

**Juvenile Sexual Offenders: An  
Analytical View of Effective  
Programming**

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Volume 4 – No. 2 – Fall 2007

## **Abstract**

*The following paper reviews the little discussed topic of juvenile sexual offenders as well as treatment programs that appear to demonstrate progress towards preventing sexual offender recidivism. The programs in focus, Counterpoint House and the Illinois Department of Corrections' Juvenile Sex Offender Treatment Program, are two programs that have demonstrated progress in dealing with this growing crisis. Adaptations from these programs have allowed the proposal of a new program that may better serve the needs of the offender and the public.*

## **About the Author**

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## **Introduction**

In today's society, when one attempts to describe a sexual predator, the generalized description offered is most likely that of an adult male, single, secretive, watches pornography, is a smooth talker, and is balding. However, perhaps due to the natural instinct to believe that all children are innocent, it is currently estimated that "juveniles account for up to one-fifth of the rapes, and one-half of the cases of child molestation committed in the United States each year" (Hunter, 2000). Furthermore, to shatter the veil of innocence, although males make up the majority of aggressive sexual offenders, females and prepubescent youths are also highly involved in sexually abusive behaviors.

According to North Carolina's Division of Social Services, sexually abusive behavior is legally defined as "contact that is sexual in nature and that occurs without consent, without equality, and as a result of coercion, manipulation, game-playing, or deception" (Jordon, 2002). Adding to the previously mentioned tragedy of these youth is the belief that there is no effective treatment for sexual offenders. This, in fact, is not a reality. According to some studies, only 19% of treated sex offenders recidivate, as compared with 27% of untreated offenders.

## **Two Successful Programs**

Two programs that have demonstrated progress in lowering juvenile sex offender recidivism are Counterpoint House and the Illinois Department of Corrections' Juvenile Sex Offender Treatment Program. The Counterpoint House, which is run by the Alberta Mental Health Board, is a residential treatment program that maintains a low resident ratio of only eight offenders at any one time. The Counterpoint House has been in operation since 1986 and has maintained a three-pronged goal of "reducing adolescent sex offender recidivism, promoting mental health and facilitating reintegration of offenders back into the community" (JHSA, 2002).

The typical sex-offender who participates in the Counterpoint House program is between the ages of 13 and 18 years old. Education, job skills, and community involvement are all a part of the treatment provided, however, the major treatment component of the Counterpoint House program is the three main forms of intensive therapy that includes: “cognitive/behavioral therapy, psychotherapy and skills therapy” (JHSA, 2002). The three types of intensive therapy are the primary focus of the program, as they are specifically designed to focus on the offenders sexual deviancy and offers alternatives to prevent recidivism.

The cognitive/behavioral therapy is performed in a weekly group setting, which focuses on the offender’s deviant sexual fantasies. Daily fantasy logs are kept, which record the frequency of the offender’s fantasies as well as their inappropriate contents. Deviant sexual fantasies are defined by the Counterpoint House as:

- “no consent from the partner (coercion, sadism, noncompliance)
  - age inappropriate (three years older or younger than the offender)
  - fantasy object was past victim
  - the fantasy would in some way be detrimental if the fantasy were carried out
  - sexual fantasies about staff members are also discouraged
- Conversely, appropriate sexual fantasies include:
- consent to sexual contact
  - age appropriate
  - non-related to the offender
  - never been victimized by the offender” (JHSA, 2002).

The basis for determining the effectiveness of the cognitive/behavioral therapy is factored by the frequency of deviant fantasies and deviant fantasy induced masturbation. Originally underreported, documentation has shown that offenders tend to misreport both their deviant as well as normal fantasies. However, deviant fantasy induced masturbation, which averaged approximately 11 by the second week of treatment, reached a low average of two near the end of the program.

The psychotherapy treatment occurs weekly in a group setting. The group is more spontaneous than it is directed, focusing largely on the belief that “offenders live secret lives, and are often victims of sexual abuse themselves” (JHSA, 2002). The Counterpoint House utilizes the statistic that approximately 80 percent of all offenders have been sexually victimized themselves. This being the case, the psychotherapy is directed towards the offenders disclosing their personal abuse histories, provides support for the offender in dealing with their past issues, and develops victim empathy.

The Skills therapy is conducted three times a week for eight weeks. The program includes anger management, relapse prevention, and psychosexual education. All of these focus on their relationships to sexual dysfunction within their thinking. The offender then utilizes the lessons learned into numerous relapse prevention exercises, which focus on “empathy, urge control, and cognitive restructuring” (JHSA, 2002).

