

Characteristics of Juvenile Sex Offenders and Recidivism

Jackson de Carvalho, PhD

Full Professor & MSW Program Director
Prairie View A&M University
Prairie View, Texas 77466
United States of America

Darron Garner, PhD, LCSW

Associate Professor
Prairie View A&M University
Prairie View, Texas 77466
United States of America

Abstract

The etiology of juvenile sex offenders (JSOs) still poses questions associated with pre-adjudicated offense, post adjudicated status, age, mental health diagnosis and recidivism. Juvenile sex offender means a child adjudicated as a delinquent for committing any sexual offense or has been adjudicated as a delinquent child for committing any sexual offense, as defined in Section 2950.01 of the revised code. The study aimed to determine if adjudicated JSOs' recidivism was associated with salient variables often seen throughout the juvenile's legal process. Fear of recidivism of JSOs is prevalent within communities due to citizens' lack of understanding of this under-researched population. The early literature regarding JSOs indicated that adolescents who perpetrated sex offenses received little notice in the research literature. Their sexual behaviors were attributed to normal experimentation, while the inquiry on deviant sexual behavior was on adult sexual offenders. Their offenses often escalated in frequency and severity over time. The findings of this study supported burgeoning efforts to identify and treat juvenile sex offenders (JSOs) to recognize this group as a distinct population for scientific research studies.

Keywords: *juvenile, sex-offenders, characteristics, adjudicated, mental health, and recidivism.*

1. Introduction

As serious adolescent offenders are an incumbrance on society, they are an essential focus of intervention (Mulder, Brand, Bullens, & van Marle, 2019). The etiology of juvenile sex offenders (JSOs) still poses questions associated with the pre-adjudicated offense, post-adjudicated status, age, and mental health diagnosis. Researchers have documented shifts in public perceptions on how harshly juvenile offenders should be punished (Pickett, Ivanov & Wozniak, 2020). The public assumes that a JSO is a specialized criminal whose actions will continue into adulthood (Turner, 2017). The public holds assumptions and beliefs regarding the punishment and treatment of JSOs, often in opposition to research findings. White (2020) found that most juveniles did not specialize in the definitive category of offenses until they were older adults. Thus, the younger an offender, the more diverse their offenses. One misgiving about how to respond to sex offenders concerns the effectiveness of treatment. Following their adjudications, most JSOs are ordered into treatments, either community or residentially.

Bridging the past and future developments of adolescents involved in sexual offenses is a contentious subject (McCuish, Corrado, Hart & DeLisi, 2015). Since researchers have focused on adolescents' backgrounds and history, there has been little data on this group at specific times (Compas, Jaser, Dunbar, Watson, Bettis, Gruhn & Williams, 2014). Building from recent research by social scientists, studies can examine future behavioral developments and patterns of JSOs in a contemporary context, supporting policy implications and research recommendations (Buker & Erbay, 2021). Previous researchers have only focused on approximating sexual recidivism and associated risk factors. In that case, more substantial inquiry can be done by shifting the paradigm and theory, as lowering recidivism is the critical goal for all parties affected by sexual aggression and sexually offending behaviors to prevent recidivism (McCuish et al., 2015; Ueda, 2017).

This study aimed to explore the relationship between pre-adjudicated, post-adjudicated status, age, and mental health pathology variables and recidivism rates among adjudicated juvenile sex offenders. Moreover, mental health pathologies have been used to determine ways to prevent a juvenile from sex offending and their risk of recidivating. T'Hart-Kerkhoffs, Boonmann, Doreleijers, Jansen, van Wijk, and Vermeiren (2015) noted in their research of juvenile offender populations that there is a positive correlation between mental disorders, especially those that are externalizing disorders and reoffending. Subsequently, Boonmann, Nelson, DiCataldo, Jansen, Doreleijers, Vermeiren, Colins, and Grisso (2016) suggested that research studies should look deeper into mental disorders in JSOs at risk of reoffending, which will inform effective psychiatric treatment plans offered to JSOs (Fox & DeLisi, 2018; T'Hart-Kerkhoffs et al., 2015).

