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Effective Interventions Such as Treatment
Applied to Juvenile Sex Offenders
Will Reduce Recidivism in Adulthood

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The successful treatment of adolescent sexual offenders and their families requires a multidisciplinary approach that covers the entire continuum of care, from the initial intake to aftercare services. This paper outlines a conceptual framework for a collaborative approach for individual, family, and community involvement for supporting youth who sexually offend in assuming responsibility for their abusive behavior. When effective measures are taken, this collaborative approach will show a reduction in recidivism of sexual offenses.

Teenagers who commit sexual offenses have a history of pain in their lives that has led them to make perilous choices in an attempt to manage unresolved issues relating to previous trauma. Treatment providers have to balance the exploration of past victimization while maintaining a focus on accountability for the youths' abusive behavior. Understanding the impact of trauma is accomplished through exploring patterns of behavior.

Social attitudes regarding sexuality and gender influence attitudes toward appropriate behavior and the use of violence. Faulty belief systems place a youth at risk for sexual offending. Ethnic, cultural, and family beliefs about sex can

contribute to the risk of sexual abuse. Understanding such influences can decrease the likelihood of reoffense. Providing treatment for sex offenders is a challenge for practitioners. Inviting the client's responsibility often requires extraordinary professional effort. When working with adolescents who have committed sexual offenses and their families, it is important to base interventions on the competencies and resources that each family has developed. A collaborative approach incorporates individual, group, and family therapy, as well as family education, as a means for achieving treatment goals. The primary treatment goal for therapy with adolescents who have committed sexual crimes and their families is to support them in assuming responsibility for their actions and behaviors in order to prevent further abuse. The first priority is to engage all participants in such a way that they are motivated to integrate positive change into their lives. The assessment of sexually abusive youth is an integral and ongoing process that provides the foundation of treatment for these youth and their families. The initial focus of assessment is to determine appropriateness of community versus residential treatment.

In order to resign from an abusive lifestyle, each youth must understand what events, thoughts, feelings, and beliefs lead to abusive responses. These sequential patterns are

defined by high-risk interactions that evolved into a cycle of violence and abuse. Adolescents can learn to identify such patterns and intervene to prevent relapse. Once they are able to discern the pattern of abuse, adolescents are supported in experimenting with new, nonviolent ways of managing difficult experiences. Treatment now focuses on a broad range of situations in order to practice self-interventions. Each youth must develop a detailed plan for self-intervention to decrease the likelihood of reoffending. This plan for continued success becomes the framework for transition planning and aftercare services.

Recidivism is an identification to estimating the risk of a reoffense. The measurement of recidivism in sex offenders varies greatly. The measurement is not easily determined, as recidivism types will vary and the sex offense varies among other variables. A form of recidivism that has been studied is the re-arrest rate. The variables compared are an individual's re-arrest or new conviction to commitment to custody. A subsequent arrest to the original crime is a recharge to the original arrest. This study is viewed as a higher rate of recidivism. The subsequent conviction measures new arrests. This is found to be a lower recidivism. The subsequent incarceration is the return to prison under a new offense or a new sentence or a new parole violation. The measures are

difficult to determine, due to the lack of reporting and lack of evidence to show that the recidivism is a sex offense.

The measurement on recidivism on sex offenders is measured by a specific offense. More often, sex offenders will recidivate not only on sex offenses, but other criminal acts as well. As the sex offender will recidivate, the measurement becomes difficult to measure if it is a repeat sex offense or alternative measure of crime. The length of follow-up when monitoring a recidivism is generally five years. The studies are not available to be studied on recidivism after the five years.

These are the steps to be taken with sexually abusive youth that will ensure a decline in recidivism: pre-employment screening, ongoing training, peer consultation and supervision, open sharing of issues and the sharing of responsibility (Ryan & Lane, 1997).

Sexual abuse is identified as any form of coerced sexual interaction between an individual and a person in a position of power. Incest is sexual contact with anyone who is an inappropriate sexual partner. An inappropriate sexual partner can be identified by blood ties and social ties to the family. Incest is identified by victims who are of an age difference of five years and younger than 14 or 15 years of age. Abusive sexual contact is nudity, disrobing, genital exposure, kissing, fondling, masturbation, fellatio, cunnilingus, digital

penetration of the anus or rectal opening, penile penetration of the anus or rectal opening, digital penetration of the vagina, and intercourse. Sexual abuse has symptoms that resemble trauma, such as amnesia, numbing, spacing out, flashbacks, nightmares, sleep disturbances, guilt, perceptual distortions, self-destructive behavior, eating disorders, manipulations, personality disorders, sexual dysfunctions, and hopelessness (Dolan, 1991).

A person labeled a sex offender will vary in the type of sex offense committed. The sex offense committed will vary in the recidivism rates studied. Not all sex offenders will have reoffense risk characteristics that will lead to recidivism. An individual's historical characteristics, such as the age prior to offense history and the age after offense arrest or conviction, are also important. The other characteristics will change over time and are not valuable in determining the risk characteristics.

Sex offenders who have served time will determine recidivism based on where the time was served. Sex offenders will have served time in an institution and may have a mental disorder. They can be a part of the probation monitoring the length and follow-up after an incarceration. Studies have shown a higher rate of recidivism for sex offenders who have been released from a psychiatric facility.

Sex offenders can be placed in two categories: child molesters and rapists. A study in California showed that 19% of rapists were reconvicted within five years. The Philadelphia study showed an 11% re-arrest rate for a sex offense. Child molesters have a higher rate of reoffense than do rapists. Child molesters will have a higher failure rate to any form of treatment or incarceration. The child molester becomes an intensive study. Studies show that sex offenders who have prior criminal offenses and reconvictions or are incest offenders will have a higher rate of recidivism. The child molester showed that he has a preoccupation with children and an inability to control that fixation. The studies will show a difference in the number of offenses that were committed before the prison release due to the uncontrollable thought patterns of the child molester.

The study of juvenile sex offenders is difficult. Studies are not clear and give little information about the recidivism of the juvenile sex offender. The belief is that the young offenders are more likely to offend because they have developed a fixation for the sex offense activity. The studies have shown that longer periods of incarceration for juvenile sex offenders led to a lower recidivism rate than those that have not been incarcerated.

A study of sex offenders who are on probation showed that

recidivism can be deterred. The deterrence comes from established employment, involvement in a sex-offender treatment program, and the formal and informal involvement of family and the community.

Studies of sex offenders are difficult, due to the variety of offenses and characteristics of recidivism. The measurements become confused due to the variety of samples studied to determine recidivism. In this case, multiple studies are joined to determine an accurate predisposition to recidivism in the sex offender. The research for the studies looks at demographics and lifestyle in relation to sexual history. The risk of reoffending is researched to one's sexual preoccupation, the denial of offense and the need for treatment and identification of the acts committed. The metaanalysis will be developed through this research by combining studies and samples. The metaanalysis will strengthen and show consistency of the characteristics related to recidivism.

The interventions that have shown to impact the rate of sex offenders recidivism are treatment and long-term supervision. The treatment types used for sex offenders are the cognitive-behavioral approach, the psycho-educational approach, and a pharmacological approach. A study showed that sex offenders who received treatment suffered 18% recidivism versus 43% who recidivated and did not receive treatment. The

overall studies conducted varied in their research results. All the studies were consistent in showing that sex offenders involved in relapse prevention programs are likely not to repeat sex offenses. The treatment is effective, but the way in which it affects the individual will differ. The therapeutic approach, location of the treatment conducted, the seriousness of the sex offender's history, and the willingness to participate, all determine the effectiveness a treatment approach will have in reducing recidivism in the sex offender. The treatment approach taken with juvenile sex offenders is most often the cognitive-behavioral approach. Research is lacking in determining the success of treatment with juvenile sex offenders. It is clear in the research that juveniles who fail their treatment are at a higher risk of reoffending.

A second aspect to reducing recidivism is the supervision of a sex offender in the community. Research is lacking in determining an accurate perception of recidivism once the offender has been released into the general public. The reason for the lack of studies is that the sex-offender population is greatly different from the criminal population. The sex offender is difficult to track in supervision, for his fantasies and obsessions play a role in recidivism. Oftentimes, offenders act upon their obsessions and are not reported or convicted. The lack of reporting and convictions plays a role in how the

monitoring program of supervision can accurately help in reducing recidivism. Those assigned to supervision of sex offenders play a role in recidivism. The supervision must consist of a clear understanding of the sex offender by identifying the offense of the sex crime and its relationship to the offender.

The juvenile entering the community after treatment will also need supervision. The success to alleviate recidivism comes from an effective aftercare program in place after the juvenile is released from an institution. Studies have shown that juvenile sex offenders will be less likely to recidivate with less institutional time and more of a focus in aftercare programs. The aftercare programs begin while the juvenile is institutionalized and requires family and community involvement. The combination of aftercare and family involvement has shown more success in reducing recidivism. The successful treatment outcome is dependent on each youth's commitment to living a respectable lifestyle. This commitment can be punctuated and witnessed by those people who have supported this effort throughout the treatment processes. For youth in residential treatment discharge is a time of high risk, when a youth returns to the environment where the abusive behavior originated. Planning for continued success provides an opportunity for strengthening the plan for continued success. Aftercare

services provide a transition from intensive focus on sexually abusive behavior toward successful application of newly acquired skills and abilities for lifelong relapse prevention. Maintenance of therapeutic connections can enhance adjustment to change and influence successful outcomes.

The OJJDP report showed a decline in sexual-abuse cases in the 1990s. This comes with a variety of factors and studies that lead to the reasoning behind the reduction of sexual-abuse cases. The reduction is seen because the professionals reporting have conducted better practices in reporting suspicion of sexual abuse. Child maltreatment comes in a variety of forms; however, the sexual abuse has taken precedence over other forms of child maltreatment. Schools have stepped up their programming to develop intervention programs to sexual abuse of children. The treatment programs for juveniles and adults have become focused. The criminal-justice system has changed in the process of prosecuting known sex abusers. The states and administration have changed in their viewpoint of handling sex-abuse cases. This entire scale of changes has shown some success in preventing or intervening in sexual abuse. On the negative side, people have become afraid of the backlash to reporting sex abuse. Sexual abuse has always been a problem. With the current added media attention to sexual-abuse cases, people are afraid to be in the spotlight of the media.

Research shows a need for intensive studies on the quantitative and qualitative approaches. Research has been done to look at programs, prosecution, treatment, and education programs that all impact the decline in sexual-abuse reporting. Research and studies are needed to focus on localities, states, and case records of investigating agencies and the impact on reporting. Research to look at how characteristics of sexual abuse occurs has changed over time.

