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Juvenile Sex Offender's Perceptions of Group Treatment and Iatrogenic Effects

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Abstract

Little research has been done on the perceptions and experiences of juvenile sex offenders in regards to their treatment, in this case, specifically group treatment. This study looks at a sample of 191 incarcerated juvenile sex offenders in a Midwestern state and measures not only the juvenile sex offender's thoughts, feelings and perceptions of their group treatment but also looks at what, if any iatrogenic affects may have resulted. This study also discusses the importance of assessing for other forms of recidivism separate from deviant sexual recidivism as well as the importance of offering treatment for non-sexual deviant crimes, either in conjunction with sexual recidivism treatment or as its own separate treatment. Overall the majority of participants found group to be useful, helpful and beneficial, however, one iatrogenic effect found that ten percent of participants identified group as being arousing. It appears that there is also a correlation between the amount of time spent in group and whether or not participants like group and find it to be beneficial. An additional correlation was found between the level of delinquency of the individual and a more negative view of group treatment. The results demonstrate a need for rethinking how treatment is provided to those juveniles with anti-social personalities, sexual offenses and non-sexual offenses, in addition to those that found group to be arousing, all of this in an effort to provide the most appropriate form of treatment to each individual in the hope that it will reduce or prevent recidivism.

Literature Review

Group therapy has been used to treat many disorders from alcoholism and narcotics addiction (Koehn, 2007) to schizophrenia (Stuart & Schlosser, 2009). Group has also been used to treat populations comprised of violent individuals (Carriere, 1995) as well as both violent (Shaw, 1999) and nonviolent sex offenders (Cook, Fox, Weaver, & Rooth, 1991). The view of group treatment has changed dramatically since the 1950's (Schwartz & Cellini, 1995) when group was seen as a supplement to individual therapy or a way to 'occupy' the 'untreatable' and those on waiting lists. Group treatment is now being viewed as a discipline in and of itself complete with procedures that have been proven successful in achieving desired results. Some authors believe that eventually there will be more people in group therapy than individual treatment (Ormont, 2000). Indeed, some writers feel that group psychotherapy can be the drive for social change. (Ormont, 2000; Schwartz & Cellini, 1995).

Group Methods in the Treatment of Adult Sex Offenders

Group treatment is continually stated to be the preferred method of treatment in regards to sex offenders (Jennings & Sawyer, 2003; Schwartz & Cellini, 1995; Stukenberg, 2001; Sabatino, 1999). The importance of the group process has been noted by several authors to be critical in creating benefits and therefore making group treatment the preferred method of treatment for the sex offender population (Jennings & Sawyer, 2003; Lothstein, 2001; Marshall & Burton, 2009; Sabatino, 1999; Shaw, 1999; Stukenberg, 2001). The primary objective of group treatment with sex offenders is tertiary prevention; that is the prevention of repeat offenses (Barrilleaux, 1997; Doren & Yates, 2008; Ephross, 2005; Kilgore, 1996; Levenson & Macgowan, 2004; Lindsay & Smith, 1998). Data is available to support the claim that group treatment of adult sex offenders has been successful in reducing recidivism (Barrilleaux, 1997;

Kilgore, 1996). Several authors concur that for treatment of adult sex offenders to be successful, i.e. to lower rates of recidivism, the following need to be considered: the characteristics of the therapist, how the group members perceive the therapist, the therapeutic alliance, and the group climate more appropriately referred to as the cohesiveness of the group (Jennings & Sawyer, 2003; Levenson & Macgowan, 2004; Marshall & Burton, 2009; Sabatino, 1999; Stukenberg, 2001).

Participants in adult sex offender group treatment have reported that the skills and perception of the therapist as being genuine, empathetic, understanding and caring, have directly resulted in their willingness to participate and further, their successful completion of group treatment (Jennings & Sawyer, 2003; Levenson & Macgowan, 2004; Marshall & Burton, 2009; Sabatino, 1999; Stukenberg, 2001). Indeed researchers have reported that therapists who *are*, as well as those who are *perceived* to be coercive, judgmental, harsh and confrontational have contributed to the ineffective participation of group members as well as finding a direct correlation to having a higher recidivism rate among group members (Jennings & Sawyer, 2003; Marshall & Burton, 2009; Sabatino, 1999; Stukenberg, 2001). Particularly relevant to the sex offenders in the prevention of repeat offenses is seeing the therapist as an ally versus an enemy (Stukenberg, 2001). Confrontation on the part of the therapist has also negatively affected the climate of the group (Marshall & Burton, 2009). In addition to a reduction in the positive qualities of the group climate a confrontative approach has shown to lower group member's self-esteem, which has a direct correlation to what extent the offender engages in the treatment (Marshall, Anderson, & Champagne, 1997; Marshall & Burton, 2009).

