Treatment Approaches When Working With Juvenile Sex Offenders:

A Review of the Literature and Annotated Bibliography

By

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This thesis or project has been accepted on behalf of the Department of Social Work by:

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Abstract

The role of child welfare workers has been complicated with the task of treating juvenile sex offenders. With an increase in the number of juvenile sex offenders, this has become a specialty area and effective treatment requires focus beyond traditional counseling skills. This problem has been complicated since it has been challenging to find a consistent definition of juvenile sex offender. “There is not an accepted term or definition that is widely used to describe or refer to this population” (Moore, Franey, & Geffner, 2004, p.1). How can a worker learn evidenced-based treatment interventions when there is no clarity in the definition. This study reviewed the literature and developed preliminary resources for social workers and other professionals who will be working with clients who are juvenile sex offenders.

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INTRODUCTION

On October 4, 1994 when Jane was a 14- year-old Freshman at David Starr Jordan High School in Long Beach, California, she was sexually assaulted by a male. Immediately after the attack, Jane called the police and her attacker was quickly apprehended. After only spending three hours in jail, he was released from juvenile hall and allowed to return back to the same school Jane attended. The event was viewed as "boys will be boys." The traumatic event affected Jane for many years. The attack left Jane suicidal and hopeless because she began to believe it was her fault she was attacked. Approximately two years ago, Jane found out through a high school friend that her attacker is serving time in prison for brutally raping another woman when he was 21 years old.

Soon after graduating from college, Jane began working at a facility that provided counseling services to youth. During her first individual counseling session, the male client disclosed that he sexually abused his younger sister. Immediately images and thoughts of her attack almost nine years prior flooded her mind. She was unable to place her biases aside and work with this client because Jane viewed this client as "sick" and she refused to work with him. From that moment on, Jane found herself becoming intrigued with "why juveniles sexually offend?" Jane is now a Children's Social Worker for The Department of Children and Family Services and she has had several cases that involve a juvenile sexually offending others.

Jane initially became interested in the Social Work field, because she wanted to help protect children from predators. Over the years, as Jane encountered more and more juvenile sex offenders, she became increasingly aware that she had not adequately

addressed her own feelings related to her attack. As Jane began to acknowledge her feelings regarding sex offenders, she was able to begin to work more objectively with her clients.

In the past year alone, out of a total caseload of 175 clients, Jane has worked with five children identified as "juvenile sex offenders". Several months ago, Jane began working with a 14-year-old male teen. The child came to the attention of DCFS when it was discovered that he had sexually abused his two younger brothers in the home. The younger children were ages eight and seven respectively. The case was referred both to DCFS and to the Probation Department, as criminal charges were brought against the 14-year- old "perpetrating child." All three children were removed from the home of their mother. The 14-year-old boy spent three days at juvenile hall before being released into foster care. A petition was filed against the children's mother for "failure to protect." It was believed that the mother knew or reasonably should have known that the older child was molesting the younger children. Then, when it was learned that his stepfather had sexually abused the 14-year-old six years earlier, a second petition was filed against the mother. The second petition alleged that when mother became aware of the said abuse, she failed to provide appropriate counseling for the child.

When Jane met with the 14-year-old child for the first time, she felt it was premature to discuss the current allegations against him and his previous experience of abuse. The first few sessions merely addressed how he was doing in his new foster home, school, etc. Further, before Jane could continue treatment with this child, she had to address the possibility of her own counter transference and honestly examine if she could work with this child. Would Jane be able to be objective and unbiased when working

with the client? Jane would absolutely be doing a disservice to the client if she had negative feelings on the subject that would prevent her from providing the highest level of care. In order for Jane to regard this child first as a child, as a human being, and as a person that was carrying around an inordinate amount of pain, she had to address her own counter transference, defined by Searles (1979) as a psychotherapists' own repressed feelings in reaction to the emotion, experiences or problems of a person undergoing treatment. As the sessions progressed, Jane was able to firmly establish a rapport with the child and she was able to address the underlying issues since she was able to successfully put aside her issues and focus solely on the child.

After working with the child, Jane noticed a very interesting dynamic emerge. The child clearly had a sense of remorse and shame regarding the abuse he had inflicted upon his two younger brothers. The child felt a strong sense of shame and guilt that the family had been split up and his little brothers were now in foster homes because of him. Further, the child was troubled that his mother was "now in trouble." However, as much guilt as the child felt as a result of the current offense, the shame he felt from his own molestation six years earlier, was substantially greater. This child felt so much shame and guilt from being molested, which was far more painful and difficult to discuss his own victimization than the victimization of his brothers.

When Jane was able to see that dynamic, she was able to completely able to have compassion and understanding for this 14-year-old child. She was able to gear her model of treatment more toward a victim, as opposed to a perpetrator. In doing so, she was able to work with this child to examine the sexual offenses from a different perspective.

Addressing the child's past does not excuse the behavior, but it does provide an accurate basis of understanding from a treatment perspective.

According to the U.S. Department of Justice, more than 16 percent of the arrests for forcible rape in 2004 involved youth younger than 18 years old. Child sexual abuse affects society as a whole and it annually costs approximately 94 billion from both direct and indirect costs (Prevent Child Abuse, 2001). Sexual crimes committed by juveniles are a serious problem. These sexual offenses can range from coercive non-contact to violent penetrative acts. These youth traditionally are referred to in the literature as juvenile sex offenders or adolescent sex offenders. Within the past decade, clinicians have begun to realize the problematic nature of providing treatment for juvenile sexual offenses (Muster & Nori, 1992; Ryan & Lane, 1997; Reid & Way, 2001; & Arp & Freeman, 1997). Juvenile sexual offenders do not have a standard profile so providing effective treatment has been extremely challenging. If not treated, juvenile sexual offenders have the capability of continuing their offending into adulthood (Grant, 2001; Lundrigan, 2004; Shi & Nicol, 2007).

RELEVANCE TO SOCIAL WORK

Social workers and other practitioners often work with children who have experienced sexual abuse. Social workers may have cases where they are asked to work with a juvenile who has sexually offended. Juvenile Sex Offenders present a very unique challenge for social workers and the families involved. Social Work is an academic and professional discipline designed to pursue social welfare and social change. Social work is a challenging profession because the range of settings in which one might serve in is wide and varied. The contexts for social work practice are often complex, usually demanding, and always challenging. Due to diversity and complexity that social work encompasses, one person will never truly become competent in all the arenas where social workers practice because it would require a greater depth of knowledge and expertise than any one person could ever acquire.

Child Welfare Social Workers in particular, work with offenders as well as victims. These social workers do not necessarily have the specialized training in working with juvenile sex offenders so this project will be a helpful and practical resource for them if presented with a case involving a juvenile sex offender. Social workers can benefit from a specialized body of knowledge and skills for each practice setting, special populations, and various psychosocial issues that can be used to help assist them with working with particular clients.

