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# Sexual Offense Treatment Board

Practice Standards and Guidelines for  
the Evaluation, Treatment and  
Management of Juvenile Sexual Abusers  
**January 1, 2020 Edition**

# Sexual Offense Treatment Board

Practice Standards and Guidelines for the Evaluation, Treatment and Management of Juveniles Who Have Engaged in Sexually Abusive Behavior.

Adopted October 2019 (effective January 1, 2020) and in accordance with ORS 675.400 and OAR 331-840-0070, all certified therapists as defined in ORS 675.365 must adhere to the following practice standards and guidelines when treating juveniles.

In this document, juveniles are defined as individuals who were younger than 18 when they engaged in sexually abusive behavior.

## A. Guiding Principles:

The goal for providers is to offer effective interventions that address a range of sexually problematic to sexually abusive behaviors.

Treatment and interventions must be:

- Victim- or survivor-centered; and
- Evidence informed; and
- Individualized, based on assessments; and
- Collaborative, involving the client's family and support network; and
- Sensitive to the client's development; and
- Affirming of sexual orientation, gender identity, and gender expression; and
- Cognizant that juvenile clients who participate in sexual abuse-specific treatment are different from adults; and
- Trauma-informed; and
- Focused on behavioral change, with an emphasis on risk-reduction strategies.

Providers must:

- Recognize that juvenile clients who engage in sexual abuse are a heterogeneous group with diverse victim preferences, levels of risk, criminogenic and psychosocial deficits, gender-specific factors, and emotional and behavioral health needs.
- Encourage collaboration of relevant community agencies and professionals.
- Use appropriately credentialed individuals and trained staff.

## B. 2017 ATSA Practice Guidelines

All certificate holders must adhere to the following sections of the 2017 ATSA Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior:

Section E through 8.3

Section F

Section G

## **C. Clarification preparation, clarification event, reunification, and reintegration**

These ongoing therapeutic processes must be documented in a treatment plan and modified as appropriate.

### **Clarification preparation:**

Clarification preparation supports the client as they utilize the skills and knowledge gained to recognize and be accountable for the impact and harm on victim(s) or survivor(s), families, community and self.

Clarification preparation must:

- Include drafting a letter of responsibility.
- Include clinical judgement on whether the family is ready for clarification and focused on the best interest of the victim or survivor.
- Involve collaboration with victim's or survivor's therapist if the victim or survivor is, or has been, in treatment.
- Be done, even when treatment has revealed that clarification, reunification or reintegration is not an appropriate goal.

Clarification preparation may:

- Involve collaboration with other professionals, caregivers, and any victim(s) or survivor(s) who have requested, or consented to, involvement.

### **Clarification events:**

Clarification events must:

- Include the client presenting a completed letter of responsibility to their certified therapist.
- Only involve the victim(s) or survivor(s) if the victim(s) or survivor(s) consent to involvement, and it's in their best interest.
- Involve the victim or survivor's therapist, a trained advocate, or a support person approved by the client's certified therapist.

Clarification events may:

- Take place without reunification, but reunification cannot take place without a clarification event.
- Include a letter, face-to-face meeting or other method of communication with victim(s) or survivor(s) if the victim(s) or survivor(s) consent to involvement, and it's in their best interest.
- Involve collaboration with other professionals, caregivers, and any victim(s) or survivor(s) who have requested, or consented to, involvement.

### **Reunification:**

Reunification is the reconciliation and rejoining of a family where sexual abuse has occurred. Reunification, when appropriate, takes place:

- After the client has learned to manage their sexual behavior as determined by their certified therapist;
- After the family has addressed any patterns of behavior that support or encourage abuse;
- When the victim(s) or survivor(s) feels safe, supported and empowered.
- With other professionals, caregivers, and any victim(s) or survivor(s) who have requested, or consented to, involvement.
- Reunification can occur without reintegration, but reintegration cannot occur without the reunification process.

### **Reintegration:**

Reintegration is when the client moves back into the family home when the victim or survivor of the sexual abuse lives there.

The recommendation for reintegration must include:

- Successful clarification and reunification as determined by the client's certified therapist;
- Consideration of input from others regarding reintegration.

## **D. Penile Plethysmography**

Certified therapists must not use penile plethysmography when treating clients younger than 18.

## **E. Polygraphs**

If certified therapists choose to use a polygraph, they must only use the polygraph as an adjunct tool; it does not replace other forms of monitoring.

Certified therapists must not refer a juvenile for a polygraph unless they have assessed the client's age, developmental age, cognitive capacity, and potential therapeutic benefit.

Information and results obtained from a polygraph, including the juvenile's compliance or refusal to comply, must not be used in isolation when making decisions regarding treatment, transitions, progress and completion of treatment.

The certified therapists must document in the case file the rationale for, type, and frequency of polygraph used, and use of results in treatment.

Certified therapists must only use polygraph examiners who are licensed in Oregon and have no outstanding or unresolved disciplinary actions.