Exploring the Effects of Specialized Sexual Behavior Treatment of Recidivism

By

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ABSTRACT

As adult sexual offenders admitted to an increasing number of offenses committed in their youth, the legal system, policy makers, and law enforcement officials began to take juvenile sexual offenses seriously. Due to this, and the belief that juveniles

can be rehabilitated, treatment programs for juvenile sexual offenders have increased in number. This paper evaluates the impact of two specific treatment programs in Texas.

This research assesses the impact of two specific treatment programs (specialized and general) operated by the Texas Youth Commission in reducing the likelihood of re-incarceration in juvenile sexual offenders. A sample group of 969 juvenile sexual offenders was obtained from the records of the Texas Youth Commission and reduced to 369 youth that had been released for the same three-year period. Each youth had an identified need for specialized sexual behavior treatment. Quantitative analysis was used to determine the significance of the impact of each treatment program in reducing recidivism (re-incarceration).

The research hypotheses state that specialized sexual behavior treatment programming and general resocialization treatment programming will reduce the likelihood of re-incarceration in juvenile sexual offenders. Results supported both hypotheses. Further research should be conducted assessing the effectiveness of individual treatment components in reducing the likelihood of recidivism.

CHAPTER ONE

Introduction

Before the 1980's, clinical treatment of juvenile sexual offenders existed but was not prevalent as the mainstream paradigm of the legal system. Prior to the 1980's, the legal system, and it appeared, the American public, viewed juvenile sexual offending as nuisance behavior of youth attempting to emulate adults. Youthful offenders engaged in truly heinous acts were handled by the legal system and often placed in correctional facilities, but the majority were considered involvement in nuisance crimes and released to parents or guardians with a stern admonishment from the courts.

Treatment programming for youthful offenders involved in sexual offenses remained a distant objective due to the prevailing mood of the legal system and the American public. In the 1980's, this mood began to change. Adult sexual offenders began to report juvenile age criminal activities. This admission led the legal system and the American public to a precipice: acknowledgement of possible extensive sexual offending and growing recidivism or continue to deny the existence of a burgeoning problem.

Recidivism is any re-arrest for any offense, once released from the criminal justice system for the original committing offense. For reporting purposes, the re-arrest can occur while the offender is on parole, probation or awaiting trial on the original committing offense. The definition of recidivism is ambiguous, depending on who is defining it and for what reasons. Measures of recidivism are used to determine the success or failure of treatment programs.[1]

[1] Key authors on this subject are: Eastman 2004, 474; Piper & Warner 1980/81, 3-12; Quist & Matshazi 2000, 181-192; Furby et al. 1989, 3-30. Recidivism is considered the best choice available at the present time to indicate the success or failure of treatment programs. Inherent problems include the definition of recidivism. It is not uniformly defined and the parameters designed to measure results often include different definitions of the term from study to

Juvenile justice policy makers have used recidivism as a means of evaluating rehabilitation programs (Quist & Matshazi 2000, 181).[2] Adult and juvenile treatment programs differ in how policy makers evaluate success. In adult populations, policy maker's focus on individuals' recidivism, while in juvenile populations, they focus on program recidivism (Quist & Matshazi 2000, 181). The evaluative process for each population differs due to age specific philosophies and a desire to demonstrate lower rates of recidivism. Adult populations are often assessed individually due to the lack of treatment-oriented programs in adult correctional facilities. In adult populations, it is often believed that only time (incarceration) will cure recidivistic activities. In juvenile populations, it is believed that rehabilitation should have an impact, usually due to age at the time of incarceration. Greater emphasis is placed on specialized treatment programming due to the belief that youthful offenders can be rehabilitated, thereby reducing recidivism.

While program effectiveness is measured by the recidivism rates of prior program participants, the ultimate goal is to determine which concepts/components within the treatment programs are achieving the desired result. Sexual Behavior Treatment programs from across the United States use a multitude of varying components in order to achieve the desired result, rehabilitated sexual offenders resulting in lowered recidivism rates. With the explosion of Sexual Behavior Treatment programs across the United States, twenty nationally in 1982 to about six-hundred and fifty in 1994 (Lakey, 755), program diversity has increased as juvenile

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study, which results in some specialized treatment programs appearing to be very successful and some appearing to fail with little redeeming qualities.

[2] See also Piper & Warner 1980/81, 3-12.

justice administrators, courts, and therapists search for the right mix of treatment components.[3] Specialized treatment programs with specific treatment components were introduced to treat youth (resocialize) for reentry into the community. The aim was to rehabilitate the youthful offender so that he/she did not recidivate.

Research Purpose

This research project focuses on the specialized treatment program employed by the Texas Youth Commission at the Giddings State School. The Giddings State School is a juvenile correctional facility primarily concerned with the treatment of juveniles convicted of felony crimes, usually against persons, then sentenced to a specified term in the Texas Department of Criminal Justice – Institutions Division. These youth are sent to the Giddings State School to see if rehabilitation, through successful completion of the specified specialized treatment program is possible. If successful in completing the specialized treatment program[4], the Texas Youth Commission has the option to report favorably to the committing jurisdiction. Hence it is possible for an offending youth to avoid transfer to the Texas Department of Criminal Justice – Institutions Division and instead be placed in less restrictive environments such as adult parole or an adult halfway house.

[3] Sexual Behavior Treatment programs continue to search for the right mix of components to reduce recidivism. Components in programs consist of, but are not limited too; positive value instillation, identification and interruption of thinking errors, family intervention, role reversal, identification/interruption of the offense cycle, development of success plan, etc. Key authors on this subject are: DeBelle et al. 1993, 75-87; Furby et al. 1989, 3-30; Becker et al. 1986, 215-222; Latimer 2001, 237-254; Worling & Curwen 2000, 965-982; Broadhurst & Loh 2003, 121-139; Barker 1993, 97; Langstrom 2002, 41-58; Woodhams 2004, 243-253; Northey 1999, 259-275; Nisbet, Willson, & Smallbone 2004, 61-62; Hanson & Bussiere 1998, 348-362.

[4] Current specialized treatment programs for juveniles at the Giddings State School consist of the Capital and Serious Violent Offender Treatment Program (murder, aggravated assault, aggravated robbery), Chemical Dependency Treatment Program (all drug commitments) and the Sexual Behavior Treatment Program (all sexual offenders). See, Texas Youth Commission website, www.tyc.com.

This research project is an attempt to assess how specific treatment programs affect the likelihood of recidivism (any criminal offense) by examining incidents of re-incarceration over a three-year period. Specifically, the purpose of the research project is to (1) examine the relationship between specialized treatment programming and recidivism through re-incarceration (any criminal offense), to (2) examine the relationship between general resocialization treatment programming and re-incarceration (any criminal offense), and lastly, to (3) identify and examine characteristics (non-changing) and determine which characteristics affect recidivism.

The current study is important for two reasons. First, the study should determine which treatment program types are therapeutically and financially[5] feasible to continue to incorporate into treatment curriculum. Second, provides additional data for future researchers to utilize in assessing the viability of specialized and general treatment programs and set preliminary boundaries for determining the use of recidivism as a plausible goal in determining success or failure of treatment-oriented programs.[6]

[5] This is extremely important in the economical structure of current state finances. Please note, this research project will not attempt to assess the financial feasibility of specialized treatment programs other than to point out that those specific treatment programs that are deemed unsuccessful or not meeting designated goals are altered in some manner to meet the specified goals or soon removed from therapeutic curriculum. Most state governments are no longer in a position to throw money to no good cause.

[6] There are many researchers that remain unconvinced. Many claim that research designs are too weak to support conclusions about treatment effects. Note studies by Rice & Harris 2003; Berliner 2002; Prentky 2003; Gallagher et al. 1999; Hanson et al. 2002.

Organization and Explanation of Research

In Chapter Two, a comprehensive review of the literature related to specialized treatment programming and recidivism of juvenile sexual offenders is undertaken with emphasis on specific treatment programming factors and the relationship to recidivism, if any. The conceptual framework for analysis is presented and discussed. In Chapter Three, a shortened review of the Texas Youth Commission and current specialized treatment programming offered is undertaken. The Sexual Behavior Treatment Program will be specifically reviewed for contents and general parameters. Chapter Four presents the methodology, which uses formal hypotheses, explanatory factors and describes the data sources and types. The appropriate statistical technique, logistic regression analysis is discussed, including strengths and weaknesses. Each explanatory factor is operationalized, the data sources discussed, and the reasoning behind each decision is described. Chapter Five presents the results of the analyses in tabular and textual form with explanatory comments. Chapter Six restates the hypotheses, identifies the outcomes, offers conclusions and policy recommendations, and makes suggestions for future research.

CHAPTER TWO

Literature Review

Introduction and Definition

This chapter presents a historical overview of the changing perceptions of juvenile sexual crimes, statistical data of juvenile sexual crimes and research studies indicating the need for specialized treatment programming. Common factors contributing to juvenile sex offenses, types of sexual abusers, the types of treatment therapies and specialized treatment programs (goals) used to intervene in the criminal behavior and recidivism as a treatment goal are also reviewed.

Historical Overview

Historically, sexual offenses perpetrated by juveniles were regarded as nuisance type crimes. Prior to the 1980's, adolescent sex offenses were typically, not taken seriously and perceived as normal experimentation or developmental curiosity (Bischof & Smith 1995, 157). Improper sex acts were viewed as the normal aggressiveness of sexually maturing adolescents, resultant of the marginal status of the adolescent male and the consequent restriction on permitted sexual outlets (Martin & Pruett 1998, 283). As a result, many adolescent sex offenses were not recognized by the criminal justice and mental health systems, with intervention occurring when the offender became an adult (Martin & Pruett 1998, 283).

Juvenile sex offenders appear to be a diverse population in both their crimes and their criminological and psychological disturbances (Becker & Hunter 1997). These youths typically are classified as: (a) those who molest children or (b) those who assault peers or adults (Hunter

et al. 2000, 82). The sex crimes of juveniles who perpetrate against children range from fondling to sodomy and intercourse and reflect differing degrees of violence. Approximately 50% of these youths have perpetrated exclusively against females, and 20% to 33% exclusively against males with the remainder having victims of both genders (Hunter et al. 2000, 82-83). About 50% to 60% of victimized children are related to the offender (i.e., a sibling or another relative) and about 35% to 40% are acquaintances (Hunter et al. 2000, 82-83). Relatively few of the victims of child molesters are strangers[7] (Hunter et al. 2000, 82-83).

In contrast, juveniles who select peers or adult victims typically offend against strangers or acquaintances and engage in rape or sodomy (Hunter et al. 2000, 83). The vast majority of their victims are female (Hunter et al. 2000, 83). This group of youthful offenders usually have more extensive criminal records than child molesters. Investigators generally have not been successful in determining the differences between peer/adult offenders and child molesters on the basis of type of sexual behavior (e.g., intercourse or other contact) (Hunter et al. 2000, 83).

Data from the U.S. Department of Justice (Eastman 1997, 472) notes that juveniles account for approximately 32% of the arrests made for sexual offenses, whereas available data on child sexual abuse suggest that as much as 50% of child molestations are perpetrated by adolescents. As a result, the number of treatment programs for adolescent sexual offenders has increased exponentially over the past two decades from 22 programs identified in 1982 (Knopp 1982) to over 1,000 programs in 1995 (Eastman 1997, 472).

[7] Key authors on this subject are: Barbaree et al. 1993, 1-24; Cooper et al. 1996, 105-119; Mathews et al. 1997, 187-199; Carpenter et al. 1995, 195-203; Stermac & Mathews 1987; Worling 1995, 610-613); Richardson et al. 1997, 239-257.

A primary factor that contributed to the development of specialized programs for adolescents who engage in sexually offensive behaviors was the numerous studies[8] on adult sexual offenders (Eastman 1997, 472). These studies revealed that a significant number of adult sex offenders had initially engaged in sexually deviant behavior during adolescence, with a progression from less intrusive to more serious sexually deviant behaviors as the offender aged (Eastman 1997, 472). Treatment of sexually offensive behavior when still in adolescence is desirable, as patterns of behavior may be less entrenched and more amenable to change[9] (Edwards & Beech 2004, 102). These studies indicated that youthful offenders have not internalized patterns of sexual deviancy to a point that would render treatment ineffective.

Factors Contributing to Juvenile Sex Offenses

An adolescent sex offender is a youth ranging from puberty to the age of legal majority (21 years of age) who commits any sexual interaction with a person of any age against the victim's will, without consent, or in an aggressive, exploitive, or threatening manner (Lakey 1994, 755). Children today are much more sexually expressive. With the world of technology at our fingertips, the youth of this technological age have the abilities to reach out and experience a diversity of sexual materials that were, less than twenty years ago, inaccessible. These sights and sounds have led to a mental promiscuity, that has without question, led to sexually illicit interactions. Illicit interactions are probably more a matter of having been exposed to sexuality through the vast array of sources of sexual messages and information that exist in today's technological society (Kaeser et al. 2000, 277).

