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Opinions of Male Adolescent Sexual Offenders on Treatment Groups

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Abstract

Group treatment is widely used for the treatment of juveniles who sexually offend (Letourneau & Borduin, 2008; Veneziano & Veneziano, 2002), yet research into the participant's perceptions and experience of this treatment is almost non-existent (Sribney & Reddon, 2008). This study investigates the perceptions and concerns of a sample (N=198) of incarcerated male juvenile sex offenders in regards to their experience of group treatment and reported iatrogenic effects. Measures of hopelessness and anxiety were also tested in relationship to feelings of group experience, after controlling for age. Overall, the participants reported satisfaction with their group treatment and low levels of hopelessness. While a small percentage of respondents reported arousal as byproduct of group treatment, a negative relationship was seen for respondents with higher general delinquency levels in regards to arousal. Anxiety levels were also reportedly inversely correlated with general delinquency.

Keywords: Juvenile sexual offending, adolescent sexual offender, group treatment, group treatment perceptions, group iatrogenic effects, treatment perceptions.

Introduction

Cognitive behavioral therapy (CBT) and relapse prevention (RP) techniques have become the standard treatment model for juvenile sexual offenders in the United States (Letourneau & Borduin, 2008; Veneziano & Veneziano, 2002). Group therapy is often a primary treatment modality for juvenile delinquents (Burlison, Kaminer, & Dennis, 2006; Handwerk, Field, & Friman, 2000; Quinn & Shera, 2009) and the segment of that population who sexually offend (Letourneau & Borduin, 2008; Veneziano & Veneziano, 2002).

Researchers' findings support the use of group therapy as an effective means of treatment for these youths (Bogestad, Kettler, & Hagan, 2010; Cashwell & Caruso, 1997; Hains, Herrman, Baker, & Graber, 1986; Handwerk et al., 2005; Landenberger & Lipsey, 2005; Lombardo & DiGiorgio-Miller, 1988). The authors of studies investigating adolescent perceptions of efficacy and group process (Abraham, Lepisto, & Schultz, 1995; Chase & Kelly, 1993; Kastner & Ray, 2000) often call for increased attention to Yalom's (2005, 1995) curative factors, such as group cohesiveness, universality and catharsis (Abraham et al., 1995; Chase & Kelly, 1993; Kastner & Ray, 2000) as the critical elements in group process.

Few authors have written about group members' perception of group treatment for juvenile sex offenders. As an exception, Abraham et al.'s (1995) investigation of differences in adolescent perceptions between process groups and time-limited specialty groups, participants identified process groups as most effective for improving interpersonal skills and increased levels of comfort with peers. In that study (Abraham et al., 1995), participants identified specialty groups that used cognitive behavioral interventions as helpful for tasks such as problem solving/understanding and decision-making.

Juvenile Sex Offenders and Group Treatment

Some researchers have raised concerns about the use of existing adult sex offender group treatment approaches for sexually offending youth, citing that these treatment protocols are not tailored to meet the social and developmental realities of juveniles (Letourneau & Borduin, 2008; Hackett, Masson, & Phillips, 2006; Miner & Munns, 2005; Sribney & Reddon, 2008). In addition, researchers who have evaluated the impact of the treatment for sexual offending in adults have very seldom focused on the participant's experience (Garrett, Oliver, Wilcox, & Middleton, 2003; Levenson, Macgowan, Morin, & Cotter, 2009; Sribney & Reddon, 2008). This is even more so the case for juveniles, where such research is almost non-existent (Sribney & Reddon, 2008).

The limited research for adult sex offenders in regards to treatment perception (Garrett, Oliver, Wilcox & Middleton, 2003) has identified discrepancies between therapists' evaluation of what is helpful within the group treatment program and what group members report (Garrett, Oliver, Wilcox & Middleton, 2003; Sribney & Reddon, 2008). This is of concern, as researchers studying client treatment perspectives, noticed in a review of 39 studies patients' that experience and integration of meaning in the therapy showed significant association with outcome (Orlinsky, Grawe, & Parks, 1994). In the case of antisocial youth, the juveniles' attitude towards the intervention has been deemed to have an effect on treatment outcomes (Handwerk, et al., 2000).

