Juvenile Sex Offenders:

A Follow-up Study of Reoffense Behavior

Research conducted by:
Donna D. Schram, Ph.D. & Cheryl Darling Milloy, Ph.C.
Urban Policy Research

Wendy E. Rowe, M.A.
Cambie Group International

September 1991

Washington State Institute for Public Policy

Juvenile Sex Offenders:
A Follow-up Study of Reoffense Behavior

Research conducted by:
Donna D. Schram, Ph.D. & Cheryl Darling Milloy, Ph.C.
Urban Policy Research

Wendy E. Rowe, M.A.
Cambie Group International

September 1991

Washington State Institute for Public Policy
110 Fifth Avenue SE, Suite 214
Post Office Box 40999
Olympia, Washington 98504-0999
Telephone: (360) 586-2677
FAX: (360) 586-2793
URL: http://www.wsipp.wa.gov
Document No. 91-09-1101

Contents

Reprinted May 2001.

Executive Summary

Presented in this report are the results of a follow-up study of 197 male juvenile sex offenders who participated in offense-specific treatment at any of ten project sites in 1984, and who were subjects in a previous study of short-term treatment outcomes. Extensive case-level data were collected on each offender during the previous study. These data provided a rich base of descriptive information on the characteristics of juvenile sex offenders, their offenses, their victims, their involvement in treatment, their prognosis, and their juvenile reoffense behavior during a short follow-up period.

The present study utilized the existing data base and supplemented it with new, comprehensive information on subsequent arrests and convictions during an additional five-year follow-up period. Offense data were collected on both new juvenile and adult arrests and convictions. These data were used to document the reoffense behavior of a sample of juvenile sex offenders and to assess relationships between offender or offense characteristics and subsequent criminal behavior.

The study found that:

- Sexual recidivism was very rare. A total of 24 offenders (12.2 percent) were arrested for new sex offenses during the follow-up period. Twenty youth (10.2 percent) were convicted of new sex offenses.

- Offenders were far more likely to commit new non-sex offenses during the follow-up period. A total of 100 youth (50.8 percent) were arrested for new non-sex offenses. Ninety-four youth (47.7 percent) were convicted of new non-sex offenses.

- Only 73 offenders (37.1 percent) had no new arrests or convictions during the follow-up period.

- When time at risk and time to first arrest or conviction were considered, offenders presented the most danger to public safety during their first year at risk. Offenders also posed a greater risk of reoffending as juveniles than as adults.

- During the first year that the offenders were at risk, pronounced differences were found in the reoffense rates of youth who were treated in institutions and those who were treated in community programs. Institutionalized youth were significantly more likely than those who were treated in the community to commit new offenses during their first year at risk.

- When the sexual reoffenders were compared to all of the other members of the sample, a few significant differences emerged. The sexual recidivists were significantly more likely to have a history of truancy, identified thinking errors, and to have had at least one prior conviction for a sexual offense. The sexual recidivists were also far more likely to have deviant sexual arousal patterns. Sexual recidivism was not associated with the nature of the referral offense, treatment location, or type of treatment.

- Program providers were very accurate at identifying those youth who were at low risk of reoffending sexually. None of the youth who were considered capable of monitoring themselves reoffended sexually, although some reoffended in other ways.

- When the sexual recidivists were compared to the non-sexual recidivists, no significant associations were found for any independent variable.

- When the non-recidivists were compared to the recidivists, it was found that several variables were significantly associated with reoffending. The youth who were not rearrested or reconvicted at all during the follow-up period emerged as a distinct group. The non-reoffendees were generally older youth who were less likely to have had contact with the juvenile justice system prior to their referral sex offenses. They were less likely to have school behavior problems or a history of truancy. They were significantly less likely to have been sexually abused or to have a sibling who had been sexually abused. The non-recidivists were more likely to have deficits in social skills. Finally, they were significantly less likely to blame their victims and to exhibit deviant sexual arousal patterns.

The study recommendations included:

- The Department of Social and Health Services (Division of Juvenile Rehabilitation), in consultation with experts on adolescent sex offenders, should develop or adapt a standardized assessment tool to evaluate juvenile sex offenders and design a comprehensive treatment program for sex offenders committed to state correctional facilities.

- Once the assessment tool and treatment model are developed, the Department of Social and Health Services (Division of Juvenile Rehabilitation) should evaluate sex offenders at entry and release from institutions and incorporate evaluation findings and recommendations into the parole planning process. It is also recommended that adequate aftercare services, including treatment and specialized supervision, be provided to juvenile sex offenders released from institutions.

- A process and outcome evaluation of state-supported services to juvenile sex offenders should be designed and implemented.

- The Department of Social and Health Services (Division of Juvenile Rehabilitation) should work with local juvenile courts and community-based service providers to develop and implement a coordinated continuum of care for juvenile sex offenders so that appropriate assessment and treatment services are available to all juvenile sex offenders.

Introduction

This report presents the findings of a follow-up study of 197 male juvenile sex offenders who were referred for treatment in 1984 and who were subjects in a previous study of short-term treatment outcomes. The previous research, which was funded by the Governor's Juvenile Justice Advisory Committee, described the services provided to juvenile sex offenders in each of ten offense-specific treatment programs and assessed the effectiveness of different modes of treatment in terms of reoffense behavior (recidivism) during a post-conviction follow-up period.

Extensive case-level data on each offender were collected for the original study. This resulted in a remarkably rich data base of descriptive information on juvenile sex offenders, their offenses, their victims, their involvement in treatment, their prognosis, and their reoffense behavior during follow-up.

Despite the uniqueness of the data base and the research, the previous study suffered from several limitations. For example, the period of follow-up was quite short—two years or less during which reoffense behavior was tracked. Second, the previous study relied on new convictions as the sole measure of recidivism. This meant that the estimate of recidivism was necessarily more conservative than it would have been if arrests as well as convictions were considered. Finally, the study was limited in that it only followed the subjects until they turned 18 or until the end of the follow-up period, whichever came first. No reoffense data were collected on subjects once they left the jurisdiction of the juvenile court and achieved "adult" status.

The current study utilized the existing data base, but supplemented it with new, comprehensive information on subsequent arrests and convictions during an additional five-year follow-up period. Offense data were collected on both new juvenile and adult offenses. These data were used to examine the longer term effects of the earlier treatment experiences and to assess relationships between offender or offense characteristics and subsequent criminal (and sex offense) behavior.

Background

There are several important reasons to study juvenile sex offenders. First, research has indicated that adolescents are responsible for a significant proportion of all sexual offenses committed against children, and to a lesser extent, adults. According to Deisher, et al. (1982), 42 to 56 percent of the child victims seen by three sexual assault centers were molested by offenders under the age of 18 years. Uniform Crime Report statistics indicate that adolescents were responsible for 20 percent of the forcible rape arrests reported to the Federal Bureau of Investigation in 1981 (Brown, et al., 1984).

Another important reason to study juvenile sex offenders is that deviant sexual behavior during adolescence seems to play a role in the development of sexual deviance in adulthood. Studies have indicated that approximately one-half of adult sexual offenders report that the onset of their sexual offending behavior occurred during adolescence (Abel, et al., 1985; Becker, et al., 1986; Groth, et al., 1982). This does not mean that 50 percent of

juvenile sex offenders go on to commit sex offenses as adults, but enough do to merit serious concern.

Previous research has also asserted that relatively minor deviant sexual behavior during adolescence may be related to serious sexual deviance in adulthood. Longo and Groth (1983) found in their study of 231 adults convicted of sexual assault that notable proportions of these offenders reported engaging in various forms of sexually deviant behavior during adolescence. For example, 32 percent reported that they compulsively masturbated as juveniles. About one-quarter (24 percent) of the adult offenders exposed themselves repetitively, and 54 percent were voyeurs as adolescents. Additionally, approximately one-third of the sample showed some evidence of progression from non-violent sexual crimes during adolescence to more violent sexual offenses as adults.

The existing literature on the incidence of sexual offenses perpetrated by juveniles, as well as the evidence that sexual deviance in adolescence may be related to often dangerous sexual deviance in adulthood, suggest that sex offending among juveniles should be taken seriously. Further, it suggests that the identification of those youth at risk of becoming adult sex offenders should be a priority.

Characteristics of Juvenile Sex Offenders

Several studies have been conducted that describe juvenile sex offenders, their offenses, and their victims. The primary limitation of most of these studies is that there are no controlled comparisons with adolescents who have not committed sex offenses. In the absence of such comparisons, the relevance of the identified characteristics of juvenile sex offenders to sexual offending behavior, as well as whether these deficits are characteristics of sex offenders in particular or delinquents in general, is unclear (Davis & Leitenberg, 1987; Henggeler, 1989; Murphy, et al., in press).

With these limitations in mind, many of the studies have identified some general characteristics that are prevalent among juvenile sex offenders. For example, juvenile sex offenders tend to be Caucasian males that come from dysfunctional families where physical and/or sexual abuse are common. They may have problems with academics and school behavior and have difficulty maintaining close interpersonal relationships. These juveniles offend against female children who are known to them. They are rarely intoxicated at the time of the offense, which usually includes penetration and is accompanied by verbal and/or physical coercion. Juvenile sex offenders are likely to have been reported for a previous non-sex offense, and, although they are unlikely to have a prior conviction for a sex offense, they are likely to have committed sex offenses in the past (Fehrenbach, et al., 1986; Henggeler, 1989; Ryan, 1991; Wasserman & Kappel, 1985).

One large-scale study did examine sex offense behavior among the general adolescent population. Ageton (1983) examined a group of 1,725 adolescents selected from a “multi-stage, cluster-sample” of 8,000 households throughout the United States. Self-reported sex offender and victim experiences were collected from a group of adolescents over a five-year period. Among this group of adolescents, 50 percent reported one or more sexual offenses. A comparison of the characteristics of adolescent offenders and non-offenders indicated the following:

1. No significant differences between groups on the basis of race, social class, age, or place of residence.

2. Offenders were significantly more estranged in all settings, including home, school, and social situations involving peers.

3. Offenders were more likely to believe that achievement or attainment of control and power required the use of unconventional or illegitimate means.

4. Offenders displayed significantly more commitment and exposure to delinquent peers and received less disapproval from peers for delinquent and sexually aggressive behavior.

Ageton also found the attitudes of juvenile offenders to be significant. Almost one-half of the respondents who self-reported a sexual assault had told their close friends about the event. In most instances, their friends approved of their sexually aggressive behavior. When describing their feelings about the event, only 14 percent reported any sense of guilt.

While Ageton's research indicates that adolescent sexual offenders can be distinguished from non-offenders, other research suggests that juvenile sexual offenders can be differentiated from one another on the basis of their personal characteristics, victims of choice, and amount of violence/aggression used in the course of their offenses. Several typologies of juvenile sex offenders have been proposed, all of which are remarkably similar.

Smith (1988) distinguished between serious juvenile sex offenders and less serious juvenile sex offenders and found that the more serious sex offenders (those with a charge of rape) had a lower incidence of prior sex offending and were more likely to have been physically and/or sexually abused. Further, he found that a history of prior non-sexual aggressive behavior was associated with a greater likelihood to commit violent sexual offenses.

Deisher, et al. (1982) differentiated among three types of male adolescent sex offenders. The first, and most common, of these types consists of youth referred for indecent liberties (sexual molestation) involving young child victims. Offenders in this category demonstrate poor social skills, isolation from peers, and low self esteem. A significant proportion of these offenders are likely to have been sexually abused themselves. The second group of juvenile offenders are referred for sexual assault or indecent liberties with a peer or an adult. These youth often demonstrate little concern for their victims, use force or a weapon in the commission of their crimes, are quite disturbed, and resist treatment. The final group of offenders are frequently referred for non-contact offenses, such as peeping and exhibitionism. These offenders are believed to experience serious emotional problems and feelings of inadequacy.