Currently, the data for juvenile sex offenders are not equally reported. It is difficult to determine assessment trends when the data is scattered through the child-protection system and the law-enforcement system. From state to state, the data gathered and documented varies with each policy. This variance creates difficulty in reporting an accurate picture of the reports of sex abuse. The need is for policymakers who form our policies to become concerned with accuracy. The policymakers are more concerned with accelerating the decline in sexual-abuse and child-maltreatment reports than focusing on why there is less reporting. The policymakers would benefit from asking what roles are contributing to this decline of sex offenses.

A variety of explanations are given for this decline, reported by the OJJP. The OJJP has identified six possible explanations for the reduction of sexual-abuse cases. One explanation is that

there has been an increase in conservatory procedures as applied by CPS workers. It is believed that CPS workers have brought a more conservative approach in looking at substantiating cases than in reporting investigation cases. This information conflicts from state to state. It is not clear whether taking the conservative route in questionable cases is leading to the decline in sexual-abuse cases. How the cases came about is a result of analyzing the trends in different ways. The question of how the cases evolved has to do with custody disputes. The family structure plays a role in how the household functions. The parent household, for example a single, two parents, adoptive, or step parent household, showed a variance in the results of sexual-abuse reports. Also, the way the states collected their data varied. This does not allow for a clear perspective on the decline in sexual-abuse cases.

A second explanation is the exclusion of cases that did not involve caretakers. The number of sexual-abuse cases involving non-caretakers and juvenile offenders declined due to CPS' failure to identify the non-perpetrators. CPS then resorted to the view of non-perpetrators being neglectful in "failure to protect". CPS agencies interpreted this role to mean protecting the child within the home. As a consequence, the perpetrator did no longer qualify as a sex offender, and was therefore not reportable as a sexual-abuse crime.

The third explanation is that CPS data collection methods and or definitions had changed during this trend. The 1990s saw a change in documenting and handling reported sexual-abuse cases. Claims have identified the decline due to the structural change in how the sexual-abuse cases were identified.

The falling number of reports to CPS agencies was due to a sexual-abuse backlash. Reporting sexual abuse resulted in the media taking a negative view of the person reporting the abuse. The media took on an overzealous reporting stance to sexual-abuse cases. People who reported allegations of sexual abuse started to fear possible lawsuits seeking damages being filed against them. The public started to reflect negatively on the CPS because the CPS workers were often viewed as targeting innocent citizens. CPS workers were told to not report for fear of this backlash and a negative view of them. Physicians feared the loss of clients and damages to their practice for reporting their suspicion of sexual abuse.

The diminishing number of older cases created a decline in sexual-abuse reporting. The 1980s brought a better understanding of ways to identify and determine what a sexual-abuse case was. With the new-found view came a new focus on the older cases already selected to be reviewed. The review may have led to a diminishing number of sexual-abuse actions in the cases being detected.

The idea behind the decline is that sexual-abuse cases have declined. The decline is due to lesser sexual-abuse cases being reported. The decline paralleled the decline in social problems during this trend. The decline was due to readily preventable cases of sexual abuse. The trend showed an increase of incarcerated offenders. It also showed that the persons incarcerated were serving longer sentences. There was also a decline in the number of self-reported sexual abuse by victims. The national crime victimization survey does not list sexual abuse as a crime category. With CPS not categorizing sexual abuse by the perpetrator the study ran parallel to the decline mentioned in the CPS reports. Also, the CPS tier of identification changed during this time.

The decline in social problems is paralleled by a decline in sexual-abuse cases. The specific social problems, causing the decline, were teenage pregnancies, children running away from home, children living in poverty, and teen suicides.

The greater decline in the most readily preventable cases is attributable to the fact that potential offenders were deterred by the increase in public awareness of sexual abuse of children. Professionals increased efforts to prosecute and incarcerate convicted sexual abusers. The increase in the number of incarcerated offenders showed up in the data and played a significant part in the decline. The surveys done on

state correctional institutions from 1991-1997 showed that the number of persons incarcerated for sex crimes increased by 39%. This is double the number of incarcerations in 1986. The increase was relevant to incarcerated individuals being at a loss to utilizing the victims. (Finkelhor & Ormrod 2001)

Young persons who have committed a sexual offense must realize what they have done. They need to take complete responsibility for what they have done. In this process, the young person will learn how his personal circumstances have influenced his decision to become a sexual offender. The young person will have to explore ways to reject a lifestyle that causes harm to himself and to others. According to Schladale, the factors that contribute to committing sexual offenses are social, cultural, and family beliefs, race, class, gender, and ethnic reasons. Extensive education in family life and education in human sexuality is required to combat the cycle of sexual abuse. Schladale points out that it would be incorrect to assume that all perpetrators are only doing to others what was done to them. (Schladale, J. 1993)

Treatment should focus on applying a "parallel process". The behavioral-cognitive method is required to be applied to sexual offenders in treatment groups. The objective is to teach responsibility and self control. A group technique being used, called "round", has the young person state his name and offense.

This technique will reveal to the youth how to talk about his acts in the first person singular and include details of the acts committed. (Etgar, T. 1996)

Treatment applied to young persons is based on two principal themes, thinking errors and distortions. The young person will look at how he wished for having power and control over others. This approach is confrontational to the young offender. It underlines the offender's accountability. The focus is on self disclosure and the strategies to be applied to prevent relapsing in another sexual offense. The residential program includes aversive consequences for inappropriate behavior rather than reinforcing the paradigm. The residential treatment program involves weekly logs on sexual fantasies, masturbation, grooming behavior, intensive group therapy, and one-on-one therapy in the sexual-offense cycle. (Goocher, B. 1994). Juvenile offenders have a unique need to address their sexual offenses. To address these unique needs, one must look at long-term and short-term goals for the young person. Firstly, validating the developmental predictions of the attachment theory when applied to adolescent sexual offenders. This will allow one to determine the need for sex offender-specific treatment for adolescents who molest children. The additional goal is to develop effective interventions for the subgroup of juvenile sex offenders. The short-term goal is to understand

how peer and adult attachment experiences differ in two groups of adolescents. The two groups are identified as those who have molested children and those who have engaged in nonsexual delinquent behavior. The strategy focuses on including three components related to adolescent child molesters and nonsexual-offending, delinquent young persons. The first is to determine how perceived parental behavior differentially influences the two groups. The second is to identify the internal attachments models. The third is to determine the characteristics of the adolescent sex offender and his relationships with his peers. These study results will provide a better understanding of the differences between adolescent child molesters and other delinquent young persons. These results can lead to effective treatment strategies for juvenile sex offenders. (Miner, Michael H. PhD)

The theory of psychosis states that the sexual offense is not a specific psychotic feature. The sexual offense is a symptomatic action based on an underlying illness. The psychological theory tells us that sexual offenders were born rather than raised as such. In other words, the act of sexual offense is an inborn condition. If this turns out to be true, than society will be helpless in dealing with sexual offenders. No neurological explanation has been found for sexually-aggressive behavior. The intra-psychic theory says

that sexual offense consists of two basic instincts, one sexual and one aggressive (Ryan, G. & Lane, S. 1997).

Deviancy is defined as any quality, conduct, and thought that significantly diverges from a standard or norm. Deviancy is determined by laws, customs, or any group standard. Deviancy expresses itself through one's behavior or beliefs.

Understanding the development of sexually deviant behavior hinges on understanding the norms and sexuality and the way in which a young person has developed. A person's sexual development is shaped by cultural norms, one's family, social messages, and one's life experiences. Young persons may maltreat other children because they lacked and lack motherly love and care. The young person lacks worthwhile interactions to fill the emptiness in his life and provide satisfaction. (Ryan, G. & Lane, S. 1997)

A child understands his or her current situation based on beliefs formed by earlier experiences. The young person's current perceptions become the basis for understanding his future experiences. What is developed internally will be an influence on external behavior. The abusive nature of the interactions is what makes the sexual behavior a criminal offense. Temporarily adaptive behavior is based on isolation, fantasy, and compensatory behavior. The abusers lack empathy and misattribute responsibility. Abusers are in denial, having

distorted views of attributing responsibility. (Ryan, G. & Lane, S. 1997)

Society denies childhood sexuality. Children subsequently feel repressed in their sexuality during adolescence. Because of this, young offenders have suffered from "adolescent adjustment reaction" and "conduct disorders". (Ryan, G. & Lane, S. 1997)

The continuum of care says that all abusive young persons must make a commitment to change. A secure setting is required for those that display sexually abusive behavior. These young persons show delinquent behavior and have conducted violent sexual assaults. The community is at risk from young persons who have not grown up in a secure setting. Many of these young persons are abusive, in denial, are seriously offensive and refuse treatment. (Ryan, G. & Lane, S. 1997)

In many societies, males are supposed to play the role of being powerful. This ideal contributes to societies' standards of power and control to be had in men and not in women. This ideal causes a male gender role strain. The gender-role conflict looks at different ideas and views from a male and female perspective (Burn, S. 1996). A component of the male's role is social success and one's status norm. This suggests that a man is valuable to the extent that he makes a lot of money and is successful at work. This norm may interfere with

self-actualization, self-esteem, and quality fatherhood. Compensatory masculinity, an extreme and destructive masculinity, may occur when men are unable to live up to this norm. The mental toughness norm communicates that men should always be knowledgeable, competent, and in control. This norm may prevent learning, result in costly mistakes, and create relationship conflicts. The physical toughness norm and its sidekick, the "give 'em hell and go for it" norm, suggest that males should be physically strong and masculine and should embrace danger. This may contribute to aggression and risky behavior including use of steroids, drug and alcohol abuse, physical injuries from overuse or lack of medical attention, driving recklessly, and irresponsible sexual behavior. The emotional toughness norm expects men to not show emotional weakness and that they should take care of their own problems. Males may receive less emotional support and have less intimate relationships than women because of this prohibition of emotional expression. The antifeminist norm conveys the idea that activity and traits associated with women are to be avoided. Like the emotional toughness norm, this may interfere with expressing oneself emotionally and may keep men from expressing desirable, yet stereotypically female behavior, such as tenderness and empathy. It may also interfere with more equitable divisions of household labor. Originally,

psychologists believed that males were more psychologically healthy if they embodied traditional male values. Now it is increasingly believed that the male gender role may be a source of anxiety and strain because of aspects of it that are dysfunctional and contradictory. Recent studies have suggested that endorsement of the traditional male role today is relatively weak. However, the perception that others still endorse this traditional role, and the absence of intuitional support for new ways of behaving, all interfere with possible fundamental changes in the male role. Clinical psychology and psychiatry have also been slow to seriously incorporate the idea that the traditional male role is damaging to mental health. (Burn, S. 1996)