In a study of juvenile sex offenders' perceptions of group treatment (Sribney & Reddon, 2008) researchers used the Yalom Card Sort (2005, 1995) developed to assess the 12 therapeutic dimensions identified to be influential for group treatment. Study participants ranked family re-enactment and instillation of hope significantly higher when compared to adult sex offender

samples (Sribney & Reddon, 2008). The authors posited that these higher ratings for family re-enactment were related to the more pervasive role families play in the lives of adolescents. In regards to the higher ranking of the instillation of hope for youth, the researchers theorized that adolescents might be more encouraged than older populations when seeing other group members succeed (Sribney & Reddon, 2008). In addition, the feedback or interpersonal learning (input) was usually ranked low in comparison to adult populations and the authors suggested that this may be a reflection of adolescence as a period characterized by self-absorption (Sribney & Reddon, 2008). These researchers have also proposed that devaluing feedback from other sex offenders in group may come from the individual's need to see others' behaviors as more extreme than their own (Sribney & Reddon, 2008).

The use of the therapeutic group setting not only provides a space to refine and learn social skills, but it also provides a venue for the individual to be challenged by peers (Cashwell & Caruso, 1997; Jennings & Sawyer, 2003; Sribney & Reddon, 2008). In comparison to other youth, researchers have identified juvenile sex offenders as a group more prone to be socially inadequate and isolated from peers (Ford & Linney, 1995; Kelley, Lewis, & Sigal, 2004; Letourneau & Borduin, 2008; Miner & Munns, 2005; Seto & Lalumière, 2010; Veneziano & Veneziano, 2002). Group therapy may offer relief from the anxiety that can be caused by feeling socially isolated (Cashwell & Caruso, 1997).

In addition to social isolation, low self-esteem is also of concern for this population's ability to benefit from treatment, as consistent rates of low self-esteem among juvenile sex offenders may hinder the individual's ability to see himself as having the resources necessary for change (Lombardo & DiGiorgio, 1988). Group process has been found to help facilitate the development of a more positive self-image among this population (Lombardo & DiGiorgio

1988). This treatment modality may promote pro-social change and progress among sexually offending adolescents.

Potential Iatrogenic Effects of Group Treatment

While many researchers and authors have reported group as effective for antisocial youth (Bogestad et al., 2010; Cashwell & Caruso, 1997; Hains et al., 1986; Handwerk et al., 2000), others have raised concerns about the appropriateness of this treatment modality for this population. Deviancy training, which results in increased deviant behaviour and re-offence is one of the potential iatrogenic effects of group work with antisocial youth (Dishion, McCord, & Poulin, 1999; Letourneau & Borduin, 2008; Weiss, Caron, Ball, Tapp, Johnson, & Weisz, 2005.) According to this argument, during group sessions deviant peers strengthen and learn each other's antisocial attitudes, behaviors and communication styles (Dishion et al., 1999; Weiss et al., 2005). The effects of deviancy training are reportedly also exacerbated by factors such as age, with early adolescence being the most worrisome period (Weiss et al., 2005). Deviancy training, namely arousal as by product of group treatment has not yet been assessed for sexually abusive youth. In consideration of this gap in the research, this study will explore the role of sexual arousal within the group context for this population.

Current Study

In the current study I assessed the opinions of incarcerated juvenile sex offenders regarding their group treatment experience. These adolescents were also asked about iatrogenic effects of group treatment. In addition, measures of self-esteem, hopelessness, anxiety and antisociality were tested for relationship to feelings of group experience by the youth, after controlling for age.