LITERATURE REVIEW

Definition of Juvenile Sex Offenders

One of the most challenging endeavors related to this subject is finding a consistent definition of juvenile sex offender. "There is not an accepted term or definition that is widely used to describe or refer to this population" (Moore, Franey, & Geffner, 2004, p.1). In the 2004 article, "Identifying and treating youth who sexually offend", Franey et al. discussed the difficulties with the definition related to this group. "Child abuse by a teen is usually defined as a crime by law" (Chaffin, 2002, p.13). Each state legislature determines who is considered a juvenile and states may vary on the age range they consider to be juveniles.

Gibson & Vandiver (2008) believed that "Juvenile sex offending refers to sexual behavior that involves another person or person and is exploitive, manipulative, aggressive, threatening or without true consent" (p.3). According to Ryan & Lane (1997), a "juvenile sex offender is defined as a youth from puberty to the legal age of majority, who commits any sexual act against the victims will, without consent, or in a exploitive or aggressive way" (p. 46).

Some researchers believe that the legal term of juvenile sex offender is labeling the population based on their crime. "This mirrors many adult sex offender models, however, given the ramifications of the term "sex offender" in today's society, some researchers are hesitant to utilize this term with young people" (Grant, 2000, p.1). Some years earlier, Vizard, Wynick, Woods, and Jenkins (1996) stated "many professionals are

reluctant to have labels such as sex offender, abuser, perpetrator attached to their child clients" (Vizard et al., 1996 p. 259).

Rasmussen (2004) believed that "labeling young children as child rapist or pedophiles has the potential to stigmatize youth and isolate them" (p.60). Johnson agreed that mislabeling youth as offenders may result in drastic consequences for the child i.e. removal from the home. The International Association for the Treatment of Sex Offenders recommends against considering juveniles under 12 years old as offenders. For the purposes of this project, those youth ages 12-17 years old who sexually abuse others will be referred to as juvenile sex offenders. Rightland and Welch (2001) pointed out that language that focuses on behavior may help to further increase the negative beliefs of once an offender always an offender and actually contribute to the offending behavior. "Language describing these young people as children or teenagers who are sexually abusive (rather than juvenile sex offenders) holds them accountable for their behavior yet does not suggest that they are and always will be disreputable sex offenders" (p.2).

Statistics of Juvenile Sexual Offending

Although there is no exact way to know the number of adolescents who are sex offenders, according to the U.S. Department of Justice, more than 16 percent of the arrests for forcible rape in 2004 involved youth younger than 18 years old. Maguire & Pastore (2002) reported that in 2001, more than 15,000 adolescents were charged with one or more sexual offenses. Juvenile sex offenders are a unique and diverse population. Knowing what is effective treatment and how to intervene has proven to be extremely difficult. In general, juvenile sex offenses are underreported (Gibson & Vandiver, 2008).

Venziano & Venziano (2002) concurred stating that before the 1990's, "juveniles who committed sex offenses received little attention in the research literature. Their behaviors were often explained as normal experimentation or developmental curiosity, whereas the focus of investigation of deviant sexual behavior was on adult offenders" (p. 247). According to Ryan & Lane (1997) adolescent's are often assisted in avoiding responsibility for sexually abusive behavior because many people define the nature of their behavior as exploratory and the behavior will pass. Many adolescents who commit sex offenses are not prosecuted because of this belief.

Juvenile sexual offending is a very serious problem because many adult sexual offenders report beginning their offending as adolescents (Ryan & Lane, 1997; Grant, 2000; Rich, 2003; Lundrigan, 2004). Furthermore, "research has demonstrated that many patterns of sexual offending often begin in adolescence and in some cases show a progression to more serious sexual assault as adults" (Grant, 2000,p.1). Shi & Nicol (2007) agreed that these dangerous behaviors are more than likely to continue into adulthood.

Etiology of Juvenile Sex Offenders

The juvenile sex offender field seems to be lacking in data related to the etiology of sex offending. "A better understanding of etiology would have direct implication for more effective prevention programs and most likely more effective treatment programs" (Becker & Murphy, 1998, p. 119). On the contrary, Kolko, Noel, Thomas, & Torres (2004) pointed out that during the past 15 years, there has been increased awareness of the etiology of juvenile sexual aggression. Becker (1998) believed that chronic

heterogeneity hurts the identification of the etiology of sexual offending and there is no one cause for juvenile sex offending.

Characteristics of Juvenile Sex Offenders

Research strongly suggests that juvenile sexual offenders are a heterogeneous population with various levels of disturbance (Hunter, Gilbertson, Vedros, & Morton, 2004; Veneziano & Veneziano, 2002; Eastman, 2005; Becker, 1998). A great amount of attention in the literature has been focused on the characteristics of juvenile sex offenders, and some researchers believe that identifying the characteristics may provide insight into the reasons for these behaviors (Eastman, 2005; Gibson & Vandiver, 2008). Research has suggested that there are factors that predispose an adolescent to sexually offend even though there is no standard profile for juvenile sex offenders. Offenders may have poor social skills, behavior problems, disorganized or chaotic families, learning disabilities, and depression (Ryan & Lane, 1997; Eastman, 2005; Franey et al., 2004). Prentky, Harris, Frizzell, and Rightland (2000) used six categories to describe juvenile sex offenders, fondlers, sexually reactive children, child molesters, paraphillic offenders, and classifiable offenders.

Victims becoming Offenders

Ryan & Lane (1997) stated "the histories of both juvenile and adult sexual offenders reveal a high incidence of sexual victimization in the childhood experiences of these offenders, suggesting a cyclical pattern of sexual abuse" (p.1). Rich (2003) believed that in today's society children of all ages are exposed to sexuality and violence on a daily basis through the media. "For many children, exposure is of the most direct form as they become victims of sexual abuse and violence. Sadly, in many cases when children

are the victims of sexual abuse the sexual offenders are themselves children" (Rich, 2003 p.4).

The majority of research pertaining to juvenile sex offenders supports the notion that a large number of adolescents who sexually abuse were once victims of sexual abuse themselves. This link between sexual victimization to perpetrator appears to be one of the strongest trends throughout the literature on juvenile sex offenders (Breer, 1987; Ryan & Lane, 1997; Kemper &; Grant, 2000; & Franey et al. 2004). According to the Center for Sex Offender Management (1999) between 40% and 80% of sexually abusive youth have themselves been sexually abused. Ryan & Lane (1997) believed that if a juvenile has been exposed to deviant sexual behaviors or attitudes during the developing years, deviant sexual patterns can possibly be ingrained in their behaviors. The research suggests that a large number of juvenile sex offenders have a history of prior victimization, however it should be noted that not all victims of abuse become offenders.