[8] For additional studies, see Able et al. 1985, 9-21; Becker et al. 1986, 215-222; Groth et al. 1982, 450-458; Knopp 1982, 1-157; Freeman-Longo et al. 1995, 130-140.
[9] See Sheridan et al. 1998, 168-180.

Although certainly aware of many common characteristics shared with other humans, a criminal persists in operating on the premise of "being one of a kind, different from anyone else"(Yochelson & Samenow 1976, 316). Joyce Lakey conducted a study based on a three-year collection of observations of the expressed attitudes and beliefs of 67 male juvenile sex offenders. Most of the juvenile sex offenders in this study thought of themselves in that way, not bound by society's constraints, and they certainly did not expect to be caught because they considered themselves special (Lakey 1992, 5). They believed there was nothing wrong with illegal or immoral activity, because rules were made for others (Lakey 1992, 5). An offenders pride leads him[10] to demonstrate his domination, his extraordinary powers, and his ability to pursue and acquire whatever he wants (Lakey 1992, 6). The youthful sex offender, like the criminal, perceives himself to be more able, more knowledgeable, more clever, more attractive, and superior in every way to others (Lakey 1992, 6). While most juvenile sex offenders will display this type of attitude when interacting with peers, and adults, the reality of their confidence level in dealing with others is extremely poor. This leads to isolation, another factor contributing to a higher probability of sexual offenses in juvenile offenders.

Isolation

These youthful sex offenders typically isolate themselves from others of their own age and older. The adolescent sex offender does not feel comfortable when engaged with a peer or older adult in social interaction and is shy or timid in the extreme when faced with a same-aged female peer in a social situation. Because they are frequently isolated from their peers, researchers have concluded that social isolation is a primary descriptor of the juvenile sex offender (Martin & Pruett 1998, 295). These youth are often described as "loners" who lack the

[10] In the study conducted by Joyce Lakey, all youth were of the male gender, hence the usage of "him" and "he" as opposed to a more non-specific gender identification.

social skills necessary to develop intimate meaningful relationships, and they have shown themselves to be more shy, timid, and withdrawn than delinquents who commit non-sexual crimes (Martin & Pruett 1998, 295). The typical juvenile sex offender is a loner, has few or no social peers, and prefers playing with younger children (Bourke & Donohue 1996, 49).

Kahn and Lafond (1988) found that juvenile sex offenders were socially isolated, and lacking in their interpersonal skills, and Fehrenbach et al., (1986) found nearly two-thirds of juvenile sex offenders demonstrated evidence of social isolation, with 32% reporting no friends at all (Bourke & Donohue 1996, 49). According to Blaske et al's study[11] (1989), juvenile offenders of both sexual and nonsexual crimes were from broken relationships and had relatively disturbed emotional functioning, with sexual offenders differentially demonstrating poorer peer relationships than both the delinquent and non-delinquent adolescent groups (Bourke & Donohue 1996, 49).

Graves et al. (1992) assert that these poor social skills isolate the adolescent from meaningful peer group relations and prevent the youth from developing age appropriate social and (intimate) relationships (Bourke & Donohue 1996, 49). Thus it is possible that juvenile sex offenders maintain feelings of inadequacy and/or social incompetence that make it difficult for them to entertain age appropriate sexual relationships that are reciprocally desired (Bourke & Donohue 1996, 49). [12]

[11] Key authors on this subject are: Graves et al. 1992, 139-153; See Kahn & Lafond 1988, 135-148; See Fehrenbach et al. 1986, 225-233; Blaske et al. 1989, 846-855.
[12] See additional information concerning appropriate sexual relationships at: Johnston & Johnston 1986, 638-647; Segal & Marshall 1985, 55-63; Graves et al. 1992, 139-153.

Family Factors

Many factors contributing to the make-up or profile of the juvenile sex offender could be placed in the family category because most juvenile sex offenders still reside in the home and many interactions, which are considered problematic early in life stem from familial contact. Family dysfunction is another trait frequently shared by juvenile sex offenders, although it is one that is also prevalent in the lives of most juvenile delinquents across all categories of misconduct (Martin & Pruett 1998, 296). A history of violence, alcoholism, drug abuse, serious psychiatric disturbance, and suicide in the youth's home environment have all been found to contribute to sexual deviance (Bourke & Donohue 1996, 48). [13] As a rule, most sex offenders live at home with family members during the commission of their offense(s). The home is usually found to be chaotic, conflictual, dysfunctional, and violent. Physical and sexual mistreatment is common (Shaw et al 1999, 62). [14]

In a study of the families of juvenile offenders, Fagan and Wexler (1988) reported that juvenile sex offenders were more likely to come from families with child abuse, spousal abuse, and sexual molestation than other juvenile offenders (Bourke & Donohue 1996, 48). In addition, Awad, Saunders, and Levene (1984) found that about 33% of juvenile sex offenders had grown up in an abusive and/or neglectful home, and that almost 25% had experienced physical and/or sexual violence between close relatives (Bourke & Donohue 1996, 48). Furthermore, Smith (1988) found that juvenile sex offenders who had either been victims of physical and/or sexual abuse in the home or had witnessed the abuse of another family member committed more serious

[13] See corroborating information concerning factors of sexual deviance at: Fuller 1989, 602-606; Goodwin 1987, 103-111; Leahy 1991, 385-395.
[14] See corroborating information concerning home factors contributing to sexual offenses in juveniles at: Awad et al. 1984, 105-116; Becker et al. 1993, 215-228; Knight & Prentky 1993, 45-83; Lewis et al. 1979, 1194-1196; Shaw et al. 1993, 399-408.

sexual offenses than those juveniles who had not experienced such abuse (Bourke & Donohue 1996, 48).[15]

Knopp (1982), reporting on limited clinical impressions of an unspecified number of families in one adolescent sex offender program, found that offenders were more likely to come from families that were either very rigid and enmeshed, or very chaotic with a great deal of role confusion (Bischof & Stith 1995, 158). Enmeshment is another primary factor of incestuous families wherein boundaries and roles become blurred (DiGiorgio-Miller, 1998, 338). Family members can become too dependent on one another and sacrifice independent thought or action to remain a part of the family unit (DiGiorgio-Miller 1998, 338). Parents can become over-involved with one child and downplay or make excuses for that child's actions, thereby minimizing the seriousness of the incident(s) and saving the child from responsibility and accountability (DiGiorgio-Miller 1998, 338).

In a review of another adolescent sex-offender program serving very violent and dangerous offenders in a long-term secure facility, Knopp reported that staff used the word "chaotic" when describing the families of the majority of the adolescent sex offenders (Bourke & Donohue 1996, 48). In a study by Smith and Israel (1987), it was found that both physical and emotional absences on the part of parental figures significantly intensified the mutual dependency and sexual acting-out between siblings[16] (DiGiorgio-Miller 1998, 336).

General Factors

The youthful sex offender is typically self-absorbed; opportunistic and manipulative; possesses few social skills; seeks immediate sexual gratification; does the forbidden for thrills; isolated and lonely; prefers the company of younger children; possesses high intelligence or low

[15] See additional corroborating information concerning home factors contributing to sexual offenses in juveniles at: Fagan & Wexler 1988, 363-385; Awad et al. 1984, 105-116; Smith 1988, 400-413.
[16] See Smith & Israel 1987, 101-108.

functioning; displays little remorse or empathy for victim(s); and consistently espouses deniability of offense or minimization of offense (Lakey 1994, 756). Indeed, juvenile sex offenders are commonly diagnosed with comorbid conditions such as conduct disorder (Kavoussi et al. 1988), attention-deficit hyperactivity disorder (O'Shaughnessy 1992), anti-social personality disorder (Awad & Saunders, 1991), narcissistic personality disorder (Becker & Hunter 1993), learning disabilities (Awad & Saunders 1989; Hunter & Goodwin 1992), affective disorders (Becker et al. 1991), post traumatic stress disorder (Hunter et al. 1993), and substance abuse (Kavoussi et al. 1988) (Bourke & Donohue 1996, 48).[17]

In addition to the salient background variables already considered, a variety of other factors are considered part of the psychological makeup and environmental reality of juvenile sex offenders (Martin & Pruett 1998, 306). A partial list of these factors include: learning difficulties and behavioral problems in school, which in turn lead to poor academic achievement; low self-esteem; symptoms of depression, anxiety, and other psychiatric problems; low to average intelligence quotient scores; and frequent exposure to pornography (Martin & Pruett 1998, 306). All juvenile sex offenders have been prematurely sexualized either as victims themselves or as offenders, and they are immature for their age (Lakey 1992, 2). More often than not they are undersocialized, and their general life skill knowledge and experience are limited (Lakey 1992, 2). Juvenile sex offenders generally have a maladaptive value system (Lakey 1992, 2). Sexual offending, especially by young offenders, may be linked with peripheral 'hyper-masculinity' where low status, chronic and multiple adversity, and risk-taking

[17] See individual comorbid conditions in juvenile sex offenders at: Kavoussi et al 1988, 241-243; O'Shaughnessy 1992, 721-735; Awad & Saunders 1991, 446-460; Becker & Hunter 1993, 477-488; Awad & Saunders 1989, 105-115; Hunter & Goodwin 1992, 71-80; Becker et al. 1991, 531-536; Hunter et al. 1993.

were implicated more than sexual deviance in aggressive behavior (Broadhurst & Loh 2003, 132). [18]

Hendriks and Bijleveld (2004, 240-241) conducted a study utilizing 116 male juveniles to determine differences between those who offend against children and those who offend against same-age peers or adults. Thirteen hypotheses were tested that in general indicated child molesters were more neurotic and less extravert, victims of bullying, large negative self-images, problematic family backgrounds, victims of sexual abuse more often, less violent physically and more violent verbally, victims more often male, and career criminals acts were more sexual rather than other offenses (Hendriks & Bijleveld 2004, 241).

Perhaps the most widely reported shared experience among young sexual offenders is a history of sexual victimization (Martin & Pruett 1998, 298). This form of victimization may perpetuate what is commonly known as the cycle of abuse; i.e., the observation that victims of sexual abuse often re-create their abusive experiences later in life with themselves as the perpetrators (Martin & Pruett 1998, 298). Much of the research with juvenile sex offenders indicates that approximately 50% to 60% of all juvenile offenders were themselves victims of sexual abuse (Bourke & Donohue 1996, 49). [19] Furthermore, Becker and Stein (1991) examined 160 juvenile sex offenders and determined that juveniles who had been victims of sexual molestation had abused more victims than juvenile sex offenders without such histories of sexual victimization[20] (Bourke & Donohue 1996, 49).

Pierce and Pierce (1987) found academic problems were present in 49% of juvenile sex offenders, and 38% had been placed in special classes (Bourke & Donohue 1996, 49). Fehrenbach et al. (1986) studied 163 juvenile sex offenders, and found 45% of these students

[18] See Knight & Prentky 1993; Richardson et al. 1995; Graves et al. 1996.
[19] See Kahn & Lafond 1988, 135-148; Pierce & Pierce 1987, 351-364.
[20] See Becker & Stein 1991, 85-95.

were at least one grade level behind, relative to their age, and 30% had behavior problems in school at the time of the study (Bourke & Donohue 1996, 49). In the following section, types of sexual abuse are reviewed.

Types of Sexual Abusers

Sexually abusive behavior occurs without consent, without equality, or as a result of coercion. Coercion occurs through the exploitation of authority, use of bribes, threats of force, or intimidation to gain cooperation or compliance.

There are four kinds of sexual abusers with most perpetrators combining features of each: the true paraphiliac with an established deviant pattern of sexual arousal; the anti-social youth whose sexual offending behavior is but one facet of his/her opportunistically exploiting others; the adolescent compromised by a psychiatric or neurological/biological substrate disorder which interferes with his or her ability to regulate and modulate aggressive and sexual impulses and; the youth whose impaired social and interpersonal skills result in turning to younger children for sexual gratification unavailable from peer groups [21](Shaw et al. 1999, 62).

Types of Treatment Therapies

There are several types of treatment therapies that are utilized worldwide. Each therapy type has its proponents and detractors. Three types of treatments are discussed below. A Cognitive-Behavioral/Relapse Prevention combination is currently the most widely utilized.

[21] See Becker et al. 1988, 185-187.

Biological

Biological therapies use medications to reduce the juvenile offender's sex drive. A class of pharmacological agents known as antiandrogens are used to block or decrease the level of male hormones in the body, as a result sexual arousal is decreased (Martin & Pruett 1998, 306-307). As a general rule, only youth over sixteen years of age with serious deviance problems are subjected to this type of treatment due to side effects. Recent advances in pharmacological agents have fewer side effects (e.g., Mellaril, Anafranil, Tegretol) and appear promising for expanded future use[22].

