

Chapter 2 – Literature Review

2.1 Historical Development of the Juvenile Justice System

Changes in perceptions of children and in strategies of social control during the 19th century led to the creation of the juvenile court in Chicago, Illinois in 1899 (Feld, 1997). Before Illinois established the first juvenile court, children as young as seven years old could be tried in the adult court (Rich, 2000). By the 1920s, all states had created separate juvenile courts that focused on rehabilitation rather than punishment (Feld, 1997). These state laws firmly established an informal, non-adversarial system in which the state acted as "parens patriae". That is, as parent instead of prosecutor and judge (Feld, 1997). The goal of juvenile court proceedings, under this philosophy, was guidance and rehabilitation rather than strictly punitive responses to the determination of guilt or innocence. Prior to the enactment of The Federal Juvenile Delinquency Act (1938), a juvenile charged with violating a federal law was treated the same as an adult. However, under the Act, a juvenile is usually not prosecuted in federal court unless state authorities are unable or unwilling to pursue the case in state court, or unless the juvenile is charged with committing certain federal offenses (Feld, 1997).

2.1.1 Child Abuse Reform

In 1974, the federal government passed the Child Abuse Prevention and Treatment Act which required states to adopt specific procedures to identify, treat, and prevent child abuse. Also in the late 1970s, the women's movement drew political attention to the problem of sexual abuse resulting in women around

the country becoming aware of the common experience of having suffered rapes and sexual abuse as children.

These mandated procedures for the identification, treatment, and prevention of child abuse resulted in a flood of new knowledge, publicity, and governmental action regarding the problem of sexual abuse (Jones, 1999). Increased public awareness also brought attention to the treatment and prevention of sexual offenses (Marshall, Laws, & Barbaree, 1990).

The case of *In re Gault* (1967) resulted in yet another landmark change in the development of juvenile justice. As a result of this case the Supreme Court adopted formal procedures at trial related to juvenile courts' individualized treatment sentencing (Feld, 1997). Other Supreme Court decisions that followed caused more changes in the juvenile court. In the case of *In re Winship* (1970), the Court required states to prove juvenile delinquency by the criminal law's standard of proof beyond a reasonable doubt.

In the case of *Breed v. Jones* (1975), the Court applied the constitutional ban on double jeopardy. In the case of *Kent v. United States* (1966), the Supreme Court held that juveniles are constitutionally entitled to due process and representation by counsel.

2.1.2 Historical Development of Juvenile Sexual Offending

While the legislative and legal actions discussed in the previous section were improving the juvenile justice systems' ability to address youthful offenses, gaps remained in the system related to sexually offensive behaviors. In 1984, an Oregon youth was charged with multiple sexual crimes and assaults and was

released to the community because juvenile laws prevented him from being held (Otey & Ryan, 1985). In 1984, sexually assaultive behavior was usually minimized as experimentation or as some other minor non-sexual behavioral issue. As a result of this minimization sexually offensive behaviors were not adequately addressed by the juvenile justice system. Consequently, adolescents that sexually offended entered and were discharged from the juvenile justice system only to be returned to the adult justice system for other additional sexual offenses (Otey & Ryan, 1985).

A number of legislative actions were taken in the 1990s aimed at increasing the level of accountability of juveniles in the criminal justice system (Rich, 2000). Reforms targeting issues including juvenile court waiver, sentencing guidelines, record confidentiality, community notification and registration requirements for juvenile sex offenders, and correctional programming are direct results of evolving sex offender legislation resulting from Megan's law (Public Law No: 104- 149, formally known as the "Violent Crime Control and Law Enforcement, Crimes Against Children" (1996) (National Center for Juvenile Justice, 1998; Shepherd, 1998; Torbet, 1997). Currently, 38 states have sexual offender registration laws that are applicable to juveniles (Caldwell, 2002).

Federal guidelines have now specifically required that juveniles are to be registered when they have been convicted of rape, nonconsensual sexual perpetration or sodomy, or incest with a victim at least two years younger than themselves (National Center for Juvenile Justice, 1998). These regulatory

developments highlight a pervasive tension that continues to exist between different schools of thought related to those individuals and agencies who desire to consider children and adolescents as rehabilitative, not-fully-developed beings, and those that advocate a need to penalize those who misbehave, regardless of their age or stage of development. It is this dynamic tension that creates a tenuous balance in the trends that have shaped the current state of the art regarding juvenile sexual offender policy, practice, and research.

2.1.3 The Evolution of Experts' Understanding of the Etiology of Juvenile Sex Offending

There are several topics related to the etiology of juvenile sexual offending that have been identified in order to provide an understanding of adolescent sexual offenders and precursors to their sexually deviant behavior. These topics include: (a) victimization and exposure to violence; (b) family and environmental characteristics; (c) caregiver attachment; (d) deviant beliefs and cognitive distortions; (e) social skills; (f) academic, behavioral, and mental health influences, and (g) pornography (Knight & Prentky, 1993; Weinrott, 1996). Each of these issues is explored in the following sections.

2.1.3.1 Victimization and Exposure to Violence

Many theorists and researchers contend that children who have been victimized by sexual abuse are more likely to sexually offend themselves (Fehrenbach et al., 1986; Kobayashi et al., 1995; Kahn & Chambers, 1991). This proposition is based on the Cognitive-Behavioral and Social Learning Theory

belief that persons exposed to a stimulus (even vicariously) note the response to that stimulus and reproduce it if the response is positive (Bandura, 1977). Youth who are victimized, particularly those who are recipients of penetrative acts, are more likely to resolve the trauma they experience by subsequently becoming perpetrators themselves (Burton & Flemming, 2000).

Consistent with this line of reasoning, the longer the victimization, the greater the likelihood of sexual offending, which may be attributable to the presence of greater opportunities to learn the behavior and to observe its rewards, such as a reduction of anxiety of the perpetrator and the perpetrator's orgasm (Bandura, 1986; Burton, Nesmith, & Badten, 1997; Worling, 1995). Victims who are more closely related to the perpetrator may be more likely to pay close attention to, learn from, and model that person's victimizing behaviors (Faller, 1989). Kahn and Chambers (1991) conducted a retrospective evaluation of case data. They found that 42% of the 221 juvenile sexual offenders who entered one of ten treatment programs had been sexually abused, and 47% had been victims of physical abuse previous to committing their offenses (Kahn & Chambers, 1991). Exposure to family violence (of any kind) has been identified as a predictor of sexually abusive behavior in both adult and juvenile populations of sex offenders (Skuse, et. al, 1998).

2.1.3.2 Family and Environmental Characteristics

Much of the research literature on juvenile sexual offenders suggests that family and environmental characteristics are possible antecedents of sexually offending behaviour in this population (Adams, Trachtenberg, & Fisher, 1992).

Parental and family characteristics of juvenile sexual offenders were examined as part of a meta-analytic study (Graves, Openshaw, Ascione, & Ericksen, 1996). Parental history of substance abuse, abuse (victim or perpetrator of neglect, and physical or sexual abuse), psychiatric illness, family structure, and family interaction style were the constructs examined. Data analyzed were obtained from a data set compiled by the Sex Offense Research, Treatment, and Social Policy team (SORTS) at Utah State University. Manual and computer assisted searches were conducted to obtain, as near as possible, the universe of research related to juvenile sexual offending. Inclusion criteria for each study included in the analysis were: (a) the study had to have had a minimum of one sample of either youth or adult sex offenders; (b) if the sample was adult, there must have been retrospective relevant data from the subject's childhood and adolescence; (c) samples composed of children and/or adolescents descriptive information for at least one relevant variable had to be provided; (d) if the study was not a seminal study it had to be dated 1980 or later; and (e) samples from secondary analyses were omitted. Interrater reliability coefficients were calculated to insure the accuracy of coding and data entry. Descriptive analysis was conducted using the number of samples reported as n. Inferential analysis were conducted for between-group comparisons (one-way and two-way ANOVAs) to assess significant mean percentage differences between subtypes of sex offenders on selected variables. When indicated, between and within-group comparisons were conducted on particular variables (Graves, Openshaw, et al., 1996).

2.1.3.2.1 Family structure

In general, youth residing in intact, two-parent homes are less likely to demonstrate sexually offensive behaviors than are those from single-parent or foster-parent-headed homes (Loeber & Dishion, 1983; Becker et al., 1986; Nanjundappa, Derios, Mio, & Verleur, 1987; Tingle et al., 1986). Graves, Openshaw, Ascione, and Ericksen (1996) reported that 78% of sexual assault offenders, 44% of pedophilic offenders, and 37% of mixed offenders were found to have single-parent family living arrangements. Foster families were reported most frequently for juveniles classified as pedophiles (53%). Additionally, juveniles classified as sexual assaulters were more likely to come from single-parent families than from foster families. Mixed offense offenders were more often reported living in a single-parent family (37%) or a biological family (36%).