Systemic analysis of the individual provides a clear picture of the person and their environment. Friedman and Allen (2011) believe that at a micro level, the individual exists and acts based on learned behaviors emulated from his/her own family system. The family members of the family system influence an individual's problem behaviors. Social skills are developed at an early age as well as recognizing system boundary which is defined by norms and customs practiced by the members of the family system.

Theoretical Perspectives

As a Social Worker facing the immense responsibility of helping others, it is imperative to recognize certain conceptual frameworks in order to practice this profession. In order to appropriately assess and develop the intervention on any case,

there has to be a clear understanding of the relationship between the individual, his environment and society- at- large; from the micro, mezzo and macro contextual level. The complexity of the individual's interaction with in his environment and society- at-large is critical to the assessment and development of treatment strategies.

There are many theoretical perspectives that have been applied to juvenile sex offending. The following are a few theories that have been successfully used when treating adolescents who sexually offend.

Systems Theory

A clear understanding of the person functions within his/her own system and how he interacts with other systems provides the social worker with a structure in helping the individual. A full analysis of the individual's internal and external relationships provides the social worker a better understanding of the individual's mental and emotional status. Thus, the social worker can conduct a full assessment and seek the appropriate treatment for the individual. "Systems theory, by its focus on the person and environment, facilitates our ability to address all levels of systems and, accordingly, devise interventions for both individual change and social change" (Robbins & Chatterjee, & Canda, 2006, p.45).

Friedman and Allen (2011) stipulate, "All social systems receive input from the environment, engage in processes, and generate outputs. The family is an essential social system with the function of socializing and caring for its members" (p.7).
Robbins, Chaterjee & Canda (2006) state, "Because people interact with their environments, they are not constrained by intra-psychic or biological forces. Thus,

problems are not located in the psyche of individuals or in their genetic structure, but their interactions or transactions with the environment" (p.57).

The relevance of the systems theory to social workers is significant in comprehending the magnitude of the problem that the juvenile is experiencing as well as finding the appropriate treatment relative to his/her systems. In addition, Friedman and Allen indicate, "communication and information constitute an input into a system, a process occurring within the system, a process occurring within the system, and an output in interaction with other systems. Communication regulates and either stabilizes or disrupts a system" (p.7). According to Friedman and Allen, "The systems theory enables us to understand the components and dynamics of clients systems in order to interpret problems and develop balanced intervention strategies, with the goal of enhancing the "goodness of fit" between individuals and their environments" (p.3). As identified in the case that Jane stated above, the boy felt some remorse over his actions of sexually abusing his sibling, but did so because he had been sexually molested himself. Thus, the family system had presented him with the action but it was not until he worked with Jane that he was able to fully understand the negative ramifications of the action and began to lean right from wrong.

Behavioral Theory

The theories that have tended to dominate the sex offender treatment field have been behavioral theories (Becker & Murphy, 1998). This is a theory of learning based on the idea that all behaviors are acquired through conditioning. According to the behavioral theory, learning involved alterations in modification (Barrett, 2006). Behaviorists believe that the environment influences the thing a person learns. Behavioral theories focus on

the role of poor social or interpersonal skills that make it difficult for individuals to maintain appropriate relationships. Robbins, Chatterjee, & Canda (2006) state "Behaviorism focuses on learning and the way in which behavior is shaped by its antecedent conditions and consequences" (p. 349). Again, in the aforementioned case, the boy learned the behavior, it was not instinctual.

Learning theory

Learning theory is a broad term that includes multiple theories of behavior that are based on the process of learning. It describes how people modify their behavior patterns because of personal experience or the experiences of a role model (Fisher, 2009). Research has shown that a majority of sexual offenders, both adolescent and adults, hold certain ideas and beliefs about sexuality and interpersonal relationships that condone the taking of sexual gratification from others (Conolly & Wolf, 1995). Bandura's theory of observational learning supports the notion that learning in some instances may begin prior to experience. People learn through observing a model. Thus, the boy learned that it was wrong to sexually abuse his siblings through the therapeutic process demonstrating that learning did take place.

Assessment

Assessment is the intellectual tool for understanding the client's psychosocial situation and for determining "what is the matter" (Meyer, 1993). Assessment is the process that seeks out the meaning of case situations, puts specific aspects of the case in some type of order, and guides the professionals towards intervention. The assessment should be used to determine how to intervene in a case. Understanding the case through assessment is essential to the profession of social work.

Kolko et al. (2004) believed that the purpose of the assessment is to determine the client's motivation to participate in treatment. It is important to gather pertinent details of the offense and identify treatment needs. Vizard et al. (1996) pointed out that the assessment should touch on all of the aspects in a young person's life. According to Becker (1990) the clinician is "evaluating whether the adolescent understands the seriousness and inappropriateness of the behavior and to evaluate treatment needs as well as to recommend specific treatment needs as well as to recommend specific treatment procedures" (p. 362). The National Adolescent Perpetrator Network (NAPN) noted that when treating sex offenders, it is important to first evaluate each individual and assess the extent of the offending behavior by obtaining the following information:

history of family, educational, medical, psychosocial, and psychosexual

victim statements;

review progression of sexually aggressive behavior;

identifying victim selection;

intensity of sexual arousal during or prior to the attack;

use of force, weapons, or violence;

ritualistic/obsessive behaviors;

identifying triggers;

Treatment

As with other delinquent behavior in juveniles, intervening early with juvenile sex offenders is critical. Many researchers have reported that sixty to eighty percent of adult sex offenders reported beginning their sexual offending as juveniles (Conolly & Wolf, 1995; & Eastman, 2005, Shi & Nicol, 2007). Identifying effective treatment strategies

when with juvenile sex offenders is difficult because of the complex developmental process juveniles are going through (Moore, Franey, & Geffner, 2004).

Treating juvenile sex offenders is a specialty and effective treatment requires focus beyond general counseling skills. The clinician must understand this population as well as be aware of the treatment methods that are effective when working with this population (Arp & Freeman, 1997). The development of effective treatment for juvenile sex offenders requires an understanding of the causes of sexual offending in youth. Many researchers agree that treatment should focus on the sexual deviancy and offer alternatives to prevent recidivism.

Treatment and rehabilitation programs have been designed to keep the community safe and provide treatment to the offender (Hunter et al., 2004). According to NAPN, the primary goal of treating juveniles who sexually offend is maintaining community safety while helping these individuals gain control over their abusive behaviors. The Center of Sex Offender Management stated that the goals of offender specific treatment is to stop sexually offending behavior, promote healthy sexual development, prevent other aggressive or abusive behaviors, and to protect members of society from further victimization.

