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Chapter 1

Review of the Literature

For many in society, the term “sex offender” conjures up the vision of a “dirty old man” who lives an isolated, marginal existence and preys on women and children. In fact, research does not support this myth and indicates that the majority of sex offenders are heterosexual men who typically have appropriate adult relationships in addition to sexually deviant and violent acts. Furthermore, sex offenders are present across all age groups, including adolescents and young children (Perry & Orchard, 1992).

‘Sex offender’ is a legal term and is best defined in reference to a legal code. In this paper, the Ohio Revised Code (Anderson Publishing Company, 1996) will be used. Chapter 2907. of the Ohio Revised Code deals with three categories of sexual crimes. These are:

“sexual assaults and displays, prostitution offenses, and offenses related to the dissemination of obscenity and matter harmful to juveniles. The comparative seriousness of assaultive sex offenses is based on one or more of four factors: the type of sexual activity involved; the means used to commit the offense; the age of the victim; and whether the offender stands in some special relationship to the victim. Besides assaultive sex offenses, the first group of sections prohibits: soliciting sexual activity with underage persons; soliciting deviate sexual activity; voyeurism; and public indecency” (Anderson Publishing Company, p. 37).

Before further delineating these offenses, one must understand the Ohio Revised Code definitions for “sexual conduct,” “sexual contact,” and “sexual activity:”
(A) "Sexual conduct" means vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal cavity of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.

(B) "Sexual contact" means any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

(C) "Sexual activity" means sexual conduct or sexual contact, or both.


Rape is further defined as "sexual conduct with another when the offender purposely compels the other person to submit by force or threat of force" (Ohio Rev. Code Ann. § 2907.02). Rape is also used to describe sexual conduct with a person who is under the age of consent; sexual conduct with a person who is not able to give consent; sexual conduct that entails the use of force, aggression, physical harm, bribes or money; and, sexual conduct that is harmful or degrading (Ryan, 1997b).

Sexual Battery involves sexual conduct in which the offender takes advantage of the victim. It includes sexual conduct by coercion, which is somewhat broader than sexual conduct by force—one of the key elements of Rape. This may also include sexual conduct when the victim’s judgment is obviously impaired (Ohio Rev. Code Ann. § 2907.03).

Gross Sexual Imposition involves sexual contact in which the offender compels the other person to submit by force or threat of force. The offender may also use a substance (e.g., drug, controlled substance, intoxicant) to impair the judgment of the victim for the purpose of preventing resistance (Ohio Rev. Code Ann. § 2907.05).
Characteristics of Offenders

Sexual Imposition involves sexual touching or sexual contact when the offender knows that the contact is offensive to the victim or the victim's ability to control the offender's touching is impaired. No person can be convicted of this violation solely based on the victim's testimony (Ohio Rev. Code Ann. § 2907.06).

Over the past two decades, concern has been rapidly growing regarding the sexually oriented acts of children and adolescents. This is in part due to research findings that suggest that over half of adult sexual offenders began their sexual offending behavior as minors (Righthand & Welch, 2001). Also, there has been an increase in the number of sexual offenses committed by adolescents in recent years. The Department of Juvenile Justice reports that 6% of all juveniles (ages 10 to 17) who came into contact with Juvenile or Family Courts in 1994, were charged with sexual crimes (Ryan, 1997a). In 1999, 17% of arrests for forcible rape and 18% of arrests for sex offenses involved persons under 18 years old (Office of Juvenile Justice and Delinquency Prevention, 1999). Delinquency cases in juvenile court increased 49% between 1987 and 1996 while the juvenile population increased only 11% during the same time period. This increase placed stress on the system as the court was asked to respond to more cases but also an increasingly violent caseload of juvenile offenders. During this same time period, charges of forcible rape by offenders under the age 18 increased 60%, and other violent sex offenses committed by adolescents increased 39% (OJJDP).

In response to the increased number of youth who have engaged in sexually deviant behavior, specialized programs have been developed to address the need for early intervention and treatment for the youthful offender. In 1978, there were only a few
programs for juvenile sex offenders (JSO’s) whereas over 1,000 programs were identified by the year 2000 (Freeman-Longo, 2001).

Legal codes establish which behaviors constitute criminal offenses and the terms to be used. Research definitions and terms can be somewhat different. For example, Lane (1997) identifies five categories of sexually offending behavior: molestation, rape, hands-off offenses, harassment, and exploitation. Molestation implies that the victim is a younger child, approximately two to four years younger than the offender and it may involve the following behaviors: touching, rubbing, kissing, penetration, or oral sex. Molestation can occur when clothes have been removed or by the offender touching the victim on top of his/her clothing. According to Lane’s classification, Rape involves some form of aggression, force, or intimidation. These behaviors involve penetration, which can be in the form of penile, anal, vaginal, digital, oral, or by an object. In contrast, hands-off behaviors are generally viewed as nuisance type behaviors such as exhibitionism, voyeurism, and obscene phone calls.

Making unwelcome sexual comments or advances, requesting sexual favors, or verbal and/or written sexual comments are examples of the fourth category, harassment. Finally, exploitation involves exposure to sexually explicit material such as pornography or actually being present when adults are engaged in sexual behavior.

In other research, sexually oriented behaviors are often viewed on a continuum regarding the level of severity for the youth who engage in the behavior. For each juvenile sex offender, the offensive behavior may occur in isolation, may be part of a pattern of sexually deviant behavior, or may demonstrate a progression from less serious offenses (e.g., harassment or exposing oneself) to more serious and dangerous offenses.
Characteristics of Offenders

(e.g., rape). It should also be noted that juvenile sex offenders may engage in these behaviors with only one specific person or may repeatedly offend on multiple victims.

In regards to juvenile sex offending, some researchers state that the scope of the problem is likely underestimated given the suspicion that many sex offenses are not reported. The behavior may be minimized or hidden by family members who are uncertain and fearful about the consequences for the youth who has engaged in this behavior. Although there are no data to estimate the degree of underreporting, many claim that this offending behavior is often “underreported, minimized, and denied” (Charles & Innes, 1991, p.iii).

Pithers et al. (1995) suggested that some underreporting is due to the erroneous belief that juvenile sexual behavior is “exploratory” in nature and should not be labeled as deviant. Many times, what should garner early intervention and treatment is neglected and dismissed as sexual curiosity and experimentation.

Sexually oriented behavior and offending behavior are easier to define when it involves interaction between adults and children. However, when the interaction involves two juveniles, the degree of deviance may be less clear, and further evaluation is often warranted. Ryan (1997b) encourages professionals to consider three factors when making the determination that a sex offense has been committed. Equality, consent, and coercion focus on the size and power differences between the offender and his/her victim, the victim’s level of understanding regarding the behavior, and the level of force or intimidation that is used between the offender and the victim.