Every year, approximately 700,000 inmates are released from U.S. prisons. That is the equivalent of about 2,000 ex-prisoners a day returning to communities across the country. Pickett et al. (2020) suggested that two-thirds of those released from prison will return within three years without intervention. As justice systems arduously shift from a punitive to a more encompassing rehabilitative stance, we are led to believe that correctional departments are geared to reduce crime and recidivism. Hope for change is essential for recidivism reduction but resting on hope is not enough for rolling out rehabilitative programs across the country. Questions remain as to what former offenders have utilized and continue utilizing to reintegrate into society and not fall prey to recidivism successfully. Since fears regarding sex offending influence justice policies and practices for U.S. juvenile offenders, it is paramount to expand the scientific research focus on identifying some predictive factors that can increase the likelihood of recidivism among adjudicated JSOs (Pickett et al., 2020; T'Hart-Kerkhoffs et al., 2015).

2. Literature Review

An extensive review of the relevant literature showed that research studies on juvenile sex offenders and treatments were based on research that has been focused on the adult segment of the population. Nevertheless, the lack of systematic clinical studies and research trials has not created viable and long-lasting treatment options for juveniles. Over time, researchers have learned that this population's developmental milestones change rapidly; therefore, determining the specifics of their needs at this rate is problematic when attempting to identify consistent changes in treatment. The study of Ilea (2018) found that sex crime offenders may earn special attention as a group of perpetrators whose needs are specialized, but research is unclear regarding how those needs may be met.

JSOs have become the focus of policies and practices that serve a specific population without direct knowledge of how to meet the population's needs. It is noteworthy, however, that juveniles perpetrate 17% to 20% of all reported sexual crimes under 18 years of age (Harris, Walfield, Shields & Letourneau, 2016). Despite a unanimous concern about responding to JSOs effectively and efficiently, agreement on the type of response to sexually abusive behaviors committed by adolescents is still a work in progress (McCuish & Lussier, 2017; Petrucelli, 2016).

Additionally, the current literature reveals a gap considering the recidivism of juvenile sex offenders. While studying different aspects of recidivism regarding juvenile sex offenders, no current research study examines juvenile sex offenders associated with the pre-adjudicated offense, post-adjudicated status, mental health pathology, and age to assess if there is a correlation between recidivism rates and these identified characteristics. The study of Pickett et al. (2020) shows that juvenile sex offenders recidivate at lower levels than other offenders. Nevertheless, when juvenile sex offenders recidivate, it becomes very problematic (Compas et al., 2014; Ilea, 2018).

According to McCuish et al. (2016), research studies on JSOs have been either non-developmental or pseudo-developmental. There is a significant divide in bridging the past and future developments of adolescents involved in sexual offenses. Since the research study literature has focused on adolescents' backgrounds and histories, little data on this group were taken at specific points, such as previously explored through social learning theory. This theory bears little relevance today based on new theories of how JSOs come to offend (Compas et al., 2014). Previous researchers have only focused on approximating sexual recidivism and associated risk factors; thus, more substantial work can be done by shifting the paradigm and theoretical framework. The same aim of lowering recidivism can be the outcome for the sake of all parties affected by sexual aggression and sexually offending behaviors (Harri et al., 2016; Ueda, 2017).

Trends have demonstrated (a) widespread community concern over juvenile crime, (b) more responses to juvenile crime seeking punishment over rehabilitation, and (c) an expanded control over JSOs in society (Harris et al., 2016). Therefore, the leading question exists: How can a juvenile stay out of trouble after already being in trouble? The question stated and re-phrased as "What do former criminal offenders perceive as rehabilitative factors decreasing the likelihood they would recidivate?" activates a different set of intrigues. Some sought-after controls include mandating registration (e.g., that of adult sex offenders), lengthened use of incarceration or electronic monitoring, and restrictions on their ability to go to school, gain employment, and where they live (Letourneau, Shields, Nair, Kahn, Sandler & Vandiver, 2019). These restrictions come from opinions showing that JSOs are at significant risk of re-offending and are less likely to be rehabilitated. Thus, JSOs are more similar to adult offenders than their counterparts of, delinquent juveniles (Fairchild, 2019; Letourneau et al., 2019).