Previous research has demonstrated that juvenile sex offenders share some general characteristics, may be distinguishable from non-offenders, and also may be differentiated from one another. What these studies do not make clear, however, is how these characteristics, whether shared or unique, are theoretically related to sex offending behavior. More recent research, and studies currently being conducted, have begun to

focus on delineating those factors that may be specifically related to sex offending. The identification of these factors could help to increase understanding of the etiology of sex offense behavior as well as how to prevent reoffense behavior.

Much of the work in this area has been done with adult sex offenders, and only recently have theories begun to be tested with adolescent sex offenders. The two variables mentioned in the literature on adults that may be theoretically related to sex offending are "cognitive distortions" and deviant sexual arousal patterns (Murphy, et al., in press).

Cognitive distortions can be broadly defined as errors in thinking on the part of offenders. As suggested by Becker and Abel (1985), cognitive distortions can involve a belief on an offender's part that the offense will have positive consequences for him and that any negative consequences for him or the victim will be minor. It is further postulated that thinking errors of this kind are a prerequisite for sex offending behavior. They are the means through which offenders can translate deviant sexual fantasies into actual offending (Becker & Abel, 1985).

According to Murphy, et al. (in press), there are little empirical data in the adolescent literature to confirm the role of cognitive distortions in sex offending behavior. At this time, it remains a promising theoretical premise to be tested.

The other variable that shows potential as a predictor of sex offending is the existence of deviant sexual arousal patterns among juvenile sex offenders. Deviant sexual arousal can be assessed by the use of a device called a plethysmograph, which measures penile erection in response to different forms of stimuli. Such stimuli include audiotapes, materials that display sexual situations, and seemingly non-sexual materials. The purpose is to establish the sexual preferences or interest patterns of an individual. According to a summary of the literature on sexual interest patterns in adults (Murphy, et al., in press), such measures have consistently separated adult sex offenders from non-offenders, although the data are more consistent for child molesters than for rapists.

Phallometric testing of adult sex offenders has become somewhat routine, but its use in the assessment of adolescent offenders remains experimental (Saunders & Awad, 1988). According to a survey of juvenile sex offender treatment programs at state correctional institutions (Sapp & Vaughn, 1990), only 7 percent of the institutions utilized plethysmograph assessment, and only 17 percent expressed a desire to use this technique.

One of the major impediments to the use of erection measures with adolescents involves the ethical issues raised by the use of sexually explicit materials with minors (National Task Force on Juvenile Sexual Offending, 1988). These issues also impede the collection of normative data on the sexual interest patterns of non-offending juveniles.

Current research asserts that deviant sexual arousal patterns and cognitive distortions are unique attributes of sex offenders and are theoretically linked to sex offending behavior. These attributes appear to have some relevance for adults, and this suggests that their relevance for adolescents should be seriously examined.

Assessment and Treatment of Juvenile Sex Offenders

Numerous treatment approaches and programs for adolescent sex offenders have emerged during the past few years as concern about deviant sexual behavior among juveniles has increased. The first step in the treatment process involves the assessment of offenders regarding the need for intervention.

Groth and Loredo (1981) believe that the clinical assessment process must differentiate among three types of sexual behavior:

1. Normative sexual activity that is situationally determined;

2. Inappropriate solitary sexual activity that is non-aggressive in nature; and

3. Sexually assaultive or coercive behavior that poses some risk of harm to another person.

Only those youth whose sexual behavior falls within items two and three are appropriate candidates for treatment.

Beyond differentiating among the types of sexual behavior, the assessment process should shed light on other issues relevant to intervention. For example, Saunders and Awad (1988) comment that it is important for the assessment to establish the exact nature of the sex offense in order to understand what motivated it. Further, one needs to determine the persistence of the sexual behavior and whether there has been a progression in the nature or frequency of the behavior. This requires the clinician to ask specific questions as to whether the juvenile has engaged in deviant sexual behavior other than the known sex offense(s). Finally, Saunders and Awad assert that while victim characteristics are relatively easy to obtain, it is also important to inquire about the offender's perception of the impact of his sexual acts upon the victim or victims.

Murphy et al. (in press) add that adequate assessment of adolescent sex offenders requires the solicitation of information from multiple sources. Possible sources include school reports, victim statements, Child Protective Services reports, juvenile court records, probation reports and, if available, past treatment accounts.

Finally, assessment of juvenile sex offenders should focus on ascertaining the risk to reoffend that these youth present to the community (Murphy et al., in press; National Task Force on Juvenile Sexual Offending, 1988). This information is crucial for determining the appropriate treatment setting for offenders.

Treatment can be provided in either a residential (institutional) or out-patient (community) setting. While there may be many common denominators of treatment in each of these settings, there are also major differences. Treatment in a residential or institutional setting is often more intensive. Treatment sessions occur frequently or over a longer period of time. There may or may not be a period of supervision and treatment after an offender's release from an institution. In contrast, outpatient treatment sessions are usually scheduled on a weekly basis and typically cease after six to twelve months.

In community-based programs, individual counseling commonly occurs in combination with other modes or types of treatment, such as family systems or peer group therapy. Residential or institutionally based treatment programs typically utilize individual counseling and peer group therapy. Occasionally, behavior modification techniques, such as masturbatory satiation, covert sensitization, and aversion may also be utilized. Family systems therapy is often absent because of the difficulty of encouraging family involvement and the distance of the institution from the family. However, individual and peer group counseling may still focus on family issues in residential or institutional treatment programs.

The components and goals of treatment tend to be similar in community-based and institutional programs (Davis & Leitenberg, 1987; National Task Force on Juvenile Sexual Offending, 1988). These treatment components include:

- Identification of motives and antecedents for behavior in order to stop the cycle of offending;
- Development of acceptance of responsibility for behavior;
- Development of empathy for victim(s) and understanding of the impact of offense(s) on victim(s);
- Counseling on the offender's own history of victimization;
- Education about appropriate sexual behavior and relationships;
- Techniques to reduce or eliminate deviant sexual arousal patterns;
- Cognitive restructuring to address "thinking errors" that support offending;
- Anger management training;
- Social skills training; and
- Discussions and explorations of family issues or dysfunctions which support or trigger offending.

Recidivism Among Juvenile Sex Offenders

Controlled studies that compare treatment outcomes for adolescent sex offenders are practically nonexistent. The few uncontrolled studies that have been conducted on reoffense behavior among juvenile sex offenders indicate that recidivism rates for sexual offenses are quite low. The first such study, conducted almost 50 years ago (Doshay, 1943), followed 108 youth who had committed only sexual offenses and 146 youth who had committed both sex and non-sex offenses for a period of six years. During that follow-up period, only 2 of the 108 juvenile sex offenders were arrested for new sex offenses. Fourteen (10 percent) of the 148 mixed offenders had new sex offense arrests.

Research conducted at the University of Washington Adolescent Sex Offender Program reported similar reoffense rates during a shorter period of follow-up (Smith & Monastersky, 1986). In this study, 112 juvenile sex offenders were followed for a period of at least 17 months. During this observation period, 14 percent of the juveniles were referred for a new

sex offense. More than one-third (35 percent) of the youth were referred for non-sex offenses, and approximately one-half (51 percent) had no new referrals.

The most recent study examined reoffense behavior among 926 juveniles committed to the Washington State Division of Juvenile Rehabilitation in 1982 (Steiger & Dizon, 1991). Both juvenile and adult criminal records were searched to find the number of subsequent convictions for each member of the sample over a follow-up period of six years. Of the approximately 100 members of the sample who were originally convicted of sex offenses, 68 percent had new convictions for offenses of any type, and 12 percent had new sex offense convictions.

Thus, the available literature on recidivism among sex offenders indicates that approximately 12 to 14 percent of juveniles reoffend sexually and a much higher proportion go on to commit new nonsex offenses.

Research Questions

The primary goal of the current study is to examine the reoffense behavior or recidivism of juvenile sex offenders who received sex offense-specific treatment in institutional and community settings. The following research questions are relevant to this goal:

1. What are the characteristics of juvenile sex offenders who receive sex offender treatment in institutional and community settings? What are the differences between juveniles on the basis of treatment location?

2. What is the recidivism (number and type of rearrests and reconvictions) of juvenile offenders who are adjudicated and/or treated for sexual offense behavior?

3. When are juvenile sex offenders most likely to commit new offenses? What characteristics are associated with reoffending "quickly," that is, during the first year at risk in the community?

4. Do juvenile sex offenders continue to commit sex offenses as adults?

5. What are the characteristics of juvenile sex offenders who commit new sex offenses? How do these youth differ from juveniles who commit only new non-sex offenses?

6. What are the characteristics of juvenile sex offenders who are not arrested for, or convicted of, a new offense of any kind during the follow-up period?

7. What are the implications of the findings for the treatment and supervision of juvenile sex offenders?

Methodology

Sample

The sample consists of the 221 juvenile sex offenders included in a previous study conducted by Urban Policy Research (Schram & Rowe, 1987). In this previous study, the directors of ten treatment projects in the State of Washington were asked to identify all cases of adolescent sex offenders referred to their programs for treatment and/or clinical assessment during the period March 1, 1984 to October 31, 1984. A total of 237 juvenile sex offenders were identified. Of this number, treatment data and criminal histories were available for 174 youth. Criminal history information only was obtained on an additional 47 youth, bringing the full complement of the study sample to 221 juvenile sex offenders.

Follow-up information was available on 207 of the youth. The ten female offenders in the sample were excluded from the present study. All of the analyses presented in this report are based on 197 male juvenile sex offenders.

The follow-up period for each subject was defined as the number of months from the date of conviction for the sexual offense that determined their inclusion in the study to March 31, 1991. If the juvenile was not convicted of the original sex offense, then the referral date for that offense was used as the starting point.

Data Sources

Three data sources were used in this research. The first, and primary, source was the data base developed by Urban Policy Research during the course of the previous research effort. For the previous study, an extensive data gathering instrument (Treatment Data Form) was developed to record case-level data on each youth included in the sample. Many items on this instrument were adapted from a form used by participating members of the Adolescent Perpetrator Network, a national organization of sex offender treatment professionals and agencies. The form was used to collect data on offender characteristics and experiences, offense characteristics, responses of the juvenile justice system, evaluation and assessment information, treatment, and the status of youth as they exited treatment.

The information necessary to complete the Treatment Data Form for each youth was obtained from a variety of sources. The most significant of these sources was the project directors of the individual treatment programs. In several instances, these directors assumed responsibility for the completion of the forms, usually with the assistance of their treatment staff or the private therapists who actually treated the juvenile offenders included in the sample. In other instances, the research team relied on other sources for the information, including assessment and treatment files, institutional records, and probation and parole counselors who were responsible for the supervision of the juveniles.

All of the original information from the Treatment Data Forms was entered on a statistical program called STATPAK. These data served as the source of baseline information on the members of the sample and were supplemented with new information on reoffense behavior for the current study.

Juvenile Information System (JUVIS) records maintained by the Office of the Administrator for the Courts served as the primary source of information on any new referrals and convictions for juvenile offenses not contained in the existing data base. These data were supplemented with juvenile criminal history information from the King County Department of Youth Services, since juvenile arrest and conviction data from this jurisdiction are not routinely incorporated in JUVIS. For purposes of this research, a "new" juvenile referral or conviction was defined as one that occurred after the sexual offense that resulted in the subject's inclusion in the initial study. Offenses that occurred after the youth turned 18 years of age were counted as new juvenile offenses if the cases were processed in the juvenile justice system.

The Washington State Patrol provided criminal history reports for the members of the sample. These data were used to identify subsequent adult arrests and convictions that occurred within the State of Washington. A "new" adult arrest or conviction was defined as one that occurred after the initial sexual offense but before March 31, 1991, and was processed in the adult criminal justice system.

Independent Variables

Seven classes of variables were identified as likely to be associated with recidivism and therefore served as independent variables for the purpose of data analysis. Information on these variables was obtained from the existing data base. See Table 1 for a summary of the data elements in each class of independent variables.

