2007

Senior Capstone Project : resources for juvenile sex offenders in Monterey County : Monterey County Probation Department -- Juvenile Division

Ignacio Pacheco
California State University, Monterey Bay

Ignacio Pacheco May 18, 2007
CHHS 400B/496B
Senior Capstone/Field Seminar - Jennifer Lagier Fellguth/Adrienne Saxton

Senior Capstone Project:

Resources for Juvenile Sex Offenders in Monterey County

Monterey County Probation Department – Juvenile Division

Keywords:

juvenile, probation, sex, offender, abuse, deviancy, treatment, cognitive, psycho-educational, law, enforcement

Abstract:

An overview of juvenile sex offender characteristics, treatment resources in Monterey County, and recommendations for better service delivery to this population and the community. This report is of scholarly nature and was completed for the Monterey County Probation Department to address the problem that these perpetrators pose to the community.

Table of Contents

Executive Summary

The Monterey County Probation Department serves the community in helping to reduce the frequency and severity of criminal and delinquent behavior. The agency currently supervises 1,500 juveniles on probation, and attempts to use the least restrictive means of action to correct or change behavior. Often time, a Probation Officer will supervise the individual and work with their families. Probation Officers will make appropriate referrals, placement, and recommendations to the court to best serve the individual. The juveniles on probation are under the age of 18 and must fulfill terms and conditions (depending on their type of probation) which is set by the court, in order successfully be reintegrated into the community.

The problem that juvenile sex offenders pose is that of a threat, in which vulnerable members of our society within our community can be victimized. There is little understanding about this population, as this several researchers have noted that field is still in its infancy. According to the California Department of Justice, for the last ten years of available data, an average of 111 arrests occur in Monterey County. Each arrest implies that at least one person has been victimized and that law enforcement was notified of the crime(s). Furthermore, the need that must be addressed is a need for understanding their characteristics and the treatment that they undergo in order to reduce to recidivism.

The Capstone Project is a literature-review document based on scholarly research and personal interviews with professionals in the field. The purpose of it was to gain an overall understanding of juvenile sex offenders, find out what types of treatment are being utilized, and make recommendations to the Agency on how to better address the needs of these individuals and their families.

The findings of this report are that juvenile sex offenders are a heterogeneous group, committing various types of offenses upon various types of victims, with severity that also varies. There exists no general description of this population, although many researchers feel that sex offending behavior is a general part of delinquency. Research has shown that many juvenile sex offenders have been victims of abuse. Furthermore, many of these individuals exhibit psychological and cognitive disorders, as well as higher arousal rates for sexual deviancy, which may indicate a need for treatment in these areas to reduce the frequency and severity of their crimes.

Treatment of these offenders in Monterey County integrates cognitive-behavioral and psycho-educational techniques, which has been noted in the literature as the most effective way to treat them, but which lacks empirical evidence to support this notion. In group therapy, these techniques help to reduce arousal to sexually deviant thoughts, increase empathy, establish morality, and increase social skills. While many in Law Enforcement believe that juvenile sex offenders will always pose a threat, the literature indicates that the majority of them are amenable to treatment, especially younger adolescents.

I. Introduction of Capstone Project

Collaborative Health and Human Services Context

The Problem that the Capstone Project Addresses

The problem that this Capstone Project addresses is the need of resources that address the threat that juvenile sex offenders pose to the community. The purpose of this Capstone Project is to gain an understanding of the juvenile sex offending population, discover what resources are being utilized to address the problem that they pose to the community, and make recommendations that would benefit these individuals, their families, and the community. This has been achieved through scholarly research and interviews with professionals in the law enforcement and mental health fields that work closely with these individuals.

Juvenile sex offending behavior is a problem that has an impact on the community that can severely impair the security and well being of its members. Adult or peer victims are exposed to violence when a perpetrator attempts to make them comply with the crime. Children are often manipulated and their vulnerabilities are taken for granted, as a perpetrator can abuse them with much more ease in gaining complicity. The result of the problem is that both aforementioned populations experience is detrimental psychological and physical harm that can be long term.

The agency has determined that this is a problem in the community, as there is not a clear understanding of the root cause of juvenile sex offending or the various factors that affect this population. While juvenile sex offender cases appear frequently on the caseloads of Probation Officers at the Probation Department, the Program Service Manager of the youth division field unit says that there are enough cases to warrant the creation of two Probation Officer positions that deal exclusively with this population. In examining what resources are being utilized locally, as well as scholarly research, it is hoped that this project will help to address the problem.

In reviewing the literature for this Capstone Project, a foundation was set to put into context the information that was discovered as to what is occurring in Monterey County. The literature review conducted looks at the various characteristics of juvenile sex offenders, the severity of impact that their crimes has on the community, as well as the interventions that are occurring in the county that help to alleviate the problem. In reviewing the literature, many factors were

discovered that contribute to juvenile sex offending behavior and which formed the basis of recommendations that are being offered to the Probation Department.

Project Description

This project consisted of a review of literature based on scholarly research as well as interviews with professionals in the field in law enforcement and mental health. A significant amount of time was utilized in finding resources of information as well as locating contacts that work closely with this population and can offer perspective to the research conducted.

The methods used to implement this project include information management and professional communication, as information gathered was evaluated and synthesized into this report.

This project accomplishes research on the topic of juvenile sex abusers, which is a group of offenders that is not well understood. It answers various questions; what are their characteristics are prevalent in this population, what resources are available to them, as well as what types of changes in departmental procedure would benefit them.

The results of this effort can be evaluated through further research being conducted in regards to this population, as well as what other types of evidence-based interventions that show empirical promise [empirical studies of treatment for juvenile sex offenders is significantly lacking]. In using this project as a foundation or catalyst for change, future researchers associated with the Probation or other appropriate county department(s) can develop formal recommendations and advocate for necessary improvements in the service delivery of intervention.

The anticipated benefits of this project is that Probation Officers who come into contact with this population can use this report as a resource to identify potential needs of juvenile sex offenders that may come into their caseloads. The drawback to this notion is that this report does not provide a “one-size-fits-all” approach to identifying characteristics of this population. The population has been identified by almost every evaluated piece of literature as being a heterogeneous group, as these offenders display varying characteristics such as number of offenders, degree of force used, and mental and emotional problems.

Application of the Project to Academic Requirements

The major learning outcomes that this project addresses include the following:

Collaboration

This was demonstrated by getting the key players in relation to the problem in finding a solution. As previously mentioned, this involved law enforcement and mental health workers. Knowledge is achieved as the importance of collaboration is demonstrated in utilizing their expertise. Skills were demonstrated through sustaining participation across interprofessional lines. Attitudes were demonstrated in the ability to draw these key players to obtain information that achieves a common goal of addressing the problem.

Information Management

This was demonstrated through gathering information through scholarly research and interviews. Knowledge is demonstrated through the use of quality information for this report, as questionable material was not included. Skills were demonstrating through various avenues which include managing information (internet, word processing) and gaining access to resources of information through electronic and interlibrary resources. Attitudes are demonstrated in utilizing advanced technology, with the understanding of its importance in human service delivery.

Leadership

This learning outcome was demonstrated by producing a vision that was shared with others, as key players were gathered to achieve a common goal. Knowledge is demonstrated of how the "status quo" (Probation and Law Enforcement) serves children, youth, families, and the community in relationship to the problem. Skills in involving key stakeholders to develop, articulate, and sustain the vision of this Capstone Project which facilitated collaborative success. Attitudes were demonstrated in engaging in risk taking (as the subject matter is sensitive) as part of the process of change (in offering recommendations).

Statistics and Research Methods

Basic research methodologies were utilized in the completion of this project, as data was gathered and empirical evidence was analyzed. Statistical Knowledge was demonstrated in utilizing various quantitative and qualitative sources of information in this report. Statistical Skills were demonstrated in the ability to critically review various peer-

reviewed articles. Statistical Attitudes were shown in the recognition of how certain statistics (e.g. recidivism among sex offenders) affects service delivery and policy.

Research Knowledge was shown in researching the intervention (program design) that the county uses and how it has been evaluated. Research Skills were demonstrated in obtaining current and relevant information from multiple sources in this field. Research Attitudes were demonstrated in appreciating the value that this research has for service delivery (juvenile sex offender intervention) and future policy development.

The Capstone Project and the CSUMB Vision Statement

The following section of the CSUMB Vision Statement applies best to this project:

> *"The university will be a collaborative, intellectual community distinguished by partnerships with existing institutions both public and private, cooperative agreements which enable students, faculty, and staff to cross institutional boundaries for innovative instruction, broadly defined scholarly and creative activity, and coordinated community service."*

This Capstone Project worked in collaboration between the author, a student of California State University Monterey Bay, the Monterey County Probation Department, and a component of Children's Behavioral Health within Monterey County. In completing this project, institutional boundaries were crossed for the purposes of learning and addressing a problem within our community. Furthermore, scholarly and creative activity was accomplished through coordinated community service that manifested in the student's commitment to the agency for scholarly work.

Monterey County Probation Department context

The Monterey County Probation Department is in need of resources that address the threat that juvenile sex offenders pose to the community, as well as evidence-based intervention that has shown to reduce recidivism in sex-offense related crimes among this group. In completing research of existing interventions, the community will be served by assisting law enforcement in the Juvenile Probation environment to better understand this population, thus helping this individuals refrain from abusive behavior to prevent future victimization among members of the community.

The Capstone Project is two-fold in that it aims answers the following question: *What resources available to juvenile sex offenders; what types of departmental changes would benefit them?* By conducting research and appropriate interviews with professionals in the field and reporting the findings in this document, it is hoped that a clear understanding can be inferred to what is occurring in Monterey County in regards to addressing the needs of juvenile sexual offenders and the community.

Description of the Agency and Program

The Juvenile Division of the Monterey County Probation Department currently supervises approximately 1,500 juvenile offenders that have been granted probation by the courts (Monterey County Probation Department, 2007). By working with the individual, their families and the community, the Department oversees that the juvenile offender meets the terms and conditions set forth by the courts once they are placed on probation.

The mission of the agency is "to provide protection to the community by preventing and reducing the frequency, severity, and impact of criminal and delinquent behavior among adults and juveniles who come within the jurisdiction of the Probation Department" (Monterey County Probation Department, 2007). With juveniles, this is achieved by the supervision that is conducted by their Probation Officers who have the authority to make recommendations to the courts, make appropriate program referrals, and placement.

When youth is placed on probation, the least restrictive means are used to change behaviors in the individual's life. Youth who commit relatively minor crimes are dealt with through Diversion procedures by the Probation Department, where they are punished with a three-month term that may involve community service or other program referrals. The next restrictive means is pre-court (or informal) probation, defined in the Welfare and Institutions (or W&I) code 654. This occurs when the juvenile continues to exhibit delinquent behaviors and it is determined that he or she will soon fall under the jurisdiction of the Court without intervention. This can occur with or without court proceedings and the minor is forced to abide by a contract of what they can or cannot do for six months. Field Probation Officers supervises these minors.

If a minor does not comply or continues to exhibit criminal and delinquent behavior, they are placed on the least restrictive probation, which also lasts for six months. This is defined in 725 W&I, as non-wardship probation. This is done with the involvement of the Court.

The next restrictive step in probation is deferred entry of judgment (790 W&I), which is probation that lasts from 1-3 years and involves the Court as well. This usually occurs when the minor commits one felony that is not listed under 707(b) W&I.

707(b) W&I lists several serious and violent crimes that can never be sealed by the court. Some of the crimes listed include murder, arson, robbery, various sex crimes (rape, sodomy, crimes against children), and kidnapping. These crimes exhibit extreme violence or victimization.

When more than one felony, a violation of 707(b), and/or failure to quell criminal and delinquent behavior occurs, the youth is placed on formal probation and becomes a ward of the court (602 W&I) from anyware from a year to open probation (which can last until the minor is 25 years old). The court acts "in loco parentis" – in place of a parent – and makes decisions for the welfare of the minor. Placement can occur when a juvenile reaches this status and they must still abide by terms and conditions of their probation.

When all else fails to quell delinquent and dangerous behavior, the juvenile may be sent to the California Youth Authority (CYA), which is essentially the prison system for youth in the state. Upon acceptance, the juvenile may serve several years at CYA.

Within the Monterey County Probation Department, the Juvenile Division aims to serve the community in various ways by goals it has set forth to "provide the highest quality of probation services to the court, offenders, and the community."
These goals are achieved when:

1. The community is protected from dangerous persons;
2. The rights of crime victims are recognized, respected, and ensured;
3. Clients are deterred from criminal behavior;
4. Clients are provided opportunities to become, and remain, law-abiding members of the community; and,

5. Community programs and agencies are recognized and used as resources for crime prevention and/or rehabilitation (Monterey County Probation Department, 2007)

This research project aims to enhance this mission by providing information that will help the agency better understand a threat to the safety of the community. It will provide a summary of scholarly research, findings and recommendations that will help to protect the community. This research project addresses issues among juvenile sex offenders that will help the proper authorities understand basic information pertaining to this population in hopes of "reducing the frequency, severity, and impact" of their criminal behavior that poses a risk to the community.

Description of population or community to be served

The populations that are served by this project fall within various groups in Monterey County. These include law enforcement, the general community, and the juvenile sex offender.

Law Enforcement aims to be served by this project by helping to fulfill the mission statement of the Probation Department to protect the community. Furthermore, it is hoped that a clearer understanding of juvenile sex offenders is interpreted from this research project in order to assist Probation Officers in handling this population that frequently appears on their caseload.

In turn, the general community is to be served by the protection it receives from Law Enforcement. With a general understanding of the juvenile sex offender, it is hoped that the community is protected, further victimizations will cease, and that communities will be safer.

Also served by this project will be the juvenile sex offender, their families, and the people they have impacted. It is important for these individuals to be punished for their crimes; however, it may be equally prudent to consider treating them for any conditions that may exist that may have led them to this criminal behavior. Victims and their families are affected by the crimes committed by juvenile sex offenders. The crimes that these offenders commit also affect their very own families as well as the community at large.