Cognitive-Behavioral Model

The cognitive-behavioral/social learning model supports a multi-causal perspective that focuses on types of learning that are believed to be the roots of inappropriate and maladaptive behavior (Martin & Pruett 1998, 307). Assumptions underlying this model are that sexually coercive or assaultive behavior has been learned, observed, or experienced, and changing behavior will require new ways of thinking and new responses to distressing feelings and conditions (Martin & Pruett 1998, 307). In a context of theoretical uncertainty and eclecticism, the cognitive behavioral approach to intervention is the one most widely accepted by practitioners[23] (Murray & Hallett 2000, 250).

The cognitive-behavioral treatment for sex offenders is designed to make the offender take responsibility for his/her sexual offenses, inspire motivation for treatment, and learn behaviors to decrease chances of reoffending (Barker 1993, 97). The treatment program contains the offense cycle component that is utilized to assist offenders in understanding their own

[22] The Texas Youth Commission (TYC) treats youthful offenders medicinally for evaluated psychological conditions including depression-related issues and assessed psychosis. Medication is prescribed by a licensed psychiatrist.
[23] See Buist & Fuller 1997.

offending behavior and the triggers that set the offense cycle in motion. By learning offense patterns and triggers, offenders learn to break their own offense cycle to stop offending behaviors (Barker 1993, 99). Cognitive thinking involves going over known information with the offender examining the behavior while determining explanations for the behavior patterns (Annon 1996, 52). The program seeks to increase accountability, empathy, personal insight, sexual knowledge, positive skills, and anger management (Edwards & Beech 2004, 111). Positive skills are taught and victim empathy training is provided (Annon 1996, 52). The program also seeks to reduce denial, deviant sexual arousal patterns, cognitive distortions and help the juvenile offender identify their own victimization needs (Edwards & Beech 2004, 111). Knowledge and use of the offense cycle and the ability to break the behavior patterns is sought (Annon 1996, 52).

Relapse Prevention Model (RPG)

The most widely used treatment model currently utilized for juvenile sex offenders incorporates cognitive behavioral learning into a relapse prevention (RP) model (Martin & Pruett 1998, 307). This paradigm is based on the concept that offense precursors can be identified and addressed (Martin & Pruett 1998, 307). The model utilizes fifteen stages that emphasize identification of risk factors (triggers), of cues that abusive behavior is about to occur (behaviors) and of individual strengths that can be mobilized as coping strategies (Martin & Pruett 1998, 307).

Types of Treatment Programs and Goals

Introduction

Early treatment of sexual behavior offenses is desirable as patterns of behavior are less rigid and youth are more open to change[24] (Edwards & Beech 2004, 101-102). As noted previously, some juvenile sex offenders are likely to escalate their sexual offending behavior upon reaching adulthood. A potential corollary to this trend is that the numbers of adult offenders could be expected to rise or fall in direct proportion to availability of treatment for the sex offenders in their youth (Martin & Pruett 1998, 304). Past experience and research indicates that juvenile sex offenders rarely self-report.

Juvenile authorities and parents of victims' have asked that sex offender treatment be court-mandated[25]. In the words of one commentator, the optimal judicial response to sex offenses is to: "(1) pay attention to the behavior and demand accountability from the youth; (2) provide specialized sex offender assessment, evaluation, and treatment in order to interrupt the behavior pattern therapeutically as early as possible; and (3) select the proper placement from a range of treatment settings, followed by post-treatment services" (Martin & Pruett 1998, 304).

Treatment Goals

The primary goal is the protection of the community through the prevention of recidivism. This is accomplished through long-term, multi-faceted, and intensive intervention that assists an offending youth in the development of personal self-control (Martin & Pruett 1998, 309). Corollary goals include preventing additional aggressive or abusive behaviors and

[24] See Sheridan et al. 1998, 168-180.

[25] The State of Texas currently operates under a court-mandated treatment system. Youthful sex offenders, if found delinquent at trial, are assessed by the court and placed according to need of services and potential harm to community. The Texas Youth Commission (TYC) operates a Sexual Behavior Treatment Program (SBTP) in several of its institutions.

assisting the minor in developing better functional relationship skills (Martin & Pruett 1998, 307).

Treatment goals, as identified in the literature, generally involve decreasing deviant arousal, increasing non-deviant arousal, improving empathy, developing strategies to cope with anger, developing techniques to cope with stress, and developing improved social skills with same-age peers and adults. Treatment goals also include: accepting responsibility, identifying offense patterns, recognizing cognitive distortions, rationalization to support triggers, enhancing empathy, developing social skills, and improving self-esteem[26] (Eastman 2004, 473).

Treatment components[27] considered integral to success are once again, confronting denial, decreasing deviant sexual arousal, developing non-deviant sexual interests, generating victim empathy, developing social skills, values structure clarification and identifying cognitive distortions (Shaw et al. 1999, 56-57). Additional goals in treatment include accepting responsibility for behavior, identifying a pattern or cycle of sex offending behavior, learning to interrupt the cycle, exploring one's own victimization or history of abuse, learning to empathize with the victim, developing a positive self-identity, understanding the consequences of sexual offending, exploring family issues related to offending, challenging rationalizations that support or trigger offending, addressing problems with substance abuse, and relapse prevention (Ertl & McNamara 1997, 202).

Inpatient care is typically recommended for juvenile sex offenders in the following situations: (1) the offenses have been numerous and/or have involved more than one victim;

[26] See National Adolescent Perpetrators Network 1988.
[27] Shaw et al. utilizes the term "component" in this statement. I tend to disagree, finding that by including such terminology as "confronting," "decreasing," "developing," "generating," etc., these are goals that one is striving to achieve within the context of treatment programs with juvenile sex offenders.

(2) aggression was used during the assault(s); (3) severe emotional and behavioral problems are present; (4) anti-social attitudes are displayed; (5) poor motivation for treatment is present; (6) suicidal or homicidal ideation is present; (7) a volatile relationship at home threatens the safety of the individual; and (8) a victim is present in the juvenile sex offenders home (Bourke & Donohue 1996, 51). Any plan that deals with the long-range problems posed by juvenile sex offenders must require participation in offense-specific treatment programming helping to build a bridge between external controls exercised by the legal system and the mental health community's goal of internal self-control on the part of the offender (Martin & Pruett 1998, 304).

Davis and Leitenberg (1987) reviewed and determined common goals and issues included in actual treatment programs. These goals included reducing denial and acceptance of responsibility, developing victim empathy, focusing on precipitants leading to sexual offense, cognitive restructuring, decreasing deviant arousal, dealing with the offender's own victimization and abuse history, and sex education (Davis & Leitenberg 1987, p. 424). Additional goals by Davis and Leitenberg included social skills training, anger management training, and dealing with family issues (Davis & Leitenberg 1987, p. 424).

As the review of the literature to this point demonstrates, there are many treatment goals that are identical in name or intent. Goals for treatment of juvenile sexual offenders have been identified and remained the same over long periods of time with little alteration. The next section deals with actual treatment programs developed to deliver the source materials to achieve the treatment goals. The treatment programs vary widely in their approach to achieving similar treatment goals.

Treatment Programs

Treatment programs usually consist of three or four integrative program areas that compliment each other in order to achieve an end result (successful completion). TYC specialized treatment programming consists of Academics, Behavior, Correctional Therapy and Work Discipline. Each treatment aspect is important in completing the treatment process. components Behavior is, perhaps, the most important cornerstone of the overall treatment process. Without proper behavior, the youthful offender cannot gain entry into any of the specialized treatment programs. TYC utilizes an approach similar to the Positive Peer Culture program. Behavior must be maintained and improved daily by individual youth offenders in order to be considered amenable for the specialized treatment process. Negative behavior can result in removal from a specialized treatment program, and in some cases result in permanent expulsion. Three behavior group approaches are expounded on as follows, Just Community, Positive Peer Culture and EQUIP.

Just Community

The governing structure of the Just Community relies on pull-ups[28] (Moody & Lupton-Smith 1999, p. 4). A pull-up is a charge that a youth has committed an indiscretion in behavior. Peers and/or staff make the charge against the youth. Pull-ups address failed responsibilities, inter-personal misbehavior and normative rights violations (Moody & Lupton-Smith 1999, p. 4). A weekly discipline committee meeting is held and each youth's pull-ups are discussed in a four-step process. Justice (Did you do what you were accused of doing?), moral judgment (Was it right to do that? What made it right or wrong?), and moral claim (Why did you do what you did? What was going on for you? How were you feeling when…?) are discussed (Moody & Lupton-Smith 1999, p. 4). Then, once the committee (made up of a recommended six youth and six

[28] See Blakeney & Blakeney 1990, 101-113

staff) has an understanding of the way claimants are justifying their behavior, they are asked "What can you do this week to help you address the underlying moral claim in a new way that does not violate rules or disrespect persons?"[29] (Moody& Lupton-Smith 1999, p. 4).

Positive Peer Culture (PPC)

Youth participation in the Positive Peer Culture (PPC) is similar to the Just Community group process. As in the Just Community approach, PPC includes youthful peers and staff in a group setting. PPC is a popular peer-group intervention developed for delinquent youth and used with them since the latter part of the 1970's[30] (Moody & Lupton-Smith 1999, p. 5). Brendtro and Ness (1991) described PPC as a residential treatment that empowers youth as partners with staff in the problem-solving process (Moody-Lupton-Smith 1999, p. 5). Vorrath and Brendtro (1985) stated that PPC groups teach students to assume responsibility for helping one another and for their own actions by refraining from blaming others and using excuses (Moody & Lupton-Smith 1999, p. 5).[31]

Youth are encouraged to identify and accept their feelings regarding situations they view as problematic (Moody & Lupton-Smith 1999, p. 5). The peer group, in PPC, is viewed as a positive resource rather than a negative influence on the youth population. PPC uses a group setting to identify problems that are then worked through by peer group members and staff to obtain a solution. Members offer solutions, provide helpful confrontations, and support displays of behavioral self-control (Moody & Lupton-Smith 1999, p. 5). PPC does not focus on youth asking for help, but focuses on youth willingness to provide help. The focus on the positive aspect of willingness to help is likely to increase member self-worth.

[29] See Blakeney & Blakeney 1991, 120-126.
[30] See Davis et al. 1988, 137-145; Tannehill 1987, 113-129.
[31] See Brendtro & Ness 1991, 171-181; Vorrath & Brendtro 1985.

Participation in a PPC group teaches members to learn basic values of respect and thoughtfulness towards one another. Displays of trust and openness are valued in the group over coercion and punishment, and the group leader consistently models such behaviors (Moody-Lupton-Smith 1999, p. 5). Participants who exhibit difficulty displaying such behaviors are viewed as having the potential for strength and greatness but recognized as needing additional support or reinforcement (Moody & Lupton-Smith 1999, p. 5).

The goals of PPC interventions include the changing of members' attitudes, values, and self-concepts to create a positive environment (Moody & Lupton-Smith 1999, p. 5). Davis et al. (1988) declared that change in these areas could promote ongoing, lasting behavior changes (Moody & Lupton-Smith 1999, p. 5). Tannehill (1987) reported that perhaps the most frequent changes observed in PPC participants were the following: (a) increased self awareness, (b) a more positive self image, (c) an improved ability to identify personal problems and make more rational decisions, and (d) a higher level of concern for oneself and others (Moody & Lupton-Smith 1999, p, 5).

According to Vorrath and Brendtro (1985), in designing and implementing a PPC intervention, the recommended size of the group is one adult leader with nine youth to keep the process alive without being overwhelming (Moody & Lupton-Smith 1999, p. 5). Tannehill (1987) found that PPC meetings, held from three to five times weekly for approximately one to two hours work best (Moody & Lupton-Smith 1999, p. 5).

PPC is effective with youth who are more peer oriented than adult oriented (12-18 year olds) and are of the same sex (Moody & Lupton-Smith 1999, p. 5). Participants of similar age, sex, maturity, and sophistication, who are heterogeneous in personality and problem type, tend to interact more effectively (Moody & Lupton-Smith 1999, p. 5).