Measures of Recidivism and "Time At Risk"

Official police and court records were examined to assess the reoffense behavior, or recidivism, of each member of the sample. For the purposes of this study, recidivism was defined as any new arrest (excluding traffic infractions and fish and game violations) and any new conviction that occurred during the follow-up period

The "time at risk" to reoffend in the community was calculated for each member of the sample. Time at risk was defined as the number of months of follow-up time for each offender minus the number of months incarcerated during the period (as a juvenile or as an adult), including any incarceration time that resulted from the original sex offense.

Data Analysis

A. Summary Statistics

Several different methods were used to review the recidivism data. The first was the percentage of offenders who reoffended at least once during the follow-up period. This percentage was calculated for each type of rearrest and reconviction. The total percentages were computed, as well as the cumulative percentages over time.

The "life table" method (Soothill & Gibbens, 1978) was used to calculate the likelihood that members of the sample would be rearrested or reconvicted for the first time during each year they were at risk to reoffend. This method calculates the proportion of offenders who first recidivated during their first year at risk in relation to the total number of offenders who

were at risk for the entire year. These recidivists are then removed from the analysis. A new proportion is calculated on the basis of the number of youth who first reoffended during the second year at risk in relation to the total number of offenders who were at risk for at least two years and who had not already reoffended. This procedure can be repeated for each of the subsequent years at risk. The result is a kind of "actuarial table" of the probability of recidivism over time.

The third summary statistic used is referred to by Furby, et al. (1989) as the number of reoffenses per year at risk. This method computes the number of new arrests or new convictions and divides this by the total number of years at risk for the entire sample. This rate was calculated for the total period at risk, as well as the time at risk as a juvenile and as an adult. These figures estimated the risk to public safety posed by the sample during any given year at risk.

B. Analysis

One of the primary objectives of the study was to define what offender, offense, and treatment characteristics were associated with recidivism. In order to identify these associations, the members of the sample were divided into three groups based upon their behavior during the follow-up period: sex reoffenders; non-sex reoffenders; and non-reoffenders. Sex reoffenders (SROs) were defined as those youth who were arrested for or convicted of at least one new sexual offense during the follow-up period, although they could also have been arrested for or convicted of non-sexual offenses. Non-sex reoffenders (NSROs) were those juveniles who were arrested for or convicted of at least one new non-sexual offense. Non-reoffenders (NROs) consisted of those youth who were not arrested for or convicted of any new offense during the follow-up period.

Chi-square analysis was used to determine the association between each of the independent variables listed in Table 1 and reoffense behavior. Additionally, two new independent variables were created and also used in the analysis.

The two variables were created to investigate theories about recidivism among juvenile sex offenders. For example, many service providers and treatment specialists believe that some of the less serious adolescent sexual acting out behavior is a function of an immature social development process within the family and among peers. It is believed that during latency age and early adolescence, youth experience strong sexual drives that are moderated and redirected by the family and peer socialization processes that teach youth what is acceptable behavior.

According to Ross and Loss (1991), the offender at low risk to reoffend sexually is one who has age-appropriate social skills, is able to initiate and maintain friendships, and is generally aware of and adheres to the social norms of his/her environment. The offender at high risk to reoffend is socially isolated, has poor social skills, and in general displays an immature level of social development through overt aggressive behavior or extreme shyness.

In order to test this theory, a composite variable, referred to as social competency, was created. Cases were coded as "mature" if they had a "no" on each of three variables: self awareness identified as a deficit, social skills deficits, and assertiveness deficits. Cases were coded as "shy/immature" if they had a "yes" value for any of the three variables.

Table 1
Summary of Independent Variables

I.	Demographic Characteristics • Age at time of instant sexual offense(s) • Race of juvenile offender • Residence and adults in household • School status and grade in school
II.	Historical Experiences and Dysfunctional Behaviors • School problems • History of sexual and/or physical abuse or neglect • Sexual abuse of a sibling • Violence between parents • Offender substance abuse • Number and type of prior convictions
III.	Sexual Offense Characteristics • Severity of sex acts • Level of coercion used • Gender and age of victim(s) • Relationship between offender and victim(s)
IV.	Evaluation and Assessment • Admission that the offense(s) occurred • Blame for the offense(s) • Admission of unreported sexual offenses • Sexual orientation • Age-appropriate sexual relationships • Involvement with friends/peers
V.	Treatment • Location of treatment (institution vs. community) • Primary treatment modality used • Level of participation
VI.	Clinical Assessments During Treatment • Functional deficits • Deviant sexual arousal • Empathy and remorse for sexual offense(s) • Insight and motivation to change
VII.	Status of Offenders at Treatment Exit • Reasons for termination from treatment • Need for follow-up treatment or support • Risk to reoffend

A second composite variable, referred to as “sociopathic tendencies” of an offender, was also created. The literature suggests that juvenile sex offenders' degree of acceptance of responsibility for the offending behavior is a crucial factor in their risk to reoffend. Offenders who minimize the seriousness of the offense, provide external justification for the incident, and blame their victims are considered to be at high risk to reoffend. Such individuals may have a limited capacity to feel guilt or remorse for the offense or empathy for their victims. Offenders at lower risk to reoffend are believed to acknowledge at least partial responsibility for the sexual aggression—perhaps not understanding why he/she engaged in the behavior but feeling, after the fact, some remorse, guilt, or empathy for the victim’s distress.

Current research also suggests that thinking errors and deviant arousal may be related to the risk of reoffense. Sex offenders who use distorted thinking and deviant fantasies to justify their offending behavior may be at greater risk to reoffend sexually. It may be theorized that these factors coexist with the issues noted above in order to form a “sociopathic personality” that is related to sexual recidivism.

In order to test these theories, the “sociopathic tendencies” of offenders were examined. This composite variable utilized five existing variables: thinking errors; deviant sexual arousal; empathy for the victim(s); remorse for the offense(s); and blame for the offense(s). If a youth had thinking errors, at least a possibility of a deviant arousal pattern, no empathy for the victim(s), no remorse for the offense(s), and blamed the victim(s), then the case was coded as having “strong” sociopathic tendencies. If none of these characteristics were found, then the case was coded as having no sociopathic tendencies. Cases were coded as “mixed” if the pattern on these five variables was a combination of the two extremes.

Two other sets of analyses were performed in addition to the analysis of the association between each of the independent variables and recidivism. Chi-square analysis was used to determine whether or not relationships existed between several independent variables and treatment location. Finally, chi-square analysis was used to examine which independent variables were associated with reoffense behavior during the first year at risk in the community.

Results

Characteristics of the Sample

Descriptive data on 197 male juvenile sex offenders were available for analysis. This section presents a profile of the sample, which includes information on the characteristics and significant life experiences of the offenders, elements of the sexual offense behavior, assessment and evaluation information, and treatment data.

A. Demographic Characteristics

The ages of the juveniles at the time of the sex offense(s) ranged from 8 to 18 years with a median age of 14.5 years. Most of the youth were Caucasian (89 percent) and lived with one or both parents (89 percent). Approximately one-half of the offenders (51 percent) lived in a household headed by their mother. Offenders were likely to be attending school (84

percent) at the time of the offense(s), and were generally enrolled in grades 7–9 (72 percent).

B. Historical Experiences and Dysfunctional Behaviors

Offenders routinely experienced school problems and came from households where abuse or violence was common. More than one-half (57 percent) were reported to have school behavior problems, and 41 percent had a learning disability. One-third (33 percent) of the juveniles had a history of truancy. Offenders were likely to have been victims of sexual abuse (54 percent) that was inflicted by a non-related male. Many of the youth were also victims of neglect (45 percent) or physical abuse (58 percent) that was inflicted by a father or stepfather. Violence between parents occurred in one-half (50 percent) of the offenders' households, and 41 percent reported that a sibling had been sexually abused.

More than one-third (39 percent) of the youth were reported or suspected of having a substance abuse problem, but only 14 percent were thought to be under the influence at the time of their sex offense(s). Nearly one-half (47 percent) of the clients were known to have a prior conviction of any kind. Only 7 percent of the sample had at least one prior conviction for a sexual offense. However, almost one-third (30 percent) of the offenders recounted having committed at least one additional sex offense that was not previously reported.

C. Sexual Offense Characteristics

Most of the juveniles (63 percent) were charged with a single sexual offense. Table 2 displays the prime (single most serious) referral charge for the offenders in the sample.

Indecent Liberties was the most common charge (57 percent), followed by Statutory Rape 1 (19 percent), Rape 2 (5 percent), and Rape 1 (4 percent). Note that several referrals involved non-sex offenses, such as Burglary 1, Burglary 2, Assault 2, and unlawful imprisonment. All of these latter offenses contained sexual overtones or were believed to be committed in the course of an attempted sexual offense.

Ninety-six percent of the offenders were convicted of at least one offense. Only seven offenders were not convicted of any of their referral charges. Three-quarters of the juveniles (75 percent) were convicted of one charge.

Referral reports prepared by police and victims were examined in addition to referral charge names in order to better capture the nature of the offenses committed by the juveniles in the study. The presence or absence of each of numerous offense characteristics was noted. The offense characteristics are presented in Table 3 by the number and percentage of juvenile sex offenders whose conduct best conformed to each category.

These data were also recoded to determine the percentage of cases that involved oral, vaginal, or anal penetration. It was found that 80 percent of the referral offenses involved penetration. However, only 30 percent of the offenders were officially charged with a penetration offense such as Statutory Rape or Rape. Seventeen percent of the offenses involved fondling, but not penetration. Only three percent of the sex offenses were hands-off offenses, such as peeping or indecent exposure.

Table 2
Number and Percentage of Offenders by Prime Referral Charge

REFERRAL CHARGE NAME	NUMBER	PERCENTAGE
Indecent Liberties	112	56.8%
Statutory Rape 1	38	19.3%
Rape 2	10	5.1%
Rape 1	8	4.1%
Communication with Minor	5	2.5%
Assault 2	4	2.0%
Burglary 2	4	2.0%
Public Indecency	3	1.5%
Incest	2	1.0%
Sexual Assault	2	1.0%
Statutory Rape 2	2	1.0%
Attempted Rape 1	1	.5%
Attempted Indecent Liberties	1	.5%
Rape 3	1	.5%
Peeping	1	.5%
Burglary 1	1	.5%
Unlawful Imprisonment	1	.5%
Conspiracy to Commit "A" Offense	1	.5%
TOTAL	**197**	**99.8%***

* Total less than 100.0% due to rounding.

Youth often used some form of coercion during the commission of the offense. Verbal coercion was used in 19 percent of the cases, while nearly one-third (32 percent) of the cases involved the threat or use of force.

Offenders chose female victims (74 percent) who were much younger and known to them. Victims ranged in age from 1 to 50 with a median age of 6.4 years. Almost three-quarters (71 percent) of the victims were 9 years of age or younger. The juveniles generally offended against children they knew (48 percent) or to whom they were related (28 percent). Only 5 percent of the victims (child and adult) were strangers to the offenders.

Table 3
Number and Percentage of Offenders by Characteristics of Referral Sexual Offenses

CHARACTERISTICS	NUMBER	PERCENTAGE
Exhibiting	17	11.5%
Peeping	2	1.4%
Obscene Phone Calls	2	1.4%
Stealing Underwear	2	1.4%
Touching Victim's Breasts	27	18.2%
Touching Victim's Genitalia	86	58.1%
Masturbation of Victim	14	9.5%
Masturbation by Victim	12	8.1%
Oral Sex on Victim	34	23.0%
Oral Sex by Victim	46	31.1%
Vaginal Penetration	49	33.1%
Anal Penetration	34	23.0%

Note: This information was available for 148 cases.

D. Evaluation and Assessment

Analysis of the psychological evaluation and assessment information on offenders revealed that most of the youth admitted that the offense occurred (92 percent) and that they had participated in the offense (90 percent). However, only one-half of the juveniles (53 percent) blamed themselves for the sexual offenses. Responsibility for the offense was attributed to the victim in one-quarter (25 percent) of the cases.