Staff working in residential treatment programs plays a significant role. Its role can become construed due to the stressful nature of working with difficult young persons. Staff will start to make mistakes when it becomes too involved in the client's problems. Staff will begin to hope for too much of a change from the young person. Instead, staff will benefit from identifying how their individual responses could get in the way of helping the young offender. Staff will benefit from the view that clients are capable of change and capable of knowing what will work best for them. Staff will have to take the stand that it will continue to support the young person. (Durrant, M. 1993)

Thirty percent of teen suicides consist of teens dealing with their sexual identities. One's sexual orientation is multidimensional, situational, changeable, and contextual. The families of these teens will need to go through stages of acceptance of their child's sexual development. (Hersch, P. 1991)

Success in treating our young persons comes from the technique, relationship, and motivation in a treatment program. The therapeutic technique is 15%, meant to instill a sense of hopefulness, with 15% expectancy. The therapeutic relationship between the service providers and clients is 30%. The most important part is the client's motivation which stands for 40% of the treatment program. (Schladale, J. 1997)

Power and politics play a role in the therapy approach. The political implications and influences will affect the way treatment is applied. The treatment program can benefit from taking the system's thinking approach to offer a purely objective approach to therapy. (Jenkins, A. 1994)

The individual's abusive actions are attributed to an excess of emotional states such as anger or sexual arousal. These actions are viewed by the individual as natural, and inevitable, and even unavoidable emotional states. The abusive male has low self esteem, a feeling of inadequateness, fears of insufficiency and inferiority in relationships. The social

learning theory states that acquired behavior is passed on from generation to generation. (Jenkins, A. 1990)

Sex offenders lack intimacy and display feelings of loneliness. When the parent-child bond is disrupted or of poor quality, than the young person will start displaying problem behavior. But not all adolescent sex offenders have a criminal history. To ensure the parent-child attachment, bonds are formed when the caregiver is confident, responsive, sensitive, warm, affectionate, empathetic, trustworthy, and consistent. (Barbee, H., Marshall, W. & Hudson, S. 1993)

The assessment is identifying behavioral patterns in the sexually abusive young person. The assessment will determine the potential for the young person to re-offend. The type of treatment and participation will be determined before placing the young offender in a recommended treatment setting. The assessment will address the risk to the community at the moment of having the sexually abusive youth reinstated into the community. If the youth were to be placed back into the community, what would the monitoring considerations be and what would the risks be for potential victims. (Ryan, G. & Lane, S. 1997)

There are now several hundred treatment programs for juvenile sex offenders nationwide, but only a few reports in on various strategies of treatment. (Becker, 1988). The number

of residential treatment centers serving this population is unclear. It can be concluded that they all struggle with challenges of program development and daily behavior management issues in the milieu that are common to treating this very difficult population of sex offenders. The problems are without a doubt unique, but difficult to know because the literature does not report on operational matters in residential treatment settings. Nor make what is learned, actually work. It may be instructive for a leadership program to examine the extent to which caregivers may inadvertently replicate the power and control and secret worlds of the adolescent sex offenders under their care. The focus on quasi-correctional milieus and program designs is characteristic of most treatment programs for this difficult population. The importance stressed in leadership programs to assess the extent to which traditional models of treatment are adequate to address the multiple problems, both psychiatric and behavioral, are beginning to be identified in the literature as more pervasive in this population of dysfunctional young persons than the traditional models of care that have been identified. With this new recognition that sex offenders do not represent a one-dimensional problem for intervention, a broader range of training that will enhance the skills of caregivers is necessary if more holistic treatment environments that focus on more than just the sex offending

cycle and the relapse prevention model are made available to meet the multiple needs of these distressed young persons.

(Goocher, Buell E.)

Mental health issues plague not only victims but the victimizers also. Thirty-one percent of all rape victims develop posttraumatic stress disorder (PTSD) in their life. Rape victims are 6.2 times more likely to develop PTSD than women who have never been victims of crime. Research indicates that 30 percent of all rape victims have experienced one major depressive episode in their life after being raped. Only 10% of women who have never experienced a violent crime have gone through a period of depression. Rape victims are four times more likely to have contemplated suicide after being raped than non-crime victims and 13 times more likely than non-crime victims to have attempted suicide. (National Violence Against Women Prevention Research Center)

An investigation into suicides of women within one year of their giving birth found that there was a known or suspected history of intimate partner violence in two out of five cases. (Walton-Moss, B. and Campbell, J. January 2002)

Criminal victim estimates in 2001 are the lowest since 1973. There were an estimated 24.2 million criminal victims in 2001: down from 25.9 million in 200 and down from 44 million in 1973. In 2001 there were an estimated 5.7 million incidents

of violent crimes including rape, sexual assault, robbery, aggravated assault, and simple assault. This was reported to be down 10% from 2000. There were an estimated 248,000 rapes, attempted rapes and sexual assaults in 2001. Youths between the ages of 12 and 19 experience the highest rate of violent victimization in the United States at a rate of 55 per 1000 persons in the population. Blacks experienced more violent assaults in 2001 than whites or persons of other races. The rates of rape and sexual assault, however, had similar incidence rates among blacks, whites, and persons of other races in 2001. Females were victimized by an intimate partner or an acquaintance 57% of the time in 2001, while males were victimized by strangers 55% of the time. Among young persons between the ages of 12 and 19, there were an estimated 82,440 rapes and sexual assaults in 2001; an estimated 339,180 aggravated assaults and an estimated 1,189,020 simple assaults. (Bureau of Justice Statistics, September 2002. Criminal Victimization 2001: Changes 2001-01 with Trends 1993-2001. Washington DC: U.S. Department of Justice.)

Rapes reported to law enforcement in 2001 totaled 90,491 incidents. In 44.3% of the reported cases, at least one person was arrested and charged. Twenty-seven thousand two hundred and seventy people were arrested and charged for rape in the United States in 2001. (Federal Bureau of Investigation, October 2002.

Crime in the United States, Uniform Crime Reports 2001, Washington, DC: U.S. Department of Justice)

There were 1.1 rapes or sexual assaults among persons of 12 years or older per 1000 people in 2001. In 66% of these cases, the offender was an intimate partner, another relative, a friend, or an acquaintance of the victim. There were an estimated 248,000 rapes, attempted rapes and sexual assaults in 2001 according to the National Crime Victimization Survey. An annual average of 140,990 complete rapes, 109,230 attempted rapes, and 152,680 completed and attempted sexual assaults were committed against persons aged 12 or older in the United States between the years of 1992 and 2000. Ninety-four percent of all complete rapes, 91% of all attempted rapes, and 89% of all completed and attempted sexual assaults between 1992 and 2000 were against female victims aged 12 or older. Only 36% of complete rapes were reported to the police during the years 1992 to 2000. Thirty-four percent of the attempted rapes, and 26% of the complete and attempted sexual assaults were reported. All rapes, 39% of attempted rapes and 17% of sexual assaults against females resulted in injured victims during the period surveyed from 1992 to 2000. When rapes were reported to the police, victims were treated for their injuries in 59% of the cases. When the rapes went unreported, only 17% of the victims received medical treatment for their injuries. A recently

published eight-year long study indicates that when perpetrators of rape are current or former husbands or boyfriends, the crimes go unreported to the police 77% of the time. When the perpetrators are friends or acquaintances, the rapes go unreported 61% of the time; and when the perpetrators are strangers the rapes go unreported 54% of the time. (Bureau of Justice Statistics, 2002)

In 1999 there were 67,000 runaway or throwaway cases of young persons between the ages of 7 to 11 years old, many of whom were in danger because of the risk of sexual exploitation, the criminal activity taking place in the area where they had "run" to, their extremely young age, and/or the risk of physical or sexual abuse when they returned home. Of the approximately 879,000 children found to be victims of child maltreatment in 2000, 63% were neglected including medically neglected, 19% were physically abused, 10% were sexually abused and 8% were psychologically mistreated. Victimization rates for male and female children in 2000 were similar in every category except for sexual abuse where the rate for females was higher. There were 1.7 victims sexually abused per 1000 female children and 0.4 victims sexually abused per 1000 male children. Parents were the perpetrators in 84% of the reported cases of child abuse in 2000. Mothers acting alone neglected their children in 47% of the cases and physically abused them in 32% of the cases.

Fathers acting alone were responsible for 22% of the cases of sexual abuse. While the rate of child victims per 1000 children in the population has been decreasing since 1993, from 15.3 victims per 1000 to 11.8 victims per 1000 in 1999, the victimization rate increased in 2000 in 12.2 victims per 1000 children. (National Incidence Studies of Missing, Runaway, and Throwaways Children, October 2002. Runaway/Throwaway Children: National Estimates and Characteristics. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention)

Between July 1998 and June 2001, the CyberTipline operated by the National Center for Missing and Exploited Children has received a total of 44,303 reports of suspicious online predatory behavior toward children. There have been 192 reports of cyber contact involving child pornography; 4,026 reports of instances of online enticement; 1,880 reports involving child sexual molestation; 779 reports involving child prostitution; and 426 reports involving child sex tourism. Research into non-family child abductions found that in 1999, 58,200 children were forced by a non-family perpetrator to go to an isolated place without parental permission for a substantial period of time. Forty-six percent of these children were sexually assaulted. (Office of Juvenile Justice and Delinquency Prevention (OJJDP), January 2002)

The odds of being a victim of domestic violence as an adult are increasing by a factor of 1.7 when being an adolescent victim of violent crime. The odds of being a perpetrator of domestic violence as an adult are increased by a factor of 1.7 when being a victim of violent crime in adolescence and doubled by being a perpetrator of violent crime in adolescence. Sixty-five percent of the offenders incarcerated in state correctional facilities for crimes against juveniles in 1997 were sex offenders. Forty-eight percent of offenders incarcerated for crimes against juveniles in state correctional facilities had victimized someone in their family or their household and 38% had victimized an acquaintance. (Office of Juvenile Justice and Delinquency Prevention (OJJDP), January 2002) The results of several surveys conducted since 1994 on rape and sexual assault inside of prisons indicate that conservatively speaking, one in 10 of all male prisoners in the United States correctional systems have been raped, sexually assaulted, or coerced into sexual activity by other inmates. (Human Rights Watch 2001)

Juveniles Who Commit Sexual Offenses

Revelations of sexual offenses committed by juveniles have become a topic that is demanding more and more public attention. Justice Department statistics 1994) reveal that the number of juvenile court cases involving forced rape increased by 27% in

1992. FBI reports for 1991 reveal that 4,766 children under the age of 18 were arrested on rape charges. Of these 1,742 were under the age of 15 and 81 were under the age of 10. Over 14,000 other children were arrested for sexual offenses that did not include rape. These statistics represent a dramatic increase in reported criminal behavior.

