

**Slaying the Vampire:
Juvenile Sex Offenders Overcoming Their Victimization**

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In some instances, adolescents who engage in sexually abusive behaviors have themselves been sexually victimized. In fact, adolescent offenders often report histories that include childhood sexual abuse, physical abuse, emotional abuse, or neglect. However, early childhood sexual victimization does not automatically lead to sexually aggressive behavior. Rates of juvenile sex offenders who have experienced sexual abuse as children reportedly range from 40 to 80 percent (Becker & Hunter, 1997; Hanson, 1998; Righthand & Welch, 2001). Clearly, not all youth who are sexually abused in turn sexually offend against other youth. However, early childhood sexual victimization is believed to affect future sexual behavior (Righthand & Welch). Simons (2007) refers to sexual abuse as a possible “developmental risk factor” that could contribute to future sexually abusive behavior against others.

Victimization not only causes emotional or physical pain at the time of the abuse, but it also has long lasting effects. Adolescents may learn styles of survival and coping that are adaptive while the abuse is occurring (i.e. dissociation, aggression), but are destructive or harmful once the adolescent is out of the abusive situation. Adolescents who lack insight into the impact of their own victimization may have difficulty understanding the impact of their abusive behavior on victims. Addressing victimization issues with juveniles who have been convicted of a sexual offense can therefore be challenging.

This presentation will outline a “Survivors of Sexual Abuse” (SOS) program that was developed and implemented at the Ohio Department of Youth Services with adjudicated male sex offenders in a secure residential setting. Discussion will focus on the pros and cons of addressing victimization issues for juvenile sex offenders as well as identifying the components utilized in this program. This treatment curriculum was designed and implemented as a structured, closed therapy group with material being covered during 10-12 group sessions. The material also lends itself to adaptation for younger, lower functioning adolescents. In addition, the development of an ongoing SOS Memory Book, that includes poems, drawings, letters, and inspirational messages from all group members to date, will be shared and discussed in the presentation.