Juvenile Sex Offender Treatment Programs: Inside the walls of juvenile sex offenders

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Juvenile Sex Offender Treatment Programs: Inside the walls of juvenile sex offenders

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Abstract

Juvenile Sex Offender Treatment Programs: Inside the walls of juvenile sex offenders

Jade Johnson

Under the Supervision of Dr. Michael Klemp-North

Statement of the research paper

When a juvenile commits a crime, the criminal justice system wants to rehabilitate the juvenile to deter them from re offending. This is the main purpose with every criminal act in the criminal justice system. Juvenile sex offenders are often treated the same as adult sex offenders. Often, they are required to register in the national database system as a registered sex offender. This can place many restrictions on their lives when advancing into adulthood such as: career opportunities, living facilities and relationships. Generally, when people hear the term sex offender, they think rape. Sometimes the circumstance consists of dating a person who is one year younger than you; but because of state guidelines, it may be considered as statutory rape. Sex crimes are unfortunately fairly common in the United States. A lot of these crimes go unreported (Gilligan and Talbot, 2000).

According to the Federal Bureau (2003), twenty percent of people charged with a sex offense crime in the United States are juveniles. The social learning theory is a good model for this topic. Many juveniles who commit sexual offenses were sexually assaulted growing up. The social learning theory was proposed by Burgess and Akers in 1966. This theory was expanded from Sutherland’s theory of differential association. The social learning theory states that people learn behaviors through observational studies (Cullen & Agnew, 2006 p. 134). Not saying that all juveniles who commit sex crimes were abused, but they learned the behavior from somewhere growing up. When a juvenile witnesses/mixes inappropriate sexual behaviors with
positive reinforcement, it may teach them that is normal to behavior in such manner. This theory also explains the treatment program for juvenile sex offenders. If the juvenile is aware of their negative behavior, they become able to stop their dangerous ways and learn a healthy lifestyle.

Although there are a lot of treatment facilities for juvenile sex offender, the number of juveniles committed is still extremely high. According to Hunter (et al., 2004), Surveys suggest that relative to residential care, community based programming for adolescent sexual offenders decreased nationally from 81% of all programming in 1996 to 65% in 2000. Some states are slowly reducing the usage of community based programs for juvenile sex offenders because they are not deterring the offenders from crime (Hunter et al., 2004). Some believe when a juvenile commits a sex act, the criminal justice system needs to treat them as an adult because when they are older, they are just going to reoffend. This is not factual.

**Methods of Approach**

All information for this paper was obtained using secondary sources. Mostly all of the information came from accredited journals and websites. Also in this paper is a review of empirical and theoretical studies. Information was gathered from these sources on the prevalence of juvenile sex offenders, available treatment programs and the registration laws to determine if the programs are actually successful. Two or three community based programs for juvenile sex offenders were referenced. The focus of the results came from the data of other community based programs to demonstrate what society offers juvenile sex offenders. Based on the findings, recommendations were given to help better the treatment programs of juvenile sex offenders. The social learning theory will be used to examine why juveniles offend to be considered sex offenders and this will help determine the most appropriate treatment programs.

**Results of Study**
The purpose of this research is to discuss and provide recommendations of treatment programs for juvenile sex offenders. Juvenile sex offenders risk factors need to be addressed at the beginning of every treatment program. Each juvenile sex offender is different therefore they have individual risk factors. This helps the treatment program the juvenile is enduring have a greater success rate by meeting the needs of the client individually and as a group. Many families are involved in treatment programs of juvenile sex offenders because the juvenile’s wrongdoings typically revolve around family. The home of the juvenile may be dysfunctional, poverty, drug addictions, or abusive making family therapy important for the at risk youth (McWhirter et al., 2007). The treatment programs for juvenile sex offenders in modern society support reducing the recidivism rate of young offenders.
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I. INTRODUCTION: JUVENILE SEX OFFENDER TREATMENT PROGRAMS: INSIDE THE WALLS OF JUVENILE SEX OFFENDERS

Statement of Problem

Treatment programs that are currently being used for juveniles serve two main purposes; to revamp the juvenile and reduce the recidivism rate. Treatment programs are viewed as a safe haven for the offenders as well as the victims. The victim’s attackers are get help on their problem so they can function normally in everyday society just like others without the urge to sexually offend another person. The lack of treatment programs for juvenile sex offenders is problematic. Sending a juvenile sex offender to an adult treatment facility does not satisfy the individual needs of the juvenile.

Adults and juveniles are on separate levels, therefore the type of treatment programs should accommodate their age. Juveniles and adults sex offenders have different risk factors although they are both share the common label as being a sex offender. Many juvenile sex offenders were once victims themselves and may not have received the proper counseling/support they need so they may/may not be aware of the crime committed. Juvenile sex offenders are different than adults in so many ways. They appear to be more responsive to treatment programs opposed to adults (NSCBY, 2003).

Purpose of the Paper

Juvenile sex offenses are not defined as simple acts of sexually activity. They are defined by the illegal statue of decree and circumstance of the sexual act. Researchers stated the phrase ‘boys will be boys’ is inaccurate. Sex crimes with juvenile offenders are more than an experimental stage (Martin and Pruett, 1998). The purpose of this study was to find out which
juvenile sex offender programs work and which do not. By finding the pros and cons of these programs, it demonstrated the importance of juvenile sex offender treatment offerings. Also, motivates as to why juveniles commit sexual offenses have been explored. Current practice is to send juveniles to adult treatment which does not meet their needs because everyone deserves a second chance. A majority of studies on treatment effectiveness have focused on recidivism rates as a primary measure of effectiveness, but few have focused on identifying interpersonal changes in individuals who are mandated to juvenile sex offender treatment programs and whether these interpersonal changes reduce recidivism (Rehfuss et al., 2013).