Background and History of the Problem, Issue or Need

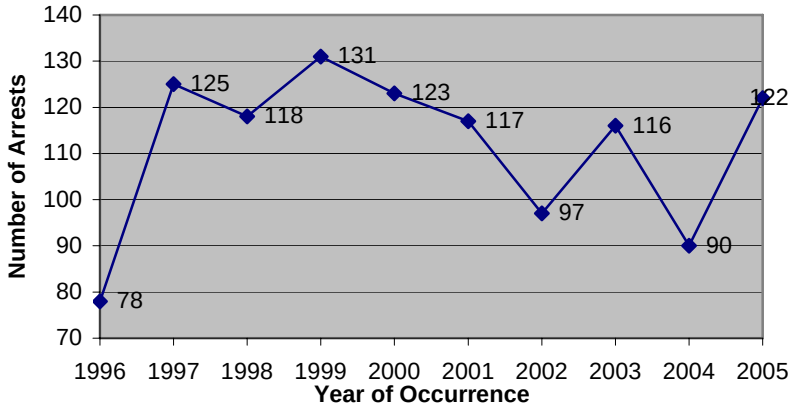
The issue of juvenile sex crimes is a concern to the Probation Department, as individuals who commit these crimes are handled by Probation Officers when they are placed on probation. These agents of law enforcement must ensure that the safety and well being of their community

is maintained, that the probationer meets their terms and conditions of probation, and that these individuals do not recidivate and create further victimization.

Sex crimes are a problem that all communities to deal with. In some States, lawmakers have instituted laws to indefinitely institutionalize or incarcerate individuals who have been deemed a danger to their respective communities. Some states (such as Illinois) will go as far as practicing indefinite incarceration for minors who are deemed a danger, up and through adulthood (Turoff, 2001). In California, adult sex offenders are required by law to register their presence within their community per Megan's Law.

As shown in Figure 1, the rate for felony sex offense arrests among juveniles has fluctuated in the last ten years of available information. In that time period, high of 131 and low of 78 arrests occurred in Monterey County for felony sex offenses. Using these statistics, which are provided by the Department of Justice for the State of California, this averages to approximately 111 arrests per year. It should be noted that the data does not make any notations of multiple arrests by one offender.

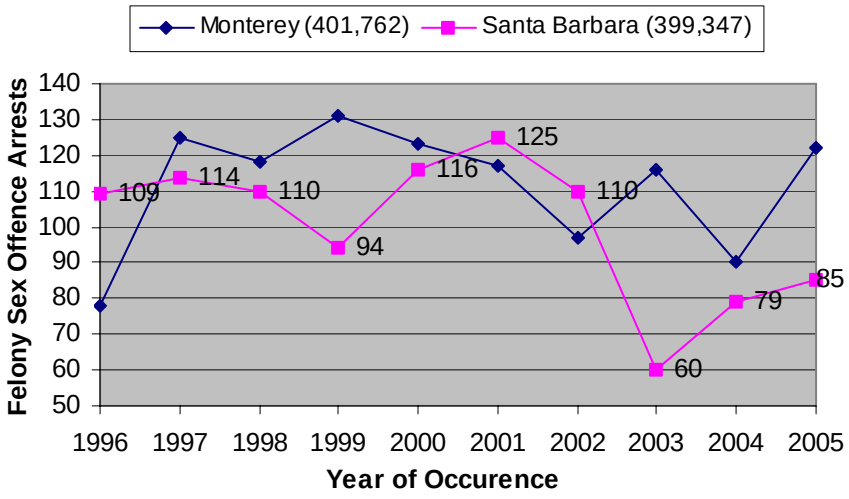
Figure 1: Reported Felony Juvenile Sex Offenses (By Arrests) in Monterey County



(State of California Department of Justice, 2007)

Figure 2 shows the rate same data, but with Monterey County being compared to Santa Barbara County, an area with a similarly sized population (401,762 versus 399,347, respectively). In that time period, Santa Barbara averaged to 100 arrests with a high of 125 and a low of 60. The arrest rates are noteworthy, as each arrest indicates the victimization of one or more people.

Figure 2: Reported Felony Juvenile Sex Offenses (By Arrests) in Monterey County as compared to Santa Barbara County



(State of California Department of Justice, 2007)

In consideration of re-offending behavior, the literature says that the likelihood of reoffense is relatively low with juvenile sex offenders (as compared their adult counterparts), however, the consequences that they pose to potential victims is high (Fritz, 2003). As said by C.D. Milloy (1998), "If we are to prevent such behavior [sexual offending], then we must make every effort to fully understand the problem and reassess its solution". In the next section of this report, an overview of the juvenile sex offender population is described.

II. Juvenile Sex Offender Overview

Sexual Offenses

Juvenile sex offenders profoundly impact the lives of a substantial number people every year. In the various literature reviewed for this report, there are various statistics that show how involved juveniles are in perpetrating sex crimes. Much of the literature estimates that 15-20% of all sexual offenses and up to 30-50% of child molestations are committed by a perpetrator under the age of 18 (Christodoulides, Richardson, et al., 2005; Zolondeck, Abel, et al., 2001; Barbaree & Marshall, 2006). Moore, Franey, and Geffner (2004) contend that by the time an offender first encounters the criminal justice system (m = 14 years of age), he had averaged 7 prior hands-off and hands-on sexual offenses, for which he was neither caught nor reported.

In turn, the communities have responded to the significant problem of juvenile sex offenders (Flanagan, 2003). This includes the establishment of community resources to help rehabilitate the young offender to legislation for stiffer sentences, sex offender registration, community notification and sexual predator laws concerning juvenile offenders (Righthand & Welch, 2004).

There are various sex crimes that occur within our community, with child molestations being the most prevalent (T. Gregory, personal communication, February 21, 2007; M. Moshella personal communication, April 17, 2007). These crimes fall under California Penal Code, Section 288 as "lewd or lascivious acts [which cause] psychological harm to [the] victim." More specifically, this crime is defined as being committed by "any person who willfully and lewdly commits any lewd or lascivious act… upon or with the body… of a child who is under the age of 14 years, with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of that person or the child." With child molestations, there are major age differences between a molester and their victim, typically four or five years which by clinical definitions would constitute abuse between children (Barbaree & Marshall, 2006).

Another common sex crime that is committed by juveniles is are hands-on crimes such as assault and rape. Sexual crimes can manifest in various ways and is defined in various points of the California Penal Code in instances such as sodomy [288(c)(2) PC], oral copulation [288(c)(2) PC] and assault by any means [245 PC] Rape is defined under California Penal Code, Section

261(a)(2) as sexual intercourse "accomplished against a person's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the person or another." These crimes impact the victim significantly, and the amount of force used also dictates the amount of psychological damage inflicted on the victim.

The literature says that offending (or abusive) behaviors range from non-contact offenses to penetrative acts with more than half of the abusive acts involving oral-genital contact or attempted or actual vaginal or anal penetration (Righthand & Welch, 2004). Lawda-Thomas and Sanders, (1999) list various causes of juvenile sexual abuse which include unlearned boundaries between appropriate and inappropriate sexual behavior, abusers having been abused, curiosity gone wrong, family dysfunction, and a power imbalance between men and women. Furthermore, they add that abusers were seen as responsible for teaching their victims about sexuality.

The general consensus that many researchers have reached is that the range of sexual offenses that are perpetrated by adolescent males "is enourmous… [and] hands-off offenses such as peeping, flashing, and obscene communications often precede hands-on offenses and continue between hands-on assaults" (Moore, Franey, and Geffner, 2004, p.5). However, the various researchers have classified the various types of sexual offenses (behaviors) that adolescents commit. The following (Chart 1) is a summary of those types of offenses that Hendricks and Bijleveld (2004) and Ertl and McNamara, (1997) define as sex crimes:

Table 1: Types of Offenses Committed by Juvenile Sex Offenders

Type of Offenses	Behavior	Common Victim Characteristics
Hands Off	Voyeurism, exhibitionism, obscene phone calls	Same Age or Older
Hands On	Sexual Assault and Rape	Unknown Women, same age or older
Pedophilic (Child Molestation)	Victim is four or more years younger than the offender	Often acquaintances or relative of the offender, more likely to be male

Victims and Costs

Victims of juvenile sex offending range from family members, non-familial acquaintances, and strangers of both sexes, although the vast majority of victims are female. Woodhams, Gillett, and

Grant (2007) add that younger victims may be easier to procure and that control of the victim determines the level of violence that they are exposed to. Woodhams et al. (2007) report that females are more often injured and restrained than males, although the rapes of males are more likely to involve a weapon. Vandiver (2006) notes that males victimize females of all ages at substantially higher rates than they victimize males, however male victims were almost exclusively children.

Victims of sex crimes by juvenile offenders are most likely to be female acquaintances or siblings – rarely are they strangers (Zolondeck, Abel, Northey, and Jordan, 2001). Furthermore, Zolondeck, et al. (2001) reported that victims are at least acquainted with their perpetrator as 50% of perpetrators know their victim. Righthand and Welch (2004) describe that many victims are forced to comply with the crime through intimidation, threats of violence, physical force, or extreme violence. Adults and peer victims are more likely to experience this type of victimization versus victims that are children.

The impact of rape on a victim is substantial. Woodhams, Gillet, and Grant (2007) assert that this type of crime can affect psychological functioning, self-esteem, and the victim's lifestyle. Furthermore, they cite research that suggests that infliction of physical, verbal, or sexual violence in the victim during the offense can result in greater psychological harm. Juveniles tend to be either less aware of the harm they cause as a result of their behavior, or more aware and more uncomfortable (Terry, 2006). Empirical evidence suggests that physical aggression toward women often results in greater harm to the victim than when offenders direct violence towards men (Hunter, Hazelwood, & Slesinger, 2000).

The impact that these crimes have is significant and costly as youth who sexually offend present a serious and ongoing problem to the community. They pose high costs to the victim, families, the offender him- or herself and society at large (Moore, Franey, & Geffner, 2004). For victims, there are vast emotional and financial costs for treatment (Kennedy, Hume, & Brown, 1998). Furthermore, many of their emotional scars will never heal as youthful offenders emotionally and physically terrorize their victims (Hunter, Hazelwood, & Slesinger, 2000).

For the offender, there are financial costs to consider as "staggering costs" are incurred as a result of child welfare and criminal justice system (Righthand & Welch, 2004; Kennedy, Hume,

& Brown, 1998). There is also the cost of prosecuting, confining, and treating the offender (Kennedy, Hume, & Brown, 1998) and it is noted that the costs of treating pedophiles over the course of their entire lives can be staggering.

It was reported by the literature that the majority of sexual crime is never reported as 3 of every 4 incidents of sexual assaults and child molestations are never reported to a legal agency (Moore, Franey, and Geffner (2004).

"Offender" versus "Abuser" Labels and Impact

It is important to distinguish the differences in labeling an adolescent as an offender and an abuser. This is an important distinction to understand as the adolescent who commits a sex crime is referred as an "offender" in one realm and as an "abuser" in others.

Sexual offender is the legal term in which an adolescent who commits a sex crime is identified. Fritz (2003) has commented that this is a legal term and not a psychiatric diagnosis of the individual. For many, the term "sex offender" as applied to adolescents may not be appropriate or ethical. While the language holds the offender accountable for his or her behavior, it may promote the belief that a person can never be more than his or her past (Righthand & Welch, 2004).

Throughout the literature, adolescent offenders are referred to as "abusers" in the clinical context. One definition of sexual abuse is defined as an adolescent using his position of greater power that he holds in relation to the victim on the basis of physical size, age, gender, sexual awareness, understanding of the act, or relationship to the victim (Flanagan & Hayman-White, 2000; Lawda-Thomas & Sanders, 1999). Lawda-Thomas and Sanders (1999) also add abuse is beyond the child's normal age-appropriate developmental state and is not welcomed behavior.

Often time, juvenile sex offenders are also identified as sexual predators. However, Fritz (2003) says that data does not support labeling this group as incurable sexual predators "who constitute a menace to society" such as adult offenders. Furthermore, Moore, Franey, and Geffner (2004) have said that many researchers prefer to refer to juvenile sex offenders as "adolescents with sexually abusive behaviors" suggesting that labeling be more focused on behavior rather than labeling youth as a sex offender. According to these researchers, by applying this label, "it

speaks to the rehabilitative property of young people." Some researchers say that the label of "sex offender" can be detrimental to the development of a juvenile, as it can cause confusion and shame among them (see *Recidivism: Successfully Treated Juvenile Sex Offenders* later in this report). Righthand and Welch, (2004) say that to label these perpetrators as "juvenile sex offenders" at a time when they are still developing their identity can have "deleterious effects".

It has been reported recently that a growing number of professionals in this field emphasize that the notion of "once a sex offender, always a sex offender" has not been empirically supported, particularly when it comes to juveniles (Righthand & Welch, 2004). Muster (1992) makes the argument that adolescents are in a transitional period, where attitudes about sexuality are being formed. Milloy (1998) questions the use of the "sex offender" label, as the activities of these perpetrators range from nuisance-type crimes to very serious, violent offenses. Milloy further describes their abusive behavior as possibly accounting "for a relatively small proportion" of their total offending pattern.

A Heterogeneous Group

However, Steen and Monnett (1989) say that "the adolescent offender we have known look like any adolescent you might see at a high school football game. They have a few things in common. They all have experienced some sort of abuse. They're all somewhat confused and troubled. And they all need help. (p.17)"

Nearly every piece used for this report acknowledges that juvenile sex offenders, much like their adult counterparts, are a heterogeneous group of individuals. Righthand and Welch (2004) describe these offenders as a "mix" which varies according to victim and offense characteristics. Juvenile sex offenders vary significantly in age, understanding of sexual issues, development, maturity, and availability of coping mechanisms (Terry, 2006). Milloy (1998) says that previous literature on this population shows no strong evidence of a unique profile exists.