Although one might conclude that the presence of siblings would have an effect on juvenile sex offending, the literature has not born this out. In fact, there is no literature that provides evidence of the absence or presence of siblings affecting juvenile sex offending behaviors.

2.1.2.3.2.2 Family interaction.

Flexible-structured, chaotic-rigid, separated-connected, and disengaged-enmeshed were the constructs that were the variables considered for family interaction in Graves, Openshaw, Ascione, and Ericksen's 1996 study. They found that juveniles classified as pedophiles who were sexually assaultive were members of families characterized both as chaotic-rigid and disengaged-enmeshed. Juveniles characterized as mixed offenders were reported to be from

both flexible-structured and separated-connected families. The overall findings were reported that indicate the majority of sexual offenders come from families with pathological interaction even though some came from families coded as healthy (Graves, Openshaw, et al., 1996).

2.1.3.2.3 Parental alcohol abuse.

This variable was conceptualized as parents who have received treatment for excessive alcohol use or failure to function as a parent as a result of alcohol abuse. Forty-three percent of juveniles characterized as pedophiles had mothers described as alcohol abusers. Comparatively, 39% of juveniles characterized as mixed offense offenders, and 17% of juveniles characterized as sexual assault offenders had mothers characterized as alcohol abusers. Sixty-two percent of the juveniles classified as pedophiles had fathers characterized as alcohol abusers, with 53% of those classified as sexual assault offenders and 46% of those classified as mixed offenders having fathers characterized as alcohol abusers (Graves, Openshaw, et al., 1996).

2.1.3.2.4 Parental drug abuse.

The combined findings for this factor indicated that 62% of fathers and 43% of mothers abused illegal substances. Substance abuse among mothers was indicated in the range of 25% for mothers of sexual assault offenders to 51% for mixed assault offenders. Substance abuse for fathers was reported to be higher (66%) for juveniles classified as pedophilic than for mothers (39%).

2.1.3.2.5 Parental psychiatric illness.

This variable was defined as a history of psychiatric problems requiring some form of intervention. Twenty-nine percent of mothers of juveniles classified as pedophiles and 13% of mothers of juveniles classified as mixed offenders were reported to have a mental illness. Eighteen percent of fathers of youth classified as pedophiles were identified as having a history of psychiatric illness and 5% of those fathers of youth classified as mixed offense offenders. Twenty percent of the mothers and 12% of the fathers of juveniles that sexually offend were identified as having a psychiatric illness for the combined data (Graves, Openshaw, et al., 1996).

In a comparative study, juvenile sexual offenders and youth with conduct disorders family secrecy was examined (Baker, Tabacoff, Tornusciolo, & Eisenstadt, 2003). They compared 29 male juvenile sex offenders and 32 youth with Axis I conduct disorders from three child welfare agencies licensed to treat adjudicated male sex offenders in New York State. The subjects ranged from 12 to 17 years of age at the time of admission ($M = 14.39$, $SD = 1.36$). Thirty-three percent of the sample was of Caucasian heritage, 33.3% of African-American heritage, 26.7% of Hispanic heritage, and 6.7% were from "Other" ethnicities. Two main instruments were used in this study.

The first was The Family Deception Measure (FDM), created for the study by the researchers at the participating agencies, was used to obtain data related to family secrecy. The FDM measured five variables specific to the study; secrets told to youth, lies told to youth, family myths, suspected abuse or neglect, and

taboo behavior within the family such as Satanism, sexual activity between family members, children and adults, or with animals (Baker, Tabacoff, Tornusciolo, & Eisenstadt, 2003). These variables were beliefs or events that occurred prior to the adjudication of the subject and were not necessarily the result of the current charges of the subjects.

The Youth Characteristics Measure (YCM), also created for the study, was designed to facilitate the gathering of data from confidential agency records by researchers. Court records, records from prior hospitalizations, records from previous out-of-home placements and from the referring agency were the sources of data (Baker, Tabacoff, Tornusciolo, & Eisenstadt, 2003).

Frequency distributions of five secrecy/deception variables were examined for the sample as a whole and as a group and Chi-square analyses were performed to examine the prevalence of the variables in each group and to determine if differences in the prevalence rates between the two groups were significant. Adjudicated sexual offenders were more likely to live with families that lied to them (37.9% vs. 6.3%), more likely to live in families with histories of taboo behaviors (24.1% vs 0%), and more likely to be members of families that had family myths (20.7% vs 3.1%). The researchers suggest that the data indicate that a secretive family environment is a risk factor predictive of sexual offending and that future research is needed in order to better understand how these family risk factors may be related to sexual offending (Baker, Tabacoff, Tornusciolo, and Eisenstadt, 2003).

2.1.3.3 Caregiver Attachment

Insecure attachment is a factor considered to be a particularly influential causative factor for this group (McCormick, Hudson, Ward, 2002; Marshall, 1989, 1993; Marshall & Barbaree, 1990). Some scholars suggest that juvenile sex offenders suffer from poor parental bonding and that this results in the juvenile's inappropriate behavior as a mechanism for overcoming this lack of connection with parental figures (Prentky et al., 1989). It has been suggested that the failure of sex offenders to develop secure attachment bonds during childhood results in failure to learn certain interpersonal skills or develop the self-confidence necessary to establish appropriate intimate relationships with adults (Ward, Hudson, & Marshall, 1996). Attachment theorists suggest that sexual contact with others can serve as a mechanism of achieving intimacy (and thus attachment) with others (Marshall, Hudson, & Hodkinson, 1993). In those who experience troubled attachments with others, this drive for intimacy, coupled with one's biological sex drive, may lead to inappropriate promiscuity and deviant sexual behaviors as a means of obtaining some form of attachment with others. Consequently, sex offenders may indirectly seek emotional intimacy through sex, even if they have to use force (Marshall, Hudson, & Hodkinson, 1993).

In a study of perceptions of early interpersonal experiences, a sample of 55 men who had offended sexually against children, 30 men who had offended sexually against adult women, 32 men with violent offenses, and 30 men incarcerated for neither sexual nor violent offenses was examined (McCormack, Hudson, & Ward, 2002). Grounded theory methodology was used to analyze to a

list of responses generated by the subjects to questions about their early interpersonal experiences. The raw data was collapsed into 14 categories: responsiveness, consistency, acceptance, boundaries, emotional regulation, autonomy, self-evaluation, developmental trauma, sexual abuse and deviation, physical abuse, loss, conflict, safety, and positive mediating interactions. The four groups were then compared by category and the differences were noted. Findings suggested that most of the offenders described their interactions with caregivers as involving high levels of neglect and rejection and low levels of supervision, discipline, and consistency.

Additionally, a number of offenders also described past sexual abuse, loss of caregivers, and conflict within the family home. The least-often reported early interpersonal experience was positive mediating interactions. Over 75% of the offenders in the study reported insecure attachment styles as adults.

The researchers concluded that the early interpersonal experiences of offenders are overwhelmingly negative and that negative early interpersonal experiences are characteristic of both violent and nonviolent offenders and are not specific to sexual offenders. Additionally, the researchers concluded that the early identification of etiological variables has major implications for the early detection and treatment of individuals who are at risk of developing antisocial lifestyles (McCormack, Hudson, & Ward, 2002).

In a study of adult attachment, current emotional loneliness, locus of control, and anger management, a comparison between samples of child sex offenders, violent offenders, nonviolent offenders, and a community control group

was conducted (Marsa, Oreilly, Murphy, O'Sullivan, Cotter, & Hevey, 2004). A four-group comparative crosssectional design was used in this study. Three groups of imprisoned offenders and a community control group, each containing 30 members (except the child sex offender group, which had 29), participated in this study. A secure adult attachment style was four times less common in the child sex offender group than in any of the other three groups. To evaluate the psychosocial correlates of attachment styles, cases were classified into four attachment style groups on the basis of their attachment dimensions and attachment styles (Marsa, et al., 2004).

A chi-square analysis of the distribution of cases across the four attachment style categories within each of the four groups was performed. Compared with nonviolent offenders, violent offenders, and community controls, the child sex offender group contained a lower proportion of cases with a secure attachment style. Only 7% of the child sex offender group had a secure attachment style compared with 30% to 45% of the other three groups. In the child sex offender group, a secure adult attachment style was found to be least common, and a fearful attachment style was found to be more common than in any of the other three groups. The majority of sex offenders exhibited a fearful adult attachment style. In comparison with the community controls, the child sex offender group reported lower levels of maternal and paternal care and higher levels of maternal and paternal overprotection during their childhood (Marsa, et al., 2004).

Family and caregiver characteristics are instrumental in the development of an individual's ability to interact and adapt in the various systems that exist outside of the family. If appropriate social skills, emotional bonding, and other interactive skills normally learned in the family are not transmitted appropriately to the children, then it is highly unlikely that children will be prepared to function appropriately outside of that family system. More specifically, sexuality and the complicated nature of relationships that develop around sexuality create an even more challenging situation for youth who have not been provided with a family system that has prepared them for this eventuality.