**Significance of the Problem**

Many juvenile sex offenders commit a sexual act against a stranger while in the midst of committing another crime (Hunter, 2000). Seeing sex offenders behind bars is ideal even if they are a juvenile. This would provide structure in that child’s life and really give them the opportunity to regret their crime. With prison overcrowding, it is more important to revamp the juvenile oppose to incarcerate them (NCSBY, 2003). Without the proper treatment, the juvenile will be released back into the community and may have the mindset to reoffend while entering adulthood. Juvenile sex offender treatment programs play a huge role in their recidivism rate (Jung and Gulayets, 2011). A successful juvenile sex offender treatment program requires a coordination of effort between the criminal justice system actors and the providers. In order for juveniles to meaningfully participate in treatment programming, they must be willing to address their problems and comply with therapeutic directives (Hunter, 2000). This is why it is important to have an effective treatment program for these types of offenders.

**Method of Approach**
This paper is a review of juvenile sex offender treatment programs using secondary data. The information was primarily gathered from scholarly journals, literature reviews, accredited websites and government websites such as Bureau of Justice Statistics. Articles on the definition of juvenile sex offenders, popular treatment programs effectiveness, recidivism rates and adult sex offenders were collected to form the body of the paper. Information was gathered to determine what is actually working in juvenile sex offender treatment programs and what needs to be changed. Understanding the psychological side of a juvenile sex offender helps establish which sort of treatment they shall receive. From the findings, recommendations are made to improve these treatment programs for juvenile sex offenders to provide community protection to the best of the criminal justice system.
II. REVIEW OF THE LITERATURE

This section of the paper covers a variety of topics related to juvenile sex offenders. The first subsection gives a definition of a juvenile sex offender providing some statistics. The second subsection focuses on the characteristics and risk factors of juvenile sex offenders. The last subsection examines current juvenile sex offender treatment programs in the United States.

**Juvenile sex offender definition**

There are two main definitions to a juvenile sex offender; legal definition and a social definition. The legal definition is a written statement found within every state/jurisdiction. The social definition varies by using a case by case strategy. According to Charles and McDonald (2005), in most jurisdictions, a juvenile is considered someone between the ages of 12 and 18 who commits a sexual act against another person. Some behaviors deemed inappropriate and illegal include fondling, frottage, and digital, penile or object penetration of the vagina or anus, and oral copulation towards another individual. Also included are such behaviors as voyeurism, exhibitionism, and obscene phone calls (Charles and McDonald, 2005).

There are three types of juvenile sex offenders. The first type is considered “hands off” offenses where the juvenile may make obscene phone calls. The second type if considered “hands on” offenses. This typically involves some degree of force or aggression such as rape. The last type of juvenile sex offenders are pedophiliac offenses. This is when the victim is four years or younger than the juvenile offender (Ertl and McNamara, 1997). Other than age, these are the same characteristics in the defining an adult sex offender. There are some states that see a juvenile as anyone 16 years of age or younger (Bureau of Justice Statistics, 2003). People under the age of 12 cannot be considered for this crime defined under the Young Offenders’ Act, although some of inappropriate behaviors (Charles and McDonald, 2005). For the purpose of this
A juvenile sex offender is anyone from the age of twelve to eighteen who commits any one of the above crimes against another individual without consent/using force.

Sexual offenses committed by juveniles are often underreported. This occurs because of the age of the juvenile. Some inappropriate sexual behaviors a child demonstrates against another person would not be deemed appropriate if an adult was to do it but society gives juveniles the benefit of the doubt. Approximately one-third of sexual offenses against children are committed by teenagers. Sexual offenses against young children, under 12 years of age, are typically committed by boys between the ages of 12 to 15 years old (NCSBY, 2003).

Also, juvenile sex offenses are underreported because most of the time it occurs within the family. People that have not been trained to deal with sexual offending behaviors do not recognize that it is occurring therefore are not prone to minimizing the situation (Charles and McDonald, 2005).

**Characteristics of juvenile sex offenders**

There are many factors that come into play in regards to juvenile sex offenders. Juvenile sexual offenders usually exhibit certain characteristics such as substance abuse, mental health issues or learning disabilities (Hunter, 2000). Some juvenile sex offenders come from well-functioning families while others come from abusive backgrounds (NCSBY, 2003). Also, studies have found that many juvenile sex offenders have absent fathers or distant mothers (Rehfuss et al., 2013). In the case with most juvenile sex offenders, it is hard for them to form healthy bonds with adults or blurred interpersonal relationships with other family members (Rehfuss et al., 2013). 46%-61% of all convicted juvenile sex offenders have a prior arrest record before being committed of a sexual act. Some families are unable to provide financial for the child. This can
cause retaliation from the child to go steal from others so that child is able to have the things he/she may need/want (Rehfuss et al., 2013).

The child’s home lifestyle is not the only factor. Some juvenile sex offenders began to isolate themselves from others at a young age. Many parents do not recognize this sign because of the child’s age (Caldwell, 2008). As the child gets older, their behavior in school may get worst such as failing grades, truancy and disruptive behavior (Caldwell, 2008). These behaviors can be examined before or after the sexual offense has been committed with both the offender and victim.

**Overview of treatment options**

Treatment for juvenile sex offenders was first for adult sex offenders only. In the early 1980s there were approximately twenty treatment programs for juvenile sex offenders (Letourneau and Borduin, 2008). As time passed, more juveniles were being convicted of illegal sexual acts. The criminal justice system proposed multiple treatment options for the juveniles opposed to incarceration due to their age and severity of the crime committed. Society thought of therapy to help the child with their sexual offense but studies have shown that using treatment programs that adults undergo are more effective towards the juveniles (Rehfuss et al., 2013). There are many types of treatment programs available for juvenile sex offenders such as community based, residential, correctional and institutional treatment programs (Rehfuss et al., 2013). Different forms of interventions are accessed throughout the treatment process (Charles and Mcdonald, 2005). Each offender is different; therefore finding the perfect treatment option to renovate the offender may be difficult.
Before deciding which type of treatment is appropriate for the juvenile, an assessment needs to be given. Assessments are given because some juveniles pose a greater threat than others which require more treatment needs while other juveniles adjust to treatment well.