Sample Characteristics

The study assessed a sample ($N=198$) of adolescent males with an average age 17.15 years of age ($SD=1.73$ years) and 10th grade school placement ($SD=1.65$ grades). In accordance with the common racial distribution in samples of male juvenile sex offenders (Burton & Meezan, 2004), the largest self reported racial group in the study was Caucasian (48.5%). This group was followed by African American (26.5%), Hispanic/Latino (5.1%) and Native American/American Indian (4.1%). Other, including Asian Pacific Islander accounted for 7.1% of the sample and 8.7% of youth in the sample did not offer their racial identification.

Although some ($n=37$) respondents chose not to answer the question, the sample reported a total of 340 victims with an average of 3.95 (*range*, 1-26) victims per participant ($SD =4.12$ victims). The use of a previously developed fifteen point-rank scale of severity of perpetration of sexual aggression helped identify the individual's sexual crime level (Burton, Miller, & Shill, 2002). The scale runs from 1 = exposure to 15 = penetration, oral sex, exposure and fondling. Given that in the study every sexual crime the individual had committed was asked about, the severity of perpetration of sexual aggression level measure combines all these acts and converts them into one score. In this sample the average score for perpetration severity level across the participating youth yielded an 8.54 ($SD=5.03$ levels). In the fifteen point-rank scale a score of 8 = penetration (vaginal or anal) and exposure. Over 69% of the total sample that responded to these questions ($n = 165$) reported having committed some form of penetration (this includes oral sex) and about 50% of the sample reported some form of vaginal or anal penetration.

Measures

This study required the development of a measure of self reported group opinions. This was achieved through the inclusion of 15 questions specific to the participant's group treatment

experience. The questions offered a 0-4 response scale that ran from 0 = 'group is not this way at all' to 4 = 'group is exactly like this'. The stem question read: 'In reference to your group treatment, is it:'. The questions included the terms: easy, hard, not applicable to me, sexually arousing, important, stupid, fun, and embarrassing among others (see Table 2).

The *Millon Adolescent Clinical Inventory* (MACI) (Millon, 1993) was designed for youth in treatment or correctional facilities and normed on 579 adolescents in such facilities with two smaller cross-validation samples. Millon's theory of personality is the basis for the scales derived from the 160 True-False items (Millon & Davis, 1996). The MACI contains twelve personality pattern scales including those measuring *Anxious Feelings and Self-Devaluation*. The elimination of data from eight study participants was done following Millon's validity scoring procedures. Both scales were included due to acceptable internal consistency with Cronbach's alphas of .84 for the Self Devaluation scale and .77 for the Anxious Feelings scale.

The use of a detailed demographic and history form that included the Self Report Sexual Aggression Scale (SERSAS), a multi-item inventory incorporated into earlier studies (Burton, 2003; Burton et al., 2002) yielded measures for the participants' level and patterns of sexually aggressive behaviors over the lifespan. 'Have you ever conned or forced someone to...?' preceded all questions that surveyed a variety of sexual acts. The instrument overall, serves as a checklist of relationships and acts, and it yielded an 8-week test-retest agreement of 96% for a sub-sample (Burton, 2000). A variety of behavioral scales were derived from the measures obtained from these questions. This included the previously explained fifteen-point scale of severity of sexual aggression, where the lowest score of 1 = exhibitionism or voyeurism and the highest score of 15 = penetration, fondling, exhibitionism or voyeurism.

This study used the Self Reported Delinquency Measure (SRD) developed by Elliot, Huizinga and Ageton (1985) to appraise delinquency among the sample's participants. This measure contains 32 questions surveying drug use and aggression among others, using a 7-point frequency scale where 0 = never and 6 = 2-3 times per day. Inter-term reliability was satisfactory with most of the subscales of this measure yielding scores for General Delinquency (please note that the question on sexual aggression was omitted as we measured this in other ways) $\alpha = .65$, Property Damage $\alpha = .72$, Felony Theft $\alpha = .86$, Public Disorderly $\alpha = .68$, Alcohol Use $\alpha = .82$, Drug Use $\alpha = .31$ (not used in further analyses), Robbery (only one item), Felony Assault $\alpha = .77$, and Drug Sales $\alpha = .70$.