While it is difficult to classify offenders, four variables that could correctly classify 77% of the juveniles that offend sexually have been found by Christodoulides, Richardson, Graham, & et al., (2005). These include involvement with delinquent peers, crimes against persons, attitudes towards sexual assaults (lack of empathy), and family "normlessness" (whereas "norms" are not a central part of the adolescent's development).

There is a great variation in victim characteristics, degree force, chronicity, and other factors which often fail to discriminate youth who sexually offend from either non-sexual delinquents or normal adolescents (Moore, Franey, & Geffner, 2004). Terry (2006) identifies various types of sex offenders (as displayed in Chart 2) which further show that they are as heterogeneous as adult sex offenders and argues that by breaking up heterogeneous groups into classification schemes, treatment providers can better assess risks and needs of offenders to provide better and individualized treatment to these individuals.

Table 2: Types of Sex Offenders as classified by Terry (2006)

Sex Offender Classification	Characteristics
Naïve Experimenter	Young, lacks social skills and sexual knowledge, participates in situational acts
Under socialized Child Exploiters	More degree of social isolation, insecurity, poor self-image, dysfunctional family
Sexual Aggressives	Most likely to use force and violence during offense, more likely to abuse peers/adults; delinquency is prevalent as is impulsivity; from violent and dysfunctional environments
Sexual Compulsives	Have deviant sexual fantasies that become compulsive; likely from more rigid (strict) environments
Disturbed Impulses	Actions are impulsive, which may result from psychiatric disorders
Group Influenced Offenders	Commit offenses to impress peers, most likely to use gratuitous violence
Psuedo-Socialed	Characteristics similar to psychopaths, psychological disorders such as narcissism may be prevalent; lack intimacy, have superficial relationships with peers, and shows a high level of intelligence

Adolescents (Teenagers) and Sexual Activity

It is important to consider life changes that young adults may be going through in relationship to their sexual development. According to the literature, children enter puberty between the ages of eleven and fourteen and by the age of fifteen, boys are capable of sexual reproduction, (Zilbergeld, 1992). The way that puberty affects boys is that the increase in production of the hormone testosterone (and estrogen in girls), causes boys and girls to seek each other out.

According to Zilbergeld, before they start having sex, “boys know that sexual interest and prowess are crucial to being a man” and that “we tend to admire males who get around.” This

suggests a social stigma that young males face in regards to having sex – that to be a man, they must be seeking it out and be getting a lot of it. This is crucial component of a man's masculinity and males feel pressured to act interested in sex whether or not they really are. To further emphasize the importance of sex in a young male's mind, there is this stigma that if they are still virgins at the age of eighteen (up to 23), they face the ridicule of their peers and contributes to a feeling of inadequacy.

In the context of their development, sexual interest and arousal is fluid and dynamic during adolescence, but it is clear that sexual disorders can appear (Prescott, 2004). Righthand and Welch (2004) say that one characteristic of juveniles who sexually offend is that they have previously had consenting sexual experiences, and that these experiences exceeded that of a control set of juveniles who have not committed sexual offense. Barbaree and Marshall (2006) say that female juvenile sex offenders often engage in promiscuous behaviors, but that this may be attributed to childhood sexual abuse, which is not a part of the normal developmental sequence.

Girls as Juvenile Sex Offenders

This report has emphasized primarily juvenile sex crimes that are committed by juvenile males, as they are seen as the primary perpetrators of this crime. However, a word should be said about females who offend sexually.

Righthand and Welch, (2004) describe these offenders in great detail when describing general characteristics of youth who sexually offend. These authors cite literature that places the incidence of offending behavior from 2-11% in this population. However, they concede that the extent of the problem for girls may be underestimated on account that these perpetrators are less likely to be detected or reported.

Girls tend to select younger victims and use less force to perpetrate their crimes. One setting identified by Righthand and Welch (2004) where these perpetrators have ease of access to their victims is in a daycare setting. According to these authors, girls are less likely to be involved in the criminal justice system and that those who are caught are more frequently referred for assessment and treatment than males.

Also reported by Righthand and Welch (2004) is that this subgroup suffers higher rates and more severe histories of child maltreatment (versus their male counterparts, who also experience high rates). This may manifest in forms of delinquent behaviors that occur in this population such as sexually promiscuous behavior. Also prevalent are poor peer relationships, school difficulties, and placement in the mental health system.

General Delinquency

It has been found that juvenile sex offenders frequently engage in non-sexual criminal and antisocial behaviors (Righthand & Welch, 2004; Van Wijk, Vermeiren, Loeber, et al., 2006). These researchers conclude that it may be a typical characteristic of these youths, suggesting that sexual offending may be one facet of an overall pattern of delinquent behavior. Milloy (1998) further describes the juvenile sex offender as displaying a generalized pattern of delinquency, as research on recidivism shows that most of these perpetrators do not display a pattern of repeat sex-offending behavior. However, this population is more likely to recidivate in non-sex crimes. A history of non-sexual delinquency is prevalent in this population (Whittaker, Brown, Beckett, & Gerhold, 2006). Other characteristics of dysfunction typically associated with juvenile delinquents, such as such as abusive family backgrounds and social skills deficits have been associated with juvenile sex offending.

To further this concept, various studies have shown that juvenile sex offenders do not differ from non-sex offenders with respect to various personality traits, cognitive capacities, and family characteristics (Van Wijk, Van Horn, Bullens, et al., 2005). Also noted in some samples are similarities in regards to behavioral problems, current behavioral adjustment, and antisocial attitudes (Van Wijk, Vermeiren, Loeber, et al., 2006). In one study, sex offenders were found to be similar to non-sex offenders in drug and alcohol use (Van Wijk, Vermeiren, Loeber, et al., 2006).

In her study for specialized treatment for juvenile sex offenders, Milloy (1998) cites previous literature on delinquency. It is included in this report as a foundation to understanding the behavior of general juvenile offenders. The literature on delinquency does not support the premise that youth specialize in one type of crime and that delinquent behavior is primarily unpatterned. Furthermore, juveniles are versatile offenders and commit a variety of crimes.

Milloy concludes that research of juvenile sex offenders shows that the same "phenomenon" previously describe is exhibited in this group.

Milloy (1998) says that juvenile sex offenders often have histories of nonsexual delinquency, which is also displayed with sexually delinquent behavior. As noted in the previous paragraph, juvenile sex offenders do not differ much from other delinquent youth. However they differ in many ways from non-delinquent youth. In the context of treating the juvenile sex offender, Milloy (1998) says that if the juvenile is also engaged in non-sexual offense behavior, "then knowledge of general delinquency may be applied to the treatment of these youth".

Some researchers say that sex offenders in general were found to be much like their non-sex offender counterparts in the These authors also add that sex offenders are significantly younger than non-sex offenders, however, they are similar to non-sex offenders in anti-social attitudes. If the juvenile offender specializes in sex offending behavior, treatment efforts should be focused on factors that are directly associated with sexual deviancy (Milloy, 1998).

Sexual Deviancy

It is pertinent to address sexually deviant sexual behaviors in juveniles. According to Terry (2006), an overview of the adult population indicates that deviant behaviors and paraphilias often develop prior to adulthood. In retrospective studies of adult sexual offenders, almost one-half of the surveyed population said that they had deviant arousal patterns by the age of 15 years (Debelle, Ward, Burnham, Jamieson, et al. (1993). In one study, all adult sex offenders who participated disclosed some form of sexually deviant behavior and/or interest prior to the age of 18 (Christodoulides, Richardson, Graham, Kennedy, et al., 2005).

Clinically, a paraphilia is described as "an erotosexual condition of being recurrently responsive to, and obsessively dependent on, an unusual or unacceptable stimulus, perceptual or fantasy" in order to facilitate a state of erotic arousal and and/or achieve orgasm (Holmes, 1991). Deviant sexual arousal leads to preoccupation with sexual fantasies (Righthand & Welch, 2004). This is related to increased rates of sexual re-offending and this is more of a factor for sex offenders who target children, particularly boys.

Zankman and Bonomo (2004) say that the development of sexual deviance is most likely due to experiences in the person's early family life. During adolescence, juvenile sexual interests and arousal are more fluid and varied than that of adults. This fluidity implies the ability to be influenced by internal (e.g. cognitions) and external (e.g. family) sources. Terry (2006) says that the onset of deviant sexual behavior is explained by social learning theory, which is derived from a developmental perspective. This perspective supports the view that deviant sexual behavior is learned. An example given in this context is exposure to pornography at a young age (Righthand & Welch, 2004; Terry, 2006), which increases sexual deviancy in juveniles (Terry, 2006) and may elevate the tendency of re-offending (Wieckowski, Hartsoe, Mayer, & Shortz, 1998).

Sexually deviant behavior is commonly excused as experimentation of youth, however, empirical research does not support this notion and researchers say that abusive behavior should not be seen as "normal" sexual development process (Terry, 2006) as they are possibly developing deviant interests similar to those of adult offenders (Wieckowski, Hartsoe, Mayer, & Shortz, 1998). Predatory juvenile sex offenders who have previously planned out offenses exhibit deviant sexual behaviors. Furthermore, they have justification for their acts and many of them have a history of anti-social behaviors (Symboluk, Cummings, & Leschied 2001).

Many sex offender treatment programs to help offenders understand the role that deviant fantasies play in their lives, as there exists widespread acknowledgement in the field of sex offender treatment that deviant sexual fantasies are associated with deviant sexual behaviors (Alywin, Reddon, & Burke, 2005). Furthermore, convicted sex offenders frequently tell treatment providers that deviant sexual fantasies preceded their criminal behaviors. It is then logical to assume that sex offenders must learn how to manage and extinguish these types of fantasies in order to refrain from reinforcing these behaviors through masturbation or further victimization.

In their examination of adolescent male sex offenders and their sexual fantasies, Alywin, Reddon, and Burke (2005) noted the importance of interrupting them in treatment. The offenders were instructed on the principles of covert sensitization, a technique which requires that participants incorporate unpleasant or aversive thoughts into deviant fantasies. These thoughts could be of police interrupting the assault or thoughts of their deviant acts being broadcast. These "safeguards" were developed by the individual and incorporated into their fantasies, which

increase the amount of times they were able to successfully interrupt their fantasies to completion. Patients became more experienced in utilizing these safeguards that they reported being able to employ them earlier in the deviant sequence.

In regards to treatment of sexual deviancy, it has been noted that when a polygraph test is imminent, juvenile sex offenders have frequently disclosed a broader range of victims and substantially more deviant behavior (Alywin, Reddon, & Burke, 2005).

Symboluk, et al. (2001) concluded that antisocial and sexually deviant juvenile sex offenders are less amenable to social skills training. However, they may benefit more from victim awareness and impact interventions. Research shows that cognitive-behavioral techniques that help fix thinking errors within this population may help to enhance more pro-social thinking and attitudes (Symboluk, Cummings, & Leschied 2001). However, if deviant fantasies occupy a significant amount of the offender's time and attention, then intensified efforts to extinguish these occurrences might be necessary (Alywin, Reddon, & Burke, 2005).

Social Skill Deficiencies

Juveniles with sexual behavior problems have been shown to have significant deficits in social competence (Righthand & Welch, 2004; Hunter & Lexier, 1998) as well as deficits and communication, empathy and accountability (Flanagan & Hayman-White, 2000). This includes inadequate social skills, extreme shyness, poor peer relationships, which contributes to social isolation of these offenders, (Righthand & Welch, 2004;Miner, 2002; Hendricks & Bijleveld, 2004). It is also said that isolation and poor social adjustment are distinguishing characteristics of this population. Loneliness is associated with deviant sexual thoughts and behavior across three offender groups: rapists, heterosexual and homosexual child molesters (Alywin, Reddon, & Burke, 2005).

One study says that juvenile sex offenders, as a whole, have overall deficient contact with peers, as they are more socially isolated (Van Wijk, Van Horn, Bullens, and et al., 2005). The authors of this study say that this isolation is due to poorly developed social skills, therefore they have less or no normal contact with peers. Further, this has a correlation to the juvenile perpetuating sex crimes, as this syndrome of social deficits and disabilities may lead to all types of distorted thoughts and fantasies. Debelle, Ward, Burnham, Jamieson, et al. (1993) cite a study saying that

all types of anti-social behavior in childhood predict a high level of anti-social behavior in adult life. This is relevant to the juvenile sex offender population, as it may imply that they are socially inept. Overall, it has been concluded that the self-esteem of juvenile sex offenders is also generally low (Hendricks & Bijleveld, 2004).

Righthand and Welch (2004) have identified some unique characteristics of juvenile sex offenders regarding social behavior. They say that these types of offenders have an overall negative attitude in regards to delinquent behavior, suggesting that those who do not exhibit general delinquency do not like to be categorized as such. The authors add that they are disengaged from family interactions. This can be attributed to the possibility that they have been previously victimized, as this population experiences increased rates of child sexual abuse. Many experience major health difficulties and others struggle with sexual identity problems. Overall, they also experience fewer appropriate relationships with their peers.

Precedence to Adult Sex Offending

The literature supports the notion that sexually abusive behavior, if left untreated or unaddressed, can manifest in individuals when they become adults. Over 50% of adult sexual offenders admitted to committing sexual offenses prior to the age of 18 (Wieckowski, Hartsoe, Mayer, & Shortz, 1998; Breitback & Freeman, 2004a). Debelle, Ward, et al. (1993) maintain that early intervention should be considered necessary to halt "apparent" progression towards adult offending behavior. In previous studied cited by Ertl and McNamara, (1997) and Righthand and Welch (2004), half of adult sexual offenders in their respective samples acknowledged engaging in sexually abusive behavior as juveniles. The researchers characterize their sample populations as having multiple victims and higher recidivism rates.

It is important to address sexually abusive behaviors in youth and adolescence to reduce the severity of sex crimes in adulthood. Adult sex offenders who have had sexual convictions as adolescents generally commit more offenses as adults. They commit offenses that are more serious than those of adults who were never previously convicted as a sex crime as a minor (Terry, 2006). In their brief article, Kennedy, Hume, and Brown (1998) acknowledge that most adult pedophiles "who molest hundreds of victims during their lifetimes as predators" all started out as juvenile sex offenders. Milloy (1998) says that pure sex offenders, even among juveniles,

are rare. However, deviant behavior that is left untreated has shown to manifest in added victimization.

