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The Life-Course of Juvenile Sex Offenders

A thesis submitted in partial fulfillment of the requirements for the degree of Bachelor of Arts in Criminal Justice and Bachelor of Arts in Psychology and the Honors Program

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ABSTRACT

This thesis reviews the research on juvenile sex offenders and discusses how different factors impact their lives both before and after entering the justice system. This thesis attempts to answer the question: what factors do juvenile sex offenders encounter influence recidivism throughout their lives. This thesis reviews prior studies and determines what conclusions can be drawn from earlier research on this topic. Data provided by the Washoe County Juvenile Services and the National Crime Information Center are analyzed to assess which factors from earlier research apply to this specific group of juvenile sex offenders from Washoe County, Nevada.

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CHAPTER 1: INTRODUCTION

In the United States, there is a misunderstanding and a fear of the portion of the population who have been labeled as sex offenders (Schiavone & Jeglic, 2009; Chaffin, 2008). This label is given to individuals who have been convicted of sex crimes, such as rape, molestation, indecent exposure, and other crimes that threaten the safety and comfort of the citizens of the United States (Offense Definitions, 2012). One specific group of these offenders who have become important to the research world are juvenile sex offenders. The number of sex offenses committed by juveniles is not negligible; in 2014, the Uniform Crime Report indicated that 11,017 juveniles were arrested for sex offenses in the United States (Table 43, 2014). Once juvenile offenders are arrested, the juvenile offenders are then tried, and if found guilty by a judge, the juvenile offenders are then entered into the juvenile justice system where they will be punished, supervised, and receive treatment. This group of offenders is considered to be a specialized group because the crimes and the age. The age at which one commits his or her first offense is considered when trying to predict crime trajectories, or to predict future criminal conduct (Miner, 2002; Christiansen & Vincent, 2013). When individuals are involved in the criminal justice system at a young age, there is a fear that they will stay in the system throughout their lives (Christiansen & Vincent, 2013). Treatment programs are mandated for offenders by the state in the effort to reduce future recidivism. Recidivism in this context refers to any future offenses committed by those who have already been convicted of a crime (Maltz, 1984).

Factors that greatly increase the likelihood that juvenile sex offenders will reoffend include the age at first offense, the length that the offender stays in a treatment

program, and if the victim is significantly younger than the offender (Miner, 2002). Although these factors do influence re-offense rates, it has been found that if a juvenile sex offender is going to reoffend sexually, this offense will likely occur within the first three years after being discharged from treatment (Hendricks & Bijleveld, 2008). When juvenile sex offenders do re-offend, data have shown that their offenses tend to be non-sexual in nature.

The purpose of this thesis is to inform fellow researchers, as well as justice system officials who work with juvenile sex offenders, of the potential factors predictive of recidivism, and of treatment factors that can reduce the likelihood of re-offense. This thesis will review prior studies which look at treatments considered the most successful and effective, and compare these findings (as the data allow) to the dataset provided by Washoe County Juvenile Services and the National Crime Information Center.

Treatment success rates are typically measured by the time it takes for one to commit another crime if a crime is committed after the offender has been released back into the community. An important factor when assessing the potential for future recidivism in juvenile sex offenders is whether or not treatment programs are completed (Efta-Breitbach & Freeman, 2004). Treatments such as cognitive behavioral therapy, psychosocial educational treatments, multisystemic therapy, adventure therapy, and treatments that involve parents and family members are used when juveniles are in treatment. When treatment programs are not completed, there tends to be an increase in re-offense rates (Efta-Breitbach & Freeman, 2004). With this knowledge, studies that have subjects who both have and have not completed treatment programs will be

examined. Exposure to different types of treatment programs, and completion rates are examined to evaluate the life trajectory of juvenile sex offenders.

The data provided by the Washoe County Juvenile Services (WCJS) and the National Crime Information Center (NCIC), consists of two hundred juvenile sex offenders from Washoe County, Nevada. The Washoe County Juvenile Services is a department under the Family Division of the Second Judicial District Court, which provides case management, probation services, and detention for at-risk youth and court wards between the ages of ten and eighteen in Washoe County, Nevada. The National Crime Information Center is a nation-wide database with data on offenders who have committed any type of crime. This data set was provided to Dr. Matthew Leone, a professor of Criminal Justice at the University of Nevada, Reno prior to the start of this thesis. The data on juvenile offenders was provided by the WCJS, while the data from the NCIC recorded the offenders' adult re-offenses. The combination of the data provided by the WCJS and the NCIC may provide a greater understanding of the life course of juvenile sex offenders once they have been released from institutions and programs.

Terms that will be used throughout this thesis are "sex offender," which in the state of Nevada, is an individual who has committed any sexual offense that is listed under NRS 179D.097 (NRS CHAPTER 17). "Recidivism," which is a re-offense that an offender commits (Maltz, 1984). A re-offense is not necessarily a re-commission of the same kind of crime that was initially committed (Maltz, 1984). "Life-course persistent offenders" are those who first commit crimes as youths, and as they age, unlike their non-offending peers, continue to commit criminal acts (Nagin, Farrington, & Moffitt, 1995). Another group of offenders are "adolescent limited offenders" (Nagin, Farrington, &

Moffit, 1995). Those who are categorized as adolescent limited commit crimes in their youth, but age out of criminal behavior (Nagin, Farrington, & Moffit, 1995). Life-course persistent offenders do not cease offending with age or other environmental factors (Nagin, Farrington, & Moffit, 1995).

Literature Review

Treatment of specialized groups of offender, such as juvenile sex offenders is a matter of great importance (Fanniff & Becker, 2006; Ryan, 1999). Whether it is the type of treatment or the length of the program, or whether treatment is received at all, courts decide whether to withhold treatment or not (Calley, 2008). When a juvenile sex offender goes through a treatment program, the offender is registered to the national sex offender database (Calley, 2008). Laws such as Megan's Law and the Adam Walsh Child Protection and Safety Act, require communities to be notified about sex offenders relocating to an area, and disclose personal information about offenders, including juvenile sex offenders (Calley, 2008; Adam Walsh, 2006). Megan's Law was enacted in 2004 after Megan Kanka, who was seven at the time, was raped and killed by a registered sex offender who was not required to notify local law enforcement that he was moving into the community (Megan's Law, 2004). Megan's Law requires sex offenders to register with local law enforcement and notify law enforcement agencies where they will be living so it can determined if where offenders are residing is in an area that complies with their respective conditions of parole (Megan's Law, 2004). The Adam Walsh Child Protection and Safety Act was enacted in 2006 to protect children from violent crime and to prevent sexual exploitation that occurs through child pornography and child abuse (Adam Walsh Child Protection and Safety Act, 2006). The Sex Offender Registration and

Notification Act (SORNA) of 2006 is a nationwide set of standards that describes the minimum registration and notification requirements of sex offenders throughout the United States (SORNA, 2006), makes it hard for offenders to reintegrate into society. Because of fear, neighbors are reluctant to accept these offenders, because they might sexually reoffend (Schiavone & Jeglic, 2009; Chaffin, 2008).

Since laws such as Megan's Law and SORNA exist, juvenile sex offenders may not be formally charged and avoid registration; they are, then, ineligible for treatment that they might need (Calley, 2008). Thus potential for future crimes increases. When juvenile sex offenders do go through a treatment program, they get the help that they require (Efta-Breitbach & Freeman, 2004; Calleja, 2015). When these needs are addressed, there is a greater potential to decrease future offenses (Calleja, 2015).

One aspect that influences a juvenile's likelihood of recidivating is parental involvement in treatment. One's environment may influence his or her behavior, and the environment that children experience is created by their parents. Bonomo and Zankman (2005) suggest that involving a juvenile's parents in the treatment process may prove to be beneficial. Their research suggests that parents may play a role in the development of an abuse cycle, as well as a role in stopping this cycle. When families are included in the treatment of juvenile sex offenders, not only are there more preventative measures in place, but also there is more supervision (Prisco, 2015). Simply locking juvenile sex offenders up is likely not as effective as the kind of authority parents have over the offender because parents interact with the offenders daily. With the inclusion of parents in the treatment of juvenile sex offenders, tax dollars are saved and the likelihood of

recidivism within this specific group of offenders is decreased (Bonomo & Zankman, 2005; Prisco, 2015).