Nearly all of the juveniles (93 percent) were believed to be heterosexual in orientation. Less than one-half of the offenders (43 percent) reported that they had ever had an age-appropriate sexual relationship. Further, over one-half of the youth (55 percent) were considered "loners" and were isolated from their peers.

E. Treatment

More than one-half (59 percent) of the juveniles received treatment in a state-operated institution. The remaining 41 percent were treated in community programs. The treatment that the juveniles received was almost exclusively sex offense-specific (99 percent) and employed a variety of modalities. Most youth received individual treatment in combination with other modes of treatment (89 percent), while more than one-half (52 percent) received group treatment, and 44 percent received family treatment. Most of the youth (63 percent) actively participated in treatment.

F. Clinical Assessments During Treatment

Therapists' assessments and offenders' files were reviewed to determine indications of functional deficits in several areas. The most frequently noted deficit was in the area of social skills (68 percent), followed by deficits in education (53 percent), assertiveness (45 percent), self awareness (44 percent), and sexual knowledge (44 percent). One-third of the juveniles (33 percent) were believed to suffer serious errors in thinking and judgment.

More than two-thirds (68 percent) of the offenders were viewed as having, or possibly having, a deviant sexual arousal pattern. Therapists' assessments, rather than physiological methods, were used to determine the prevalence of deviant sexual arousal among the juveniles who were treated.

Another clinical assessment involved the extent to which the juveniles showed insight into reasons for their sex offense behavior. One-half of the youth (50 percent) were considered to demonstrate such insight at the conclusion of treatment. Almost two-thirds (62 percent) were believed to be motivated to change. Although the juvenile sex offenders commonly showed some insight and demonstrated a motivation to change, they were not as likely to express remorse for the offense (44 percent) or empathy for the victim(s) (44 percent).

Using the social competency variable developed by the research team, slightly over one-half (54 percent) of the juveniles were judged to be shy or immature. An alarming proportion of offenders were found to display sociopathic tendencies. Almost one-third of the youth (31 percent) demonstrated strong sociopathic tendencies, and over one-half (54 percent) displayed mixed tendencies. Only 15 percent of the juvenile sex offenders were considered to have no sociopathic tendencies.

G. Status of Offenders at Treatment Exit

In most cases (57 percent), juveniles terminated treatment when their sentence or court order expired. Only 29 percent were released from treatment because they had completed their programs.

A total of 85 percent of the juveniles were believed to need additional treatment or support after termination from their respective programs. Only 39 percent were known to have utilized the needed follow-up services.

Therapists and treatment program personnel were asked to assess the status of their clients at the time of termination of treatment. More than one-half (57 percent) of the juvenile sex offenders were believed to be "at risk" of reoffending sexually, and an additional 10 percent were considered "dangerous." Only one-third (33 percent) of the youth were believed capable of monitoring themselves.

In conclusion, a clear profile of the male juvenile sexual offender emerged from the descriptive data presented above. In general, the offender was Caucasian, in his early teens, and lived with his natural mother. Although he was enrolled in school at the time of the sexual offense(s), he exhibited behavior problems in the classroom and often suffered from a learning disability. He was likely to have been sexually abused by a non-related

male and to have been physically abused by his father or stepfather. A sibling was likely to have been sexually abused. A history of violence between his parents was common.

The "typical" juvenile sexual offender often had a history of delinquent behavior but rarely had been convicted for a previous sexual offense. He sexually offended against a female child who was known to him and who was much younger than he. He used some form of verbal and/or physical coercion to obtain compliance with his sexual demands. The sexual offense frequently involved oral, vaginal and/or anal penetration. Even though the offense may have involved penetration, the juvenile was generally charged and convicted of indecent liberties.

The juvenile sex offender was incarcerated in a local detention facility or state institution. He was required to undergo sex offender-specific treatment in a community program or at an institution. Although he admitted the offense(s), he blamed its occurrence on the victim or someone/something other than himself. He was a "loner" who was isolated from his peers and had never experienced an age-appropriate sexual relationship.

Treatment for the juvenile offender consisted of individual therapy in combination with some other mode such as group or family therapy. He was assessed during treatment to have deviant arousal and deficits in social skills, education, assertiveness, self awareness, and sexual knowledge. Although he actively participated in treatment, showed insight into his offending behavior, and was motivated to change, he expressed no remorse for his act(s) or empathy for his victim(s).

The juvenile sex offender participated in treatment only as long as it was required under the terms and conditions of a sentence or court order. Although follow-up services were usually needed, they were rarely available or utilized by the offender. Finally, despite treatment, he was still considered dangerous or at risk to reoffend sexually at the conclusion of treatment.

Characteristics of Offenders by Treatment Location

Another purpose of the study was to compare the characteristics of the juvenile sex offenders by the location of their treatment (institution or community). In order to examine this, chi-square analysis was performed using treatment location as the dependent variable.

This analysis found that several variables were significantly associated with treatment location. Many of these relationships are consistent with expected sentencing decision-making. For example, youth with prior convictions of any kind were significantly more likely to receive treatment in an institutional setting (chi-square = 8.046; $p < .01$). In addition, institutional youth were more likely to have used threats and/or physical force in the commission of their referral sex offense(s) (chi-square = 15.474; $p < .001$). The referral sex offenses for institutional youth were also more likely to have included penetration (chi-square = 5.000; $p < .05$). The age of the offender, the age of the victim(s), and the relationship of the offender to the victim(s) were not found to be associated with treatment location.

A number of variables that characterized the family backgrounds of the juvenile sex offenders were found to be related to treatment location. Juveniles who were victims of sexual abuse (chi-square = 7.529; $p < .01$), whose siblings were victims of sex abuse (chi-

square = 11.575; $p < .001$), who were neglected (chi-square = 6.211; $p < .02$), and/or who reported violence between their parents (chi-square = 5.256; $p < .05$) were less likely to receive community treatment. Although statistical significance was not achieved, youth who had been physically abused (chi-square = 3.769; $p < .10$) were also less likely to receive community treatment. These findings are consistent with the expectation that youth in more stable families who can participate in treatment and supervision would be more likely to be allowed to remain in the community.

Some of the school behavior and performance variables were also found to be associated with treatment location. Institutional youth were less likely to have been in school at the time of their sexual offense (chi-square = 6.986; $p < .01$). They were more likely to have been truant (chi-square = 3.478; $p < .10$) and to have learning disabilities (chi-square = 8.008; $p < .01$).

Only one of the pre-treatment evaluation and assessment variables was found to be significantly associated with treatment location. Youth who were treated in institutions were far more likely to have been characterized as “loners” (chi-square = 25.378; $p < .001$).

Several of the clinical assessments made during treatment were found to be significantly associated with treatment location. Institutional youth were more likely to have deficits in education (chi-square = 17.747; $p < .001$), self awareness (chi-square = 4.182; $p < .05$), social skills (chi-square = 5.868; $p < .02$) and assertiveness (chi-square = 5.297; $p < .05$). These juveniles were also more likely to have deviant sexual arousal patterns (chi-square = 10.150; $p < .01$). When the two composite variables were analyzed; institutional youth were found to be significantly more likely to be shy/immature (chi-square = 6.651; $p < .01$) and to exhibit strong sociopathic tendencies (chi-square = 6.767; $p < .01$).

The groups differed in expected ways in terms of what kinds of treatment modalities were employed in each location. Institutional youth were significantly more likely to receive group treatment (chi-square = 22.518; $p < .001$), while community youth were significantly more likely to receive family treatment (chi-square = 18.506; $p < .001$). There were no differences between the groups in terms of their participation in individual treatment.

In summary, there were clear differences between youth treated in institutions and those treated in community settings. Many of these differences are consistent with expectations of the abilities of juveniles, along with their families, to control sex offending behavior in the community.

Recidivism

The criminal behavior of the members of the sample was tracked until March 31, 1991. The length of follow-up ranged from 60 to 117 months (5.0 to 9.8 years). The median follow-up period was 82 months, or 6.8 years.

The number of months incarcerated for referral offenses as well as new offenses were calculated for each member of the sample and subtracted from the follow-up period in order to determine the time at risk for each offender. The time at risk ranged from 14 to 98 months (1.2 to 8.2 years). The median time at risk was 74 months, or 6.2 years.

Recidivism was measured by tracking the members of the sample throughout the follow-up period and recording all new arrests and convictions. Once recidivism information was collected, it was sorted and analyzed by types of offenses, such as rearrests or reconvictions for any new crime, any new sex offense, any new violent or non-violent felony, and any new misdemeanor. This procedure resulted in an overlap of categories, since sex offenses can be felonies or misdemeanors.

Several methods were used to summarize the recidivism information. These summary statistics are presented in the following sections.

A. Percent Rearrested or Reconvicted

The most straightforward method of presenting the recidivism data is the number and percentage of offenders who were rearrested or reconvicted at least once during the follow-up period. Table 4 displays this information. Note that sexual recidivism was very low among the sample. Only 12 percent of the offenders were arrested for new sex offenses, and only 10 percent were convicted of subsequent sex offenses. Offenders were far more likely to commit new non-sex offenses, particularly misdemeanors and non-violent felonies. Seventy-three members of the sample (37 percent) had no new arrests or convictions during the follow-up period.

Table 4
Number and Percentage of Offenders Who Were Rearrested or Reconvicted During the Follow-up Period

TYPE OF OFFENSE	NUMBER	PERCENTAGE
NEW ARREST		
• Any	124	62.9%
• Sex offense	24	12.2%
• Violent felony	30	15.2%
• Non-violent felony	78	39.6%
• Misdemeanor	104	52.8%
NEW CONVICTION		
• Any	114	57.9%
• Sex offense	20	10.2%
• Violent felony	18	9.1%
• Non-violent felony	72	36.5%
• Misdemeanor	86	43.7%

Note: Offense categories are not mutually exclusive and offenders may have been rearrested or reconvicted for more than one type of crime.

Another classic way of measuring recidivism is the cumulative percentage rearrested or reconvicted over time. Figures 1 and 2 present this information for offenses of any kind and sex offenses, respectively. The recidivism of this sample mirrored that generally found in follow-up studies of criminal behavior. The juveniles tended to reoffend "quickly," that is, within the first two years at risk. The rate of reoffending for the first time then diminished, and by five years at risk, the incremental increase in recidivism was practically zero.