The Child Hopelessness Inventory (CHI), also known as the Hopelessness Scale for Children (HSC/HPLS), is a 17-item self-assessment inventory with a YES/NO response capture. John Seeley designed the tool for assessing levels of hopelessness indicated by the extent of respondents' reported negative expectations towards the future (Kazdin, Rodgers & Colbus, 1986; Stoddard, Henly, Sieving & Bolland, 2010; Thurber, Hollingsworth, & Miller, 1996). Kazdin et al. (1986) reported on the psychometric characteristics of the CHI or HSC based on data from a normative sample of psychiatrically compromised minors aged 6-13 years old in an inpatient setting. The scale was reported to be internally consistent ($\alpha = 0.97$) with a mean item-total score correlation = 0.44 ($p < .001$). The scale's test-retest reliability yielded a six week interval Pearson correlation = 0.52 ($p < .001$). Notable differences in other measures were shown between children with high and low hopelessness as indicated by the HPLS. It is for the purpose of assessing Yalom's (1995, 2005) identification of instillation of hope as one of the 12 curative dimensions of group therapy that the results of the CHI tool were incorporated into the analysis.

Procedure

Data collection for this sample took place in 2009, upon approval from the Human Subjects Review Board from the state department of youth services of a Midwestern U.S. state. 198 participant adolescents from six residential medium or high secure units in a Midwestern state were broken down into groups of 8 to 10 adolescents for the administration of the survey. The groups were organized in such manner that prevented the participants from seeing each other's answers. Trained graduate research assistants privately read at loud the surveys to those participants struggling with reading ($n = 4.2\%$) as the participant recorded their answers privately.

There was no compensation for study respondents and all youth in the participating facilities were invited to participate through an oral presentation by the research team. Approximately 82% of the potential study participants agreed to be surveyed. There was no collection of data from non-participants. Data were entered in Statistical Package for the Social Sciences (SPSS) version 15 and analyses were conducted with SPSS version 19.

Results

Univariate Analysis

For the purposes of this study I calculated the *means* and *standard deviation* for each variable (Hopelessness, Total Delinquency, Anxious Feelings, Number of Victims, Amount of Forced Used in Sexual Crimes, Severity of Sexual Crimes). Table 1 indicates that despite the lack of a cut-off score for CHI, the youth, on average reported a low helplessness score. The total delinquency scale has a large range, but refers to the frequency of behaviors. This average ($M = 18.51$, $SD=20.23$) indicates that many of the youth have committed non-sexual crimes, and the large standard deviation denotes that there is a wide range of variation in the responses.

Table 1: Behavioral Indicators of Crime

Variable (Possible Range)	Instrument	Mean (SD)
Hopelessness (0-17)	Children's Hopelessness Scale	3.95 (3.71)
Total delinquency score (0-186)	Self-Reported Delinquency	18.51 (20.23)
Anxious feelings (0-115)	Millon Adolescent Clinical Inventory	54.80 (28.66)
# of victims	SERSAS	3.95 (4.12)
Amount of forced used in sexual crimes (0-7)	SERSAS	2.144 (1.75)
Severity of sexual crimes (0-15)	SERSAS	8.55 (5.02)

For assessing perceptions of group treatment among this sample of juvenile sex offenders, the responses of the youth to each of the group questions are outlined in Table 2 and displayed by percentage. Overall, respondents identified their group treatment in positive terms. The high percentage values depicted for applicability, importance, helpfulness and usefulness of group treatment speak to the positive perceptions for youth. Although, sexual arousal is not an expressed byproduct of group treatment for the majority of the respondents, 8.7% described feeling this way. As arousal has been raised as a potential iatrogenic effect of group treatment, these results warrant further discussion and investigation.