The climate of the group should be one that is motivational in nature and this is created by the therapist (Marshall & Burton, 2009). For group to have a positive climate and be

effective, therapists facilitating sex offender treatment groups need to use the energy and heightened involvement that is unique to group treatment (Jennings & Sawyer, 2003). It appears that in order for adult sex offenders in group treatment to achieve their goals the therapist must demonstrate, and be perceived by the group members as being genuine, caring and nonjudgmental (Marshall & Burton, 2009).

Group Methods and Delinquent Youth

Similarly, one of the goals of group treatment of juvenile sex offenders is to reduce recidivism and has proven successful within this population of offenders (Burton, Smith-Darden, & Frankel, 2006; Kercher, 1998; Marshall & Burton, 2009; Shaw, 1999; Worling & Curwen, 2000). In referencing Leeman, Gibbs, and Fuller's (1993) evaluation of the treatment program EQUIP (Equipping Youth To Help One Another), for juvenile delinquents, it should be noted that while these authors did not reference juvenile sex offenders specifically, some of the delinquents evaluated may have been incarcerated for a sexual offense. The results of this evaluation show the youths that participated in the EQUIP group which focused on behavioral gains and social skills showed "fewer instances of fighting, verbal abuse, staff defiance and [absence without leave] attempts" (Leeman, Gibbs & Fuller, 1993, pg 288. There is however, no mention of assessment of the juveniles in regards to their perception of the group treatment, in addition, no measures were reported on the possible iatrogenic effects of the group.

Iatrogenic Effects of Group Treatment

A number of researchers have compared group treatment of high-risk adolescent youth and the potential increase in problem behavior in the context of peer group interventions (Dishion, McCord, & Poulin, 1999; Gatti, Tremblay, & Vitaro 2009; Weiss, Caron, Ball, Tapp, Johnson, & Weisz, 2005). To be more specific, iatrogenic, or unintended, effects may include

the possibility of low risk becoming high risk youth and increasing negative behaviors as a result of the close proximity with higher risk youth in group. The overall findings of three such studies were that those youth that were at a higher risk for problem behavior increased the likelihood of that behavior when given an ‘audience’ of peers identified to be at lower risk. Also, those youth that were exposed to a peer group intervention model more than once had a higher increase in problem behavior than those that attended only once.

However, authors of two separate articles on the iatrogenic effects of group treatment of antisocial youth came to two fairly different conclusions Weiss et. al. (2005) reviewed several studies such as the Cambridge-Somerville Youth Study (e.g., McCord, 1992) and the Adolescent Transition Program (Dishion & Andrews, 1995) and raised concerns as to the accuracy of findings that group treatment results in iatrogenic effects. Sample size was one of the main concerns and consequently the authors reviewed relevant meta-analytic findings. Specifically Lipsey’s (1992) meta-analysis of delinquency treatment studies and Ang and Hughes (2002) meta-analysis of social skills training interventions were reviewed, and the author’s reported that the findings that group treatments produced smaller effect size than individual treatments does not indicate that they have iatrogenic components (Weiss, et.al., 2005). Using their own set of meta-analytic data the author’s analyses were not supportive of iatrogenic effects, although it is possible that they may occur within the context of group treatment, these authors believe that these effects occur far more often within the context of youth that have been rejected by mainstream society, who live in the same neighborhood as other delinquent youth and who develop friendships with these delinquent peers (Weiss, et. al., 2005). These authors do ask what, if anything, is special about group treatment and what aspects of group treatment might exacerbate iatrogenic outcomes?