**Community based treatment programs**

Community based treatment programs for juvenile sex offenders vary. These programs consist of individual therapy, GPS monitoring, probation, home confinement and many more. They are similar to the treatment programs for adults but are more sensitive because they are solely developed for juveniles (Glick and Sturgeon, 1999). Each program has its own sets of rules which can differ from jurisdiction to jurisdiction. There are some cases when the juvenile has restrictions on where they can go. This is considered home restrictions. In cases like this, the juvenile has to be at home by a certain time or it would be considered a violation. Many factors are taken into account before recommending a treatment program for juvenile sex offenders such as the severity of the crime, prior arrest history and jurisdiction.

Community based treatment programs for juvenile sex offenders allows the child to still be close to home while providing them with guidelines to follow. Many community based treatment programs allows the juvenile to still attend school, maintain a social life and less costly. Community based treatment is also less intensive allowing the juvenile sex offender to maintain ties to the community.

**GPS Monitoring**

GPS is an abbreviation for Global Positioning System. The Division of Community Corrections (DOC) manages the GPS tracking system to identify the juvenile’s whereabouts (Vugt et al. 2008). The juvenile sex offender then wears specialized tracking equipment that uses wireless-based communications and geo-positioning satellites to track the offender’s presence in
an “exclusion zone,” an area the particular offender is prohibited from entering, or in an “inclusion zone,” an area the particular offender is prohibited from leaving (Bender-Olson and Queensland, 2013). These are commonly seen in the form of ankle bracelets. The DOC creates the inclusion and exclusions zones for the juvenile sex offender.

These zones are implemented to protect public safety along with disciplining the juvenile. Inclusion zones are areas where the juvenile is allowed to go. Exclusion zones are areas where the juvenile is prohibited to go. Along with these zones, a probation officer may be assigned to check in on the juvenile (Bender-Olson and Queensland, 2013). Officers are allowed to know where the offender is at all times. If the offender goes into an exclusion zone, an alarm alerts the officers. Also, an alarm goes off if the juvenile offender tampers with the device such as trying to remove it from their body.

Although this device has proved to be effective, it does have its downfalls just like everything else. Although the device can monitor the location of the juvenile sex offender, it cannot determine what the offender is doing (Bender-Olson and Queensland, 2013). The juvenile sex offender could be at home committing illegal acts such as underage drinking. In some cases, the GPS may malfunction which causes the officers unable to locate the offender. Also, with the implement of GPS monitoring there is a lot of paperwork for officers to undergo as well as it being costly (Mieszkowski, 2006). If the GPS monitoring system malfunctions, it is very costly to fix.

Studies show that many members of the community support this form of treatment; it is relatively expensive but effective. Many juvenile sex offenders come from homes with low-income therefore they do not have the money to purchase this type of treatment for their child (Mieszkowski, 2006). If it is court ordered, the family is still responsible for paying the fees and
fines implemented even though it is causing rehabilitation for the juvenile sex offender. This is why GPS monitoring is not used as much as other forms of treatment for juvenile sex offenders.

**Multisystemic Therapy**

Multisystemic Therapy (MST) is a family based treatment approach designed to address the factors associated with the juvenile’s delinquent behavior. This is an intensive treatment (Letourneau et al., 2009). MST is designed to make sure that the juvenile is able to function effectively so the treatment is done in familiar places of the juvenile such as school, home and the community. The main goals of MST are to enhance parenting skills, increase the juvenile’s social skills, and build a support system (Letourneau et al., 2009). MST can be used for any and all delinquent juveniles.

Juvenile sex offenders show more internalizing problems than nonsexual youths that offend (Letourneau et al., 2009). In relation to this paper, researchers developed another type of therapy called MST-PSB (Multisystemic Therapy for Youth with Problem Sexual Behaviors). This type of treatment is specially designed for juvenile sex offenders. The program addresses a youth’s socialization processes and interpersonal transactions (Borduin et al., 2009). The treatment process is still the same as in normal MST, in familiar environments of the juvenile such as home, school and the community. The program staff in charge of this type of treatment works directly as well as indirectly with the juvenile’s teachers, family, school, peers and/or probation officers. These are all scheduled around the convenience of the juvenile and their parents (Borduin et al., 2009). This treatment program focuses on removing the barriers to effective barrier as well as promoting affection and communication amongst family members (Borduin et al., 2009).
This program would not be successful without the full cooperation of the parents. The parent’s positive cooperation helps the program become successful. The parents of the juvenile sex offender are asked to monitor their child’s behavior at home and at school, engage in weekly meetings with the child’s parents as well as attend therapy sessions to determine the motives of the child’s sexual offensive act (Borduin et al., 2009). The treatment is made affordable for the juvenile sex offender and their family. Studies have shown that juvenile sex offenders who participate in this type of treatment rearrests rate is lower opposed to other types of treatments (Walker et al., 2005). Research has concluded that MST may be the most effective type of treatment for juvenile sex offenders (Bureau of Justice Assistance, 2013).

**Cognitive behavioral therapy**

Cognitive behavioral therapy (CBT) is one of the most common types of treatment used with juvenile sex offenders. CBT is a problem–focused approach to helping people identify and change the dysfunctional beliefs and patterns of behavior that contribute to their problems (Latessa, n.d.). CBT usually is established group settings (Bureau of Justice Assistance, 2013). There are two parts to CBT; cognitive and behavioral which both work together. With the cognitive therapy, its main concept is that thoughts affect emotions and emotions influence behavior (Latessa, n.d.). Juvenile sex offenders are encouraged to recognize and change their faulty thinking patterns by discussing their thoughts, assumptions and beliefs.

This type of therapy is used to gain control over an individual’s inappropriate repetitive thoughts that influence their sexual aggressions (Most et al., 2008). The behavioral aspect of this therapy concentrates on the actions and environments that may alter a person’s behavior. This aspect encourages the juvenile sex offender to replace negative behaviors with positive behaviors.
CBT can be used in residential treatment or in community based treatment programs. This type of treatment is used to reduce the urges and mindset of the juvenile sex offenders replacing them with positive ones that do not give them a sexual arousal (Moster et al., 2008). Some juvenile sex offenders will deny that they have committed a sexual offense. Some are even unaware of the crime they committed (Moster et al., 2008). It's important for the juvenile to take responsibility for the crime they committed.

