Identifying and Treating Youth Who Sexually Offend

Current Approaches, Techniques, and Research

Robert Geffner, PhD Kristina Crumpton Franey, PsyD Teri Geffner Arnold, MSSW Robert Falconer, MA • Editors

Identifying and Treating Youth Who Sexually Offend: Current Approaches, Techniques, and Research

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- Identifying and Treating Sex Offenders: Current Approaches, Research, and Techniques, edited by Robert Geffner, PhD, Kristina Crumpton Franey, PsyD, Terri Geffner Arnold, MSSW, and Robert Falconer, MA (Vol. 12, No. 3/4, 2003). Address the assessment and treatment issues when working with adult sex offenders, exploring current issues, research, and theory behind sex offending, as well as the implications for new policies.
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Introduction: Assessment and Treatment of Youth Who Sexually Offend: An Overview

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SUMMARY. This introductory article provides an overview of the significant issues involved when dealing with youth who sexually offend, sometimes referred to as juvenile sex offenders or sexually reactive children or adolescents. There is not an accepted term or definition that is widely used to describe or refer to this population, and the precise prevalence or incidence rates are not known. Statistics are presented from various national studies, but methodological problems in the research are also noted. The authors briefly discuss the current research concerning youth who sexually offend, present some of the important issues in this area of research and practice, and list various types of sexual victimization that have been included when dealing with youth who sexually offend. The article then introduces the current volume, describing the articles and con-

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tent. Identifying and treating youth who sexually offend is in its infancy in many ways. It is hoped that this volume will provide important information to help those in research and practice better understand the issues and dynamics of this population. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2004 by The Haworth Press, Inc. All rights reserved.]

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Historically, the phenomenon of juvenile sexual offending has been generally ignored, as society assumed that adult males perpetrated all sexual assaults (Becker & Hunter, 1997). As society moved away from a "boys will be boys" attitude and began to realize that youth do indeed commit sexual crimes, act out sexually, and sexually offend, researchers began to explore this phenomenon. Yet, the study of youth who sexually offend is still a fairly new field. For instance, prior to 1970, only nine major articles were published on the juvenile sexual offender. By 1993, however, over 100 major articles had been published (Barbaree, Hudson, & Seto, 1993), and the number continues to grow. Likewise, the number of treatment programs targeting this population has increased (Kahn & Chambers, 1991). According to a survey by the Safer Society Foundation, there are 249 community-based programs and 115 residential programs in the United States that specialize in treating youth who sexually offend (Burton & Smith-Darden, 2000), and more than 1,000 treatment programs worldwide (Ryan, 2000).

Research among this population has faced many challenges. Among them is the difficulty with definitions related to this group. For instance, some researchers prefer the legal term of "juvenile sex offender," labeling the population based on their crime. This emulates the adult offender model. However, given the ramifications of the term "sex offender" in today's society (e.g., civil commitment laws, forced registration), some researchers are hesitant to utilize this term with young people. Many of these researchers prefer the label "adolescents with sexually abusive behaviors." This term focuses more on the behavior rather than labeling a youth as a sex offender. It speaks to the rehabilitative property of young people. Finally, there are researchers and clinicians who prefer the term "sexually reactive youth." This refers to children and adolescents who offend as a way to reenact their own sexual abuse. It focuses on the youths' abuse history rather than on their offensive behavior. Yet,

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this term does not address those youth without a history of their own abuse who offend against others. Thus, this term is very limited. More recently, some have suggested the term "youth who sexually offend," since it appears to have fewer negative connotations while still dealing with the main issues. Thus, the title of this volume and many of the articles utilize this terminology.

Another difficulty with the research concerning youth who sexually offend includes dividing participants into subgroups. Some researchers classify youth according to their abuse histories, criminal histories, or the type of offense they have committed (e.g., rape versus molestation, age of the victim, age difference between victim and offender, gender of the victim, relationship to victim, etc.). Often times these variables can overlap, causing problems in research design. Nonetheless, research has pressed forward.