In contrast, the authors of a second review article reported that contact with the juvenile justice system has a negative effect on juveniles, especially those that utilize placement as a form of intervention (Gatti, et. al., 2009). While the article discusses one of the possible reasons for this as being ‘the label perspective’ (Gatti, et. al., 2009), the authors also discuss ‘the deviant peer contagion perspective’² (Gatti, et.al., 2009), that is to say the iatrogenic effects on juveniles from interventions that “induced involvement in deviant social groups” (Gatti, et. al., 2009). Contrary to Weiss et al (2005), the authors of this study found that intervention by the juvenile justice system resulted in iatrogenic effects. The authors state that the purpose of the juvenile justice system is to prevent juveniles from being exposed, and consequently tainted by, adult criminals and that not only is this system far from succeeding, it is in fact increasing the likelihood of these juveniles offending as adults (Gatti, et. al., 2009). They also offer a solution of ‘minimizing the concentration of problem youth’ as a way of reducing or eliminating the iatrogenic effects of such environments.

Group Methods in the Treatment of Juvenile Sex Offenders

In a study involving the success of specialized group treatment and its implications for risk of sexual reoffense of juvenile sexual offenders, the authors focused not only on the reduction of sexual reoffending but also compared the risk for offenses that were nonsexual in nature (Worling & Curwen, 2000). These researchers discussed similar findings in previous studies (Leeman, Gibbs, & Fuller, 1993) in that the recidivism rate for those in the treatment group were nearly 72% lower than those in the comparison group and therefore support the efficacy of specialized group treatment for reducing the risk of juvenile sexual recidivism (Worling & Curwen, 2000). Again, there was no data reported on how the individual members of the group perceived their treatment and no data in regards to the possible iatrogenic effects the

group treatment might have had on the individual members.

Undoubtedly group treatment is the most popular form of treatment for juvenile sex offenders and is the one most often used (Shaw, 1999). Group programs have been proven to be effective (Worling & Curwen, 2000) and yet there are controversies about the potential iatrogenic effects of group (Gatti, et. al., 2009) and in fact there is meager literature on group processes and group characteristics of adolescent sexual offenders. Therefore, in this project I will address the following questions; how do juvenile sexual offenders perceive their group process and possible iatrogenic effects (i.e., is it sexually arousing to them?).

Methods

Sample Characteristics

After all appropriate permissions were obtained data were collected on 191 incarcerated male juvenile sexual abusers. The youth were, on average, 17.15 years of age ($SD = 1.73$ years). The average grade of the youth was 9.86 grades ($SD = 1.65$ grades). As is not uncommon in adolescent male sexual offenders samples, the largest racial groups were Caucasian (48.5%), followed by African American (26.5%), Hispanic/Latino (5.1%), Native American (4.1%) and 7.1% were “other” including Asian Pacific Islander. A number of the youth did not offer their race (8.7%).

A scale of severity of perpetration of sexual aggression using a fourteen point rank order scale which runs from 1= exposure to 14 = penetration, oral sex, exposure and fondling, was used to get a sense of sexual crime level. Youth were asked about every sexual crime they have committed and this measure combines the various acts into one scale. The average perpetration severity level across the sample was 8.17 ($SD= 4.95$ levels). A score of 8 = penetration (vaginal or anal) and exposure. Distribution indicated that more than 69% were involved in some form of penetration (including oral sex) and close to 50% in some form of vaginal or anal penetration. Finally, on average the group has been in a sex offender treatment group for 1.05 ($SD = 1.13$ years) years ranging from 0 to 4.5 years.

Research Design & Administration

The research project was primarily designed to evaluate the effectiveness of a-Midwest state’s Department of Youth Services (DYS)-treatment of sexually aggressive male youth within their care.—The state requires the use of evidence based treatment practices that impact success

after release and assess for risk factors in such a way that allows for practitioner and court officials to make informed decisions regarding their treatment of these youth.

Sample selection was comprised of a non-probability sample derived from Dr. Burton's contact with the state delinquency agency at which time he had offered to evaluate the effectiveness of treatment in the agency's facilities.

Before the assessment could begin, each of the youth who agreed to participate had to sign a consent form. The data obtained during this program evaluation will be used by the state for the purpose of agency treatment planning as well as for research purposes. .

Administration

Confidential data were collected using pencil and paper surveys from six residential facilities in the state. The surveys were administered in small (8-12) group format in classrooms¹. Participants were separated to ensure that they could not view each other's responses. The youth were not provided with any forms of compensation to complete the survey. For those participants ($n = 4$) who struggled with reading, the surveys were privately read aloud by trained graduate student research assistants while the youth filled out their responses out of view of the readers. No data is available on non responders.