Cognitive behavioral therapy not only helps discard of the sexual mindset of the juvenile sex offender, but also helps get rid of angry and psychosocial skills (William et al., 2000). Although this type of treatment is usually in a group setting, the individual focus of the juvenile is still met. Each juvenile sex offender suffers from committing their crime for different reasons therefore each must be met. Since juvenile sex offenders are still growing and learning, it is easier for therapist to help modify their thinking patters (Baker, 2012).

Cognitive behavioral therapy uses convert sensitization in the aspect of juvenile sex offenders. This is a treatment technique that teachers the juvenile sex offenders how to use their imagination to display consequences of their sexual fantasies. Therapists try to replace the sexual fantasies with normal ones. Studies have shown that without treatment, juvenile sex offenders will underreport the number of deviant sexual fantasies they have had. Also in CBT therapy, therapists prefer the juvenile sex offenders to masturbate to normal fantasies opposed to sexual ones that way their mindset is not overtaken by sexual thoughts (William et al., 2000).

**Residential treatment**

Community based treatment programs are not made for every juvenile sex offender. There are some members of society that worry about juvenile sex offenders being released back into the community after being convicted of a sex crime. Some states require a juvenile to be
placed in a residential treatment facility opposed to being released to home or living in a prison depending on the situation (Hanson et al., 2002). There are also times when the home life is too chaotic for the juvenile sex offender to receive the proper treatment they need. Residential treatment programs are an overnight facility which the juvenile stays until treatment is over which is determined by the judge. It can be anywhere from one month to years depending on the severity of the crime (Barbaree, 2006). There are some treatment programs that do not release the juvenile until their eighteenth birthday regardless of how well they are doing.

With residential treatment programs, there are pros and cons. Many residential treatment facilities for juvenile sex offenders require them to do academic work as well as individual/group therapy (Reitzel and Carbonell, 2006). This ensures that the juvenile is still being able to keep up with their academics in replacement of school and still get the treatment they need. If a juvenile poses a threat to themselves or others, live in a chaotic home, or suffer mental health issues, residential treatment is perfect for them. It provides the juvenile with the necessities needed to form healthy relationships with others, build a support system and stability (Letourneau and Borduin, 2008)

There are cons to residential treatment programs as well. Juvenile sex offenders who attend this type of treatment programs may be exposed to more deviant juveniles who make the juvenile act out more. Research has shown that when delinquent youths are placed in a living environment with other delinquent youths in the terms of intervention, the results are poorer than those juveniles who are placed in community-based treatment programs (Letourneau and Borduin, 2008). Not all juveniles who undergo this treatment have positive results. A juvenile can be kicked out of the residential treatment program for reoffending another residential, constant disruptive behavior and just not making any progress (Letourneau and Borduin, 2008).
**Registration Laws**

In 1989, an eleven year old boy named Jacob Wetterling was abducted in St. Joseph, Minnesota. Jacob, his brother and his friend were riding home on their bikes from a convenience store when a masked armed man came out and ordered the boys to lie down on the ground (Klaaskids, 2012). Jacob brother and friend were told to run toward a nearby area while Jacob was taken away. Law enforcement searched for the boy but couldn’t find him or his abductor. Law enforcement also didn’t have a list of sex offender’s locations to investigate (Klaaskids, 2012). It was found that a halfway house in the town was housing sex offenders upon being released from prison. The search and leads for Jacob Wetterling lead to the development of the sex offender list in Minnesota (Klaaskids, 2012). In 1994, the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act (better known as the Jacob Wetterling Act) were passed in the honor of the eleven year old boy (Federal Megan, n.d.). This Act required people committed of sexual crimes to register onto a database for law enforcement to easily locate them.

In 1994, there was another heinous crime committed in New Jersey that altered the offender registration laws. Megan Kanka, eight year old female lived across the street from a convicted sex offender, Jesse Timmendequas (Federal Megan, n.d.). Megan Kanka was tricked to go inside Timmendequas home by him saying he had a puppy inside that was too young to come outside. Kanka’s family didn’t know he was a recently released from a correctional treatment facility for sex offenders. When Megan Kanka was inside, he raped and tried to kill her by slamming her head, attempting to suffocate her and strangling her with a belt. Once Kanka was dead, Timmendequas took her body to the car where he raped her again before dumping her in a toy box chest in the park. Timmendequas was convicted of the rape/death of Kanka and was
sentenced to death. In 1996, the Jacob Wetterling Act was amended by Megan’s Law which requires public notification when a convicted sex offender moves into a neighborhood (Longo, 2000).

Under the Sex Offender Registration and Notification Act (SORNA) some juveniles may be required to register as a sex offender. SORNA is a portion of the Adam Walsh Child Protection Act, signed into law in 2006 (McPherson, 2007). The Adam Walsh Act of 2006 determines the length an offender must stay on the registry due to the severity of their crime (McPherson, 2007). There are three Tiers in the Adam Walsh Act that determine the length of time a person is to stay on the registry. The Tier I is the least serious classification. This Tier includes misdemeanor or felony offenses that meet the definition of a sex offense but do not qualify for a higher tier classification. Tier II requires offenders to register for twenty-five years, renewing registration every six months. For offenders required to register as a Tier III sex offender registers for life, renewing their registration every three months (McPherson, 2007).

Under SORNA, juvenile offenders who commit a crime equal to or more severe than a federal aggravated sexual abuse crime, they are required to register as sex offender under the federal laws (McPherson, 2007). A juvenile can commit a sexual act but if they are not convicted as an adult, they are not required to have to become part of the registry. Children as young as eight may be required to register as sex offenders for crimes ranging from the serious, like rape, to the minor, like consensual sex, public nudity, and public urination (Alexander, 1999). Seven states in the United States have adopted SORNA to the fullest. These states are Delaware, Florida, Michigan, Nevada, Ohio, South Dakota and Wyoming (McPherson, 2007).