Table 2: Group Question

'In reference to your group treatment is it:'

	Not this way at all	A little this way	Sort of this way	A lot like this	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%	.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%	.6%	5.7%
Too hard to talk in	57.2%	15.7%	15.1%	6.3%	5.7%
Embarrassing	45.2%	24.2%	12.1%	10.2%	8.3%
Fun	59.0%	19.2%	12.8%	5.8%	12.2%
Interesting	14.6%	12.0%	20.9%	21.5%	31.0%

A factor analysis indicated four factors within the group questions. The names for each of the measures reflects the questions. As indicated in Table 3, reliability was reasonable on the four scales and they make logical sense. These scores were then used in further bivariate and multivariate analyses.

Table 3: Scoring Scales

Factor (possible score)	Questions	Cronbach's Alpha	Mean (SD)
Group is 'Just Right' (0-32)	Useful, Helpful, Designed to Help Me, Important, Interesting, Useless (reversed), Too Long (reversed), Stupid (reversed)	.86	6.74 (6.81)
Group is 'Fun, Easy and Not Applicable to Me' (0-12)	Easy (reversed), Not applicable to me, Fun	.65	3.35 (2.86)
Group is 'Hard and Embarrassing' (0-12)	Hard, Too Hard to talk in, Embarrassing	.69	3.69 (1.94)
Group is 'Sexually Arousing' (0-4)	Sexually Arousing	One item. Not calculable.	.15 (.56)

Bivariate Analyses

The correlations between the four group perception factors were then correlated to personality variables, sexual crime characteristics (Table 4) and nonsexual crime scores (Table 5). In most cases group perception scales did not relate to sexual crimes scores; however there were some exceptions as can be seen in the tables below.

Table 4: Correlations of Personality and Sexual Crimes with Group Scores

	Hopelessness	Anxious feelings	# of victims	Amount of force used in sexual crimes	Severity of sexual crimes	Group is 'Just Right'	Group is 'Fun, Easy, NA'	Group is 'Hard, Embarrassing'
Anxious feelings	.006							
# of victims	.009	.017						
Amount of force used in sexual crimes	.121	-.051	.059					
Severity of sexual crimes	.156	.016	.106	.112				
Group is 'Just Right'	.251**	-.231*	.057	.077	.064			
Group is 'Fun, Easy, NA'	.114	.059	-.018	.096	-.15	.199*		
Group is 'Hard, Embarrassing'	.279**	.108	.102	.023	-.051	.085	.269***	
Group is 'Sexually Arousing'	.099	.136	.053	.118	-.186*	.132	.170*	.066

Shaded areas indicate significant p values; * = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 5: Correlations of Group Scores and Crime Types

Scale	Description	Group is 'Just Right'	Group is 'fun, Easy, NA'	Group is 'Hard, Embarrassing'	Group is 'Sexually Arousing'
Alcohol use	(used alcohol or other liquor, was drunk in a public place)	.086	-.223	-.074	-.337*
Drug use	(used inhalants such as glue, used pot/hash/weed/marijuana, used cocaine, coke, or crack, used other types of drugs)	.236**	.088	.053	-.129
Felony assault	(attacked someone with the idea of seriously hurting or killing that person, was involved in gang fights)	-.017	.101	.418	-.333
Felony theft	(stole or tried to steal a motor vehicle such as a car or motorcycle or something worth more than \$100, knowingly bought, sold, or held stolen goods--or tried to, broke or tried to break into a building or vehicle to steal something or just look around)	-.081	.148	.076	-.403
General delinquency	(carried a hidden weapon, stole or tired to steal things worth \$1200 or less, paid someone for sex, stole money or other things from family, hit or threatened to hit parents and hit or threatened to hit supervisor or employee – the sexual aggression question was taken out)	.255**	.022	.103	-.075
Property damage	(purposely damaged or destroyed property belonging to my parents or other family members, purposely damaged or destroyed other property damage that did not belong to me— not counting family or work property, purposely set fire to a building, a car, or other property—or tried to)	-.028	-.151	.271	-.326
Public disorderly	(begged for money or things from strangers, used or tried to use credit cards without the owner's permission, made obscene telephone calls—such as calling someone and saying dirty things)	-.037	.219**	-.083	-.057
Robbery	(used force or strong-arm methods to get money or things from people)	.195	-.052	.079	-.219
Selling drugs	(sold marijuana/pot/weed/hash, sold hard drugs such as heroin, cocaine, and LSD)	.071	-.105	-.041	-.738***
Total Delinquency Score		.350***	.110	.113	-.122