Two ethical issues that arose from conducting a survey of this nature with such a vulnerable population were, one, the concern that some of the questions regarding sexual abuse may trigger trauma responses in those who were also victims and two, the possibility of the disclosure of new offenses against others or victimizations against themselves. In an effort to address these ethical issues, the juveniles were give special instructions regarding these issues both verbally by the research team before the surveys were handed out as well as in written form

¹ In such facilities safety is paramount and the youth are actually easier to both staff and manage in groups.

on the first page of the survey. Participants were instructed that they could stop at any time if the survey became triggering, or that, at any time, they could request to speak to a support person. Participants were also informed verbally by the research team as well as in written form on the survey that any disclosures of new abuses perpetrated by or against the individual would be reported to the proper authorities.

Measures

For the purposes of this study, a detailed history and demographic form was used, similar to ones previously utilized in earlier studies (Burton, 2003; Burton, Leibowitz, Booxbaum & Howard, 2010, Burton, Miller & Shill, 2002), which collected data on life history, age, race, exposure to family violence, education, and the like, although not all of this is salient or reported in the current study.

Elliot, Huizinga and Ageton's (1985) often used measure, the Self Reported Delinquency measure (SRD), was used to assess frequency of delinquent offending. The scale has 32 questions using a 7-point frequency scale from 1 (never) to 7 (2-3 times per day) on questions ranging from drug use to aggression. For the sake of this study only the total delinquency score was used as a proxy for antisociality. This score had good interitem reliability with a Cronbach's alpha of .90. The average total delinquency score was 22.84 ($SD = 24.96$) out of a possible 224 points. The range was 33 to 111.

The *Self Report Sexual Aggression Scale* (SERSAS) is a multi-item inventory used in prior studies (Burton et al., 2002; Burton, 2003). The scale measures sexually aggressive behaviors over the lifespan. Questions about several sexual acts are all prefaced with "have you ever conned or forced someone to...?". This instrument is essentially a checklist of relationships and acts with an 8-week test-retest reliability for a small sample of 96% (Burton, 2000).

A series of questions were asked regarding the youth's group treatment. The questions were on a 5 point scale with 0 = "group is not this way at all" to 4 = "group is exactly like this". The 15 questions were literature based and asked about how hard groups was, how applicable, if it was arousing, important, etc. A group score was comprised with a higher score meaning that the group was more positive by coding negative items (not applicable, sexually arousing, useless, stupid, too hard to talk in, embarrassing) in a reverse fashion. Some of these items may be appropriate as one goes through group, but ideally youth would not positively endorse any of these items for their group treatment. On the positive side included items are: useful, helpful, important, designed to help me, and interesting. This composite score had reasonable interitem reliability with a Cronbach's alpha of .809

Data were entered in Statistical Package for the Social Sciences (SPSS) version 15 and analyses with SPSS version 16. Starting with group differences using *t* tests were analyzed, then a number of multivariate models to control for age, group and level of perpetration (sexual crime) were also analyzed.

Results

As can be seen in Table 1, opinions of the youth regarding group are quite diverse. Level of difficulty was variable across the youth, but most found it useful, helpful, important and felt it was designed to help. Most youth did not find it sexually arousing, stupid, or too hard to talk in.

Table I: Opinions on group

Question	Group is not this way at all	Group is a little this way	Group is sort of this way	Group is a lot like this	Group is exactly like this
Easy	17.2%	16.6%	29.4%	19.0%	17.8%
Hard	29.8%	25.5%	23.6%	15.5%	5.6%
Not applicable to me	65.6%	14.6%	9.9%	2.6%	7.3%
Useful	9.6%	4.5%	11.5%	14.7%	59.6%
Sexually Arousing	91.3%	5.0%	1.9%	1.3%	0.6%
Useless	80.9%	5.7%	5.7%	2.5%	5.1%
Helpful	7.0%	7.0%	11.4%	21.5%	53.2%
Too Long	48.8%	17.5%	13.8%	7.5%	12.5%
Important	6.3%	5.7%	4.4%	15.2%	68.4%
Designed to help me	7.6%	3.2%	8.2%	17.1%	63.9%
Stupid	77.2%	10.1%	6.3%	0.6%	5.7%
Too hard to talk	57.2%	15.7%	15.1%	6.3%	5.7%

in					
Embarrassing	45.2%	24.2%	12.1%	10.2%	8.3%
Fun	50.0%	19.2%	12.8%	5.8%	12.2%
Interesting	14.6%	12.0%	20.9%	21.5%	31.0%