There exists some empirical evidence that adult sex offenders who molest children start an at earlier age, harm a larger number of victims and continue their careers over a relatively longer period of time than others (Hendricks & Bijleveld, 2004). Adolescents who continue their sexual abuse into adulthood are characterized by a history of impulsivity and anti-social behavior (Christodoulides, Richardson, Graham, Kennedy, et al., 2005). This suggests that these two characteristics may be prevalent in youth who are either not amenable to treatment, or that these two issues must be dealt with to become more efficient with treating this population.

Hands On Offenders

Juveniles may commit sex crimes such as rape, fondling, sexual assault, oral copulation, sodomy, inappropriate touching, and other hands-on crimes (that may or may not involve penetration) on their peers and adults. When an incident of sexual victimization is reported, most often it is only the most severe forms of hands-on assaults that reach the attention of a legal agency (Moore, Franey, & Geffner, 2004). It should be noted that some researchers feel that sexual behavior problems exhibited by non-contact sexual behavior offenders (such as exhibitionism and voyeurism) are "not simply isolated incidents involving normally developing adolescents" (Righthand & Welch, 2004) and that this usually precedes hands-on offenses.

Rapists more often commit non-sex offenses prior to and after their crimes (Van Wijk, Van Horn, Bullens, et al., 2005) and are more likely to re-offend with nonsexual crimes than do child molesters (Van Wijk, Vermeiren, Loeber, et al., 2006). Juvenile sex offenders who target peers and adults often commit sexual assault in conjunction with another crime, such as robbery or battery (Hunter, Hazelwood, & Slesinger, 2000).

Studies have shown that juveniles who rape (which is a form of sexual aggression) are less likely to persist into adulthood; however, they show an increased risk for general and violent recidivism (Prescott, 2004). Prescott further states that this type of sexual aggression may only be a part of an emerging pattern of diverse criminality. This suggests the notion that this type of sex offending behavior is a general part of delinquency that goes into adulthood. In a study of interpersonal conflict, juvenile rapists reported increased frequency of both deviant fantasies and

masturbation during times of negative mood and interpersonal conflict (Alywin, Reddon, & Burke, 2005).

Hendricks and Bijleveld, (2004) say that adolescent rapists tend to abuse older, female, and unknown victims and may use a weapon to subdue the victim. They also said that peer abusers are subjected to more harsh discipline at home, as they live in rigid environments. Peer and adult offenders more often showed more aggressive or violent behavior in the commission of sex crimes than those targeting children five or more years younger (Hunter, Hazelwood, & Slesinger, 2000).

Child Molesters

"Child molester" is the label applied to juvenile sex offenders who commit the aforementioned hands-on offenses on victims are four or five years younger than them (Van Wijk, Van Horn, Bullens, and et al., 2005). Child molesters are considered to a subgroup, more likely than rapists and non-sex offenders to have been sexually victimized and have a history of sexual victimization (Milloy, 1998). Furthermore, these type of offenders are more likely than non-offenders to display internalizing problems (Van Wijk, Vermeiren, Loeber, et al., 2006).

Juveniles are responsible for approximately 60% of all sexual offenses committed against children less than twelve years old (Ertl & McNamara, 1997). For these victims, adolescent males are believed to be responsible for 1 in every 2 incidents of male child victimization and 1 in every 3 incidents of female child sexual victimization (Moore, Franey, & Geffner, 2004).

Child molestation is the highest frequency offense reported by juvenile sex offenders (Zolondeck, Abel, Northey, and Jordan, 2001). What this means is that juvenile sex offenders who molest children have a greater number of victims. Zolondeck, et al. speculate that 75% of child molestation victims are related to or are an acquaintance to the perpetrator. Juvenile child molesters more frequently act alone and choose male victims (Hunter, Hazelwood, & Slesinger, 2000). They are more often related to the their victim(s).

A common form of child molestation that occurs in the home is incest. This occurs in homes where there is a great deal of physical and sexual violence and substance abuse and emotional neglect are prevalent (Holmes, 1991). These victims tend to be between the ages of 8-12 years

in age. Holmes (1991) says that the reason that incest victims within these age groups are molested is because they are seen as more independent and are less supervised.

This type of juvenile sex offenders display more socially inadequate behavior and are more isolated than juvenile rapists. The number of child molesters who have been victims of sexual abuse was greater than the number of juvenile rapists who were sexually abused (Van Wijk, Vermeiren, Loeber, et al., 2006). Van Wijk, Van Horn, Bullets, et al.. (2005) reason that while rapists externalize the problem behaviors that are exhibited, child molesters internalize their problems (psychological, cognitive) which manifest in this type of behavior. Adolescent males who offend against prepubescent children show a lack of social confidence, concomitant depression and anxiety which are characteristics exhibited by these types of abusers (Hendricks & Bijleveld, 2004). They also exhibit low self-esteem (Holmes, 1991).

Empirical evidence exists that shows that deviant sexual fantasies were prominent for child molesters (Alywin, Reddon, & Burke, 2005). In the study cited by Alywin, Reddon, and Burke (2005), offenders reported masturbating to deviant sexual fantasies before their first offense and with more frequency afterwards. Furthermore, these cognitive distortions are seen as characterizing features of child molesters, as empathy deficits and limited (or deviant) sexual knowledge could play into the development of sexually abusive behavior (Whittaker, Brown, Beckett, & Gerhold, 2006).

Violent Behavior

Violent behavior can have a detrimental impact on victims of sexual abuse. The literature noted that juvenile offenders are reported as using more physical force than adult offenders (Woodhams, Gillett, & Grant, 2007). Woodhams, et al. (2007) noted that difficultly in controlling the victim is a predictor of violence used during the crime and that more violence is used on harder to control victims.

In contrast to Woodhams, et al. (2007), Righthand and Welch (2004) say that juvenile sex offenders tend to be less physically violent than their adult counterparts. These researchers concede that compliance may still be secured through intimidation, threats of violence, physical force, or extreme violence. They add that youth who victimize peers or adults tend to use more force versus those who victimize younger children.

Researchers have identified three variables with associated with the degree of violence used by offenders in relation to controlling their victims. These variables that predict higher levels of aggression and violence are a female victim, victims who are the same age or older, and the degree of victim resistance (Hunter, Hazelwood, & Slesinger, 2000). While females of all ages make up the majority of victims, almost all male victims of sex crimes are children, who are less likely to resist and are more easily controlled. Hunter, et al. (2000) also noted that homicidal juvenile sex offenders often engage in gratuitous violence. In these cases, less than 10% of their sample population was under the influence of alcohol or drugs at the time of their offense.

Often time, stranger rapes are reported as more violent than acquaintance rapes and crimes with more than one perpetrator increase the likelihood of gratuitous violence being expressed. Woodhams, Gillett, and Grant, (2007) theorize that the "groupthink" mentality, where individuals seeks agreement and cohesiveness can lead to violence. If a group member stops or questions the use of aggressive behavior in an offense, it could results in that individual being subjected to aggressiveness or violence from the group.

Van Wijk, Van Horn, Bullens, and et al., (2005) say that violent crimes were generally attributed to extroversion, impulsiveness, and bad conscious behavior. In their study, they noted that violent juvenile sex offenders seemed to be most problematic. Hunter, Hazelwood, and Slesinger, (2000) say that peer and adult offenders displayed higher levels of aggression than did child molesters while they are also most likely to target acquaintances or strangers (rather than family) who were easily accessible.

Prescott (2004) cites that self-reported empathy had a positive relationship with sexual violence, suggesting that juveniles who had more empathy exhibited less sexual violence. Violent juvenile sex offenders exhibit recidivism rates that are higher than their non-violent counterparts and they are more likely to commit further sexual offenses (Terry, 2006).

Behavioral, Mental, and Cognitive Disorders

Many disorders are prevalent in juvenile sex offenders. Among these cited are conduct disorder, depression, attention-deficit/hyperactivity disorder (ADHD), psychopathy (with callousness and apathy), impulsivity, and depression. Depression was noted to be two times higher in juvenile

sex offenders than their non-offending peers of similar age (junior and senior high-school students) (Terry, 2006). Other mental health issues that they may experience include conduct disorder, antisocial behaviors, higher rates for depression and anxiety (Righthand & Welch, 2004.)

Juvenile sex offenders who commit their acts alone have been found to be more neurotic and impulsive than group sex offenders (Hendricks & Bijleveld, 2004). However, they are less sociable and score higher on sensation seeking. It was noted that fixated child molesters have been "fixed" at an early stage of psychosexual development, which occurs in adolescence (Holmes, 1991).

In a study cited by Alywin, Reddon, and Burke (2005), juvenile sex offenders utilized sexual activity (both deviant and non-deviant) to cope with stress, negative affect states, and difficult life situations. While the role of substance abuse in sex offending is unclear, Righthand and Welch, (2004) say that problems such as poor impulse control, problem-solving difficulties, and poor social skills can be exacerbated by even small amounts of substance abuse.

Cognitive distortions and cognitive disorders are prevalent (Symboluk, Cummings, & Leschied, 2001). Righthand and Welch, (2004) say that there are two areas of cognitive impairment that affect juvenile sex offenders. The first is difficulty with executive functions and abstractions. This can lead to difficulty in their academics, as well as deciphering what is a concrete reality. The second area of difficulty that these juveniles may be afflicted with are difficulties with receptive and expressive language. This may explain why many of these types of offenders are socially withdrawn and why they express themselves inappropriately.

When comparing levels of intellectual functioning in relation to the frequency of sexual behavioral problems, it has been found that there is no significant difference between intellectually normal youth and youth with mental retardation, say Righthand and Welch (2004). Furthermore, these authors say that some juvenile sex offenders experience cognitive deficits similar to those in other groups of juvenile offenders. This may further the notion that this type of offending may be part of general delinquency.

Juvenile Sex Offenders as Victims in Relation to their crimes

There is disagreement in the literature as to whether juvenile sex offenders have been victims of previous sex abuse. Some researchers (Muster, 1992) maintain that many juvenile sex offenders are victims of sexual abuse, while others (Milloy, 1998) disagree by saying that the majority of sex offenders are not victims of sexual abuse. There are those who maintain that most victims of child abuse do not become sex offenders (Fritz, 2003).

Prescott (2004) suggests that juvenile sex offenders have had more extensive histories of non-consensual sexual experiences and paraphilic interest as compared to non-offending youth. However, Milloy (1998) also says that the role of sexual abuse in the causation ("etiology") of sexual offending remains unclear. The research literature estimates that approximately 20-30% of juvenile sex offenders have some sort of abuse history (Symboluk, Cummings, & Leschied, 2001).

Symboluk, Cummings, and Leschied (2001) conducted a study in which they find no significant differences among abused and non-abused sex offenders and juvenile delinquents on family and personal variables. These researchers found that most juvenile sex offenders, regardless of abuse status, exhibit more withdrawn behaviors and social problems whereas non-sex offending juvenile delinquents exhibited the least withdrawn behaviors and social problems, while also having the most social participation between the two populations.

Children react to sexual abuse in a variety of ways. One way is to become "sexually reactive" in which a child may touch or grab playmates and adults, mimic sex play on younger children (sometimes to the point of penetration), abuse animals, masturbate at inappropriate times and places, and use sexual language to antagonize adults (Muster, 1992). In samples of intra-familial abuse, almost always were the abusers also victims of abuse (Lawda-Thomas & Sanders, 1999). In various samples, a wide range of sex offenders reported having been abused (Lawda-Thomas & Sanders, 1999). Offending at a very young age is an indicator of victimization (Lawda-Thomas & Sanders, 1999).

Sexually abused juveniles who become sex offenders are more likely to abuse at higher frequencies, offend earlier, have more victims, abuse males and females, commit more intrusive offenses, and show more psychopathology (Terry, 2006). Juveniles who have reported

experiencing childhood non-sexual abuse is quite high (Ertl & McNamara, 1997) and they exhibit less empathy than non-abused children (Righthand & Welch, 2004). Breitback and Freeman (2004a) say that abuse and mistreatment experienced are useful in predicting who will offend sexually.

Offending at a very young age is an indicator of victimization (Lawda-Thomas & Sanders, 1999). To further expand on this Righthand and Welch (2004) say that abusers typically experienced their own abuse during childhood and that this is associated with juvenile sex offending behavior. Furthermore, they say that between 40-80% of juvenile sex abusers have been previously victimized and that abuse, neglect, and witnessing family violence has been independently associated with sexual violence within this population.

Various sources reported the prevalence of sexual abuse within this population and the impact it has on sexual development (Van Wijk, Vermeiren, Loeber, et al., 2006). This suggests that sexual deviancy is most likely a learned behavior. Furthermore, Van Wijk, Vermeiren, Loeber, et al., (2006) say that a consistent finding of various studies of juvenile sex offenders concluded that they were more often sexually abused in their childhood than were non-sex offenders. However, not all juvenile sex offenders have a history of sexual abuse and not all sexually abused children grow to become sex offenders.

Furthermore, it has been suggested that the family environment of adolescent sex offenders (abused or non-abused) is a significant variable significant in predisposing an adolescent to become a juvenile sex offender (Symboluk, Cummings, & Leschied, 2001). Victims of sexual abuse tend to have poor interpersonal relationship skills, as they tend to be distrustful of others (Miner, 2002). In this social isolation, they may seek the company of younger children to cope, which may lead to abusive behaviors if juveniles do not learn how to properly express their feelings (personal communication with Dr. Michael Moshella on April 17, 2007).

Muster (1992) says that juvenile sex offenders may be deserving of sympathetic therapy, especially if behavior is a result of abuse that they have suffered. Until a victimized offender has dealt with their own guilt and self-blame for their own victimization, he or she will be unable to truly take responsibility for their own sexual abusive behavior (Ertl & McNamara, 1997).

