of CHEO then extended it through the royal Ottawa hospital

Offenders mother's sense of responsibility for the offence

mother 4 - i called CAS daycare provider, bit her in the behind, she felt the blame, hurt and worried about her child and the victim. Sense of responsibility fuels responsible and took responsibility for it. Sent apology message to mother of child, she didn't receive a response. upset that the mother did not respond.

- part of parent being able to resolve issue
young person being held accountable to apologize , sometimes do not get the opportunity to apologize, important to allow time to pass for victims to be ready to receive an apology.
important for sake of holding person accountable. Deprivation of apology, bearing the burden could be for life when reconciliation cannot be achieved, some are not remorseful for what they have done.

Accountability and support of Offender

mother 4- you have to do with you cannot just overlook and ignore it, still to this day we talk about it
support is huge

Mental health : negative experience

mother 5 - reaction was pure anger at system when he was 8 she tried to convince professionals something was going on and they said no no it's fine. she tried to be proactive

Best interest of all children

father of 15 year old male

trying to get the kids the help they need instead of judging and tearing people away from each other focus on well being of children involved and preventing recidivism and make sure they lives are the best for them in the future.

CHEO positive impact/ experience

mother 1 don't think my son would be where he is rn in terms of self esteem

father 2- i was hurt by the oldest i love all my family and Richard helped me personally b/c i was in conflict because of the blended scenario. step siblings

mother 5 - son with fetish with lingerie, she felt relief with Richard treatment, her son looks forward to talking to Richard, felt police intervention was not going to be effective in treatment and called CAS to seek out Richard

parents did not reject the child, but some did because they could not manage their rage and emotions, relocation did take place, no families denied that it took place, concerned their child was a victim and a perpetrator at the same time trying to understand the bigger picture that took place.