The disregard for considering a juvenile's growth and psychosocial background leads to a failure of appropriate therapies and treatments to focus on rehabilitation. When there is a failure to direct the treatment modalities to more appropriate theories and variables that may modify sex-offending behaviors, practitioners do not improve the quality of life and social adaptation of the JSO. This issue shows an undervaluing of rehabilitation and community safety that is maintained despite the importance of providing benefits and improving the well-being of the JSOs (Fairchild, 2019). Some literature examinations have shown that treatment does not reduce recidivism. Conversely, other studies have suggested that specific types of treatment may warrant buoyancy in their success with juveniles. The success of sex offender treatment programs continues to produce deception and disparity (Letourneau et al., 2019; McCuish, et al., 2015).

2.1. Historical Framework

Juveniles have been tried distinctly from adults in the justice system since the seventh century, when an English law dictated that children as young as seven could be held accountable in court. The term juvenile delinquency began to gain traction in the 19th century; in the mid-20th century, U.S. juveniles were separated from adults in the system (Fabiszewski, 2020). In 1899, a conventional juvenile court was created in the United States, which dictated that juveniles should have special care and supervision aimed at rehabilitation and punishment for their crimes. Although the theory of handling juveniles and adults has shifted throughout time. The current court system attempts to ensure that juveniles entering courtrooms relate to relevant services to help them become productive citizens. That starkly contrasts with the current adult system, accentuating punishment, and incarceration. Not all services are equal and vary depending on the type of crime and severity of the offense (Fairchild, 2019; Rodrigues, de Oliveira & Rocha, 2017).

Focusing on juveniles who sexually offend (i.e., JSO), noticeable trends, attitudes, and consequences have changed throughout the years. However, due to the controversy surrounding this population, there are polarizing notions of justice and treatment. Researchers have suggested that juveniles commit roughly 30% to 60% of all children sexual abuse (Fabiszewski, 2020). Understanding the gap in this knowledge is limited due to difficulty obtaining data from the Office of Juvenile Justice and Delinquency Prevention and the Bureau of Justice Statistics. Although the consensus shows that JSOs are treatable, there is often a division between science and public opinion when juvenile sexual crimes occur. This issue is partly due to the mainstream media presenting misinformation influencing public attitudes. The change in public attitudes causes a significant impact in the judicial system (Letourneau et al., 2019).

There is increased pressure on judges, magistrates, prosecutors, and other court staff to hand down harsher punishments within the system. Through the media's initial view, people may develop fear and bias, lending little toward a JSO changing their behaviors. Thus, researchers have requested empirically based evidence be sought.

Although many agencies offer treatment for JSOs, few employ an evidence-based curriculum focusing on critical factors that support reducing recidivism. Another concern is understanding when the judicial systems, prosecutors, and policymakers prioritize punishment over treatment when interacting with JSOs who have entered the justice system (Letourneau et al., 2019; Ueda, 2017).

Juveniles are treated differently in U.S. court systems, especially if the court system is not set up to understand their needs. JSOs represent 20% of those arrested for sex offenses, excluding rape and prostitution, and almost 16% of all rape-related arrests in 2017 (Federal Bureau of Investigation [FBI] 2018). JSOs commit up to 20% of all rapes, half of all children sexual abuse, and 33% of all sex crimes against other juveniles in the United States. Researchers often overlook or ambiguously classify some sexually abusive adolescent behaviors (McCuish & Lussier, 2017). Adult models often frame youth practices containing limited corroborated backing and non-evidence-based experimental designs. Practitioners should use treatments to focus on juveniles and the multiple pathways to offend sexually to provide comprehensive care (Fabiszewski, 2020; Rosa, Fox & Jennings, 2020).