Laws make clear that depending on the jurisdictions, it cannot require a person to register as a convicted sex offender if it involves “consensual” sexual activity between a victim
who is at the minimum 13 years old and the offender not being more than four years older than the victim (McPherson, 2007). This is known as the ‘Romeo and Juliet’ clause. There are some jurisdictions that do not honor this clause and may still have the juvenile register as a Tier I sex offender.

For the juvenile sex offenders who are required to register as a sex offender must provide their state police with personal information, regularly report any and all changes of their residence, school, employment and even appearance (such as tattoos, piercings, hair coloring, etc.). Some states even require the juvenile sex offender’s name, address and offenses to be listed on the public websites which entitles anyone to look up the information. If a juvenile is required to register as a sex offender but refuses, this is considered a federal offense and that juvenile may be given time of incarceration (McPherson, 2007).

Being a juvenile on the sex offender register can alter their life and reputation. This will affect them mentally and physically. When an offender is released back into the community, everyone looks at them differently. They have certain criteria’s they have to live by. For example, some registered sex offenders cannot be a certain number of feet with a school and park. As a juvenile on the register (just like adults), they can be harassed by peers, denied jobs and much more.

Studies have shown that juvenile registration laws have had little impact on the treatment of juvenile sex offenders. It is only offering a lifelong of embarrassment opposed to rehabilitating the juvenile. Not all acts are serious enough for a person to be placed on the registry but they still are depending on the jurisdiction.

*Effectiveness of treatment programs*
Treatment for juvenile sex offenders is important to the criminal justice system as well as the community. Although this is a fairly new discover, the criminal justice system is implementing as many successful programs as possible to reduce the recidivism rate of juvenile sex offenders (Jordan Institute for families, 2002). The treatment of juvenile sex offenders opens a broad range of psychosocial programs.

Many types of treatment programs report recidivism results, but as stated earlier, results along with treatment depends on the juvenile sex offender. The type of treatment program that works for one person will not work for all. There are many questions as to juvenile treatment programs actually being successful by researchers along with community members (Losel and Schmucker, 2005). In almost each type of treatment, juveniles are assigned a probation officer who checks on the progress of the juvenile.

Juvenile sex offender treatment programs are typically just focus on the offense opposed to other factors that could contribute to the juvenile delinquent behavior. The sexual offense could just be an act of retaliation of not knowing how to express the other anger or problems the juvenile is facing. Since many treatment programs do not focus on other aspects of the juveniles life outside of the offense, these treatment programs are considered ineffective (Righthand and Welch, 2001). For example, in residential treatment facilities, the juvenile sex offender is surrounded by other juvenile delinquents. It is somewhat similar to the blind leading the blind.

When juveniles are referred to treatment programs by members of their family or court-ordered, the juvenile usually has other issues opposed to sexual offense they committed. Many times, juveniles suffer from antisocial skills which treatment programs do not go to much in-depth on (Hunter, 2000). Research suggests that juveniles will commit additional crimes opposed to just being a sexual offense (Williams et al., 2000). Patterns of the juveniles behavior before
committed a sexual offense needs to be accounted for as well before designing a specific treatment program to help with the sexual offense.

The effective of treatment programs for juvenile sex offenders depends on the amount of support they receive. Researchers suggest that the more support a person has while undergoing treatment, the more effective the treatment will be (Righthand and Welch, 2001). According to Hunter (2000), the most effective treatment programs have a combination of legal sanctions, monitoring and specialized clinical programming. Programs that consist of these are generally reported to lower the recidivism rate of juvenile sex offenders. If a combination of all juvenile treatment programs were combined to form one treatment facility, it may be more effective.

**Conclusion**

Juvenile sex offenders are gradually raising awareness in the world which leads to the implementation of juvenile sex offender treatment programs. Inappropriate touches and deviant sexual behavior of juveniles are being recognized. Opposed to incarceration, the juvenile justice systems are giving the juveniles the chance to rehabilitate. There are several types of treatment programs such as community based, residential and institutional. Not programs are deemed effective, but many have proven to reduce the recidivism rate of juvenile sex offenders but not of the juvenile committing other offenses. With the topic of juvenile sex offenders spreading, the treatment programs are bond to become more effective.
III. THEORETICAL FRAMEWORK

There are several theories that explain how/why juveniles commit sexual offenses. In this section, Cognitive theory, the social control theory and social learning theory will be used to examine juvenile sex offending. Treatment programs for juvenile sex offenders are designed for juveniles who already committed sexual acts. Juvenile sex offenders have a distorted state of mind. This section the before and after effects of juvenile sex offenders will be applied in theoretical form.

Operant theory

Burrhus Frederic Skinner, better known as B.F. Skinner proposed the operant theory. This theory suggested behavior that is reinforced is repeated and behavior that is not reinforced tends to die out (McLeod, 2007). In the aspect of juvenile sexual deviancy, when a juvenile commits a sexual act, if it is not addressed properly, the juvenile will continue to do it. There are usually warning signs before a juvenile commits an offense such as deviancy, truancy and being anti-social.

B.F. Skinner identified three types of responses to the behavior of a juvenile sex offender; neutral operant, reinforces and punishers. As a youth, one may try out different behaviors and learn from their consequences (McLeod, 2007). For example, if mother tells you to clean your room and one day you decide not to. Mother then grounds you for a week. From then on, that youth always kept his/her room clean because they were aware of the consequences that followed.

The major influence is learning from our environment. Reinforcement can be good and bad depending on a person’s perspective (McLeod, 2007). For example, a fourteen year old boy rapes an eleven year old girl to get into this gang he always wanted to be a part of. Society views
this as negative reinforcement but according to the boy and the gang, it is positive reinforcement because he is rewarded what he wanted, to become a gang member. The consequences can also be negative to help reinforce the juvenile offender. For example, after the boy rapes the girl, he is caught and has to go to jail or a treatment program.