Shaded areas indicate significant *p* values; * = *p* < .05, ** = *p* < .01, *** = *p* < .001

Multivariate Analyses

Two multivariate analyses were used in an attempt to predict the factored scores based on youth crime and personality measures. In the first regression analysis ($F = 5.47$ $R^2 = .298$, $p < .001$), total nonsexual criminality and anxiety predicted the 'Just Right' score. The more delinquency committed, the more the youth felt the group was 'Just Right'. It is important to note that, on the other hand, anxiety has an inverse relationship: that is the more anxiety the youth reported, the lower the youth's score on 'Just Right'.

Table 6: Just Right

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>p</i>
Total delinquency	.128	.041	.390	.002
Anxiety	-.065	.032	-.265	.045
Hopelessness	.427	.303	.177	.164
Self devaluation	.031	.028	.148	.272
Severity of sexual crimes	-.098	.148	-.072	-.660
Total number of victims	-.057	.159	-.038	.723
Amount of force used in sexual crimes	.013	.372	.004	.973

Shaded areas indicate significant *p* values

Given the initial findings related to arousal, the second regression analysis attempted to predict what personality and behavioral characteristics in the sample youth led them to experience the group as arousing. Two of the sexual crimes characteristics and feelings of hopelessness contributed to the Sexually Arousing score. Importantly, severity of crimes has a negative Beta value, therefore the higher the severity scores, the lower the Sexually Arousing score. Whereas the higher the total number of victims and the hopelessness score, the higher the Sexually Arousing score.

Table 7: Sexually Arousing

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>P</i>
Severity of Sexual Crimes	-.019	.007	-.346	.006
Total number of victims	.019	.007	.310	.011
Hopelessness	.034	.014	.344	.016
Total delinquency	-.002	.002	-.143	.302
Self devaluation	.000	.001	-.054	.721
Amount of force used in sexual crimes	.001	.017	.005	.964
Anxiety	-.0005	.001	-.006	.968

$F = 2.95$ $R^2 = .266$ $p = .010$

Shaded areas indicate significant p values

Discussion

An adolescent's ability to project their self-identity into a future notion of the self shapes his or her ability to develop feelings of hope (Stoddard et al., 2011). Researchers (Stoddard et al., 2010) have reported a relationship between increased levels of hopelessness for adolescents and negative outcomes such as violence, substance use, risky sexual behavior and injury. The overall low scores of hopelessness and high reported levels of satisfaction with group treatment among the study sample could be an indicator that group therapy may have a positive impact on the adolescents' perceived ability to change and progress.

Sribney and Reddon (2008) called attention to juvenile sex offenders' higher ranking of instillation of hope as influential for group treatment when compared to adult cohorts. These authors posited that adolescents may feel more encouraged than adults when seeing other group members succeed. For the adolescents in the sample seeing a group member's success as a projection of their own potential success is encouraging and may explain the classification of their group treatment as 'useful', 'designed to help me' and 'applicable to me'. Researchers have pointed to the relationship of an individual's ability to derive personal meaning of the therapeutic experience and treatment outcomes (Orlinsky, Grawe, & Parks, 1994). The sample youth reported

finding their group treatment relevant to their experience and meaningful to their future as exemplified by the above-mentioned ratings.

