The Impact of Variations Among Juvenile Sex Offenders on Treatment Efficacy: A Literature Review

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Appriximately 13% of the individuals arrested for forcible rape in 2001 were juveniles (Andrade et al., 2006). Dating back to the late 1990s, many statistical reports suggest that juveniles were culpable in approximately one half the United State's cases of child molestation (Andrade et al., 2006). As this evidence highlights, Juvenile Sex Offenders (JSOs), are a population of individuals that requires specific attention and research. A Juvenile Sex Offender is commonly defined as an individual at or below the maximum age of juvenile court jurisdiction (determined by each state's statute) who commits a sex offense against another individual (Prisco, 2015). An essential concept in understanding Juvenile Sexual Offenders is that they are a heterogeneous population grouped together by age, but uniquely divided based on their individuality in personal histories, characteristics, criminal backgrounds, and more (Andrade et al., 2006).

While there lacks an official JSO categorization tool, various pieces of literature have aided in understanding the general characteristics of Juvenile Sex Offenders. Firstly, around 40-60% of JSOs have a history of prior nonsexual delinquent behavior. However, there are several other factors that impact JSOs, such as learning and behavioral difficulties in school and at home (often resulting in poor academic achievement and lQs), struggles with mental health like depression and anxiety as well as other psychiatric issues, and exposure to pornography (Prisco, 2015). Certain theories have been developed in an attempt to classify this population, such as Burton's Categorization of Three and Moffitt's Taxonomy (Andrade et al., 2006). Burton's Categorization of Three places Juvenile Sex Offenders into either the "Early Offender", "Teen Offender", or "Continous Offenfer" groups; those considered to be "Continuous Offenders" are considered to commit sexual offenses at a higher rate and be more likely

to commit adult crimes. Like Burton's Categorization, Moffitt's Taxonomy of antisocial behavior categorizes juveniles as either "Life-course Persistent" or "Adolescent Limited" offenders and hypothesizes that those who display early disruptive behavior and fall in the "Life-course Persistent" category may have lengthier criminal careers (Andrade et al., 2006). Another crucial area of discussion in regards to Juvenile Sex Offenders is how they are handled in our Criminal Justice System. In the 1980s, for instance, juvenile sexual offenses were seen less as assaultive and more of innocent experimentation (Prisco, 2015). Since then, "Megan Law's" (requiring sexual offender registration) have been put in place to ensure community safety; punishment has become increasingly highlighted.

Overall, the significantly elevated rates of sexual offenses among juveniles along with the idea that early intervention can prevent the continuation of aberrant behaviors in adulthood, display the necessity associated with identifying effective treatments for JSOs. However, there is limited knowledge of how differences amongst JSOs, such as race & ethnicity, gender, as well as levels of cognitive distortions may impact the efficacies of certain treatment types. Therefore, it is important to ask and investigate how the known differences among Juvenile Sex Offenders, specifically in race & ethnicity, gender, and level of cognitive distortions impact our understaning of effective treatment types. In exploring how black JSOs' mistrust in judicial and court systems impacts treatment resistance, the impact of sex education on male JSOs, and how cognitive distortions impact treatment outcomes, this paper will explore how treatment efficacy is reliant on how tailored the treatment is to the particular subgroup of Juvenile Sex Offenders.

Race

Firstly, in order for treatment approaches to be the most effective, they must be adjusted based off of racial and ethnic disparities to each Juvenile Sex Offender in efforts to address the mistrsut, resistance, and struggles associated with racial minorities and the criminal justice system. The term “disproportionate minority contact” can be described as the overrepresentation of racial minorities (relative to their actual population) within the Criminal Justice System. Research has proven that this disproportionate minority contact is in fact present among Juvenile Sexual Offenders. This impacts African American individuals more than any other racial/ethnic group as African Americans are six times more likely to be incarcerated than European Americans (Fix et al., 2015). As a result of this significant discrepancy, black juveniles adjudicated for a sexual crime may battle with the mistrust of the judicial and treatment systems they must engage with. These results suggest consideration for specific or tailored treatment programs that apply cultural competence and sensitivity surrounding the racial disparities seen within the criminal justice system.

When juveniles are adjudicated for a sexual offense, their mental health treatment is mandated (unlike most mental health treatment). Mental health and institutionalized racism are heavily linked, especially when an individual not only witnesses this racism around them, but when it applies to their own lives, criminality, and treatment. Research shows that institutionalized racism may in fact contribute to JSOs of color being generally less responsive to treatment and experiencing higher rates of denial- especially when treatment is required (Venable & Gauda, 2014). Given this mistrust, it is crucial that services and clinicians are fully aware of, can

acknowledge, and address a minority youth's experiences in a culturally sensitive and competent way. If these requirements are not meant, these minority youth will likely exhibit notable treatment resistance. While the most popular treatment approaches for JSOs (that have proven to be generally effective) are relapse prevention and cognitive behavioral treatment, these types largely fail to prioritize problems related to cultural competence (Venable & Gauda, 2014). This leads to the realization that no one is truly clear on which treatment approaches "work best" for African American JSOs. Therefore, it has become increasingly necessary that cultural competence is woven into treatment approaches with African American JSOs. This indicates that clinicians must have elevated awareness of each client's unique experience in their social context and how their heritage impacts their behavior, be knowledgeable on the historical forces and biases against differing minorities, and be able to apply their techniques of treatment to each individual's unique situation and relationship to society.