When the offender is a juvenile, many other factors must be considered regarding the most appropriate treatment. “Since refusing all forms of treatment is seen as an inappropriate option for the offender, many clinicians have accepted the challenge of working with this group and have experimented with various treatment approaches,” (Lundrigan, 2001, p. 204). There are many new treatment programs for juvenile sex offenders all around the United States but researchers questions the effectiveness of many

programs. “The failure of adolescents to successfully complete treatment is a serious problem facing treatment providers far reaching financial and safety implications” (Edwards & Beech, 2004, p.102). Shi & Nicol (2007) noted that not all juvenile sex offenders could be rehabilitated because many of them may not have the ability to make appropriate human connections.

Different issues describe treatment: one is whether the juvenile client is being treated from a clinical therapy model or a punitive criminal justice model. A clinical approach of treatment will differ vastly from the legal system approach. For instance, someone working within the legal system such as the Probation Department or Child Protective Services would most likely approach the case differently than someone who provides individual clinical treatment. While the criminal system does address therapeutic models of treatment, the main goals of the Criminal system are more punitive in nature. For instance, the primary mission statement of the Los Angeles County Probation Department is “To protect the community.” Thirty years ago, the primary mission statement of the same agency was “to rehabilitate.” Just the difference in mission statements over three decades says volumes. Secondly, the criminal justice system (rightfully so) takes a more punitive approach to their “model of treatment.”

Unfortunately, many programs treat juvenile sex offenders using intervention methods from adult sex offender treatment models. Juveniles present with unique characteristics that are not addressed if an adult model is used. (Becker & Hunter, 1997). Traditionally, juvenile sex offenders have been treated using the adult sex offender model, which is not beneficial to their continue growth and cognitive development nor did it have positive affects on recidivism. Johnson (2000) believed that adult treatment

models can be detrimental when working with juveniles because at times the adult models can be too confrontational for juveniles.

Cognitive behavioral therapy (CBT), with an emphasis on concrete, measurable objectives, receives the most support as a treatment choice for sex offenders (Rich, 2003; Shi & Nicol; Winokur, Rozen, Barchelder & Valentine, 2006). Internationally sexual offender treatment has move towards adopting cognitive behavioral model as the primary approach to treatment (Rich, 2003; Becker & Murphy, 1997). CBT attempts to alter the manner in which a client thinks about life and changes their cognitive distortions. On the contrary, other researchers believe that CBT lacks evidence of efficacy in the treatment of sex offenders.

Multisystemic Therapy (MST) is another treatment approach that addresses the offender's social environment and has been found to be effective in treating juvenile sex offenders (Bourdin, Henggler, Blaske, & Stein, 1990; Henggler, Melton, & Smith, 1992; Kolko et al. 2004). "Planning therapeutic services for adolescent offenders demands a multisystemic approach," (Connolly & Wolf, 1995 p.6). MST is an intensive family and community based form of treatment that views individuals as being surrounded by interconnected systems (Bourdin, 1990). This treatment addresses the multiple aspects of serious delinquent behavior in juvenile offenders. The Center for the Study of Prevention of Violence states that MST targets violent, abusive, chronic, or substance abusing male and female juvenile offenders, age 12 to 17 years old. MST was designed to be provided by specifically trained therapist in the client's natural environment.

MST has been validated in numerous formal clinical trials and has been found to be more effective in decreasing delinquent behavior than traditional approaches (Kazdin

& Weisz, 1998). The goal of the MST therapist is to focus on creating interventions that will have the most immediate and powerful impact on the problem behavior by building on individual, family, school, and community strengths. Following treatment, youth who received MST reported less involvement in criminal activity than youth receiving usual services (Henggeler et al., 1992) Henggeler et al. (1992) also reported that families receiving MST reported significantly more cohesion than non-MST families.

When thinking about Jane and what she needed to know in order to better work with the client a number of categories emerge. If there was a single source where she could find that information, it may help facilitate her or others to address the issues of counter transference in order to make the intervention with clients smoother. The categories that would have helped Jane are: etiology of juvenile sexual offending, characteristics of juvenile sex offenders, prior victimization, treatment theories, treatment models, and risk assessment.

Due to the complex nature of this population of youth, these categories are very important to consider before attempting to provide treatment for the offending juvenile. By understanding the population better, professionals working with these youth will be able to provide treatment that is more effective. There are a number of approaches to understanding the problem and treatment models for juvenile sex offenders yet, there is no single source or collection of where to obtain the information. This project created an annotated bibliography to better help professionals know where to look for the information related to the treatment of juvenile sex offenders.

PURPOSE OF STUDY/GOALS

The primary purpose of this project is to provide an annotated bibliography of literature regarding the various treatment approaches used when working with juvenile sex offenders between the ages of 12-17 years old. Social workers and other practitioners often work with children who have experienced sexual abuse or they may even work with those individuals who sexually offend. This project aims to inform and help professionals become better equipped to handle the daunting task of treating juvenile sex offenders and explores various aspects of juvenile sexual offences including characteristics, etiology, prior victimization, treatment theories, treatment models and risk assessment. The researcher examined the various treatment approaches used when working with juvenile sex offenders and reviewed the articles to understand the findings of several treatment approaches/programs related to juvenile sex offenders.

Jane's story led to several questions that other workers working with juvenile sex offenders may have. Specifically, this research endeavored to answer the following three questions: 1. How can counter transference affect a person's ability to work with juvenile sex offenders? 2. What is the most effective treatment model when working with juvenile sex offenders? 3. Would a comprehensive source of related articles prove to be beneficial to those working with juvenile sex offenders? To help future workers, this study applied these three questions to developing an annotated bibliography that could be used to help them with their work with juvenile sex offenders.

METHODOLOGY

To answer the questions, the study conducted a review of the literature to capture the essential articles that would assist future workers in their work with juvenile sex offenders. First with the assistance of the Antelope Valley campus librarian, computer search engines of the Walter Stern library of California State University, Bakersfield were used to identify articles pertaining to treatment of juvenile sex offenders using the following key words:

- Effective treatment approaches when working with juvenile sex offenders
- Youth, juvenile, adolescent sex offenders
- Sexually aggressive youth
- Juvenile offenders; delinquents; crime
- Abnormal sexual behavior in youth
- What therapy works with juvenile sex offenders?
- Evidence based treatment approaches when working with juvenile sex offenders

The information was retrieved from the following databases: Academic Search premier(EBSCO),

PsycINFO (EBSCO)

Social Sciences Full Test (Wilson)

Sociological Abstracts (CSA)

Social Services Abstracts (CSA)

The articles were limited to English only articles. The search did not specify years. A key word search of the California State University, Bakersfield (CSUB) library was used to identify any appropriate books or articles for the annotated bibliography.