Amenability

Adolescents, given their potential for growth during such a period of transition (Christodoulides, Richardson, Graham, Kennedy, and et al.., 2005) are much more amenable to treatment than their adult counterparts. Terry (2006) says that early intervention among this population is needed to reduce potential for future offenses. Furthermore, Prescott (2004) says that evidence suggest that youth can be quite amenable to treatment.

Efforts to intervene with juveniles who commit sex crimes has been though of as a means to prevent sex crimes as adults while they are still "amenable to rehabilitation" (Milloy, 1998). Others say that evidence suggests that youth "can be quite amenable to treatment" (Prescott, 2004, p.85). In the literature, it is indicated that the majority of juvenile sex offenders do not engage in physical violence and appear to be responsive to focused interventions by appropriately trained mental health professionals (Hunter, Hazelwood, & Slesinger, 2000).

Interventions for juvenile offenders may have greater efficacy for them than for adult offenders (Ertl & McNamara, 1997). Terry (2006) says that older juvenile sex offenders who showed generally impulsive behavior are least likely to complete treatment successfully, which supports research that indicates that younger children are more amenable for treatment. This also suggests that behavioral disorders such as impulsivity can be treated more effectively in younger populations.

III. Intervention

Introduction

Why Treatment is Important

Many researchers consider adolescent sex offenders to be amenable to treatment and the majority of juvenile sex offenders should be referred for intervention (Debelle, Ward, Burnham, Jamieson, et al., 1993). This is based on the presumption that by not referring youth to therapeutic intervention, they will most likely develop characteristics of an adult sex offender. Furthermore, earlier possible intervention with youth that exhibit sexually abusive behaviors leads to better outcomes for the young person and minimizes the risk of additional victims in the community (Flanagan, 2003). If juvenile sex offenders are not rehabilitated, they risk becoming adult child molesters, rapists or pedophiles (Muster, 1992).

To further emphasize this point, some experts maintain that the addictive nature of sexual offending as described by some researchers suggests that young sexual abusers can expect to grow into that form of offending (Lawda-Thomas & Sanders, 1999). Other literature indicates that a large percentage of adult sex offenders committed sexual offenses in adolescence (Christodoulides, Richardson, Graham, Kennedy, et al, 2005), thus exhibiting behavior that continues into adulthood if not treated. The prevalence of sex offending and sexual re-offending suggests that adolescents who commit these crimes may repeat their offending behaviors if not treated (Efta-Breitback & Freeman, 2004b).

It is important to note that historically, approaches and interventions that have been administered to juvenile sex offenders have been based on those utilized with adult sex offenders, often without sufficient consideration of relevant developmental issues and needs (Righthand & Welch, 2004).

Researchers say that treatment should continue to emphasize the development of sexually appropriate behavior and victim awareness (Symboluk, Cummings, & Leschied 2001). Furthermore, these authors maintain that treatment should also emphasize social skills training in age-appropriate situations. Problems with empathy have been established as a feature of sex offending behavior (Whittaker, Brown, Beckett, & Gerhold, 2006) that must also be addressed.

Debelle, et al. (1993) say that treatment and interventions focused on juvenile sex offenders must be rooted in the developmental context of the child passing through a troubled adolescence into adulthood.

Some maintain that there is not empirical data on how the context for sex offending influences the type of treatment that will be most effective for sex offenders (Symboluk, Cummings, & Leschied 2001). However, the most efficient form of therapy that has been found is that of cognitive-behavioral treatment, which aims to fix thinking errors among youth who have a distorted perception of the impact of their behaviors. The view among some in law enforcement (e.g. T. Gregory, personal communication, February 21, 2007) is that regardless of the types of treatment available, the juvenile will more than likely recidivate.

According to the Safer Society Foundation (as of 2000), there are 249 community-based programs and 115 residential programs in the U.S. that specialize in treating youth who sexually offend. Worldwide, there are more than 1,000 treatment programs (Moore, Franey, and Geffner, 2004). In Monterey County, there are only two therapists that treat these offenders. In the city of Monterey, Dr. Paul Stewart treats both adult and juvenile sex offenders. In the city of Salinas, Dr. Michael Moshella exclusively treats juvenile sex offenders in group settings.

What is Occurring in Monterey County

[When referring to what is occurring in Monterey County, much of the non-cited information of this part of this report has been provided through personal communication with Dr. Michael Moshella on April 17, 2007]

In Monterey County, the majority of probationers who are referred to treatment undergo a combination of cognitive behavioral and psycho-educational treatments. Before being placed into treatment, the offending youth may be evaluated for placement, which determines the youth's eligibility. These interventions are designed to help fix thinking errors that are common within this population as well as help to educate them on what is appropriate behavior, especially in relation to sexual behavior. Upon assessment, they are either accepted for treatment or referred back to the court.

Juvenile Justice System

One of the primary pathways for juvenile sex offenders to access treatment is via the court systems, as it is often court ordered or provided as mandatory in correctional settings (Hunter & Lexier, 1998). Many argue that a court-system referral actually increases the likelihood of treatment success. This is because post-treatment monitoring is commonplace through interactions with probation officers (Efta-Breitback & Freeman, 2004b). Success is defined in various ways; typically, these are that goals and objectives are met by the youth as set forth by the program or that there is absence of re-offending behavior (or recidivism).

In Monterey County, the juvenile justice system through the Probation Department seeks to help juveniles on probation return to their communities. This is accomplished through probation officers helping the juvenile and their families fulfill the terms and conditions of their probation. The literature states that probation placement and the court-ordered evaluation for treatment is a cornerstone policy that is prevalent regarding intervention; that juvenile sex offenders should be mandated to participate in specialized treatment programs that will reduce the likelihood that they will recidivate (Milloy, 1998).

While the overall goal of sex offender therapy is to help offenders to safely reintegrate into society as productive individuals, there are no indications in the literature that juvenile sex offenders are self-referred (Efta-Breitback & Freeman, 2004b). Lawda-Thomas & Sanders, (1999) say that assessment for juvenile sex offenders is better undertaken by juvenile justice because “society had already indicated needs for sanctions when individuals offend norms”(p.58), suggesting that the courts can determine what is best for the individual and their community.

Furthermore, the literature says that juvenile adjudication for sexual offenses is seen as a special group of delinquents with special needs, thus separate standards are applied to these offenders in the juvenile justice system across the country (Milloy, 1998). Milloy states that offenders are handled differently at the time of adjudication and sentencing. While this can be attributed to the degree of heinous violation a victim experiences, Milloy gives an example that in Washington state, first-time juvenile sex offenders are given a sentencing alternative that has been specifically designed for sex offenders. These offenders can participate in outpatient treatment in lieu of being incarcerated. This suggests that the notion of amenability – that this behavior can be changed in youth before reaching adulthood – takes precedence over institutionalization.

According to Dr. Michael Moshella (personal communication on April 17, 2007), probation officers are generally supportive of juvenile sex offenders receiving treatment. They will want to know information provided by the clinician. This includes the clinician's judgment as to whether the offender is a good candidate for treatment and placement in group therapy, and a review the juvenile's needs. Overall feedback concerning treatment is pertinent information that Probation Officers seek, as they use this information to report to the Court and provide appropriate recommendations concerning youth.

In relation to this, juvenile sex offenders may benefit from being supervised for longer periods of time, as they are frequently required to meet treatment conditions (Milloy, 1998) when adjudicated. However, others say that adjudication of this population for sex crimes is committed more frequently by "possibly biased or at least unsympathetic judges to determine guilt" (Turoff, 2001, p.1143). Whether or not this bias exists, the overall protection of the community must take precedence so that continued victimization is reduced or halted.

Screening Process

In Monterey County there is a screening process for juveniles who get referred to Dr. Michael Moshella for treatment, which includes determining whether or not the juvenile sex offender admits to committing the offense. The youth that are in denial are first seen in individual treatment to see whether or not they will eventually reach the position of acknowledging the offense. Those who are accepted into treatment may minimize their behavior, pass or shift blame, but do not deny that the behavior occurred. They will not come into group therapy until there is some admission of offending behavior, which is similar to many other treatment schemas noted in the literature. This is what Milloy (1998) advocates when she says that there must be an emphasis on self-disclosure by the offender.

Participation of youth that are antagonistic may be detrimental to group progress. Ertl and McNamara (1997) say that juvenile sex offenders can be very difficult clients to work with due to the nature of the offenses they commit, their lack of empathy or remorse, and their ability to be manipulative. Some warning signs of this antagonistic behavior noted by Moshella includes the offender expressing sentiments of hostility with remarks such as "the probation officer made me come here," "I don't know why I'm here," "I didn't do anything," and etc. Moshella will not

allow them to participate in the group until that attitude changes and it is evident that they will benefit from treatment. In this screening process, it will be determined that some youth are not good candidates for treatment.

While many of these offenders exhibit an "insistent desire to deny and minimize their offending behavior" (Lambie & McCarthy, 2004) Moshella's requirement of admission is important, as youth will go into a group setting where they will hear what the other youth are saying about offending behavior and what they actually did. They will not be allowed to attend group intervention unless there is some indication that they are going to come to treatment and participate in the discussion.

At the same time, the offender has to feel that they are in a supportive environment before they can truly acknowledge their role in the sexual offense (Ertl & McNamara, 1997). Furthermore, denial and refusal to admit responsibility can affect an offender's motivation for treatment participation, as these issues are often the initial focus of treatment (Ertl & McNamara, 1997). Those not going to treatment due to aggressive, violent or predatory behavior are sent to the California Youth Authority (CYA) or other treatments that are located out of Monterey County for specialized treatment.

Group Interventions

In Monterey County, after a juvenile completes an assessment that involves individual treatment, they are then referred to intervention in a group setting that can last from 9-10 months or from 1-1½ years. Group intervention is the main focus of treatment; it is also the preferred and most effective method of treating juvenile sex offender (personal communication with Dr. Michael Moshella, April 17, 2007). With juveniles, it is important to also include family involvement with treatment.

In general group treatment, confrontational group therapy was determined by one researcher to be the most effective way to rehabilitate sex offenders (Muster, 1992). The reason for this is that in a group setting, an offender breaks their denial and minimization of the crime. Muster's argument against sympathetic treatment (which helps the offender work through their own issues of victimization) allows for the offender to rationalize and avoid responsibility for their acts.

According to Muster, confrontation is the standard procedure in most juvenile sex offender treatment groups.

Group members and therapists often serve as a catalyst for change in the behavior of young sex offenders new to therapy. They accomplish this by challenging the offender's denials and minimizations (Ertl & McNamara, 1997). Within this group therapy, the individual accepts responsibility for the sexual offense and acknowledges the detrimental consequences that the offense had on the victim (Ertl & McNamara, 1997). However, it is difficult to evaluate the degree of genuine empathy that an offender expresses towards the victim.

The group process provides many opportunities for vicarious learning and modeling by peers (Ertl & McNamara, 1997) as senior group members can be used to confront and challenge the beliefs and cognitive distortions of newcomers. In this type of therapy, as with any therapeutic relationship, sex offenders need to feel comfortable talking frankly about their sexual experiences and crimes (Ertl & McNamara, 1997).

However, Prescott (2004) suggests that confrontation treatment results in poorer outcomes for juvenile sex offenders. His reasoning is that a punitive treatment approach can increase shame and replicate abusive environments that the offender may have been previously subjected to. Symboluk, Cummings, & Leschied (2001) say that adolescents who begin with a negative self-image of themselves have a maladaptive coping behavior, which reinforces their anticipation of negative responses from others. This can be attributed to Prescott's assertion that confrontational therapy may be less effective for some offenders.

The Offender's Family

The most important aspect of the juvenile sex offender in regards to treatment is his family (Lambie & McCarthy, 2004), specifically his parents. Moshella states that one of the factors that will dictate forward progress with a juvenile is whether or not the families are backing the position that their child did not commit a crime. If the parents maintain this position, it will be very difficult for the juvenile to admit anything if they have parental support in their position. This supports Lambie and McCarthy's (2004) statement that a client's resistance typically stems from his or her environment. Moshella's personal experience with this population has led to observations about the offender's family notes that a key factor in whether or not counseling will

affect a juvenile sex offender is the position of the parents. Success is contingent on parental support.

If parents support the offender's denial, almost all of these offenders will deny the crime when they are first interviewed. This position has detrimental effects, as parental support of this denial makes it very difficult for the offender to change their behaviors, thinking, and attitudes. The literature notes that a major obstacle for social (or mental health worker) interventions is the denial of parents and perpetrators (Lawda-Thomas & Sanders, 1999). Frequently, the perpetrator's family will be experiencing great difficulty in accepting the reality of their adolescent's behavior (Lambie & McCarthy, 2004).

It becomes difficult for the offender to start to accept that what they did was a crime and get to a point where they can say, "I did do something. I did something that was wrong. I made a mistake." This is the position that a clinician wants the juvenile sex offender to reach, but it becomes difficult if parents are supporting their child's denial. Moshella adds that most of the juveniles that go into treatment have parents that are supportive of it; parents want to make sure that for whatever reason the crime occurred, it does not happen again. Many will want to make sure that their son is okay and that the crime does not happen to anybody else again. Moshella notes that many parents will come to the treatment expressing this attitude, but not all of them will.

Parents have a significant amount of influence on a youth's attitudes of openness and accountability in treatment. Zankman and Bonomo (2004) as well as Moshella hold this opinion, as it is difficult to motivate a youth to participate in their treatment when parents are not supportive. Zankman and Bonomo (2004) say that there is a high degree of emotionality between family members and therefore a high degree of connectedness exists between them.

Zankman and Bonomo (2004) addressed the family environment as a potential risk factor for adolescent sex offenders and focused on a psycho-educational, individually focused, and cognitive-behavioral model of intervention and talk extensively about the importance of family in treatment. This type of treatment is similar to that in Monterey County. They cite the importance of parental support, as parental units play an important role in the progression of the sexual abuse cycle due to the nature of the youth's development and can actually play a role in

interrupting the cycle through the therapy process. Zankman and Bonomo (2004) say that parents influence the daily life activities of their youth and that they are a central part of a juvenile's everyday environment.