2.1.3.4 Deviant Beliefs and Cognitive Distortions

Sexual knowledge and beliefs and the process by which juvenile offenders acquire distortions, maladaptive learning, and experiences that result in sexually aggressive have been suggested as precipitating factors of sexually deviant behaviour (Becker & Abel, 1985). A factor that is critical to the development of deviant sexual interest is the presence of cognitive distortions. These cognitive distortions are a result of limited sexual knowledge, lack of empathy for the victim, limited understanding of sexual values, and faulty perceptions related to offenders' own experiences as victims.

These distortions relate to statements that offenders say to themselves about their behavior that helps them translate their fantasies into acts. In these statements, the offender anticipates that the outcomes of his behavior will be positive and the negative consequences to himself and his victim will be minimal (Becker & Abel, 1985).

One factor identified as a mode of acquiring sexually deviant behaviors is that sexual offenders may have observed aggressive behavior within their family, peer group, or the mass media. In a survey of 131 adult sex offenders seen at the Sexual Behavior Clinic, 89.3% had been hit by their parents as children and 42% had parents who fought violently (Becker & Abel, 1985). Another factor is the individual's ability to relate to other members of society. The lack of adequate role models for an adolescent from which to learn functional, social, and assertive behavior in the home creates difficulties in relating to his peer group. The possible subsequent isolation and rejection may lead to the adolescent socializing with young children and eroticizing interest in them. An adolescent may also use force in their sexual interactions as a result of a deficit in obtaining consensual sexual relations with an age appropriate peer (Becker & Abel, 1985).

The empathy and hypermasculinity levels of 44 male adolescent sex offenders and 57 non-offending adolescent males were examined in a study utilizing the Empathy for Girls Test, and an adolescent version of Mosher and Sirkin's Hypemasculinity Inventory as measures (Farr, Brown, & Beckett, 2004). Data from these two measures were collected as part of the psychometric assessment of the Adolescent Sexual Offenders (ASO's) and were administered to the Non-Offending Adolescents (NOAs) who were volunteers for the study. Findings from the study supported the researchers' prediction that ASO's would exhibit significantly less empathy compared with the NOAs.

It was suggested that differences between the hypermasculine attitudes of the two groups centered around their views of females and appropriate sexual

behavior, rather than their views regarding violence and danger (Farr, Brown, & Beckett, 2004). Findings were also reported indicating differences between the groups in respect to both hypermasculine attitudes and empathic ability. Higher levels of callous sexual attitudes towards females and adversarial attitudes towards females and sexual minorities were higher in adolescent sex offenders compared with the non-offending adolescents. The researchers suggest that a lack of empathic ability may compound the hypermasculine attitudes of adolescent sex offenders and increase the appeal of sexual offending in relation to callous sexual attitudes towards females and adversarial attitudes towards females and sexual minorities (Farr, Brown, & Beckett, 2004).

2.2 Social Skills

Numerous studies have found that juveniles with sexual behavior problems have significant deficits in social competence (Becker, 1990; Knight & Prentky, 1993). Deficient social skills, poor peer relationships, and social isolation are thought to contribute to sexually offensive behaviors in juveniles (Katz, 1990; Miner & Crimmins, 1995). In a study comparing molested children, non-sex offending juvenile delinquents, and a control group from a local high school on various measures of social competence, Katz found that child molesting juveniles were more socially maladjusted than both of the other groups and indicated more social anxiety and fear of heterosexual interactions. In a comparison of juveniles who had sexually offended, other delinquent juveniles, and non-offending

adolescents, Miner and Crimmins found that juveniles who had sexually offended had fewer peer attachments and felt less positive attachment to their schools.

2.2.1 Academic, Behavioral, and Mental Health Influences

2.2.1.1 Academic performance.

It has been noted that many juveniles who sexually offend experience academic difficulties (Fehrenbach et al., 1986; Kahn & Chambers, 1991; Miner, Siekert, & Ackland, 1997). In another study, 32 percent of a sample of male juvenile sex offenders had above-average academic performance (O'Brien, 1989). Research findings have also concluded that up to one-fourth of juvenile sex offenders have some form of neurological impairment (Ferrara & McDonald, 1996).

2.2.1.2 Behavioral and mental health disorders.

Conduct disorder diagnoses and antisocial traits have frequently been observed in populations of juveniles who have sexually offended (Kavoussi, Kaplan, & Becker, 1988; Miner, Siekert, & Ackland, 1997). Other studies have described behavioral and personality characteristics such as impulse control problems and impulsivity (Prentky & Knight, 1991 ; Smith, Monastersky, & Deisher, 1987). Scores on the Schizoid, Avoidant, and Dependent scales of the Millon Clinical Multiaxial Inventory (1993) have been found to be higher for juvenile sexual offenders whose victims were younger children than those whose victims were closer to their age (Carpenter, Peed, & Eastman, 1995).

2.2.1.3 Substance abuse.

Substance abuse has been identified as a problem for many juveniles who have sexually offended (Kahn & Chambers, 1991 ; Miner, Siekert, & Ackland, 1997). Lightfoot and Barbaree (1993) report percentages as high as 72% of juveniles found to be under the influence of Alcohol and Other Drugs (AOD) at the time of their offense. Alcohol and Other Drugs (AOD) abuse are factors that researchers continue to consider in an effort to assess causative factors preventive interventions related to juvenile sexual offending. The Task Force Report of the American Psychiatric Association (APA) (1 999) indicates that substance abuse has a significant relationship to sex offenders.

Pirrello (1998) studied file information regarding 99 juvenile sex offenders in a residential juvenile training school sex offender treatment program. Fifty-eight percent of the offenders were African-American, 40% European-American, and 2% Other (Native- American or Hispanic). The study focused upon offender and offense characteristics including substance abuse problems, which was grouped with mental health issues. The MacAndrew Alcoholism Scale-Revised (MAC-R) scale of the MMPI-A, Butcher et al., (1992) was used to determine substance abuse relationship to sex offending. Results indicated that one half of the students had T-scores at or above the clinical cutoff for significance. These results indicate a significant relationship between substance abuse and sex offending which supports the idea that substance abuse contributes to sexual offending in adolescents (Pirrello, 1998).

2.2.1.4 Pornography

Research literature increasingly reports findings linking pornography, violence, and the media (Rich, 2003). Nevertheless, opinions vary as to whether these are causative factors of juvenile sexually offensive behaviors. In a study examining the use of pornography by sexual offenders during the commission of their crimes, two sources of cases were used (Langevin & Curnoe, 2004). One sample consisted of 124 cases collected over the past 10 years from data from the researchers' private practice. In Sample 1, a background questionnaire was completed by each participant that inquired about the circumstances of the sexual offenses and other relevant information. Questions were phrased in terms of "alleged offenses," due to denial of committing the offenses by some participants. Police and court records were utilized as ancillary sources of information related to use of pornography in the offenses, and corroborated with the offenders (Langevin & Curnoe, p. 53).

A second sample of 437 cases was drawn from a database of 2,125 sex offender cases collected from 1970 to 1991 at the Clarke Institute of Psychiatry. There was a total of 561 sex offenders: 144 with sexual assaults against adults, 223 with incest offences, 8 with offences related to exhibitionism, 4 miscellaneous courtship disorders, and 1 case involving a fetish. All but four cases were men. Only cases were selected from the second sample which indicated by police report or self-admission that pornography was used or was not used in the sex offense. In Sample 2, files were reviewed for information related to the use of pornography in the offenses. Cases were included in the

study where the offender admitted to use of pornography or if there was court information about use or nonuse of pornography. Cases were excluded if there was no information related to the use of pornography (Langevin & Curnoe, 2004).

There were significant sex offender group differences in age. There was group overlap in mean age. Incest offenders and extrafamilial offenders against children tended to be older. Those whose sexual assault victims were adult women, and men with courtship disorders were younger (Langevin & Curnoe, 2004). Ratios were used for comparisons of group membership and t tests to compare groups on demographic variables. Findings were reported indicating that one in six sex offenders from the sample used pornography during the commission of the offense. This increased to one in three offenders when extrafamilial offenses against children were examined separately. The researchers point out a particularly notable finding indicating that a third of the offenders using pornography were taking pictures of children, nine of which were for commercial exploitation. The researchers conclude that the study supports the findings of the literature that pornography plays only a minor role in sexual offenses in terms of the number of offenders using it immediately prior to, or during, the offense. Of the 561 cases examined in the study, only 17% had used pornographic materials in a way that was clearly connected to their offenses (Langevin & Curnoe, 2004).