The articles were then organized in the following categories related to the treatment of juvenile sex offenders:

Characteristics	Prevention
Assessment	Cognitive Behavioral Therapy
Victim becoming the offender	Multisystemic Treatment
Intervention Strategies	Female Offenders
Organizations/Foundations	Treatment

A content analysis was conducted to analyze and determine the most effective treatment plan when working with Juvenile Sex Offenders. Following these steps an annotated bibliography with relevant articles and books was then created.

RESULTS

The key word search produced over 200 possible articles; however, after reviewing them based upon the aforementioned criteria, a total of only 40 articles met the criteria for inclusion. These articles were organized in the following categories: See appendix C for the bibliography.

Characteristics- 6 articles

Prevention-3 articles

Assessment-3 articles

Victims becoming Offenders-3 articles

Organizations/ Foundations- 5

Intervention Strategies- 4 articles

Treatment-12 articles

Female Offenders- 3

There did not seem to be any articles that addressed the needs of the effect of workers when working with juvenile sex offenders. Thus, question 1. How can counter transference affect a person's ability to work with juvenile sex offenders? Was not answered in the literature.

After reviewing all of the articles, it was found that the most popular treatment modality used when working with juvenile sex offenders was cognitive behavioral therapy. This answers question 2. What is the most effective treatment model when working with juvenile sex offenders? Although this is the most commonly used form of treatment, there was no concrete evidence that proved that CBT is actually the most effective treatment modality for working with juvenile sex offenders. Although CBT is most commonly used, the limited research literature provides tentative support, at best, for this treatment approach when working with juveniles. The literature also identified

Multisystemic Therapy (MST) as a possible treatment modality in working with juvenile sex offenders. These factors then seemed to support question 3. Would a comprehensive source of related articles prove to be beneficial to those working with juvenile sex offenders? If there was a comprehensive source, then it would be a useful resource tool for workers and thus supports the need for expanding on this research project.

DISCUSSION

Would a comprehensive source of related articles prove to be beneficial to those working with juvenile sex offenders? The research indicates that juveniles who have committed sexual offenders are a heterogeneous population. Like all adolescents, these youth have developmental needs and special risks related to their behaviors. It could be beneficial for a professional that has not been trained to specifically treat juvenile sexual offenders to have a quick reference guide of various sources of information related specifically to juvenile sex offending. It is critical that professionals understand to some extent, the possible causes of why a juvenile sexually offended. Since there is no current single source or collection that obtains information related to treatment of juvenile sex offenders, this annotated bibliography establishes a resource that can be utilized by social workers, future clinicians and other professionals who work with juvenile sex offenders.

What is the most effective treatment model when working with juvenile sex offenders? The literature supports the importance of interventions that are tailored to the individual and their social environment. The type of treatment that is most likely to succeed is an individual approach that incorporates careful assessment and uses a broad mix of cognitive behavioral techniques. The most popular treatment modality used when working with juvenile sex offenders appears to be cognitive behavioral therapy. When working with adult sex offenders, the research generally shows a positive effect of treatment on reducing sexual recidivism, unfortunately the research regarding whether treatment works with juveniles is far less conclusive.

How can counter transference affect a person's ability to work with juvenile sex offenders? Like Jane many therapists experience counter transference and identifying their occurrence requires an on going and acute awareness of their own issues and the events that trigger the issues. The therapist must master being capable of controlling counter transference and utilizing it with clients in order to advance their therapeutic goals. Using the awareness as part of the intervention can facilitate growth in the counselor, which will ultimately have a positive effect on the client and their treatment.

When working with juvenile sex offenders, it is imperative that the professional is aware of their own inner thoughts and responses to the client. Jane entered the profession of Social Work to help others. This desire was a direct result of her own traumatic experience of being sexually assaulted as a teenager. Jane initially was unable to work with clients who sexually assaulted because of her own repressed thoughts and feeling, however, now that she is aware of the counter transference issues, she has demonstrated the capability of managing those feelings and focusing on her clients. Yet , how many other workers are there like Jane who might be possibly experiencing counter transference as a result of his or her own personal experience but have not had the luxury of discussing the problem with someone?

This leads to the need for some training in the area, where supervisors can work with their workers in helping them to understand the counter transference factors associated in working with juvenile sex offenders. Thus, in addition to a single source of information, some procedural protocols could be developed for workers who work with juvenile sex offenders that specifically address potential concerns about juvenile sex offenders.

The intent of this study was to develop an annotated bibliography to be used by professionals working with the juvenile sex offender population. After retrieving the various articles, reviewing related websites, and locating books related to treatment of juvenile sex offenders, this researcher begin to look for common themes and ideas in the literature by conducting a content analysis. It was found that most outcome studies that focused on the effective treatments when working with juvenile sex offenders have used very small sample sizes, extremely short follow up periods, and variability in outcome measures, which made it difficult to identify the most effective treatment. Many articles post 2000 often made assumptions about the causes of juvenile sex offenders and tended to attempt and explain the possible causes of the behaviors as opposed to identifying the most effective treatment modality. This researcher included articles numerous articles prior to 2000 because those articles provided the foundation information related to this unique population, which can be very helpful in attempting to understand this unique and diverse population.

This literature review led to the development of an annotated bibliography that was designed to establish an efficient resource for professional social workers, child welfare social workers, juvenile justice personnel, treatment providers, and other professionals that are searching for effective treatment approaches or general information related to the causes of juvenile sex offending. Professionals can access various articles related to juvenile sex offers and treatment. The annotated bibliography focuses on the clinical aspects of helping the juvenile offender.

However, as identified above, there continues to be gaps in the current level of literature around the issues of alternative treatment modalities, particularly for juveniles

who experience serious delinquency and for counter transference issues with the workers who are providing treatment. For the latter, there is the question of how many workers would be as forthcoming as Jane was in being willing to express concerns of counter transference. It is one of those issues where the worker may not feel comfortable in expressing these personal factors because of fear of retribution from administration. Thus, the need for evidence of training with supervisors in how to work with workers who may have been victims of sexual assault themselves so the worker feels comfortable in sharing his/her experiences.

LIMITATIONS

There were a number of limitations with this project. There were numerous studies that discussed effective treatment modalities for juveniles that are classified with serious delinquency and antisocial behaviors but do not specifically address sex offenders. This was problematic as the purpose of the research was to identify studies that described treatment modalities specific to juvenile sex offenders. Therefore there continues to be a need for studies that focus on juvenile sex offenders.

The initial research of appropriate articles found relevant articles about juveniles with serious delinquency problems and antisocial behaviors. However, there may have been a change in terminology, as identified by Moore, Franey, & Geffner (2004), since the information obtained between 2000-2009 was more specific to the subject matter. Numerous studies discussed effective treatment modalities for juvenile offenders who were identified with serious delinquency and antisocial behaviors; however, juveniles identified specifically as sex offenders were sparse.