Some researchers in this field have attempted to define different categories of youth who engage in sexual behaviors. For example, Johnson and Feldmeth (1993)
identified a continuum that is based on the level of sexual behavior for young children that includes four groups. This model applies to boys and girls 12 and under who are not developmentally delayed. Johnson and Feldmeth further indicate that some children may fluctuate between the groups over time.

The first group is identified as normal sexual exploration and focuses on the developmental needs of children regarding sexual information gathering. These youth often engage in age-typical sex play and experimentation with other children of the same age and size.

The second group has been identified “sexually reactive” and children in this group engage in more frequent sexual behaviors than their peers. Typically, the children in this group have been sexually abused or have been exposed to sexual stimulation (e.g. pornography, observed sexual situations or comments, etc.). Johnson and Feldmeth have found that these youth may also experience intense shame and guilt and express anxiety regarding sexuality.

The third group involves extensive mutual sexual behaviors between youth close in age and is characterized by their lack of affect regarding sexuality. Sex becomes a way for them to interact with their peers.

Finally, the youth in the fourth group engage in sexual behavior in an impulsive, compulsive, and aggressive manner. They may not be able to stop, even when their activities are discovered. Coercion is always a factor in this group. Thus, they have been defined as children who molest.

Despite increased research in this area, there still continues to be no widely accepted classification system for juvenile sex offenders. This leads to a very
heterogeneous group with multiple types and frequencies of offenses. Some studies have attempted to identify the "typical" sex offender and have offered the following statistics: the majority of sex offenders are male (91 to 93%), are typically age twelve to eighteen, and the majority of offenders are known to their victims (i.e., acquaintance, friend, relative) (Ryan, 1997a).

Clearly, not all juveniles who commit sex offenses are the same. They may vary according to victim (e.g., known or unknown, peer or younger child) or offense characteristics (e.g., touching versus penetration). In addition, history of personal victimization, sexual knowledge and experiences, mental health issues, use of alcohol and other drugs, and academic skills and level of cognitive functioning may be other variables that distinguish one adolescent sexual offender from another.

Historically, research has focused exclusively on male offenders; however, due to the increase in female sex offenders more research is being completed in this area. Lane and Lebanov-Rostovsky (as cited in Righthand & Welch, 2001) reported that adolescent female sex offenders represented 2-3% of juveniles involved in two different treatment programs for sexual offenders. Other studies have reported much higher rates of incidence (e.g., Bumby & Bumby, 1997; Ray & English, 1995) but many feel that female offenders may be less frequently identified than their male counterparts. Small sample sizes and retrospective analysis have also been limitations in research involving female sex offenders (Righthand & Welch). In studies comparing male and female offenders, a consistent finding has been reported: Female offenders have a higher incidence of being a victim of sexual abuse than male offenders. In fact, in some studies, the incidence of sexual abuse for female offenders was 100% (Bumby & Bumby, 1997).
To further understand the treatment needs of the varied population of adolescent sex offenders, Bonner, Marx, Thompson, and Michaelson (1998) stress that research must continue to focus on assessing a range of characteristics and problems. Most research with adolescent sex offenders has examined the characteristics of the offenders rather than attempting to assess the effectiveness of a specific treatment modality (Boyd, Hagan, & Cho, 2000). Some of the characteristics identified are: history of behavior problems, problems in the family environment, history of physical and/or sexual abuse, the age at first offense, the nature of the first offense, previous offense history, victim age and gender, the relationship between the victim and offender, the level of coercion involved (Boyd, et al.).

Bynum (2001) suggests that characteristics be placed in static versus dynamic categories. The static factors cannot typically be altered and include such things as age, prior offense history, and other historical factors (early behavior problems, sexual abuse victim, history of mental illness, age at first offense, etc.). In contrast, dynamic factors are “those characteristics, circumstances, and attitudes that can change throughout one’s life” (Bynum, p. 5). These include, drug and alcohol use, attitudes about the offense (e.g., low remorse and victim blaming), response to treatment, and level of impulsivity.

The issue of addressing static and dynamic risk factors is often part of research efforts to predict the risk that a sex offender will commit future sex offenses. Unfortunately, the majority of the research in this area is limited to adult offenders (Beech, Fisher, & Thornton, 2003; Bynum, 2001; Prentky, Harris, Frizzell, & Righthand, 2000).
Stable and acute are further divisions of dynamic factors and involve characteristics that may change over time, but are relatively consistent qualities and factors that can change over a short period of time, respectively (Bynum, 2001). An example of a stable dynamic factor is alcohol or drug abuse while the intoxication that may immediately precede a reoffense would be considered an acute dynamic factor.

Because static factors are most readily available, research has focused almost exclusively on static factors in the area of risk assessment (Bynum, 2001; Grubin & Wingate, 1996; Marshall, 1996). Hanson (1998) indicates that a goal for future research efforts is the identification of dynamic risk factors for sexual offenders. However, he further cautions “for dynamic risk factors to be useful, they must be observable” (Hanson, p. 57).

This view is similar to Grubin and Wingate (1996) who in a review of the literature determined that even in studies that assessed both static and dynamic factors it was often the static factors of number of previous offenses and previous history of incarceration that had the most impact in regards to risk prediction. They further assert that clinical relevance should be the guiding principal in regards to the identification of risk factors and not the desire for statistically significant improvement in prediction.

One static characteristic that has received a great deal of attention in the literature is the role of childhood maltreatment in the lives of juvenile sex offenders. Rates of juvenile sex offenders who have experienced sexual abuse as children reportedly range from 40 to 80 percent (Becker & Hunter, 1997; Hanson, 1998; Righthand & Welch, 2001). Clearly, not all children who are sexually abused in turn sexually offend against
other children. However, early childhood sexual victimization is believed to affect future sexual behavior (Righthand & Welch).

Cooper, Murphy, and Haynes (1996) examined the physical and sexual abuse histories in a sample of 330 male juvenile sex offenders. No evidence of physical or sexual abuse was obtained from the individual, his family, or official records for 56.4% of the sample. A history of sexual abuse alone was present for 22.4% of the sample and a history of physical abuse alone was present for 9.4% of the sample. Physical and sexual abuse was experienced by 11.8% of the population. The sample was divided into two groups based on abuse history, and the groups were compared on age, IQ, age at first sexual offense, total number of victims, number of arrests for nonsexual crimes, and number of arrests for sexual crimes. There were no significant differences between the groups in terms of IQ and number of arrests for sexual crimes. In addition, the type of abuse perpetrated by group members (e.g., fondling only, oral sex only, anal/vaginal penetration) did not significantly differ. However, abused offenders were younger than nonabused offenders and had begun their offending at an early age. This relationship has been found in other studies also (AACAP, 1999; Johnson, 1991; Knight & Prentky, 1993). Abused offenders also had significantly more victims than their nonabused counterparts.