In a literature review of non-experimental research and theoretical concepts related to sexual aggression and pornography, Bauserman (1996) identified two broad types of relevant correlational research as key issues related

to sex offenders' experiences with pornography: (a) pornography experiences of sex offenders relative to normal (nonoffender) controls; and (b) the correlation between sex crime rates and the circulation of pornography. In his review, Bauserman notes that there is a need, often overlooked by researchers, for the development of a theoretical basis for predictions about the effects of pornography. Anti-pornography writers continue to advocate for a connection between exposure to sexual materials and sex crimes against women (Bauserman, 1996).

Three prevalent factors are currently identified in the literature as connectors: (a) pornography reflects and promotes male dominance in society by communicating a message of male supremacy; (b) pornography reduces women to sex objects (women are only valued as providing sexual gratification); and (c) pornography presents actual aggression against women in a positive light (Bauserman, 1996). It is purported in much of the research literature that these factors provide behavioral models and cognitive distortions that support rape behavior. Advocates against pornography conceptualize these factors as reinforcers that portray male dominance and the objectification of women (Bauserman, 1996).

Bauserman (1996) reviewed theoretical concepts currently identified in the literature that attempt to provide explanations related to the impact of pornography on sexually offending behavior. Bauserman considered the following theoretical explanations for this behavior: (a) Social Learning Theory; (b) Attitude Change Theory; and (c) Cultivation Hypothesis.

Bauserman reported that Russell (1993) conceptualized a model in which pornography is seen as promoting rape by predisposing some males to desire rape. This is accomplished through undermining individuals' internal inhibitions against acting out such desires, and by undermining perceived social restraints. Social Learning Theory explains the impact of pornography in terms of how the behavior of others affects an individual's behavior. Observational learning related to pornography suggests that inhibitions against previously learned and unacceptable behaviors may be strengthened or weakened depending on the observed consequences (Bandura, 1986).

Attitude Change Theory suggests a theoretical model described as the Elaboration Likelihood Model (ELM) of persuasion (Petty & Cacioppo, 1986). This model, related to the effect of pornography, postulates that two major routes produce attitudinal changes: (a) the central route, which involves an individual's intense focus and thoughts about persuasive messages; and (b) the peripheral route, which is related to mechanisms besides cognitive processing, such as conditioning processes. Communications research, which was formulated primarily to predict effects of television viewing, has led to the development of the Cultivation Hypothesis. Cultivation theorists suggest that continued exposure to media portrayals of society result in the viewer's adopting the beliefs and attitudes reflected in the media portrayals of the world (Gerbner, Gross, Morgan, & Signorielli, 1986).

Bauserman (1996) concludes that the research surveyed is consistent with an attitude change or social learning viewpoint. Correlational evidence does

not provide clear support for the belief that pornography singularly encourages or promotes sexual aggression. Instead, negative effects seem most closely associated with positive portrayals of sexual coercion. Availability of pornographic material was not noted to be a factor related to sexual aggression. He states that overall, non-experimental evidence for a causal role of exposure to pornography in sex crimes is at best ambiguous and at times contradictory.

Adams (2000) addresses victim's rights and First Amendment concerns that might apply to pornography. He asserts in his argument that pornography pushes people into sexual action, and clouds people's judgment about the risks of the sexual action they feel like taking. He states that by creating this precondition which causes rape, pornography can then count as "incitement" to rape (p. 25). The author also discusses what standards of proof a plaintiff should be required to meet in order to respect the First Amendment.

Adams (2000) states that he addressed this issue because of the frequent denial in the public forum that pornography cannot cause rape. Additionally, he suggests that the specific nature of the causal connection needs to be clarified in order to show that there is a legitimate need to provide treatment for individuals that have been damaged by their exposure to pornography. Acknowledgment is given to the importance of the scientific method. However, he asserts that assigning causal responsibility for injuries in actual cases often involve considerations and interests different from those of scientists determining causes under controlled laboratory conditions. Pornography can produce intense sexual arousal and intense sexual desire and if the material focuses this arousal and

desire in the direction of illegal sexual contact, such as rape, then it can be a "stimulus" to commit rape (Adams, p. 27).

Adams (2000) points out that while it is true that not everyone who is exposed to pornography will rape someone, it is also true that not everyone who is exposed to an unlit parking lot will assault someone. He asserts that if the same standards are applied to pornography that are applied to other cases of causality, such as the culpability involved in a parking lot owner not providing adequate lighting to a parking lot, then it is clear that pornography can cause rape (Adams, 2000).

The First Amendment does not protect expressive activities that tend to promote or cause illegal or dangerous behavior, for example, obscenity, defamation, fighting words, and incitement to criminal action. Pornography can stimulate sexual assault in similar ways that amount to incitement to criminal action and are not protected by the First Amendment (Adams, 2000). The incitement exception to First Amendment protection is articulated in the "clear and present danger" test in three criminal cases: *Schenck v. U. S.*, *Frohwerk v. U S.*, and *Debs v. U S.* (Adams, 2000).

In the opinion given related to these cases, Justice Holmes distinguished three factors to be noted in determining if an act should be considered as inciting illegal behaviors: (a) the nature of the act itself; (b) the tendency of the act (considering the circumstances); and (c) the intent with which the act is done. If the prospect of the pleasure derived from satisfying one's greed or one's political aspirations can incite one to illegal action, then it is reasonable to assume that

the prospect of the pleasure derived from satisfying one's sexual desires can incite one to illegal action (Adams, 2000).

Pornography that arouses and encourages sexually illegal behavior like rape and child sexual abuse can be considered to incite because it: (a) tends to push people into sexual action, and (b) tends to cloud people's judgment about the risks of the sexual action they feel like taking. This satisfies the requirement of imminence in that intense sexual desire has the power to cause rash, reckless, dangerous, and illegal action, that is, people can be "blinded by lust" and driven to act on their sexual impulses (Adams, 2000).

There are many factors that contribute to juvenile sexually offensive behavior. Researchers continue to attempt to identify and clarify social, biopsychological, and environmental factors that will inform effective prevention and treatment interventions for this problem. There is no one clear explanation identified in the research literature and more research is needed to identify specific and effective treatment and interventions. While research literature in this area has increased over the last two decades, there continues to be gaps in what we know about what works and what does not, and what best works for what individual. Additionally, clear identification of etiological factors continues to be addressed by researchers but, again, there remains a need to further understand causal issues related to juvenile sexual offending. Studies continue to produce findings that validate certain causal factors; however, findings are inconsistent. What is certain is that juvenile sexually offensive behavior left untreated and etiology left uninvestigated will result in the victimization of many innocent

individuals and is not an option. Continued research in this area is essential to achieving optimal effectiveness in the prevention and treatment of juvenile sexual offending.

2.3 Characteristics of Adolescent Sexual Offenders

Adolescent sexual offenders are a diverse group, largely male, who have been found to have a history of behavioral and/or school disturbances and to have a higher incidence of personal sexual abuse victimization than do non offenders (Becker, 1998). In 1986, Becker, Cunningham-Rathner, and Kaplan reported that the average age of adolescent sexual offenders was 15.47 years and that 89.6% of the youthful perpetrators had prior arrest records for sexual offenses. The majority of the population had molested children. When the victims were peers or adults, the perpetrators typically used force.. In addition to conduct disorder, learning disabilities and depression, (Bourke & Donohue, 1996) comorbid psychiatric conditions are often identified in the juvenile sexual offender population (Kavoussi, Kaplan, & Becker, 1998).

According to Saunders and Awad, (1988), sex offenders are proportionately represented among various socioeconomic classes. It appears that adolescent sexual perpetrators come from socioeconomic backgrounds that are much more diverse than those of the general population of juvenile delinquents.

2.3.1 Meta-Analysis

A meta-analysis was performed in 1996 by Graves, Openshaw, Ascione, and Ericksen (Becker, 1998). It was reported that youthful sexual offenders were usually Caucasian and came from lower and middle socioeconomic classes. Over one-third identified themselves as members of the Catholic Church. The majority of adolescent sexual perpetrators had offended against female children. "Fehrenbach et al. (1986) reported that 72% of victims were female, Van Ness (1984) reported that 68% were female, and Wasserman and Kappel (1985) reported that were female" (Davis & Leitenberg, 1987). It has been estimated that one-third to one-half of the abuse perpetrated by male juveniles is perpetrated against female siblings (Elliott & Smiljanich, 1994). A lack of proper sex education has also been identified as a pervasive trait among youthful sexual offenders (Becker and Hunter, 1997).

2.3.2 Family Environment

An elevated incidence of unsupportive or abusive family environments has also been reported among juvenile sex offenders. "Family instability, frequent violence, and high rates of disorganization have been reported" (Becker and Hunter, 1997, p. 179). The families of sex offenders have been found to have infrequent positive communication and sizable negative communication (Becker and Hunter, 1997). According to Smith (1988), there is evidence to suggest that juvenile sexual offenders who reveal a history of being physically and/or sexually

abused are at risk for committing more serious offenses than those who do not report similar remarkable histories of abuse.