This can deter the boy from committing a crime again because of the severe consequences and not being able to function with the gang. Even if it is not gang related, after a juvenile commits a sexual act, they typically feel good about what they have done which is also positive reinforcement in their perspective. If the juvenile sex offender directly after the crime has been committed feels emotions of regret, this can be negative reinforcement in that juvenile perspective. With treatment facilities for juvenile sex offenders, it teaches them the meaning of positive/negative reinforcement from society view.

**Social control theory**

Next Travis Hirschi’s social control theory proposes that people who engage in delinquent activities are free of “intimate attachments, aspirations, and moral beliefs that bind them to a conventional and law abiding way of life” (Conklin, 2010:179). It was stated that the lack of self-control all were based up the absence of nurturance’s and discipline (Cullen and Agnew, 2006). Social control has a lot to do with weak attachments. Juveniles commit sexual offenses because they lack social order. They do not have the same expectations that others possess, therefore they react with sexual/delinquent acts. If there is lack of attachment between the possible offender and society, it may cause the person to react violating social norms.

There are three types of attachment: family, school and peer group. A person who is not close to anyone may lack control over stressful situations. It was found that the closer a person is to positive role models such as parents, the less likely they are to become delinquent (Conklin,
2010). This relates to juvenile sex offenders as well. If a youth has someone close to them motivating them to be positive, their deviant behavior decreases. The more successful a person is in school, the less likely they are to become delinquent. They have more control over their goals. People who receive bad grades are likely to develop anger problems which can lead to reacting with sexual aggression against another individual.

Peers have more influence over each other. A person is more likely to create bond with another deviant youth if there is an absence of support in the household. This is why some residential treatment programs do not work (Hunter, 2000). Two deviant youths who committed sexual offenses trying to help each other while facing other risks that are not being discussed.

The social control theory states a person has weak attachments towards people/institutions. Once those attachments are made, a person will leave their criminal lifestyle and become law abiding citizens (Conklin 2010). This is not always necessarily true but used in the aspect of treatment facilities. In the aspect of sex offenses, a juvenile has committed these crimes, during their treatment program; the offenders develop a bond with people or the institution depending on their rehabilitation sentence. This deters them from wanting to offend again, especially if they are sentenced years in prison depending on the effectiveness of the treatment program. They develop a daily routine which is putting control/structure back into their lives that was missing.

**Social learning theory**

In relation to the social control theory, Akers proposed the social learning theory which suggests the behavior is learned. Akers believed that crime is learned and peers have the greatest influence on each other. When a person builds a close bond with another, they learn from each other (Conklin, 2010). Also, if a person has been learning crime since a young age, it comes
naturally to them. For instance; a 15 year old boy has been watching his father sexually assault his mother since he was 3 years old. Although the boy may know it is wrong, that is what he was taught. Children, who are sexually abused, learn inappropriate touches and think it is okay to do it to other youths.

The social learning theory points to the physical and sexual abuse that most adolescent perpetrators encountered in their own lives as a set of events those they later on re-enact, viewing themselves as moving from the role of the child victim to that of the perpetrator (Martin and Pruett, 1998). Crime does not have just form in the household, but can come from the environment in which a youth lives in. If a youth sees prostitutes and crime on a daily basis in his/her community, the juvenile learns these acts of delinquency.
IV. RECOMMENDATIONS FOR EFFECTIVE TREATMENT AND CONCLUSION

With the variety of juvenile sex offender’s personalities in the world, not one treatment program will be able to cure all juvenile sex offenders from reoffending because all juveniles do not have the same motive to committing sexual acts. Juveniles account for 17% to 20% of all sexual crimes with the exception of prostitution (Letourneau and Borduin, 2008). The main goal for every juvenile sex offender treatment program is to rehabilitate the juvenile and reduce the recidivism rate opposed to incarceration (Reitzel and Carbonell, 2006). This section will examine some recommendations for effective juvenile sex offender’s treatment.

With juvenile sex offenders being fairly new in criminal justice courts, so are the treatment facilities (Baker, 2012). Although not all arrest lead to adjudication and commitment, juvenile sex offenders are seen commonly in institutional settings (Reitzel and Carbonell, 2006). Treatment for juvenile sex offenders started around 1985 (Baker, 2012). There are many trial and error programs in this area but all are trying to find the best solution to reduce the rate of juvenile sex offenders. This type of treatment wants the juveniles to acknowledge their wrongdoings for their deviant actions and enforce methods to refrain from reoffending (Jung and Gulayets, 2011). In a perfect world, all treatment programs would operate this way and the end result will be the same. Society does not operate in a perfect world. Teaching the juvenile clear and safe sexual boundaries is a must in any juvenile sex offender treatment program.

Less research on juvenile sex offender treatment program effectiveness has been conducted compared to adult sex offenders (Reitzel and Carbonell, 2006). Although juvenile sex offender recidivism is likely inaccurate, more research on JSO treatment is needed to improve the provision of services, potentially affect levels of sexual recidivism, and influence public policy (Reitzel and Carbonell, 2006).
Before arranging a treatment program for a juvenile sex offender, an assessment needs to be conducted to determine the risk level (Latessa, n.d.). States/jurisdictions usually have treatment standards that each facility needs to meet regardless of how they initiate the treatment. Researchers have found that many juvenile sex offender treatment facilities operate using a CBT approach (Latessa, n.d.). This is a relapse prevention method (Letourneau and Borduin, 2008). Therapists suggest that juvenile sex offenders take responsibility for their sexual offense (Letourneau and Borduin, 2008). Before the therapist implements this act, goals need to be established between the patient (juvenile sex offender) and the therapist (Letourneau et al., n.d.). It is easy for a person to blame their deviant behavior on something else, but harder to admit their guilt. Any acts of denial needs to be minimized and barbed out until the juvenile can take full self-responsibility. Once this action is done, the rest of the treatment should fall into place (Letourneau et al., n.d.). With adequate punishment in place for the juvenile sex offender, they would be less likely to reoffend.