The treatment of adolescents who commit sexual offenses remains an under-investigated topic in the field of mental health. This can be attributed to insufficient information on how to develop training, inadequate laws, and government mandates, staff and funding shortages, limited professional networking, and an unequal distribution of resources. Intervention has often been based upon research about adult offenders that does not take into account the development and life cycle differences in adolescents. Clinical experts have been grappling to make sense of the complex dynamics involved in the development of sexually abusive behavior (Ryan and Lane, 1991; Hermann, 1992). National attention continues to focus on ways to significantly impact recidivism and curb the tide of sexual crimes in America.

Types of Sex Offenders

When we refer to sexual offenders the general public will have a single definition of a sexual offender. To begin to

understand sexual offenders and resulting in prevention strategies or lessen recidivism we must first understand who a sex offender is and how he operates.

There are three identifiable types of child molesters. Child molesters are great liars and masters of deception. Type one is the preferential offender. This type of offender has distinct likes and dislikes regarding his or her victim. The victim's gender, age, or hair color, are some of those distinctions. The type-one child molester will have hundreds of victims. They will never change their preference for a particular type of victim. They will be meticulous in their grooming of these victims from a day up to a year of progression. The grooming will take the shape of liking what the child likes, even going to the level of collecting the same items as his or her victim. The type one offender wants his victims to like the sexual experience. They have the belief that they don't want the victim to be hurt but to enjoy the sexual experience with the perpetrator. The type one child molester is the hardest to treat. The treatment of juveniles who are type one offenders is very difficult, because their beliefs and patterns are already ingrained. These juveniles are the most dangerous.

Type-two child molesters are found to be mostly female offenders. The type two child molester is the act that is situational or a regressed offender. The child molester is

generally an adult, married, single, and depressed. The offender will be a young female who doesn't have many friends or family members. The female child molester will be immature. The female child molester has sex with their victims and forms of molestation. The type-two offender can be treated by identifying the triggers that will result in abusive behaviors. The type-two offender will produce fewer victims than the type-one child molester.

Less than 5% of child molesters are type-three offenders. The type-three child molester is indiscriminate or sadistic in his or her offenses. The purpose is to inflict harm to the victim. The type-three child molester will not have any victim preference, be it a child or elderly. Their main purpose is to find the right individual who shows the potential to be victimized.

The child molester will have a special means in which they operate. The offender has a process of elimination that is performed gradually. It is similar to choosing a magazine on a coffee table. The child molester likes and actually needs to be around children. They will focus on the children who are trouble makers, they may have few friends and come from broken families. Privacy is very important to the operation of a child molester. They will not abuse a child in front of others. The child molester has to be alone with the child. The third aspect

of the operation of the child molester is the most significant one in understanding the risk management process. The child molester's main focus is control. Control over the victim and control over the community. Control meaning a physical and a psychological grip on individuals and society as a whole. This type of control is more often seen in the type-one child molester (preferential offender). The child molester will have three main types of control, physical, community, and psychological. The physical control is what we allow. Physical control such as an arm around the shoulder, a high five, a pat on the head. A display of hugs will go from a side hug to a frontal hug. This progression in touching begins to desensitize the victim. The touch appears normal to the community and others. The process of physically touching is a way for the child molester to weed out his victims. Those that pull away or become fidgety are less likely to become the victim versus the responsive child who acquiesces and is receptive to the touch.

A second control type is the control of the community. The child molester has become familiar with the community. They have shown themselves to be around children and involved with children in an acceptable way. It is here that the child molester has gained the trust of the adults to the extent that the child molester will be allowed to take children alone on activities. Let us recall that it is privacy that the child molester needs

in order to offend the child. The child molester's control over the community comes to show that they are great at working with children and show themselves to be nice to people.

The third control type is psychological. The child molester will have psychological control over the child victim. The child victims think his offender is cool and will pick them as their favorite. The child molester's role of psychological play is performing acts such as dirty jokes, offering gifts such as here's fifty cents, don't tell anyone. The offender will bring the victim to his home and offer them cigarettes, alcohol, Playboy magazines and use this to blackmail the victim by telling the victim he or she will be in trouble if the adults were to find out. (Wisconsin Association of family and Children's Agencies and DHFS Division of Children and Family Services, PRAESIDIUM, INC. 7/10/03)

Typologies of sex offenders are crude constructs drawn to aid in the understanding of the difference in behaviors. They typically paint general pictures especially when dealing with behavior as complicated as sexual offending. Abel (1987) has shown how rare for a subject to be involved in just one perihelia such as pedophilia; multiple paraphilias appear to be the rule. The majority of subjects in this population validated this theory. Besides being involved in technophilia (McLaughlin, 1998) many offenders were also found to be involved in, but not

limited to, pedophilia, hebephilia, klismaphilia, partialism, Europhilia, axilphilia, fetishes (especially the collection of soiled underwear) infantism, sado-maschism and transvestite behavior. These searches also inadvertently revealed other criminal conduct which included homicide, possession of explosives, controlled substance distribution and possession, firearms violations, and the harboring of runaways. (www.icc911.com/arts/child_safety/public_infor/Child_Pornography.html)

DSM IV Identifications of Sexual Offenses

The term *sex offender* is a general one. Many persons will be labeled a sex offenders but each person will have qualifications that differ substantially. In order to begin to understand the sex offender we must first understand the type of sex offender we are addressing. DSM IV provides a label for the specific manifestations of sexual disorders that result in sex crimes.

The criteria for severity of manifestations of a specific paraphilia are mild, moderate, and severe. The mild type is a person who is markedly distressed by recurrent prophetic urges, but has never acted on them. A moderate type person has occasionally acted on a paraphillic urge. The severe type person has repeatedly acted on the paraphillic urge.

302.40: Exhibitionism

A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving the exposure of one's genitals to an unsuspecting stranger.

B. The person has acted on these urges, or is markedly distressed by them.

302.81: Fetishism

A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving the use of nonliving objects by themselves (e.g., female undergarments). Note: The person may at other times use the nonliving object with a sexual partner.

B. The person has acted on these urges, or is markedly distressed by them.

C. The fetishes are not only articles of female clothing used in cross-dressing (transvestite fetishism) or devices designed for the purpose of tactile genital stimulation (e.g., vibratos).

302.89: Frotteurism

A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving touching and rubbing against a nonconsenting person. It is the touching, not the coercive nature of the act, that is sexually exciting.

B. The person has acted on these urges, or is markedly

distressed by them.

302.20: Pedophilia

A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children (generally age 13 or younger).

B. The person has acted on these urges, or is markedly distressed by them.

C. The person is at least 16 years old and at least five years older than the child or children in A. Note: Do not include a late adolescent involved in an ongoing sexual relationship with a 12 or 13 year old.

D. Does not meet the criteria for Gender Identity Disorder of Adolescent or Adulthood, Non-transsexual Type, or transsexualism.

302.83: Voyeurism

A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity.

B. The person has acted on these urges, or is markedly distressed by them.

302.90: Paraphilia not otherwise specified. Paraphilia that doesn't meet the criteria for any of the specific

categories.

Examples:

1. Telephone scatologia (lewdness)
2. Necrophilia (corpses)
3. Partialism (exclusive focus on part of body)
4. Zoophilia (animals)
5. Coprophilia (feces)
6. Klismaphilia (enemas)
7. Europhilia (urine)

Sexual dysfunctions

302.83: Sexual Masochism

A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving the act (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer.

B. The person has acted on these urges, or is markedly distressed by them.

302.84 Sexual Sadism

A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person.

B. The person has acted on these urges, or is markedly distressed by them.

302.30 Transvestite fetishism

A. Over a period of at least six months, in a heterosexual male, recurrent intense sexual urges and sexually arousing fantasies involving cross-dressing.

B. The person has acted on these urges, or is markedly distressed by them.

Female versus Male Sex Offenders

Females can be sex offenders. Society rarely acknowledges the existence of female sex offenders and their characteristics. The history of the female offender is that they are raised in an excessively strict home. The female offender is often a victim of sexual abuse herself. She was rejected and humiliated as a child. The female offender shows poor school performance behaviorally and academically. She will show overdependence on a father figure. In her childhood, the female will have suffered severe losses, the child's caregivers are inconsistent in caring. The female sexual offender has personal characteristics such as low self esteem, low intelligence, and an overall sense of inadequacy. They will have poor judgment, will be hot tempered and have an overall negative attitude about life. The female offender will show forms of behavior such as

alcohol and drug abuse. She will have accomplished little in life. The female offender is deceitful and manipulative in all her actions throughout life. Most often will she be deviant in other areas of sexual activity. While under investigation, the female sexual offender is often uncooperative and will offer weak or unconvincing denials to the acts she is accused of. The female sexual offender's interpersonal relationships are filled with loneliness and she lacks tenderness in her life. The female offender is single, divorced, or in a dysfunctional marriage. The female sexual offender who is married does not receive support from the husband. The husband is frequently absent; he may exaggerate his masculinity and feel sexually inadequate himself. The female offender often got married as a teenager. She is sexually naïve and immature and more often than not socially isolated. The female offender will be unemployed or a paid caregiver. The female offender's sexual interactions with children are based on seduction rather than coercion. They will seek affection from children to avoid the risk of rejection. The female offender will emotionally and physically abuse children. Examples of these are blaming or belittling the child, using harsh discipline, and blaming the child. (Wisconsin Association of family and Children's Agencies and DHFS Division of Children and Family Services, PRAESIDIUM, INC. 7/10/03)

We commonly know the sex offender to be male. Not all male sex offenders will have the same. In many instances the male sex offender has a history of being violent and abusive. Most often the male sex offender started his offenses at a young age. The childhood history of the male sex offender is being abused as a child. He will have psychiatric problems, is a delinquent, or antisocial. He has a history of entertaining a limited number of social contacts as a teenager. The family structure shows inconsistency in his caregivers and overall poor family relationships. The personality of the male sexual offender is one of low self esteem. He feels inadequate and helpless in life. There are significant distortions in his sex sexuality and beliefs about children. The male offender has a need for power and control. He will deny his stress and often see himself as the victim. The male sexual offender has poor impulse control. He is often involved in drugs and alcohol. The male offender is easily frustrated in life situations. Prior arrests for other types of offenses are common in the history of the male sexual offender. The male sexual offender is unable to form attachments. He rather prefers to interact with children than with other adults. The male sexual offender has a pattern of dating single mothers. He will often be over 25, single, and never have been married. Employment for the sexually abusive male is unstable; he will often function in

minimal-responsibility positions. He will become overanxious when employment involves children. He will relocate frequently or abruptly. The interactions with children are distorted. He will show children sexually explicit material. He tends to act like a child and play on the child's desires. Such as decorating his house with child activities and selecting hobbies that are appealing to children. The male sexual offender will refer to children as "clean", "pure", or "innocent". When describing children he believes children can be owned or sees them as possession. The male sexual offender identifies with children more than with adults. The male will use children to fulfill his needs. He is animated and skilled at gaining children's trust. (Wisconsin Association of family and Children's Agencies and DHFS Division of Children and Family Services, PRAESIDIUM, INC. 7/10/03)