2.4 Assessment of Juvenile Sexual Offenders

Vizard, Wynick, Hawkes, Woods, & Jenkins, 1996, cautioned that there are certain systemic issues involved in the assessment of adolescent sexual offenders. They developed the following recommendations for addressing these concerns: (a) involvement of a multidisciplinary team to ensure a broad-based perspective and adherence to ethics; (b) an assessment that encompasses all aspects of the offender's life and is directed towards treatment interventions; (c) involvement of the referring agency in the assessment process; and (d) the creation of an interagency systemic support network around the young abuser.

2.4.1 Recommended Components

A comprehensive sex offender-specific assessment is the central component in developing treatment and placement alternatives for adolescent sexual molesters. The “four primary goals of this assessment include: (a) to provide information to the court, (b) to design an intervention strategy, (c) to make recommendations for placement of the offender, and (d) to begin orienting the youth (and family) to treatment” (Perry & Orchard, 1992). There are several characteristics of sex-offender specific evaluations that make them similar to other forensic evaluations. One unique characteristic, however, is the need for the assessor to have in-depth knowledge regarding the various patterns of juvenile sexual offending. Additionally, that knowledge must be applied towards

determining how these patterns correlate with re-offense risk as well as their alignment with the adolescent's coping strategies.

Features similar to forensic assessments include the following: (a) Clients are not voluntary; (b) the assessor has a dual responsibility (protection of society as opposed to meeting offenders' needs); (c) special limits to confidentiality exist; and (d) there are legal implications of assessment data. (Perry and Orchard, 1992, p.32)

2.4.2 A Comprehensive Model

Lane (1997) recommends the utilization of the following comprehensive model in the assessment of the juvenile sexual offender:

- I. Assessment of the Abusive Behavior
 - A. **An interview technique** in which the clinician listens to a client narrative of the crime and asks in-depth questions.
 - B. **Intensive examination of client denial patterns:** justification; minimization; denying abusive aspects; denial of sexual intent; denial of part of the abusive behavior; denial of potential recurrence; denial of history; denial of victim harm; denial of deviant sexual arousal; inability to recall the details; denial of habituation; denial of the referring sexual abuse behavior; and total denial.
- II. Assessment of the Abusive Pattern
 - A. Sexually abusive behavior types, such as molestation, rape or sexual assault, exhibitionism and voyeurism, harassment, and exploitation

- B. Progressive aspects of sexual abuse, such as changes in the use of power or changes in victim selection
 - C. Level of aggression used in the offense
 - D. Frequency of abusive behaviors
 - E. Preferred victim type
 - F. Arousal
 - G. Intent and motivation
 - H. Honesty
 - I. Risk factors and sexual abuse behavior characteristics
- III. Developmental-Contextual Assessment
- A. Coping ability
 - B. Family
 - C. Relationships
 - D. Developmental history
 - E. Temperament
 - F. Social competencies
 - G. Trauma history
 - H. Sexual history
 - I. Self-concept
 - J. Cultural issues
 - K. Capacity for empathy

- L. Other issues; such as locus of control, previous treatment history, substance use or abuse history, intellectual capacity, and anger management
- IV. Assessment of Concurrent Psychiatric Disorders
- V. Analysis of Information
 - A. Community safety needs
 - B. Psychological and psychiatric needs
 - C. Family needs

A central component of the assessment of the adolescent sex offender involves psychological testing. Among psychological tests that have been found to be particularly useful among this population are the Jesness Inventory, the Jesness Behavior Checklist, the Family Assessment Measure, Raven's Standard Progressive Matrices, Sex Knowledge History, Wechsler Intelligence Scale for Children, and Wechsler Intelligence Scale (Perry & Orchard, 1992). The Millon Adolescent Clinical Inventory and the Minnesota Multiphasic Personality Inventory - Adolescent Version are also widely used and recommended as assessment instruments to be administered to juvenile sexual offenders. (McCann, 1998; Herkov, Gynther, Thomas & Myers, 1996).

Several assessment measures have been utilized in the development of juvenile sexual offender typologies. Other typologies have evolved from descriptors of the offense, personal characteristics of the offender, developmental/maturity levels of the offender, levels of sexual aggression,

modus operandi, and collated multidimensional characteristics of the offender and his offense.

2.5 Typologies of Juvenile Sexual Offenders

According to Grubin and Kennedy (1991), meaningful groups of sex offenders need to be developed to more finely hone treatment strategies and predictions of re-offense risk. Walker (1991) recommended a “typology of dangerousness” (p. 754) to more accurately predict potential reoffending through identifying the placement of sex offenders on a continuum from conditionally dangerous perpetrators to unconditionally dangerous perpetrators. Also, discrete groups are needed to study the importance of developmental factors that may influence sexual offending. In order to make progress in understanding etiology, prognosis, and treatment, a successful subtyping model should be: (a) reliable; (b) practical and straightforward; and (c) good at identifying meaningful predictions or creating understanding of typologies. Ultimately, 'classification systems [should be] based on clear rules and verifiable facts* (Grubin & Kennedy, p. 127).

2.5.1 Subtypes Derived from Cluster Analysis

Rosenberg and Knight (1988) developed a twelve cluster model of sexual offenders based on the file review of 184 male adjudicated adult sexual offenders. A comparable analysis of juvenile offender files has not been performed. The twelve-group solution included the following clusters: (1) Low-Competence Alcoholic; (2) High-Competence Alcoholic; (3) Predatory Antisocial

Aggressive; (4) Impulsive Aggressive; (5) Low- Competence Impulsive; (6) Antisocial Impulsive; (7) Low-Competence Aggressive; (8) Low-Competence Antisocial; (9) Fixated Child Molester; (10) Antisocial; (11) High-Competence Nonaggressive; and (12) High-Competence Impulsive. It would be relatively straightforward to develop a similar file review categorization system for juveniles which might prove useful when there is rich historical data contained in the records.

2.5.2 Rapist and Molester Classifications

In 1993, Barbaree, Hudson, and Seto (Breer, 1996) proposed an informal working typology that first subdivided the adolescent sex offender population into rapists and molesters. The molesters were then further subdivided into incest perpetrators, nonfamily perpetrators, homosexual perpetrators, and heterosexual perpetrators.

2.5.3 Level of Fixation Subtypes

In 1990 and in 1993, Knight and Prentky (Breer, 1996) developed a multifactor classification system using the level of fixation and the amount of contact with the victim as the primary method of subdivision. The offenders were also divided into rapists and molesters, creating sixteen subcategories of juvenile sexual perpetrators. Although there are descriptors for each of the categories in all three of these typologies, one of the drawbacks is the lack of specific criteria for each of the subgroups. Therefore, accurate classification of juvenile sex offenders relies on subjective and somewhat inconsistent factors such as sound

clinician judgment, a complete client history, awareness of family dynamics, detailed police reports, and an understanding of perpetrator motivation.

2.5.4 The Ten Factor Continua of Classification

MacHovec and Wieckowski (1992) developed a ten-factor classification system that is designed to provide a single system for classifying male and female, and adult and juvenile sexual offenders. Initially, offenders are assigned ratings on each of four classification factors: physical aggression, sexual aggression, asocialization or fantasy. To supplement these four factors, information about victim gender, victim age, and specific sex offenses are added. The remaining six factors are rated according to degree of severity: sexual arousal, offense cycle, cognitive distortion, denial-minimization, remorse/empathy, and prognosis/progress in treatment. A grid is then developed and used as a basis for the treatment plan. Although the authors had hoped that this model would offer a standardized and structured approach to classifying all sexual offenders, the model does not appear to have achieved widespread use with juveniles.

2.5.5 Characteristics of Offense Subtypes

Ford and Linney (1995) and Hunter and Figueredo (1996) (cited in Butz & Spaccarelli, 1999) attempted to distinguish subtypes of juvenile offenders based on particulars of their offenses. Their research implied that unique personality and risk profiles would emerge in the various subgroups. Butz and Spaccarelli (1999) proposed a sub-typing system based on use of physical force as an

offense characteristic. A records review, along with self reports of offenders, was cross-tabulated in order to define three groups of offenders: rapists who use force, nonrapists, and deniers. The Multiphasic Sex Inventory and the Jesness Inventory were used to compare these three groups on variables assessing offense patterns, sexual deviance, delinquent attitudes, perceived social competence, and offense-related cognitions. Results indicate that “offenders in this study categorized as users of force (i.e., rapists) by at least one of the two sources of information (a) were more likely to report assault-related fantasy and predatory behaviors, (b) admitted to greater levels of deviant sexual interest on the MSI Paraphilia Scale, and (c) were more likely to have had multiple victims. These results suggest that offenders who use force should be considered more serious and deviant” (Butz and Spaccarelli, 1999, p. 227).