As the field continues to grow, we are beginning to understand the depth and breadth of the problem. Youth who sexually offend present a serious, ongoing problem, with high costs for the victim, families, the offender him/herself, and society at large. American society and the criminal justice system look to the mental health professions for interventions and solutions to the problem of youth-perpetrated sexual offending (Becker & Murphy, 1998; Winick, 1998; Zonana, Abel, Bradford, Hoge, & Metzner, 1998).

NATIONAL CRIME STATISTICS

Juveniles who sexually offend are responsible for a significant number of sexual assaults and child molestations perpetrated in the United States each year. In 2001 alone, more than 15,500 adolescent males and females were charged with one or more sexual offenses (Maguire & Pastore, 2002). Although over 7,600 of the adolescents arrested in 2001 were between 15 and 18 years of age, more than 7,300 were between the ages of 10 and 14, with an additional 462 under the age of 10 (Maguire & Pastore, 2002). Adolescent males are believed responsible for one in every five sexual assaults (e.g., forcible rape) of a male or female 12 years of age and older in the United States each year, while adolescent females accounted for 1 in every 16 arrests for sexual assault in 2001 (Maguire & Pastore, 2002). For victims under the age of 12, adolescent males are believed responsible for one in every two incidents of male child sexual victimization and one in three incidents of female child sexual victimization (Ryan, 1999; Zonana et al., 1998)

Whereas the literature and statistics on adolescent males who sexually offend indicate the severity of their crimes, little has been studied about the females who sexually offend. In a 1983 study, Brown, Flanagan, and McLeod (1984) determined that only 7% of all sexual offenses and 2% of all rapes are

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committed by adolescent females. Generally speaking, studies on juvenile sex offenders usually cite what percentage of their population is female, but then continue to discuss the males who sexually offend in their population, or combine the two genders when reporting statistics on the population being studied (Barbaree et al., 1993). Given the lower base rate of occurrence, it is difficult to research just females who sexually offend, which in turn leaves the literature lacking in information regarding this subpopulation.

In general, arrest rates for sexual offenses have declined over the last decade (Federal Bureau of Investigation [FBI], 2002). Between 1993 and 2002, the number of arrests for forcible rape declined by more than 25% (FBI, 2002). However, arrests for juvenile sex offenders have not diminished at rates comparable to their adult counterparts. While the number of adult males arrested and charged with a sexual offense other than forcible rape (e.g., exhibitionism, child molestation, sodomy) decreased by more than 17%, adolescent males charged with a similar sexual offense declined by less than 9% (FBI, 2002). While any number of factors or theories may account for differences in decline of arrest rates for sexual offenders over the last decade, including the current social-political hard-line approach to adolescent-perpetrated crime (Becker & Murphy, 1998; Steinberg & Scott, 2003), national crime statistics clearly support the severe and chronic nature of youth-perpetrated sexual crime.

Problems with national crime statistics. Unfortunately, national crime statistics significantly misrepresent the magnitude of youth-perpetrated sexual crime. National crime data are based almost exclusively on arrest rates obtained from reporting agencies and therefore do not include: (a) youth-perpetrated sexual crimes that are never reported to a legal agency, (b) incidents when the youth perpetrators are never identified, (c) cases where the youth offender is apprehended but not charged with a sexual offense, (d) incidents when charges were dropped as part of a plea agreement to enter treatment, or (e) cases where the juvenile sex offender was adjudicated as an adult (Maguire & Pastore, 2002; Weinrott, 1996). Clearly, the problem of youth-perpetrated sexual offending is much greater than national crime statistics indicate.

Crime victim reports. National crime data generated from victim reports indicates that the problem of the young sexual offender is much greater than the image depicted from national arrest rates. Statistical data obtained from the National Crime Victims Survey proffers that 200,000 to 450,000 adolescents perpetrate a sexual act(s) involving the use of force in the United States every year (U.S. Department of Justice [DOJ], 2003). Unfortunately, crime victim reports also under-represent the magnitude of the problem of youth-perpetrated sexual crime, because the majority of sexual crime is never reported.

