

Juvenile Sex Offenders

Deterrent Methods and Recidivism

Recidivism: The tendency of a convicted criminal to reoffend

- Measured by further arrest, conviction, etc.

What defines Psychotherapy?

- The treatment of mental disorder by psychological means as opposed to medical means
- **EX: Cognitive-Behavioral Therapy (CBT)**
 - Typically conducted in a group therapy setting
 - Addresses the irrational thoughts and beliefs of offenders that lead them to engage in 'anti-social' behaviors
- Aim to change cognitive, attitudinal, affective, and behavioral patterns associated with sexual aggression, introduce new adaptive patterns, and inculcate necessary skills to manage the various dynamic risk factors associated with recidivism risk

What defines Incarceration?

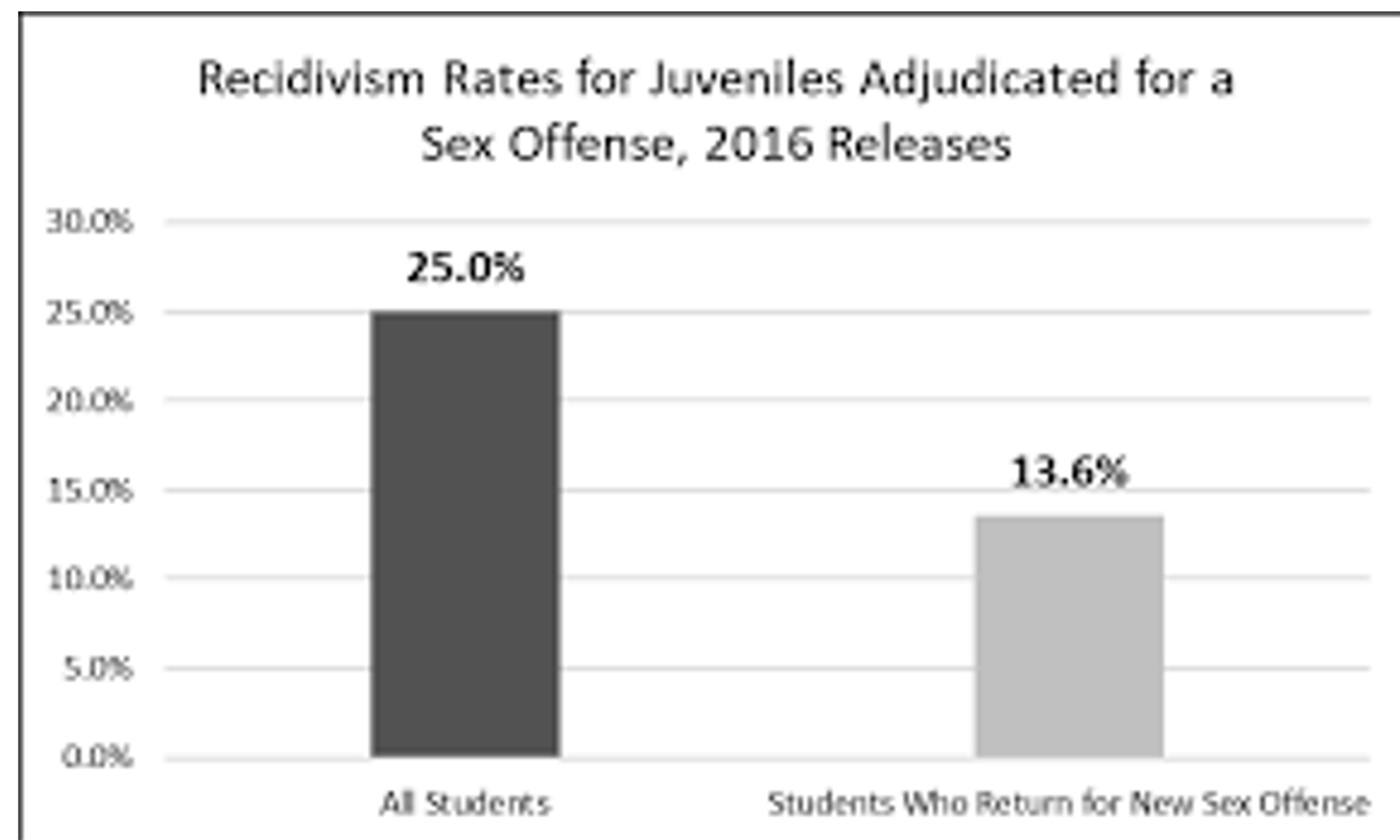
- The state of being confined in prison; imprisonment

What are the facts?