Observing motivates as to why the juvenile committed the act is only step one. More than 80% of community based and residential juvenile sex offender treatment programs use the CBT model (Letourneau and Borduin, 2008). The therapist needs to get the juvenile to understand that they are in treatment because they were caught committing an act and needs helps.

Although many juvenile sex offender treatment programs have adopted the CBT model, this just like anything else in life has its defects. The CBT model groups other juvenile sex offenders together for treatment purposes. This is considered risky side effects (Letourneau and Borduin, 2008). The CBT model is usually displayed in settings such as institutional. This type of setting does not depict real life in which many youths develop. When a youth is removed from
their home setting and placed in a new environment with other offenders for treatment purposes, this can have serious negative side effects such as anxiety, depression, fear of being a victim and risk of being exposed to other types of deviant acts (Letourneau and Borduin, 2008).

**Registration Laws**

Every state has their own registration law for juvenile and adult sex offenders as discussed earlier. Depending on the jurisdiction, a juvenile can be required to register in the national database as a registered sex offender. Approximately 27 states have adopted the sex offender registry for juvenile sex offenders (Reitzel and Carbonell, 2006). When people view the sex offender register, many do not look at severity of the crime or details. Society typically views a person name on the registry and assumes the worst. For example, a 17 year old should not be placed on the registry for having consensual sex with their 15 year old partner whom they are in a relationship with. Sometimes the parents may be upset with the situation, but the sex was with consent. This law needs to be more consist as researchers have suggested (Longo, n.d.).

Although this may be seen as a form of punishment in the perspective of the criminal justice system, it is really not helping the offender get the negative sexual thoughts out of their mind. Usually juvenile offender’s records are kept confidential due to their age. With juvenile sex offenders being placed in a national database, this takes less emphasis off keeping their records confidential (Reitzel and Carbonell, 2006). The registration laws for juveniles have shown little to no effect on reducing the recidivism rate of juvenile sex offenders (Longo, n.d.). More involvement with rehabilitating the juvenile opposed to the sex offender registration needs to be conducted.

**Functional Family Therapy**
Functional family therapy uses a family and community based model to address and comprehend the individual problems that juvenile sex offenders and their families face (Letourneau and Borduin, 2008). Treatment needs to match the psychological needs of the juvenile sex offender as well as psychosocial skills. This type of treatment addresses a host of issues related to the juvenile sex offender’s lifestyle such as family and school. Research has shown that positive treatment results appear sooner if the offender’s family is involved and supportive throughout the process (Letourneau and Borduin, 2008).

Just like with any type of treatment, positive support provides a greater influence on the offender throughout treatment (Scheff and Retzinger, n.d.). It helps reduce the recidivism rate of the offender committing crime. In the aspect of juvenile sex offenders, the support of their family will help stop their negative sexual mindsets and help develop positive ones.

Many juveniles do not like to discuss their sexual experiences with others so at the beginning of treatment it may be rather difficult (Walker et al., 2005). When family members are open-minded about the treatment process, it makes the juvenile feel the same way. Once treatment is complete, family members would know the warning signs to look for and can monitor the juvenile more adequately because they were aware of the issues that were discussed during the treatment process.

It is hard for family therapy to work if one of the family members is the reason why the juvenile committed the sexual offense to begin with. If the juvenile sex offender committed a sexual offense due to experiencing it within their household, most likely this type of treatment therapy would not be recommended. There could be signs of neglect, mental/physical/sexual abuse, or just dysfunctional in general occurring in the household of the juvenile. On occasions, if the parents are willing to get help as well, then this therapy may work. Having a strong support
system is one of the main goals in family therapy along with prevention relapse (Letourneau and Borduin, 2008).

**Containment model**

In the year 2000, Assembly Bill 1300 was named the “Sex Offender Containment Act” which provided mandatory parole for certain sex offenders along with intensive parole supervision (Heil and English, 2007). This allowed the juvenile sex offenders who committed serious sexual offenses the opportunity to still live/function within the community as long as they checked in with their parole officers. The Legislature stated the following after this Act was declared: “the containment approach emphasizes making the safety of the community and past sex crime victims a high priority, and calls for individualized case management of sex offenders that addresses the specific supervision, treatment, and controls needed to reintegrate them safely in the community.” (Heil and English, 2007).

This model was designed for the benefit of the public safety as well as the rehabilitation of the juvenile or adult sex offender. The containment model operates in the context of multi-agency collaboration, explicit policies, and consistent practices that combine case evaluation and risk assessment, sex offender treatment, and intense community surveillance (Heil and English, 2007). This model suggests that working with multiple agencies within the criminal justice system leads to long lasting results. These results help minimize the recidivism rate of juvenile sex offenders.

With the proper assistance from agencies such as probation and parole, counselors, police officer, rape crisis workers, schools, prisons and many more, it makes it easier to supervise and treat the juvenile sex offenders (Heil and English, 2007). Since many sexual offenses occur over time with the offender being able to build a relationship with the victim, the victim is often
times left to feel it was their fault for being sexually assaulted. This can be the cause with juvenile sex offenses as well.

The containment model pertains to managing sex offenders in the community demands for the creation of intra-agency, interagency, and interdisciplinary teams (Heil and English, 2007). These teams are important because they improve communication amongst agencies involved, facilitate sharing information of specific cases and increase the teams understanding of what needs to be done.

Case management and processing must be suitable for the juvenile sex offender in the containment model. Information of the juvenile offender is constantly being shared within other agencies to help minimize the risk of the juvenile reoffending (Heil and English, 2007). With the containment model, the juvenile sex offender waives his/her rights to confidentiality because information about them is constantly being shared amongst other agencies within the community. This is for the protection of the victim, the public and the rehabilitation of the juvenile sex offender (Heil and English, 2007).