These limitations seem to be consistent with what Moore, et. al. described as a lack of uniform definition, thus, making it difficult to ascertain the true nature of the problem and treatment modalities.

FUTURE STEPS

The purpose of this project was to help professionals who may be presented with a juvenile sex offender as a client. Research regarding treatment approaches when working with juvenile sex offenders continues to emerge. Many researchers are using evidence- based treatment approaches to determine what the most effective treatment modality for working with juvenile sex offenders is. There were many articles discussing etiology of juvenile sex offending that did not specifically relate to the issue and thus, there is the need for more research looking at the implication of the family as both a casual and/or preventive measure. A future student can compile an annotated bibliography of evidenced- based treatment programs developed within the past 5-10 years since this project included articles from 1989 to 2009.

In addition, not only do the workers need a resource, but there is also a need for supervisors to be trained in how to work with their staff in relationship to those who work with juvenile sex offenders to make sure that factors of counter transference are addressed. Thus, there is the need to develop a combination of training materials and training activities on how to work with workers who are working with juvenile sex offenders and to make sure there is a component that focuses on potential risks to counter transference.

Implications for Social Work Practice

Throughout this process, it has been a learning experience for me since I do work with juvenile sex offenders. The resources identified would be helpful for me and I am sure they would be helpful for the many Janes and Joes who work in child protective services and confront juvenile sex offenders on a regular basis.

Since social work is the primary profession of those working in child protective services, then this research identified the need for additional resources and support for those child welfare workers working with juvenile sex offenders.

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Appendix A

ANNOTATED BIBLIOGRAPHY

Annotated Bibliography

Characteristics of Juvenile Sex Offenders

Craun, S., Kernsmith, P. (2006). Juvenile Offenders and Sex Offenders Registries: Examining the Data Behind the Debate. ***A Journal of Correctional Philosphy and Practice*****, 70(3), p. 1-6.**

The authors in this study compared the characteristics of juvenile and adult sex offenders and illustrated specific differences between registered youths and adults. A total of 36, 347 offenders were included in the study and 91.45 percent were adults at the time of disposition. The findings indicated that juveniles were classified as high risk than adult offenders ($p<.001$).

Jonson- Reid, M., Way, I. (2001). Adolescent Sexual Offenders: Incidence of Childhood Maltreatment, Serious Emotional Disturbance, and Prior Offenses. ***American Journal of Orthopsychiatry*****, 71(1), p.120-130.**

The authors compared adolescents incarcerated for sexual offenses with adolescents incarcerated for other crimes. Data was obtained from the California Youth Authority, child abuse/child welfare services and the Dept. of Education. This study investigates sexual offenders in non treatment settings. The results were that sexual or physical abuse was more common than neglect among sexual offenders.

Hunter, J., Figueredo, A., Malamuth, N., Becker, J. (2003). Juvenile Sex Offenders: Toward the Development of a Typology. Sexual Abuse: A Journal of Research and Treatment, 15(1), p. 27-48.

In this study, data were collected on 2006 youth recruited from multiple private and private institutional treatment programs for juvenile sex offenders. The overall purpose was to "illuminate the relationship between developmental risk factors, personality mediators, and familial-environmental moderators of risk so as to inform prevention and intervention program refinement"(p. 29).

Kemper, T., Kistner, J. (2007). Offense History and Recidivism in Three Victim-Age-
Based Groups of Juvenile Sex Offenders, Sex Abuse. ***A journal of Research and Treatment*****, 19, p. 209-424.**

In order to prove if there are valid subgroups of juvenile sex offenders, the authors compared three subgroups of juvenile sex offenders. Those who victimized only children, those who victimized only peers, and those who victimized both children and peers (mixed offenders). They studied the treatment outcomes and recidivism of 296 male juvenile offenders files of the North Florida residential training school. The files were

from the years 1995 through 2001. This facility houses only juveniles who commit serious/or chronic sexual and nonsexual offenders between the ages of 12 and 19. Of the 296 files, 66.9% were child offenders, 26.0% were peer offenders, and 71% were mixed offenders. Results showed that the small group of mixed offenders exhibited a more physically intrusive sexual offense history than other juvenile sex offenders and were less likely to successfully complete treatment. It was found that sexual and nonsexual recidivism rates of mixed offenders did not differ from the other subgroups despite subgroup differences in juvenile sexual and non sexual criminal history.

Rasmussen, L. (2004). Differentiating Youth Who Sexually Abuse: Applying a Multidimensional Framework When Assessing and Treating Subtypes. Journal of Child Sexual Abuse, 13(3/4), p. 57-82.

This article provides the reader with typologies of juvenile sex offenders. The author stated that recent empirical typologies provide objective data that will help clinicians identify the sexual behaviors, child characteristics, psychological functioning, and family dynamics. The author then compares five clinical typologies and two empirical typologies.

Zlonodek, S., Abel, G., Northey, W., Jordan, A. (2001). The Self –Reported Behaviors of Juvenile Sexual Offenders. *Journal of Interpersonal Violence*, 16(1), p. 73-85.

This study used a national sample of 485 male juvenile sex offenders between ages 11-17 using a standardized protocol. It used a self report with instructions that all the participants filled out alone. More than 60% of the sample reported that they had molested a child and 30% of the participants reported using pornography.

Prevention

Oliver, B. (2007). Three steps to reducing child molestation by adolescents. *Child Abuse & Neglect*, 31, 683-689.

This is not a research study but the purpose is to offer specific concrete steps society can take to reach out to at risk youth and intervene before these youth offend. It addresses the dangers in having negative sexual thoughts and the consequences of sexually abusive behavior, as well as points out the warning signs of youth who are at risk of becoming juvenile sex offenders.

Assessment

Becker, J., Murphy, W. (1998). What We Know And Do Not Know about Assessing and Treating Sex Offenders. Psychology, Public Policy, and Law, 4(1/2), p. 116-137.

The purpose of this article is to review the literature, both empirical and clinical, as well as the standards of assessment when treating sex offenders. The article also discusses

accepted assessment approaches, acceptable treatment approaches, and validated risk criteria.

Bremer, J. (1998). Challenges in the assessment and treatment of sexually abusive adolescents. *The Irish Journal of Psychology*, 19(1), p. 82-92.

The purpose of this article is to describe The Protective Factors Scale for assessing juvenile sex offenders. They stated that in order to be effective, clients must have treatment needs that match the programs level or restriction and treatment goals. It was also noted that the goal of assessment should be to somehow redirect the dysfunctional thinking of the client.