3.0. Pre-adjudication Offense and Post Adjudication Status

Identifying the importance of the offender's pre-adjudication offense and post-adjudication statuses is integral to determining potential recidivism factors. *Pre-adjudicated offense* refers to an original offense and complaint filed against the youth following the Ohio Revised Code (Legislative Service Commission, 2021). Identifying the importance of the offender's pre-adjudication charge and post-adjudication status is integral to determining potential recidivism factors. Juveniles who have perpetrated sexual offenses are subjected to particular social control policies that often include registration and notification, residency restrictions, and civil commitment as sexually violent predators (Fanniff et al., 2017). Currently, the current rules and methods are consistently applied to all juveniles adjudicated delinquent for sexual offenses rather than to subgroups of offenders. The current laws assume that a juvenile accused of committing a sexual offense is fundamentally different from other non-sexual juvenile offenders, which may consist of the presumption of intensified risk of general and sexual recidivism (Fanniff et al., 2010, 2017; McCuish & Lussier, 2017).

A pre-adjudication offense does not always reflect the post-adjudicated status of the juvenile (Testa, 2019). The post-adjudicated and post-adjudicated offenses assume that juveniles who commit sexual offenses can be easily labeled and sorted (Harris et al., 2016). The relevant literature defines post-adjudicated tier status as "Individuals who are convicted of committing a sexual offense are required to register with their local law enforcement officials for a specific period" (California Sex Offender Management Board, 2020, p. 1). An offender's pre-adjudicated offense can provide essential information about the offender, such as details of sex offense histories, official documents in the institutional files, including police reports, juvenile predisposition reports, and prior psychological evaluations (Testa, 2019). This information can also contain valuable and significant indicators, including the total number of sexual charges and adjudications, each offense's age, and the total number of victims. The data gathered involving offense details for each adjudicated offense can supply an explanation from a treatment viewpoint (Campregher & Jeglic, 2016; Letourneau et al., 2019).

After a charge has been made against a juvenile by a law enforcement agency, the prosecutor is the initial justice decision-maker that the youth encounter. Other legal decision-makers (judges, defense attorneys, and court personnel) play their corresponding roles only after the prosecutor elects to move the case forward (Bandyopadhyay, Sinha, D., Lipsitz, S., & Letourneau, 2010). Testa (2019) noted that the pre-adjudication charge and prosecutor's steps are essential for better understanding a JSO and the potential treatment plan. Understanding the pre-adjudication charge severity and the original complaint can give researchers more knowledge and culpability that will not come in the form of the post-adjudication status (Rodrigues et al., 2017; Testa, 2019).

The pre-adjudication charge is essential, as the juveniles enter a system that relies heavily on guilty pleas. For instance, a juvenile with an original charge of rape can plead down to a lesser charge, which removes factors of culpability and post-adjudication treatment (Peay & Player, 2018). Of particular concern is whether some groups, especially JSOs, are overly vulnerable to the incentive to plead guilty and more likely to enter a guilty plea inappropriately (Testa, 2019). Prosecutors show harsher views on JSOs than other youth who come through the system. In many instances, bias can be camouflaged, such as in the punishment portion of the prosecutorial process. In cases where moral outrage runs high, this bias can manifest and become apparent.

During sentencing, prosecutors have an excuse to punish, and this justification factor makes it easier to express these prejudices (Fassin, 2018). Juvenile sex offender cases have shown prosecutors hold substantial discretionary power in the criminal justice system. Prosecutors often "exercise virtually unfettered discretion relating to initiating, conducting, and terminating prosecutions" (Neubauer & Fradella, 2016, p.171). Such courtroom bias can be ignited by something ranging from the defendant's behavior to formidable political beliefs and can potentially be subconscious. Those factors make bias challenging to recognize and abstract from decision-making (Bandyopadhyay et al., 2010; Parra, 2017).