In previous studies reported, many juvenile sex offenders refer to their own families as "disengaged" or "enmeshed" (Symboluk, Cummings, & Leschied, 2001) as well as dysfunctional (Hunter & Lexier, 1998). Zankman and Bonomo (2004) describes that some chaos exists in families of juvenile sex offenders such as drug abuse, parental conflict, parental withdrawal, unemployment, or mental issues. In certain cases, they say it might be best to remove the adolescent from their family, as they will disrupt treatment and any progress that can be made to rehabilitate the juvenile.

Efta-Breitback and Freeman [b], (2004) say that family involvment is beneficial as aftercare and supervision can be provided by the family for offenders who are allowed in-home placement. However, they caution that special considerations should be taken into account if an immediate family member is a victim of the offender. Zankman and Bonomo (2004) say that it is difficult for parents to go through the therapeutic process when one of their children is a perpetrator and the other is a victim. They also acknowledge that when treatment is completed (whether outpatient or in placement), the youth eventually returns home and they must find a way to operate with the new skills they have learned in their home environment.

Not including parents in the therapy process may set up the juvenile for isolation from those who are most important to them (Zankman & Bonomo, 2004). Juveniles who fail to attend or withdraw from sex offending interventions lack parental support, refuse to attend, or deny that they committed abusive behaviors, which is often supported by their parents (Flanagan & Hayman-White, 2000). In Flanagan and Hayman-White's (2000) evaluation of an adolescent sex offender treatment program, they cited that it is essential that every effort be made to engage and support parents and caregivers as early as possible, as their support and encouragement can reduce the likelihood that their child will complete intervention. When practitioners fail to include "difficult to treat" parents, the offender may fail to develop and practice skills needed to deal effectively with their parents. However, when family is involved in aspects such as relapse prevention and it is made into a family issue, the youth is able to focus on aspects of change that are obtainable.

Zankman and Bonomo (2004) say that therapeutic changes experienced by the family often parallel changes experienced by youth, as there is mutual influence that they have on each other. Furthermore, it is important to help parents talk about uncomfortable issues for parents to talk about and address. Ways to talk about such concepts like sexual arousal, masturbation, and pornography in general ways are developed. In this case, the therapist can be a guide or role model for the family.

Child Molesters in Treatment

According to Moshella, most juvenile child molesters that come in to Monterey County for treatment, by and large they are socially and emotionally immature. This is supported by research noted in the previous section (see *Juvenile Sex Offender Overview: Child Molesters*). Also noted by Moshella is that these sex offenders are very heterogeneous group, as they range in various characteristics such as type of offenses, mental disorders, and number of victims.

It is suggested in the literature that socially immature juvenile sex offenders may benefit from social skills training [such as psycho-educational intervention, noted later in this section] because they are able to acknowledge the wrongness of their acts and be more open to acquiring new social skills (Symboluk, Cummings, & Leschied 2001).

Moshella's clinical view in his experience with working with these offenders is that it makes sense for socially deficient and immature youth to be maintained in their families, communities, and schools only if treatment provided for them on a regular basis, with supervision and with checking in on a regular basis.

Predators in the Community

Moshella says that predators exist in the community. He describes them as older teenagers using aggressive methods to get victim complicity. Generally, these juveniles are not admitted into the group treatments Moshella conducts because they are determined to be a risk to the community. This type of offender is often diverted by the court to various places; some are referred to the California Youth Authority, become incarcerated locally, or they are removed from the community and more intense treatment is sought outside of Monterey County.

The majority of predatory offenders are in need of more intensive treatment and/or incarceration (e.g. California Youth Authority). These juveniles, due to their predatory behavior, do not fit with the group model of meeting once per week, as this is not enough treatment for them. Moshella continues that for other predatory or aggressive offenders (depending on their circumstances), it is not a good idea for them to remain in their communities or their home, as they need more restrictive environment (e.g. incarceration, group homes, etc).

Thinking Errors

Cognitive behavioral intervention is intended to fix thinking about sex, sexuality, and sexual behavior, which is distorted. Once thinking is distorted, behavior becomes distorted and these youth act out in ways that do not fit with healthy ways of thinking about sex and sexuality. Their thinking process is distorted and Moshella says that this will manifest in an adolescent allowing themselves to act out sexually with an 8 or 9 year old. Working through cognitive distortions is essential in ensuring that offenders change their behavior (Lambie & McCarthy, 2004).

Cognitive disorders manifest in the way these abusers shift blame to the victims and do not take responsibility for their actions. The literature says that it is important that juvenile sex offenders take responsibility for their abusive sexual history so that they are able to understand their past behaviors (Zankman & Bonomo, 2004). Taking responsibility is a component, as previously mentioned, that is evaluated in the screening process that Moshella subjects to candidates of group treatment. Once the offender exhibits acknowledgment of the crime, distortions are dealt with. One example of addressing distortions is to have the juvenile offender admit or verbalize the cognitions and self-statements that they used to justify and excuse their behavior. Once verbalized, these thoughts and beliefs can be challenged by the therapist and other group members (Ertl & McNamara, 1997)

Thinking errors in this population manifest in different attitudes that Moshella described of abusers shifting blame. Some examples include the notion that the child wanted the abuse to occur, that the victim initiated the abuse, that the victim enjoyed the abuse, or that because the victim did not respond to the abuse, that the behavior was okay. Another thinking error that an abuser may exhibit is when they do not understand “what the big deal” is. These are all thinking errors, which leads them to think that they shouldn’t have to take responsibility for the abuse

they have put a victim through – that someone else is to blame for it and that they do not have to come to terms for it.

Moshella describes a certain amount of treatment that is involved with confronting juvenile sex offenders. First is to address that the way they think is distorted (or in error) and it involves clarifying the thinking process. One example of addressing a thinking error (previously mentioned) is to emphasize that a young child can not turn down or initiate sexuality. Treatment also emphasize that older juveniles have to take responsibility for their behavior as adults do. The therapist clarifies how the offender set up the offense and the situations and process that allowed for the offense to occur offend.

Adolescents engaging in abusive sexual behaviors may have sexual knowledge that has been distorted, inaccurate, and "when combined with a lack of victim empathy, creates the potential for inappropriate sexual behavior" (Whittaker, Brown, Beckett, & Gerhold, 2006, p.114). One of the goals of cognitive behavioral treatment is to turn around cold and callous indifference of a perpetrator and teach empathy (Kennedy, Hume, and Brown, 1998).

Many juvenile sex offenders deny their crimes and minimize the sexual offense and its impact on the victim (Ertl & McNamara, 1997). They exhibit increased cognitive distortortions (such as blaming the victim) or minimize their offenses (Righthand & Welch, 2004) in an attempt to avoid full responsibility for their deviant sexual behaviors (Ertl & McNamara, 1997).

Cognitive-Behavioral Treatment

Cognitive-behavioral intervention form the basis of most therapeutic interventions for juvenile sex offenders (Flanagan & Hayman-White, 2000; Walter, McGovern, Poey & Otis, 2004; Efta-Breitback & Freeman, 2004b), is most commonly advocated for, and is the basis of what is occurring in Monterey County to address the juvenile sex offender problem. This treatment approach focuses on modifying an offenders maladaptive beliefs and cognitive distortions (or thinking errors) which permit the offender to exhibit sexual abusive behavior and behave in deviant manners (Ertl & McNamara, 1997). Cognitive-behavioral treatments generally produce positive results (although this type of intervention is advocated for, there is no empirical evidence to support its actual use in treatment of juvenile sex offenders) and therapists treating

male juvenile sex offenders are encouraged to use this approach (Walter, McGovern, Poey & Otis, 2004).

Cognitive-behavioral techniques are often used with psycho-educational techniques. Whereas one component fixes thinking errors, the other teaches social skills. This combination is employed in Monterey County. However, some communities also add a pharmacological/biological component to these interventions (Efta-Breitback & Freeman, 2004b), which involves the offender being subjected to drug treatment. While not explicitly expressed as goals for juvenile sex offender treatment, many programs have components that increase self-esteem, self-regulation, cognitive abilities, and the development of internal controls (Efta-Breitback & Freeman, 2004a)

It is because juveniles often deny their crimes or try to justify their offenses that therapists are encouraged to use this modality to treat them (Walter, McGovern, Poey & Otis, 2004). Furthermore, treatment typically tries to identify internal and external precursors to offending behavior. Ertl and McNamara (1997) describe various cognitive-behavioral techniques that are employed on juvenile sex offenders. Most prominent is addressing deviant sexual behavior exhibited by juvenile sex offenders. Deviant thoughts and beliefs are verbalized so that they can be challenged by the practitioner or within a group setting. The juvenile's sexual arousal patters are changed through the use of cognitive-behavioral techniques which includes satiation training which deconditions arousal to deviant sexual content and helps to control impulsivity (Efta-Breitback & Freeman, 2004b)

Some of the common group therapy programs include content which addresses taking responsibility, impeding the cycle of offending, fantasy control, victim empathy, social and communication skills, relapse prevention, progress (which is monitored and evaluated) as well as a conclusion piece (Flanagan & Hayman-White, 2000). Cognitive-Behavioral approaches to treating juveniles typically include confronting the offense, the development of empathy for the victim, the use of the offender's own victimization, anger and stress management, social skills training, relapse prevention, and treatment of substance abuse (Walter, McGovern, Poey & Otis, 2004).

Empathy training is important, as it allows for the juvenile sex offender to consider the impact of their crimes beyond the immediate consequences of being caught (Efta-Breitback & Freeman, 2004a). This is important because, as previously noted, many of these offenders (especially peer/adult rapists and assaulters) do not exhibit an understanding of this concept.

Relapse prevention is often integrated into cognitive-behavioral treatment, which emphasizes self-management for the offender. Relapse prevention helps the juvenile sex offender how to identify and cope with situations that might threaten their control of their inappropriate sexual arousal (Ertl & McNamara, 1997). These techniques have been adopted from substance abuse literature (Ertl & McNamara, 1997; Efta-Breitback & Freeman, 2004b).

Offenders are taught to deconstruct their sexual offenses into component parts (e.g. thoughts, feelings, behaviors, and triggers) and the internal/external factors which may have contributed to the offense are identified (Efta-Breitback & Freeman, 2004b). Self-monitoring, along with monitoring by family is often practiced and followed-up with weekly meetings with therapists (Ertl & McNamara, 1997), with the goal of enabling offending youth to manage future situations (Efta-Breitback & Freeman, 2004b). Righthand and Welch, (2004) say that relapse treatment may not be appropriate treatment for all intellectually or cognitively impaired sex offenders. They say that juveniles who are afflicted with intellectual and cognitive disabilities must have intervention that is appropriate for their special needs and learning styles.

Skills training is often integrated into cognitive-behavioral treatment to teach juvenile sex offenders about “normal” development and function (Efta-Breitback & Freeman, 2004b). Some of the skills that are targeted include relationship and dating, communication, empathy, conflict resolution, complement training, assertiveness, and personal care skills. According to Moshella, the majority of juveniles on probation for sex offenses lack the information and maturity to deal with sexuality, talking about what sex and sexuality is, and their individual sexual feelings. Furthermore, they do not know what to do with their sexual behavior and can express themselves in inappropriate (or criminal) behavior.

Psycho-educational interventions typically address areas such as sexual knowledge, problem solving, and moral judgement (Walter, McGovern, Poey & Otis, 2004). As previously mentioned, many juvenile sex offenders lack basic social skills that psycho-educational intervention attempts

to address. Ertl and McNamara (1997) describe this type of training as instruction being given first and then behavior being modeled by the therapist in either an individual or group format. While this does not change the rates of re-offending, it has been shown to be successful in changing aspects of social behavior.

Moshella says that sometimes youth do not have information about sex and sexuality and do not feel comfortable with discussing it – sometimes it has to be addressed in an educational approach to the subject. Sexual education programs are commonly used in this type of treatment, as research suggests that lack of knowledge regarding sexual matters and deviancy may help to explain sex offending behavior (Whittaker, Brown, Beckett, & Gerhold, 2006). Whittaker and associates (2006) say that the extent of deficits in information pertaining to sexual knowledge, beliefs, and attitudes play into sex offending behavior is limited.

Juvenile sex offenders in particular have myths and distoritions about normal sexual functioning (Ertl & McNamara, 1997) and do not know how to express feelings in appropriate and healthy ways (personal communication with Dr. Michael Moshella, April 17, 2007). Debelle, Ward, Burnham, Jamieson, et al (1993) cite a study saying that all types of anti-social behavior in childhood predict a high level of anti-social behavior in adult life. This is relevant to the juvenile sex offender population, as it may imply that they are socially inept and must be taught how to socialize in appropriate manners.

When cognitive-behavioral techniques are used with a psycho-educational focus, therapists are able to teach healthy lifestyle choices through education and counseling (Flanagan & Hayman-White, 2000). Furthermore, when used with in a holistic approach, therapists are able to promote more pro-social attitudes and social skills such as interpersonal relationships, positive anger management as well as educational, career and life plans (Flanagan & Hayman-White, 2000).

Clinicians

As previously mentioned, Dr. Michael Moshella and Dr. Paul Stewart are the two professionals that treat sex offenders in Monterey County. They are examples of the mental health professionals that are expected to provide well informed, empirically-based services to the courts regarding assessment, adjudication, and release of juvenile sex offenders back into the community (Moore, Franey, and Geffner, 2004).

Therapists must interface with many important people in the youth's life including that of school teachers, probation officers, other psychiatrists and other family members that may want to talk to them. Most therapists work with large and difficult caseloads that can be potentially traumatic for them (Zankman & Bonomo, 2004).

The goal of the clinician is to help stop abusive behaviors (Righthand & Welch, 2004). They accomplish this by assessing the individual and treating them with the best available intervention. Furthermore, mental health clinicians administering treatment are expected to develop and provide empirically developed interventions and treatment for both, victim and offender. However, Dr. Moshella's position is to treat the individuals that perpetrate these crimes.