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UNDERREPORTING OF SEXUAL CRIME

Victim. Retrospective research indicates that an estimated three out of four incidents of sexual assault and child sexual molestations are never reported to a legal agency (FBI, 2002; Stevenson, 1999; U. S. Department of Justice, 2002). Holmes and Slap (1998) reviewed more than 169 empirically based studies published between 1985 and 1997 and concluded that three out of every four adolescent (71%) and adult (77%) males sexually victimized prior to age 12 never reported their abuse experience(s) to parents, friends, physician, or a reporting agency.

Type of sexual victimization. In addition, the type of sexual offense has been found to contribute to underreporting of sexual crime. When an incident of sexual victimization is reported, often only the most severe forms of hands-on assault (e.g., fondling, oral copulation, penetration) reach the attention of a legal agency (Becker & Murphy, 1998; Ryan & Lane, 1997). However, the general consensus is that the range of sexual offenses perpetrated by an adolescent male "is enormous . . . (and) hands-off offenses such as peeping, flashing, and obscene communications often precede hands-on offenses and continue between the hands-on assaults" (Ryan & Lane, 1997, p. 8).

Ryan and Lane (1997) reviewed the legal and clinical records of more than 1,500 male juveniles who sexually offended in an attempt to gain a better understanding of the magnitude and scope of adolescent-perpetrated sexual crime. The authors concluded that by the time an offender first encountered the criminal justice system (M = 14 years of age), he had averaged seven (range 0-30) prior hands-off and hands-on sexual offenses, for which he was neither caught nor reported. Wieckowski, Hartsoe, Mayer, and Shortz (1998) reported similar findings in that, within their sample of juveniles who sexually offended, 30 offenders had committed a median 69.5 sexual offenses, the majority of which were hands-on offenses, highlighting the prodigious nature of adolescent sexual offending.

Summary. Although national crime statistics, crime victim reports, offender records, and self-report must be viewed with caution, these sources of data converge, indicating youth-perpetrated sexual crime is a serious and on-going problem in the United States. Youth who sexually offend profoundly impact the lives of a substantial number of men, women, and children each year. For every reported sexual offense, large time and financial demands are placed on the criminal justice system, which must investigate, apprehend, and adjudicate the youth offender. Upon conviction, the youth is often court mandated into state or county funded juvenile detention centers, residential care, and/or day- or outpatient-treatment facilities. Upon release, the criminal justice system must subsequently monitor and track a

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number of juveniles' return to their communities (Becker & Murphy, 1998; Freeman-Longo, 2000; Winick, 1998).

In tandem, mental health professionals are expected to provide well informed, empirically based services to the courts regarding assessment, adjudication, and release of youth who sexually offend back into the community. Further, mental health professionals are expected to develop and provide well informed, empirically based interventions and treatment for both the victim and the offender (Becker & Murphy, 1998; Marshall, 1997; Winick, 1998). Clearly, the problem of youth-perpetrated sexual offending provides an ongoing impetus for research addressing the etiology, developmental pathway, and salient personality characteristics of these offenders.

Adolescent Sexual Offender Research

A great deal of empirical and clinical research has focused on identifying psychological, behavioral, and environmental factors that predispose an adolescent to sexually offend (Becker & Murphy, 1998; Holmes & Slap, 1998; Zonana et al., 1998). As a result, a long list of personality characteristics, family dynamics, demographic factors, life experiences, delinquent behaviors, and offense characteristics associated with adolescent sexual offending has been generated in the research literature (Becker, 1998; Lee, Jackson, Pattison, & Ward, 2002; Zonana et al., 1998). Further, statistical and clinical trends have been observed regarding offender and offense characteristics, resulting in the development of a large number of adolescent sex offender typologies and classification systems (Araji, 1997; Becker, 1998; Gray, Pithers, Busconi, & Houchens, 1999; Hunter, Figueredo, Malamuth, & Becker, 2003; Knight & Prentky, 1993; Worling, 2001).