Unlike non-sexual juvenile offenders, juvenile sex offenders tend to have lower recidivism rates after going through treatment (Calleja, 2015). Treatment for juvenile sex offenders tends to be several days to weeks longer than non-sex offenders (Calleja, 2015). These lower recidivism rates can be explained by factors such as type of treatment and registration with national sex offender databases (Calleja, 2015). Prior research studies have shown that when juvenile sex offenders do re-offend, they tend to reoffend non-sexually (Christiansen & Vincent, 2013). Part of the reason for the re-offenses is that juvenile sex offenders are usually contacted by law enforcement officials or parole officers at three times the rate that juvenile non-sexual offenders are contacted (Zimring, Jennings, Piquero, & Hays, 2009). Although juvenile sex offenders tend to be stigmatized, they also have lower recidivism rates than juvenile offenders who offend in a non-sexual manner.

The types of treatments and therapies that juvenile sex offenders experience are likely to influence recidivism. Treatments tend to reduce recidivism when they address the needs of the offenders. Therapeutic needs include psychological, physical, vocational programming, and other forms of therapy. One kind of therapy that has been found to be effective with juvenile sex offenders is cognitive behavioral therapy (Fanniff & Becker, 2006; Ikomi, Harris-Wyatt, Doucet, & Rodney, 2009). Cognitive behavioral therapy, focuses on altering behaviors, cognitions, and arousal patterns of juvenile sex offenders (Fanniff & Becker, 2006). Because cognitive behavioral therapy focuses on a motivational change within an offender, the success rates of the offenders increase.

(Ikomi et al., 2009; Rehfuss, Underwood, Enright, Hill, Marshall, Tipton, West, & Warren, 2013). With a different set of cognitions, offenders turn their arousal patterns into more socially acceptable behaviors (Fanniff & Becker, 2006).

Another type of therapy proven to decrease recidivism for juvenile sex offenders is adventure-based programming (Gillis & Gass, 2010). With a reduction in re-arrest rates after adventures in the outdoors, it has been suggested by Gillis and Gass (2010), that such training also promotes an activity other than offending.

Methodology

To address the topic of the life-course of juvenile sex offenders once they have been released back into the community, I will review the prior research to analyze what others have found to be the best course of treatment for juvenile sex offenders. The prior research used in this study was found using databases accessible through the University of Nevada, Reno. Scholarly and peer-reviewed journal articles that addressed the topic of juvenile sex offenders were first located. Subtopics researched include factors that influence how the lives of juvenile sex offenders: environment, family, the kinds of treatment received, how length of treatment, and recidivism rates. The question of what kinds of re-offenses occur by juvenile sex offenders is examined in each of the prior studies.

My research first looks at the forms of treatment that are cited in previous studies conducted between 1984 and 2015. Using articles from journals such as the *the Journal of Addictions and Offender Counseling*, *the Journal of Child Sexual Abuse*, *the International Journal of Offender Therapy & Comparative Criminology*, and a number of other criminal justice journals, I analyzed the different kinds of environments that

offenders come from and the potential risk factors for re-offense. By reading multiple articles, I compared and contrasted ideas, resulting in the suggestion that various treatments are effective in the larger population of juvenile sex offenders.

Research into prior studies that compares juveniles who have committed sexual crimes and juveniles who have committed non-sexual crimes will also be investigated. The information provided by earlier research helps to determine if these differing treatments influence the type and presence of recidivism. I then determined whether there are specific types of treatments address the needs of the offenders in the hopes of reducing future re-offense rates. The topic of environmental factors such as family involvement with the juvenile sex offenders influences recidivism. Addressing the withholding treatment to prevent the registration of juvenile sex offenders is used in order to make a comparison of re-offense rates for studies where treatment is given and treatment is withheld. This will assist in determining if treatment is actually necessary for the entirity of this group of offenders.

The data set that was provided from the WCJS and the NCIC, considers the outcome variables from two hundred juvenile sex offenders. Statistical analyses on age of first offense, information about the victim, the type of treatment received, and the number of re-offenses each offender had, and whether offenders had a history of sexual abuse were run. When considering the criminal histories of these offenders I noted the types of crimes that they were arrested for, if any, after being released from the treatment programs. When examining the types of offenses the juvenile sex offenders have committed as adults, I noticed that in the different treatment programs used with these offenders fell short. The factors analyzed with the data set provided by the WCJS and

NCIC are those that have shown to be significant in previous studies (Christiansen & Vincent, 2013; Fanniff & Becker, 2006; Hendricks & Bijleveld, 2008). The WCJS and NCIC data provide further information about the life-course of the two hundred juvenile sex offenders. Throughout this process, I list out each step to make this study replicable.

From this study, I expect to find a pattern that will help in predicting recidivism in juvenile sex offenders and finding the best kind of treatments for this group of offenders. In addition, it may be possible to look at potential policy implications when it comes to juvenile sex offenders. If significant differences are found, then this could suggest treatments for juvenile sex offenders that will be successful to reduce recidivism in the future. There could be suggestions when it comes to institutions or treatment settings as how to work with juvenile sex offenders as to address the needs of the offenders

Summary

The way in which juvenile sex offenders are treated while under supervision will influence their lives far beyond their release back into the community (Bonomo & Zankman, 2005; Fanniff & Becker, 2006). Whether or not a juvenile sex offender completes a treatment program influences the likelihood of the offender re-offending later on in life (Efta-Breitbach & Freeman, 2004). Knowing that not only the type of treatment an offender receives, but also the completion of said treatment will influence recidivism, increases the likelihood of success in re-entering the community and of reducing the rate of recidivism in the special population of juvenile sex offenders. Laws such as Megan's Law and SORNA impact the lives of offenders because mandatory registration and notification to local law enforcement by offenders.

To understand the current state of treatment and therapy programs for juvenile sex offenders it becomes crucial to understand the history that led to these programs. To measure effectiveness of the programs, one must look at the number of juvenile sex offenders who both do and do not reoffend, as well as the crimes that are committed when recidivism does occur. This information lies within previous studies that have been conducted on therapies and treatment programs such as cognitive behavioral therapy, psychosocial educational treatments, Multisystemic therapy, adventure therapy, and treatment programs that involve parents and family members. The next chapter is a literature review which reviews previous studies and draws conclusions based on the findings.

Chapter 2: Literature Review

In this chapter the analyses of previous studies will allow readers of this thesis to be informed about the potential predictive factors of recidivism, and of treatment factors that reduce the likelihood of re-offense for juvenile sex offenders.

The issue of juvenile sex offenders and how this group of offenders is treated has been part of the focus of the justice system starting in the mid-1970s through the 1980s (Lab, Shields, & Schondel, 1993; Reitzel & Carbonell, 2006). Entities such as the National Task Force on Juvenile Sexual Offending emerged with the goal of finding a solution to the problem of juvenile sex offending. In this portion of this thesis, information on the etiology of juvenile sex offenders, the types of treatment used with this group of offenders, the impact of sex offender registration and notification, and recidivism rates of juvenile sex offenders will be reviewed. Not only will the topics listed be reviewed, but also the importance of treatment modalities and treatment completion will be described.

There are traits that are shared within the population of juvenile sex offenders. One such trait is the lack of an extensive criminal history (van den Berg, Bijleveld, Hendricks, & Mooi-Reci, 2014; Seto & Lalumiere, 2010). Since there is often a lack of prior offenses within this group of offenders, the question of how these offenders first became involved in crime becomes important. By examining the aspects that juvenile sex offenders have in common, this question can be answered.