The type of information that is shared amongst agencies are the juvenile sex offenders sexual deviant behaviors/assault history, extent of deviant sexual arousals, precursors to reoffend and their preferred type of victim (Heil and English, 2007). Adult sex offenders usually have more victims and more types of victims opposed to juvenile sex offenders. When the offender is released back into society, these factors are important to know just in case another heinous crime occurs, law enforcement could have a lead rather the offender committed the crime or not, they would still be counted as a suspect due to past sexual behaviors (Heil and English, 2007).

There are three factors in the containment model that focus on risk management of the juvenile sex offender: supervision, therapy and polygraph examinations. All three are required to
make this model function. As Heil and English (2007) directly states, “The criminal justice supervision activity is informed and improved by the information obtained in sex-offender-specific therapy, and therapy is informed and improved by the information obtained during well-conducted post-conviction polygraph examinations”. All three of these factors need each other to function in the rehabilitation of the juvenile sex offender using the containment model. Let’s examine each one of these factors.

In the aspect of supervision, when a sexual assault crime is committed, this gives the criminal justice system jurisdiction over the convicted juvenile sex offender. This system basically tells the other agencies how to operate which can be lenient or harsh. For example, the criminal justice system can place restrictions on the juvenile sex offender such as curfew, lengthy probation/parole, restrict contact with other children, conduct random home visits and much more. The system can also force consequences amongst the juvenile sex offender for failure to participate or successfully complete treatment programs (Heil and English, 2007). Punishment must be enforced at the beginning in order to get the juvenile to comply with the model because sometimes change can be rather difficult for the offender (Heil and English, 2007).

If a juvenile sex offender experienced acts of sexual deviancy their entire life, this is learned behavior and the habit is sometimes difficult to break. Probation and parole officers should not overwork themselves by taking an abundance of cases. They should manage approximately 20-25 cases per officer that way they maintain flexible, being able to check in on the juvenile sex offenders (Heil and English, 2007).

The next factor in the containment model is therapy. Juvenile sex offender treatment targets the thoughts, denial, motivations, feelings and lifelong behaviors that relate to the sexual
crime itself (Heil and English, 2007). The officer who is supervising the offender works closely with the treatment provider to learn the offenders long term pattern behaviors which is important information for risk management. Unlike typical therapy, sex offense specific treatment therapy, the therapist does not accept the juvenile offenders sexual past because their primary commitment is the safety of the public (Heil and English, 2007). The treatment provider helps the juvenile sex offender disclose of the full crime they committed. By knowing the exact details of the sexual crime the juvenile offender committed can lead to the treatment provider discovering the core concept as to why the juvenile committed the crime along with their lifestyle.

Group therapy seems to work for juvenile sex offenders because others can question when they detect the statement an offender made was unreal. This is in relation to the cogititative behavior model which was discussed earlier. When the details of the crime are admitted, officials can begin to develop a risk management play to assist the juvenile sex offender in controlling the behaviors (Heil and English, 2007). The threat of consequences typically helps with exposing the details of the offense.

Lastly, the containment model uses post-conviction polygraph examinations which are also known as lie detector tests (Heil and English, 2007). In 1998, a telephone survey was conducted to discover how many probation and parole officers utilized the polygraph examination. The results concluded that over six hundred officers in approximately 30 states used the polygraph examination on juvenile sex offenders (Heil and English, 2007). With juvenile sex offenders still being fairly new at that time, the number probation/parole officers implementing this exam are gradually increasing. This tests the strengths of the juvenile sex offender treatment by verifying the accuracy of the sexual history information the juvenile told.
This is also used periodically for monitoring the offender’s compliance with the treatment conditions (Heil and English, 2007).

The threat of using the polygraph examination increases the accuracy of the juvenile sex offender being honest of their sexual past. The examiner then uses that information obtained in treatment and supervision to ask questions to prove the accuracy. The supervisor uses this information to manage the risk level of the juvenile sex offender while the therapist uses the information to come up with a treatment plan. All three of these factors play huge effective role in the containment model and would not be able to function successfully without each other in rehabilitating the juvenile sex offender of their sexual deviancy (Heil and English, 2007).

V. SUMMARY

Juvenile sex offending is a touchy topic that the world is gradually learning more about. With the advancement of treatment programs, society wants to reduce the amount of juvenile sex offenders in the world period. Although the juvenile may have committed a sexual offense, there may be underlying factors involved in the juvenile's life that caused them to offend. Some examples are dysfunctional households, victim of sexual abuse themselves, truancy and many more. These issues can lead to the juvenile committing other crimes as well. Treatment programs are designed to rehabilitate the juvenile so they no longer have negative sexual thoughts in their minds and develop healthier ones. It is difficult for one type of intervention to be successfully implemented as the treatment program for all juvenile sex offenders when each offender is different. The treatment program that worked on juvenile may not work on the next. Assessments of the juveniles are conducted so they receive the proper treatment.

If the needs of the juvenile sex offender are not met, this can cause the juvenile to reoffend. Once a treatment provider is established for the juvenile, a treatment plan can be made
which includes the different interventions for the juvenile. Also, with the treatment plan, the provider needs the juvenile to be completely honest with them. This is in reference to the containment model. This model uses three factors: supervision, therapy and polygraph examination. The containment model has been proven successful on adult sex offenders. Cognitive behavioral model has shown to be effective in juvenile sex offender treatment programs although it has its downfalls as well.

Functional family therapy is one of the leading top treatment programs for juvenile sex offenders. This model is deemed effective with the open-mind and support of the parents. When juveniles see their parents are willing to discuss a difficult topic, this gives them ease of relief and makes it easier for them to discuss the crime they committed. All juvenile sex offenses are not harsh but all are not minor either. The overall rehabilitation of the juvenile is the important part. With juveniles being so young, it is best to discontinue that lifestyle before it erupts into something major causing a life of crime for them. One offense can lead to another especially if it is not properly addressed the first time around.

Overall, accurate assessment with a corresponding referral to an appropriate treatment program will dramatically increase the likelihood of successful intervention for the juvenile sex offender (Charles and Mcdonald, 2005).
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