However, history of sexual abuse is only one factor that may contribute to the risk of later sexual offending and therefore does not serve as an explanation of the juvenile sex offender (AACAP, 1999). Researchers have also examined how sex offenders differ from juvenile offenders who do not have a history of sex offenses. For example, Milloy (1994) compared two groups of adjudicated male juveniles in Washington state: youth
who had been convicted of at least one sex offense (SO) and youth who had never been convicted of a sex offense (NSO). She examined 45 different characteristics between the two groups from the following topic areas: demographic characteristics, family relationships, education/employment, physical/mental health, sexuality issues, peer/interpersonal relationships, security issues, and criminal history. Results indicated that sex offenders were significantly more likely to have been victims of sexual abuse than the non-sex offenders. In addition, the sex offenders were assessed as having major mental health concerns, having no appropriate peer group, and having problems with sexual identity. Interestingly, the sex offender group exhibited a number of strengths not demonstrated by the NSO group: they generally performed adequately in school prior to commitment, avoided the use of drugs and/or alcohol, and had fewer adjudications.

Some concern has been raised that juvenile delinquents who have been adjudicated on other non-sexual charges may in fact have also engaged in sexual acts that could be classified as sexual offenses. This is evident in Spaccarelli, Bowden, Coatsworth, and Kim’s study (1997) in which 14% of the offenders who were incarcerated for non-sexual crimes self-reported that they had engaged in sexually aggressive behaviors. This study was significant in that the two groups (50 sex offenders and 160 non-sex offenders) did not differ on any of the characteristics under study (e.g., age, intelligence, age at time of commitment, number of offenses). In contrast to Milloy’s findings, these findings suggest that juveniles who commit sex offenses may share some of the many characteristics with juveniles who commit other types of offenses. These results further suggest that juvenile sexual offending may be more prevalent than originally expected especially for those juvenile offenders who have
engaged in other violent crimes (e.g., aggravated assault, armed robbery). These results may also lead to further supposition that perhaps sexual offending is just another form of aggression in a repeated pattern of offenses. This line of thinking then questions the need for separate sex offender specific treatment interventions or the belief that there may be different subtypes of juvenile sex offenders with unique profiles and psychosocial characteristics (Knight & Prentky, 1993).

Jacobs, Kennedy, and Meyer (1997) suggested that in order to understand why some juveniles commit sexual offenses as opposed to other offenses, one must first identify differences, if they exist, between juvenile sex offenders and juveniles who commit other non-sexual crimes. To address this issue, they studied 156 incarcerated juvenile delinquents at a training school in Florida. The youths were divided into two groups of equal number: one group had been adjudicated on a sexual offense or multiple sexual offenses, and the second group consisted of offenders of a nonsexual nature, which included both violent and nonviolent offenses. The researchers examined archival data, and compared the groups on intelligence, academic achievement, and evidence of antisocial behavior and/or psychopathology. They found only four statistically significant differences between the groups: sexual offenders were older at the time of their first referral; sexual offenders had few prior referrals to juvenile court; sexual offenders had few commitments to custody, and; on the average the sex offenders were assigned to fewer specialized treatment groups than the nonsexual offenders. The researchers did not find statistically significant differences between the groups in regards to intelligence, academic achievement measures, or the age at time of admission.
Because of the serious nature of these offenses and the risk that a juvenile offender may re-offend in the community, those working with adolescent sex offenders may turn to these characteristics in hopes of predicting the level of risk that the juvenile sex offender poses. This is especially relevant in light of recent statutes in some states, including Ohio, that now require juvenile sex offenders to register as a sex offender and provide community notification. This legislation stems from requirements for adult sex offenders referred to as “Megan’s Law.” Megan’s Law was enacted in 1994 and requires sex offenders who are convicted, adjudicated delinquent, or found not guilty by reason of insanity to register with local law enforcement agencies for the remainder of their lives (Trivits & Reppucci, 2002).

Registration and notification laws for adult sex offenders have come under serious attack by civil libertarians and have been accused of being unconstitutional. Concern has been raised that these laws may impede the individual who is convicted of a sex offense from finding work and housing, and may cause a disruption in their treatment as they have to go underground or move from town to town frequently (Hiller, 1998).

The concerns are even stronger when considering the implications of registration and community notification for juvenile sex offenders. Critics of Megan’s Law raise the concern that juveniles may become the target of extreme harassment and ostracism by peers and adults alike. Critics argue that sex offender registration and notification laws for juveniles are punitive and stray from the historical doctrine of “parens patriae” in which the juvenile justice system promotes the best interests of the child (Trivits & Reppuci, 2002). Another concern raised in regards to notification laws is that some state registry programs fail to differentiate the severity of the offense. Trivits and Reppucci
(2002) contend, that a "juvenile who had been convicted of multiple rapes would appear no differently than a juvenile who had touched the breast of a female schoolmate" (p. 694).

As of the end of the 2002 legislative session, 32 states, including Ohio, require adjudicated juvenile sex offenders to register (Szymanski, 2003). Each state has its own statutes regarding this process as well as who makes the decision regarding the classification as a registered sex offender. Many states are adopting a three-tier system of community notification that is utilized in the adult system. Based on the level of perceived risk to reoffend, this system requires the juvenile to register with local law enforcement (tier one); to register with law enforcement and schools/community groups (tier two); or to register with local law enforcement, schools/community groups, and members of the public that the juvenile is likely to encounter (Attorney General of New Jersey, 2000).

In Bynum's (2001) comprehensive study on recidivism of sex offenders, he reminds all professionals "there are no absolutes or 'magic bullets' in the process of identifying these risk factors" (p. 4). Instead, this is a process of identifying key factors that tend to be associated with specific behaviors such as the risk to commit subsequent sex offenses. Identification of these key factors can assist professionals working with juvenile sex offenders in devising strategies that will best protect the community and, in turn, reduce the likelihood of further victimization.

Further studies need to explore the differences between juveniles who commit sexually oriented offenses and juveniles who have engaged in other illegal activities. Having a greater understanding of these characteristics, both static and dynamic, can aid

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in identification of possible risk factors for recidivism of all offenders, and may inform the treatment interventions for juvenile offenders.

In keeping with the viewpoint of Grubin and Wingate (1996), this study will address the clinically relevant factors that are of local interest in regards to both juvenile offenders who engage in sex offenses and non-sex offenses. Based on the literature that is available, the most critical variables appear to be predominantly static factors (i.e. number of previous adjudications, history of sexual abuse, age at the time of first offense, number of victims). The factors identified for this study were further determined following a conversation with a local training school superintendent and have been deemed the most salient factors of interest.
Chapter II

Rationale and Hypotheses

Previous research has attempted to explore differences between identified sexual offenders (e.g., those who have been arrested or adjudicated for a sex offense) and juveniles who have committed other non-sexual crimes. One variable that has consistently been addressed and has demonstrated repeated significance is the percentage of juveniles who themselves have been victims of sexual abuse. The sex offenders were significantly more likely to have been victims of sexual abuse than those adolescents who commit other (non-sexual) offenses (Milloy, 1994; Righthand & Welch, 2001).