4.0. Age Of the Offender

The relevant literature indicates that age can be a significant factor in JSOs cases. The offender's age (the differences) is the most studied way to categorize JSOs as it is a consistent variable in numerous studies (Joyal, Carpentier & Martin, 2016). Looking at age as a construct for the aim of the approved research would mean that age is when adjudicated adolescents fell into the age group of 12 to 17 years old per the Ohio Revised Code. Rosa et al. (2020) discussed two critical concepts when evaluating the separation of the juvenile justice system from the adult criminal justice system. The first is the opinion that children and adolescents are more amenable to rehabilitative treatment; the second postulation is that adolescents are less able to maintain matured judgment, making them less culpable for offenses in which they engage. The DLC theory argues that JSOs will show delinquent criminal behavior in the teenage years. However, those youth are more vulnerable to peer influences than family, school, or psychological deficits due to age's relation to the brain's development and its ability to process. This finding is supported as research shows that JSOs have various points within their age/crime arches (Fassin, 2018; Rosa et al., 2020).

Substantive evidence shows that two modes of the age distribution for JSOs peak at 13 years old and then again at 35 years old (Harris et al., 2016). Inspecting specific development procedures related to sexual offending, JSOs are often sorted into categories by age (Wijetunga, Martinez, Rosenfeld & Cruise, 2018). Given the quick mental, psychosocial, and sexual maturation during adolescence, much of the research proposes that there may be developmental differences in those identified risk factors for recidivism among JSOs (Rosa et al., 2020). This factor may serve as a more accurate predictor of recidivism for age groups of JSOs than others.

Moreover, risk factors for sexual recidivism may alter over the teenage years. Risk factors are linked to their initial willingness to the intervention (e.g., empathy, remorse, motivation for change). Researchers have shown that this factor better predicts recidivism in younger JSOs than in older ones (Wijetunga et al., 2018). JSOs' encounters within the socioeconomic environment during pubescence have been identified as the foundations for significant psychosocial factors necessary to understand the illicit accountability of JSOs. Currently, little is known about the link between the developmental changes in risk factors for sexual recidivism during adolescence. Few researchers attribute the drop in sexually acting-out behaviors to biological effects, such as a regression in testosterone levels as offenders age (a natural decline in libido from age (Anani, 2020; Joyal et al., 2016).

Age is stereotypically relevant to other adolescents' nonsexual criminal behaviors, usually related to intelligence. According to Lussier (2017), the age of onset was related to frequency, persistence, and seriousness of offending in past studies. Researchers and scholars often challenge the other as to what causes young people to commit crimes and if one's age plays a role in delinquency. Most states legally acknowledge that the transition from adolescence to adulthood occurs at age 18. However, social researchers question that concept because, scientifically speaking, the human brain is not fully mature by that age (Sawyer, Azzopardi, Wickremarathne & Patton, 2018). The study of Galán, Wang, Shaw and Forbes (2020) indicated that the predominance of juvenile criminal offending tends to increase from late childhood and peak in the early adolescence years ranging from 14 to 20 years of age. Until recently, age grouping frameworks have not been designed to account for the diverse content of offending patterns in adolescents. Lussier (2017), noted that those patterns were associated with developing sexual and nonsexual criminal endeavors and to what degree they correlated to the attributes of sex offenses in juveniles (Sawyer et al., 2018; Wijetunga et al., 2016).

5.0. Mental Health Pathology

A key component when considering ways to prevent a juvenile from sex offending and determine their risk for recidivating is the correlation between mental health pathologies and deviant sexual behaviors. For this study, *mental health pathology* was defined as a client's mental illness that met the clinical criteria of DSM-5. Levels of this variable included (a) no mental health diagnosis; (b) one mental health diagnosis, as defined by the DSM-5; and (c) the presence of two or more mental health diagnoses, as defined by the DSM-5 (APA, 2014; Galán et al., 2020).