2.5.6 Modus Operandi Subtypes

According to Kaufman, Hilliker, and Daleiden (1996), modus operandi refers to “the pattern of behaviors that perpetrators display in the periods prior to, during, and following illicit sexual contact ... this conceptualization of modus operandi subsumes adolescents' grooming behaviors, offense cycles, and thinking errors” (p. 18). The authors expanded on research with adult sexual offenders and modus operandi (Kaufman, et al., 1993; Kaufman et al., 1996) by categorizing sexual offense behavior patterns of juveniles in outpatient and incarcerated treatment populations. Offenders were divided into subgroups based on the methods they utilized to gain victims' trust, to gain compliance with illegal sexual behavior, and to maintain victims' silence following the offenses.

Results indicated that the majority of juvenile offenders accurately recounted their use of threats and coercion with child victims; however, there was a tendency to under-report these behaviors. It was found that “the incarcerated group was more likely to anticipate that the victim's family would not discuss sexual matters, hurt the victim as a warning to keep silent, and expect that the victim would not be willing to lose someone, providing them a great deal of attention” (Kaufman, et al., 1993, p. 291).

2.5.6.1 MMPI Differences

Although a specific Minnesota Multiphasic Personality Inventory (MMPI) adolescent juvenile sexual offender typology has not been proposed, MMPI differences have been noted among adult (Shealy et al., 1991) and juvenile sexual offenders (Herkov, 1996). When compared with adolescents in inpatient psychiatric settings, incarcerated juvenile sexual offenders (n=61) achieved higher scale elevations or had 2-point codes that more often reflected serious psychopathology. There also appeared to be some utility in using the MMPI to distinguish among subgroups of adolescent sexual offenders (Herkov, 1996). Adolescents identified as members of the Sodomy group, typed by a history of attempting or engaging in anal intercourse, produced significantly higher elevations on scale 6 and had a higher 6-8/86 code type. Members of the Sexual Abuser group, consisting of adolescents who had engaged in offenses including fondling a victim, exhibitionism, nonconsensual oral sex, or oral sex with a victim at least five years younger than the offender, were more likely to exhibit a 2-4/4-2 code type.

Research with incarcerated adult male offenders conducted by Schlank (1995), concluded that “MMPI profiles may not be the most effective method for distinguishing sexual offender subtypes” (p. 191). There was, however, data to support use of the Multiphasic Sex Inventory (MSI) with this population, in that elevations on three scales (Social Sexual Desirability Scale, Sexual Obsessions Scale, and Paraphilias Subtest) accounted for most of the differences among subjects.

2.5.6.2 MCMI-I Subtypes

In 1987, Bard and Knight (cited in McCann, 1998) outlined a research-based typology of sex offenders based on a cluster analysis of the Millon Clinical Multiaxial Inventory-I (MCMI-I). They identified four discrete subtypes utilizing the basic personality descriptors of the MCMI-I. Chantry and Craig (1994) attempted to refine the Bard and Knight (1987) findings in a study of 603 adult male incarcerated offenders who had been given the MCMI at a large Midwestern state diagnostic center. The inmates were subdivided into three groups based on the nature of their sexual offense. Group 1 offenders had been convicted of a sexual offense against children. Inmates in Group 2 had been convicted of a sexual offense against adults. Subjects in Group 3 had been convicted of violent offenses, but not sexual offenses. The results of their study suggested that certain personality styles were prevalent in each of the sample groups. Chantry and Craig (1994) obtained results that were substantially similar to the results obtained by Bard and Knight (1987), whose sample was a mixed group of 99 sexual offenders. According to Chantry and Craig (1994):

Our results are generally consistent with the study by Bard and Knight (1987), who conducted a cluster analysis on a mixed group of sexual offenders. Categorized according to Millon's typology, both their study and ours found a detached personality style with predominant dependent traits and an independent personality style with narcissistic and antisocial features. Both studies also found a group that had little or no personality pathology, generally with narcissistic traits associated with either antisocial or compulsive features. Bard and Knight found an antisocial style with passive-aggressive features, whereas we found a dependent style with passive-aggressive features. Also, they found a narcissistic, antisocial compulsive variant, whereas we found a dependent style with a passive-aggressive variant. (p. 223)

Differences in the results of the two studies were also apparent. The Bard and Knight (1987) study found that the overall MCMI code type (6Agq) was characterized by antisocial, narcissistic, and histrionic features. The Chantry and Craig (1994) study found their overall group to have a mild elevation on the Dependent side. The difference in profile codes for the overall population may be accounted for by the large difference in sample sizes and the heterogeneity of the Bard and Knight (1987) population (Chantry & Craig, 1994).

2.5.6.3 MACI Juvenile Sex Offender Typologies

McCann (1998) reviewed the Bard and Knight sex offender typology model and hypothesized that similar juvenile sex offender subtypes may be

derived from the Millon Adolescent Clinical Inventory (MACI). In contrast to several other typologies, Bard and Knight's model articulates definitive objective, empirical, and data-based criteria for sub-categorization. It is believed that 'the MACI may be useful in classifying known juvenile sex offenders into subtypes that can help guide treatment and dispositional planning" (McCann, 1998, p.5). Using MACI elevations on the basic personality scales, McCann conceptualized the four categories of juvenile sex offenders, explained below.

2.5.6.3.1 Detached Type

Elevations on MACI Scales 1 (Introversive), (Inhibited), 2B (Doleful), and/or 3 (Submissive) characterize individuals who fall in to this subtype. Sometimes there is an additional elevation on Scale 8B (Demeaning). This group is found to have poorly developed social skills and a high rate (20%) of cognitive impairment. Offense histories are usually divided between rape and victimization of younger children and sexual offenses in this group tend to be impulsive and poorly planned. Recommended treatment goals include the development of social skills and the enhancement of adaptive interpersonal skills. Recommended treatment strategies include group interventions and education.

2.5.6.3.2 Criminal Type

This group seems to most closely mirror the prototype of a criminal offender. Offenses tend to be violent and/or aggressive and coercion is often used. The most common offense is rape. Individuals in this group present with MACI profile elevations on Scales 4 (Dramatizing), 5 (Egotistic), 6A (Unruly), and

6B (Aggressive). There tends to have been high levels of parental psychopathology. Individuals in this subgroup may appear sociable, independent, openly hostile, rejecting of social norms, and overtly aggressive. There is a low incidence of serious mental disturbance, including psychosis. The sexual offending pattern of individuals in this group tends to be part of an overall aggressive/hostile pattern of behavior. It seems that the sexual offense is one way of exerting power and control over others. This pattern is the least amenable to treatment because of the lack of remorse and conscience, along with the rejection of limits and controls. As might be expected, this subgroup of offenders has a poor prognosis.

2.5.6.3.3 Negativistic/Angry Type

There are some similarities between this group and the criminal subtype. Since their sexual offenses are not solely directed towards sexual gratification, it is likely that they also have histories of non-sexual offenses. This group tends to have a high rate of substance abuse and they do not behave as sociably and independently as the criminal group. Feelings of resentment and hostility are manifested and probably stem from feelings of rejection and abandonment by others. Their relationships tend to be ambivalent. The standard MAC1 profile for this subtype includes elevations on Scales 6A (Unruly), 6B (Aggressive), and 8A (Oppositional). It is essential that primary treatment addressing alcohol and/or drug abuse be provided. After substance abuse issues have been addressed, group intervention is recommended so that this type of offender may develop more adaptive social skills and better control over feelings of anger and

resentment. It is also important that attention be focused on helping the offender develop less ambivalent attachments.

2.5.6.3.4 “Healthy” Type

This distinct group of sexual perpetrators produces a MAC1 file that has either no elevations on the basic personality scales above a base rate of 75, or there is an elevation on Scale Y (Desirability) and moderate elevations on Scales q (Dramatizing), 5 (Egotistic), and/or 7 (Conforming). Of note is the relative absence of significant familial psychopathology or substance abuse. Individuals in this subtype tend to show very poor insight and minimize the seriousness of their sexual offenses. There appears to be more sexual motivation to their crimes and their offenses are generally planned out. It is hypothesized that the underlying motivation for their offending behavior is to compensate for feelings of inadequacy. Bizarre and/or psychotic thinking, along with high levels of sexual deviancy, are found in this group. Approximately 20% of the individuals in this subtype have been victims of incest. Highly unusual ideas about sexuality and interpersonal relationships are common. Treatment interventions are best focused on treating unusual or bizarre thought patterns and exploring and lessening the offenders' deviant fantasies and ideas about sexuality.

2.5.6.4 Prototypes of Adolescents Referred for Residential

Treatment

The first published study describing the use of the MAC1 with a residential treatment population was conducted with a group of 251 adolescents referred to

a residential treatment facility in Chicago and resulted in the generation of five factor-based MAC1 prototypes described by Romm, Bockian, & Harvey (1999, p. 125) as follows, “Factor 1 defines a prototype for Defiant Externalizers, Factor 2 for Intrapunative Ambivalent Types, Factor 3 for Inadequate Abused Avoidants, Factor 4 for Self-Deprecating Depressives, and Factor 5 for Reactive Abused Types.” The five factors accounted for 77.4% of the variance in the sample. A principle components analysis with varimax rotation was utilized in this analysis and negative and positive factor loadings greater than .30 were identified for each prototype. The authors present the prototypes, which are characterized by elevated or depressed base rates on scales within the Indexes, Personality Patterns, Expressed concerns, and Clinical Syndromes.