Other features of juvenile sex offenders remain less clear, as the research has been contradictory (e.g., Cooper, Murphy, & Haynes, 1996; Milloy, 1994). Therefore, this study will compare the sexual abuse histories of juvenile sex offenders and non-sex offenders. Next, other features of juvenile sex offenders and juvenile non-sex offenders will be examined, including age at first adjudication, number of adjudications, age at time of admission, ethnicity, IQ, academic difficulties, substance abuse, and disruptive family environment.

In light of the reviewed research, the following null hypotheses are proposed:

Ho1: The frequency of history of sexual abuse is not statistically significantly different between juvenile sex offenders and juvenile non-sex offenders.
Ho2: The demographic historical characteristics of juvenile sex offenders with history of sexual abuse are not statistically significantly different from those of juvenile sex offenders without a history of sexual abuse. The demographic and historical characteristics to be examined are: age of first sexual offense, ethnicity, IQ, number of reported victims, and number of adjudications.

Ho3: The demographic characteristics of juvenile sex offenders are not statistically significantly different from the demographic characteristics of juvenile non-sex offenders. The demographic and historical characteristics to be examined are: age at admission, age at first adjudication, ethnicity, neighborhood, IQ, number of adjudications, academic difficulties, substance use, and disruptive family environment.
Chapter III

Method

Participants

Data for the study will be gathered from the files of current and previous residents of a residential training facility operated by a local Juvenile Court. All residents have been adjudicated delinquent, and are in the custody of the county Juvenile Court. Generally, residents at the facility have been adjudicated on a range of misdemeanor and at times some felony charges (e.g., Violation of a Court Order, Truancy, Disorderly Conduct, Theft, Receiving Stolen Property, Breaking and Entering, etc.). It is typical for residents to have multiple adjudications at the time of admission to the facility. All residents are male, and are between the ages of 12 to 18 years of age.

At the time of admission, the juveniles are placed in one of three treatment tracks based on their previous history and adjudications. The three tracks are: substance abuse, sex offender, and disruptive behavior. If a youth has any history of adjudicated sex offending, regardless of the current offense, he is placed in the sex offender treatment track, even if he has a previous history of drug or alcohol use or previous non-sex offense charges. The substance abuse treatment track is designed for youth with a history of repeated substance use and/or charges. Finally, if a youth has a variety of charges but no significant history of substance use or sex offense specific charges, he is placed in the disruptive behavior treatment track. Prior to admission, all residents are pre-screened and
basic social history information is gathered through the youth’s self report and review of material provided by the youth’s probation officer or family.

The length of stay at the facility is dependent on the treatment track and the youth’s progress in the treatment program. For youth in the substance abuse or disruptive behavior track, average length of stay ranges six to nine months. For adolescents in the sex offender treatment track, the typical length of stay ranges twelve to twenty-four months.

**Power Analysis**

The results of previous research in this area do not allow for power analysis. In the studies judged to be the most similar to the present one, participant numbers were 330 (Cooper et al., 1996); 256 (Milloy, 1994); 210 (Spaccarelli et al., 1997); and 156 (Jacobs et al., 1997).

Because this study is limited to data gathered from resident’s files, an equal number of files from all three treatment tracks will be utilized. The sex offender group will consist of data collected from the files of those residents who entered the sex offender treatment track at the facility between September 2000 and September 2003. The non-sex offender group will be residents admitted to either the substance abuse or disruptive behavior treatment track during the same time frame. Because there are more youth in the non-sex offender population of files at the facility, a system will be employed to select youth’s files from these two treatment tracks accordingly (i.e., every fourth resident for each treatment track). Because of limitations regarding the number of youth who enter the sex offender treatment program, a total of 30 resident’s files will be utilized in the data collection. This will lead to a total of 90 participant files for analysis.
Dependent Variables

Official resident files will be the source of data for this study. The training school records include demographic information, the participant's history from his home community (previous charges, other agency reports, prior psychological evaluations), and information obtained during a pre-placement interview conducted by the admissions coordinator for the facility. All residents are asked the same questions during the prescreening interview (Appendix B). Questions include substance use history, information regarding out of home placements, and whether the youth has been a victim of physical or sexual abuse. The youth's responses to these questions, as well as substantiated social history documentation, when available, will be utilized as needed.

Age. Information will be collected from the chart in regards to the resident's age at the time of his admission to the facility and his age at first adjudication. For the juvenile sex offenders, their age at the time of their first sex offense will be used even if there are previous adjudications.

Ethnicity. Race will be determined by self-report of ethnicity in the client's chart.

Neighborhood. The client's zip code will be recorded for the purpose of identifying the most recent neighborhood of residence prior to his admission to the facility. Zip code will serve as a means of examining the youth's family socioeconomic status by comparing the geographic area in regards to median income level for all of the local county.

IQ. All residents have current (within one year) scores from standardized measures of intelligence. The majority of these scores will be based on the Wechsler Intelligence Scale for Children-Third Edition (WISC-III).
**Academic Difficulties.** Academic difficulties will be identified as a history for the client of repeated grades, special education placement, or significant truancy and other noted behavior problems in the academic setting.

**Substance Abuse.** Substance abuse will be identified through client self-report of alcohol or other drug use as well as information in the record regarding a history of significant use and/or any substance use related charges.

**Sexual Abuse.** A history of sexual abuse will be determined primarily through client self-report and will be substantiated by previous records and social history, when possible. Only reports of sexual abuse will be considered; reports of physical or emotional abuse will not be included.

**Number of victims.** For the juvenile sex offenders, determination will also be made regarding the total number of victims they have perpetrated against.

**Disruptive Family Environment.** The youth’s self-report regarding significant conflict in the home setting including witnessing domestic violence, removal from the home setting, or a history of multiple out-of-home placements will be used to determine if the resident has experienced a disruptive family environment.

**Procedure**

Official resident files will be the source of data for this study. The sample will be derived from the entire training school population including youth who were currently in residence at the time of data collection as well as youth who had been previous residents. The sample will be divided based on their cottage placement at the facility and review of their Juvenile Court Record of Complaints. Youth who had been convicted of at least one sex offense will be classified as juvenile sex offenders (JSO’s). Youth who had
never been convicted of a sex offense will be classified as juvenile non-sex offenders (JNSO's). Further clarification will be made regarding the JNSO's in that this group will consist of substance abuse offenders (SA) and disruptive behavior offenders (DB).