However, a majority of factors statistically associated with adolescent sexual offending fail to consistently discriminate youth who sexually offend from each other, from non-sexually offending delinquents, or general population controls upon replication of the study (Becker, 1998; Marshall, 1997). Classification systems and offender typologies often share a similar outcome when utilized in subsequent research, failing to consistently distinguish between offenders and non-sexually offending controls. Weinrott (1996) concluded after his review of three decades of juvenile sex offender research:

There is great variation in victim characteristics, degree of force, chronicity, variety of sexual outlets (e.g., other paraphilias), arousal patterns, and motivation/intent. Other factors thought to be relevant . . . intelligence, social competence, cultural values, attachment bonds, personal victimization, substance abuse, presence of Conduct Disorder, observation of sexual vio-

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lence, and use of pornography . . . often fail to discriminate [youth who sexually offend] from either non-sexual delinquents or normal adolescents. Others [factors] do not appear correlated with treatment amenability, recidivism, or other criteria. (p. 20)

Therefore, while much more is known regarding the juvenile offender, no empirically validated psychological or behavioral profile has emerged. After decades of research, "the only . . . definitive conclusion that can be drawn to date is that . . . [adolescent] sex offenders are a very heterogeneous group" (Zolondek, Abel, Northey, & Jordan, 2001, p. 1). Chronic heterogeneity impedes identification of the etiology and developmental pathway(s) of sexual offending, impacting the development of empirically driven theoretical models guiding intervention and treatment (Becker, 1998). It is clear that research in this field has far to go. Yet a review of what is known is crucial for those who work with these young offenders on a daily basis.

PURPOSE AND DESCRIPTION OF THIS VOLUME

Youth who sexually offend profoundly impact the lives of a significant number of men, women, and children each year. Society in general and the criminal justice system in particular demand answers and solutions to the problem of youth-perpetrated sexual offending. Focusing on salient offender characteristics may be key to understanding why some youth sexually offend and may provide a springboard towards identifying appropriate intervention and treatment. It is hoped that this volume will assist those who are working with youth who sexually offend, by discussing up-to-date research topics as well as providing theory, techniques, and guidelines for assessment and treatment of this challenging population.

In the first section of this volume, a theoretical overview is presented related to youth who sexually offend. The first article, "Characteristics of Youth Who Sexually Offend" by Sue Righthand and Carlann Welch, provides an overview of the characteristics of youths who have committed sex offenses. The article discusses factors such as abuse history, family environment, social skills, cognitive functioning, sexual experiences, and mental health of these youth. This comprehensive overview provides readers with an understanding of the factors believed to be related to sex offending among youth as well as an up-to-date review of current theory.

Once this foundation has been laid, the volume then explores a specific theory regarding the antecedents that lead to juvenile male sex offending. For instance, in "Testing an Etiological Model for Male Juvenile Sexual Offend-

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ing Against Females," Raymond A. Knight and Judith E. Sims-Knight test an etiological model that is frequently applied to adult sex offenders. They begin by exploring the current research on the origin of sexual aggression against women and the identified contributing factors, such as early abuse, personality/behavioral traits, and attitudinal/cognitive variables. They then discuss an etiological model of sexual coercion against women that they have developed and tested on adult samples from both the community and sexual offenders. Finally they go on to test this model on a juvenile sexual offender sample in an effort to determine whether one unified theory can account for sexual offending in both adult and juvenile populations.

The volume then begins to tackle the challenges one faces when conducting assessments of sexually abusive youth. Assessment can be focused on the youth's abilities and characteristics or on the ongoing risk for re-offense. These juveniles have usually been accused of or have admitted to a sexual crime considered to be heinous by society at large. The shame and fear associated with their crimes makes assessing these offenders that much more difficult. By understanding the challenges one faces when meeting with these youth, from choosing assessment tools to utilizing interviewing techniques aimed at decreasing denial, the clinician is much more equipped to handle this daunting task.

First, Lucinda A. Rasmussen addresses the issue of distinguishing subtypes among this population. In her article, "Differentiating Youth Who Sexually Abuse: Applying a Multidimensional Framework When Assessing and Treating Subtypes," Rasmussen begins by reviewing the known research regarding typologies of youth who sexually offend. Based on the research, she then describes and compares five clinical typologies and two empirical typologies. She continues by discussing how the empirical typologies can be incorporated into a multidimensional assessment framework based on the Trauma Outcome Process model. She concludes by giving examples of how this model can be utilized in clinical practice.