For further analysis, a composite group score that averaged at 34.20 ($SD = 8.29$) out of a possible 44 points and ranged from 0 ($n=1$) to 44 ($n=9$) was created by summing all positive items and reverse coded negative items. The group variable correlated significantly with time in sexual offender group with $r(162) = -.397$. See Table 2 for correlations values with characteristics of the youth's sexual and non sexual crimes. While the group score did not correlate significantly with the number of victims or severity of sexual crimes score it did correlate significantly with the proxy for antisociality, the SRD total delinquency score.

Table 2: Correlations

	Group	Severity of Sexual Crime Score (1-14)	Number of Victims	Delinquency Total Score
Group	1.0	1.137	.012	-.360**
Severity of Sexual Crime Score (1-14)		1.0	.179*	.166.
Number of Victims			1.0	.032
Delinquency Total Score				1.00

* $p < .05$, ** $p < .001$

Discussion

In this study I found some partial answers to the questions raised by Marshall & Burton (2009) and Burton, Smith-Darden & Frankel (2006) regarding juvenile sexual offender's perceptions and experiences of their treatment. The data also offers some indication as to juvenile's response to group treatment as discussed by Langton and Barbaree (2006). The findings also provide some information relating to the importance of assessing for other forms of recidivism besides deviant sexual recidivism as well as offering treatment for those non-sexual deviant crimes, either separate from or included in the treatment of sexual recidivism (Burton, Smith-Darden and Frankel, 2006).

Of particular interest are the results for whether or not the juvenile's surveyed found group treatment sexually arousing. While it is important that over ninety percent of juvenile's reported that they did not find group arousing at all, there were still almost ten percent of juveniles in this study who did find group treatment arousing, even if only a little. Since we know that only approximately ten percent of juvenile sex offenders possess deviant sexual interests and that these are the same juveniles most likely to reoffend (Personal Communication, D. Burton, 2010) it can be hypothesized that perhaps the ten percent in this study also possess deviant sexual tendencies and therefore are most likely to reoffend. If this is true, perhaps these individuals would do better in individual treatment and therefore should be removed from group treatment.

Table 1 reports a high percentage of juveniles who find group treatment useful. This finding is in agreement with Stukenberg (2001), Sabatini (1999), Jennings and Sawyer (2003), and Schwartz and Cellini (1995) who state group treatment to be the preferred method of

treatment by clinicians for the sex offender population. What about the remaining forty percent that do not find treatment useful? What is it about group treatment that these juveniles do not find useful? Do they prefer individual treatment? Are the methods used in group treatment not useful to these individuals? Perhaps these juveniles are not ready or do not wish to face their problems and that is the reason they dislike treatment, however their dislike for treatment does not necessarily mean treatment is ineffective, but rather just difficult. Or perhaps these juveniles did not find group useful because they did not have a good relationship and strong alliance with the therapist or they did not feel that the therapist was kind, nonjudgmental and empathetic which research has shown is pertinent to success in treatment (Marshall & Burton, 2009).

When reviewing the composite group score we can see that the longer a juvenile is in group the more they enjoy or see group as beneficial. This could be the result of having developed a good relationship and strong alliance with the therapist over time (Marshall & Burton, 2009). I could hypothesize that the longer the individual is in group, the more they learn and understand the method of treatment and therefore enjoy the treatment more.

In contrast, the group score does correlate with the overall delinquency score indicating that, at least among the individuals surveyed, the more delinquent an individual, the more negative their attitudes towards group treatment. These individuals find group to be less helpful, less meaningful and do not like group as much. These antisocial individuals, who are also sex offenders, are the population most likely to reoffend and to view group in a negative light and therefore a different modality of treatment might be considered (i.e., individual treatment, family treatment). It may also be possible that these individuals will not benefit from any modality of treatment. An alternative hypothesis might be that group may in fact be helpful for sexual offenders, however a different form of treatment may be needed for other crimes and for those

individuals that report committing both sexual and non-sexual offenses.