A second trait that is common among juvenile sex offenders is the presence of the characteristic of being socially introverted, the lack of social skills (Valliant & Bergerson, 1997; Nelson, 2007; Becker, 1994) and the display of antisocial behavior (Parks & Bard,

2006; Butler & Seto, 2002; Vandiver, 2010; Waite et al., 2005; Swensen et al., 1998; Moffitt, Capsi, Rutter, & Silva, 2001). Since there is often a measurable lack of social skills among these offenders, juveniles who commit sex offenses may be socially isolated from their peers and society as a whole (Prisco, 2015), and this social isolation may be reflected in their small number of friends and intimate relationships (Prisco, 2015; Pullman, Leroux, Motayne, & Seto, 2014; Seto & Lalumiere, 2010). It is important to note that these traits are more applicable to male offenders. Females offenders comprise less than ten percent of sexual offense perpetrators, and those females are less likely to display antisocial behavior (Vandiver, 2010).

The literature describes how antisocial behavior and the lack of social skills that juvenile sex offenders display may lead the offenders to interact more with younger children (Nelson, 2007). Associating primarily with younger children, gives the offender greater opportunity to offend, and may lead to the continuance of the sexual abuse cycle (Bonomo & Zankman, 2005). This cycle begins when a child is sexually abused, and as the child grows older, he or she starts to abuse others as a way of coping with the abuse that he or she had previously experienced (Nelson, 2007; Bonomo & Zankman, 2005; Hendricks & Bijleveld, 2008).

Third common characteristic seen in juvenile sex offenders is impulsivity (Waite et al., 2005; Miner, 2002; Chaffin, 2008). With an inability to think through the consequences of one's actions, the juvenile offender is prone to making poor choices. For juvenile sex offenders who get caught, this choice can result in incapacitation, treatment programs, and lifetime registration and notification (Miner, 2002; Megan's Law, 2004; SORNA, 2006). Not only do these individuals commit their first offenses because of this

impulsivity, but also they have higher rates of re-offenses (Miner, 2002; Waite et al., 2005; Chaffin, 2008). The higher recidivism rate can be explained through examining how this impulsive behavior is addressed during treatment (Kimonis, Fanniff, Borum, & Elliot, 2011). When juvenile offenders enter the justice system and are found guilty of a crime, they are often given a label that is based on the crime that they committed (Chaffin, 2008; Cullen, 1984). For example, when a judge convicts a juvenile of a sex crime, the juvenile is labeled as a sex offender (Cullen, 1984).

Chaffin (2008) describes the mislabeling of juvenile sex offenders, and the details of their crimes. These crimes are activities that many juveniles engage in, but most of the time, they do not get caught. Some sexual crimes committed by juvenile offenders may be part of a developmental phase when adolescents engage in criminal behavior, which most phase out of (van den Berg, Bijleveld, Hendricks, & Mooi-Reci, 2014; Boutwell, Barnes, & Beaver, 2013; Moffitt, 1994). Impulsivity, which is a common trait in teenagers, can lead to inappropriate actions or reactions, such as acting out scenes from television, engaging in sexual activities out of curiosity, and some acting out because of victimization and traumatization (Chaffin, 2008). These acts and reactions, if unlawful, can lead to the label of “sex offender” when these juveniles may be undeserving of the long-term consequences of such a label (Chaffin, 2008). Juveniles are only labeled as “sex offenders” and punished when they are caught acting in the same manner of many of their peers (Chaffin, 2008).

A fourth trait is the role an offender’s family background plays in the likelihood of an offender committing initial offenses and recidivating (Miner, 2002; Hendricks & Bijleveld, 2008; Pullman et al., 2014; Hunter & Becker, 1994). Prior research shows that

it is not uncommon for there to be a history of sexual assault, divorce, and physical abuse in the home for juvenile sex offenders (Hendricks & Bijleveld, 2009; Pullman et al., 2014). Female juvenile sex offenders have more severe victimization histories, with their victimization starting at a younger age than males (Vandiver, 2010; Denov, 2004; Fehrenbach & Monastersky, 1988; Fromuth & Conn, 1997). With such troubling events in childhood, some juvenile sex offenders develop maladaptive coping methods (Nelson, 2007; Hunter, Goodwin, & Becker, 1994). These coping methods lead to the abuse of others as a way for the offender to exert power, after previously experienced being powerless (Fanniff & Becker, 2006). Juvenile sex offenders may also offend against others as a way of creating a sense of control in their lives, if there is a history of maltreatment or disorder (Nelson, 2007). When the offenders who have been victimized commit sex crimes against others, the sexual abuse cycle continues. The literature shows that offenders with a history of sexual abuse have a greater number of victims (Hunter & Becker, 1994), and that those who have been sexually abused as children tend to display either higher tendencies to sexually re-offend or a greater need for treatment to help promote healthy coping skills (Nelson, 2007).

The age range at which juvenile sex offenders typically commit sexual offenses varies based on gender. The most common age range for juvenile males to commit sexual offenses is between the ages of fourteen to sixteen (Vandiver, 2010); while females, typically commit sexual offenses between the ages of eleven and thirteen (Vandiver, 2010). Although this age difference may not seem like much, the age of the offender impacts the age of the victims (Vandiver, 2010). While victims of juvenile sex offenders vary in age, ethnicity, and relation to the offender, it has been shown that the age of the

victim also impacst recidivism rates (Parks & Bard, 2006, Vandiver, 2006). It has been suggested that juveniles victimize younger children because young children are accessed easily and are easy prey (Vandiver, 2006; Kemper & Kistner, 2007; Becker, 1994). Many of the youngest victims are family members (Kemper & Kistner, 2007; Vandiver, 2010; Becker 1994). Studies show that acts committed against adults or peers tend to be more aggressive or violent in nature. Juvenile offenders need to physically overcome older victims, but not younger victims (Parks & Bard, 2006). Although offenses against adults or peers may be more egregious, the re-offense rates show that juvenile sex offenders who committed crimes against adults or peers have a higher rate of non-sexual offenses in adulthood (Parks & Bard, 2006; Kemper & Kistner, 2007; Vandiver, 2006).

It is crucial to recognize the importance of treatment as a way of dealing with juvenile offenders, rather than simple retributive punishment (Miner, 2002; Reitzel & Carbonell, 2006). Studies continue to show that treatment for juvenile sex offenders is important if the goal is to reduce recidivism (Miner, 2002; Nelson, 2007; Pullman, Leroux, Montayne, & Seto, 2014; Reitzel & Carbonell, 2006; Becker 1990). Studies recommend that treatment should be used for juvenile offenders to change their patterns of behavior, and ultimately prevent future crimes (Becker, Cunningham-Rathner, & Kaplan, 1986). The treatment that juvenile offenders undergo should vary from that of adult offenders because of differing ages and development (Hunter & Becker, 1994). It has been shown that if treatment is given to an adolescent offender, there is a greater likelihood of changing adolescent sexual aggression behaviors than changing patterns of sexual aggression behaviors in early adulthood (Becker, Cunningham-Rathner, & Kaplan, 1986; Becker, 1994). Although there are standardized treatments for juvenile sex

offenders, most effective treatments are individualized to suit the specific needs of each offender (Kimonis, Fanniff, Borum, & Elliott, 2011).

Juveniles who have committed sexual offenses are sentenced to participate in sex offender-specific treatments that are intensive, and the judicial system often assumes that this group is deviant and a high risk (Kimonis, Fanniff, Borum, & Elliott, 2011). The treatments that juvenile sex offenders undergo aim to reduce recidivism and deviant behavior by addressing healthy sexuality, social competency, victim awareness, attitudes that support sexual abuse, behavioral regulation, positive family caregiver dynamics, risk prevention awareness, inappropriate sexual behavior, and thoughts that promote sexual abuse (Kimonis, Fanniff, Borum, & Elliott, 2011). Some treatment programs involve parents or guardians in the juvenile's treatment process (Kimonis, Fanniff, Borum, & Elliott, 2011, Bonomo & Zankman, 2005; Parks & Bard, 2006; Efta-Breitbach & Freeman, 2004). When parents or guardians who play a positive role in a juvenile's life are involved in the treatment process, there is a greater chance to regulate the activities and behaviors of these juveniles, and to build a stronger connection between the juvenile and the authority figures in his or her life (Efta-Breitbach & Freeman, 2004). When a relationship between the juvenile and his or her parents is strengthened, stronger social bonds are made within society, friends and community are expanded and crime is reduced (Moffitt, 1993; Nagin, Farrington, & Moffitt, 1995; Moffitt, Caspi, Rutter, & Silva, 2001; Chaffin, 2008). Social bonds can be developed over time and with different life events (such as getting married, graduating from high school, getting a job, etc.) that make committing crimes undesirable because of the social consequences that may come along with them (Moffitt, 1993). Moffitt's social bonds theory contributes to the decrease

in crime seen in both the juvenile sex offender population, as well as the general juvenile offender population (Moffitt, 1993). Although some non-sexually offending individuals age out of crime, many juvenile sex offenders require treatment to stop offending (Kimonis, Fanniff, Borum, & Elliott, 2011).