Figure 1

Cumulative Percentage of Reoffenders by Number of Months to First Arrest or Conviction of Any Kind

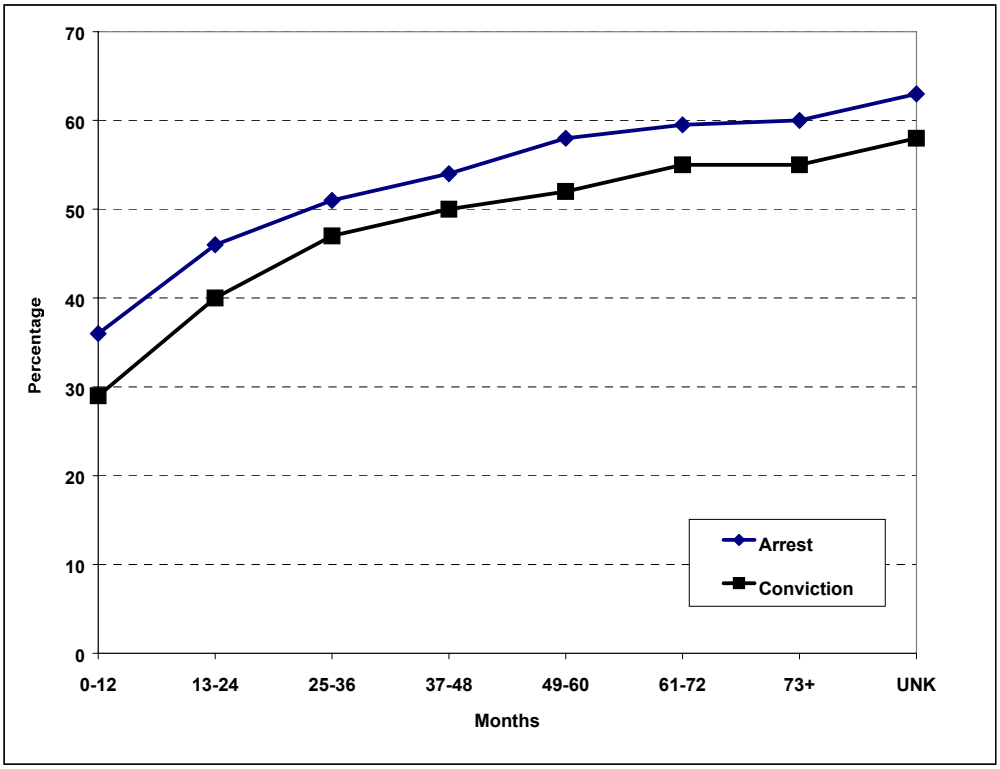
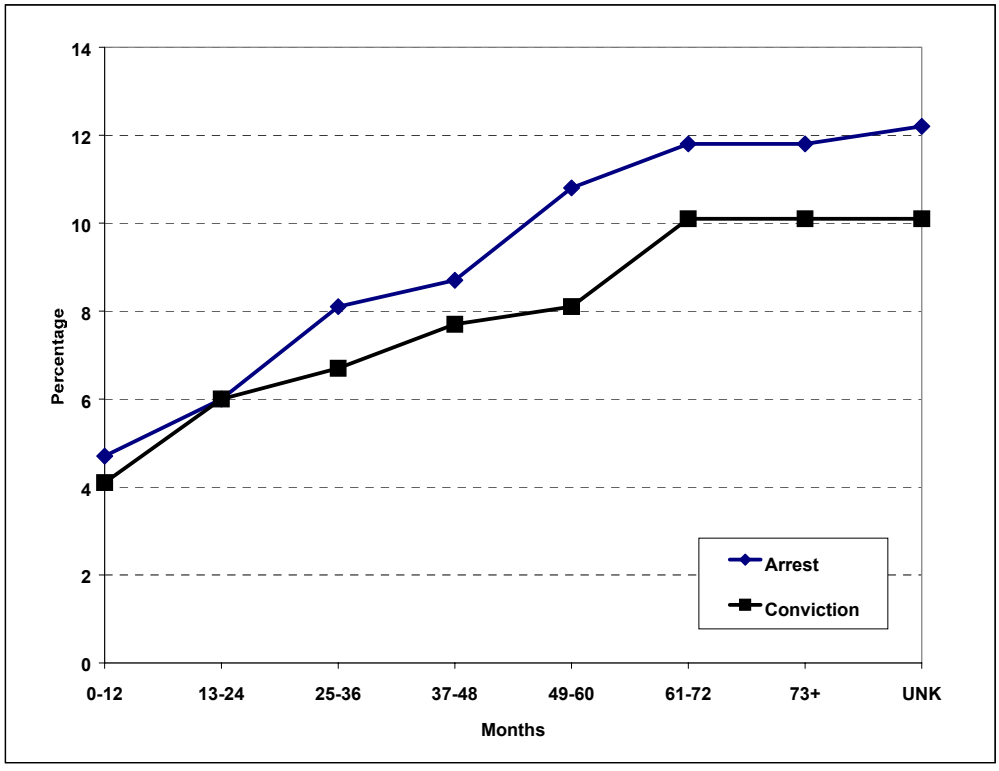


Figure 2

Cumulative Percentage of Reoffenders by Number of Months to First Sex Arrest or Conviction



B. Probability of Reoffending During Each Year at Risk

According to Soothill and Gibbens (1978), the problem with simply calculating the percentage who reoffended by the end of the follow-up period is that this method does not take into account differential periods at risk. The result is probably an underestimate of the proportion of the sample that reoffended. They advocate use of the life-table method described earlier in this report to calculate the probability of reoffending during each year at risk. Table 5 presents the results of this analysis.

The findings from the life table analysis are similar to the cumulative recidivism analysis presented in the preceding section in that the probability of reoffense is highest during the first year at risk. However, differences emerge when one looks at later years at risk. According to the cumulative statistics, reoffense rates level off at about year five. Yet, as Table 5 shows, nearly 10 percent of those youth who had not already reoffended, and who were still at risk during that period, were likely to be rearrested for the first time during their fifth year at risk. Thus, this method suggests that juvenile sex offenders may still be likely to reoffend after lengthy periods spent offense-free.

Table 5
Probability of First Arrest or Conviction During Each Year at Risk

	YEAR AT RISK					
TYPE OF OFFENSE	1	2	3	4	5	6
NEW ARREST						
• Any	36.5%	15.2%	8.6%	7.3%	9.8%	3.6%
• Sex offense	4.6%	1.6%	2.2%	.5%	2.3%	1.3%
• Violent felony	3.6%	2.6%	1.6%	2.8%	3.0%	1.4%
• Non-violent felony	16.8%	9.1%	4.7%	6.4%	8.0%	2.1%
• Misdemeanor	21.8%	14.9%	10.8%	6.0%	4.9%	3.8%
NEW CONVICTION						
• Any	28.9%	15.7%	11.1%	6.7%	4.4%	7.5%
• Sex offense	4.1%	2.1%	.5%	1.1%	.6%a	2.6%
• Violent felony	3.0%	1.0%	1.6%	1.1%	1.7%	1.3%
• Non-violent felony	13.7%	7.1%	5.7%	4.1%	3.7%	6.3%
• Misdemeanor	19.3%	9.4%0	9.8%	6.2%	2.6%	1.1%

C. Rate of New Offenses Per Year at Risk

In addition to estimating the proportion of offenders who recidivate, it is also useful to examine the number of new crimes committed by the sample and the rate of new offenses per year at risk. This summary statistic can then be used to estimate the harm done to society by the members of the sample.

The number and types of new offenses committed as well as the number of years at risk for the entire sample were calculated. The 197 sex offenders were found to be at risk a total of 1,185 years, 428 years as juveniles and 757 years as adults. The number of new offenses and the rates of reoffending per year at risk are presented in Table 6. Note that while the offenders posed a serious risk of reoffending (in terms of any new arrests) in any given year (41 percent), they posed little risk of reoffending sexually in any given year (2.5 percent).

The offenders posed a greater risk of reoffending as juveniles than as adults. The juvenile rate for any rearrest was 2.5 times higher than the adult rate. The offenders were also slightly more likely to have a new sex offense arrest as a juvenile. The one offense type for which there was no difference in the rates between juveniles and adults was violent felony rearrest, although there was a slight difference in the rate of reconvictions.

The differences in the risk to public safety posed by the offenders as juveniles are even greater when one focuses on new convictions. For each year at risk, offenders were 3.6 times more likely to have a new conviction of any kind as a juvenile than as an adult. They were 2.1 times more likely to have a new sex conviction as a juvenile. The most striking difference in the rates between juveniles and adults was found for misdemeanor offenses. Offenders were 6.7 times more likely to be reconvicted for a misdemeanor during each year at risk as a juvenile than as an adult.

Table 6
Rearrest And Reconviction Rates Per Year At Risk As A Juvenile And As An Adult

Type of Offense	Total		Juvenile Only		Adult Only	
	N	Rate	N	Rate	N	Rate
New Arrest						
• Any	491	41.4%	290	67.8%	201	26.5%
• Sex offense	30	2.5%	15	3.5%	15	2.0%
• Violent felony	39	3.3%	14	3.3%	25	33%
• Non-violent felony	183	15.4%	98	22.9%	85	11.2%
• Misdemeanor	269	22.7%	178	41.6%	91	12.0%
New Conviction						
• Any	401	33.8%	270	63.1%	131	17.3%
• Sex offense	26	2.2%	14	3.3%	12	1.696
• Violent felony	23	1.9%	11	2.6%	12	1.6%
• Non-violent felony	165	13.9%	91	21.3%	74	9.8%
• Misdemeanor	213	18.0%	168	39.3%	45	5.9%

D. Types of New Sex Offense Referral Charges

Another issue in the risk to public safety posed by the members of the sample concerns the types of new sex offenses for which the juveniles were referred during the follow-up period. Table 7 presents the number and percentage of sex reoffenders by the prime (single most serious) new sex offense referral charge. Note that 12 of the 24 sexual recidivists were charged with Rape and that most of these charges involved child victims. In fact, at least two-thirds of the sexual reoffenders offended against children (Child Rape, Indecent Liberties, Attempted Indecent Liberties, Communicating with a Minor, Public Indecency). In addition, two of the four juveniles charged with Rape 1 or Rape 2 were convicted of Child Rape, so actually at least three-quarters of the recidivists offended against children.

Therefore, although only a modest percentage of the juveniles committed new sex offenses during the follow-up period, the impact of these new offenses cannot be minimized. The offenders continued to victimize children and often committed very serious offenses that involved penetration.

Table 7
Number And Percentage Of Sex Reoffenders By Prime New Sex Offense Referral Charge

REFERRAL CHARGE NAME	NUMBER	PERCENTAGE
Rape 1	3	12.5%
Rape 2	1	4.2%
Child Rape 1	5	20.8%
Child Rape 2	2	83%
Child Rape 3	1	4.2%
Indecent Liberties	5	20.8%
Attempted Indecent Liberties	1	4.2%
Communicating with a Minor	1	4.2%
Public Indecency (victim <14 years)	1	4.2%
Prostitution	2	8.3%
Obscene Phone Calls	1	4.2%
Unknown	1	4.2%
TOTAL	24	100.1%*

* Total more than 100.0% due to rounding.

Two final issues to explore regarding sexual recidivism include the chronicity and escalation of sexual offending. It is often assumed that sexual offenders who recidivate commit multiple offenses and are thus "chronic" offenders. This premise is difficult to accurately evaluate due to the underreporting of most sexual crimes. However, this study found that in terms of new sex offense arrests, very few of the juveniles could be considered chronic sex offenders. For the purposes of this study, a "chronic" sex offender was defined as one who either had two or more sex offense arrests subsequent to the referral offense or had one subsequent arrest and one prior sex offense arrest. Only seven offenders, or 4 percent of the sample, fit this description. Table 8 displays the sex offense patterns for these youth.

A related question regarding recidivism is whether adolescent sex offenders escalate to more serious sexual crimes in adulthood. The data, as presented in Table 8, do not necessarily support the conclusion that offenders commit more serious sex crimes when they recidivate. Granted, the number of appropriate cases in this sample are too small to perform any meaningful analyses. What does stand out though, is that these offenders originally selected children as their victims, and they continued to offend against children, even as they passed from adolescence into adulthood.

Table 8
Sex Offense Patterns for "Chronic" Sex Offenders

PRIOR SEX ARREST	REFERRAL OFFENSE	NEW JUVENILE ARREST	NEW ADULT ARREST
Communicating with a Minor	Statutory Rape 1	Indecent Liberties	Child Rape 1
Indecent Liberties	Rape 1	Statutory Rape 2 (x2)	NA
NA	Statutory Rape 1	Indecent Liberties	Child Rape 2
NA	Indecent Liberties	NA	Rape 1; Indecent Liberties
NA	Indecent Liberties	Indecent Liberties	Statutory Rape 1
Public Indecency	Public Indecency	NA	Rape 1; Public Indecency
Unknown	Indecent Liberties	NA	Child Rape 3

In summary, the outcome data indicated that sexual recidivism was very low. Offenders were far more likely to commit new non-sex offenses, especially misdemeanors and non-violent felonies.

When time at risk and time to first arrest or conviction were considered, offenders presented the most danger to public safety (both in terms of sexual and non-sexual crimes) during their first year at risk. It was also found that offenders posed a greater risk of reoffending as juveniles than as young adults.

The new sex offenses committed by the 24 sexual recidivists were characterized by the use of penetration with child victims. Finally, the recidivism data showed that few of the youth could be considered "chronic" sex offenders and that most continued to reoffend against children at the same level of seriousness as their referral offenses.