For example, During CBT with an African American family (treating a JSO) it is imperative that historical and systemic obstacles affecting compliance within treatment are acknowledged by the clinician during the intake and assessment procedures. This involves a great deal of empathy and strength-based technique to build a rapport with the JSO by validating their feelings of mistrust (Venable & Gauda, 2014). Another recommended strategy is for clinicians to incorporate relevant materials to the treatment of appropriate diverse populations so as to help the individual work through aspects of their identity; being culturally informed and relevant is key. Research has concluded that implementing such practices of cultural competence and awareness into popular treatment approaches for JSOs (or racial minorities) is effective in improving overall

efficacy (Venable & Gauda, 2014). Therefore, tailoring JSO treatments based on individualized needs, such as race & ethnicity, can benefit treatment efficacy.

Gender

Another variation among Juvenile Sex Offenders that must be taken into account when considering JSO treatment types is gender; given the common lack of interpersonal social skills associated with intimate relationships and inaccurate perceptions regarding sexual behaviors, male JSOs could benefit from sexual education treatment. Male adolescents are linked to a significantly large percentage of sex crimes in a given year- with offenses ranging as severely as adult offenses (Dwyer & Boyd, 2008). It can be noted that these young males have a distorted concept of sexual behaviors and struggle with ideas of intimacy/interpersonal social skills (Vandiver & Teske, 2006). Sex education, in a group setting, is thought of to be beneficial in treating male youth who demonstrate these social shortcomings because it not only educates male youth about the areas they lack certain skills in, but generally teaches them how to have a healthy relationship with their own sexuality. Carrying out sexual education in a group setting allows for a safe environment for delving into sexual and psychological issues and gives peers an opportunity to correct each other on their misconceptions where and when they can (Dwyer & Boyd, 2008). These findings suggest that tailored treatment, such as sexual education, would be beneifical in the treatment of male JSOs as they commonly lack adequate knowledge in this particular area.

This form of treatment, according to research, has proven itself to be quite beneficial in achieving its main goals. These goals consist of providing accurate

knowledge of sexual anatomy and physiology as well as educating offenders on safer sex practices and how to foster nonabusive/age-appropriate interpersonal connections. In conducting sexual education treatment, male Juvenile Sex Offenders were shown to provide feedback to one another in the group setting, correct each other, and even engage in healthy confrontation. While there were inevitably a few times where facilitators had to get involved, most of the male JSOs exhibited appropriate and forward-moving behavior (Dwyer & Boyd, 2008). As evidenced, adjusting treatment types based on the individuality of all Juvenile Sex Offenders, such as gender, can result in better fitting and more effective treatment.

Cognitive Distortions

Next, assessing the treatment outcome variable of levels of cognitive distortions in Juvenile Sex Offenders has proven to be one of the most important factors of treatment outcome/success. Not only have extreme levels of cognitively distorted beliefs been seen to negatively impact treatment outcomes, but higher levels of such distortions have a strong, positive correlation with sexually reoffending. Therefore, a major aspect of treatment success and the reduction of sexually deviant behavior/risk of reoffending rests on the juvenile's ability to decrease their level of distorted beliefs (Eastman, 2005).

Clinicians have extensively noted that severe cognitive distortions cause many juvenile offenders to deny, justify, and minimize their deviant actions and potential guilt (Nunes & Jung, 2013). For example, when assessing a juvenile's cognitive distortions related to the belief (or disbelief) that the government should be able to create laws, the

impact of distortions on treatment success and reoffense risk was proven to support general theories surrounding cognitive distortions. Results indicated that juveniles who had distorted views on this topic (who believed the government does not have the right to make laws) were in fact at a higher risk for reoffending than those who did not share those distortions (Tisak & Goldstein, 2021). While this specific distortion does not involve a victim directly, this distorted mindset carries over to the juvenile's view on the victim. In the minds of these juvenile offenders with cognitive distortions, there is no need to have concern for their victims because they simply cannot comprehend the weight/impact of their offense in the eyes of the victim. Therefore, when a JSO is able to gain awareness of the impacts of his or her deviant behavior and feel genuine empathy, the risk of reoffending sexually decreases (Eastman, 2005). Overall, the implications of cognitive distortions on treatment efficacy and reoffending prove to be an essential categorization to consider when discussing differences amongst Juvenile Sex Offenders and treatment efficacy.

In discussing this grouping of variations among Juvenile Sex Offenders, including gender, race & ethnicity, and levels of cognitive distortions, it is clear that treatment efficacy is largely impacted by its individuality in relation to a specifc population of youth. Essentially, when treatments are constructively "geared" toward a subpopulation or trait amongst Juvenile Sex Offenders, the probablity of treatment completion and success increases. Whether it be adjusting standard treatments through education on racial disparities within the criminal justice system, honing in on youth male's misunderstanding of sexual knowledge, or emphasizing focus on severe cognitive distortions in JSOs, tailoring treatments has proven to be largely beneficial.

While factors impacting treatment efficacy have been and are continuously researched, one limitation worthy of discussion is the lack of an objective method for the assessment of treatment success or failure. This discrepancy has caused a gap in research surrounding the difference between treatment “completion” and treatment “success” (Eastman, 2005). Even though several studies measure treatment completion, there is a common misattribution in thinking that a completed treatment is equivalent to successful treatment; just because a JSO has completed treatment, does not mean they have been fully reformed or have no chance of reoffending. Given this gap, pressure continues to build on professionals and clinicians to create a universal measure of treatment success and risk assessment. Despite these limitations, the evidence surrounding the impact of individualized treatment on treatment efficacy based on variables like gender, race & ethnicity, as well as levels of cognitive distortions serve to inform professionals that one treatment does *not* fit all.

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