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

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.