Variables Associated With Timing of Reoffense Behavior

One of the questions of this study asks what characteristics are associated with reoffending "quickly," that is, during the first year at risk in the community. This is an important issue to explore in order to better understand reoffense behavior and its implications for the treatment and supervision of juvenile sex offenders in the community.

Several variables were found to be significantly related to the timing of reoffending. Youth who reoffended (in terms of arrests of any kind) during the first year at risk were younger at the time of the referral sex offense (chi-square = 12.651; $p < .01$), were more likely to have school behavior problems (chi-square = 5.701; $p < .02$), and were more likely to have a history of truancy (chi-square = 5.440; $p < .05$). These youth were also more likely to report the sex abuse of a sibling (chi-square = 9.848; $p < .01$) and to be suspected of or reported for drug or alcohol problems (chi-square = 3.915; $p < .05$). The juveniles who reoffended quickly were less likely to admit being the perpetrator of the referral sex offense (chi-square = 5.207; $p < .05$).

One particularly interesting finding concerns the location of treatment. During the first year at risk, there were pronounced differences in the rates of reoffending between youth who were released from institutions and those who were involved in community programs. Chi-square analysis demonstrated that youth who had been institutionalized were significantly more likely to be rearrested for an offense of any kind during the first year at risk than those juveniles who were treated in the community (chi-square = 5.228; $p < .05$). This difference disappeared during subsequent years at risk.

In terms of clinical assessments during treatment, youth who reoffended quickly were significantly less likely to have social skills deficits (chi-square = 6.485; $p < .02$) and more likely to have deviant sexual arousal (chi-square = 5.345; $p < .05$). Finally, as expected, those youth who reoffended during the first year at risk were more likely to have had prior convictions of any kind (chi-square = 7.130; $p < .01$) as well as prior sex offense convictions (chi-square = 7.130; $p < .01$).

Variables Associated With Reoffense Status

An important objective of this research was to examine the relationship between several classes of predictor variables and recidivism, or reoffense status. In order to meet this objective, chi-square analyses were performed to determine the significance of the statistical associations between these independent variables and reoffense status. Reoffense status was defined in terms of new arrests and new convictions. Three sets of comparisons were made: sex reoffenders (SROs) versus all others; sex reoffenders (SROs) versus non-sex reoffenders (NSROs); and non-reoffenders (NROs) versus all others. All of the chi-square values for these comparisons are presented in Appendix A.

For the most part, there were no differences in terms of statistical significance between the comparisons based on new arrests and those based on new convictions. All of the percentages and chi-square values presented in this section reflect reoffense groups defined by new arrests.

A. Characteristics of Sex Reoffenders

Table 9 presents selected independent variables and their association with sexual recidivism. Three variables were found to be significantly associated with sexual recidivism. Sexual recidivists were more likely to have a history of truancy behavior, have identified thinking errors, and have at least one prior conviction for a sexual offense.

Associations between several additional variables and sexual recidivism could not be assessed using chi-square analysis, but the data did indicate trends. For example, SROs were more likely than those youth who did not recidivate sexually, to have been sexually abused, to have committed offenses that involved penetration, and to demonstrate deviant sexual arousal. SROs were also more likely to need follow-up treatment or support. Finally, program providers and treatment personnel considered SROs to be more at risk to reoffend sexually at the time of treatment exit

Three other variables appeared to be marginally associated with sexual recidivism. SROs were somewhat more likely to have had at least one prior conviction of any kind. Sexual

recidivists were also somewhat less likely to have deficits in social skills and were more likely to have received group treatment in combination with other treatment modalities.

No relationships were found between sexual recidivism and a number of variables for which such an association might have been predicted. For example, the location of treatment was not related to sexual recidivism. Further, the level of coercion used, the blame for the offense(s), the offender's ability to express empathy for the victim(s) and remorse for the offense(s), were all unrelated to sexual reoffending. Finally, sexual recidivists were not significantly more likely than the other members of the sample to have deficits in sexual knowledge or to be considered “loners.”

B. Differences Between Sex Reoffenders and Non-Sex Reoffenders

The existing literature is not definitive as to how juvenile sex offenders might differ from other delinquent offenders who have not committed sexual crimes. Even though all of the members of the sample have committed at least one sex offense, the follow-up research offers an excellent opportunity to explore this issue by examining the differences between those youth who continued to commit sexual crimes and those who committed only new non-sex crimes.

Table 9

Selected Associations With Sexual Recidivism
(Sex Reoffenders Versus All Other Members of the Sample)

VARIABLE	SROs	ALL OTHERS	CHI-SQUARE
Truancy History	57.1%	28.8%	6.545*
Thinking Errors	55.6%	28.4%	5.059*
Prior Sex Offense Conviction	16.7%	5.2%	4.494*
Victim of Sexual Abuse	78.6%	50.5%	NA
Sex Offense Involved Penetration	94.4%	782%	NA
Deviant Arousal	92.9%	64.2%	NA
Need Follow-Up Treatment	100.0%	82.7%	NA
Risk at Treatment End:			NA
Can Monitor Self	0.0%	37.6%	
At Risk	86.7%	53.2%	
Dangerous	13.3%	9.2%	
Prior Conviction of Any Kind	62.5%	45.1%	2.564
Social Skills Deficits	50.0%	71.0%	3.081
Group Treatment	72.2%	49.1 %	3.325
Received Treatment in Institution	62.5%	58.4%	.148
Threat or Use of Force (Coercion)	45.0%	29.7%	1.871
Blame Victim for Offense	31.3%	23.9%	.391
Express Empathy for Victim	35.3%	37.4%	.027
Express Remorse for Offense	50.0%	43.3%	.282
Sex Knowledge Deficits	57.9%	41.8%	1.662
Loner	50.0%	55.9%	.222

NOTE: * = Statistically significant where $p < .05$.

Table 10
Selected Associations With Sex and Non-Sex Recidivism
(Sex Reoffenders Versus Non-Sex Reoffenders)

VARIABLE	SROs	NSROs	CHI-SQUARE
Truancy History	57.1%	36.2%	2.908
Thinking Errors	55.6%	30.9%	3.535
Prior Sex Offense Conviction	16.7%	7.0%	2.237
Victim of Sexual Abuse	78.6%	59.6%	NA
Sex Offense Involved Penetration	94.4%	76.6%	NA
Deviant Arousal	92.9%	70.8%	NA
Need Follow-Up Treatment	100.0%	86.4%	NA
Risk at Treatment End:			NA
• Can Monitor Self	0.0%	36.7%	
• At Risk	86.7%	55.0%	
• Dangerous	13.3%	8.3%	
Group Treatment	72.2%	48.4%	3.188
Offender Race/Caucasian	95.5%	85.4%	NA
Sex Knowledge Deficits	57.9%	38.2%	2.236
Prior Conviction of Any Kind	62.5%	53.0%	.705
Social Skills Deficits	50.0%	62.5%	.883
Received Treatment in Institution	62.5%	62.0%	.002
Threat or Use of Force (Coercion)	45.0%	33.3 %	.917
Blame Victim for Offense	31.3%	34.0%	.041
Express Empathy for Victim	35.3%	32.8%	.037
Express Remorse for Offense	50.0%	39.7%	.603
Loner	50.0%	62.5%	.883

This study found that while there were significant differences between the sexual recidivists and all others on several variables, these differences diminished when only non-sex recidivists were used as the comparison group. No significant differences were found between the two groups. However, as Table 10 demonstrates, there were marginal associations for many of the same variables that distinguished sex reoffenders from both non-sex reoffenders and non-reoffenders. For example, SROs were more likely than NSROs to have a truancy history, thinking errors, and prior sex offense convictions. SROs were also somewhat more likely to have been sexually abused, to have referral offenses that involved penetration, and to have deviant arousal patterns.

In terms of treatment, SROs were somewhat more likely than NSROs to need follow-up treatment or support and to be considered at risk to reoffend sexually. Sexual reoffenders were also more likely to have received group treatment in combination with other treatment modalities.

Two additional variables that did not necessarily discriminate SROs from all other members of the sample did discriminate, to some extent, between SROs and NSROs. NSROs were somewhat more likely to be minority youth. They were also less likely to have gaps in sexual knowledge than SROs.

Two variables that differentiated between SROs and all others did not distinguish them from NSROs. SROs were only slightly more likely to have had a prior conviction of any kind than NSROs. Similarly, there was little difference between the two groups in terms of social skills deficits.

As was the case for SROs versus all other members of the sample, when SROs were compared with NSROs, no relationships were found for many of the variables that might have been expected to be related to sexual recidivism. For example, the location of treatment was not related to the type of reoffense behavior. Further, the level of coercion used, the blame for the offense(s), the offender's ability to express empathy for the victim(s) and remorse for the offense(s), were all unrelated to the type of reoffense behavior. Further, sexual recidivists were no more likely than non-sex recidivists to be considered loners.

C. Characteristics of Non-Reoffenders

As Table 11 shows, those youth who were not referred for a new offense of any kind during the follow-up period significantly differed in many ways from both sex and non-sex recidivists. The non-reoffenders appeared to be the most easily distinguishable group. The NROs were more likely to be older at the time of the original sexual offense. They were less likely to have had difficulties with school, such as behavior problems and truancy. The non-reoffenders were also significantly less likely to have been sexually abused themselves or to have a sibling who was sexually abused. One particularly interesting association concerned social skills deficits. The non-reoffenders were significantly more likely than recidivists to have deficits in social skills.

In general, the NROs were less “deviant” than the recidivists. They were far less likely to blame their victim(s) for the sexual offense(s). The NROs were less likely to have a deviant sexual arousal pattern and to display sociopathic tendencies. Finally, the NROs were significantly less likely to have had a prior conviction of any kind, as well as a prior conviction for a non-violent felony offense.

In addition to the significant associations, there were several variables that approached significance in distinguishing between non-recidivists and recidivists (see Table 12). Non-recidivists were somewhat less likely to have had at least one prior conviction for a sexual offense. Only two of the youth (3 percent) who did not recidivate had a prior sex conviction. Therefore, the sexual offense that determined the non-recidivists' inclusion into the study was almost exclusively the only sexual offense charge for these youth. They were also somewhat less likely to have had a prior conviction for a misdemeanor offense.

During treatment, the NROs were more likely to have demonstrated some motivation to change. By the end of their treatment experience, the NROs were somewhat less likely than recidivists to need follow-up treatment or support.

No relationships were found between overall recidivism and either the level of coercion used in the commission of the referral sex offense(s) or the severity of the sexual acts. The offender's ability to express empathy for the victim(s) or remorse for the offense(s) were also not related to overall recidivism. Similarly, thinking errors, associations with friends/peers, and sexual knowledge, were all unrelated to reoffending. Finally, neither the location of the treatment nor the risk to reoffend sexually at the end of treatment were related to overall recidivism.

Table 11
Significant Associations With Overall Recidivism
(Non-Reoffenders Versus All Recidivists in the Sample)

VARIABLE	NROS	RECIDIVISTS	CHI-SQUARE
Age of Offender:			20.193
• <13 yrs	16.4%	27.4%	
• 14-15 yrs	42.5%	60.5%	
• 16+ yrs	41.1%	12.1%	
School Behavior Problems	41.1%	66.7%	8.897
Truancy History	19.6%	41.1 %	7.210
Victim of Sexual Abuse	39.1%	63.4%	6.605
Sex Abuse of Sibling	31.9%	46.7%	5.752
Social Skills Deficits	81.8%	59.5%	6.318
Blame Victim for Offense	11.9%	33.3%	6.286
Deviant Arousal	54.5%	75.8%	4.506
Sociopathic Tendencies:			9.686
• Strong	232%	36.4%	
• Mixed	50.0%	55.7%	
• None	26.8%	7.0%	
Prior Conviction of Any Kind	342%	54.8%	7.818
Prior Non-violent Felony Conviction	15.1%	28.2%	4.444

In summary, sexual reoffenders could be distinguished from all other members of the sample on the basis of several characteristics. SROs were significantly more likely to have had a history of truancy behavior, to have demonstrated thinking errors, and to have had at least one prior conviction for a sexual offense. In addition, although the association could not be assessed using chi-square analysis, a far greater proportion of sexual reoffenders had a deviant sexual arousal pattern. Finally, it appeared that treatment personnel were

able to identify those youth least likely to recidivate sexually. None of the youth who were considered capable of monitoring themselves reoffended sexually, although some reoffended in other ways.