The Illinois Department of Corrections’ Juvenile Sex Offender Treatment Program includes a residential treatment program as well as an aftercare program. After being given an initial evaluation, the juvenile sex offenders are introduced to the diverse treatment program, which includes “group therapy and written assignments, individual counseling, violence interruption progress groups, didactic sessions on sex education and substance abuse, structured leisure time activities, and unstructured recreation” (ICJIA, 2001). The aftercare portion of treatment is designed to allow offenders to transition back into their communities successfully while being given intensive case management and supervision.

The Illinois Department of Corrections’ Juvenile Sex Offender Treatment Program, like the Counterpoint House program, concluded that juvenile sex offenders were more likely to have been not only physically abused, but sexually abused as well. They were also more likely “to

have a sexual offense in their history, demonstrated a higher escape risk, had greater clinical needs, and were more likely to report self-mutilating behaviors” (ICJIA, 2001). Given these factors, it allowed the treatment staff to better direct their efforts towards the offender’s personal deficiencies and issues individually, rather than having a basic generalized product. The aftercare services provided, as well as the intensive supervision specifically designed for the sex offender and carried out by the Cook County parole department, has allowed for an exceptional recidivism rate.

Being that a major focus of both of these programs is on decreasing the recidivism rates of juvenile sexual offenders, the Counterpoint House and the Illinois Department of Corrections’ Juvenile Sex Offender Treatment Program have shown exceptional rates, contrasting the opinion that sexual offenders are non-treatable. The Counterpoint House states, “ Only 3.9% of Counterpoint House treatment completers were convicted for a further sexual offence after release, compared to 10.8% of treatment non-completers” (JHSA, 2002). The Illinois Department of Corrections’ Juvenile Sex Offender Treatment Program states a recidivism rate of zero for sexual offenses, but does state that a low percentage of offenders who have completed treatment have re-offended in non-sexually related crimes.

### **Strengths and Weaknesses**

Both of these programs have their own individual strengths and weaknesses as well as individual successes and failures. The later two have previously been discussed as demonstrated by their recidivism rates. The Counterpoint House provides therapy that focuses on offender’s fantasies, which promote criminal excitement and, eventually, recidivism. By taking this direction, they expose the offender to the reality of their behavior and provide a measurable means that allows the offender to see personal growth and improvement. The program, however,

does not seem to provide any individual counseling, which may allow the offender to disclose their personal histories more thoroughly than group therapy alone.

The Illinois Department of Corrections' Juvenile Sex Offender Treatment Program provides drug treatment as well as an aftercare program, which is a vital part of allowing an offender to re-enter society on a more positive note. Given their perfect success rate for sexual offender recidivism, it would seem that their collaboration of treatment, therapy, and aftercare is an exceptional program that provides an excellent balance of sexual offender treatment and aftercare supervision. The aftercare portion of the program, however, is strictly limited to the Cook County parole department. There are no available statistics for offenders who may reside outside of the Cook County parole department jurisdiction. This may affect the overall recidivism statistics.

### **Suggested Remedies**

After reviewing the Counterpoint House and the Illinois Department of Corrections' Juvenile Sex Offender Treatment Programs, it is possible to develop a juvenile sexual offender program that may address the deficiencies of the two successful programs, allowing for an overall low recidivism rate of both sexual and non-sexual offenses by juvenile sexual offenders. By pre-screening those who are to participate in this program, they must have been previously abused physically or sexually, and willing to receive treatment. This program will not only include the intensive cognitive/behavioral therapy, psychotherapy and skills therapy made available at the Counterpoint House, but will include personal individual counseling provided by the Illinois Department of Corrections' Juvenile Sex Offender Treatment Program.

Education, life-skills training, drug and alcohol education and treatment, and anger management will be conducted as well. Not included in either program is criminal personality

and behavioral modification treatment. This will allow the juvenile sexual offender to understand the criminal thinking patterns previously instilled within them and methods to modify their behavior and thinking. In addition, aftercare will be an essential component of the program, allowing all offenders to return to their individual communities and receive personalized aftercare services and supervision established through their own community probation departments via open communication between the agencies.

As demonstrated, the Counterpoint House and the Illinois Department of Corrections' Juvenile Sex Offender Treatment Programs are two programs that have altered the stereotype that sexual offenders are incapable of receiving treatment. National statistics suggest, "the sexual recidivism rate for juveniles treated in specialized programs ranges from approximately 7%-13% over follow-up periods of two to five years. Studies suggest that rates of non-sexual recidivism are generally higher (25-50%)" (Hunter, 2000). Both of the previously mentioned programs have surpassed the national averages. To better lower the recidivism rate of juvenile sexual offenders, it has been suggested to combine the strengths of these two programs and provide a more rounded aftercare service plan. By doing so, not only will there be a decrease in sexual recidivism, but in all criminal recidivism rates as well.

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