Mental health pathologies are common among adolescents who enter the juvenile justice system. One sizeable study of adjudicated juveniles showed that more than 60% had met diagnostic criteria for a disorder other than conduct disorder (Fanniff et al., 2017). Several researchers found learning disorders, conduct disorders, difficulties in school within the JSO population, and psychiatric disorders (Letourneau et al., 2018). Some mental health problems may impact risk in adolescents who have committed sexual offenses, including anxiety and autism spectrum disorders (Fanniff et al., 2017; Mulder et al., 2019).

Although Boonmann et al. (2016) did not identify mental health problems as a top-eight forecaster of offending found that depression could intensify the probability of adolescent offending and re-offending. Mental health pathologies are usually related primarily to risk for criminal involvement. Past research in JSO populations has shown a positive association between mental disorders, especially those maladaptive behaviors directed toward an individual's environment that seemed to have caused impairment/interference in life functioning, leading to re-offending (t'Hart-Kerkhoffs et al., 2015). However, limited studies have addressed the prevalence of mental disorders in JSOs and how they correlate to recidivism (Boonmann et al., 2016). Additionally, what is unknown is how the differences in mental health problems of young sex offenders compare to other variables and the judicial status itself (Fanniff et al., 2016). Examining mental disorders in JSOs is harmonious with re-offending. It may help identify to what extent psychiatric care should be accessible to this specific subgroup concerning other known variables (Boonmann et al., 2016; t'Hart-Kerkhoffs et al., 2015).

Reported rates of mental disorder diagnosis vary among JSOs due to how mental disorders are measured and at what point in the system youths are assessed for such mental health pathologies (Borduín & Dopp, 2015). However, mental disorders among the general adjudicated youth population is much higher than those in a general community sample (Underwood & Washington, 2016). Ensuring the use of an identified, comprehensive, and evidence-based mental health assessment can account for a broad range of mental health variables identified by the DSM-5, thus ensuring uniformity and consistency with a diagnosis (APA, 2014; Borduín & Dopp, 2015).

6.0. Recidivism

The study of Schwartz-Mette, Azzopardi, Wickremarathne and Patton (2020) demonstrated that the characteristics of JSOs were highly diverse. The present study aimed to correlate variables to identify unique profiles to understand the incitement behind offending, reoffending, and recidivating. *Recidivism* has been defined as "the return to criminal behavior by an individual previously convicted of or adjudicated for a criminal offense" (Maltz, 2001, p. 20). This study defines *recidivism* as "a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime" (National Institute of Justice, 2008, p. 1). Juvenile justice system leaders expect their original interventions to work the first time to lower reoffending rates, and for JSOs to receive needed help.

Nevertheless, leaders still need to know whether a juvenile offender has failed many attempts to follow the juvenile justice system's laws, rules, and regulations. These data can show which treatment modalities are effective, which are not, and what additional factors influence the lack of change (Drinan, 2017). These failed attempts may provide insight into breakdowns in supervision in the criminal justice system and the lack of support and interventions in the Juvenile's lives (Craig et al., 2018; Schwartz-Mette et al., 2020).

Recidivism does not necessarily consist only when an individual repeats the specific offense for which they were initially arrested. Recidivism also refers to the repetition of illicit behavior where the offender has received a negative legal punishment (i.e., repetitive probation violations; Drinan, 2017). For JSOs, this process can include probation supervision, rehabilitative treatment in the community, or residential placement (Reed, 2019). The level of care should reflect offense and post-adjudication tier status.

A better understanding of why the offender returns to crime can give researchers, policy writers, and clinicians more options for appropriate treatment when working with JSOs, which can show success with lower recidivism rates. According to Mulder et al. (2019), helpful mediations should seek to find the needs of the JSOs (needs principle), ensuring that treatment is intensified depending on the level of risk (risk type). The goal of a more restrictive treatment setting is to keep severe offenders from continuing their offending careers and allow for significant time for the JSO to process and work through their offending-specific issues (Mulder et al., 2019; Reed, 2019).