Alternately, perhaps the more antisocial youth subsamples are comprised of older and or more severe individuals who have been in an out of treatment for the majority of their lives and by virtue of their age, have committed more crimes. In addition, perhaps, over time they have come to find group boring, not helpful and useless. A more in depth explanation could be that, given what we know about individuals with antisocial personality's, that they lack empathy, they possess different behavioral and personality traits not present in the non-antisocial group and they lack remorse (Gretton, Catchpole, & Hare 2004) and given that group treatment often focuses upon the ability to develop empathy and remorse, the exact skills that individuals with antisocial personality's lack, group may just not be a good fit for these youth.

There is always a need for more research to be done. Such research should use a larger sample, better measures for analyzing group treatment as well as comparison groups (i.e. groups of youth who receive individual treatment only, groups of youth who are not sex offenders but who receive group, etc. Further researchers may also want to collect data on criminality from law enforcement officials although this may limit the amount of data obtained, it may increase its veracity.

In regards to the treatment implications, the results cannot be generalized to any other sample but in regards to this group I would want to identify those group members that found group arousing and remove them from this modality of treatment. I may also suggest removing the more_antisocial youth_from group treatment.

As with most studies, there are several limits that should be mentioned. First, we relied on self-report of the subjects who may have provided socially desirable responses for fear of ramifications of reporting new crimes. Second, this was a small sample size and an absence of a

comparison group disallows more detailed analysis as does lack of longitudinal data. Finally, the measure used to collect data on individual's attitudes towards group treatment and the possible iatrogenic effects is new.

To summarize, the use of group treatment of adolescent sex offenders is important. In this study I have found that there is no correlation between group treatment and sex offender characteristics, however there is a correlation between perceptions of group treatment and antisociality by the youth. Therefore, changing the type of treatment utilized with this subgroup population is one possible solution and further research is needed in this area.

References

- Barrilleaux, G. (1997, March). Patterns of change in outpatient group treatment of adult male child sexual offenders. *Dissertation Abstracts International*, 57, Retrieved from PsycINFO database.
- Burton, D. & Booxbaum, A., Leibowitz, G. & Howard, A. (In press) The lack of relationship between incarcerated male adolescent sexual abusers' exposure to pornography and later sexual offense characteristics. *Journal of Forensic Nursing*.
- Burton, D. (2003). Male adolescents: Sexual victimization and subsequent sexual abuse. *Child and Adolescent Social Work Journal* 29, 4, 277-296.
- Burton, D. (2000). Were adolescent sexual offenders children with sexual behavior problems? *Sexual Abuse: A Journal of Research and Treatment*, 12, 1, 37-48.
- Burton, D., Miller, D., & Shill, C.T. (2002). A social learning theory comparison of the sexual victimization of adolescent sexual offenders and nonsexual offending male delinquents. *Child Abuse and Neglect*, 26, 893-907.
- Burton, D., Smith-Darden, J., & Frankel, S. (2006). Research on Adolescent Sexual Abuser Treatment Programs. *The juvenile sex offender (2nd ed.)* (pp. 291-312). New York, NY US: Guilford Press. Retrieved from PsycINFO database.

- Burton, D., & Smith-Darden, L. (2000). North american survey of sexual abuser Treatment and models summary data 2000. Brandon, Vermont: Safer Society Press.
- Carriere, P. (1995, September). Engaging the violent offender in group treatment: A case study. *Dissertation Abstracts International*, 56, Retrieved from PsycINFO database.
- Cook, D., Fox, C., Weaver, C., & Rooth, F. (1991). The Berkeley Group: Ten years' experience of a group for non-violent sex offenders. *British Journal of Psychiatry*, 158, 238-243. doi:10.1192/bjp.158.2.238.
- Dishion, T., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *American Psychologist*, 54(9), 755-764. doi:10.1037/0003-066X.54.9.755.
- Doren, D., & Yates, P. (2008). Effectiveness of sex offender treatment for psychopathic sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 52(2), 234-245. doi:10.1177/0306624X07303914.
- Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985). *Explaining delinquency and drug use*. Beverly Hills, CA: Sage

Gatti, U., Tremblay, R., & Vitaro, F. (2009). Iatrogenic effect of juvenile justice. *Journal of Child Psychology and Psychiatry*, 50(8), 991-998. doi:10.1111/j.1469-7610.2008.02057.x.