The dependent variables of age at admission, age of first adjudication, ethnicity and neighborhood will be obtained from the face sheet of the client's record. Age of first adjudication is calculated based on the year of the resident's first charge in the juvenile court system.

The Summary of Admission Report that is completed by the intake liaison contains the resident's current IQ scores. At the time of admission it is not uncommon for training school residents to have participated in a psychological assessment. If this material is older than a year, the psychology department completes a new assessment. This document also includes information regarding the resident's history of sexual and/or physical abuse. This is self-report information when the intake liaison interviews the resident. Social history information, when available, will be utilized to confirm the resident's self-report.

The Summary of Admission Report also includes information regarding the youth's academic difficulties, family environment, and substance use history. Other social history information will be utilized to make this determination when it is available in the client record. More information regarding the resident's use is indicated in the intake assessment as completed by the psychology department.

The Summary of Admission Report will also include some information regarding the number of victims for the juvenile sex offenders. Further information will be
gathered from the psychology department intake assessment and other treatment documents in the resident's file.
Chapter IV

Proposed Analysis

The first hypothesis states that the frequency of history of sexual abuse is not statistically significantly different between juvenile sex offenders and juvenile non-sex offenders. Offender type (based on cottage assignment at the facility) will be used as the independent variable for this analysis. Since the juvenile non-sex offender group includes data from residents in both Substance Abuse (SA) and Disruptive Behavior (DB) treatment tracks, a 2x3 Chi-square ($\chi^2$) will be used to determine if there is a statistically significant difference in the percentage of history of sexual abuse between all three groups.

The second hypothesis addresses the demographic characteristics of juvenile sex offenders with and without history of sexual abuse. The demographic and historical characteristics to be examined are: age, age of first sexual offense, ethnicity, IQ, number of reported victims, and number of adjudications. For this hypothesis, history of sexual abuse will be used as the independent variable. A Chi-square ($\chi^2$) analysis will be conducted on ethnicity. Bonferroni's correction will be computed to determine the p value for the remaining variables.

The third hypothesis examines the demographic characteristics of juvenile sex offenders versus non-sex offenders (DB and SA). To test this hypothesis, separate 2x3 Chi-square ($\chi^2$) analyses will be conducted for the categorical variables of ethnicity, neighborhood, academic difficulties, substance use, and disruptive family environment.
One-way Analysis of Variances (ANOVA's) will be conducted to compare age at admission, age at first adjudication, IQ, and number of adjudications across the three groups. Tukey’s post test will be used for post-hoc analyses. For all these analyses, a probability level of .01 will be set in light of the number of comparisons.
References


innovations and legal developments (pp. 10.1-10.16). Kingston, NJ: Civic Research Institute.


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Appendix A

Letter of Permission from the Superintendent of The Training School

See Attached
September 17, 2003

I, Brian Griffiths, Superintendent of Hillcrest Training School, hereby grant permission for Amy L. Garbrecht, psychology student at Xavier University, to use the Client Information Management System for the purpose of dissertation level research. Dr. Kathleen Hart at Xavier University will supervise this research and data collection. The research findings shall be made available to the Superintendent for review and comment before dissemination or publication. This research shall ensure confidentiality as indicated in Hillcrest Policy and Procedures.

Brian Griffiths  
Superintendent, Hillcrest Training School  
Hamilton County Juvenile Court

Amy L. Garbrecht  
Psychology Graduate Student
Appendix B

Template for Pre-Screening Interview of Training School Residents

See Attached
Interview for Prospective Training School Admissions

Name:

Date of Birth:

Date of Interview:

Probation Officer:

Current Status/Location:

Court History

Family History

School History and Performance

Suicide History (Attempts? Thoughts?)

Physical Abuse History

Sexual Abuse History

Sexual Activity (Any kids? Sex offenses?)

Gang Involvement (Peer group ages? Criminal activity of peers?)

Vocational History (Work experience? Future job interests?)

Recreational Interests (Hobbies?)

Medication History (Medical Problems?)

Mental Health Contacts (Previous Placements? Programs?)

Substance Abuse History (Frequency of use? Family history of substance abuse?)
Abstract

This study investigated the characteristics of incarcerated juvenile sex offenders and non-sex offenders. Archival data were collected from the charts of 137 juveniles at a training school in an urban county in the Midwest. These youth are treated in one of three treatment tracks: Substance Abuse (SA), Disruptive Behavior (DB), and Sex Offender (SO). These groups were compared for various features of their historical and demographic characteristics. Results indicated a higher percentage of the SO (n=46) group also self-reported a history of sexual abuse when compared to SA (n=45) and DB (n=46) groups. The SO group also had higher IQ scores, were younger upon admission, had fewer previous adjudications, and came from higher socioeconomic neighborhoods than their non-sex offending counterparts. Within the SO group, no differences existed between those with and without a history of sexual abuse when compared on demographic characteristics such as ethnicity, IQ, the number of reported victims, and the number of previous adjudications.
Characteristics of Incarcerated Juvenile Sex-Offenders and Non Sex-Offenders

For many in society, the term ‘sex offender’ conjures up the vision of a “dirty old man” who lives an isolated, marginal existence and preys on women and children. In fact, research does not support this myth and indicates that the majority of sex offenders are heterosexual men who typically have appropriate adult relationships in addition to sexually deviant and violent acts. Furthermore, sex offenders are present across all age groups, including adolescents and young children (Perry & Orchard, 1992).

‘Sex offender’ is a legal term and is best defined in reference to a legal code. In this paper, the Ohio Revised Code (ORC; Anderson Publishing Company, 1996) will be used. Chapter 2907 of the ORC deals with three categories of sexual crimes: “sexual assaults and displays, prostitution offenses, and offenses related to the dissemination of obscenity and matter harmful to juveniles” (Anderson Publishing Company, p. 37). In this study, sex offenders refer to individuals who have perpetrated sexual assaults, but not all sexual assaults are equal. The seriousness of an assaultive sexual offense “is based on one or more of four factors: the type of sexual activity involved; the means used to commit the offense; the age of the victim; and whether the offender stands in some special relationship to the victim” (p. 37).

Over the past two decades, concern has been rapidly growing regarding the sexual acts of children and adolescents. This is, in part, due to research findings that suggest that over half of adult sexual offenders began their sexual offending behavior as minors (Righthand & Welch, 2001). Also, there has been an increase in the number of sexual offenses committed by adolescents in recent years. Between 1987 and 1996, charges of
forcible rape by offenders under the age 18 increased 60%, and other violent sex offenses committed by adolescents increased 39% (Office of Juvenile Justice and Delinquency Prevention, 1999). The Department of Juvenile Justice reports that 6% of all juveniles (ages 10 to 17) who came into contact with Juvenile or Family Courts in 1994 were charged with sexual crimes (Ryan, 1997a).