Pay attention to an adult who always finds reasons to spend time alone with children or young persons. Watch out for the adult who prefers time and friendship with children or young persons rather than with adults. Watch out for the adult that gives special gifts to children or young persons, especially without permission. Watch out for the adult who goes overboard with touching children or young persons. Always wants to wrestle and tickle children or young persons. He will bend the rules for certain children or young persons. He allows children to

engage in activities their parents would not allow. He has "favorite" or preferred children or young persons. He will favor children or youth with certain physical characteristics. He will prefer to be with children who are particularly vulnerable. He treats children or young persons as if they were adults. He discourages other adults from participating or monitoring him. He wants to keep secrets with children or young persons. He ignores standards or policies about interacting with children. He seems to think the rules do not apply to him. He uses inappropriate language or swearing with children or youth. He tells "off-color" jokes to children or young persons. He takes photographs of partially nude or nude children. (Wisconsin Association of family and Children's Agencies and DHFS Division of Children and Family Services, PRAESIDIUM, INC. 7/10/03)

Effective Management of the Sex Offender

A source for reducing recidivism is applying effective management to offenders. For the management to be effective, classification of offenders is critical in applying the appropriate steps to managing such offenders. There are numerous probationers and parolees convicted of many crimes. The community supervision system is strapped to provide monitoring programs to all, due to the funding. The community supervision of convicted criminals is part of the

classification system. Within the criminal justice system, classification occurs at all levels. It occurs when the pre-trial service determines a good ROR (release or recognizance) prospect. It occurs when incarceration determines suitable lodgings for a pre-trial detainee and when probation makes a pre-sentence recommendation for topicalities imposed, probation, or incarceration. It also occurs when the judge sentences the offenders to various sentences. If incarceration occurs, correction classifies the offender regarding suitable lodgings and programs. Eventually, if a long period of incarceration occurs, the offender must then be classified regarding the suitability for parole. If probation was part of the sentence, then the probation system classifies the offender regarding various programs and contact levels.

Barriers to effective incident investigations

- Self-monitoring by the organization
- Protection of the alleged perpetrator
- Loyalty to the organization
- Need to deny the allegation
- Loss of objectivity
- Fear the allegation may be true
- Avoidance of the possibility of abuse
- Guilt that the incident occurred

The allegation of abuse is difficult to report. The difficulty comes from the response to the accuser as well as the investigation process that may fail the named victim. Research has categorized four types of sexual abuse allegations and the appropriate actions that should be taken regarding each type. An allegation that is specific for a named perpetrator and named victim. The action to be taken involves reporting to the authorities. And immediate action to prevent any further access to his victim's population. If requested or approved by the authorities they will then conduct an investigation. Offer the victim assistance. An allegation of abuse that has a named perpetrator or named victim or an allegation of inappropriate behavior and a named perpetrator or a named victim. The action to be taken is preventative or monitoring access to the victim's population. And immediately conduct an internal investigation, an allegation of abuse or inappropriate behavior. The action is to conduct an internal investigation, write a report of non-abusive events and/or vague or unverifiable reports. The action is to be internal or no action is to be taken (Timko, 1991).

Management Strategies through Classification

Classification of sexual offenders helps the system accomplish its mission but systems usually do not implement it unless that the system is in jeopardy. Classification can thus

be viewed primarily as a survival mechanism. Within community correctional institutions, departments frequently adopt it when the number of cases per officer becomes unbearably high and the probation officer and probationer contact levels become very low. At that point, it could be questioned whether the system is accomplishing anything. It can also be viewed as a trend. Systems have adopted it because it makes the department look large and progressive. Classification is also a way to formulize the operational policy of a department into a set of procedures. Thus, it is a representation of policy and mission in guideline form. The classifications' main benefit comes from management. It allows the formation of uniform workloads, uniform procedures, and it eases case assignments, to name but a few. The most shining attribute, however, is that it serves as a weapon to defend the department's budget by justifying the departments existence or expansion. It does this by demonstrating good management and by forecasting increased community dysfunctionality if the current level of funding is not maintained. Thus, it is also a massive proactive budget tool. Prior to the formalized classification systems, classification occurred at the individual officer's discretion or was based upon the offender's time in the system. Classification could thus occur without the need for the formalized systems outlined above, but it would not meet the

management and department survival needs outlined above.

Classification has been used, for a long period of time, to place inmates within ranges of proper institutional confinement. A range of behavioral control was specified with the classification category. It could also be said that by classifying an offender to be removed from the community a reduction in future community crimes was achieved. They were not able to commit crimes in the community. Institutions have become overcrowded however and institutional space is at a premium. A new development has been to use the institutional classification process in a selective manner, to achieve the result of reducing crime in the community.

Greenwood has been at the center of this attempt to use incapacitation, which results from instructional confinement, selectively to reduce the crime rate. He notes that three basic methods have been used to sentence individuals to incarceration. In deterrence theory, by increasing the probability of apprehension of the severity of the sanction, a reduction in the crime rate was assumed. In the "just deserts" model, an offender is sentenced in a manner proportionate to the severity of the offense. Only the offense matters and not the individual characteristics of the offender. In the incapacitation model, offenders were sentenced with the belief that by removing them from the community, a reduction in future

crimes committed by them would be achieved.

Greenwood notes that the attempts to identify offenders' needs and to structure a rehabilitation program to give them the skills needed or the psychic dispositions needed to adequately function in society, have not met with success. Such attempts have been, "consistently discredited by critical evaluations that have found rehabilitation to be an elusive goal." He also notes that, traditionally, two basic methods have been used to determine high risk offenders. A subjective approach has been used to determine psychic characteristics, past behavior, and life skill needs. Or an actuarial approach has been used. Greenwood notes that the actuarial method, based on statistical methods, has consistently been judged a superior method to make predictions.

Selective incapacitation then, Greenwood notes, could be viewed as a specific method within the incapacity model. It "attempts to use objective actuarial evidence to improve the ability of the current system to identify and confine offenders who represent the most serious risk to the community." This method, however, can only be effective if a small number of offenders within the large pool of offenders committed a disproportionate amount of crimes. If the average offender's crime rate was consistent throughout the spectrum, then selective incapacitation would have no greater impact than the

previous model of plain incapacitation. While Greenwood doesn't go into the specifics of previous research, he does mention that there "are even fewer who continue to commit crimes over an extended period of time" (Wolfgang, Figlio & Sellin, 1972). He notes that it is this group which is the focus of criminal career research. Greenwood's study also showed that only a small portion of the offenders were high rate offenders.

Specifically, he notes, "The distribution of individual offense rates was heavily skewed toward the high end... For instance, among all offenders reported to the commission involved in robberies, 50% committed fewer than five per year. But 10% committed more than 87 per year. Among active burglars, 50% committed fewer than six per year, while 10% committed more than 230 per year.

The attempt, then, was to identify the high rate offenders by the actuarial method. No specific theoretical method however was specified for the selection of the appropriate variables. He merely mentions that previous studies have identified items that correlate well and traditionally these items have been used for sentencing. Items were then selected for their predictive ability and then some items were removed because of their controversial nature.

The resulting seven items' scale, that had equal weighing, was:

1. Incarcerated more than half of the two-year period preceding the most recent arrest.
2. A prior conviction for the crime type that is being predicted.
3. Juvenile conviction prior to age 16.
4. Commitment to a state or federal juvenile facility.
5. Heroin or barbiturate use in the two-year period preceding the current arrest.
6. Heroin or barbiturate use as a juvenile.
7. Employed less than half of the two-year period preceding the current arrest.

Greenwood notes that the scale is superior to methods which focus on the criminal record of the offender, because just as in any occupation, some are successful and some are not; some are highly proficient and some are less so. Also the probability of apprehension is low. He specifically notes that in "California, the probability of arrest and conviction (q) computed from official data for either robbery or burglary is .03-- three chances out of 100."

Greenwood notes that the primary argument against selective incapacitation is the moral and ethical question, because of the false positive issue. He thus acknowledges that some offenders that were not high rate offenders would be selectively incapacitated. No mention however occurs regarding

the actual amount of such improper sentencing. In a later work by Greenwood, however, it is noted that "Nearly 30% of the overall variance is explained by these items." Thus, if 30% is explained, the implication is that 70% of the variance is unexplained. The authors then note:

It is clear that substantial difference in sentence lengths for the chronic offenders studied here cannot currently be justified on selective incapacitation grounds alone, because there are no reliable methods for either measuring or predicting future offense rates. Furthermore, the development of reliable offense-rate prediction models is hindered by (1) the methodological problems encountered in attempting to obtain accurate information about individual offense rates directly, through interviews, or observations, and (2) the apparent weak correlation between individual offense rates and the most frequently used substitute measure for them, individual rates of arrest.

Within Community Corrections, the impetus to develop classification systems had different starting points and was a reaction to different needs. In the correctional setting, in theory, the behavior of the inmate can be monitored and controlled at all times. The inmate is confined to a limited space, and all his needs, privileges, and behavior are authorized, met, and controlled by the system.

In the community, the behavior of the offender cannot be monitored and controlled at all times. A representative of the system cannot be with the offender at all times. Consequently, he cannot be monitored at all times. The individual is also fending for himself in the community because the basic needs, privileges, and rewards are not provided for by the system. So they cannot be directly controlled by the system. As a consequence, community correctional institutions can never equal the control of the institutional correctional system.

Interventions to Reduce Recidivism

Interventions within a collaborative approach are determined within an umbrella of relapse prevention that expands upon traditional relapse prevention models (Laws, 1989; Pithers, 1989) Each young person must understand what he has done and take complete responsibility for his offenses while learning how other elements in his life has influenced the decision to commit sexual offenses.