Types of Treatment

Treatment is vital to the rehabilitation of juvenile sex offenders. One type of treatment that is commonly used with juvenile sex offenders is known as multisystemic therapy (MST). Multisystemic therapy focuses on strengthening the bonds within an offender's life in the hopes of keeping the offender from committing further offenses (Nelson, 2007; Parks & Bard, 2006). This form of therapy focuses on bringing the parents or guardians into the rehabilitation process in the hope that the parents or guardians of the juvenile will help the juvenile cope with life events that arise (Nelson, 2007). The idea of empowering a juvenile's family members with the resources and skills necessary to assist a juvenile with the process of maturing is essential for the juvenile offender's success (Nelson, 2007; Parks & Bard, 2006). With improved abilities to operate within society and enhanced cognitive processes, juvenile sex offenders have successfully changed their functioning within society because of their increased number of positive social interactions (Nelson, 2007; Parks & Bard, 2006; Becker, 1994).

Another form of treatment that is commonly used with juvenile sex offenders is cognitive behavioral therapy (Fanniff & Becker, 2006; Ikomi, Harris-Wyatt, Doucet, & Rodney, 2009; Nelson, 2007). Cognitive behavioral therapy centers around the idea that sex offenses happen when maladaptive thinking occurs within an offender's thought process (Ikomi, Harris-Wyatt, Doucet, & Rodney, 2009; Nelson, 2007). There are five

parts of the cognitive behavioral programs: 1) to decrease or ultimately get rid of sexual thoughts that could be considered deviant, 2) to change belief systems that are maladaptive, 3) to learn to control behaviors and urges that are inappropriate and understand the impact that offenses have on both the victim and offender, 4) to promote social skills that are considered to be healthy, and 5) to educate offenders on topics that involve sex and the values that go along with it (Becker 1994; Nelson, 2007; DiMatteo, 2004).

Cognitive behavioral programs incorporate desensitization through satiation therapy in order to recondition sexual offenders (Nelson, 2007; Cashwell & Caruso, 1997; Ertl & McNamarak, 1997; Ikomi et al., 2009). Satiation therapy is the repeated masturbation of an offender to stimuli that are socially accepted (Nelson, 2007; Cashwell & Caruso, 1997; Ikomi et al., 2009). By using satiation therapies, offenders become aware of the situations that create urges within themselves to offend, as well as the consequences that go along with these urges (Ikomi et al., 2009). During satiation therapy, treatment providers work with offenders to change the stimuli that excite the offenders through matching the masturbatory process with sexual stimuli that are considered to be appropriate (Nelson, 2007; Rosenberg, 2002). By changing cognitions offenders have been able to complete cognitive behavioral therapy successfully. Relapse prevention is a form of follow-up post-treatment that teaches offenders how to manage future urges (Ikomi et al., 2009). When this therapy is matched with relapse prevention, offenders do not re-offend at as high of rates as they would, had they not received cognitive behavioral treatment (Ikomi et al., 2009).

A multitude of studies have been conducted on both cognitive behavioral therapy and multisystemic therapy, and have shown that both are effective forms of treatment for juvenile sex offenders (Parks & Bard, 2006; Ikomi et al., 2009; Nelson, 2007). Alternative forms of therapy, such as adventure therapies have been started to be developed to address juvenile sex offending.

A third type of therapy is adventure therapies, which are centered around having juvenile offenders learn how to problem-solve and change how they deal with aversive feelings or situations (Gillis & Gass, 2010; Russell, Gillis, & Lewis, 2008). Adventure-based programs such as LEGACY focus on educating juvenile sex offenders in a way that eliminates sexually inappropriate behaviors and thoughts (Gillis & Gass, 2010). The LEGACY program involves approaches that are action-oriented that encourage appropriate behavior, and consequences if behavior is inappropriate. (Gills & Gass, 2010). It also teaches offenders to take responsibility for their actions, and understand what healthy and equal relationships should be like (Gillis & Gass, 2010). Adventure therapies teach juvenile sex offenders appropriate behaviors and actions in ways that simply sitting in sessions cannot (Gillis & Gass, 2010; Russell, Gillis, & Lewis, 2008). Activities that build trust and educate juvenile sex offenders on what safe touch is, have shown to reduce recivism in a small number of offenders who have received this form of therapy (Gillis & Gass, 2010; Russell, Gillis, & Lewis, 2008).

Legislative Acts

Although many therapies have proven to be effective, issues arise when offenders return to the community because of registration and notification laws such as the Sex Offender Registration and Notification Act (SORNA), Megan’s Law, the Adam Walsh

Child Protection and Safety Act, the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act of 1994 (Calley, 2008; Trivits & Reppucci, 2002; Schiavone & Jeglic, 2009). The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act of 1994 was the first sex offender registration act that mandated that each state have specific programs to register sex offenders (Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, 1994). SORNA is Title I of the Adam Walsh Child Protection and Safety Act of 2006 (SORNA, 2006). SORNA describes the minimum standards for sex offender registration and notification throughout the United States (SORNA, 2006). The Adam Walsh Child Protection and Safety Act was enacted in 2006 to protect children from violent crime and to prevent sexual exploitation that occurs through child pornography and child abuse (Adam Walsh Child Protection and Safety Act, 2006). Megan's Law requires sex offenders to register with local law enforcement agencies when moving (Megan's Law, 2004).

Although it has been statistically shown that juvenile sex offenders have a lower sexual re-offense rate than other offenders, there is still a fear within the community that juvenile sex offenders will recidivate sexually (Schiavone & Jeglic, 2009; Calleja, 2015; Christiansen & Vincent, 2013; Zimring, Jennings, Piquero, & Hays, 2009; Caldwell, 2007; Alexander, 1999). These studies show that juvenile sex offenders recidivate non-sexually more frequently than they do sexually (Zimring, 2004; Worling & Curwen, 2000; Caldwell, 2007). These legislative acts, however, do not differentiate between the types of offenses that have been committed when notifying the community, thus making it so one who has committed a minor crime could be treated the same as an individual

who has committed a more serious offense (Chaffin, 2008; Bredlie, 1996; Calley, 2008; Miller, 1998). Another issue with legislation, such as SORNA, involves the part of the policy that requires juvenile sex offenders under the age of thirteen who offended against those who are also under the age of thirteen be registered as life-long sex offenders (Zimring, Jennings, Piquero, & Hays, 2009). This is an issue because juvenile sex offending is not a predictive factor of life-long offending, meaning that many offenders are unnecessarily stigmatized and isolated (Zimring, Jennings, Piquero, & Hays, 2009, Caldwell, 2007; Chaffin, 2008).

Issues that surround juvenile sex offender registration and notification are emphasized because the juvenile justice system was created to focus on rehabilitating adolescent offenders, not just punish them (Trivits & Reppucci, 2002; Calley, 2008). Since registration and notification legislation requires the community to be informed of the presence of juvenile sex offenders, some courts avoid convicting offenders in an effort to prevent stigmatization and isolation (Calley, 2008; Bremer, 2003). The amount of information that the public has on offenders allows for offenders to be targeted in their own homes and communities (Trivits & Reppucci, 2002). Although offenders may avoid registration, they are also given less severe charges at times, which takes away the option of treatment for said offenders (Calley, 2008; Bremer, 2003). This is problematic because treatment is often necessary to help offenders desist from further offending (Miner, 2002; Nelson, 2007; Becker, 1990).