In response to the increased number of youth who have engaged in sexually deviant behavior, specialized programs have been developed to address the need for early intervention and treatment for the youthful offender. In 1978, there were only a few programs for juvenile sex offenders (JSO's), whereas over 1,000 programs were identified by the year 2000 (Freeman-Longo, 2001).

Legal codes establish which behaviors constitute criminal offenses and the terms to be used, but research definitions and terms can be somewhat different. In some research, sexually oriented behaviors are viewed on a spectrum regarding the level of severity for the youth who engage in the behavior. Dimensions of the spectrum include whether the offensive behavior occurred in isolation, or as part of a pattern of sexually deviant behavior, or whether it demonstrates a progression from less serious offenses (e.g., harassment or exposing oneself) to more serious and dangerous offenses (e.g., rape). Another feature involves whether these behaviors occurred with only one specific person or were repeatedly offended on multiple victims.

In regard to juvenile sex offending, some researchers suggest that the scope of the problem is likely underestimated given the suspicion that many sex offenses are not reported. They suspect that sexual behavior may be minimized or hidden by family members who are uncertain and fearful about the consequences for the youth who has
engaged in this behavior. Although there are no data to estimate the degree of underreporting, Charles and Innes (1991) claim that this offending behavior is often "underreported, minimized, and denied" (p.iii). Pithers et al. (1995) suggested that some underreporting is due to the erroneous belief that juvenile sexual behavior is "exploratory" in nature and should not be labeled as deviant. This indicates that behavior that should garner early intervention and treatment may be neglected and dismissed as sexual curiosity and experimentation.

Sexually oriented behavior and offending behavior are easier to define when they involve interaction between adults and children, because the violation of social norms is clearer. However, when the interaction involves two juveniles, the degree of deviance may be less clear, and further evaluation is often warranted. Ryan (1997b) encourages professionals to consider three factors when making the determination that a sex offense has been committed: equality, consent, and coercion. These elements focus on the size and power differences between the offender and his/her victim, the victim's level of understanding regarding the behavior, and the level of force or intimidation that is used between the offender and the victim.

Despite increased research in this area, there still continues to be no widely accepted classification system for juvenile sex offenders. This leads to a very heterogeneous group of youth who have engaged in a wide variety of sexual behavior and at varying frequencies. They may vary according to victim (e.g., known or unknown, peer or younger child) or offense characteristics (e.g., touching versus penetration). In addition, history of personal victimization, sexual knowledge and experiences, mental health issues, use of alcohol and other drugs, and academic skills and level of cognitive
functioning may be other variables that distinguish one juvenile sexual offender from another.

Some studies have attempted to identify the "typical" juvenile sex offender. For example, Ryan (1997a) offered the following statistics: the majority of juvenile sex offenders are male (91 to 93%), are typically age twelve to eighteen, and the majority of offenders are known to their victims (i.e., acquaintance, friend, or relative).

To further understand the treatment needs of the varied population of juvenile sex offenders, Bonner, Marx, Thompson, and Michaelson (1998) stress that research must continue to focus on assessing a range of characteristics and problems. Most research with juvenile sex offenders has examined the characteristics of the offenders rather than the effectiveness of a specific treatment modality (Boyd, Hagan, & Cho, 2000). Some of the characteristics identified are: history of behavior problems; problems in the family environment; history of physical and/or sexual abuse; the age at first offense; the nature of the first offense; previous offense history; victim age and gender; the relationship between the victim and offender; and the level of coercion involved (Boyd, et al.).

Bynum (2001) suggests that characteristics be placed in static versus dynamic categories. The static factors cannot typically be altered and include such things as age, prior offense history, and other historical factors (such as early behavior problems, sexual abuse victim, history of mental illness, age at first offense). In contrast, dynamic factors are "those characteristics, circumstances, and attitudes that can change throughout one's life" (p. 5) which could, in theory, respond to intervention. These include, drug and alcohol use, attitudes about the offense (e.g., low remorse and victim blaming), attitude about treatment, and level of impulsivity.
Because static factors are most readily available and easier to quantify, research has focused almost exclusively on these factors in the area of risk assessment (Bynum, 2001; Grubin & Wingate, 1996; Marshall, 1996). Hanson (1998) indicates that a goal for future research efforts is the identification of dynamic risk factors for sexual offenders. However, he further cautions, “for dynamic risk factors to be useful, they must be observable” (p. 57), to lead to measurable factors. The issue of addressing static and dynamic risk factors is often part of clinical research efforts to predict the risk that a sex offender will commit future sex offenses. Unfortunately, the majority of the research in this area is limited to adult offenders (Beech, Fisher, & Thornton, 2003; Bynum, 2001; Prentky, Harris, Frizzell, & Righthand, 2000).

One static characteristic that has received a great deal of attention in the literature regarding juvenile sex offenders is the role of childhood maltreatment. Rates of juvenile sex offenders who have experienced sexual abuse as children reportedly range from 40% to 80% (Becker & Hunter, 1997; Hanson, 1998; Righthand & Welch, 2001). Clearly, not all children who are sexually abused, in turn, sexually offend against other children. However, early childhood sexual victimization is believed to affect future sexual behavior (Righthand & Welch).

Cooper, Murphy, and Haynes (1996) examined the physical and sexual abuse histories in a sample of 330 male juvenile sex offenders. In 56.4% of the sample, there was no evidence of physical or sexual abuse based on information from the individual, his family, or official records. A history of sexual abuse alone was present for 22.4% of the sample and a history of physical abuse alone was present for 9.4% of the sample. There were no significant differences in regards to IQ and arrests for sexual crimes.
between the juvenile sex offenders who self-reported being a victim of sexual and/or physical abuse and those offenders who denied being the victim of previous abuse. However, abused offenders were younger than nonabused offenders and had begun their offending at an early age. This relationship has been found in other studies (AACAP, 1999; Johnson, 1991; Knight & Prentky, 1993). Abused offenders also had significantly more victims than their nonabused counterparts. History of sexual abuse is only one factor that may contribute to the risk of later sexual offending and therefore does not serve as an explanation of the juvenile’s sexual offending (AACAP).