A collaborative approach is founded on the premise that juveniles receiving treatment are often faced with the task of preventing relapse in the very environment that influenced the initial decision to commit sexual crimes. Young persons who return home after having been committed into residential programs, historically have been alone in their efforts to

maintain therapeutic change. Involving family members as a guiding principle of treatment, rather than as an adjunct component, can influence a more holistic effort to stop sexual abuse.

Clinicians providing a comprehensive therapeutic response to adolescent sexual offending are challenged to explore meaningful ways of involving families who are often unwilling, or seemingly unable to participate. All family members are faced with the task of discerning the complex dynamics of sexual abuse with regard to the impact of perpetration and victimization. Understanding the effects that sexual abuse has on each victim, family member, the offender, social service agencies, the criminal justice system and the community at large, broadens the foundation of relapse prevention. Conversely, understanding the context in which sexual abuse occurs can influence therapeutic change in such a way as to decrease recidivism. Preventing relapse in a collaborative approach is the goal that directs all program development and treatment strategies.

An analysis of outcome studies measuring client reports of successful therapeutic change (Miller, Hubble & Duncan, 1995) indicates primary factors congruent with a collaborative approach for treatment of adolescents who have committed sexual crimes. The research maintains that the central indicator of

successful outcome is the client. Their strengths, resources, social support, and living environment contribute up to 40% effective results. Each client's perception of the therapeutic relationship constitutes 30% of the outcome. This perception is defined by the client's idea of warmth, trustworthiness, non-judgmental attitude, genuine respect and empathy.

Therapeutic technique and expectancy, or the creation of hope and positive expectation of change, each impact the result of treatment by 15%. Such information significantly influences treatment strategies and emphasis.

Education about the dynamics of adolescent sexual offending can enhance community safety and prevention. Victim support and advocacy are also complementary facets of the relapse model. All interventions are victim-sensitive and clinical services are provided for anyone effected by the sexual abuse. Community safety and victim justice must be the first and overriding concern of any sexual offender treatment programs. Understanding juvenile justice systems and community responses to adolescent sexual offending is another important component of the therapeutic process to be considered with providing a comprehensive response to this problem. Treatment providers usually have to meet judicial specifications and provide clinical information throughout the treatment process, which often influences legal decisions. Clinicians who work

independently must understand the role that larger systems play in the therapeutic process and outcome and maintain ongoing communication with other human services workers who influence these families.

An established network of community-based treatment providers is necessary for successful aftercare. A formal clinical assessment of therapeutic change provided at the point of transition allows community workers the opportunity to support each adolescent's goals for continued success. Parole officers and community social workers can often provide pertinent information for treatment providers, which impacts the focus of treatment. All professionals involved become members of each young person's support system and are responsible for providing feedback pertinent to relapse prevention.

Intervention through Laws

Megan's Law has had a profound impact on the state of Wisconsin. Adult and juvenile sex offenders who were sentenced on or after December 25, 1993 and were discharged or on field supervision must abide by the following laws of Wisconsin for sexual predators.

They must provide information such as name, aliases, DOB, identifying information, crime, date of conviction, county or

state of offense, date of release, address, place of employment, place of school enrollment, and DNA sample. Providing information such as this has helped Wisconsin to protect innocent victims from predators who come from other states. The offender must provide all of this information within 10 days after placement of supervision or before entering the state of Wisconsin.

Before entering Wisconsin from another state Changes to registry information must occur prior to changing address, school enrollment, or employment. It must also occur at least 10 days before relocating to another state.

Sexually violent persons (committed under Wisconsin State Statute Chapter 980) must verify their registry information with the department of corrections every 90 days. All other registrants must verify their information annually, at a minimum. All registrants are subject to random and unscheduled verification activities by the department of corrections. All registrants are notified of their verification requirements, and must comply as directed. Although offenders can be fined up to \$10,000 and/or up to nine months in prison for non-compliance, I don't feel that it is a good idea to notify them, simply because if they are guilty they will more than likely head to another state.

In the state of Wisconsin, Victims and victim's families

have direct access to ORP information related to their offender via a toll-free number. Victims may also request written notification of the offender's change of address or similar information.

Wisconsin law also generally prohibits the release of information to the public regarding a juvenile, or regarding any proceedings that occurred when an adult registrant was a juvenile. This changed in 2005 when "Amie's Law" was enacted by the state of Wisconsin. On May 2, 2005 Governor Doyle signed into state law the protection of citizens against juvenile sex offenders. Under the new law, police chiefs and sheriffs will be responsible for assessing the public risk for each juvenile sex offender and notifying the community about those considered likely to re-offend. Police already notify the community of adult sex offenders, whose identities are also posted online on the state's Department of Corrections sex offender registry. Before the new law, juvenile records were sealed and law enforcement was barred from releasing information to the public.

The so-called "Amie's Law" in Wisconsin gives law enforcement authorities the ability to notify other law enforcement agencies and schools of the presence of sex predators who violated the laws when they were juveniles. Up to this point, state law did not allow for the disclosure of

juvenile sex offenses.

Putting Megan's law into effect in the state of Wisconsin has also helped the children who are put into foster homes and state agencies; these laws are there to protect them as well. We sometimes look at the predator as being someone who is out lurking and looking for prey like a wild animal. Unfortunately sometimes it happens in homes of people that have been entrusted to care and provide for children. The first priority under Meghan's law is to provide safety to the public and all involved. There are several critical elements used in determining the urgency when dealing with this topic: the level of supervision is directly related to the risk the offender will pose; early intervention and immediate response; use of personal/community and professional supervision networks to help monitor, modify, and control offenders; the offender is not allowed to remain anonymous.

Meghan's Law and Amie's Law are both attempts at protecting citizens from sex offenders. The laws are also protection to offenders themselves from repeat acts of sexual offenses. The hopes that the awareness brought to citizens will assist in monitoring sex offenders. The laws will also be a deterrent for sex offenders to repeat sex offenses. The laws are an approach to management of the sexual offender in communities.

Measurements of Sex Offender Recidivism

The research of recidivism can be measured in a variety of forms. The measurements will be of various variables to show a difference in study results to measuring the recidivism of sex offenders.

The variable of identifying the sex offender is defined as who is included in the category of sex offenses and who is not. The variable of recidivism is defined by an occurrence of a new arrest or a new conviction and commitment to custody. The outcomes will be widely varied with use of subsequent arrest, subsequent conviction and subsequent incarceration.

The variables represented by offense types will decide whether only sex offenses occurred and whether the commission of any crime is sufficient to be classified as a recidivating offense.

The variable of length of time becomes different by the follow-up of sex offenders in the community. Variables have to be determined as some offenders have been in the community for two years versus some who are in the community for eight years. The survival analysis is a methodology used to have an adequate representation of the variable versus a simple percentage. It is believed by researchers that studies of recidivism should be conducted at a five year interval or more.

The variable represented by characteristics of offenders will be grouped into two general categories. The first category

deals with ones historical characteristics, such as age, prior offense history, and the age at the time of the offense-arrest or conviction. The second grouping of characteristics are circumstances, and attitudes that can change throughout one's life—generally referred to as dynamic factors. Dynamic characteristics include alcohol use, poor attitude and introverted problems. Research has shown that effective management of sex offenders can be done successfully by strengthening the dynamic factors through treatment strategies.

There has been considerable research on the recidivism of rapists across various institutional and community-based settings and with varying periods of follow-up. A follow-up study of sex offenders released from a maximum-security psychiatric institution in California found that 10 of the 57 rapists (19%) studied were reconvicted of a rape within five years, most of which occurred during the first year of the follow-up period (Sturgeon & Taylor, 1980). These same authors reported that among 68 sex offenders not found to be mentally disordered who were paroled in 1973, 19 (28%) were reconvicted for a sex offense within five years.

In a study of 231 sex offenders placed on probation in Philadelphia between 1966 and 1969, 11% were rearrested for a sex offense and 57% were rearrested for any offense (Romero & Williams, 1985). Rice, Harris, and Quinsey (1990) conducted a

more recent study of 54 rapists who were released from prison before 1983. After four years, 28% had a reconviction for a sex offense, and 43% had a conviction for a violent offense.

In their summary of the research on the recidivism of rapists, Quinsey, Lalumiere, Rice, and Harris (1995) noted that the significant variation in recidivism across studies of rapists is likely due to differences in the types of offenders involved (e.g., institutionalized offenders, mentally disordered offenders, or probationers) or to the length of the follow-up period. They further noted that throughout these studies, the proportion of offenders who had a prior sex offense was similar to the proportion who had a subsequent sex offense. In addition, the rates of reoffending decreased with the seriousness of the offense. That is, the occurrence of officially recorded recidivism for a nonviolent nonsexual offense was the most likely, and the incidence of violent sex offenses was the least likely.

Studies of the recidivism of child molesters reveal specific patterns of reoffending across victim types and offender characteristics. A study involving mentally disordered sex offenders compared same-sex and opposite-sex child molesters and incest offenders. Results of this five-year follow-up study found that same-sex child molesters had the highest rate of previous sex offenses (53%), as well as the

highest reconviction rate for sex crimes (30%). In comparison, 43% of opposite-sex child molesters had prior sex offenses and a reconviction rate for sex crimes of 25%, and incest offenders had prior convictions at a rate of 11% and a reconviction rate of 6% (Sturgeon & Taylor, 1980). Interestingly, the recidivism rate for same-sex child molesters for other crimes against persons was also quite high, with 26% having reconvictions for these offenses. Similarly, a number of other studies have found that child molesters have relatively high rates of nonsexual offenses (Quinsey, 1984).

Several studies have involved follow-up of extra-familial child molesters. One such study (Barbaree & Marshall, 1988) included both official and unofficial measures of recidivism (reconviction, new charge, or unofficial record). Using both types of measures, researchers found that 43% of these offenders (convicted of sex offenses involving victims under the age of 16 years) sexually reoffended within a four-year follow-up period. Those who had a subsequent sex offense differed from those who did not by their use of force in the offense, the number of previous sexual-assault victims, and their score on a sexual index that included a phallometric assessment (also referred to as plethysmography: a device used to measure sexual arousal [erectile response] to both appropriate [age appropriate and consenting] and deviant sexual stimulus material). In contrast

to other studies of child molesters, this study found no difference in recidivism between opposite-sex and same-sex offenders.

In a more recent study (Rice, Quinsey, & Harris, 1991), extra-familial child molesters were followed for an average of six years. During that time, 31% had a reconviction for a second sexual offense. Those who committed subsequent sex offenses were more likely to have been married, have a personality disorder, and have a more serious sex-offense history than those who did not recidivate sexually. In addition, recidivists were more likely to have deviant phallometrically measured sexual preferences (Quinsey, Lalumiere, Rice, & Harris, 1995).