2.5.6.4.1 Defiant Externalizers (27% of sample)

This prototype has high base rate scores on Disclosure (X), Unruly (6A), Forceful (6B), Oppositional (8A), Borderline tendency (g), Identity Diffusion (A), Social insensitivity (F), Family discord (G), Substance abuse proneness (BB), Delinquent predisposition (CC), and Impulsive propensity (DD). Low base rate scores appear in the areas of Desirability (Y), Inhibited (2A), Submissive (3), Conforming (7), Sexual discomfort (D), Peer insecurity (E), and Anxious feelings (EE). This profile is typical of the youngster who acts out and tends to experience family discord. There is a tendency to experience problems with authority and there is usually a lack of impulse control. Empathy tends to be low and they often blame others for their difficulties.

2.5.6.4.2 Intrapunative Ambivalent (7.6% of sample)

Individuals characterized as this type have base rate elevations in the areas of Disclosure (X), Debasement (Z), Introversive (I), Inhibited (2A), Doleful (2B), Oppositional (8A), Self-demeaning (8B), Borderline tendency (9), Identity diffusion (A), Self devaluation (B), Childhood Abuse, Impulsive Propensity (DD), Depressive affect (FF), and Suicidal tendency (GG). Low base rate scores were recorded in the following scales: Dramatizing (4), Egoistic (51, Conforming (7), and Sexual Discomfort (D). Persons described by this prototype tend to internalize their feelings rather than acting them out. They are likely to feel depressed and defeated and have a great deal of family conflict. Poor social skills and an inability to form close relationships often serve as impediments to engaging in productive treatment work.

2.5.6.4.3 Inadequate Avoidant (13.9% of sample)

Base rate elevations evident in this group include Introversive (I), Inhibited (M), Identity diffusion (A), Self-devaluation (B), Body disapproval (C), and Peer insecurity (E). Base rates in the lower range included Desirability (Y), Dramatizing (q), Egoistic (s), and Social insensitivity (F). This prototype characterizes the adolescent who tends to withdraw and is isolated from others. They are overly sensitive and go to great lengths to avoid rejection from others. They also have limited social skills and may distance themselves from their feelings.

2.5.6.4.4 Self-Deprecating Depressed (15.1% of sample)

This factor is loaded for girls and is characterized by high base rates in the areas of Inhibited (d) Self-demeaning (8B) Self-devaluation (B), Body disapproval (C), and Eating dysfunctions (M). Lower scores are evident on the Egoistic (5), Social insensitivity (F), Delinquent predisposition (CC), and Depressive affect (FF) scales. Melancholy, fearfulness, and self-pity describe the inner experience of these individuals. They tend to be dependent on others and have low self-esteem. There are often body image problems and a high rate of eating disorders.

2.5.6.4.5 Reactive Abused (18.3% of sample)

This prototype is also loaded for girls and is distinctive because of base rate elevations on the Body Disapproval (C), Family Discord (G), Childhood Abuse (H), and Suicidal Tendency (GG) scales. There are no significantly low base rate scores. Adolescents in this factor have often experienced abuse from others. They tend to cast themselves in a desirable light and can be sociable and melodramatic. They tend to be immature and flighty, uncomfortable with sexual concerns, and have significant familial discord.

Even though this taxonomy is not specific to sex offenders, the model may be useful in formulating a future framework for MAC1 subtyping of delinquents adjudicated for sex offenses. The scope of Romm, Bockian, & Harvey's (1999) rotated factor analysis was not possible in the present study because the number of subjects ($n=100$) was too small for the number of MACI variables ($v=30$).

2.6 Description of the MACI

The MACI was derived from the Millon Clinical Multiaxial Inventory, but was constructed specifically for adolescents. It is a 165-item inventory with a readability level of sixth-grade. An audio tape is included with the testing manual as an alternative to the youth reading the test. Questions are presented in the vernacular of teens and are related to matters of teenage interest (Millon & Davis, 1993). The instrument was designed for use in mental health settings for clinical diagnostic purposes. It can be administered to youth ages 13 through 19 and has norms that have been stratified into two age groups; 13 to 15 year-olds and 15 to 19 year-olds (McCann, 1999).

2.7 General Acceptance of the MACI

The use of MACI typologies appears to hold promise in the field of adolescent sex offender treatment. The categorization system addresses concerns related to inaccuracy and lack of access to accurate historical data, problems inherent in the veracity of self report measures, and subjectivity and uncertain inter-rater reliability in the subgrouping of offenders. Also, in juvenile courts there has been general acceptance of the predecessor to the MACI, the Millon Adolescent Personality Inventory (MAPI). According to Woodward, Goncalves, and Millon (cited in Maruish, 1994) the MAPI has been shown to be a valid and reliable instrument in assessing adolescent clinical populations. Additionally, use of the MACI with clinical populations shows promise due to the relative brevity of the instrument, affordable computer scoring services, three

modifying scales that assess the answering styles of examinees, descriptive profile correlations with DSM IV Axis I and Axis II diagnoses, and assessment of environmental stressors. Largely due to these factors, the MACI is a widely recommended standardized personality test for use in juvenile forensic evaluations (Ackerman, 1999).

2.8 Jesness Inventory I Level Classifications

According to Carl Jesness, the author of the Jesness Inventory, "Although I-level theory was intended as a general theory of personality rather than a theory of delinquency, it has been applied almost exclusively with juvenile delinquents and young adult offenders" (Jesness, 1986, p. 948). Even though there is no published research regarding proposed I-level typologies for juvenile sexual offenders, there have been some studies which have investigated the relationship between Jesness Inventory subscales and juvenile sexual offenders. Butz and Spacearelli (1999) used two Jesness scales, Alienation and Manifest Aggression, to assess delinquent attitudes in 101 juvenile sexual offenders. They also used the Social Anxiety scale to assess social competence in the same group. No significant differences were found between offenders who used physical force in the commitment of their offenses and those who did not. In a comparison of the Jesness Inventory and Jesness Inventory Classification System, personality characteristics of 50 adolescent nonviolent sex offenders and 50 nonsexual, non-violent offenders (Oliver, Hall, & Neuhaus, 1993), results revealed that juvenile sex offenders displayed less deviant personality

characteristics than did other offenders. The same study found that the mean Jesness Inventory score for juvenile sex offenders was un-elevated and that this population scored significantly lower on the Jesness Inventory Social Maladjustment Scale than did other offenders. An important finding was that “adolescent sex offenders were the least likely group to be classified at the 1-4 level of the JICS - the only evidence of greater maladjustment relative to other adolescent offenders” (Oliver, Hall, & Neuhaus, 1993, p. 367).

Jesness Inventory research is more substantive with generic populations of juvenile delinquents which probably include a subpopulation of sex offenders. Using the MMPI and Jesness Inventory, Sorenson and Johnson (1996) constructed groups of juvenile delinquents that were homogeneous in terms of personality characteristics. Five subtypes of juvenile delinquents were identified: “an alienated, unsocialized group, an insecure-anxious group, a group reporting limited difficulties with peers but alienated from adults, a group with no apparent emotional disturbance, and, a group with multiple elevations” (Sorensen & Johnson, 1996, p. 293).

In 1984, Jesness and Wedge gave the Jesness Inventory to a sample of 1,131 delinquents and then followed them for ten years. They found that long-term criminality was related to subtype; however, they also concluded that information about subtype alone is not enough for most assessment needs. They saw utility in the I-Level system of classification in that it provides a framework for common language among clinicians to facilitate more effective communication about the needs of clients.

Greening (1997), compared the social problem-solving skills of 11 male adolescents convicted of stealing with 11 male adolescents without such a history. She found that subjects who presented with delinquent tendencies, as measured by the Jesness Inventory, showed a tendency to be ineffective in presenting solutions to hypothetical social problems.

Another group of researchers (Dembo, LaVoie, Schmeidler, & Washburn, 1987) investigated the relationship between the specific problems of 145 status offenders and juvenile delinquents and their psychological orientations, as measured by questionnaires and the Jesness Inventory. Their analysis revealed significant correlations among antisocial orientation and physical abuse, illicit drug use, repeated placements in secure detention, and self-derogation. The authors posit that these results support the view that specific behavior problems are related to the valuation of an antisocial lifestyle.