Vizard, E., Wynick, S., Hawkes, C., Woods, J., & Jenkins, J. (1996). Juvenile Sexual Offenders: Assessment Issues. *British Journal of Psychiatry*, 168, p. 259-262.

This article discussed the various issues involved with assessing juvenile sex offenders. A semi-structured interview format was designed to help clinicians with assessing for risk with this population. A model of techniques was developed to help deal with resistance and denial by using information from a psychiatric assessment of 80 offenders. The mean age of participants was 14.7 years old. The model consisted of four components: professionals meeting, psychiatric assessment interviews, psychological assessment, and a comprehensive report. It was reported by the author's that "assessment should pave the way for treatment and should in itself have some therapeutic elements" (p. 262).

Victims becoming Offenders

Benoit, J., Kennedy, W. (1992). The Abuse History of Male Adolescent Sex Offenders. *Journal of Interpersonal Violence*, 7(4), p. 543-548.

This study focuses on victimization data only of 100 adolescents males 12 to 18 years old incarcerated in a secure treatment facility for juvenile sex offenders. The offenders were separated into 4 groups of 25 which were, non-aggressive offenders, aggressive offenders, female molesters, or male/female molesters constituted in the sex offenders. There were no statistical differences found between the groups in frequency or intensity of sexual victimization.

Graham, K. (1996). The Childhood Victimization of Sex Offenders: An Underestimated Issue. *International Journal of Offender Therapy and Comparative Criminology*, 40(3), p. 192-203.

Thus study assessed men who successfully completed the Westmorland Institution sex offender treatment program. The 286 subjects were chosen through an interview process and were all deemed to be "strong deniers". The purpose of this study was to report the level of sexual and physical abuse shared by the offenders. The author also studied whether or not the abuse is related to the development of measurable symptoms as an adult.

Muster, N.J. (1992). Treating the Adolescent Victim-Turned-Offender. *Adolescence*, 27(106), 441-451.

In this conceptual study, the author focuses on the juvenile sex offenders that have been victims of sexual abuse. Since treatment primarily focuses on the criminal acts, the author used this article to discuss the various reasons why the sex offender's own victimization should be treated first. Issues related to the confrontation treatment methods used when working with this population were also discussed.

Intervention Strategies

Brannon, J., Larson, B. (1991). Peer counseling strategies: Facilitating self disclosure among sexually victimized juveniles. *Journal of Addictions & Offender Counseling*, 11(2), p. 51-60.

In this article, the authors investigated the childhood sexual victimization among juvenile sex offenders. The sample for this study included 123 adjudicated male juvenile offenders in a group treatment facility that were charged with sexually related crimes. The investigation used data from two surveys of all the males in the facility. Intervention strategies to facilitate self disclosure was discussed. The results suggest that a large number of adolescent males that are in the juvenile justice system have been sexually abused. The chi-squared goodness of fit model analysis suggests the early childhood sexual victimization rates reported by this sample of juvenile offenders varied significantly (chi2+99.05, p.05) from the prevalence rates expected among normal adolescent populations.

Cashwell, C.S., Caruso, M.E. (1997). Adolescent sex offenders: Identification and Intervention Strategies. *Journal of Mental Health Counseling*, 10(4), p. 336-349.

This article discusses the various things that need to considered when providing treatment of juvenile sex offenders. The assessment of problem sexual behaviors, typology of adolescent sexual offenders, and etiological theories for adolescent sexual offenses were explored. It was concluded that individual counseling alone is less effective with adolescent offenders than family or group counseling.

Loar, L. (1994). Child Sexual Abuse: Several Brief Interventions with Young Perpetrators. *Child Abuse & Neglect*, 18(11), p. 977-986.

This paper discussed examples of strategic interventions that can be implemented with young perpetrators. The author believes that these interventions may be an effective way to begin the process of behavioral change. The goal of this article was to encourage therapists because this population is so difficult to provide effective treatment for.

Nahum, D., Brewer, M. (2004). Multi-Family Group Therapy for Sexually Abusive Youth. *Journal of Child Sexual Abuse*, 13 (3/4), p. 215-243.

This article outlines how to establish a Multi-Family Therapy Group for sexually abusive youth. The group goals are to provide the offender and family with a support system. The authors point out that this type of therapy has only recently been used with sex offenders. It was also stressed that the clinician facilitating the group must be comfortable in a multi-problem environment since the groups will consist of several different families. This type of group has the capability of accelerating the treatment process, reducing recidivism, and providing concrete treatment goals.

Treatment

Arp, P., Freeman, B. (1997). A National Survey of NAPN Treaters of Adolescent Sex offenders. *Journal of Offender Rehabilitation*, 26(1/2), p. 109-124.

Members of the National Adolescent Perpetrator Network were sent a survey regarding the treatment of juvenile sex offenders. The results included popular assessment tools used with this population, treatment theories, and interventions used by these providers. In all 483 surveys were sent out and 331 were completed and returned.

Cavanagh Johndon, T. Berry, C. (1989). Children Who Molest: A Treatment Program. Journal of Interpersonal Violence, 4(2), p. 185-203.

The author's described the Support Program for Abusive Reactive Kids (SPARK). The program is designed to provide services to under 13 who have committed sexual offenses. The program includes child perpetrator groups, siblings' groups, observation/play group, victim's group, parents group, and individual and family treatment.

Connolly, M., Wolf, S. (1995). Services for juvenile sex offenders: Issues in establishing programs. *Australian Social Work*, 48(3), p. 3-10.

In this article the author pointed out that establishing services for young sex offenders requires "careful, considered planning". The authors presented various treatment issues that are present when working with juvenile sex offenders.

Crumpton-Franey, K., Viglione, D., Wayson, P., Clipson, C., Brager, R. (2004). An Investigation of Successfully Treated Adolescent Sex Offenders. *Journal of Child Sexual Abuse*, 13(3/4), p. 295-317.

This article presents a qualitative study that focuses on the experiences of successfully treated adolescents. The juveniles discuss how it felt to be labeled sex offender, helpful aspects of treatment, and the aspects of treatment that they would change.

Eastman, B. (2005). Variables Associated with Treatment Failure Among Adolescent Sex Offenders. *Journal of Offender Rehabilitation*, 42 (3), p. 23-40.

The author conducted a study in which pre and post treatment data was collected from a residential sex offender program for adolescent males. Participants were identified by three groups. Three background variables (the level of intellectual functioning, history of witnessing domestic violence, and history of personal victimization) were found to have the strongest connection with the offenders that did not complete treatment.

Hunter, J., Gilbertson, S., Vedros, D., Morton, M. (2004). Strengthing Community Based Programming fro Juvenile Sexual Offenders: Key Concepts and Paradigm Shifts. *Child Maltreatment*, 9(2), p. 177-189.