In a study using a 24-year follow-up period, victim differences (e.g., gender of the victim) were not found to be associated with the recidivism (defined as those charged with a subsequent sexual offense) of child molesters. This study of 111 extra-familial child molesters found that the number of prior sex offenses and sexual preoccupation with children were related to sex-offense recidivism (Prentky, Knight, & Lee, 1997).

However, the authors of this study noted that the finding of no victim differences may have been due to the fact that the offenders in this study had an average of three prior sex offenses before their prison release. Thus, this sample may have had a higher base rate of reoffense than child molesters from

the general prison population.

Research reviewed to this point has almost exclusively focused upon institutional or prison populations and therefore, presumably, on a more serious offender population. An important recent study concerns recidivism among a group of sex offenders placed on probation (Kruttschnitt, Uggen, & Shelton, 2000). Although the factors that were related to various types of reoffending were somewhat similar with regard to subsequent sex offenses, the only factor associated with reducing reoffending in this study was the combination of stable employment and sex-offender treatment. Such findings emphasize the importance of both formal and informal social controls in holding offenders accountable for their criminal behavior. The findings also provide support for treatment services that focus on coping with inappropriate sexual impulses, fantasies, and behaviors through specific sex-offender treatment.

In Hanson and Bussiere's meta-analysis, 61 research studies met the criteria for inclusion, with all utilizing a longitudinal design and a comparison group. Across all studies, the average sex-offense recidivism rate (as evidenced by re-arrest or reconviction) was 18.9% for rapists and 12.7% for child molesters over a four- to five-year period. The rate of recidivism for nonsexual violent offenses was 22.1% for rapists and 9.9% for child molesters, while the recidivism rate for any

reoffense for rapists was 46.2% and 36.9% for child molesters over a four- to five-year period. However, as has been noted previously and as these authors warn, one should be cautious in the interpretation of the data, as these studies involved a range of methods and follow-up periods.

Perhaps the greatest advantage of the meta-analysis approach is in determining the relative importance of various factors across studies. Using this technique, one can estimate how strongly certain offender and offense characteristics are related to recidivism because they show up consistently across different studies.

In the study by Hanson and Bussiere from 1998, these characteristics were grouped into demographics, criminal lifestyle, sexual criminal history, sexual deviancy, as well as various clinical characteristics. Regarding demographics, being young and single were found consistently to be related, though weakly, to subsequent sexual offending. With regard to sex-offense history, sex offenders were more likely to recidivate if they had prior sex offenses, male victims, victimized strangers or extra-familial victims, begun sexually offending at an early age, or engaged in diverse sex crimes.

The factors found through this analysis to have the strongest relationship with sexual offense recidivism were those in the sexual deviance category: sexual interest in

children, deviant sexual preferences, and sexual interest in boys. The failure to complete treatment was also found to be a moderate predictor of sexual recidivism. Having general psychological problems was not related to sexual offense recidivism, but having a personality disorder was. Being sexually abused as a child was not related to repeat sexual offending.

As was noted earlier, the detection of dynamic factors associated with sexual offending behavior is significant, because these characteristics can be the focus of intervention. But many recidivism studies (including most of those discussed previously) have focused almost exclusively on static factors, since they are most readily available from case files. Historical factors help us to understand etiology and permit one to predict the relative likelihood of reoffending. Dynamic factors take into account changes over time that adjust static risk and inform us about the types of interventions that are most useful in lowering risk.

In a study about dynamic factors, Hanson and Harris (1998) collected data on more than 400 sex offenders under community supervision, about half of whom were recidivists (for the purposes of this study, recidivism was defined as a conviction or charge for a new sexual offense, a non-sexual criminal charge that appeared to be motivated by sex, a violation of supervision

conditions for sexual reasons, and self-disclosure by the offender). The recidivists had committed a new sexual offense while on community supervision during a period of five years (1992-1997). A number of important differences in stable dynamic factors were discovered among recidivists and non-recidivists. Those who committed subsequent sex offenses were more likely to be unemployed (more so for rapists) and have problems with substance abuse. The non-recidivists tended to have positive social influences and were more likely to have problems with intimacy. There also were considerable attitudinal differences between the non-recidivists and the recidivists. Those committing subsequent sex offenses were less likely to show concern or remorse for the victim. In addition, recidivists were likely to see themselves as being at little risk for committing new offenses, were less likely to avoid high-risk situations, and were more likely to report engaging in deviant sexual activities. Generally speaking, the recidivists were described as having more chaotic, antisocial lifestyles than the non-recidivists (Hanson & Harris, 1998).

The research concluded that sex offenders are

... at most risk of reoffending when they become sexually preoccupied, have access to victims, fail to acknowledge their recidivism risk, and show sharp mood increases, particularly anger.

In sum, because meta-analysis findings can be generalized across samples and studies, they offer the most reliable estimation of factors associated with the recidivism of sex offenders. But most meta-analysis studies have focused on static factors. It is critical that more research is conducted to identify the dynamic factors associated with the recidivism of sex offenders. These factors will surely provide a basis upon which to develop more effective intervention strategies for sex offenders.

When assessing the efficacy of treatment for sex offenders, it is vital to recognize that the delivery of treatment occurs in different settings. Offenders who get treatment in a community setting generally are assumed to be a different population from those treated in institutions. Thus, base rates of recidivating behavior will differ for these groups before their participation in treatment.

Typically, treatment for sex offenders consists of three approaches:

- the *cognitive-behavioral approach*, which emphasizes changing patterns of thinking related to sexual offending and changing deviant patterns of arousal;
- the *psycho-educational approach*, which stresses increasing the offender's concern for the victim and recognition of responsibility for his offense; and
- the *pharmacological approach*, which is based upon the

use of medication to reduce sexual arousal.

In practice, these approaches are not mutually exclusive. Increasingly, treatment programs are using a combination of them.

Although the amount of writing on the relative merits of these approaches (and about treatment for sex offenders in general) has been considerable, there is a lack of evaluative research on outcomes of treatment. There have been very few studies of sufficient rigor (that is, employing an experimental or quasi-experimental design) to compare the effects of various treatment approaches or comparing treated to untreated sex offenders (Quinsey, 1998).

Several studies using less rigorous evaluation strategies have evaluated the outcomes of offenders receiving treatment for sex offenders, compared to a group of offenders not receiving treatment. The results of these studies have been mixed. For example, Barbaree and Marshall (1988) found a substantial difference in the recidivism rates of extra-familial child molesters who participated in a community cognitive-behavioral treatment program, compared to a group of similar offenders who received no treatment. Those who participated in treatment had a recidivism rate of 18% over a four-year follow-up period, compared to a 43% recidivism rate for the group of offenders who did not participate.

However, no positive effect of treatment was found in several other quasi-experiments involving an institutional behavioral program (Rice, Quinsey, & Harris, 1991) or a milieu therapy approach in an institutional setting (Hanson, Steffy, & Gauthier, 1993).

It should be pointed out, however, that an evaluation of a cognitive-behavioral program that employs an experimental design presented preliminary findings that suggest that participation in this form of treatment may have some (though not a statistically significant) effect in reducing recidivism. After a follow-up period of 34 months, 8% of the offenders in the treatment program had a subsequent sex offense, as compared with 13% of the control group, who had also volunteered for the program, but were not selected through the random assignment process (Marques et al., 1994).

Some studies present optimistic conclusions about the effectiveness of programs that are comprehensive, empirically based, and offense-specific. A meta-analysis study from 1995 on treatment for sex offenders found a small, but significant, treatment effect (Hall, 1995). This meta-analysis included 12 studies with some form of control group. In spite of the small number of subjects (1,313), the results indicated an 8% reduction in the recidivism rate for sex offenders in the treatment group. (Note: For the purposes of this study,

recidivism was measured by additional sexually aggressive behavior, including official legal charges and, in some studies, unofficial data such as a self-report.)

Recently, Alexander (1999) conducted an analysis of a large group of studies on the results of treatment, encompassing nearly 11,000 sex offenders. In this study, data from 79 studies on treatment for sex offenders were assessed and combined. The results showed that sex offenders who participated in relapse prevention treatment programs had a combined re-arrest rate of 7.2%, compared to 17.6% for untreated offenders. The overall re-arrest rate for treated sex offenders in this analysis was 13.2%. (Length of follow-up in this analysis varied from less than one year to more than five years. In this analysis, most studies indicated a three follow-up period of three to five years.)

The Association for the Treatment of Sexual Abusers (ATSA) has established a collaborative data research project. The goals of this project are defining standards for research on treatment, summarizing existing research, and promoting high-quality evaluations. As part of this project, researchers are conducting a meta-analysis of treatment studies. In the meta-analysis, studies compare treatment groups with some form of a control group (in these studies, the average length of follow-up was four to five years). Preliminary findings indicate

that the overall effect of treatment is reductions in both sexual recidivism (10% of the treatment subjects to 17% of the control-group subjects), and recidivism in general (32% of the treatment subjects to 51% of the control-group subjects) (Hanson, 2000).

It is difficult to arrive at definitive conclusions regarding factors related to the recidivism of sex offenders. Similarly, there are no definitive results on the effect of intervention with these offenders. Treatment programs for sex offenders and the results of studies on treatment outcomes may vary, not only because of their therapeutic approach, but also by the location of the treatment (that is, community, prison, or psychiatric facility), the seriousness of the offender's criminal and sex-offense history, the degree of self-selection (Did they choose to participate in treatment, or were they placed in a program?), and the dropout rate of offenders from treatment.

Research on the recidivism of juvenile sex offenders is particularly scarce. Some studies have examined the effectiveness of treatment in reducing subsequent sexual offending behavior in youth. Among the main findings from these studies:

- Program evaluation data suggest that the rate of sexual recidivism for juveniles treated in specialized programs ranges from about 7% to 13% over follow-up

periods of two to five years (Becker, 1990).

- Juveniles appear to respond well to cognitive-behavioral and/or relapse prevention treatment, with re-arrest rates of about 7% over follow-up periods lasting more than five years (Alexander, 1999).
- Studies suggest that rates of nonsexual recidivism are generally higher than sexual recidivism rates, ranging from 25% to 50% (Becker, 1990; Kahn & Chambers, 1991; Schram, Milloy, & Rowe, 1991).

In a recent study, Hunter and Figueredo (1999) found that as many as 50% of youths entering a community-based treatment program were expelled during their first year. Those who failed the program had higher overall levels of sexual maladjustment, as measured on assessment instruments, and were at greater risk, long-term, for sexual recidivism.