Researchers have also examined how sex offenders differ from juvenile offenders who do not have a history of sex offenses. For example, Milloy (1994) compared two groups of adjudicated male juveniles in Washington state: youth who had been convicted of at least one sex offense (SO) and youth who had never been convicted of a sex offense (NSO). She examined 45 different characteristics between the two groups from the following topic areas: demographic characteristics, family relationships, education/employment, physical/mental health, sexuality issues, peer/interpersonal relationships, security issues, and criminal history. She found that sex offenders were significantly more likely to have been victims of sexual abuse than the non-sex offenders (39% vs. 11%, respectively). In addition, the sex offenders were assessed as having major mental health concerns, having no appropriate peer group, and having problems with sexual identity. Interestingly, the sex offender group exhibited a number of strengths not demonstrated by the NSO group: They generally performed adequately in school prior to adjudication, avoided the use of drugs and/or alcohol, and had fewer adjudications.
Some concern has been raised that juvenile delinquents who have been adjudicated on other non-sexual charges may have also engaged in sexual acts that could be classified as sexual offenses. In fact, Spaccarelli, Bowden, Coatsworth, and Kim (1997) found that 14% of the offenders they sampled who were incarcerated for non-sexual crimes self-reported that they had engaged in sexually aggressive behaviors. This study was significant in that the two groups (50 sex offenders and 160 non-sex offenders) did not differ on any of the characteristics under study (e.g., age, intelligence, age at time of commitment, number of offenses). In contrast to Milloy's (1994) findings, these findings suggest that juveniles who commit sex offenses may share many characteristics with juveniles who commit other types of offenses. These results further suggest that juvenile sexual offending may be more prevalent than originally expected, especially for those juvenile offenders who have engaged in other violent crimes (e.g., aggravated assault, armed robbery). Indeed, findings such as these support the claim that perhaps sexual offending is just another form of aggression in a repeated pattern of offenses. This line of thinking then questions the need for separate sex offender specific treatment interventions or the belief that there may be different subtypes of juvenile sex offenders with unique profiles and psychosocial characteristics (Knight & Prentky, 1993).

Jacobs, Kennedy, and Meyer (1997) suggested that in order to understand why some juveniles commit sexual offenses as opposed to other offenses, one must first identify differences, if they exist, between juvenile sex offenders and juveniles who commit other non-sexual crimes. To address this issue, they studied 156 incarcerated juvenile delinquents at a training school in Florida. The youths were divided into two groups of equal number: one group had been adjudicated on a sexual offense or multiple
sexual offenses, and the second group consisted of offenders of a nonsexual nature, which included both violent and nonviolent offenses. The researchers examined archival data, and compared the groups on intelligence, academic achievement, and evidence of antisocial behavior and/or psychopathology. They found only four statistically significant differences between the groups: sexual offenders were older at the time of their first referral; sexual offenders had fewer prior referrals to juvenile court; sexual offenders had fewer commitments to custody, and; on the average the sex offenders were assigned to fewer specialized treatment groups than the nonsexual offenders. The researchers did not find statistically significant differences between the groups in regards to intelligence, academic achievement measures, or the age at time of admission.

Because of the serious nature of sex offenses and the risk that a juvenile sex offender may re-offend in the community, those working with these youth may turn to these characteristics in hopes of predicting the level of risk that the juvenile sex offender poses. This is especially relevant in light of recent statutes in some states, including Ohio, that now require juvenile sex offenders to register as a sex offender and provide community notification. This legislation stems from requirements for adult sex offenders referred to as “Megan’s Law”, which requires sex offenders who are convicted, adjudicated delinquent, or found not guilty by reason of insanity to register with local law enforcement agencies for the remainder of their lives (Trivits & Reppucci, 2002).

In Bynum’s (2001) comprehensive study on recidivism of sex offenders, he reminds all professionals “there are no absolutes or ‘magic bullets’ in the process of identifying these risk factors” (p. 4). Instead, this is a process of identifying key factors that tend to be associated with specific behaviors such as the risk to commit subsequent
sex offenses. Identification of these key factors can assist professionals working with juvenile sex offenders in devising strategies that will best protect the community and, in turn, reduce the likelihood of further victimization. As part of this effort, there is a need for more studies that examine the differences between juveniles who commit sexually oriented offenses and juveniles who have engaged in other illegal activities. Having a greater understanding of these characteristics, both static and dynamic, can aid in identification of possible risk factors for recidivism of all offenders, and may inform the treatment interventions for juvenile offenders.

In keeping with the viewpoint of Grubin and Wingate (1996), this study addressed the clinically relevant factors that were of local interest in regards to both juvenile offenders who engage in sex offenses and non-sex offenses. Based on the literature that is available, the most critical variables appeared to be predominantly static factors (i.e., number of previous adjudications, history of reported sexual abuse, age at the time of first offense, number of victims). In addition, we examined additional factors that, anecdotally, individuals who have been involved in treating sex offenders have felt are relevant, such as intelligence and the socioeconomic status of the offender’s family. Dynamic factors were also considered and a measure for substance abuse, disruptive family dynamics, and academic difficulties were also explored in this study.

Method

Participants

Data for the study were gathered from the files of current and previous residents ($N=137$) at a training school for juvenile offenders in an urban county in the Midwest. All residents have been adjudicated delinquent, and are in the custody of the local county
Juvenile Court. Generally, residents placed at the facility have been adjudicated on a range of misdemeanor and some felony charges (e.g., Violation of a Court Order, Truancy, Gross Sexual Imposition, Disorderly Conduct, Theft, Receiving Stolen Property, Breaking and Entering, etc.). The juveniles in this study were admitted to the facility between February 2001 and June 2004.

At the time of admission, the juveniles are placed in one of three treatment tracks based on their previous history and adjudications: Substance Abuse ($n=45$), Disruptive Behavior ($n=46$), and Sex Offender ($n=46$). If a youth has been adjudicated on one or multiple sex offenses, he is placed in the sex offender treatment track, even if he has a previous history of drug or alcohol use or previous non-sex offense charges. The substance abuse treatment track is designed for youth with predominantly a history of repeated substance use and/or charges. Finally, if a youth has a variety of charges but no significant history of substance use or sex offense specific charges, he is placed in the disruptive behavior treatment track.

Of the sample employed in this study, 39% were current residents, 33% had completed the program and were discharged, and 28% had either gone AWOL and were subsequently on hold, discharged because they turned 18, or were discharged to a more secure facility. Table 1 provides the distribution of juveniles in program by treatment track. Of those who completed the program, the mean length of stay for those in the substance abuse track was 6.7 months ($sd=1.2$). For the disruptive behavior sample the mean length of stay was 7.4 months ($sd=2.5$) and for the sex offender sample it was 15.6 months ($sd=3.9$). The significant difference in the length of stay across programs ($F(2)=44.8$, $p<.001$) are likely explained by the fact that the sex offender treatment
program is designed to be a 12-18 months program in contrast to the other two programs being a 6-9 month treatment program.

Table 1 also includes information of the diversity of the sample. African Americans comprised 67.2% of the total sample, Caucasians were 28.5% of the total sample, and 4.4% were Biracial.

Procedure

The superintendent of the training school granted permission to conduct this study (See Proposal Appendix A, page 31) and approval was granted by Xavier University’s IRB (See Chapter V Appendix A). Official resident files were the source of data for this study. The sample gathered from the facility’s population at the time of data collection included youth who were currently in residence at the time of data collection and youth who had been previous residents after February 2001. An alphabetical list was generated for each treatment track to include current residents and discharged residents. Every fourth record was used for the Substance Abuse (SA) and Disruptive Behavior (DB) groups. Because of the longer length of stay, there were fewer Sex Offender (SO) charts available; therefore, every other record was chosen for this sample.