Exploring recidivism as differences between subgroups of JSOs can improve treatment calculations (Ueda, 2017). Examining the relationship between pre-adjudication offense, post-adjudication status, mental health pathology, and age can show how to reduce recidivism rates of JSOs and identify markers that can alert those to potentially acting out behaviors. For this study, pre-adjudication offense and post-adjudication status were studied because the nature of the pre-adjudication charge was different from the level of tier that it might fall into post-adjudication, which did not always express the severity of the behavior from a treatment perspective (Drinan, 2017; Fox & DeLisi, 2018).

Reduced levels of recidivism are ideal for all those affected by sexual aggression and sexually offending behaviors (Rehffuss, Underwood, Enright, Hill, Marshall, Tipton, West & Warren, 2013). Nonetheless, the failure to direct treatment modalities to the appropriate sanctions can cause barriers to those procedures to help moderate sex-offending behaviors. There is a need for improvement in the quality of life and social adaptation of the JSOs—ones that do not severely devalue the importance of offering benefits and progressing the well-being of the JSOs (McCuish et al., 2015). Frequent studies show accommodating data for the success of specialized assessment and treatment programs for JSOs through recidivism and sexual deviance measures (Ueda, 2017).

Many programs in the Juvenile justice arena are advanced in their attempts to dissuade adolescents from incarceration and are aimed toward those youth with mental health, behavioral, and substance abuse issues (Rehffuss et al., 2013). There are often severe concerns regarding the fear of recidivism of JSOs within the community due to the community's lack of understanding of this under-researched population (Fanniff, Schubert, Mulvey, Iselin & Piquero, 2017). This study's results may impact how this population undergoes treatment, reflecting the recidivism rates in the future (Kettrey & Lipsey, 2018). This study may also impact the systemic cycle of crime in vulnerable populations (Fanniff et al., 2017; Underwood & Washington, 2016).

7.0. Summary

Researchers have shown that JSOs are less likely to recidivate; however, it is essential that if they do, due to the nature of the offenses and public stigma, there is a better understanding of the youth and their needs (Rehffuss et al., 2013). Applying the characteristics and variables to recidivism studies in previous special populations (e.g., substance abusers) or adult sex offender populations may not be an excellent approach to research recidivism with JSOs. The literature indicates that researchers know age can be a significant factor in JSOs and that types and classifications of offense likely influence recidivism. However, researchers do not know the relationship between pre-adjudicated offense, post-adjudicated status, age, and mental health pathology in comparing recidivism rates within JSO cohorts (Fanniff et al., 2017). The researcher also reviewed variables that may predict recidivism rates among this population of JSOs. This researcher attempted to address a gap in the literature regarding JSOs and their recidivism rates. The methods conducted to perform these tasks are outlined in the following chapter (Kettrey & Lipsey, 2018; Ueda, 2017).

The results of this study add to the literature about JSOs and recidivism. Previous studies on JSO recidivism measured the offender's individual characteristics as the independent variables (Siria et al., 2020). Fox and DeLisi (2018) noted that the strongest and most significant predictors of male and female juvenile sex offending identified in previous literature include: age of criminal onset, criminal record, impulsivity, empathy, depression, psychosis, and childhood sexual abuse. These are grouped and applied as covariates for statistically developed profiles of JSOs broke down even as far as gender categories. However, none focused on a pre-adjudicated charge, post-adjudicated tier, age, or mental health pathology combined. Turner (2017) found various ways that pre-adjudicated charge, post-adjudicated tier, age, and mental health pathologies affect JSOs and recidivism.

Nevertheless, none of the studies examined the independent variables pre- adjudicated charge, post-adjudicated status, age, and mental health pathology as a variable of interest resulting in a gap where this study researched the variables to determine if they influence the recidivism rates of JSOs (Siria et al., 2020). The current study showed that pre-adjudicated offense, post-adjudicated status, age, and mental health pathology were not predictive of recidivism among adjudicated JSOs. This study's findings help to explain further the uniqueness of the JSO pathology and its diverse set of criminogenic characteristics (Anani, 2020; Fanniff et al., 2017).