Another issue that should be considered when policy makers are assessing the registration and notification requirements for juvenile sex offender is the fact that a wide range of those that offend as juveniles are considered adolescent-limited offenders,

meaning that they will not re-offend as adults (Boutwell, Barnes, & Beaver, 2013; Moffitt, 1993; Sampson & Laub, 2005). Declines in offending over time are believed to be related to the events that occur over the course of one's life that can be considered important (van den Berg et al., 2014; Gottfredson & Hirschi, 1990). The implications of juvenile sex offenders tending to decrease in offending as they age means that at times, this group of offenders is given a punishment that could be considered unnecessary and potentially harmful to the offender (Schiavone & Jeglic, 2009; Trivits & Reppuccii, 2002). The harm that is done to the offenders includes making it difficult for this group to hold jobs, enjoy the same quality of education, and complicating social relations because of these misunderstandings of legislation (Trivits & Reppucci, 2002; Reitzel & Carbonell, 2006; Schiavone & Jeglic, 2009). The general population typically only knows what the term "sex offender" means, but not all of the legislative acts related to juvenile sex offender convictions. In a study done by Schiavone and Jeglic (2009), it was found that over forty percent of the population was not familiar with Megan's Law and what the implications of it are. There is an issue when individuals do not understand Megan's Law because of the wrongful stigmatization and mistreatment of those convicted of sex crimes when others who have committed similar crimes have not been reported (Denov, 2004). Information about the re-offense rates of juvenile sex offenders are not communicated with the public, thus creating a misunderstanding of the actual threat that this group of offenders poses (Denov, 2004; Schiavone & Jeglic, 2009).

Recidivism

From the data collected from numerous studies, juvenile sex offenders have one of the lower recidivism rates when compared to juvenile substance-abusing offenders and

juvenile general offenders (Calleja, 2015; Christiansen & Vincent, 2013; Waite et al., 2005). When juvenile sex offenders do re-offend, it has been noted that most do not re-offend sexually, but instead in some other non-sexual manner (Hendricks & Bijleveld, 2008; Kemper & Kistner, 2007; Butler & Seto, 2002). When juveniles did re-offend sexually, it was found that some did not complete treatment, and there-after displayed sexual, violent, and other behaviors that signal that one is likely to recidivate (Edwards, Beech, Bishopp, Erikson, Friendship, & Charlesworth, 2005; Kemper & Kistner, 2007; Kahn & Chambers, 1991). Another set of traits that signify a greater likelihood of sexual re-offending, include sexual interests that are considered inappropriate, such as a preoccupation with children (Miner, 2002). The failure to complete treatment is also another factor that impacts future recidivism (Kimonis, Fanniff, Borum, & Elliott, 2011).

There is some debate over the manner of sexual recidivism being more common in those who offend against children because of the nature of their crimes and if the treatment, if received by the offender, was successful (Parks & Bard, 2006; Boyd, 1994). In some cases, it is apparent that prior sexual abuse may lead offenders to committing crimes at a younger age, which at times is regarded as a sign for a greater number of offenses (Prisco, 2015; Vandiver, 2006). Some studies, however, have shown that juveniles with a history of sexual abuse are not more likely to recidivate sexually (Kahn & Chambers, 1991; Hanson & Bussier, 1998). With a low recidivism rate in adulthood, requiring juvenile sex offenders to register appears to be unnecessary, as long as the offenders have received and completed adequate treatment programming and the justice system made the offenders take responsibility for their actions (Waite et al., 2005).

With the information that prior research has provided, it is necessary to address the issues that have shown to be predictors of recidivism. In this study, with the data set provided from the WCJS and NCIC, prior research indicates which analyses to run, and expand upon. Although this prior research does not suggest that those who have been sexually abused re-offend more, there is still the question of what kind of treatment do those who have been sexually abused receive to address their needs. This body of research provides answers to potential factors that lead to recidivism in the lives of juvenile sex offenders.

CHAPTER 3: ANALYSIS & INTERPRETATION OF DATA

This chapter will review the statistical analyses that were run with the data provided by the National Crime Information Center in 2015 and Washoe County Juvenile Services between the years of 2000 and 2012. In this chapter, analyses will be conducted to determine the impact of the factors of age of first offense, history of sexual abuse, and types of treatment given to offenders have on recidivism in juvenile sex offenders.

Method

Participants

Archival information from the institutional files of 184 male and 17 female juvenile sex offenders served as the source of data for this thesis. All of the files are of juveniles (those under the age of majority, which is 18 years of age) residing in Washoe County, Nevada at the time of their initial arrest, which occurred between 2000 and 2012. The follow-up data were collected on these juveniles in 2015 by the Washoe County Juvenile Services (WCJS) and National Crime Information Center (NCIC). While initially reviewing the data within the state of Nevada, it was noted that many of the juvenile offenders were no longer in the Nevada system; these offenders may have moved outside of the state of Nevada, that they may have stopped committing offenses, they aged-out of the system, or may have ceased getting caught. Once juvenile offenders reach the age of majority, which is 18 in the state of Nevada, the offenders are no longer in the juvenile system. To deal with this issue, NCIC data were requested from the federal government by researchers well before I had access to the data. The federal government granted access to the NCIC database, and the data on adult criminal conduct was reviewed and coded for each of the juvenile offenders that had been identified in Washoe County prior

to the time that I accessed it. The Washoe County data included treatment data and personal history data which indicated that the majority of the offenders participated in treatment programming and completed their prescribed treatment programs.

Measures

Criminal History

Each offender's background was coded and analyzed. The aspects coded include age of offense, the type of offense committed by offenders, and the total number of sexual charges. The information on the criminal history of each of the offenders was used to expand upon the impact that these factors have on future recidivism.

Ethnicity

Information on each of the offenders' ethnicity was coded when the data was received from the WCJS. The ethnicities listed in the data were Asian, Black, Caucasian, Latino, Mixed, and Native American. As shown by Table 2, 144 (74.4%) of the offenders in this study were Caucasian, which is a majority, so the ethnicities were recoded to Caucasian and non-Caucasian due to the small number of individuals from each of the minority groups. This measure was chosen in the efforts to compare the number of arrests that individuals from different ethnic backgrounds experienced. The justice system, usually labels offenders either white or non-white when entered into the system.

Table 1 Original Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		9	4.2	4.2	4.2
	Asian	1	.5	.5	4.6
	Black	9	4.2	4.2	8.8
	Caucasian	144	66.7	66.7	75.5
	Latino	50	23.1	23.1	98.6
	Mixed	2	.9	.9	99.5
	Native American	1	.5	.5	100.0
	Total	216	100.0	100.0	

Sexual Abuse Victim

Information on the history of sexual victimization that offenders may have experienced was used to address the issue of the number of offenses, age of first offense, number of treatments, gender, and length of probation that differed within the population of juvenile sex offenders. This was measured to compare information against prior studies that found that being a sexual abuse victim may impact the lives of juvenile sex offenders.

Treatment

In order to compare the juvenile sex offenders in this study to each other with their histories and their adult re-offenses, looking at the age of onset of treatment allows for a more in depth understanding of the greater needs that some offenders have because of their personal histories. Examining the age of onset of treatment and the number of treatments that offenders received makes analyzing the impact that life factors have on offenders.

Recidivism

The NCIC database released information regarding warrants and charges that were both sexual and nonsexual in nature for each of the juvenile sex offenders as adults. The types of the crimes committed (felony or misdemeanor) by each of the offenders, and if the offenders were incarcerated or on probation or parole at the time the data set was released. This was information also included in the coded data.

Sex Offender Registration

Data on whether the offenders were required to register as sexual offenders was provided from the WCJS. The registration information allows for analyses to determine if sex offender registration and notification has an impact on future recidivism.