Developing a Risk-management Plan

The management of sex offenders must be identified by the risks involved. There are risks that involve a threat to life or health (identified by the loss of privileges, harm to valued persons, and the loss of potential benefits). One can only have a perceived risk of a real risk that we are aware of. In other words, those things are risky if we are unaware of them; we then do not perceive a risk of the unknown. In general, risk

assessment is not always known what variables and factors are involved in the risk (Timko, 1991).

Henry Steadman says there are two variables of research in predicting future assaults. The variables are the person's age and a numerical quotient derived from an analysis of the person's prior legal history (LDS scale). Steadman believes that future violence is a result of one's personality characteristics and the characteristics of the environment.

The criminal justice and risk analysis studies have shown that juvenile court involvement is indicative of future criminal-court involvement. McKay's study of juvenile court records showed that the number of juvenile court involvements is indicative of future criminal and court involvements. The study used a sample of boys with at least one juvenile court record in 1920 (in Chicago). Fifty-two percent of these juveniles were later arrested as adults. Those juveniles were processed with two petitions; 67.4% were later arrested as adults. The juveniles petitioned three times through the court, leading to 73.9% later being arrested as adults (Timko, 1991).

Wolfgang, Figlio and Sellin conducted a study of boys in Philadelphia. The study was of 9,945 boys that born in Philadelphia in 1945 and who lived there between the ages of 10 and 18. They were tracked for offenses. Of the boys studied, 35% of them had a police contact and 65% had no police contact.

Sixteen percent of the boys were responsible for the total amount of offenses committed. Those boys who had over five or more police contacts were responsible for over half of all police contacts, even though they only comprised of 6% of the group (Timko, 1991).

Silberman's study showed the FBI files from 1970-1974. The FBI computer files showed 208,000 offenders were arrested. Of these offenders arrested they were responsible for 830,992 of the arrests during their careers. Thirty-five percent were only arrested one time , totaling 9% of the arrests. The offenders arrested four times average 8.2 arrests each which equaled 75% of all the arrests (Timko, 1991).

Petersilia studied 49 individuals serving time in a medium-security prison in California. The study conducted research of arrest records and self-reported questionnaires. The focus of the study was to be solely on armed robbers. What was soon learned was the variance of crimes reported by the armed robbers they had committed in their criminal careers. The sample was responsible for 10,505 in offenses. The study showed that offenses did decline with age. When the criminal was a juvenile he or she averaged 3.2 serious crimes per month. As an adult, the serious crimes decreased to 1.5 per month. As the criminal got further into adulthood, the crimes declined to 0.6 crimes pr month (Timko, 1991).

Burgess actually found a number of factors that correlated with an individual's success or failure on parole. These factors which indicated a correlation, as opposed to the 20 factors originally studied, included:

1. the general type of offense
2. parental and marital status (i.e., broken home)
3. type of criminal (first offender, etc.)
4. social type of the offender (hobo, gangster, etc.)
5. community factors (transient, farmhand, etc.)
6. court recommended or denied leniency
7. time served before parole (in months)
8. previous criminal record (probation only, school, penitentiary only, jail only, etc.)
9. previous work record (none, casual labor, irregular or regular work)
10. institutional punishment record (solitary confinement or demerits or demotions)
11. age at parole
12. intelligence rating

It should be noted that age did not possess a linear relationship. It was a curvilinear relationship. This relationship can be seen in the accompanying chart that has been assembled from his data. The highest percentage of non-violators occurs in the less than 21-years-old group. The

rate then decreases to the lowest point of the 30- to 39-years-old group but then rises again. Lejins notes that the report by Sheldon and Eleanor Glueck, in 1930, set the stage for a new change in thought. The new thought was the inclusion of favorable background factors that were weighted on the basis of their relationships to success and failure on parole. This, of course, is precisely the method used today (Timko, 1991).

Later, Ohlin brought forth the idea, after others, that the experience tables should be adjusted continually. He even suggested that they be adjusted yearly, according to the current experience of the current parolees. Glaser notes that there was an accelerated rate of acceptance of statistical tables during the 1970s and 1980s. He cites two main reasons for the effect. The tables were now projected as advisory information and the end users were involved in the design. He notes that the beginning of this change occurred circa 1960, with two researchers for the California department of corrections (Timko, 1991).

Later, the National Council on Crime and Delinquency brought together virtually all the parole boards to examine their predictions with hypothetical cases and statistical tables. Glaser further notes that an outgrowth of this process was the Uniform Parole Reports Program. The major turning point, according to Glaser, was the development of the federal parole

guidelines. After their development many other scales were developed in many different areas (Timko, 1991).

Risk-management Plan for Juveniles

Adolescents can and do resign from sexually abusive lifestyles. The purpose of aftercare is to establish and maintain a collaborative social support network for each youth in an effort to prevent relapse. Aftercare services must occur in conjunction with the criminal justice system. Community safety and victim justice must be the first and overriding concerns of any aftercare treatment model. Through assessment of each youth's progress, treatment should be determined and documented prior to discharge from residential treatment. This information should be provided to personnel providing aftercare services. Aftercare services should not replicate material each youth has mastered during residential treatment.

Individual treatment creates an avenue for confronting secret struggles with honor, and for building a partnership based on support and assistance. Group therapy is a forum for addressing challenges faced by group members upon their return to the community, for continuing to practice healthy responses to difficult interpersonal situations, and for receiving support for successful initiatives. Multi-family group therapy provides support for family members in their efforts to reintegrate the member who has sexually offended. Family

therapy offers an opportunity for re-establishing integrity within the family and for emergency responses to high-risk behavior that threatens relapse.

Each youth in aftercare has the responsibility for leading the treatment process through collaboration with the treatment providers, group members, and those people with whom he resides. Topical content for treatment sessions should be determined by need through a collaborative effort among participants.

Implementing therapeutic change when returning to community living represents the most important function of treatment for adolescents who have committed sexual crimes. The true test for life-long relapse prevention of sexual crimes begins at the time a juvenile sexual offender is released from residential treatment. Transition from residential treatment to community living places extraordinary stress on adolescents who have committed sexual offenses and their family members. This experience often involves a return to the same environment where the sexual offenses occurred. A youth may be in contact with people who played a part in the abusive lifestyle and who may be ambivalent about the youth's return to the community. Community safety and political and social pressure regarding community notification creates challenges for planning community reintegration and aftercare services.

Treatment providers are challenged to explore successful

outcomes while working in settings that demand high case loads, have limited financial resources for aftercare services and maintain meager interagency communication and cooperation. Successful transition planning begins when a youth enters the criminal-justice system. It depends on consistent communication among court services workers, juvenile justice personnel, community and residential treatment providers, adolescents who have committed sexual offenses, their families and other significant role models. Each government system or agency mandated to track continuity of care for adolescent sexual offenders should have clearly defined policy, procedures and protocol for so doing. Each of these systems should have clearly defined membership on a multidisciplinary transition team and support network for each youth receiving treatment. All parties should be clear about what information needs to be communicated and to whom it should be communicated at each point in the treatment process. Specialized training is necessary for personnel providing these services and can be provided through interagency initiatives. Specialized training is necessary for personal providing these services and can be provided through interagency initiatives. Rituals of transition, that involve all parties, punctuate success and collaboration that may enhance a commitment to stop sexually abusive behavior.

The literature, in the area of predicting human behavior,

has emphasized the actual approach over the individual's clinical approach. No mention has been made of a need to incorporate current criminological theory into the design of the instrument, within the community corrections literature area. Theory has thus taken a back seat to the identification of groups that will probably succeed or not succeed on probation or parole. The current general risk assessment literature has however shown that risk assessment is more an art than a science. It has also demonstrated that the various instruments, in use within probation, only explain a small portion of the variance ($R^2 = 0.10-0.25$) and they apparently do not transport well to other populations. It has also demonstrated that even the total variables incorporated in the offender's file are not very accurate in determining the individual's failure potential. The most recent literature has also noted that although one impetus to create the instruments were to ease racial discrimination, the instruments may actually heighten racial differences. This then poses the question of whether certain variables should be retained for the sake of maximum prediction or discarded because they are racially biased.

Summary

There are obvious questions. If the variable selection process is somewhat open-ended, are there any uniform processes occurring or are they random? If no established theories of

crime generation are used, is class bias of crime generation used? It is understood that the choice of variables is highly dependent on the data available in the offender's files. Then the question is whether the system, although not acknowledging a theory of crime generation, may be operating on a class bias theory of crime generation?

To make this inquiry manageable the focus will concern a limited area within this sea of uncertainty. One purpose of classification is to determine the offender's risk to the community, and most classification instruments incorporate a risk scale. The focus will thus be offender risk and the items associated with it.

Empirically, we cannot say whether treatment helps, hurts, or makes no difference. Furthermore, the available data do not support any one type of treatment over another with the exception of tentatively supporting the delinquency-focused multi-systemic treatment over individual counseling. One thing the data do support is the fact that nonsexual problems appear to be vastly more common than do sexual ones for these teenagers. The Association for the treatment of sexual abusers (ATSA, 1997) has endorsed the position that "poor social competency skills and deficits in self-esteem can best explain sexual deviances in juveniles, rather than the prophetic interests and psychopathic characteristics that are more common in adult

offenders" and that "there is little evidence to support the assumption that the majority of juvenile sexual offenders are destined to become adult sexual offenders, or that these youth engage in acts of sexual perpetration for the same reasons as their adult counterparts." Given this, perhaps it is time to emphasize some flexibility and compassion in which treatment we choose and to which individual youngsters we apply them and to realize the individual need. This should overall dictate what must be accomplished.

The potential benefit of intervening with sexual abusers is a real one. The fact remains that a significant amount of child sexual abuse and related behaviors are committed by children and teenagers. The fact remains that some currently unknown, but currently not insignificant, proportion of youthful abusers who have adolescent onsets may be responsible for a higher than usual number of events. To the extent that we can identify those truly at risk and work productively with them, our communities will be safer (Association for the Treatment of Sexual Offenders, 1997).

While there remains a great need for more in-depth research in this field, there is enough available to identify and integrate common threads for successful therapeutic outcomes with adolescents who commit sexual crimes (and their families). Professionals working in this field will do well to explore the

strengths and resources that everyone involved can bring to the effort of reducing the impact of sexual abuse. Utilizing a systems approach, that takes into consideration the need for all family members to heal from the pain of the sexual abuse, greatly enhances the opportunity to stop the integrations pattern of violence.

The study of recidivism is important to the criminal=justice response to sexual offending. A specialized response is critical to addressing sexual offenses. Research has shown effective management of sex offenders can reduce repeated sexual offenses. It is important to note that not all sex offenders who have reoffense risk characteristics will recidivate.

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