With such rehabilitative and community safety goals in mind, studies investigating the recidivism of JSOs are needed. Many studies have shown that JSOs are characterized by less than conventional risk factors (e.g., past criminal history, substance/drug abuse, and more deviant peers) than other youth offenders (Buker & Erbay, 2021; Siria et al., 2020). Results from this study appear to suggest that more support is needed to prevent recidivism among adjudicated JSOs (Fox & DeLisi, 2018). The most common criminogenic factors for regular offending have continued not to show prediction of JSOs recommitting sex offenses. Arguments include tailoring as much as possible to the actual backgrounds of JSOs and needs rather than assuming that their risk factors are identified with the risk factors seen among typical juvenile offenders (Rosa et al., 2020; Siria et al., 2020).

4.0. Implication for Practice

Treatment programs have targeted the JSO population for the past 40 years due to their complexity and uniqueness. These treatment programs are often modeled after the recommendation of the Association for the Treatment of Sexual Abusers (2012), an organization responsible for developing a wide range of policies and guidelines for ethical practices for practitioners and researchers. The Association for the Treatment of Sexual Abusers defined sexually abusive behavior as "all instances of sexually abusive behavior" (p. 20). From a legal standing, it can be strictly defined as "JSO," which refers to when a juvenile has been convicted (adjudicated) of a sex crime (Lussier, 2017).

Many social scientists recognize the need for alternatives to legal-based definitions; this is due to the social sciences' lack of contribution to the definition of sexually abusive behavior (Levenson, Grady & Leibowitz, 2016; McCuish & Lussier, 2017). Essentially, the absence of measurement tools means that researchers and policymakers alike have been working to understand the scope of adolescents' sexually abusive behaviors. Nevertheless, in doing so, they have neglected to identify appropriate responses to adolescents' sexually acting-out behaviors. Depending on the behaviors displayed, those different responses are needed (McCuish & Lussier, 2017; Lussier & Cale, 2013).

The overall goal of addressing the problem of juvenile sexual offending is to improve the effectiveness of treatment so that there is greater hope for community safety and better rehabilitation outcomes for JSOs. A considerable amount of research has shown the intricacies in dealing with this offender subgroup, such as enduring results of their past victimizations, the absence of suitable treatments that focus on their problems, and the adult-only aptness of the hasty punitiveness given to them for their wrongdoings (Beaudry-Cyr, Jennings, Zgoba & Tewksbury, 2017). There is unanimity on the difficulty of predicting the occurrence of the first sex offense of a juvenile (Laing, Tolliday, Kelk, & Law, 2014).

Additionally, attempting to understand the specific risk factor and characteristics of continuing JSOs has, for some time, been an interest of researchers. The focus on those early risk factors is primarily because of the broadly shared belief that programs targeting potential sex offenders stand better chances of success if started at younger ages (Buker & Erbay, 2021). Efficient treatment reduces offenders' recidivism rates and enhances their prosocial skills (Laing et al., 2014; Maltz, 2001).

Treatments to prevent re-offending should be focused on rehabilitation and community safety, ensuring that current programs are aimed at psychological treatment and rehabilitation concepts (Buker & Erbay, 2021). Prioritizing both concepts in the treatment process of sex offenders can improve the well-being of the victimizer and the well-being of community (McCuish, Corrado, et al., 2015). More studies will continue the helpfulness of programs for youth who commit sexual offenses.

The studies of Yoder, Dillard and Leibowitz (2018) showed how multilevel practices can improve youth outcomes. This treatment intervention of JSOs aimed to keep serious offenders from continuing their criminal careers. According to Mulder et al. (2019), effective intervention leaders should aim at the needs of the juvenile offenders (needs principle), and treatments should intensify depending on the levels of risk (risk types). Investigating the notion that recidivism differs between subgroups of JSOs can improve treatment measures (Ueda, 2017). Additionally, empirical evidence has shown that treatment practitioners who target multiple ecologies or environments can promote better compliance (Mulder et al., 2019; Yoder et al., 2018).

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