Procedure

Data from the juvenile sex offender's files were appended to the National Crime Information Center data, and then cleaned and recoded to eliminate errors and transform the string variables into numerical data appropriate for analyses. Most of the recoding occurred prior to the time that I accessed the data. These data were then cleaned and recoded an additional two times by me. Some of the data was missing for some of the offenders because of either ceasing from committing crimes or the information was not recorded at the time of the offense. The data were then analyzed using frequencies, ANOVAs, and Chi-Square Tests.

Results

The sample in this study consisted of 184 male and 17 female juvenile sex offenders. The majority of the offenders in this sample were Caucasian (74.4%); Asian, Black, Latino, Mixed, and Native American were recoded as non-Caucasian (25.6%). Four main types of offenses that were committed by the offenders in this study: sexual assault (N=94),

lewdness with a child under the age of fourteen (N=61), open or gross lewdness (N=30), and indecent exposure (N=9). The age of first offense ranged from 9.3 years of age to 23.2 years of age, with a median age of 14.5 years of age. The types of treatment that juveniles in this study received were listed in the data as Group Home Based, Residential Treatment, Outpatient Treatment, and Inpatient Treatment. With an absence of information on what the treatment entailed, and few offenders receiving the same treatment, it is not possible to draw conclusions about the types of treatment that was most effective. There was a lack of variation of treatment received by the offenders. Little to no difference was discovered when analyzing sex offender registration.

Criminal History

A number of prior studies (Miner, 2002, Waite et al., 2005; Chaffin, 2008) suggest that the age at which one commits his or her first sexual offense will impact the number of offenses that he or she commits during his or her lifetime. As shown by Table 2 the mean age of first offense was 14.6 years of age for the juvenile sex offenders in this study. A one-way ANOVA was run to show the effect that age of first offense has on adult re-offenses. No significance was found, F (83, 123) = .959, p = .578. This finding shows that there was no significant effect on future re-offending when comparing re-offense to the age of first offense.

Table 2 Age at First Offense (in Months)

N	Valid	207
	Missing	9
Mean		173.78
Std. Deviation		24.307
Variance		590.824
Range		166
Minimum		112
Maximum		278

Four main types of offenses were committed by this population: indecent exposure, open or gross lewdness, sexual assault, and lewdness with someone under the age of fourteen. A Pearson Chi-Square test was run to measure the relationship between the type of offense juvenile sex offenders committed to offenses committed as adults. The Chi-Square test revealed that there is no significant relationship between the type of offense a juvenile committed with the likelihood that he or she were to commit further offenses as an adult (X^2 (4) = 1.320, p = .271).

Table 3 Original Offense

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Indecent Exposure	5	2.3	6.8	6.8
	Lewd Open/Gross	9	4.2	12.3	19.2
	Sexual Assault	8	3.7	11.0	30.1
	Lewdness Under 14	46	21.3	63.0	93.2
	Other	5	2.3	6.8	100.0
	Total	73	33.8	100.0	
Missing	System	143	66.2		
Total		216	100.0		

Ethnicity

A one-way ANOVA was executed to compare offender ethnicity to the age of first offense. This analysis of variance showed that the effect of ethnicity on age of first offense was not significant, F (1, 205) = 1.6, p =.207. Ethnicity does not affect the age the juvenile completed his or her initial offence using a different one-way analysis of variance (ANOVA) comparing the effects of ethnicity on original offense; no significance was found using these variables either, F (1, 71) = .153, p = .697. Since there was no significance found with the age of first offense or the type of offense that juvenile sex offenders committed based on ethnicity, it can be said there is no variation seen between those with different ethnic backgrounds. There was a lack of variation because 74.4% of the population was Caucasian, which does not allow for a generalizable significance to be found within the other ethnic groups.

Table 4 Caucasian v. Non-Caucasian

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		9	4.2	4.2	4.2
	Caucasian	144	66.7	66.7	70.8
	Non-Caucasian	63	29.2	29.2	100.0
	Total	216	100.0	100.0	

Prior research mentioned in this study does not assess the differences seen between those of different ethnic backgrounds and the effects that those backgrounds have on the types of offenses committed, or the age at which a juvenile first commits an

offense. Those who are classified as non-Caucasian make up a quarter of the population of the study.

Sexual Abuse Victim

Of the juvenile sex offenders in this study, 34 (16.9%) of the 201 offenders were victims of sexual abuse. When analyzing the effect that each offender's sexual abuse history has on his or her life, there are a number of factors that must be compared. One factor that is important to address is the age at which one was victimized. Table 1 shows the ages at which those who have been sexually abused were victimized, for those who the data could be found on their histories of abuse. A one-way ANOVA was run to compare the effect of the age of victimization to the age of first offense. From this ANOVA it was revealed that the effect of the age of victimization on the age of first offense was not significant, F (9, 8) = .858, p=.591.

Table 5 Age of Victimization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.5	5.6	5.6
	3	1	.5	5.6	11.1
	4	1	.5	5.6	16.7
	6	3	1.4	16.7	33.3
	8	5	2.3	27.8	61.1
	10	1	.5	5.6	66.7
	12	3	1.4	16.7	83.3
	13	1	.5	5.6	88.9
	14	1	.5	5.6	94.4
	16	1	.5	5.6	100.0
	Total	18	8.3	100.0	
Missing	System	198	91.7		
Total		216	100.0		

Another important factor that was analyzed is the effect of sexual victimization of the offenders on adult re-offenses. A one-way ANOVA revealed that the effect of sexual victimization on adult re-offenses was not significant, F (1, 199) = .862, p = .354. This shows that a history of sexual abuse does not definitively mean that one will sexually abuse others throughout their lifetime. A one-way analysis of variance was also run to determine the effect of sexual abuse on age of first offense, and this was found to be significant, *F* (1, 199) = 4.397, p = .037. This data shows a history of sexual offense impacts the age at which one first offends, which may relate to the sexual abuse cycle which has been described in prior research (Bonomo & Zankman, 2005; Hendricks & Bijleveld, 2008).

A one-way ANOVA was run to measure the impact that having a history of sexual abuse has on the number of treatments that an individual requires. The analysis of variance shows the effect of having a history of sexual abuse on the number of treatments offenders received was significant, F (1, 187) = 6.740, p = .010. The greater number of treatments required reveals that there may be a greater number of needs (this may include therapies, educational programming, and other types of assistance) that those who have been sexually abused require, that must be addressed through treatment programs. Another one-way ANOVA was run to address the effect that a history of sexual abuse has on the age of onset of treatment, which was found to be significant, *F* (1, 197) = 5.301, p = .022. The significance found in the effect of a history of sexual abuse on the age of onset of treatment shows that needs may become more evident earlier on for individuals

who have a history of sexual abuse, which may be accounted for in their abuse history and the age at which individuals committed their first offenses.

Table 6 Length of Treatment (Months)

N	Valid	199
	Missing	17
Mean		19.94
Median		14.00
Std. Deviation		16.038
Range		93
Minimum		1
Maximum		94

As shown by Table 6, the mean average length of treatment was 19.94 months. A Pearson's Chi Square test indicates a significant relationship between juvenile sex offenders who have a history of sexual abuse and the length of treatment (in months) (X^2 (1) = 34.247, $p < .00$). Those who have a history of sexual abuse are more likely to have longer lengths of treatment, which may account for the lack of differences in recidivism between these two groups.

Treatment

There was little to no variation to the types of treatment that offenders received. Four main types of treatment were used: Group Home Based, Residential Treatment, Outpatient Treatment, and Inpatient Treatment. Some of the offenders received more than one type of treatment. The state of Nevada, requires mandatory sex offender treatment for juveniles who have been convicted of sexual offenses (NRS: CHAPTER 62F). This makes analyzing these data a more complex task. As previously mentioned, the length of

treatment and the number of treatments that juvenile sex offenders received was influenced by offenders having a history of sexual abuse, but virtually all offenders received some sort of treatment, which likely accounts for their low rates of recidivism.

Table 7 Successful Termination of Treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	19	8.8	9.2	9.2
	YES	188	87.0	90.8	100.0
	Total	207	95.8	100.0	

Shown in Table 7, 188 (90.8%) of the juvenile offenders successfully completed at least one treatment program, is well beyond a simple majority of the offenders, which is why there is a lack of variation. Since only 19 (9.2%) of the offenders did not complete the treatment programs that they were assigned to, conclusions on their recidivism rates are not generalizable.