Next, in "Emerging Strategies for Risk Assessment of Sexually Abusive Youth: Theory, Controversy, and Practice," David S. Prescott attempts to assist clinicians who are called upon to predict risk of re-offense among youth who sexually offend. As he notes, clinicians and other professionals are frequently called upon to offer judgments regarding risk for sexual re-offense. He asserts that there are currently no empirically validated methods for accurately classifying risk among this population. Therefore, those faced with this task must first evaluate the research on the assessment of risk and recidivism before choosing their methodology. To assist clinicians in this daunting task, Prescott reviews five methods of risk assessment and four scales, and he provides read-

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ers with directions on how to obtain the measures. The measures include the Juvenile Sex Offender Assessment Protocol (JSOAP), the Protective Factors Scale (PFS), and Estimate of Risk of Adolescent Sex Offender Recidivism (ERASOR).

The section concludes by addressing the "nuts and bolts" of the interviewing and clinical assessment phase of treatment. Ian Lambie and John McCarthy, in their article, "Interviewing Strategies with Sexually Abusive Youth," discuss the challenges often faced by a clinician when attempting to obtain information through a clinical interview. Juveniles who have sexually offended often harbor strong feelings of shame, guilt, mistrust, and embarrassment about their behaviors and crimes. Asking any juvenile about his or her sexual practices is likely to result in minimal information and denial at best. Yet, as Lambie and McCarthy point out, the clinical interview is an integral but often overlooked part of juvenile offender assessment and treatment.

The authors discuss methods for interviewing clients in a way that elicits accurate information as well as facilitates the development of a therapeutic relationship, when applicable. They assert that this relationship will be the foundation upon which effective therapy can be undertaken. The authors describe interviewing strategies, the process of change, the stages of change model, as well as motivational interviewing with sexually abusive youth and their families. Moreover, they go on to highlight the importance of the client-therapist relationship in providing effective therapeutic interventions.

In the next section, the authors provide guidelines and strategies for treating juveniles who sexually offend. The articles cover individual, group, and family treatment modalities. The first article, "Treatment of Juveniles Who Sexually Offend: An Overview," by Jill Efta-Breitbach and Kurt A. Freeman gives an introductory overview of types of treatments generally used with youth who sexually offend. This review includes an overview of treatment goals, common cognitive-behavioral techniques, psycho-educational techniques, and the different modalities, such as family, individual, and group treatment.

We then move on to discussing a rationale for including parents of youth who sexually offend in treatment. In their article "Working with Parents to Reduce Juvenile Sex Offender Recidivism," Scott Zankman and Josephine Bonomo address the importance of including family therapy with treatment of this population. As the authors point out, since living with the family poses a potential risk factor for the juvenile, integrating relapse prevention into daily family life can contribute to the success or failure of the juvenile in the community. The authors address ways to include parents in relapse prevention planning as well as discussing treatment providers' misconceptions about family therapy with juvenile sex offenders. They conclude by providing their rationale for including parents in treatment, as well as reviewing research regarding different parenting styles.

Specific treatment models are then presented in the article, "Cognitive-Behavioral Treatment for Adolescents Who Sexually Offend and Their Families." David J. Kolko, Colleen Noel, Gretchen Thomas, and Eunice Torres describe an outpatient treatment program for adolescent sexual abusers. Individualized treatment in their program is based on a comprehensive clinical assessment with the youth and guardian, for which examples are provided. They then describe several treatment strategies directed to various individual or family clinical targets, including psychological dysfunctions, sexual deviance and sexuality, adolescent development and adaptive skills, parent and family relationships. A key component of their program is the integration of mental health and probationary services as part of juvenile court services for a balanced approach to the community management and treatment of the low-risk, primarily firsttime, adolescent sexual offender.

Next, in "An Integrated Experiential Approach to Treating Young People Who Sexually Abuse," Robert E. Longo endorses the use of an integrated (holistic) experiential approach to treating youth who sexually offend. He provides a description of this model, with its emphasis on the importance of the therapeutic relationship. He provides readers with sample exercises to be implemented into treatment. Longo recommends this model as an alternative to some of the more commonly used treatments. He continues by discussing the pros and cons of many current treatment modalities.