- Juveniles account for 25.8% of the total number of sexual offenses *known* to police.
- 15% of the nation's 21,407 rape arrestees in 2009 were younger than the age of 18
- Males are more documented as having a greater possibility of being sexual offenders as well as becoming repeat offenders
- The majority of sex offenders are in their teens, 20's, or 30's
 - Usually, there is a varied criminal background leading to sex offenses such as breaking and entering, theft, physical assault, etc.

References

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Introduction and Objectives

Psychotherapy versus Incarceration

- Core treatment target of Cognitive-Behavioral Therapy (CBT):
 - Taking full responsibility for all aspects of the sexual crime, reducing or correcting cognitions that support sexual offending, building intimacy/relationship skills and other social skills, promoting awareness and empathy towards victims, preventing relapse, building family support networks, and controlling sexual arousal
- Other Beneficial Psychotherapies:
 - Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Multisystemic Therapy (MST)

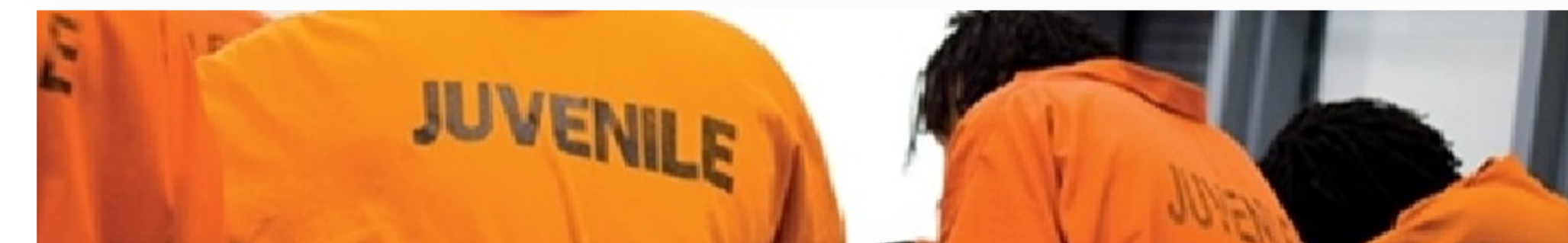


"... no part of the adult brain is more shaped by adolescence than the frontal cortex. Nothing about adolescence can be understood outside of the context of delayed frontal cortex maturation"

Robert Sapolsky

Cont.

- Incarceration:
 - Aggravated assault in the first degree: if the victim is less than 13 years old, a conviction leads to 25 years to life in prison
 - Sexual assault in the second degree: five to ten years in prison
 - Aggravated criminal sexual assault in the third degree: three to five years imprisonment
 - Criminal sexual conduct in the fourth degree: those convicted can face up to 18 months in prison
- Sex Offender registration and Notification Act (SORNA):
 - Requires juveniles at least 14 years of age who have been adjudicated with a sex crime to register as federal sex offenders



Conclusion

While further research of treatment program implementation is much needed, developers of experimental treatments should clearly articulate the links between known correlates of offending and treatment goals, and clinical trials involving these treatments need to evaluate treatment processes as well as outcomes. Research transporting evidence-based interventions to real-world setting need prioritization so that the best interventions are made widely available while retaining a high-level of integrity.

Furthermore, current existing intervention policies include lengthy incarcerations, expensive residential treatment programs, post-incarceration civil commitment, and long term community-based supervision and treatment programs which regularly exceed one hundred thousand dollars per offender per treatment episode. Redistributing a portion of treatment and supervision dollars to fund sex offender treatment outcome research would hasten the development and deployment of clinically effective and cost-beneficial treatments for sexual offenders.

Psychotherapy is a more successful deterrent method for juvenile sex offenders, as measured by recidivism rates, than that of incarceration