Adult leadership is very important in establishing an effective PPC. Staff must be adequately trained to confront group members without feeling over-powered or threatened by the strong peer connection that has been encouraged to develop (Moody & Lupton-Smith 1999, p. 5). An effective leader serves as a teacher or coach who holds the group responsible for working on problems and acts as a limit setter and good listener (Moody & Lupton-Smith 1999, p. 5).[32]

EQUIP Programs

The EQUIP Program is another example of using group dynamics in a more structured intervention is represented by the EQUIP Program (Moody & Lupton-Smith 1999, p. 6). Developed by Gibbs et al. (1995)[33], this program combines elements of PPC, MDGs (Moral Discussion Groups), and activities addressing social skill development (Moody & Lupton-Smith 1999, p. 6). The core belief of this program is that antisocial youth can help one another effectively and in the process help themselves (Moody & Lupton-Smith 1999, p. 6). EQUIP groups have between six and nine members. Gibbs et al., (1995) recommend running each group for ten weeks, each session typically lasting one to one and one-half hours, five times a week (Moody & Lupton-Smith 1999, p. 6). Mutual help is provided to members that are determined by the group as needing the most help that day in a format similar to PPC. The problem is discussed and the group tries to help their peer resolve the problem. During these sessions the group frequently identifies surface problems and cognitive distortions that in turn, helps the peer effectively process these problems (Moody & Lupton-Smith 1999, p. 6).

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[32] TYC usually runs its behavior groups with two adult leaders and approximately twenty-four youth. Smaller behavior groups, or huddle-ups, are usually conducted with one adult leader and up to seven or eight youth. TYC holds behavior groups twice a day for an hour each time. TYC holds behavior groups with youth ranging in age from thirteen or fourteen to twenty years of age. TYC creates groups according to offense-specific housing. TYC is forced to operate behavior groups according to housing and type of offense. Youth of similar offenses are usually housed together. TYC juvenile corrections officers are trained once yearly in behavior group etiquette with informal training sessions taking place on each dormitory more frequently.

[33] See Gibbs et al. 1995; Gibbs et al 1996, 40-46.

Specialized Treatment Programs – Sexual Behavior

Specialized treatment programs have proliferated due to the increased awareness of sexual offenses by the juvenile offender. The juvenile offender is believed to be at an age where resocialization is possible. Public opinion, the legal system and the legislature have long held that juveniles should participate in rehabilitative efforts rather than face punitive measures in an attempt to salvage the youth from a future of criminal activity. This belief has resulted in juvenile sex offenders being placed in specialized sexual behavior treatment programs in an attempt to positively alter their sexual behavior and return them to more mainstream, conventional sexual practices.

Two specialized sexual behavior treatment programs are discussed below. Each is similar in content and style to the current Sexual Behavior Treatment Program in use by the Texas Youth Commission. The treatment components discussed below correspond with the Correctional Therapy components of specialized treatment in TYC.

Massachusetts Program

The State of Massachusetts enacted a juvenile sexual behavior treatment program that is similar to the Sexual Behavior Treatment Program (TYC) in many ways. The program is designed to foster accountability, sexual education and relapse prevention. Youths in sex offender treatment programs participated in groups that focused on offense and included denial, victim awareness, motives and antecedent events, cognitive restructuring, positive skills, and stress management (Guarino-Ghezzi & Kimball 1998, p. 50). Youth participate in group therapy an average of six to seven hours per day (Guarino-Ghezzi & Kimball 1998, p. 50). Peer confrontment is utilized to motivate peers when in denial, addressing victim impact, and

discussing the reasons and events leading to their offense (Guarino-Ghezzi & Kimball 1998, p. 50).

Aftercare sex offender treatment was found to reduce recidivism. Youth who participated in specific sex offender treatment programs were better able to discuss their crime, identify the offense cycle and tools to prevent relapse, more compliant with staff, and provide additional strategies to prevent relapse without treatment jargon (Guarino-Ghezzi & Kimball 1998, p. 51). Placement in specialized treatment group therapy helped youth feel less isolated and enabled youth to select appropriate adults to consult in the event of peer problems or gang issues (Guarino-Ghezzi & Kimball 1998, p. 51). Youth in specialized sex offender treatment programs were more likely than non-treatment youth to accept responsibility for their sexual offenses (Guarino-Ghezzi & Kimball 1998, p. 51). Youth in specialized sex offender treatment programs were also more likely to show remorse and demonstrate empathy for their victims (Guarino-Ghezzi & Kimball 1998, p. 51).

Saint Anne Institute Juvenile Sex Offender Project/Albany, NY (JSOP)

The Saint Anne Institute Juvenile Sex Offender Project (JSOP) conducts group therapy for youthful offenders of sexual offenses who were referred through the courts, probation services, child protection services, and residential families. In JSOP, an initial assessor queries the youth on details of the sexual offense. Another important area for the examination is the context and circumstances under which life events occur in the family (Lombardo & DiGiorgio-Miller 1988, p. 42). It is particularly significant to consider the family situation and precipitating stressors, which may have contributed to the adolescent's decision to act out in a sexually abusive manner (Lombardo & DiGiorgio 1988, p. 42-43).[34] The level of empathy that the juvenile offender demonstrates often has little to do with the severity of the offense, but rather

[34] See Longo & Groth 1983, 150-155.

such factors as his/her: ability to feel empathy, feelings about his/her own victimization, understanding of societal norms regarding sexual behavior and overall reality testing (Lombardo & DiGiorgio-Miller 1988, p. 43). A risk assessment scale or tool is used during assessment to determine risk levels of potential recidivism.

Talking about the offenses in detail and reviewing the story many times can be a positive intervention because it can interrupt the fantasy/gratification cycle by making it become tedious (Lombardo & DiGiorgio-Miller 1988, p. 46). The group members are generally expected to review and expand upon their narrations of their offenses as they become comfortable in the peer group (Lombardo & DiGiorgio-Miller 1988, p. 46). As a new member enters the group the others recall their offenses and model the processes[35] of making connections and gaining insight into why they offended sexually (Lombardo & DiGiorgio-Miller 1988, p. 46).

There are four basic criteria recognized in JSOP for treatment and assessment of a client's progress (Lombardo & DiGiorgio-Miller 1988, p. 45). These criteria are: (1) the client's ability to describe his offense to such a degree that he convinces the group therapists and members that the offense occurred, (2) the client's ability to demonstrate feelings of empathy for his victim(s) and recognizing the consequences that the offense may have had on the victim, and (3) the client's ability to identify a problem related to the sexual abuse and (4) developing a plan for how and why he will not reoffend (Lombardo & DiGiorgio-Miller 1988, p. 45-46).

[35] Modeling the process is an action completed by current members of the peer group for new members. This allows the new members of the peer group to begin the assimilation into the peer group. This creates a comfortable surrounding which allows the new youth to express him/herself without feeling threatened.

Recidivism

Recidivism is any re-arrest for any offense, once released from the criminal justice system for the original committing offense, which results in re-incarceration. For reporting purposes, the re-arrest can occur while the offender is on parole, probation or awaiting trial on the original committing offense. The definition of recidivism is ambiguous, depending on who is defining it and for what reasons.

Factors Affecting Recidivism

A multitude of factors affect the recidivism of juvenile sexual offenders. In this section, these factors are identified as related to individual studies attempting to identify the correlation between factors and recidivism. These are common factors utilized to determine the success or failure of specialized treatment programming.

Factors contributing to recidivism include any previous sexually offending behavior, sexually offending in a public area, sexually offending against a stranger, sexually offending on two or more occasions, or sexually offending on two or more victims (Langstrom 2002, 47). Studies of adult sex offenders have shown that the longer each individual is tracked[36] the greater the likelihood of re-offending (DeBelle et al. 1993, 76). For juvenile sex offenders, there may exist a latency period of at least five years during which recidivism rates are low, then followed by a more rapid rise (DeBelle et al. 1993, 76). Also, a history of victimization as a child, limited knowledge or understanding of sexual values and a denial of the addictive quality of offense behavior are considered predictors of sexual recidivism (Debelle 1993, 79)[37].

[36] Adult and juvenile offenders are tracked for periods of time in order to determine recidivistic activities. It stands to reason, that the longer an individual is tracked, the greater the chance of recidivistic activity occurring.
[37] This should be indicative of individuals that have not successfully completed a sexual behavior treatment program.

Results presented by Hanson and Bussiere (1998) and a study by Worling & Curwen (2000) indicate that sexual interest in children is still a significant predictor of further sexually related recidivism (Worling & Curwen 2000, 982). The higher risk of recidivism for those who failed to complete treatment is also one of the more robust findings of Hansen & Bussiere (1998) (Broadhurst & Loh 2003, 123). Lee et al. (1996) observed that subjects who 'dropped out' of treatment had higher risks of reconviction (Broadhurst & Loh 2003, 122-123).[38]

Features to lower recidivism include type of offender in program (molester/exhibitionists respond better than rapist), long-term programs, teaching offenders how to identify and interrupt the offense cycle, good management and thorough implementation (Barker 1993, 101). Voluntary participation, family intervention and age of offender all contributed positively to lower rates of recidivism (Latimer 2001, 238). If a youth admits, describes, and accepts responsibility for his actions, the chance of recidivating will lessen because the youth is being responsible. The assumption of responsibility is thought to lead to mature behavior, thereby lessening the chances of sexual offending (Northey 1999, 260). No relationship between sexual recidivism and factors such as age, gender or relationship to offender was found to exist (Worling & Curwen 2000, 983).

Studies in Recidivism[39]

Weinrott (1996)[40] concluded from his review of treatment programs that juvenile child molesters do not recidivate during the next five to ten years (Edwards & Beech 2004, 111). They are more likely to be arrested for non-sexual offenses and those youth with prior offenses

[38] See Lee et al. 1996, 147-152.
[39] Literature reviewed utilized re-arrest as the standard to denote recidivism. In this research project, I was fortunate to have data containing re-incarceration statistics. For the purposes of defining recidivism, re-incarceration is a much stronger indicator of recidivism than re-arrest. For example, when re-arrested, an arrest only indicates that an individual is suspected of committing an offense (in this case, sexual). A re-arrest does not indicate an actual legal finding of wrong-doing. Re-incarceration statistics indicate that a crime was, indeed, committed.
[40] See Weinrott 1996.

are more likely to continue criminal activity (Edwards & Beech 2004, 111). A report from Minnesota, entitled "Residential Programs for Juvenile Offenders" (1995), found completion rates of adolescent sex offender treatment programs in Minnesota to range from thirty to fifty percent (Edwards & Beech 2004, 102). If the risk assessment of dropout from specialized treatment programs can be assessed with an effective typology emerging, youthful offenders could be more easily matched to a program fitting their needs (Edwards & Beech 2004, p. 111).[41] In order to do so, treatment program components must be accurately identified and assessed for effectiveness on recidivism (Edwards & Beech 2004, 111).[42]

Broadhurst and Loh conducted a research study covering arrest documentation of 116,151 males, including juveniles, over a ten-year period. The sample group was followed for re-arrest for a period of 5.7 years. About two-fifths of those arrested were never re-arrested, half were never arrested for a 'dangerous' offense, and two-thirds were never arrested for another sexual offense (Broadhurst & Loh 2003, 132). It is therefore improbable that sexual offenders are driven by sexual deviance, given the high probabilities of re-arrest these offenders had for crime in general (Broadhurst & Loh 2003, 132). If sexual deviance were the dominant factor it would be expected that a higher rate of repeated sexual offending be observed (Broadhurst & Loh 2003, 132).

Arrest for a sex offense, especially in the age group 16-18, may signal risk-taking behavior rather than the beginning of sex-offending careers (Broadhurst & Loh 2003, 128). Young offenders had higher risks regardless of the type of sexual offense and initiation of

[41] No specific typology has been developed for at risk youth. The factors presented in this research project are some of the most common factors associated with dropout or unsuccessful completion of sexual behavior treatment programs. There are a multitude of factors to be considered in multiple combinations to be considered in order to develop a specific typology from risk assessments.

[42] This research project will, however, identify treatment components and assess for effectiveness on recidivism of youthful sex offenders. This is but a step in the right direction of identifying and determining a typology through which to match youthful offenders to a specific program based on individual needs.

offending at a young age (less than 16 years of age) increased the probabilities of recidivism for violent offending (Broadhurst & Loh 2003, 129). It was also observed that the groups most likely to have higher probabilities of re-arrest, especially for further violence, were those from the most marginal socioeconomic groups: aborigines, juveniles, blue-collar workers, the unemployed and those with a prior arrest record (Broadhurst & Loh 2003, 132). This suggested that sexual offending, especially by youthful offenders, may be linked with peripheral 'hyper masculinity' where low status, chronic and multiple adversity, and risk-taking were more implicated than sexual deviance in aggressive behavior (Broadhurst & Loh 2003, 132).[43]

Taylor (2003) conducted a study of 227 children and young people who over a six-year time period were accused of sexually offending against a child. Recidivism or survival time amounted to 2.5 years and of the 109 young offenders who had reached their seventeenth birthday by that time, none had been rearrested on a second offense (Taylor 2003, 65). Many of the original 227 young offenders, however, did go on to commit offenses of a non-sexual nature (Taylor 2003, 68). Providers of assessment and treatment programs should try to address this problem, if only to reduce the high premature dropout rate that it causes (Taylor 2003, 68). Kahn and Chambers (1991)[44] have already suggested that for many adolescent sexual offenders the sexual offense should be considered part of a larger pattern of criminal acting out (Taylor 2003, 68).