Recidivism

As previously mentioned, the age at which the juvenile sex offenders committed their first offense did not have a significant impact on future recidivism. A one-way ANOVA was run to measure the effect that the number of treatments that a juvenile sex offender received had on adult re-offenses, and no significance was found, F (4, 187) = .384, p = .820. With no significance in the number of treatments received on adult re-offenses it is possible to conclude that although some offenders may have more needs and thus undergo more types of treatment, this does not mean that they are more likely to re-offend as adults.

Table 8 Adult Re-Offense (Yes/No)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	139	64.4	67.1	67.1
	YES	68	31.5	32.9	100.0
	Total	207	95.8	100.0	
Missing	System	9	4.2		
Total		216	100.0		

Table 9 Adult Non-Violent Re-Offense (Yes/No)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	139	64.4	67.1	67.1
	YES	68	31.5	32.9	100.0
	Total	207	95.8	100.0	
Missing	System	9	4.2		
Total		216	100.0		

Table 10 Adult Violent, Non-Sexual Re-Offense (Yes/No)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	176	81.5	85.0	85.0
	YES	31	14.4	15.0	100.0
	Total	207	95.8	100.0	
Missing	System	9	4.2		
Total		216	100.0		

As shown by Table 8, 68 (31.5%) of the juvenile sex offenders re-offended in some way. Of the offenders who re-offended as adults, 68 (31.5%) re-offended non-violently (refer to Table 9), 31 (14.4%) re-offended violently, but non-sexually (refer to Table 10), and 12 (5.6%) re-offended sexually (refer to Table 11). Since there were 68 juvenile sex offenders who re-offended in total, and of those 68 all re-offended non-

violently in some way, the data indicate that some individuals committed more than one re-offense.

Sex Offender Registration

As seen in Table 11, of the individuals in this study, only 10 (4.8%) of the 216 juvenile sex offenders were listed as registered as sex offenders in the data.

Table 11 Adult Sexual Re-Offense (Yes/No)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	195	90.3	94.2	94.2
	YES	12	5.6	5.8	100.0
	Total	207	95.8	100.0	
Missing	System	9	4.2		
Total		216	100.0		

In the case of most offenders in this study, the judge decided that registration was not necessary. 84.4% of the juvenile sex offenders in this study successfully completed treatment, and 4.8% committed further sex crimes. Most offenders did complete treatment and the low sexual recidivism rates observed aligns with prior research (Efta-Breitbach & Freeman, 2004). It is important to note that those who are registered as sexual offenders in the system have committed sexual re-offenses as adults. Therefore, it is unknown whether these individuals were registered as sexual offenders after their initial offenses, or after their re-offense as adults.

CHAPTER 4: CONCLUSION

Discussion

The data set provided by the Washoe County Juvenile Services and the National Crime Information Center was analyzed to compare these data with the findings from similar previous studies (Bonomo & Zankman, 2005; Hendricks & Bijleveld, 2008; Vandiver, 2006; Prisco, 2015; Hanson & Bussier, 1998). Statistical analyses such as Chi-Square tests and ANOVAs were run, and the findings were compared to previous studies to determine if the WCJS and NCIC data aligned with the significant findings. Analyses were run on the variables of ethnicity, age of first offense, sexual abuse history, the type of treatments, and treatment length to see if these variables influenced adult re-offenses.

The ethnicity of the offenders was analyzed to determine if there was a statistical difference in the age of first offense and the types of first offenses that those from different ethnic backgrounds committed. These data indicated that there was no significant difference among the ethnicities listed. About three-quarters of the population was identified as Caucasian, thus making it difficult to generalize the data on differences between ethnicity and types of crimes committed to the general population. Those who were from minority backgrounds were all re-coded as non-Caucasian, and thus information on each ethnic subgroups is not available in these analysis.

Sexual abuse history was the variable that was found to have the greatest impact on the age of onset of treatment, the length of treatment, and age of first offense. From this data set, it was revealed that those with a history of sexual abuse do commit sexual offenses earlier ($p = .037$). As with previous research, there is a sexual abuse cycle that influences those who have been sexually abused to abuse others (Bonomo & Zankman,

2005; Hendricks & Bijleveld, 2008; Prisco, 2015; Vandiver, 2006). Although the abuse cycle may have started in the juvenile sex offenders with a history of sexual abuse, the data show that, when the offender participates and completes therapeutic programming, the cycle does not continue into adulthood. Since there was no significance shown between sexual victimization and likelihood of re-offense as an adult, one can deduce that the sexual abuse cycle does not continue, as long as offenders receive treatment and their needs are met; the likelihood of recidivism then is low. The lack of adult sexual re-offenses supports the findings of previous studies that suggest that most juvenile sex offenders stop re-offending as they reach adulthood (Kahn & Chambers, 1991; Hanson & Bussier, 1998).

The subgroup of juvenile sex offenders who have a history of sexual abuse does require a greater number of treatments to address their needs, and that those with a history of sexual abuse start treatment earlier, and remain in treatment longer as shown by the data. These factors previously listed may be accounted for by the fact that juvenile sex offenders who have a history of sexual abuse do start committing crimes earlier, receive treatment earlier. It can be suggested that juvenile sex offenders who have been sexually victimized cope with the abuse they experienced by abusing others, and this idea aligns with prior research done in this area of study (Nelson, 2007; Bonomo & Zankman, 2005; Hendricks & Bijleveld, 2008). The results of the analysis of the data provided by the WCJS and NCIC align with prior studies (Nelson, 2007; Prisco, 2015; Vandiver, 2006), that show that the subgroup of juvenile sex offenders with a history of sexual abuse have a greater need for treatment.

Issues arose when trying to analyze the different types of treatment received by the juvenile sex offenders in this study. Since there was a lack of variation in the types of treatment received, and it was unclear what occurred during treatment with some of the offenders, it becomes difficult to say which treatments were most effective. Although the data set listed names of treatment providers, the data does not explain if cognitive behavioral treatments or multisystemic treatments were used with offenders, thus making it impossible to say if one was more effective than the other. 76 (37.8%) of the offenders also received multiple modalities of treatment, and it is unclear if these offenders received all of said treatments at the same time or if the treatments were spread out over the course of a few weeks, months, or years. The WCJS and NCIC data, along with prior studies indicate the importance of treatment for preventing future re-offenses (Miner, 2002; Becker, 1990; Reitzel & Carbonell, 2006). Almost all of the juvenile sex offenders in the data provided by the WCJS and NCIC completed the treatment programs that each of the offenders was prescribed. This made running statistical analyses difficult, due to the lack of a sub-population who did not complete treatment.

The data from the WCJS and NCIC shows that the number of treatments that juvenile sex offenders received does not influence the number of adult re-offenses. Less than one third of the juvenile sex offenders in this study recidivated in any way. No significance was found when comparing different variables such as age of first offense to the types of adult re-offenses. Only twelve (5.6%) of the 201 juvenile sex offenders re-offended sexually in this study, which supports previous research that finds that juvenile sex offenders are not likely to recidivate sexually (Calleja, 2015; Christiansen & Vincent, 2013; Waite et al., 2005; Kemper & Kistner, 2007; Butler & Seto, 2002; Hendricks &

Bijleveld, 2008). This finding helps support the idea that as long as juvenile sex offenders do receive treatment or are held accountable for their actions, that they are not likely to commit further sexual crimes (Edwards et al., 2005; Kahn & Chambers, 1991).

The impact of sex offender registration was not able to be fully analyzed in this study because only 4.8 percent of the juvenile sex offenders in this study were registered as sex offenders. It is also unclear from the data set whether these offenders were forced to register as juveniles, or as adults. All of the offenders who are on the sex offender registry also committed some kind of sexual offense as adults, thus making it difficult to determine when registration occurred. If registration occurred when the offenders were adults, the argument that all offenders who commit sex crimes as juveniles should register, because some do re-offend. The policy implications with juvenile sex offenders would be impacted, forcing all juvenile sex offenders to register.