Failure in Treatment

Many juvenile sex offenders fail in treatment programs, with lack of motivation and proper familial support and supervision attributed as the top reasons (Efta-Breitback & Freeman, 2004a). Divorce and separation of parents was also a statistically significant variable found in non-sexual recidivism. This suggests two things: family cohesion and parental support are central in reducing delinquent behavior exhibited by juvenile offenders; and that family disruption (such as with divorce) takes away structure from juveniles who are more prone to delinquent behavior.

Recidivism and Re-offending

Recidivism is the gauge that law enforcement often relies on to measure success of intervention. Often time, recidivism is only known when additional crimes are reported. In this realm, there is sexual recidivism in which the juvenile commits another sex crime; there is also general recidivism in which the juvenile commits a non-sex crime after being adjudication for an initial crime. Recidivism among juvenile sex offenders is "remarkably less understood" versus that of adult sex offenders (Miner, 2002). Recidivism (or "re-offending") is generally defined as the reconviction of a juvenile sex offender in juvenile court of another criminal offense (Efta-Breitback & Freeman, 2004a).

The primary measure of outcomes in this field is sexual recidivism; however there may be a need for standardization of this definition (Debelle, Ward, Burnham, Jamieson, et al, 1993). There are variables in sex offending, such as the nature of offenses and actual statistics (such as allegation,

arrest, charge, and conviction). This is important to consider as a sex crime may go unreported, the juvenile may be apprehended for a crime but not charged with a sexual offense, or charges brought upon a minor may be dropped as part of a plea agreement to enter treatment (Moore, Franey, & Geffner, 2004).

According to Milloy (1998), recidivism is assumed to be very high among juveniles, however official rates are lower than anticipated. She states that these official rates range from 2-14% for juveniles, even when followed into adulthood. However, Milloy states that most juvenile sex offenders do not become adult sex offenders although there may exist a subgroup of chronic sex offenders who need to be identified to help prevent further victimizations. Milloy states that a key concern of research is how to determine who is at a higher risk of re-offending rather than assuming that all sex offenders are at high risk of re-offending (Milloy, 1998).

Officially recorded recidivism is a significant underestimation of real number of offenses committed (Christodoulides, Richardson, Graham, Kennedy, et al, 2005; Vandiver, 2006). Christodoulides, Richardson, Graham, Kennedy, et al, (2005) state that often time, victims families prefer that their child not experience the potential distress of providing evidence. This is further complicated if the victim is in the offender's family. Furthermore, Walter, McGovern, Poey and Otis (2004) say that recidivism rates may be unreliable due to follow-up periods that are too short, empirical evidence suggesting that recidivism rates for juvenile sex offenders are extremely low, and varying definitions of recidivism.

Predictors of Re-offending

The number of prior sexual offenses is perhaps the most robust predictor of juvenile sexual recidivism, with delinquency also being noted as significant (Christodoulides, Richardson, Graham, & et al, 2005). However, Miner (2002) associated an increased risk of re-offense with impulsivity, involvement with significantly younger children, a younger age at first offense, and short treatment/intervention stays.

A number of studies have found that sexual offense characteristics are predictive of future reoffending (Christodoulides, Richardson, Graham, & et al, 2005). Four factors associated with risk of recidivism (Terry, 2006). These include commission of a previous sexual offense, poor social skills, male victim choice and multiple victims

Christodoulides, Richardson, Graham, Kennedy, et al, (2005) agrees with Terry that the multiple victims ("number of victims") and poor social skills (or "social competency") are the most predictive variables. However, they add family adjustment and family history of offending to also be the most predictive variables of re-offending. This further emphasizes the role of family in the young offender's life. Furthermore, these researchers say that a history of sexual abuse is only weakly related to sexual offense recidivism.

Likely predictor variables of offending are deviate patterns of sexual arousal, use of force, blaming the victim, and psychopathy (described as a lack of conscience and empathy ability) (Fritz, 2003). Prescott (2004) adds that elements related to impulsivity, attention-seeking, antisocialism and isolated behaviors are highly correlated to recidivism in this population. In contrast, factors related to confident, aggressive, controlled and reserved behaviors were less correlated with recidivism Efta-Breitback and Freeman (2004a) add that juveniles who use verbal threats in the commission of a sex crime are more likely to recidivate.

Miner (2002) says that there are associations with sexual and non-sexual recidivism among juvenile sex offenders. There is a correlation with the number of female victims (also said by Efta-Breitback & Freeman, 2004a), suggesting that having a higher number of victims is associated with recidivism. In non-sexual recidivism, the number of prior non-sexual offenses and failure to complete sex offender specific treatment will increase the likelihood that a sex offender recidivates non-sexually. Emotional impairment (e.g. lack of guilt) also correlates with recidivism (Hendricks & Bijleveld, 2004), which suggests that juvenile sex offenders who lack empathy are more likely to re-offend sexually.

Efta-Breitback and Freeman, (2004a) say that one of the strongest predictors of sexual re-offending among adults and juveniles was failure to complete treatment (with the other being sexual deviance). These authors offer evidence of other studies found that 4%-10% recidivism rates existed for juveniles who have successfully completed treatment. Efta-Breitback and Freeman (2004a) say that while abuse and mistreatment experienced has a weak link to who will re-offend sexually, it is significant in predicting non-sexual recidivism. These researchers say that delinquent behaviors and prior juvenile offenses are associated with non-sexual recidivism.

Re-offending

According to Righthand and Welch (2004), overall recidivism rates are lower for juvenile sex offenders over that of other types of offenders. In the study they cited, within the three-year period that these youth were followed, those youth that re-offended committed nonsexual and non-violent crimes. Vandiver (2006) says that some offenders are merely experimenters and will not continue their behavior into their adulthood, also noting that juveniles take one of three possible patterns – they commit no further crimes, including sex offenses, they commit both sexual offenses and other offense, or they commit sexual offenses only and develop a paraphilic arousal pattern.

However, compared to non-sex offenders, sexual offenders were found to be more likely to re-offend sexually (Van Wijk, Vermeiren, Loeber, et al, 2006; Ertl & McNamara, 1997; Efta-Breitback & Freeman, 2004a) and may be at risk for other criminal behaviors besides sex offending (Ertl & McNamara, 1997). For this population, Efta-Breitback and Freeman, (2004) say that non-sexual recidivism rates for periods up to 10 years range from 35-90%.

When sex-offending behavior is conceptualized as indulgent behavior for juveniles, impulse control problems lead to a higher risk for re-offending (Miner, 2002). Deviant sexual fantasies directly related to recidivism within the juvenile sex offender population (Christodoulides, Richardson, Graham, Kennedy, et al, 2005) Righthand and Welch, (2004) say that juveniles are most likely to re-offend sexually if one or more factors are present; the initial offending behavior was pleasurable for the perpetrator, consequences were minimal, deviant sexual behavior has been reinforced, and the existence of social skill deficits. However, these authors also say that it is important to identify a set of empirically supported and theoretically sound factors that can be used for reducing re-offending behavior.

Assessing for Re-offending

At many points within the literature it has been noted that there is no empirically validated method for evaluating the likelihood that a juvenile will recidivate sexually (Christodoulides, Richardson, Graham, Kennedy, et al, 2005; Lawda-Thomas & Sanders, 1999; Prescott, 2004). While clinicians and other professionals are frequently called upon to offer judgments regarding risk for sexual re-offense, no empirically validated methods for accurately classifying risk among this population exist (Moore, Franey, & Geffner, 2004).

As a heterogeneous group, it may not be possible to classify sex offenders based on their likelihood to re-offend. Moore, Franey, and Geffner, (2004) have said that much empirical and clinical research has focused on identifying several factors (psychological, behavioral, and environmental) that predispose an adolescent to sexually offend. In turn, a long list of personal variables (such as personality characteristics, family dynamics, and offense characteristics) has been generated. However, with much research completed, they have concluded that no empirically validated psychological or behavioral profile has emerged in this population to assess for re-offending.

Several assessment tools have shown promise and have been developed for adults (Fritz, 2003; Prescott, 2004), yet there has been little research completed to see their effectiveness in adolescents (Fritz, 2003). Measurement of non-sexual reoffending might also be helpful in understanding the career of a person labeled as a juvenile sex offender (Debelle, Ward, Burnham, Jamieson, et al, 1993).

Curbing Re-offending

Efta-Breitback and Freeman, (2004b) say that the first time that juvenile sex offenders showed lower rates of recidivism, was when they were treated in communities-based programs. Juveniles treated in institutional programs were somewhat more likely to re-offend non-sexually than those treated in community-based programs. Furthermore, these authors say that cognitive-behavioral treatments and systemic interventions are associated with reduction in both sexual and non-sexual recidivism.

It is suggested by Terry (2006) that a multi-agency approach be taken in order to reduce the chance of recidivism. This includes agencies working together in supporting the treatment process and assisting in supervision. This requires the establishment of complex treatment plans that span across various agencies and numerous systems that are involved in the supervision of the juvenile sex offender.

Successfully Treated Juvenile Sex Offenders

Franey, Vilione, Wayson, Clipson, and Brager published a study in 2004, titled "An investigation of successfully treated adolescent sex offenders." This fascinating qualitative study focused on seven "successfully" treated juvenile sex offenders in Sand Diego County, whose age ranged from age 18-23. "Success" was defined as a participant who graduated from a treatment program, abstained from re-offending sexually and non-sexually (according to a criminal review).

Four of the participants were identified as Caucasian, three as Hispanic. Five were allowed to live at home; two were in placement during treatment. While all had a history of learning disabilities, six of seven were high school graduates and five of seven continued at the junior college level. In regards to their mental health, four were presently dealing with depressive or anxiety-based disorders. Three had experienced suicidal idealation.

Each of the participants of this study had noted that there was dysfunction or difficulty in all of their family structures. Five of the participants had been exposed to domestic violence in childhood. Six said that they were victims of physical abuse; four of sexual abuse. However, most of them had expressed that their families were active in the treatment program with one noting that his was "fighting to get me into the program" (p.303).

Most of the men found treatment to be very helpful and they had reiterated three main themes that attributed to their success: peer support, structure of intervention, and therapeutic relationships with the treatment administrators. Many said that they still utilize the techniques they have learned. Some of the changes recommended by the participants were to emphasize the importance of accountability and to add life skill building. Another participant said that was important to be reminded – to "keep focus" – on why there were at treatment.

When they were called a "sex offender" for the first time, these participants experienced apprehension, guilt or confusion. After treatment, many were hesitant to reveal their past to new friends and partners. The participants had put the past behind them because it is too painful to dwell on their past offenses. Currently, in regard to their identity, non accept the "once an offender, always an offender" mantra of the 12-step model, as they see themselves having no risk for re-offending. Furthermore, many of these place God's importance in their lives.

IV. Recommendations and Conclusion

Recommendations

There are several components of juvenile sex offending to consider when making a recommendation to the Monterey County Probation Department in regards to addressing the problems that they pose. The most efficient recommendations that would benefit Probation and the general population include those that expand mental health services for children, interventions that focus on family focus, and staff dedicated exclusively for juvenile sex offenders. Each of these recommendations has cost implications, which appear to provide efficient service but have yet to be investigated.

Expanded Mental Health Services for Children

Due to the various behavioral, mental, and cognitive deficiencies that afflict juveniles who commit sex crimes, it is recommended that funding be increased to help address their needs.

Monterey County relies on AB 3015 to fund mental health services for children who exhibit need for treatment of these ailments. As mentioned in the literature in several instances, many conditions such as anxiety and impulse control are related to certain sex offending behavior. It has also been noted that major to severe mental health difficulties have been identified in this population (Righthand & Welch, 2004).

Juvenile sex offenders must be treated as young as possible. Those who have been previously molested are significantly younger at the time of their victimizations are especially capable of expressing learned abusive behavior on others. Righthand & Welch (2004) say that these children experience serious episodes of sexual abuse (e.g. penetration) and that these types of victims-turned-offenders were associated with persistent sexual offending from childhood into adolescence and victimized in greater numbers. They also note that samples show that abused juvenile sex offenders begin their offending behaviors earlier than their non-abused counterparts.

It would be appropriate to also address issues of sexual deviancy in youth that have exhibited this type of behavior, as this is a highly prominent characteristic of many juvenile sex offenders. There are times when the Probation Department receives diversion cases that involve a display of

this type of behavior in a crime committed. The literature has said that these types of behaviors may be learned and emulated by these offenders. If appropriate intervention existed to help unlearn these behaviors and increase self-control in young and amenable youth, it would be a preemptive strike against a behavior that can develop into victimization.

Regardless of whether these mental, behavioral, or cognitive deficiencies play a prevalent role in sex offending behavior, it is clear that focusing on these needs also helps to address certain components of delinquent behavior, whereas sex offending may be a part of general delinquency among these youth. Righthand and Welch (2004) say that higher rates of child abuse are prevalent in this population as compared to offenders with nonsexual offenses. Furthermore, regardless of whether or not these perpetrators are reintegrated back into the community, issues stemming from all types of abuse may result in socially withdrawn behavior that does not allow for them to have meaningful relationships.

These issues must be addressed so that they may have a chance of developing healthy social relationships, learn to communicate, and have a more sound cognitive state that does not allow them to excuse their crimes, sexual or not. Many of these individuals require individualized and developmentally appropriate interventions as well as attention and concern (Righthand & Welch, 2004). Efta-Breitback & Freeman, (2004a) say that in addition to addressing sexual offending behavior, treatments to curb this behavior are geared toward addressing the overall mental health of these perpetrators. They add that therapies in group settings and with a psycho-educational component (which is practiced in Monterey County) provide juvenile sex offenders with an opportunity to develop skills that promote pro-social peer development.

Family Focused Interventions

Due to the prominence that family has in a juvenile's life, it is recommended that strategies be developed to help address their needs, approach this area in a sensitive and culturally appropriate manner, and in ways provide information to the family pertinent to the success of their juvenile.