Miner (2002) conducted a study of 86 male adolescents to determine the factors that affect recidivism in juvenile sex offenders. Variables considered were preoccupation with children, social competence, antisocial behavior, impulsivity, male victims, number of prior sexual offenses, frequency of alcohol use, and paraphilias (Miner 2002, 425-426). The results

[43] See Knight & Prentky 1993; Richardson et al. 1995, 197-208; Graves et al. 1996, 300-317.
[44] See Kahn & Chambers 1991, 333-345.

indicated that having a male victim and a paraphilia diagnosed were associated with a decreased risk to recidivate while a preoccupation with children and impulsivity were associated with an increased risk to recidivate (Miner 2002, 429-431).

Nisbet, Wilson, and Smallbone conducted a study to examine relative rates of sexual and non-sexual recidivism in a sample of adolescent sex offenders to determine the degree of recidivism in adult sexual offenses. The study participants were 303 males who had been assessed by the Sex Offender Program of the New South Wales Department of Juvenile Justice (NSWDJS), Australia (Nisbet, Wilson, & Smallbone 2004, 61). All of the study participants had either pled guilty or been found guilty of an offense that occurred when they were between the ages of eleven and seventeen. After the initial assessment, 24.8% of the subjects received additional convictions for sexual offenses while they were still adolescents (i.e., less than 18 years of age) (Nisbet, Wilson, & Smallbone 2004, 62). However, only 5% of the subjects received convictions for sexual offenses as adults and another 4% were charged but not convicted of adult sexual offenses (Nisbet, Wilson, & Smallbone 2004, 62).

In Chapter 3 a short history of the Texas Youth Commission is provided. The juvenile sentencing structure is identified and defined with discussion on the types of treatment programming offered by the Texas Youth Commission. The research purposes along with accompanying hypotheses are also presented.

CHAPTER THREE

Texas Youth Commission: Two Rehabilitation Programs

Early Years

The beginnings of the juvenile justice system in Texas go back to the 1800's. In the 1850's the Texas legislature created laws to exempt children under age 13 from criminal prosecution in certain situations and authorized a separate facility to house children. The Gatesville State School for Boys finally opened in 1889. A training school for girls, Gainesville State School, was established in 1916 (TYC 2005, www.tyc.state.tx.us/about/history.html).

Nineteenth century reformers determined that children who are in danger of maturing into adult criminals could be rescued. This could be accomplished by placement of the children in protective environments and teaching them about discipline, morality, values and working productively (TYC 2005, www.tyc.state.tx.us/about/history.html). Until 1920, all state juvenile facilities were supervised and funded independently and reported directly to the Governor. The Board of control managed all state facilities from 1920 to 1949 (TYC 2005, www.tyc.state.tx.us/about/history.html).

Texas Youth Commission Created

The Texas Youth Development Council was established with the adoption of the Gilmer Aiken Act in 1949. The Texas Youth Development Council evolved into the modern-day Texas Youth Commission. The original purposes of the Youth Development Council were to coordinate the state's efforts to help communities create and strengthen youth services and administer the state's juvenile training schools by providing a program of training aimed at the

resocialization and successful transition of delinquent children into society (TYC 2005, www.tyc.state.tx.us/about/history.html).

Reorganization in 1957 brought the state's juvenile training schools and homes for neglected and dependent children under the authority and administration of the Texas Youth Council. A board consisting of three members governed the Texas Youth Council. The Texas Youth Council provided parole services for delinquent youth for the first time in 1961 to provide continued supervision of youth after their training school stay. The Giddings State School for boys was opened in 1972 (TYC 2005, www.tyc.state.tx.us/about/history.html).

Reforms Years: 1960's - 1970's

From the 1960s through the 1970s, the primary concern of juvenile services shifted from services in institutions toward more community-based programs. The Texas Youth Council increased use of foster care and community-based programs for dependent and neglected youth. The Texas Youth Council created a county juvenile probation subsidy program, which was transferred to the Texas Juvenile Probation Commission when it was created in 1981 (TYC 2005, www.tyc.state.tx.us/about/history.html).

Two U.S. Supreme Court cases, Kent v. U.S. (1966) and In Re Gault (1967), changed the character of the juvenile court by implementing basic due process guarantees, such as: notification of charges, protection against self-incrimination, right to counsel, and right to confront witnesses. The due process guarantees granted under these two court cases replaced the informal practices that had characterized these courts until that time. Practically every state redrafted its juvenile code to conform based on the Supreme Court's mandate. The most influential national case (Morales vs. Turman) for reform of the juvenile justice system began in 1971, and originated in Texas (TYC 2005, www.tyc.state.tx.us/about/history.html).

Morales v. Turman

According to her attorney, the fifteen-year-old Alicia Morales was the oldest of eight children. She was forced to work and turn her earnings over to her father. He had her committed to TYC for disobedience because she complained. The juvenile court practice in El Paso, Texas, utilized an agreed judgment by parents to send their children away to a state institution. The agreed judgment practice was conducted and completed with no notice of charges, no court appearances, and no representation. The attorney for Alicia Morales contacted the Youth Law Center in San Francisco, California, a public interest law firm involved in juvenile rights litigation. As a result of the intervention by the attorney of Alicia Morales, the federal court lawsuit, Morales v. Turman, was filed in 1971. This action resulted in the federal courts conducting an investigation into the due process of incarcerated youth in TYC (TYC 2005, www.tyc.state.tx.us/about/history.html).

Judge W. W. Justice sent a letter to all TYC youth asking if a court hearing and attorney had been provided before being transitioned to TYC. Most responded that a hearing occurred, but over a third indicated there was no representation by legal counsel. The State of Texas agreed to a declaratory judgment set down by the federal court that provided the Texas Legislature time during its session in 1973 to reconsider the bill defeated the previous session that incorporated the due process rights the Supreme Court mandated in 1967. The bill was enacted as Title 3 of the Texas Family Code (TYC 2005, www.tyc.state.tx.us/about/history.html).

Subsequent to the original filing, an additional filing was made by a group of individuals representing several of the incarcerated youth. A Settlement Agreement was reached in 1984 and a monitoring committee finished its work in 1988. The terms of the Settlement Agreement are still in effect today since the plaintiffs in the class action suit were not only youths in TYC at

that time, but also youths who would be committed to TYC in the future (TYC 2005, www.tyc.state.tx.us/about/history.html).

Terms of the Settlement Agreement are as follows: a separate category for juvenile court dispositions identified as "conduct indicating a need for supervision" was established that includes status offenses and conduct that would be punishable only by a fine if committed by an adult; due process rights are now provided to youth in juvenile court hearings and in TYC administrative hearings; corporal punishment and all forms of inhumane treatment were prohibited; work for no productive purpose, extended periods of isolation and idleness in the name of treatment were prohibited; an effective youth grievance and mistreatment investigation system was established; staff-to-youth ratios, minimum staff qualifications and training requirements were established; and individualized, specialized and community-based treatment programs were created (TYC 2005, www.tyc.state.tx.us/about/history.html).

More Reform Years: 1980's - 1990's

The legislature changed the name of the Texas Youth Council to the Texas Youth Commission in 1983. Juvenile crime rates began to skyrocket in the 1980's. In 1987, Texas responded to the increase in juvenile crime rates by becoming one of the first states to adopt blended sentencing. Blended sentencing occurs when a criminal sentence is blended in some fashion with a more traditional juvenile court disposition. Blended sentencing allowed a youth who received a determinate sentence to serve the first portion of the sentence in TYC with the possibility of being transferred to the adult system to complete the sentence (TYC 2005, www.tyc.state.tx.us/about/history2.html).

Even with blended sentencing, juvenile crime rates continued to climb and the seriousness of incidents began to escalate. The Texas legislature passed legislation that took

effect in January 1996 and is described as a "get tough, balanced approach" that reflects the public attitude that punishment of youthful offenders in a meaningful way is required, yet not abandoning rehabilitation as the principal goal (TYC 2005, www.tyc.state.tx.us/about/history2.html).

Legislative mandates resulted in the following changes: the certification age was lowered from 15 to 14 for capital and first degree felonies and once certified, a youth is transferred to criminal court automatically for all subsequent felonies; determinate sentencing offenses were increased by adding eleven offenses to the original five (all violent offenses against persons, including attempts, criminal solicitation, serious drug offenses, and three-time felons); the range of sentences was increased to a maximum of 40 years for first degree felonies; minimum periods of confinement were created for sentenced youth from one to three years; the minimum period of confinement for capital murder is ten years; TYC was authorized to request the juvenile court to transfer a determinate sentenced youth after age 16 to adult prison to complete his/her sentence, if youth meets transfer criteria; and all determinate sentenced youth are required to complete their sentences after age 21 on adult parole (TYC 2005, www.tyc.state.tx.us/about/history2. html). Sexual offenses such as aggravated sexual assault, sexual assault, and attempted sexual assault were included in the violent offenses against person category.

Texas Youth Commission – Present Day

TYC provides for the care, custody, resocialization, and reestablishment in society of chronically delinquent or serious juvenile offenders. Texas judges commit these youth to TYC for predominantly felony-level offenses committed when they were at least ten years of age and less than seventeen years of age. TYC maintains jurisdiction over these youthful offenders until their 21st birthdays, operates a statewide system of thirteen secure institutions and nine

residential halfway house programs, and contracts with approximately fourteen private or local government providers for a wide range of services to TYC offenders.

All youthful offenders incarcerated in the Texas Youth Commission begin at the Marlin Orientation and Assessment Unit in Falls County, southeast of Temple. During the initial incarceration period, they receive the following: a physical evaluation and survey of medical history; educational testing and assessment; psychological evaluation; introduction to the TYC resocialization program and to behavioral rules and procedures; and assessment of needs for specialized treatment such as sex offender behavior, chemical dependency, mental retardation or violent crime behavior (TYC 2005, www.tyc.state.tx.us/about/how_movethru.html).

Length of Sentence and Sentence Structure

Youth are assigned a minimum length of stay that is the minimum amount of time they must remain in a residential program before parole consideration. The assigned length of stay is based on the crime the youth has committed. TYC youth are required to demonstrate progress in rehabilitation and education programs to earn parole. The Texas Youth Commission classifies offenders based on the most serious offense documented in the youth's court records.

Sentenced Offender

The designation, sentenced offender, includes all youth given a specific, determinate sentence by a criminal court. The original sentence begins at TYC and depending on progress by the youth, may be completed in the adult prison system. Judges in the State of Texas may consider determinate sentencing of juveniles for the following felony offenses: murder, capital murder, attempted murder, manslaughter, intoxication manslaughter, aggravated or attempted aggravated kidnapping, aggravated assault, aggravated or attempted aggravated robbery, felony injury to a child, elderly or disabled person, felony deadly conduct, aggravated or first-degree

controlled substance felony, criminal solicitation, criminal solicitation of a minor, first degree felony arson, or habitual felony conduct (TYC 2005, www.tyc.state.tx.us/about/how_class.html) Aggravated sexual assault, sexual assault, attempted sexual assault, and second-degree felony indecency with a child were included in this list due to the recognition of the seriousness of these offenses in juvenile populations and the possibility of continuing offenses in adulthood.

Non-Sentenced Offender Categories

The Type A Violent Offender is a youth classified for committing or attempting to commit aggravated sexual assault, sexual assault, murder, or capital murder. If the youth is not sentenced as a determinate sentenced offender by the committing juvenile court for these offenses, then a Type A Violent Offender classification results. A Type A Violent Offender must complete at least twenty-four months of incarceration and may remain until his/her 21st birthday, depending on program progress (TYC 2005,www.tyc.state.tx.us/about/how_class.html). Type A Violent Offenders, in general, comprise the majority of classified sexual offenders within TYC, with Sentenced Offenders gaining in number over the last several years.

The Type B Violent Offender is a youth classified for committing or attempting to commit criminally negligent homicide, manslaughter, kidnapping, unlawful restraint, felony or aggravated assault, indecency with a child, injury to a child, elderly or disabled person, child abandonment or endangerment, felony deadly conduct, felony aiding suicide, first- or second-degree tampering with a consumer product, arson, robbery or aggravated robbery, burglary with intent to commit a violent offense, intoxication assault or manslaughter, participating in a riot at a TYC facility, or assault with bodily injury to TYC staff. The Type B Violent Offender must serve at least twelve months of incarceration and may remain until his/her 21st birthday depending on program progress (TYC 2005, www.tyc.state.tx.us/about/how_class.html). Since

Type B Violent Offenders only includes indecency offenses, there are very few juvenile sexual offenders that are categorized as Type B Violent Offenders.