Problems that may have arisen with this study include a lack of female offenders, a lack of ethnic diversity, and a lack of information on the types of victims that offenders in this study had. Without enough or any information in each of these areas, it becomes difficult to determine whether gender ethnicity, and types of treatment do actually lead to future recidivism among juvenile sex offenders. Also, without adequate information on the meaning of some of the variables, running statistical analyses on said variables becomes pointless. As these small numbers cannot be accurately applied to the larger population. Since there was a lack of information on the types of victims that offenders had, is not possible to compare this variable with previous studies.

Two other issues that arose during this study include a lack of information on the types of treatments received, and the small number of offenders who are registered in the

national database. Without having further details on the types of treatments that offenders received, it is challenging to run statistical analyses to see which treatments are most effective. And with a lack of offenders registered nationally, it is difficult to determine the effects that said registration has had on their future re-offenses.

For future studies, it is necessary to have information on the age of victims that each of the offenders have, compared to the types of treatments that prove to be most effective for offender with victims in each age group. This would provide further insight into the differing needs that offenders have, and the impact that each type has on different subgroups of juvenile sex offenders.

Conclusion

This thesis aimed to answer the question of which factors impact the lives of juvenile sex offenders, and how these factors influence future recidivism for this particular group of offenders. Previous studies were read and analyzed, and statistical analyses were run on the data set that was provided by the Washoe County Juvenile Services (WCJS) and the National Crime Information Center (NCIC).

Although juvenile sex offenders may create fear within society because of the nature of their crimes, this study and prior research suggest that the fear exhibited is unnecessary because of low re-offense rates within the juvenile sex offender population (Zimring, 2004; Worling & Curwen, 2000; Caldwell, 2007). Prior research suggests that there is a misperception by many of the label of sex offender (Schiavone & Jeglic, 2009; Chaffin, 2008). This misunderstanding may create fear among the general population, which can harm those given such a label (Trivits & Reppucci, 2002; Reitzel & Carbonell, 2006). The legislature does not differentiate between the types of offenses committed,

such as indecent exposure (which can include public urination or streaking) and rape when requiring a sexual offender to register (Schiavone & Jeglic, 2009). This can create issues for many, and is something that needs to be addressed, especially when it comes to juvenile sex offenders.

A quality education, treatment, and the possibility of having a healthy life are all crucial for juvenile sex offenders (Trivits & Reppucci, 2002). Addressing needs can become complicated when an adolescent becomes involved in criminal behavior, in particular sexual offenses. Findings from the data provided from the WCJS and NCIC suggest that prior research is correct in advocating the idea that those who committed sexual offenses as juveniles are not likely to re-offend sexual as adults, if they re-offend at all (Hendricks & Bijleveld, 2008; Butler & Seto, 2002; Kemper & Kistner, 2007). These data also suggest that treatment may help reduce recidivism, seeing as less than one third of the population of the study did commit any further criminal offenses as adults.

Sex offender registration should not be a mandated policy for juvenile sex offenders. There are low sexual recidivism rates seen with juvenile sex offenders, which makes sex offender registration an unnecessary punishment (Calley, 2008; Bredlie, 1996; Caldwell, 2007; Chaffin, 2008). Labeling offenders who are under the age of majority, which is eighteen years of age in most states, can have negative life-long impacts on the offenders (Chaffin, 2008; Calley, 2008). Sex offender registration can lead to violent acts against offenders (Calley, 2008; Bredlie, 1996; Caldwell, 2007). Registration can decrease the quality of education that offenders receive, which impacts future career options (Chaffin, 2008). Most juvenile sex offenders are adolescent-limited offenders,

which makes life-long sex offender registration unnecessary and cruel (Moffitt, 1993). Registration creates stress in the lives of offenders, and stress increases the likelihood of re-offense (Calley, 2008). Registration can create a higher risk for crimes to be committed, and does more harm than good when applied to juvenile sex offenders.

Future research should address the potential for different labels that would be necessary to give to sexual offenders, and in particular juvenile sex offenders that would put less of a stigma on this particular group. Subsequent research on alternative forms of treatment, or even combining different types of treatment to see if this could further reduce the already low rates of recidivism.

Findings

- The age of first offense has no significant effect on adult re-offenses.
- There is no significant relationship between the type of offenses a juvenile committed with the likelihood that he or she were to commit further offenses as an adult.
- There is no significant effect of ethnicity on age of first offense.
- Ethnicity does not significantly effect the type of first offense juvenile sex offenders commit.
- The effect of age of victimization is not significant on the age of first offense.
- The effect of a history of sexual abuse is significant on the age of first offense.
- There is no significant effect of sexual victimization on adult re-offenses.
- A history of sexual abuse has a significant effect on the number of treatments an offender receives.
- A history of sexual abuse has a significant effect on the age of onset of treatment.
- A history of sexual abuse has a significant impact on the length of treatment received by juvenile sex offenders.
- The number of treatments received has no significant impact on adult re-offenses.

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TABLES

Table 1 Original Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		9	4.2	4.2	4.2
	Asian	1	.5	.5	4.6
	Black	9	4.2	4.2	8.8
	Caucasian	144	66.7	66.7	75.5
	Latino	50	23.1	23.1	98.6
	Mixed	2	.9	.9	99.5
	Native American	1	.5	.5	100.0
	Total	216	100.0	100.0	

Table 2 Age at First Offense (in Months)

N	Valid	207
	Missing	9
Mean		173.78
Std. Deviation		24.307
Variance		590.824
Range		166
Minimum		112
Maximum		278

Table 3 Original Offense

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Indecent Exposure	5	2.3	6.8	6.8
	Lewd Open/Gross	9	4.2	12.3	19.2
	Sexual Assault	8	3.7	11.0	30.1
	Lewdness Under 14	46	21.3	63.0	93.2
	Other	5	2.3	6.8	100.0
	Total	73	33.8	100.0	
Missing	System	143	66.2		
Total		216	100.0		

Table 4 Caucasian v. Non-Caucasian

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		9	4.2	4.2	4.2
	Caucasian	144	66.7	66.7	70.8
	Non-Caucasian	63	29.2	29.2	100.0
	Total	216	100.0	100.0	

Table 5 Age of Victimization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.5	5.6	5.6
	3	1	.5	5.6	11.1
	4	1	.5	5.6	16.7
	6	3	1.4	16.7	33.3
	8	5	2.3	27.8	61.1
	10	1	.5	5.6	66.7
	12	3	1.4	16.7	83.3
	13	1	.5	5.6	88.9
	14	1	.5	5.6	94.4
	16	1	.5	5.6	100.0
	Total	18	8.3	100.0	
Missing	System	198	91.7		
Total		216	100.0		

Table 6 Length of Treatment (Months)

N	Valid	199
	Missing	17
Mean		19.94
Median		14.00
Std. Deviation		16.038
Range		93
Minimum		1
Maximum		94

Table 7 Successful Termination of Treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	19	8.8	9.2	9.2
	YES	188	87.0	90.8	100.0
	Total	207	95.8	100.0	

Table 8 Adult Re-Offense (Yes/No)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	139	64.4	67.1	67.1
	YES	68	31.5	32.9	100.0
	Total	207	95.8	100.0	
Missing	System	9	4.2		
Total		216	100.0		

Table 9 Adult Non-Violent Re-offense

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	139	64.4	67.1	67.1
	YES	68	31.5	32.9	100.0
	Total	207	95.8	100.0	
Missing	System	9	4.2		
Total		216	100.0		

Table 10 Adult Violent, Non-Sexual Re-Offense (Yes/No)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	176	81.5	85.0	85.0
	YES	31	14.4	15.0	100.0
	Total	207	95.8	100.0	
Missing	System	9	4.2		
Total		216	100.0		

Table 11 Adult Sexual Re-Offense (Yes/No)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	195	90.3	94.2	94.2
	YES	12	5.6	5.8	100.0
	Total	207	95.8	100.0	
Missing	System	9	4.2		
Total		216	100.0		