Table 12
Selected Associations With Overall Recidivism
(Non-Reoffenders Versus All Recidivists in the Sample)

VARIABLE	NROS	RECIDIVISTS	CHI-SQUARE
Prior Sex Offense Conviction	2.7%	8.9%	NA
Prior Misdemeanor Conviction	28.8%	41.1%	3.017
Motivated to Change	71.1%	55.9%	2.664
Need Follow-Up Treatment	77.8%	89.3%	2.946
Threat or Use of Force (Coercion)	25.4%	36.0%	1.816
Sex Offense Involved Penetration	80.0%	80.5%	.000
Express Empathy for Victim	43.5%	33.3%	1.276
Express Remorse for Offense	45.8%	42.1%	.370
Thinking Errors	25.0%	37.0%	1.686
Loner	60.0%	51.9%	.740
Sex Knowledge Deficits	46.5%	43.2%	.118
Received Treatment in Institution	53.4%	62.1%	1.427
Risk at Treatment End:			1.413
• Can Monitor Self	38.8%	29.3%	
• At Risk	51.0%	61.3%	
• Dangerous	102%	9.3%	

The differences between sex reoffenders and non-sex reoffenders were not statistically significant on any one variable. However, the data indicate trends such that the two groups may be distinguishable on the basis of many of the same characteristics that discriminate between SROs and all others.

Those youth who were not rearrested or reconvicted at all during the follow-up period did stand out as a distinct group. In general, they were less “damaged” and perhaps more healthy than either the sex reoffenders or the non-sex reoffenders. They were less likely to have had convictions prior to the referral sexual offense, and they desisted after that experience. They were less likely to have come from families where either they or their siblings had been sexually abused. They were less likely to have school behavior problems or a history of truancy. The non-reoffenders were also less likely to exhibit sociopathic tendencies, especially deviant arousal and victim blame. Finally, the non-reoffenders were generally older youth who were significantly more likely to have

social skills problems and were often considered “loners.” These latter findings suggest that nonreoffenders may be more immune to peer influences towards delinquent behavior.

Discussion and Conclusions

This study presented a disturbing profile of juveniles who commit sex offenses. The juvenile sex offenders in this sample were young (median age was 14.5 years) males who came from households where physical and sexual abuse and violence were common. Many had come into contact with the juvenile justice system prior to their referral sex offenses, primarily for non-sexual delinquent offenses.

Even more troubling than the profile of juveniles who commit sex offenses was the portrait of their victims. Generally, the victims were very young girls who knew their perpetrators. These children often lived in the same household as the offenders and/or were under their care or supervision at the time of the sexual assault. Thus, in addition to the trauma caused by the assault, the child victims and their families were frequently betrayed by a trusted neighbor, friend or relative.

The offenses that these youth committed were very serious. According to police and victim reports, 80 percent of the offenses included oral, vaginal, or anal penetration. The juveniles often used verbal and/or physical coercion to obtain compliance from their victims.

All of the juvenile sex offenders in the study received some form of sex offense-specific treatment in a community-based program or a state institution. Unfortunately, in terms of the treatment provided, it was found that: (1) systematic pre-treatment evaluations and assessments were seldom performed; (2) treatment modalities were often eclectic; and (3) well-formulated plans for community supervision or aftercare (parole) services were notably absent.

Despite the limitations of treatment, the study found that sexual recidivism was very rare. A total of 24 offenders (12 percent) were arrested for new sex offenses during the follow-up period. Twenty youth (10 percent) were convicted of new sex offenses. Although sexual recidivism was infrequent, many of the youth, including those who recidivated sexually, committed new non-sex offenses. Only 73 members of the sample (37 percent) had no new arrests during the follow-up period.

The rates of recidivism observed in this study were remarkably similar to those reported in other research. For example, a study of reoffense behavior among incarcerated youth that used a comparable follow-up period reported that 68 percent of the sex offenders had new convictions for offenses of any type, and 12 percent had new sex offense convictions (Steiger & Dizon, 1991).

An important finding of this study was that very few youth who commit sex offenses as juveniles go on to commit sex offenses as young adults. Therefore, adolescent sex offense behavior does not necessarily lead to adult sex offense behavior. Most of the juveniles in this study desisted after their first sex offense arrest, conviction, and treatment experience.

Even though only a small number of youth recidivated sexually, the social costs of their continued sex offense behavior should not be ignored. The juveniles who recidivated sexually continued to offend against children. They committed serious felony offenses that involved penetration. The sexual recidivists were arrested for new offenses very soon after they were released from institutions or were otherwise at liberty to reoffend. Further, a small number of offenders showed signs of "predatory" behavior. Seven of the juveniles could be considered chronic sex offenders. These youth had been arrested for at least three separate incidents of sex offense behavior. In general, the new sex offenses that these youth committed were similar to their referral offenses. Thus, a very small proportion of the sample had established a pattern of sex offending that showed every sign of continuing.

Most of the juveniles studied did not display a pattern of chronic sex offense behavior. However, many of the youth did display a more generalized pattern of non-sexual delinquent behavior. For the most part, the sex offenses appeared to be just another type of criminal behavior displayed by a group of general delinquents. Even the sexual recidivists did not go on to commit new sex crimes exclusively. Twenty of the 24 sex reoffenders (83 percent) also committed new non-sex offenses during the follow-up period.

This finding regarding the reoffense behavior of juvenile sex offenders was further exemplified by the results of the chi-square comparisons of the three reoffense groups. When the non-recidivists were compared with the recidivists, it was found that several variables were significantly associated with reoffending. The youth who were not rearrested or reconvicted during the follow-up period emerged as a distinct group. The non-reoffenders were generally older youth who were less likely to have had contact with the juvenile justice system prior to then referral sex offenses. They were less likely to have school behavior problems or a history of truancy. They were significantly less likely to have been sexually abused or to have a sibling who had been sexually abused. The non-recidivists were more likely than the recidivists to have deficits in social skills. Finally, they were significantly less likely to blame their victims and to exhibit deviant sexual arousal patterns.

When the sexual reoffenders were compared to all of the other members of the sample, a few significant differences emerged. The sexual recidivists were significantly more likely to have a history of truancy, identified thinking errors, and to have had at least one prior conviction for a sexual offense. The sexual recidivists were also far more likely to have deviant sexual arousal patterns.

When the sexual recidivists were compared to the non-sexual recidivists, no significant associations were found for any independent variable. Therefore, once the non-reoffenders were removed from the analysis, the sexual and non-sexual reoffenders that remained were statistically indistinguishable from one another. These findings suggest that juvenile sex offenders who recidivate, whether sexually or non-sexually, share many of the same characteristics. These characteristics are generally different from those of the smaller group of juveniles who do not commit new offenses of any kind.

What are the implications of the findings of this study for the treatment and supervision of juvenile sex offenders? First, the question of the effectiveness of treatment in preventing

sexual recidivism remains unanswered. The rate of sexual recidivism was low for the sample, but the design of this study does not permit the conclusion that treatment itself was responsible for the low rate. Although the results of the study do not shed light on the question of treatment effectiveness, they do provide descriptive information regarding characteristics of youth by treatment location (institution versus community), as well as guidance regarding the identification of those juvenile sex offenders who are most in need of services while in the community.

There were clear differences between youth treated in institutions and those treated in community settings. For the most part, these differences were those which would be expected. Institutional youth had more extensive criminal histories and committed more serious referral offenses. They were more likely to have come from dysfunctional families and to have experienced school problems. The institutional youth were significantly more likely to be socially isolated and to have deficits in social skills.

Despite the differences between the institutional and community youth, the location of treatment was not found to be related to reoffending of any kind. However, there was an interesting finding regarding the relationship between the location of treatment and the timing of new offense behavior. During the first year at risk, there were distinct differences in the rates of reoffending between youth who were released from institutions and those who were involved in community programs. The institutional youth were significantly more likely to be arrested for an offense of any kind during the first year at risk. This difference disappeared during subsequent years at risk.

There is a particularly intriguing aspect of this difference in the rates of reoffending between institutional and community youth during the first year at risk. In general, the length of time that the youth in this study spent in community treatment programs was approximately one year. Thus, during their first year at risk, community youth received some kind of treatment and supervision. At the same time, sex offenders who were released from state institutions received little or no aftercare services during their first year at risk. Hence, there was a difference in the types of services available to community and institutional youth during the first year that both groups of youth were at liberty with the opportunity to reoffend.

The design of the study and the known differences between the groups do not permit the conclusion that the services received in the community necessarily produced the differences in the rates of reoffending during the first year at risk. Nevertheless, the findings do suggest that there may be something about treatment and supervision in the community that effectively suppresses reoffending. The implication is that aftercare services, including treatment and supervision, should be available for juvenile sex offenders who are released from state institutions.

The results of this study provide some guidance regarding the identification of those juvenile sex offenders who are most in need of services while in the community. At the time of treatment exit, program personnel were able to correctly predict which juveniles were at low risk to reoffend sexually. None of the youth who were considered capable of monitoring themselves reoffended sexually, although some reoffended in other ways. On the other hand, treatment personnel overestimated the proportion of youth who were at high risk to reoffend sexually. Only 18 percent of those youth who were considered to be “at risk” or “dangerous” recidivated sexually during the follow-up period.

These clinical judgments were made almost exclusively without the benefit of feedback from an ongoing, comprehensive assessment process. One of the main objectives of evaluation or assessment is to establish the degree of sexual reoffense risk that adolescents present to the community. The study found that four variables were strongly associated with sexual recidivism. This finding informs the assessment process by offering suggestions as to some of the characteristics of youth who are at high risk of reoffending sexually.

Not surprisingly, juveniles with a history of sex offending are at high risk of repeating such behavior. Thus, if an adolescent sex offender has a history of sex offending, that fact should be weighed accordingly in the assessment process. Another element that should be addressed is the record of school attendance. Although the nature of the relationship to sex offending was unclear, a history of truancy was found to be significantly associated with sexual recidivism.

The findings in this study regarding deviant arousal and thinking errors reflect current research which suggests that these two variables are theoretically linked to sex offense behavior. Deviant arousal and thinking errors were both found to be related to sexual recidivism. Furthermore, the differences between the sexual recidivists and the non-sexual recidivists on these two variables approached significance. More than one-half of the sex reoffenders (56 percent) had identified thinking errors compared to 31 percent of the non-sex reoffenders and 25 percent of the nonreoffenders. Almost all of the sex reoffenders (92 percent) demonstrated deviant sexual arousal patterns compared to 71 percent of the non-sex reoffenders and 55 percent of the non-reoffenders.

The results imply that these two factors may be unique attributes of juveniles who continue to offend sexually. Efforts to assess and modify deviant sexual preferences and cognitive distortions should therefore be a priority in working with juvenile sex offenders.

The assessment of sexual reoffense risk should be an ongoing process. Access to information regarding risk factors may be restricted prior to sentencing and/or treatment. Juveniles, as well as their families, may disclose information as they become involved in treatment. Furthermore, attributes such as deviant arousal and thinking errors can be addressed during the course of treatment. It is crucial, therefore, that assessments be conducted prior to treatment as well as prior to release. Assessment data can then be used to inform both treatment and supervision decisions.

In conclusion, most juvenile sex offenders will not go on to become adult sex offenders. Only a small proportion are likely to commit new sex offenses. Yet the impact of repeat offenses on victims, their families, and the juvenile and criminal justice systems requires that sex offending among adolescents be taken seriously. In order to protect the public and prevent sexual recidivism, scarce resources, such as treatment and specialized supervision, should be targeted at those juvenile sex offenders who need them the most at the time that they present the greatest risk of reoffending.