The Chronic Serious Offender is a youth adjudicated on at least three separate occasions for having committed a felony. The Controlled Substance Dealer is a youth classified for felony-level drug manufacturing or delivery. The Firearms Offender is a youth who possessed a firearm during the offense for which classified. The General Offender is all other youth who are usually sent to TYC for non-violent or property crime offenses. Youth in these categories generally serve from nine to twelve month incarceration periods (TYC 2005, www.tyc.state.tx.us/about/ how_class. html). Adolescent sexual offenders can be placed as a General Offender, but due to the seriousness of sexual offenses, this is a very rare occurrence.

General Resocialization Treatment Program

The first treatment program is the General Resocialization Program. The four elements of the program are correctional therapy, education, work, and discipline training. The program is designed to enhance personal accountability of delinquent youth by removing justification for continued delinquency and to provide skills that will enable these youth to make pro-social choices in the future (TYC 2005, www.tyc.state.tx.us/programs/basic_treat.html).

The resocialization program is phase-progressive and competency-based. Youth move gradually from high restriction confinement to aftercare or parole based on the completion of both the minimum length of stay and demonstrated competency of pre-determined objectives. Each phase has specific individualized objectives for academic/workforce development, behavior and correctional therapy that a youth must achieve prior to advancing to the next phase (TYC 2005, www.tyc.state.tx.us/programs/basic_treat.html). This study focuses on the correctional therapy portion of the General Resocialization Program.

The resocialization program requires that youth demonstrate personal responsibility for behavior, academics, vocational and social skills development, and restitution to victims and the community. The program is divided into four phases with each phase containing five components that must be completed to receive credit for that phase level. Phase 1 is memorization of TYC rules and beginning treatment terms, identify and define thinking errors, identify and define feeling words, identify and define personal values, and present Basic Layout. Phase 2 is presentation of the Life Story, identification of how thinking errors are used, demonstration of empathy by identifying thoughts and feelings of others, identification of where values are learned, and development and presentation of Offense Description. Phase 3 requires presentation of the offense cycle as related to the youth's committing offense, demonstration of understanding of how thinking errors were used in the offense, understanding how empathy can interrupt the offense cycle, identification of values that interrupt the offense cycle, and inclusion of the Life Story Layout into the Offense Cycle presentation. Phase 4 requires development of a Success Plan for community re-entry, recognition of thinking errors and self-correction, demonstration of empathy through appropriate relationships, demonstration of behaviors reflecting appropriate values, and verbal presentation of Success Plan.

Introduction to Specialized Treatment Programming in TYC

Many youth with identified needs such as sexual offenses, drug-related offenses and offenses resulting in death or serious injury require intensive and specialized treatment in addition to Resocialization. Currently, the Texas Youth Commission offers specialized treatment programs designed specifically for the treatment of serious violent offenders, sex offenders, chemically dependent offenders, offenders with mental health impairments, and offenders with mental retardation. TYC utilizes an assessment and placement process designed to ensure that

those youths with the most severe need and/or high risk for violent re-offending are assigned to specialized treatment programs.

Specialized Treatment for Sex Offenders

Specialized treatment for sex offenders is provided at three TYC institutions. The sexual behavior treatment program (SBTP) compliments the resocialization program using cognitive-behavioral strategies and a relapse prevention component (TYC 2005, www.tyc.state.tx.us/programs/special_treat.html). Table 3.1 summarizes key facets of the Sexual Behavior Treatment Program.

Table 3.1: TYC Sexual Behavior Treatment Program

Sexual Behavior Treatment Program				
Treatment Objective	**Sub-objectives**	**Objective**	**Phase**	**Completion Results**
Offense Description	Complete Resocialization Workbook through page 82 and all revisions. Complete Pathways workbook through page 24 and all revisions. Write out Offence Description and provide to all Group members for revisions, comments, or questions. Complete all ICP assignments. Complete one Positive Skills Sheet. Identify all nine thinking Errors and definitions.	Explain Committing Offense(s). Take responsibility for committing Offense(s).	Phase 1	None
Life Story	Complete Resocialization workbook through page 166 and all revisions. Complete Pathways workbook through page 68 and all revisions. Complete Life Story handout. Complete all ICP assignments. Complete 2 Positive Skills Sheets. Complete Basic Layout presentation.	Explain Life Events in a Core Group presentation. Identify personal values, unmet needs, and three most prevalent thinking errors used by youth.	Phase 1	Promote to phase 2
Offense Patterns	Complete Resocialization workbook through page 276 and all revisions. Complete Pathways workbook through page 157 and all revisions. Complete Offense Patterns handout. Complete all ICP assignments. Complete 3 Positive Skills Sheets. Complete Life Story Layout presentation.	Explain prior offenses committed (even ones youth did not get charged with but committed) and place each situation into the seven steps of an Offense Pattern. Establish patterns common to all offenses. Identify particular behavioral patterns related to or contributing to offenses (i.e. lack of respect for authority figures, selfishness, lack of self-esteem, etc.). Youth must demonstrate competency in breaking each pattern consistently. Complete a C3 interview with the Phase Assessment Team	Phase 2	Promote to phase 3
Success Plan	Complete Resocialization workbook through page 276 and all revisions. Complete Pathways workbook through page 157 and all revisions. Complete all ICP assignments. Complete 4 Positive Skills Sheets. Complete Offense Patterns Layout presentation. Develop a Success Plan Binder.	Develop Success Plan goals for five main areas (Education, Work, Social, Personal, and Family. Each must be reasonable, attainable, measurable, and justifiable. All goals must include but not be limited to youth's abilities and disabilities. All goals must also identify any further special needs the youth must complete or may need. The youth must outline his strengths, weaknesses, triggers, barriers, high-risk situations, and coping strategies per goal. Complete a Success Plan presentation to Core Group members.	Phase 3	Promote to phase 4
Role Reversal	Must complete an Offense Patterns presentation and have earned a promotion a Phase C3.	Youth must answer questions to a panel of his peers, his Core group leader (case manager), and a Psychologist as if the youth were the person he/she victimized. All questions are directed to the person victimized and the youth must respond as if they were the person they victimized (used as a measure to gage empathy, long term effects, and general effects for victim).	Phase 3	None

Source: Carolyn Mattocks, Program Therapist, Texas Youth Commission

In Table 3.1, the specialized Sexual Behavior Treatment Program is identified and explained. The program is divided into phases (0-4) that youth must progress through in order to complete treatment successfully. Earning a phase results from completing specific tasks or assignments within each phase. Upon demonstrating competency in the phase requirements, the youth is evaluated for promotion to the next phase. If the youth, usually through oral interview with staff and peers, is successful in the oral presentations then a phase promotion is granted. If the youth does not successfully complete the presentation, then staff and peers provide constructive feedback (revisions), which the youth is encouraged to incorporate (internalize) and demonstrate in their daily activities. Revisions can include physical actions (i.e., care and concern for others, improved behavior, positive value system through proper decision-making, etc.). Revisions can also include written assignments to improve insight into personal areas (i.e., offense, empathy, thinking errors, values, patterns, triggers, goals, etc.). Once the youth has addressed the revisions, the youth may request to interview once again.

The Sexual Behavior Treatment Program is divided into four distinct phases (1-4). Each youth begins on Phase 0 and is attempting to earn Phase 1. In order to earn Phase 1, a youth must complete assignments in the Resocialization Workbook through the assigned pages, complete assignments in the Pathways Workbook (specifically for sexual offenders) through assigned pages, write an offense description (presents orally), complete one Positive Skills worksheet and identify all nine thinking errors (presents orally). The youth must also explain his committing offense and accept responsibility for his crime. Upon completing these items, the youth is awarded Phase 1.

In order to earn Phase 2, a youth must complete assignments in the Resocialization Workbook through assigned pages, complete assignments in the Pathways Workbook (specifically for sexual offenders) through assigned pages, complete a Life Story worksheet and complete two Positive Skills worksheets. The youth must also explain life events in a Correctional Therapy group presentation and identify personal values, unmet needs and identify three most prevalent thinking errors. Upon completing these items, the youth is awarded Phase 2.

In order to earn Phase 3, a youth must complete assignments in the Resocialization Workbook through assigned pages, complete assignments in the Pathways Workbook (specifically for sexual offenders) through assigned pages, complete an Offense Patterns worksheet, complete three Positive Skills worksheets and complete a Life Story Layout. The youth must also explain prior offenses and place into a seven-step offense cycle, establish patterns common to all offenses, identify specific behavioral patterns relating to the offense, demonstrate competency in breaking each pattern consistently and present a Phase 3 Offense Cycle Layout in an oral presentation for staff. Upon completing these items, the youth is awarded Phase 3.

In order to earn Phase 4, a youth must complete assignments in the Resocialization Workbook through assigned pages, complete assignments in the Pathways Workbook (specifically for sexual offenders) through assigned pages, complete four Positive Skills worksheets, complete an Offense Patterns Layout presentation to staff and develop a Success Plan binder. The youth must also develop a Success Plan addressing five areas important to success after transition into the community. They are education, work, personal, social and family. The youth must develop goals within each of these categories. The goals must be

reasonable and attainable.[45] The youth must outline his strengths, weaknesses, barriers, coping strategies, and high-risk situations in the Success Plan. The youth must also identify an after-care Sex Offender counselor to be utilized in the community. The youth then presents (orally) his Success Plan to staff. If approved, the youth is granted Phase 4 and then ready for the release process.

Role Reversal is described in Table 3.1. It can be a very formidable technique in addressing empathy, but due to the nature of the process (intensiveness) is normally only utilized with youth who have committed a particularly violent offense. While any sexual assault is violent, this is reserved for weapons use in the offense (injury inflicted) or particularly heinous incidents.

Youths in the program receive additional individual and group counseling interventions focusing on the youth's deviant and/or inappropriate sexual actions. The interventions also focus on deviant arousal patterns and deviant sexual fantasies, which contribute to the youth's sexual abusiveness. Additional program components include psychosexual education and trauma resolution therapies.

The treatment programs described above are used to develop two hypotheses. The hypotheses are the explanatory framework used to examine the effectiveness of sexual behavior and general treatment programs in reducing a juvenile sexual offenders likelihood of repeating the crime.

[45] Do not laugh! You would be surprised how many 5'6" NBA power forwards or NFL running backs I have worked with at TYC. These youth are serious in their quest for athletic stardom (glory, riches, girls, nice cars) and due to many other underlying individual variables, believe this is an attainable goal.

Conceptual Framework

This section of the paper explains the nature of the research project's conceptual framework. Conceptual frameworks link the existing review of the literature with the chosen methodology of the research project. The frameworks operate on two different levels, according to Shields (1998). The meta-framework, in this instance, is a broader issue that defines the entire body of research. In this case, the broader issue concerns the effectiveness of general treatment on recidivism. This can be narrowed to assessing how specialized treatment programming affects the likelihood of recidivism (re-incarceration) of juvenile sexual offenders. This study is an impact evaluation determining the influence of both treatment programs on a desired outcome (reduced recidivism). This question is addressed by testing two hypotheses. The hypothesis is the common conceptual framework used to satisfy explanatory research. Table 3.2 introduces the first research purpose, and Table 3.3 introduces the second research purpose.

The first purpose of this research project is to explain the relationship between specialized treatment programming and recidivism (any arrest) through re-incarceration and determine the effectiveness of the program. The initial purpose encompasses the effect of specialized Sexual Behavior Treatment programming on re-incarceration. Hypothesis 1 is drawn from the literature (see tables 3.1 and 3.2) to satisfy this research. Scholars continue to debate the effect of specialized treatment in reducing the likelihood of re-incarceration of juvenile offenders. Research findings addressing this issue, while numerous, continues to be ambiguous and divided due to the lack of an accepted definition for re-incarceration (recidivism) and the multiple therapeutic stratagems in use. This study focuses on a strict, narrow definition of recidivism (all-encompassing). This study determines how specific specialized treatment components affect the likelihood of re-incarceration.

Fifteen years ago, Furby et al. (1989) conducted a thorough review of existing studies of sexual offender treatment, and determined there is no evidence that clinical treatment reduces rates of sex offenses in general and no appropriate data exists for assessing whether it may be differentially effective for different types of offenders (Furby et al. 1989, 27). Furby et al., beseeched researchers and policy-makers for the resources, finances and research expertise to assess the effectiveness of specialized treatment programming (Furby et al. 1989, 27). As a result, a multitude of studies issued forth.