Iatrogenic Effects

A small percentage of the sample reported sexual arousal during their group treatment. Some researches have identified age as a potential exacerbating factor for deviancy training for delinquent youth (Weiss et al., 2005). Arousal as a group treatment iatrogenic effect leads to concerns about its potential role in re-offence. In light of these concerns it was imperative for me to assess whether age plays a factor in arousal as a byproduct of group treatment. No significant relationship was found between these two variables. As measured in this study, this relationship was not supported.

However, group is more sexually arousing for respondents with lower sexual aggression severity scores, higher levels of hopelessness and a higher number of victims. It may be that less severe juvenile sexual offenders with a higher number of victims who report arousal as a byproduct of group treatment have a lower ability to emotionally self regulate than their peers. Adolescents as a group are by the nature of their brain development less able than adults to control their impulses. Juvenile sex offenders as a group have been found to have diminished impulse control (Veneziano & Veneziano, 2002). The portion of this group that may have decreased emotional regulatory capacity may be more likely to be overwhelmed by emotion and act impulsively in an attempt to regulate. Their offences may be more likely to happen because their impulsivity was met with specific circumstances. Given that their offences are potentially more opportunistic in nature, the number of their victims may be higher. The severity may be lower as the offence is less premeditated and more driven by impulse in an attempt to find emotional relief.

The reported higher experience of hopelessness for the sexually aroused cohort may be also explained by these youth's decreased ability to emotionally regulate. These adolescents may experience hopelessness more intensely than other juvenile sex offenders, causing them to see their future as more bleak. When these adolescents experience little hope and start seeing themselves as unable to effect change in their own lives, they may be less likely to engage in inhibiting sexual arousal. Given that group treatment may deal with aspects of the self that present a challenge for these youth, increased arousal may be a way for these kids to feel good when their emotions are overwhelming. Feelings of hopelessness may be temporarily abated by the physical sensation of sexual arousal. For those adolescents who may feel more socially inadequate and less able to self regulate, groups may be more distressing and evoke increased hopelessness.

Juvenile sex offenders, as a group, are less socially apt than their nonsexual offending delinquent peers (Kelley, Lewis &, Sigal, 2004; Lateourneau & Budoin, 2008; Miner & Munns, 2005; Seto & Lalumiere, 2010; Veneziano & Veneziano, 2002) and their decreased problem solving abilities lead them to find antisocial solutions to complex situations (Miner and Munns, 2005; Hains, Herrman, Baker & Graber, 1986). Differently from more severe sexual offenders, who may be driven by a desire to overpower their victim, youth with less severe sexual offences may have used sexually inappropriate behaviors in an attempt to establish closeness and engage in social interaction. For such scenarios, constant failure in what the individual would see as attempts to engage with others could increase frustration and promote feelings of hopelessness.

Some researchers (Minner & Munns, 2005) have used the concept of normlessness driven behavior. According to this concept the individual, when posed with the inability to achieve conventional goals, through socially accepted means, engages in socially

inappropriate behaviors to achieve them. In the case of these juveniles, the sought conventional goals are relationships and intimate interactions. These researchers (Minner & Munns, 2005) contended that youth with strong bonds to societal norms but decreased social ability may engage inappropriate sexual partners or behaviors to achieve their intimacy needs if they anticipate rejection and ridicule. This difference in adherence to societal norms may explain some of the variations observed between the less severe, more opportunistic sexually aroused youth in the sample and the more generally delinquent youth in the 'Just Right' group.