Research and Policy Recommendations

This research on the reoffense behavior of juvenile sex offenders was funded by the Washington State Institute of Public Policy. The 1990 Community Protection Act provided funds to the Institute to support research on state-supported programs for sex offenders and victims of sexual abuse. One of the aims of this directive was to generate a base of information to be used in the development of research and policy recommendations for the state to implement.

The final section of this report presents a set of recommendations to the state regarding juvenile sex offenders. Many of these recommendations also have local applications. The main responsibility of the state with regard to juvenile sex offenders is to provide services to youth who are incarcerated in state correctional institutions, both while institutionalized and after release. The Division of Juvenile Rehabilitation within the Department of Social and Health Services is the state entity charged with this responsibility.

The following recommendations are offered for consideration:

- The Department of Social and Health Services (Division of Juvenile Rehabilitation), in consultation with experts on adolescent sex offenders, should develop or adapt a standardized assessment tool to evaluate juvenile sex offenders and should design a comprehensive treatment program for sex offenders committed to state correctional facilities.

- Once the assessment tool and treatment model are developed, the Department of Social and Health Services (Division of Juvenile Rehabilitation) should evaluate sex offenders at entry and at release from institutions and incorporate evaluation findings and recommendations into the parole planning process. It is also recommended that adequate aftercare services, including treatment and specialized supervision, be provided to juvenile sex offenders released from institutions.

- A process and outcome evaluation of state-supported services to juvenile sex offenders should be designed and implemented.

- The Department of Social and Health Services (Division of Juvenile Rehabilitation) should work with local juvenile courts and community-based service providers to develop and implement a coordinated continuum of care so that appropriate assessment and treatment services are available to all juvenile sex offenders.

References

Abel, G.G., Mittieman, M.S., and Becker, J.V. (1985). "Sexual Offenders: Results of Assessment and Recommendations for Treatment." In H.H. Ben-Aron, S.I. Hucker and C.D. Webster (Eds.), *Clinical Criminology (pp* 191-205). Toronto: MM Graphics.

Ageton, S.S. (1983). *Sexual Assault Among Adolescents.* Lexington, MA: Lexington Books.

Becker, J.V. and Abel, G.G. (1985). *"Methodological and Ethical Issues in Evaluating and Treating Adolescent Sexual Offenders." (Pub*. No. ADM-85-1396). Rockville, MD: United States Department of Health and Human Services.

Becker, J.V., Kaplan, M.S., Cunningham-Rathner, J. and Kavoussi, R. (1986). "Characteristics of Adolescent Incest Sexual Perpetrators: Preliminary Findings." *Journal of Family Violence,* 1, 85-97.

Brown, E.J., Flanagan, T.J., and McLeod, M. (Eds.). (1984). *Sourcebook of Criminal Justice Statistics - 1983.* Washington, DC: Bureau of Justice Statistics.

Davis, G.E. and Leitenberg, H. (1987). "Adolescent Sex Offenders." *Psychological Bulletin, 101,* 417-427.

Deisher, R.W., Wenet, G.A., Paperny, D.M., Clark, T.F., and Fehrenbach, P.A. (1982). "Adolescent Sexual Offense Behavior: The Role of the Physician. *"Journal of Adolescent Health Care,* 2, 279-286.

Doshay, L.J. (1943). *The Boy Sex Offender and His Later Career.* Montclair, NJ: Patterson Smith.

Fehrenbach, P.A., Smith, W., Monastersky, C. and Deisher, R.W. (1986). "Adolescent Sexual Offenders: Offender and Offense Characteristics." *American Journal of Orthopsychiasry,* 56, 225-233.

Furby, L., Weinrott, M.R., and Blackshaw, L. (1989). "Sex Offender Recidivism: A Review." *Psychological Bulletin,* 105, 3-30.

Groth, A.N., Longo, R.E., and McFadin, J.B. (1982). "Undetected Recidivism Among Rapists and Child Molesters." *Crime and Delinquency,* 28, 450-458.

Groth, AX, and Loredo, C.M. (1981). "Juvenile Sex Offenders: Guidelines for Assessment." *International Journal of Offender Therapy and Comparative Criminology,* 25, 31-39.

Henggeler, S.W. (1989). *Delinquency in Adolescence.* Newbury Park, CA: Sage Publications.

Longo, R.E., and Groth, A.N. (1983). "Juvenile Sexual Offenses in the Histories of Adult Rapists and Child Molesters." *International Journal of Offender Therapy and Comparative Criminology,* 27, 150-155.

Murphy, W.D., Haynes, M.R., and Page, LJ. (In press). "Adolescent Sex Offenders." In W. O'Donohue and J.H. Geer (Eds.), *The Sexual Abuse of Children: Theory, Research and Therapy.* Hillsdale, NJ: Lawrence Erlbaum Associates.

National Task Force on Juvenile Sexual Offending. (1988). "Preliminary Report." *Juvenile and Family Court Journal,* 39. Reno, NV: National Council of Juvenile and Family Court Judges.

Ross, J. and Loss, P. (1991). "Assessment of the Juvenile Sex Offender." in G.D. Ryan and S.L. Lane (Eds.). *Juvenile Sexual Offending: Causes, Consequences, and Correction. (pp* 199252), Lexington, MA: Lexington Books.

Ryan G. (1991) "Juvenile Sex Offenders: Defining the Population." in G.D. Ryan and S.L. Lane (Eds.). *Juvenile Sexual Offending: Causes, Consequences and Corrections. (pp.* 3-8), Lexington, MA: Lexington Books.

Sapp, A.D. and Vaughn, M.S. (1990). "Juvenile Sex Offender Treatment at State-Operated Correctional Institutions." *International Journal of Offender Therapy and Comparative Criminology,* 34, 131-146.

Saunders, E.B., and Awad, G.A. (1988). "Assessment, Management, and Treatment Planning for Male Adolescent Sexual Offenders." *American Journal of Orthopsychiatry,* 4, 571-579.

Schram, D.D., and Rowe, W.E. (1987) *Juvenile Sexual Offender Treatment Evaluation Final Research Report.* Seattle, WA: Urban Policy Research.

Smith, W.R. (1988). "Delinquency and Abuse Among Juvenile Sexual Offenders." *Journal of Interpersonal Violence,* 3, 400-413.

Smith, W.R., and Monastersky, C. (1986). "Assessing Juvenile Sex Offenders' Risk for Reoffending." *Criminal Justice and Behavior,* 13, 115-140.

Soothill, K.L., and Gibbens, T.C.N. (1978) "Recidivism of Sexual Offenders: A Re-Appraisal." *British Journal of Criminology,* 18, 267-276.

Steiger, J.C., and Dizon, C. (1991). *Rehabilitation, Release, and Reoffending: A Report on the Criminal Careers of the Division of Juvenile Rehabilitation "Class of 1982."* Olympia, WA: Department of Social and Health Services.

Wasserman, J. and Kappel, S. (1985). *Adolescent Sex Offenders in Vermont.* Burlington, VT: Vermont Department of Health.

APPENDIX A

UNIVARIATE ASSOCIATIONS WITH REOFFENSE STATUS

Table A-1

Univariate Associations With Reoffense Status (Arrests)

Variable	SROs vs. All Others Chi-Square	SROs vs. NSROs Chi-Square	NROs vs. All Others Chi-Square
Age of offender	.313	.522	20.193***
Race of offender	NA	NA	.850
School behavior problems	2.125	.280	8.897**
Truancy history	6.545*	2.908	7.210**
Learning disability	.431	1.086	1.902
Victim of sexual abuse	NA	NA	6.605*
Sexually abused	.038	.576	5.752*
Victims of physical abuse	1.158	1.794	.533
Violence between parents	1.079	1.150	.006
Severity of sex acts	NA	NA	.000
Level of coercion used	1.871	.917	1.816
Relationship between offender and victim	NA	NA	NA
Gender of victim	.655	.328	.749
Admit offense occurred	NA	NA	NA
Admit perpetrator of offense	NA	NA	NA
Blame victim for offense	.391	.041	6.286*
Admission of unreported sexual offenses	.022	.000	.239
Involvement with friends/peers	.222	.199	.740
Treatment location	.148	.002	1.427
Family treatment	.952	1.277	.093
Individual treatment	NA	NA	1.148
Group treatment	3.325	3.188	.178
Participation in treatment	1.492	.734	1.173
Deficits in education	.000	.021	.182
Sex knowledge deficits	1.662	2.236	.118
Self awareness deficits	.020	.091	1.586
Social skills deficits	3.081	.883	6.318*
Assertiveness deficits	.044	.554	2.139
Social competency	.015	.045	1.043
Thinking errors	5.059*	3.535	1.686
Show insight	.617	.440	.235
Deviant arousal	NA	NA	4.506*
Express empathy for victim	.027	.037	1.276
Express remorse for offense	.282	.603	.370
Motivated to change	1.713	.986	2.664
Sociopathic tendencies	NA	NA	9.686**
Need follow a treatment	NA	NA	2.946
Risk to reoffend at treatment end	NA	NA	1.413
Prior conviction of an kind	2.564	.705	7.818**
Prior sex offense conviction	4.494*	2.237	NA
Violent felon conviction	NA	NA	NA
Prior non-violent felon conviction	3.057	1.263	4.444*
Prior misdemeanor conviction	1.016	.338	3.017

Note: SROS = Sex reoffenders; NSROS = Non-sex reoffenders; NROS = Non-reoffenders.
* = $p < .05$
** = $p < .01$
*** = $p < .001$

Table A-2

Univariate Associations With Reoffense Status (Convictions)

Variable	SROs vs. All Others Chi-Square	SROs vs. NSROs Chi-Square	NROs vs. All Others Chi-Square
Age of offender	.225	.722	14.654***
Race of offender	NA	NA	.191
School behavior problems	.807	.218	17.847***
Truancy history	4.785*	1.389	9.604**
Learning disability	.095	.494	1.115
Victim of sexual abuse	NA	NA	10.119*
Sexually abused	.301	.079	4.833*
Victims of physical abuse	.000	.000	.001
Violence between parents	.058	.025	.072
Severity of sex acts	NA	NA	.063
Level of coercion used	1.522	.832	1.105
Relationship between offender and victim	NA	NA	NA
Gender of victim	.599	.446	.162
Admit offense occurred	NA	NA	.824
Admit perpetrator of offense	NA	NA	1.922
Blame victim for offense	1.565	.219	4.533*
Admission of unreported sexual offenses	.619	.102	.273
Involvement with friends/peers	.106	1.032	3.453
Treatment location	.344	.035	2.042
Family treatment	.306	.678	.461
Individual treatment	NA	NA	.884
Group treatment	NA	NA	.416
Participation in treatment	NA	NA	.163
Deficits in education	.427	.041	.001
Sex knowledge deficits	1.667	2.914	.702
Self awareness deficits	.047	.003	.620
Social skills deficits	2.685	.926	4.137*
Assertiveness deficits	.516	1.444	1.372
Social competency	.007	.052	.812
Thinking errors	4.677*	2.693	2.747
Show insight	1.088	.693	.011
Deviant arousal	NA	NA	2.730
Express empathy for victim	.001	.006	.065
Express remorse for offense	.603	.682	.000
Motivated to change	1.713	.731	2.032
Sociopathic tendencies	NA	NA	6.234**
Need follow a treatment	NA	NA	3.002
Risk to reoffend at treatment end	NA	NA	3.693
Prior conviction of an kind	1.462	.147	8.662**
Prior sex offense conviction	NA	NA	NA
Violent felon conviction	NA	NA	NA
Prior non-violent felon conviction	1.688	.310	6.337*
Prior misdemeanor conviction	.196	.044	4 204*

Note: SROS = Sex reoffenders; NSROS = Non-sex reoffenders; NROS = Non-reoffenders.
* = $p < .05$
** = $p < .01$
*** = $p < .001$