In some samples, family instability, substance abuse, psychopathology, criminality and violence are prevalent environmental factors that affect juvenile sex offenders (Righthand & Welch 2004). This population also experiences high rates of ongoing family conflict.

Clinical professionals in the field agree with the statement that success of the juvenile in treatment is contingent on support from their families. As previously mentioned, M. Moshella has described instances where parents are aversive in regards to having their children admit to their crimes. This can be attributed to uncooperative parents who do not want their children going through the legal system. This can also be attributed to denial, rooted in either acceptance issues or shame. These issues must be addressed in an offender's family so that they can understand the behavior and be involved in treatment for their juvenile.

Parental efficacy is important, as it gives parents knowledge that they can influence self-control in their youth, which can improve the work they do to help break abuse cycles (Zankman & Bonomo, 2004). Furthermore, when parents change the way they view their role in treatment of their youth, the likelihood of their involvement increases. There are two essential areas that parents must be coached in (Zankman & Bonomo, 2004) which are skills to respond encouragingly to treatment and skills to respond with appropriate monitoring and supervision. This leads to positive interactions within the family with fewer negative interactions. It also helps to create a more positive, non-hostile family environment and advocates more pro-social behaviors.

Furthermore, family therapy may be beneficial, as it exists and typically occurs with the entire family meeting with the juvenile sex offender (Ertl & McNamara, 1997). This format allows for family issues to be confronted by the juvenile and his or her family, especially those that may have contributed to the juvenile's sexual offending. (Ertl & McNamara, 1997)

Staff Dedicated Exclusively to Juvenile Sex Offenders

Due to the number of juvenile sex offending arrests every year, it is recommended that there be more staff dedicated exclusively to handle this population.

As previously mentioned, juvenile sex offending averages 111 felony arrests per year for the last ten years of available data in Monterey County, as the total figure adds up to 1117. While some of the same offenders and victims may be represented in this figure, this is still a staggering amount of offenses occurring in the county. As these cases compound from year to year, caseloads for probation officers and for therapists increase. As previously noted, there are only two therapists that treat these offenders, only one of which handles juveniles exclusively. While

the literature says that these cases can overwhelm these professionals, Dr. Moshella has been treating this population for over 20 years in the county.

In speaking to Tim Gregory (personal communication, February 21, 2007), the Program Service Manager for the Field Unit of the Probation Department, he noted that it would be helpful if the department had two Probation Officers who have dedicated caseloads of these types of offenders. It would be an efficient use of resources to have this exclusivity because presently, as these offenders that appear on all of the Probation Officers caseloads. By placing them under the supervision of two expert-type Officers, their supervisory capacity would be beneficial, as their familiarity with this offender would allow for them to work better with them.

Conclusion

In researching this subject, one can develop empathy towards this population, as they are subjected to abuse, neglect, sexual victimization, and dysfunction. However, The safety and protection of the community-at-large supersedes the rights of a juvenile sex offender (Ertl & McNamara, 1997; Turoff, 2001). Learned behavior or internal dysfunction that manifests in the offender can seriously victimize the most vulnerable child, peer or adult in our community. Furthermore, I am in agreement that the state's prosecutorial role is to protect the community over reforming the juvenile (as conceded by Turoff (2001) in arguing against indefinite incarceration).

Juvenile sex offenders are youth that commit crimes that yield serious victimization. However, it is important to consider that youth make mistakes and that if they display rehabilitative qualities and do not recidivate after being treated, they should be able to move forward with their lives. Besides fixing cognitive distortions and other psychological or cognitive problems, treatment or intervention should focus on the youth understanding why he got in trouble, understanding how the victimization impacted others, and allow for them to come to terms with their actions in ways that do not shift blame. In contrast, if behavior is repetitive and incorrigible, it seems as if victimization will only increase and resources will be exhausted if the offender is not locked away indefinitely.

While various researchers maintain that little research exists to validate the efficiency of specific interventions (Efta-Brietback & Freeman, 2004b; Ertl & McNamara, 1997), it is imperative that all types of interventions be considered to serve this population. The combination of cognitive-behavioral and psycho-educational education seems to be the most effective use of resources in Monterey County with the expertise of Dr. Moshella implementing this intervention. This approach of fixing thinking errors and developing social skills is aimed to help the offender understand why his behavior is wrong, develop strategies to refrain from relapsing, and develop socially mature ways of communicating.

Cognitive-behavioral therapy, through an integrative systems approach involving the various mesosystems of the juvenile sex offender may be the most advantageous method of applying treatment to the Juvenile sex offender (Efta-Breitback & Freeman, 2004b). This systems approach, where the adolescent's school, family, and personal systems interact may be efficient use of intervening in a developmental context. It is suggested by Terry (2006) that a multi-agency approach be taken in order to reduce the chance of recidivism. This includes agencies working together in supporting the treatment process and assisting in supervision. This requires the establishment of complex treatment plans which spans across various agencies and numerous systems that are involved in the supervision of the juvenile sex offender. Investigation into multi-systemic therapies, which has empirically demonstrated effectiveness over individual psychotherapy by showing lower recidivism rates of 12.5% (Ertl & McNamara, 1997) should be considered.

This research project attempted to improve practice of understanding this population, with limited effect. The agency is benefited with information pertaining to the threat that juvenile sex offenders pose to the community, with whom they are responsible for protecting. In turn, this population is served through advocating for better ways to serve them, as previously mentioned.

It should be noted that at several instances in the literature, it is noted several times that research on this population is still in its infancy (Moore, Franey, & Geffner, 2004: Ertl & McNamara, 1997). Lawda-Thomas and Sanders (1999) suggest that in order to improve practice in working with juvenile sex abusers, an agency must address the availability and access to current knowledge and research. They must also emphasize earlier assessment and treatment of young

abusers. This project attempted to address current knowledge and research, as well as advocate for treatment of these younger abusers.

The difficulty experienced in completing this research was finding empirically sound intervention models outside of cognitive-behavioral psycho-educational treatment. If future researchers embark on a similar endeavor, it might be beneficial to the Probation Department or law enforcement to investigate ethical boundaries in interviewing, assessing, and treating juvenile sex offenders.

Lawda-Thomas and Sanders (1999) also say that this field must address the ability of practitioners to meet new challenges as they arise. Experts must disseminate key research findings to staff and they must locate more services in the context of sexual offending and develop the practice as "new" issues emerge in order to advance research into these issues. To a limited degree, this project attempts to do this by providing the aforementioned research to the Probation Department, a law enforcement entity, for consideration.

IV. Reference List

Alywin, A. S., Reddon, J. R., & Burke, A. R. (2005). Sexual fantasies of adolescent male sex offenders in residential treatment: A descriptive study. *Archives of Sexual Behavior, 34*(2), 231-239.

Barbaree, H. E., & Marshall, H. E. (2006). *The juvenile sex offender.* New York: The Guilford Press

Christodoulides, T. E., Richardson, G., Graham, F., Kennedy, J., & Kelly, T. P. (2005). Risk assessment with adolescent sex offenders. *Journal of Sexual Aggression, 11*(1), 37-48.

Debelle, G. G., Ward, M. R., Burnham, J. B., Jamieson, R., & Ginty, M. (1993). Evaluation of intervention programmes for juvenile sex offenders: Questions and dilemmas. *Child Abuse Review, 2*(2), 75-87.

Efta-Breitback, J., & Freeman, K. A. (2004a). Recidivism and resilience in juvenile sexual offenders: An analysis of the literature. *Journal of Child Sexual Abuse, 13*(3/4), 257-279.

Efta-Breitback, J., & Freeman, K. A. (2004b). Treatment of juveniles who sexually offend: An Overview. *Journal of Child Sexual Abuse, 13*(3/4), 125-138.

Ertl, M. A, & McNamara, J.R. (1997). Treatment of juvenile sex offenders: A review of the literature. *Child and Adolescent Social Work Journal, 14*(3), 199-221.

Flanagan, K. (2003). Intervention with sexually abusive young people in Australia and New Zealand. *Journal of Sexual Aggression, 9*(2), 135-149.

Flanagan, K., & Hayman-White, K. F. (2000). An Australian adolescent sex offender treatment program: Program and client description. *Journal of Sexual Aggression, 5*(1), 59-77.

Franey, K. C., Viglione, D. J., Wayson, P., Clipson, C., & Brager, R. (2004). An investigation of successfully treated adolescent sex offenders. *Journal of Child Sexual Abuse, 13*(3/4), 295-317.

Fritz, G. K. (2003). The juvenile sex offender: Forever a menace? *Brown University Child and Adolescent Behavior Letter, 19*(2), 8.

Hendriks, J., & Bijleveld, C. C. J. H. (2004). Juvenile sexual delinquents: Contrasting child abusers with peer abusers. *Criminal Behaviour and Mental Health, 14*(4), 238-250.

Holmes, R. M. (1991). *Sex crimes.* Newbury Park: Sage Publications.

Hunter, J. A., Hazelwood, R. R., & Slesinger, D. (2000). Juvenile sexual homicide. *FBI Law Enforcement Bulletin, 69*(3), 1-7.

Hunter, Jr., J. A. & Lexier, L. J. (1998). Ethical and legal issues in the assessment and treatment of juvenile sex offenders. *Child Maltreatment, 3*(4), 339-349.

Kennedy, W. W., Hume, W. A., & Brown, M. P. (1998). Juvenile sex offender program reduces recidivism. *Brown University Child & Adolescent Behavior Letter, 14*(1), 1-3.

Lambie, I. & McCarthy, J. (2004). Interviewing Strategies with sexually abusive youth. *Journal of Child Sexual Abuse, 13*(3/4), 107-123

Lawda-Thomas, U., & Sanders, R. (1999). Juvenile sex abusers: Perceptions of social work practioners. *Child Abuse Review, 8*, 55-62.

Millard, D., Hagan, M. (1996). Ethan Allen School rehabilitates juvenile sex offenders. *Corrections Today, 58*(5), 92-96.

Milloy, C. D. (1998). Specialized treatment for juvenile sex offenders. *Journal of Interpersonal Violence, 13*(5), 653-656.

Miner, M. H. (2002). Factors associated with recidivism in juveniles: An analysis of serious juvenile sex offenders. *The Journal of Research in Crime and Delinquency, 39*(4), 421-436.

Monterey County Probation Department. (2007). *Juvenile Division.* Retrieved April 1, 2007 from http://www.co.monterey.ca.us/probation/

Moore, T, Franey, K. C., & Geffner, R. (2004). Introduction: Assessment and treatment of youth who sexually offend: An Overview. *Journal of Child Sexual Abuse, 13*(3/4), 1-13.

Muster, N. J. (1992). Treating the adolescent victim-turned-offender. *Adolescence, 27*(106), 1-6.

Prescott, D. S. (2004). Emerging strategies for risk assessment of sexually abusive youth: Theory, controversy, and practice. *Journal of Child Sexual Abuse, 13*(3/4), 83-105.

Righthand, S., & Welch, C. (2004). Characteristics of youth who sexually offend. *Journal of Child Sexual Abuse, 13*(3/4), 15-32.

State of California Department of Justice. (2007). Retrieve March 13, 2007 from the Office of the Attorney General State of California Department of Justice on the World Wide Web: http://ag.ca.gov/cjsc/datatabs.php.

Steen, C., & Monnett, B. (1989). *Treating adolescent sex offenders in the community*. Springfield: Thomas Books.

Symboluk, A., Cummings, A. L., & Leschied, A. W. (2001). Family, social and personal variables in adolescent sex offenders. *Irish Journal of Psychology, 22*(3-4), 198-212.

Terry, K. J. (2006). *Sexual offenses and offenders: theory, practice, and policy.* Belmont: Thomson Learning/Wadsworth.

Turoff, A. G. (2001). Throwing away the key on society's youngest sex offenders. *Journal of Criminal Law and Criminology, 91*(4), 1127-1152.

Van Wijk, A., Van Horn, J., Bullens, R., Bijleveld, C., & Doreleijers, T. (2005). Juvenile sex offenders: A group on its own?. *International Journal of Offender Therapy & Comparative Criminology, 49*(1), 25-36.

Van Wijk, A., Vermeiren, R., Loeber, R., Hart-Kerkhoffs, L., Doreleijers, T., & Bullens, R. (2006). Juvenile sex offenders compared to non-sex offenders: A review of the literature, 1995-2005. *Trauma, Violence, & Abuse, 7*(4), 227-243.

Vandiver, D. M. (2006). A prospective analysis of juvenile male sex offenders: Characteristics and recidivism rates as adults. *Journal of Interpersonal Violence, 21*(5), 673-688.

Walker, D. F., McGovern, S. K., Poey, E. L., & Otis, K. E. (2004). Treatment effectiveness for male adolescent sexual offenders: A meta-analysis and review. *Journal of Child Sexual Abuse, 13*(3/4), 281-293.

Whittaker, M. K., Brown, J., Beckett, R., & Gerhold, C.. (2006). Sexual knowledge and empathy: A comparison of adolescent child molesters and non-offending adolescents. *Journal of Sexual Aggression, 12*(2), 143-154.

Wieckowski, E., Hartsoe, P., Mayer, A., & Shortz, J. (1998). Deviant sexual behavior in children and young adolescents: Frequency and patterns. *Sexual Abuse: Journal of Research and Treatment, 10*(4), 293-303.

Woodhams, J., Gillett, R., & Grant, T. (2007). Understanding the factors that affect the severity of juvenile stranger sex offenses. *Journal of Interpersonal Violence, 22*(2), 218-237.

Zankman, S., & Bonomo, J., Scott. (2004). Working with parents to reduce juvenile sex offender recidivism. *Journal of Child Sexual Abuse, 13*(3/4), 139-156.

Zilbergeld, B. (1992). *The new male sexuality.* New York: Bantam Books.

Zolondeck, S. C., Abel, G. G., Northey, Jr., W. F., & Jordan, A. D. (2001). The self-reported behaviors of juvenile sex offenders. *Journal of Interpersonal Violence, 16*(1), 73-85.