This article compares two treatment programs that serve juvenile sex offenders.

Kolko, D., Noel, C., Thomas, G., Torres, E. (2004). Cognitive Behavioral Treatment for Adolescents Who Sexually Offend and their families: Individual and Family Applications in a Collaborative Outpatient. *Journal of Child Sexual Abuse*, 13(3/4), p. 157-192.

This article set out to describe an outpatient treatment program in which individual treatment is based on the comprehensive clinical assessment. The program is based on the cognitive behavioral therapy model and integrates mental health and probationary services.

Margolin, L. (1984). A Treatment Model for the Adolescent Sex Offender. *Journal of Offender Counseling, Services & Rehabilitation*, 8(1/2), p. 1-12.

This article is a conceptual piece of literature that reviews a clinical treatment model for a juvenile sex offender program. This model includes individual and family therapy, sex education, and recreational therapy.

Perkins,D., Hammond, S., Coles, D. & Bishop, D. (2003). Review of Sex Offender Treatment Programs. *Journal of Offender Rehabilitation*, 18, p. 125-137.

The High Security Psychiatric Commissioning Board carried out a review of the literature regarding sex offender treatments and treatment outcomes. The purpose of the article was to review the literature on the effectiveness of various sex offender programs for juveniles. The treatment outcome studies and meta-analyses that were reviewed indicated that sex offender treatment is an “ever changing process” which includes a number of increasing number of personality factors.

Rich, P. (2003). *Understanding, Assessing and Rehabilitating Juvenile Sex Offenders*. Hoboken, New Jersey: John Wiley & Sons, Inc.

This book explores ideas that will help people develop an understanding of the problems, behaviors, and factors that contribute to sexual offending among juveniles. It provides detailed ideas and methods that can be used when assessing juvenile sexual offenders. This book discussed what criteria a program needs to have in order to be evidence based.

Shi, L., Nicol, J. (2007). Into the Mind of a Juvenile Sex offender: A Clinical Analysis and Recommendation from an Attachment Perspective. The American Journal of Family Therapy, 35, p. 392-402.

The purpose of this article is to provide treatment recommendations from an attachment perspective through analyzing juvenile sex offenders. The article provided one story of a sex offender and discussed in detail his offenses and his past victimization. The authors noted that "rehabilitation of juvenile sex delinquents can be similar, at least to a certain extent, to re-parenting".

Multisystemic Treatment (MST)

Bourudin, C., Henggeler, S., Blaske, D., Stein, R. (1990). Multisystemic Treatment of Adolescent Sexual Offenders. *International Journal of Offender Therapy and Comparative Criminology*, 996, p. 105-113.

In this study, sixteen adolescent sex offenders in an outpatient treatment center for sex offenders were randomly assigned to either MST or Individual therapy. The authors conducted a 3 year follow up with the participants regarding recidivism and compared the efficacy of MST and Individual therapy. They found that significantly fewer subjects that were in MST were rearrested for sexual crimes.

Heng**geler, S., Melton, G., Smith, L. (1992). Family Preservation Using Multisystemic Therapy: An Effective Alternative to Incarcerating Serious Juvenile Offenders. *Journal of Consulting and Clinical Psychology* 60(6), p. 953-961.**

The purpose of this report is to evaluate the effectiveness of MST when working with "serious juvenile offenders". The participants of this study were ninety six juvenile offenders and their families. These offenders were randomly assigned to the MST group or the usual services group. The findings support the effectiveness of MST in regards to preserving the families. The participants were given an assessment before and after treatment.

Female Offenders

Cavanagh -Johnson, T. (1989). Female child perpetrators: children who molest other children. *Child Abuse & Neglect*, 13, p. 571-585.

This article describes the sexually aggressive behavior of 13 female participants being treated at the Support Program for Abusive-Reactive Kids (SPARK). Of the participants,

100% had been sexually molested, 31% had been physically abused, and 77% chose victims in their families. The mean age of their first offense was 6.9 years.
The article noted that overall more research is needed on female juvenile sex offenders. It is suggested that specific protocols for assessing female sex offenders is needed.

Vick, J., Mc Roy, R. & Matthews, B.M. (2002). Young Female Sex Offenders: Assessment and Treatment Issues. *Journal of Child Sexual Abuser*, 11(2), p. 1-23.

This article reviewed the literature on adolescent female sex offenders. The authors presented the results of a nationwide survey of 250 mental health providers on which approaches are used when diagnosing prior sexual abuse history among juvenile offenders. Once the surveys were received, 19 of the clinicians were interviewed by telephone to provide further insight to issues that were presented in the surveys. The authors concluded that a more solid estimation of the number of female offenders need to be defined in a clearer manner. Based on the opinions of the providers that responded, adolescent female sex offenders require time in treatment before they are able to talk openly about their offense.

Organizations/Foundations

Australian Institute of Criminology (AIC)
Grant, A. (2000). The Historical Development of Treatment for Adolescent Sex Offenders. Retrieved Jan. 12,2009fromhttp://www.aic.gov.au/publications/tandi/tandi145.html
GPO Box 2944
Canberra ACT 2601
Australia
Tel: 02 6260 9221
Fax: 02 6260 9201

This is one of the nations leading research organizations on crime and seeks to promote justice by reducing crime and providing evidence-based research to inform policies. This particular article examined various treatment approaches used when working with juvenile sex offenders and shows how different approaches can further prevent sexual offending by juvenile offenders.

Center for Sex Offender Management. (2007). The effective management of juvenile sex offenders in the community
http://www.csom.org/train/juvenile/indez.html, retrieved online 3/20/2009.
8043 Cloesville Road, Suite 720
Silver Spring, MD 20910
Phone: (301) 589-9383

Fax: (301) 589-3505

CSOM's primary goal is to "enhance public safety by preventing further victimization through improving the management of adult and juvenile sex offenders who are in the community".

Juvenile Rehabilitation Administration. (2002). Integrated Treatment Model Report.
http://www1.dhs.wa.gov/pdf/JRA/ITM_Design_Report.pdf
retrieved 4/2/2009

The Juvenile Rehabilitation Administration provides assessment and treatment to all juvenile sex offenders in their jurisdiction.
The focus areas of sex offender treatment are: Defining and Taking Responsibility, Victim Empathy, Family Support, Education, Social Skills, Sex Education, Anger/Aggression Management, Arousal reconditioning, Overcoming Past Trauma, Relapse Prevention

Prevent Child Abuse America
500 North Michigan Avenue
Suite 200
Chicago, IL 60611.3703
Phone: 312.663.3520
Fax: 312.939.8962
http://www.preventchildabuse.org/index.shtml
retrieved 2/20/2009

This national organization provides education and awareness to help prevent child abuse and neglect of children.