Dozens of outcome studies have been completed, many of which have found significant reductions in recidivism among treated groups (Marques et al. 2005, 80).[46] As a result, recent reviews and meta-analyses have come to more optimistic conclusions about treatment effects (e.g., Craig, Browne, & Stringer 2003; Gallagher, Wilson, Hirshfield, Coggeshall, & MacKenzie 1999; Grossman, Martis, & Fichtner 1999), and there appears to be a growing consensus that current treatment approaches can indeed lower an offender's risk of sexual reoffense (Marques et al. 2005, 80).[47]

Lakey (1994) reports that treatment is aimed at primarily the prevention of re-offending and the resocialization of the individual youth. "To accomplish this goal, treatment includes the following components: breaking through denial; processing individual motivations; high risk situations (identifying); offense patterns; thinking errors; empathy and remorse; value system and practicing positive skills" (Lakey 1994, 757-758). Group therapy is ideal with the offender working to understand internal and external factors and the reasons for his/her sexual choices (DiGiorgio-Miller 1998, 340).

[46] See also Borduin et al. 2000; Huot 2002; Looman et al. 2000, 279-290; McGrath et al. 2003, 3-17; Nicholaichuk et al. 2000, 139-153; Zgoba et al. 2003, 133-164.
[47] See also Craig et al. 2003, 70-89; Gallagher et al. 1999, 19-29; Grossmanet al. 1999, 349-361.

Table 3.2 introduces scholars that have conducted research addressing the issue of sexual behavior treatment programs in reducing the likelihood of recidivism. The supporting literature identifies programs similar in content to the specialized sexual behavior treatment program assessed in this study. Hypothesis 1 (H1) assesses the effectiveness (impact) of a specialized Sexual Behavior Treatment Program utilized by the Texas Youth Commission in reducing the likelihood of re-incarceration (recidivism) of juvenile sexual offenders.

Table 3.2: Sexual Behavior Specialized Treatment Programming and Re-incarceration

Hypothesis	Scholarly Support
H1: Sexual Behavior Treatment Programs reduce the likelihood of re-incarceration.	Guarino-Ghezzi & Kimball 1998; Longo & Groth 1983; Lombardo & DiGiorgio-Miller 1988; Knopp 1985; Marques et al. 2005; Furby et al. 1989; Miner 2002; Nisbet et al. 2004; Barker 1993; Latimer 2001; Broadhurst & Loh 2003; Eastman 2004; Lakey 1992; Shaw et al. 1999; Davis & Leitenberg 1987; DiGiorgio-Miller 1998; Moody & Lupton-Smith 1999; Martin & Pruett 1998; Edwards & Beech 2004; Kahn & Lafond 1988; Lakey 1994; Eartl & McNamara 1997

The second purpose of this research project is to explain the relationship between general resocialization treatment programming and recidivism (any arrest) through re-incarceration and determine the effectiveness of the program. The second purpose encompasses the effect of General Resocialization Treatment Program components on re-incarceration (see Table 3.3). Scholars continue to debate the effect of non-specialized treatment in reducing the likelihood of re-incarceration of juvenile offenders. Hypothesis 2 is drawn from the literature to satisfy this research purpose and is identified in Table 3.3 demonstrating the connection between the working hypotheses and the literature sources.

Scholarly sources for the second research purpose remain identical to those utilized in the first research purpose. Treatment programming, in general, remains consistent, whether

specialized or not. Differences in treatment type are based upon the inclusion of offense specific treatment components. Variances include level of intensity in certain treatment components, inclusion of offense specific details, eliciting sex-related unmet needs, life story events, triggers/barriers, offense patterns, if criminal offense is sexual in nature, offense-specific peer population, etc. Hypothesis 2 (H2) assesses the effectiveness (impact) of a non-specialized General Resocialization Treatment Program utilized by the Texas Youth Commission in reducing the likelihood of re-incarceration (recidivism) of juvenile sexual offenders.[48]

Table 3.3: General Resocialization Treatment Programming (non-specialized) and Re-incarceration

Hypotheses	Scholarly Source
H2: General Resocialization Treatment Programs (non-specialized) reduce the likelihood of re-incarceration.	Guarino-Ghezzi & Kimball 1998; Longo & Groth 1983; Lombardo & DiGiorgio-Miller 1988; Knopp 1985; Marques et al. 2005; Furby et al. 1989; Miner 2002; Nisbet et al. 2004; Barker 1993; Latimer 2001; Broadhurst & Loh 2003; Eastman 2004; Lakey 1992; Shaw et al. 1999; Davis & Leitenberg 1987; DiGiorgio-Miller 1998; Moody & Lupton-Smith 1999; Martin & Pruett 1998; Edwards & Beech 2004; Kahn & Lafond 1988; Lakey 1994; Eartl & McNamara 1997

[48] Not all youth identified as having a specific need to attend the specialized Sexual Behavior Treatment Program gain entry into the program. Entry is based on a multitude of items, including behavior, current housing vacancies, etc. All youth in this study are specifically identified as having a need to attend the specialized Sexual Behavior Treatment Program and are included to determine the impact of both treatment programs on re-incarceration.

CHAPTER FOUR

Methodology

This chapter discusses methods used to evaluate the effectiveness of two types of treatment programs. The hypotheses are operationalized and the program data used in the analysis is explained. Population and sampling issues are discussed and the statistical technique (logistic regression) is also introduced. The purpose of this research project is to assess the impact of two treatment programs on the likelihood of re-incarceration.

Sample

The data used to assess the TYC programs was obtained from the records of the Texas Youth Commission. The data set consists of 969 youth who are identified as having a need for Sexual Behavior Treatment programming. The data set was then reduced from 969 youth to 369 youth that meet the criteria for the current research project. Of the original 969 youth, 369 youth are tracked for a period of three years (1095 days) for incidents of re-incarceration. Six hundred (600) of the youth were not eligible for project inclusion because they had not been released for at least three years (1095 days). The three-year tracking period for incidents of re-incarceration is utilized due to the fact that it yielded the largest population (of the original data set) and also covered a maximum time period within the constraints of the original data set. One limitation in the data set is specific re-incarceration dates are noted, but it is unknown if the re-incarceration occurred due to failure to report to parole officer or another general or sexual offense occurred.

Operationalizing the Hypotheses

The hypotheses were tested using a model that contained several control variables associated with the likelihood of a sexual offense identified in the literature. The models are operationalized in Table 4.1. All variables were constructed using data provided by TYC.

TABLE 4.1: Operationalization of Variables

Variable(s)	Hypoth.	Definition/Measurement
Dependent Variable:		
Re-incarceration		1 = Re-incarcerated 0 = Not re-incarcerated
Independent Variables:		
Sexual Behavior Treatment Program	H1 -	On a scale of 0 – 15, number of specialized treatment components completed. 3 = Phase 1; 8 = Phase 2; 11 = Phase 3; and 15 = Phase 4.
General Resocialization Program	H2 -	On a scale of 0 – 20, number of general treatment components completed. 5 = Phase 1; 10 = Phase 2; 15 = Phase 3; and 20 = Phase 4.
Severity of Sexual Offenses	H1/H2 +	Capital Offense = Reference Category. First Degree Felony, Second Degree Felony, Third Degree Felony, Class A Misdemeanor, and Class B Misdemeanor
Neglectful Supervision	H1/H2 +	1 = yes 0 = no
Substance Abuser	H1/H2 +	1 = yes 0 = no
Out of Home Placements	H1/H2 +	1 = yes 0 = no
Education	H1/H2 +/-	Highest Grade Completed
Race	H1/H2 +/-	White = Reference Category Hispanic Black
Neglected	H1/H2 +	1 = yes 0 = no
Physically Abused	H1/H2 +	1 = yes 0 = no
Isolation	H1/H2 +	1 = yes 0 = no
Poverty	H1/H2 +	1 = yes 0 = no
Smothering	H1/H2 +	1 = yes 0 = no

Dependent Variable

The dependent variable is the occurrence of re-incarceration within three years of first release date. The same dependent variable was used for both regressions in this study. Re-incarceration, for the purposes of this research project, defines recidivism. Recidivism, as noted in the literature review is usually the re-arrest of an individual for any criminal activity. Re-incarceration indicates that an arrest was made and provides a more compelling case for legitimacy in defining recidivism. Re-incarceration indicates that an arrest and conviction was

made resulting in further detention. By using re-incarceration as the dependent variable, arrests that result in no action are removed from the data set providing a truer determinant of recidivism.

The dependent variable, re-incarceration is a dichotomous variable with the value of 1 representing the subject was re-incarcerated within the three year period and the value of zero indicating that no re-incarceration occurred. The dependent variable, re-incarceration is defined as a three-year (1095 days) timeframe in which youth are observed (tracked) determining if re-incarceration occurred (see Table 4.1).

Independent Variables

Treatment Variables: The Sexual Behavior Treatment Program is the first treatment variable. The Sexual Behavior Treatment Program consists of fifteen components that are divided into four distinct phases (1-4). Each youth begins on Phase 0 and is attempting to earn Phase 1. In order to earn Phase 1, a youth must complete assignments in the Resocialization Workbook through the assigned pages, complete assignments in the Pathways Workbook (specifically for sexual offenders) through assigned pages, write an offense description (presents orally), complete one Positive Skills worksheet and identify all nine thinking errors (presents orally). The youth must also explain his committing offense and accept responsibility for his crime. Upon completing these items, the youth is awarded Phase 1.

In order to earn Phase 2, a youth must complete assignments in the Resocialization Workbook through assigned pages, complete assignments in the Pathways Workbook (specifically for sexual offenders) through assigned pages, complete a Life Story worksheet and complete two Positive Skills worksheets. The youth must also explain life events in a Correctional Therapy group presentation and identify personal values, unmet needs and identify

three most prevalent thinking errors. Upon completing these items, the youth is awarded Phase 2.

In order to earn Phase 3, a youth must complete assignments in the Resocialization Workbook through assigned pages, complete assignments in the Pathways Workbook (specifically for sexual offenders) through assigned pages, complete an Offense Patterns worksheet, complete three Positive Skills worksheets and complete a Life Story Layout. The youth must also explain prior offenses and place into a seven-step offense cycle, establish patterns common to all offenses, identify specific behavioral patterns relating to the offense, demonstrate competency in breaking each pattern consistently and present a Phase 3 Offense Cycle Layout in an oral presentation for staff. Upon completing these items, the youth is awarded Phase 3.

In order to earn Phase 4, a youth must complete assignments in the Resocialization Workbook through assigned pages, complete assignments in the Pathways Workbook (specifically for sexual offenders) through assigned pages, complete four Positive Skills worksheets, complete an Offense Patterns Layout presentation to staff and develop a Success Plan binder. The youth must also develop a Success Plan addressing five areas important to success after transition into the community. They are education, work, personal, social and family. The youth must develop goals within each of these categories. The goals must be reasonable and attainable. The youth must outline his strengths, weaknesses, barriers, coping strategies, and high-risk situations in the Success Plan. The youth must also identify an after-care Sex Offender counselor to be utilized in the community. The youth then presents (orally) his Success Plan to staff. If approved, the youth is granted Phase 4 and then ready for the release process. The Sexual Behavior Treatment Program is comprised of fifteen individual treatment

components that must be completed in order to successfully complete the program. The Sexual Behavior Treatment variable is measured utilizing a scale of 0 –15 (See Table 4.1).

The second treatment variable is the General Resocialization Treatment Program. The resocialization program requires that youth demonstrate personal responsibility for behavior, academics, vocational and social skills development, and restitution to victims and the community. The program is divided into four phases with each phase containing five components that must be completed to receive credit for that phase level.

Phase 1 is memorization of TYC rules and beginning treatment terms, identify and define thinking errors, identify and define feeling words, identify and define personal values, and present Basic Layout. Phase 2 is presentation of the Life Story, identification of how thinking errors are used, demonstration of empathy by identifying thoughts and feelings of others, identification of where values are learned, and development and presentation of Offense Description. Phase 3 requires presentation of the offense cycle as related to the youth's committing offense, demonstration of understanding of how thinking errors were used in the offense, understanding how empathy can interrupt the offense cycle, identification of values that interrupt the offense cycle, and inclusion of the Life Story Layout into the Offense Cycle presentation. Phase 4 requires development of a Success Plan for community re-entry, recognition of thinking errors and self-correction, demonstration of empathy through appropriate relationships, demonstration of behaviors reflecting appropriate values, and verbal presentation of Success Plan. The General Resocialization Treatment Program is comprised of twenty individual treatment components that must be completed in order to successfully complete the program. The General Resocialization Treatment variable is measured utilizing a scale of 0 – 20 (See Table 4.1). The two treatment variables (General Resocialization Treatment Program

and the Sexual Behavior Treatment Program) measure the degree to which subjects were exposed to the two treatment programs considered in this study.