In an investigation of the validity implications of the Jesness Inventory for 1,122 institutionalized male juvenile delinquents, the population showed deviant mean T scores on the Asocial Index and Social Maladjustment scales. "Scores on 4 of the 10 subscales, Social Maladjustment, Value Orientation, Autism, and Manifest Aggression, correlated positively with both frequency of prior arrests and number of previous institutionalizations ... Results provide additional support for the research and diagnostic uses of this instrument in assessing adolescent social maladjustment" (Kunce & Hemphill, 1983). Other studies (Graham, 1981; Martin, 1984; Saunders and Martin, 1976) support the delinquency differentiation capabilities of the Jesness in comparing delinquent and non-delinquent samples.

2.9 Treatment of Juvenile Sexual Offenders

Several researchers believe that treating sexually deviant young people will prevent future offenses (Kosb, 1989; Lakey, 1995; Morenz & Becker, 1995). Rasmussen (1999) reported that juvenile sexual offenders who failed to complete treatment were more likely to recidivate than peers who successfully completed treatment programs. The literature (Hunter and Santos, 1990; Bremer, 1992; cited in Brown & Kolko, 1998) supports the use of residential cognitive-behavioral treatment programs with juvenile sex offenders. There is additional evidence (Borduin, Henggeler, Blaske, & Stein, 1990; cited in Brown & Kolko, 1998) to support the use of multi-systemic therapy with this population. A self-psychological perspective, advocated by Chorn and Parekh (1997) recommends progressively less intensive monitoring, intensive individual psychotherapy, peer group therapy, social skills training, and cognitive therapy. Most researchers consistently recommend a family therapy approach.

In 1988, Kahn and Lafond provided an overview of the sexual offender treatment protocol at Echo Glen Children's Center, a juvenile corrections facility located in Washington State. The multifaceted treatment process utilized in that program includes: helping sexual offenders to fully disclose and take responsibility for their offenses; facilitating their understanding of the impact of sexual abuse on victims, including themselves; promoting the identification of dysfunctional values and attitudes that are precipitants and reinforcers of maladaptive sexual behavior; teaching social skills that include a focus on skills that are necessary to interact appropriately with peers and; helping clients

identify deviant sexual arousal patterns and assisting the client to change these patterns.

DiGiorgio-Miller (1994) examined techniques to engage and treat mandated juvenile sex offenders. Central themes recommended for treatment of adolescent sexual perpetrators include: (a) identifying the underlying dynamics of the offense; (b) exploring issues related to social isolation, family difficulties, low self-esteem, and rejection by family and peer group; (c) exploration of the sexual offender's own victimization; (d) discussion of concerns regarding sexual orientation; (e) isolation from the peer group; (f) a free flow of information to the adolescent regarding his progress in treatment; (g) education regarding the dynamics of the abuse cycle including, thinking patterns before, during and after the offense; (h) the development of a realistic safety plan; (i) development of perpetrator empathy for the victim and potential victims; and (j) reintegrating the offender into society to include coping strategies and career plans.

Ryan, Lane, Davis and Isaac (1987) promote the utilization of the following tools to help the client understand and control his sexual assault cycle: (1) journal keeping and homework assignments; (2) exploration of poor self-esteem triggers through psychotherapy; (3) sex education and positive sexuality training; (4) victim empathy sessions; (5) promotion of risk taking; (6) cognitive restructuring; (7) interruption of deviant arousal patterns; and (8) covert sensitization to interrupt offenders' cycle with aversive consequences and escape mechanisms.

Polygraphy has been identified as an essential sexual offender treatment component by Emerick and Dutton (1993). This procedure can be implemented

at various junctures in treatment to validate the veracity of client accounts of sexual crimes, sexual attitudes, and masturbatory/fantasy behaviors. The Juvenile Sexual Offender Program at the Hennepin County Home School in Minnetonka, Minnesota uses polygraphy at pivotal phases of treatment, such as when a client is suspected of concealing previous offenses. Plethysmograph monitoring is another adjunct to some juvenile sexual offender treatment programs (Kahn & Lafond, 1988). A minority of programs use biological treatment, such as Depoprovera or Androcur (Sapp and Vaughn, 1990).

Even though there are many published best practices for working with juvenile sex offenders, most treatment directors of juvenile sexual offender programs indicate that “there is no panacea for sexual aggression; nonetheless, they stress maintenance and long term outpatient follow-up after release from the institution” (Sapp & Vaughn, 1989). Sometimes treatment success is viewed as small improvement, such as a lengthened time between offenses and a reduction in the seriousness of sexual misbehavior.

2.10 Institutional Adjustment

There is minimal research regarding institutional adjustment of incarcerated juvenile sexual offenders. Most studies focus on treatment outcomes and/or recidivism after offenders have been released from juvenile correctional facilities. A study of adult sexual offenders against children (Browne, Foreman & Middleton, 1998) revealed that the presence of delinquent behavior while in treatment, such as assaults on staff or using child pornography, were

significantly related to poor adjustment to treatment. Also, deterioration while in treatment approached significance as a predictor of poor treatment outcome. Therefore, it may be assumed that with adult sexual offenders, lack of institutional adjustment during treatment is associated with treatment dropout and unsuccessful completion of treatment goals.

Hillman, in a 1986 study, found that criteria for institutional adjustment utilized in previous research with juvenile delinquents included number of disciplinary problems, general conduct, escape attempts, negative staff reports, and unfavorable discharges. According to Hillman (1986, as cited in Blank, 1997), additional criteria to measure institutional adjustment of juvenile offenders includes disciplinary procedures, clinical focus from mental health professionals, treatment referrals, status of mental health supervision, and extended sentences.

There is contradictory evidence regarding the use of the Jesness Inventory as an instrument to predict institutional adjustment. One study (Bartollas, 1975; as cited in Blank, 1997) found the Jesness Inventory to be unreliable as a tool to discriminate between adolescents who ran away from a minimum security correctional facility and those who did not. Previous research by Cowden, Peterson and Pacht (1969, cited in Blank, 1997) found that the Jesness Inventory was useful in identifying youth who demonstrated poor institutional adjustment. According to Hillman, 1986, offenders who adjusted poorly to the residential treatment environment were categorized by the Jesness as having defensive and rebellious attitudes, along with unrealistic views of their

environment. These youthful offenders also demonstrated a disregard for social rules and the rights of others.

There are no known studies analyzing the efficacy of using the MACI to predict institutional adjustment of incarcerated sexual offenders. Grilo et al. (1996) found that adolescent inpatients with comorbid mental illness and substance use disorders were more likely than adolescent inpatients with mental illness but without substance use disorders to have MACI scores suggesting unruliness, social insensitivity, and lower levels of submissiveness. These adolescents also showed significantly higher levels of delinquent predisposition and significantly lower levels of anxiety.

2.11 Treatment Outcomes

Perry and Orchard (1992) report that “there appears to be no consistent approach that insures long-term effects of the treatment of adolescent sex offenders” (p. 99). According to Brown and Kolko (1998), there is minimal information regarding successful approaches to treating the juvenile sex offender because existing research tends to focus on recidivism as the only measure of treatment outcome. Grant and McDonald (1996) emphasize the need for offenders to (a) acknowledge take responsibility for their actions, (b) restructure their cognitive distortions, (c) address issues of minimization and rationalization, and (d) receive sex education to assist in examining sexuality, morality, and societal norms. Some programs have focused on decreasing maladaptive responses and increasing knowledge and skills as commendable treatment

outcomes. Embedded in recommendations by Brown and Kolko is the proposal that juvenile sex offender typologies be identified across settings and that an examination of their relation to treatment outcome and long-term adjustment be conducted. Bourke and Donohue (1996) assert that this population needs to be further defined utilizing standardized instruments to specify populations when performing treatment outcome studies" (p. 64). Becker and Hunter (1997) also endorse the development of empirical typologies and controlled treatment outcome studies.

Even though the cessation of sex offenses is the primary goal of treatment (Stevenson & Wimberley, 1990), it has been suggested that tentative successful treatment outcomes have been reached when the offender admits the dynamics of the offense, identifies denial of and responsibility for sexual offenses, exhibits knowledge of appropriate sexual expression, acquires social skills which promote positive social relationships, acknowledges family influence in the offending patterns, and has an involved family or family-like support system for aftercare. Sapp and Vaughn (1990) reported that most directors of juvenile sexual offender treatment programs are realistic in their expectations. They acknowledge that the ideal treatment outcome is the elimination of sexually deviant behaviors but they note that success can include the lengthening of time between offenses and reducing the severity of offenses. Morenz and Becker (1995) have indicated that 'improved understanding of the etiology of sex offending and reliable typologies for sex offenders will assist in the development of more effective treatments and identification of youth who are at risk of offending or reoffending" (p. 254).

2.12 Conclusion

As evidenced in the preceding review of the literature, the juvenile sexual offender has captured the interest of numerous psychologists and sociologists. In their investigation of the root causes of the phenomenon and the characteristics of the juvenile sexual offender, scholars have reiterated the imperatives of understanding both of the stated as a first step towards the more accurate and precise identification of the at-risk group. It is from within the context of the stated that personality typologies have been developed.