The inverse correlations noted between sexual arousal as a byproduct of group treatment and substance use or trafficking (refer to Table 3), may be related to the differences in levels of social isolation between the youths who abuse substances and those who do not. Researchers (Kelley, Lewis, & Sigal, 2004) have noted that juvenile sex offenders who abuse substances are less socially isolated than sexually abusing youth who do not. These researchers also noted that adolescents who use drugs as a means for bonding with others spend more time with their peers than familiar relations.

Increased interactions, even if they are with antisocial peers may render the more delinquent and drug using portion of the sample more socially comfortable. This may also make the group experience for the 'Just Right' less emotionally overwhelming when compared to those who get aroused. This could provide a potential explanation for the negative correlation with anxiety reported by the more generally delinquent portion of the sample.

Implications for Treatment

The current study outlines the need for increased attention to group composition when planning for the treatment of juveniles who sexually offend. Limited resources and the desire by treatment providers and organizations to provide treatment for the largest possible number of individuals may result in blanket group programs for the treatment of these youth. The findings of this study suggest that there is a small group of juvenile sex offenders who experience sexual arousal from group treatment. These juveniles may be less able to self regulate and may require more support than their more socially adept and self regulated counterparts.

For these youth, the group experience may be overwhelming and more psychologically distressing. They may benefit from learning coping and emotional self-regulation skills before being introduced to group treatment modalities that focus on sexual offending, require a higher level of self-regulation and social interaction. Modified versions of DBT have proven beneficial for incarcerated youth with poor impulse control (Quinn & Shera, 2009) and could be potentially beneficial for these adolescents as this treatment modality promotes self-regulation and can be delivered individually.

Treatment approaches that focus on sexual offending behaviors may overlook the various needs of juveniles who sexually offend (Veneziano & Veneziano, 2002). More holistic groups treatment approaches that promote social skills, are attentive to process, the youth's social environment, promote hope and mitigate self-devaluation would address some of the other factors that put these youth at risk for not only sexual offending, but also general delinquency.

Some respondents reported their group treatment as 'hard'. While considering how to make groups 'easier' for participants may be of use, there will always be a level of challenge as participants examine difficult aspects of their self and experience. Treatment that may be perceived as 'too easy', may allow for increased disengagement and boredom, as the material

may seem irrelevant. A significant number of respondents felt that they were able to speak, and that the group was applicable to them. This may suggest that it may be of more value to concentrate on hope and create a supportive environment instead of trying to decrease some of the difficulty of the groups. In addition, further study is needed to understand how participants come to understand group as 'hard'.

These findings may help clinicians tailor their treatment protocols to be more effective and responsive to the client needs and experience. After all, as clinicians we have tried to move from a top down approach in the therapeutic relationship to a collaborative, client-centered view that promotes the development of the client's self actualization and increased sense of mastery. There is no reason why this should be different for juveniles who have sexually offended. This population by the nature of their developmental stage sits at a critical juncture, where interventions may effect the greatest degree of change.

Limitations

As with any self reported data, the respondents in the sample may engage in impression management based on their desire to appear more compliant to researchers and authorities. While the youth in the sample were made aware of the anonymous nature of the questionnaires, they may misrepresent themselves and their perceptions of their group treatment for various reasons. These juveniles come in many cases from highly invalidating environments, were they have been taught to mistrust authorities and systems. These adolescents may also fear that any information provided would be made available to the facility officials impacting their treatment or their sentencing.

Some respondents may also underestimate their offences in attempts to see their behavior as less extreme in their protection of their own sense of self or exaggerate it to look worse than

they actually are. Some respondents, while young, may have already experienced the high level of stigma that comes with carrying the sexual offender label. They may expect the researchers to see them through this lens, thus providing information to validate such viewpoints,

Another main consideration is that the sample is composed solely of incarcerated male juvenile sex offenders and the findings cannot be generalized to include outpatient populations or females. By the nature of incarceration itself, it may be considered that some of the juveniles in the sample may be more severe than those found in outpatient settings. The impact of family systems and peers on the treatment of these adjudicated youth may also be mitigated by their incarceration.

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