Control Variables: There are a total of eleven control variables utilized in this study. These control variables are identified as follows: Severity of Offense, Neglectful Supervision, Substance Abuser, Out of Home Placements, Education, Race, Neglected, Physically Abused, Isolation, Poverty, and Smothering. All control variables, except education, are nominal. Education is a continuous control variable. The nominal variables were converted to a number of dummy variables. Coding of these variables and their reference categories are presented in Table 4.1. All of the control variables were included in the initial regressions. Some of the control variables were excluded from the best two models that are presented in Chapter Five.

Procedure

A stepwise logistic regression analysis is utilized for the purposes of this research project. A stepwise logistic regression is being used to control for other variables in identifying the impact of the General Resocialization Treatment Program and the Sexual Behavior Treatment Program on the dependent variable, re-incarceration. A stepwise logistic regression analysis is a form of statistical regression where order of entry of variables into the solution is based entirely on statistical criteria (Mertler & Vannatta 2001, 345). The equation starts out empty and variables are entered one at a time (if statistically significant), but can also be removed (if they are no longer statistically significant) (Mertler & Vannatta 2001, 345). A stepwise logistic regression analysis is used to identify the best model that explains re-incarceration.

There are advantages to utilizing logistic regression analyses. Logistic regression requires that no assumptions about the distributions of the independent variables need to be made by the researcher (Mertler & Vannatta 2001, 314). The independent variables are not required to

be related linearly, distributed normally or vary equally within each group. Logistic regression analyses cannot produce negative predictive probabilities and all probability values will be positive. Lastly, logistic regression analyses can analyze independent variables of all types. As noted above, this research project contains nominal and continuous independent variables.

Logistic regression analysis possesses a high degree of reliability, but is susceptible to charges of validity based on the assessment made from the data obtained. The use of logistic regression analysis for statistical inferences is based on the same assumptions made for correlation analysis: simple random sampling, the absence of non-sampling errors, and continuous interval data (Babbie, 2004, p. 451). Because social scientific research seldom completely satisfied these assumptions, you should use caution in assessing the results in regression analyses (Babbie, 2004, p. 451). Although much of the literary sourcing is not in an early state, the idea of assessing the individual treatment variables to determine the affect on recidivism is a fresh topic. The current study will help lay the foundation for future studies regarding recidivism and juvenile sexual offenders and pave the way for future more in-depth studies to follow.

Human Subjects Protection

There were no foreseeable risks or discomforts to the subject population utilized in this research project as anonymity was maintained due to the nature of the data assessed. The Texas Youth Commission provided the data with individual subjects being identified by number only. The numbers denoting individual subjects are not included in this paper. Benefits received from this research project include improvements to treatment curriculum, financial feasibility for continued state involvement, and assessment of the effectiveness of continued treatment practices. The subject population utilized in this research project consists of juvenile offenders,

both protected classes. The anonymity of the subject population is ensured by the methodology utilized to obtain the results as presented in the next chapter. The youth are identified by number only, with no additional identifiers included. The data set is not included in the written research project and the only manner in which to ascertain which number belongs to a specific individual would be to contact the Texas Youth Commission who will not provide that information due to confidentiality statutes.[4950]

[49] I am currently employed with the Texas Youth Commission as a Case Manager III. The data set was provided by Dr. Chuck Jeffords, Director of Research, Texas Youth Commission. The youth are identified by their TYC identification number. The identification number is not made public in any way, shape or form.
[50] The Office of Sponsored Programs has recorded that I have completed the Human Subjects Protection Training program: Completion Date: 11/25/2005. My HSP Certification number is 302640.

CHAPTER FIVE

Results

This chapter presents the results of the program evaluation. The logistic regression analyses that shows the impact of TYC's General Resocialization Treatment Program and the Sexual Behavior Treatment Program on re-incarceration is discussed. Regression results are presented in tabular and narrative form. A stepwise logistic regression analysis was performed twice utilizing the independent variable, General Resocialization Treatment Program, in the first regression and the independent variable, Sexual Behavior Treatment Program, in the second regression. The stepwise logistic regression containing the General Resocialization Treatment Program variable developed six models with the best model being presented here. The stepwise logistic regression containing the Sexual Behavior Treatment Program variable developed five models with the best model being presented here.

Logistic Regression Models

General Resocialization Treatment Program: Tables 5.1, 5.2, and 5.3 show the result of the first logistic regression. This regression assesses the impact of the General Resocialization Treatment Program on the occurrence of re-incarceration. It is expected that higher exposure to this treatment reduced the likelihood of the subjects being re-incarcerated. Table 5.1 shows the statistics for overall model fit. Table 5.2 shows the classification table for the General Resocialization Treatment Program. Table 5.3 presents the best model that is produced by the results of the logistic regression for the General Resocialization Treatment Program.

TABLE 5.1: Overall Model Fit – General Resocialization

-2 Log Likelihood	Cox & Snell R Square	Nagelkirke R Square
433.050	.151	.205

TABLE 5.2: Classification – General Resocialization

Observed		Predicted		
		Re-incarceration w/in the 3 years		Percentage Correct
		0	1	
Re-incarceration w/in the 3 years	0	182	43	80.9
	1	78	66	45.8
Overall Percentage				67.2

TABLE 5.3: Summary of Model Variables – General Resocialization

	B	S.E	Wald	df	Sig.	Exp(B)
1st Degree Felony	.691	.274	6.4	1	.01	2.00
2nd Degree Felony	1.296	.417	9.7	1	.00	3.66
3rd Degree Felony	2.067	.595	12.1	1	.00	7.90
Class A Misdemeanor	1.230	.573	4.6	1	.03	3.42
Class B Misdemeanor	1.257	.635	3.9	1	.05	3.51
Black	.468	.294	2.5	1	.11	1.60
Hispanic	-.124	.289	.18	1	.67	.85
Neglectful Supervision	.493	.248	3.9	1	.05	1.64
Characterized as Substance Abuser	.601	.243	6.1	1	.01	1.82
Out of Home Placements	.641	.245	6.8	1	.01	1.90
General Resocialization Treatment Program	**-.045**	**.021**	**4.6**	**1**	**.03**	**.96**
Constant	-1.224	.455	7.3	1	.01	.29

A stepwise regression led to the removal of six control variables. They are Education, Neglected, Physically Abused, Isolation, Poverty, and Smothering. The control variables that remain in the regression are Severity of Offense, Neglectful Supervision, Substance Abuser, Out of Home Placements, and Race (Hispanic and Black). As the results show, a higher degree of exposure to the program decreases the likelihood of re-incarceration, while controlling for other independent variables that are in this regression. As Table 5.3 shows, race has no significant impact on re-incarceration.

Sexual Behavior Treatment Program: Tables 5.4, 5.5, and 5.6 show the results of the second logistic regression. This regression assesses the impact of the Sexual Behavior Treatment Program on the occurrence of re-incarceration. It is expected that higher exposure to this treatment reduced the likelihood of the subjects being re-incarcerated. Table 5.4 shows the statistics for overall model fit. Table 5.5 shows the classification table for the Sexual Behavior Treatment Program. Table 5.6 presents the best model that is produced by the results of the logistic regression for the Sexual Behavior Treatment Program.

A stepwise regression led to the removal of six control variables. They are Education, Neglected, Physically Abused, Isolation, Poverty, and Smothering. The control variables that remain in the regression are Severity of Offense, Neglectful Supervision, Substance Abuser, Out of Home Placements, and Race (Hispanic and Black). As the results show, a higher degree of exposure to the program decreases the likelihood of re-incarceration, while controlling for other independent variables that are in this regression. As Table 5.6 shows, race has no significant impact on re-incarceration.

TABLE 5.4: Overall Model Fit – Sexual Behavior Treatment

-2 Log Likelihood	Cox & Snell R Square	Nagelkirke R Square
432.492	.153	.207

TABLE 5.5: Classification – Sexual Behavior Treatment

Observed		Predicted		
		Re-incarceration w/in the 3 years		Percentage Correct
		0	1	
Re-incarceration w/in the 3 years	0	180	45	80.0
	1	81	63	43.8
Overall Percentage				65.9

TABLE 5.6: Summary of Model Variables – Sexual Behavior Treatment

	B	S.E	Wald	Df	Sig.	Exp(B)
1st Degree Felony	.42	.29	2.2	1	.14	1.52
2nd Degree Felony	.95	.43	5.0	1	.03	2.60
3rd Degree Felony	1.72	.60	8.2	1	.00	5.60
Class A Misdemeanor	1.10	.57	3.7	1	.06	3.00
Class B Misdemeanor	.90	.64	2.0	1	.16	2.50
Black	.40	.29	1.9	1	.17	1.50
Hispanic	-.15	.29	.26	1	.61	.87
Neglectful Supervision	.49	.25	3.8	1	.05	1.63
Characterized as a Drug Abuser	.60	.24	6.2	1	.01	1.83
Out of Home Placements	.65	.25	7.1	1	.00	1.92
Sexual Behavior Treatment Program	**-.061**	**.03**	**4.7**	**1**	**.03**	**.94**
Constant	-1.64	.35	22.0	1	.000	.20

CHAPTER SIX

Conclusion

The results of the Sexual Behavior Treatment Program model presented in Chapter Five supports hypothesis (H1), which states that Sexual Behavior Treatment Programs reduce the likelihood of re-incarceration. The results indicate that as exposure to specialized treatment increases, the likelihood of re-incarceration decreases. The results of the General Resocialization Treatment model presented in Chapter Five supported Hypothesis Two (H2), which states that General Resocialization Treatment Programs (non-specialized) reduces the likelihood of re-incarceration. Of the twelve independent variables selected, three (Substance Abuser, Out of Home Placements, and Neglectful Supervision) had a negative significant impact while both treatment variables (Sexual Behavior Treatment Program and General Resocialization Treatment Program) had a positive significant impact on the dependent variable.

The methodology utilized for this research project is sound. Two stepwise logistic regressions were utilized resulting in the best model for each regression. Strengths for this research project included the data set and analyses performed (logistic regression) which allowed for analyses of variables of all types. This research project included continuous and nominal variables. The strength of this research project is the that no human factors (subjectivity) were involved in this investigation.

One weakness of this research project is the lack of knowledge for the reason certain youth were re-incarcerated. The data is limited in that regard and only able to indicate that re-incarceration had re-occurred, but not why. While not important to the question of recidivism, it does raise the question of whether the re-incarceration was for subsequent sexual offenses or

unrelated matters altogether. The –2 Log Likelihood indicated that for both models, there were multiple variables unaccounted for in either regression, which was due to the existing data set and is another limitation of the research project. The data set contained a limited number of existing variables related to juvenile offenders and confined the efforts of this research project to those known variables. One last weakness of this research project involved the treatment components. The programs were measured utilizing a cumulative scoring system of one point for each component culminating in the final component of Phase 4 (General Resocialization Treatment: 0 – 20; Sexual Behavior Treatment: 0 – 15). The original concept was to utilize each component in the regression analyses, resulting in an impact assessment of each individual treatment component. However, due to the limitations of the data, this was not possible. Future researchers should address the effectiveness of each treatment component to determine the impact of individual treatment components on recidivism. Examination of specific treatment components would dramatically narrow the focus of research to address the importance of each individual treatment component. While this research project indicates that both programs are effective, some treatment components may or may not have the impact that is expected.

Many youth enter the Texas Youth Commission with more than one treatment need. A decision must be made to determine which treatment program is considered most important to reduce the likelihood of continued delinquency upon release. This rehabilitative aspect results in treatment programs that are similar in approach and curriculum. One could often ask the question, "Did the sexual assault occur because of the substance abuse or did the substance abuse result from trying to avoid the unpleasantness of the sexual assault?" The Sexual Behavior Treatment Program, while specializing in deviant sexual behavior offenses, addresses thinking errors, values, and lack of empathy which can be found in any delinquent conduct. This results

in rehabilitation of many aspects of delinquent decision-making regardless of the nature of the offense. Chemical Dependency Treatment has multiple treatment components a youth must complete before successfully completing a treatment phase. The same is true regardless of the treatment program entered in the Texas Youth Commission. This results in a positive impact on the youth. Less time is spent becoming accustomed to totally divergent streams of theoretical and practical treatment applications.

Overall, the hypotheses were both supported by the regression results (See Table 6.1). Both treatment programs are effective in reducing the likelihood of re-incarceration. This is encouraging for future research into the area of treatment programming in juvenile offenders. Most juvenile treatment programs are funded through state agencies and held accountable for their success and failures.

TABLE 6.1: Summary of Findings

Summary of Findings		
Hypothesis	**Expected Impact on Re-incarceration**	**Observed Result**
H1: Sexual Behavior Treatment Programs reduce the likelihood of re-incarceration.	Positive	Supported
H2: General Resocialization Treatment Programs (non-specialized) reduce the likelihood of re-incarceration.	Positive	Supported

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