Supplementing Longo's article is the one by David Nahum and Marci Mandel Brewer entitled, "Multi-Family Group Therapy for Sexually Abusive Youth." This treatment approach involves having several families meet at one time in a group environment. The authors point out that Multi-Family Group Therapy (MFGT) has only more recently been used with sexually abusive youth. They contend that MFGT is a powerful clinical intervention that has unique advantages, including economic benefits, family-to-family support and mentoring, community-based resourcefulness, and accelerated catalyzing of emotions. The authors provide direction to other clinicians on how to establish a MFGT format for treatment as well as discussing the goals, curriculum, facilitation priorities, and strategies of the groups.

The last article in this section, "Current Practices in Residential Treatment for Adolescent Sex Offenders: A Survey," by C. Eugene Walker and David McCormick, reviews the most common type of treatment offered to youth who sexually offend. Utilizing a survey, the authors contacted sex offender treatment facilities to determine their policies and practices regarding treatment. They inquired as to the major aspects of residential programs, including number of beds, average daily census, and number of males and females in

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treatment. They continue by reviewing testing and assessment procedures utilized as well as therapeutic approaches used, number and types of individual and group treatment sessions per week, qualifications of therapists, and average length of treatment. The authors also look at the participants in the programs, addressing the most frequent diagnoses and characteristics. Finally, the authors review follow-up research on treatment effectiveness.

The final section of this volume explores what happens to youth who sexually offend after they leave treatment. First, Jill Efta-Breitbach and Kurt A. Freeman provide a review of the literature regarding recidivism rates among juveniles who sexually offend. In their article, "Recidivism and Resilience in Juvenile Sexual Offenders: An Analysis of the Literature," the authors discuss factors that have been found to influence recidivism rates among this population. Included in this discussion are variables such as abuse, family dysfunction, peer group, deviant arousal, and mental stability. They then discuss positive factors that have been associated with resiliency (i.e., factors that help such offenders succeed after treatment). These factors include self-esteem, locus of control, spirituality, family environment, and socioeconomic status.

Next, Donald F. Walker, Shannon K. McGovern, Evelyn L. Poey, and Kathryn E. Otis address the issue of treatment outcome studies. In their article, "Treatment Effectiveness for Male Adolescent Sexual Offenders: A Meta-Analysis and Review," the authors evaluate the effectiveness of treatment of 644 juvenile sex offenders through the meta-analysis of 10 studies. The authors report that the results were encouraging, suggesting that treatments for male adolescent sexual offenders appear effective. They provide a descriptive review of the 10 studies and indicate that studies utilizing cognitive behavioral therapy approaches were the most effective.

Building upon this theme is the final article, entitled, "An Investigation of Successfully Treated Adolescent Sex Offenders," by Kristina Crumpton Franey, Donald J. Viglione, Peter Wayson, Clark Clipson, and Rob Brager. Here the authors qualitatively explore the life experiences of a sample of successfully treated adolescents who sexually offend. Through qualitative interviews with seven participants who graduated from treatment and did not re-offend after being released, the authors utilize the youth as "teachers." The juveniles explain in their own words how it felt to be labeled a sex offender, aspects of treatment they felt were helpful, and components of the treatment program they would change. In addition, they discuss challenges they faced after returning to society. The article concludes with a discussion regarding what other treatment programs can learn from these successfully treated youth.

Youth who sexually offend continue to pose a problem for society at large. Although they may also be victims themselves, the youth create a new generation of victims. The research on this population is still in its infancy. There are numerous controversies in trying to identify and treat youth who sexually offend, including the labels and definitions being used, whether a clinical versus criminal justice approach should be used, the types and effectiveness of interventions, and the policies that should be implemented.

Thirty years of research have provided clinicians with descriptors of youth who sexually offend and have begun to indicate types of treatment that may be effective with this population. It is hoped that this volume will assist clinicians, researchers, and others who choose to work with this population to better understand the issues and controversies, and to be able to improve their intervention and prevention programs. Although the work is challenging, the prevention of future victims makes the work worth the efforts.

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