Jennings, J., & Sawyer, S. (2003). Principles and Techniques for Maximizing the Effectiveness of Group Therapy With Sex Offenders. *Sexual Abuse: Journal of Research and Treatment*, 15(4), 251-267. doi:10.1177/107906320301500403.

Kercher, Glen A. (1998). *Supervision and Treatment of Sex Offenders*. Holmes Beach, Florida: Learning Publications, Inc.

Kilgore, D. (1996, August). Task-centered group treatment of sex offenders: A developmental study. *Dissertation Abstracts International Section A*, 57, Retrieved from PsycINFO database.

Koehn, C. (2007). Experiential work in group treatment for alcohol and other drug problems: The relationship sculpture. *Alcoholism Treatment Quarterly*, 25(3), 99-111. doi:10.1300/J020v25n03.

Langton, C., & Barbaree, H. (2006). Conceptual Issues in Treatment Evaluation Research with Juvenile Sexual Offenders. *The juvenile sex offender (2nd ed.)* (pp. 248-274). New York, NY US: Guilford Press. Retrieved from PsycINFO database.

Leeman, L., Gibbs, J., & Fuller, D. (1993). Evaluation of a multi-component group treatment program for juvenile delinquents. *Aggressive Behavior, 19*(4), 281-292.

doi:10.1002/1098-2337(1993)19:4<281::AID-AB2480190404>3.0.CO;2-W.

Levenson, J., & Macgowan, M.J. (2004). Engagement, denial, and treatment progress among sex offenders in group therapy. *Sexual abuse: A Journal of Research and Treatment, 16*(1), 49-63.

Lothstein, L.M. (2001). Treatment of non-incarcerated sexually compulsive/addictive offenders in an integrated, multimodal, and psychodynamic group therapy model.

International Journal of Group Psychotherapy, 51(4), 553-570.

Marshall, W., Anderson, D., & Champagne, F. (1997). Self-esteem and its relationship to sexual offending. *Psychology, Crime & Law, 3*(3), 161-186. doi:10.1080/10683169708410811.

Marshall, W., & Burton, D. (2009). The importance of group processes in offender treatment. *Aggression and Violent Behavior, doi:10.1016/j.avb.2009.08.008*.

Marshall, W. L. (2006). Appraising treatment outcome with sexual offenders. In W. Marshall, Y. Fernandez, L. Marshall & G. Serran (Eds.), *Sexual offender treatment: Controversial issues* (pp. 255-273). West Sussex England: John Wiley & Sons Ltd.

- Ormont, L. (2000). Where is group treatment going in the 21st century?. *Group, 24*(2), 185-192. doi:10.1023/A:1007536000188.
- Sabatino, C. (1999). Men facing their vulnerabilities: Group processes for men who have sexually offended. *The Journal of Men's Studies, 8*(1), 83-90. doi:10.3149/jms.0801.83.
- Shaw, Jon A. MD (1999). Male adolescent sex offenders. In Jon A. Shaw (Eds.), *Sexual aggression* (pp. 184-188). Washington, D.C., London & London, England: American Psychiatric Press.
- Schwartz, Barbara K. (1995). Group therapy. In B. Schwartz, & H. Cellini (Eds.), *The Sex offender corrections, treatment and legal practice* (14-1-14-15). Kingston, New Jersey: Civic Research Institute, Inc.
- Stuart, B., & Schlosser, D. (2009). Multifamily group treatment for schizophrenia. *International Journal of Group Psychotherapy, 59*(3), 435-440. doi:10.1521/ijgp.2009.59.3.435.
- Stukenberg, K. (2001, November). Object relations and transference in the group treatment of incest offenders. *Bulletin of the Menninger Clinic, 65*(4), 489-502. Retrieved August 6, 2009, doi:10.1521/bumc.65.4.489.19839
- Weiss, B., Caron, A., Ball, S., Tapp, J., Johnson, M., & Weisz, J. (2005). Iatrogenic Effects of

Group Treatment for Antisocial Youths. *Journal of Consulting and Clinical Psychology*, 73(6), 1036-1044. doi:10.1037/0022-006X.73.6.1036.

Worling, J., & Curwen, T. (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. *Child Abuse & Neglect*, 24(7), 965-982. doi:10.1016/S0145-2134(00)00147-2.