The facility’s records include demographic information, the participant’s history from his home community (previous charges, other agency reports, prior psychological evaluations), and information obtained during a standard pre-placement interview conducted by the admissions coordinator for the facility (See Proposal Appendix B, page 32). Questions include substance use history, information regarding out of home placements, and whether the youth has been a victim of physical or sexual abuse. This
information is then transferred to the Summary of Admission Report, which is completed by the intake liaison. The youth’s responses to these questions, as well as substantiated social history documentation, when available, were utilized, as needed.

Race, age at admission, age at first adjudication and the number of previous adjudications were all obtained in the Summary of Admission Report for each record. A record of the youth’s living address prior to placement at the facility was obtained from the client’s face sheet. The zip code for this address was recorded and then transcribed to the median household income for that zip code in 1999 (FLATTEXT Database Scripts, Inc., 2003). This was used as a measure for socioeconomic status based on the median household income by zip code. The clients in this study were living in 43 different zip codes prior to their placement at the facility. The median household income ranged from $11,208 to $67,859.

The Summary of Admission Report also contained the resident’s current IQ scores. Full-Scale IQ scores were used in this study as a measure of general intelligence. Only 5% of the total sample did not have current IQ scores. The majority of the IQ scores were listed as scores from the Wechsler Intelligence Scale for Children-Third Edition (WISC-III) or an abbreviated version, the Wechsler Abbreviated Intelligence Scale (WASI).

The Summary of Admission Report also contained information regarding the youth's academic difficulties, family environment, and substance use history. Other social history information was utilized to make a determination regarding these variables (e.g. psychosocial report from probation officer, psychological assessment, educational reports, etc.). In regard to the determination of academic difficulties, a record was
marked ‘yes’ for this category if the youth had a history of special education placement or multiple academic related problems/difficulties over the course of more than one school year. Similarly, a youth was determined to have experienced a disruptive family situation if he had one or more out of home placements, was a witness to domestic violence, or experienced other chaotic family situations, such as significant parental substance abuse or frequent family conflict. See Appendix B for further information.

The Summary of Admission Report also contained information regarding whether the youth was a victim of physical or sexual abuse. This was through self-report during the pre-admission interview conducted by the intake liaison. In making the determination of whether the juvenile offender was the victim of sexual abuse (the only form of abuse of concern in this study), further review of chart material was also conducted. This was in the form of comprehensive psychological evaluations or risk assessments conducted by juvenile court or other outside sources.

Finally, the number of victims for the Sex Offender sample was determined through an extensive chart review of pre-admission information, reports from the probation department, and more comprehensive psychological assessments. It is a policy of the facility to notify legal authorities when a youth discloses victims, although we have no information about charges or adjudications that may have arisen as a result of these disclosures.

Results

The first aim of the study was to compare the frequency of history of sexual abuse among juvenile sex offenders (JSO) and juvenile non-sex offenders (JNSO). A likelihood ratio chi-square test was conducted to examine differences across the three
treatment tracks. Results indicated a statistically significant difference, $\chi^2(2) = 11.79$, $p = .003$, in that, twenty-two percent of the SO group reported a history of sexual abuse, compared with 4% of the SA group, and 2% of the DB group.

A second aim of the study was to compare demographic characteristics of juvenile sex offenders versus juvenile non-sex offenders. The characteristics examined were: ethnicity, academic difficulties, disruptive family environment, age at time of admission, age at first adjudication, IQ, and a measure of the offender's socioeconomic status.

Since all of the clients in the Substance Abuse treatment track endorsed substance use, and none of the clients in the Disruptive Behavior treatment track had a significant substance use history, this variable was only useful in regards to the Sex Offender sample. Of the 46 juvenile sex offenders, 22% had reported problems and/or charges related to substance use.

A likelihood ratio chi-square test was conducted to determine if a significant difference existed in regards to ethnicity for the three treatment tracks, and it yielded significant differences across the groups, $\chi^2(2) = 19.14$, $p = .001$. As can be seen in Table 1, the SO sample is almost evenly divided between Caucasians (46%) and African Americans (48%), whereas the percentage of African Americans was much higher in both the SA (67%) and DB (87%) groups.

Separate 2x3 Pearson chi-square tests were conducted for the categorical variables of academic difficulties, $\chi^2(2) = 5.89$, $p = .05$; and disruptive family environment $\chi^2(2) = 1.77$, $p = .41$. Because of the number of analyses, a significance level was preset at the .01 level. As noted in Table 1, there were no differences for either of these characteristics.
and therefore, no significant differences exist for these measures across the three treatment tracks.

One-way Analysis of Variances (ANOVA's) were conducted to compare age at admission, age at first adjudication, number of adjudications, IQ, and median household income across the three groups. Tukey’s post test was used for post-hoc analyses. For all these analyses, a probability level of .01 was set in light of the number of comparisons.

The results for these analyses are displayed in Table 2. Thus, a significant difference exists among the three treatment tracks for the variables of age at admission, number of adjudications, FSIQ, and median household income; only age at first adjudication did not differ significantly.

The Tukey’s post test revealed that the significant difference regarding age at admission is between the SO and SA group ($p=.001$), with the SO group having a significantly younger age at admission. The DB group did not differ from either of the other groups. In addition, the SO group has significantly fewer adjudications when compared to both SA and SB treatment tracks ($p=.001$). The statistically significant difference in FSIQ is between the SO sample and the DB treatment group ($p=.001$), with the SO group having a significantly higher FSIQ; the DB and SA groups did not differ from each other. Finally, the SO group has a higher median family income when compared with both the SA group ($p=.009$), and the DB group ($p=.008$).

A third aim of the study explored demographic and historical characteristics within the Sex Offender sample. Specifically, characteristics of juvenile sex offenders with history of sexual abuse were compared to those of juvenile sex offenders without a history of sexual abuse. The demographic and historical characteristics examined were:
ethnicity, age of first sexual offense, IQ, number of reported victims, and number of adjudications. These data are presented in Table 3.

Independent samples t-tests were conducted for the variables of age of first sexual offense, IQ, number of reported victims, and number of adjudications. Ethnicity was compared using a likelihood ratio chi-square test. There were no differences between the groups on any variables except number of victims. All but one member of the SO group reported a range of 1-4 victims; one member self-reported 20 victims once he was in the treatment program. Because his report significantly skewed the data, the data were reanalyzed excluding his case; the significant difference no longer existed, $t(43) = 1.15, p = .26$. Therefore, in this sample of juvenile sex offenders, it was concluded that no significant differences were actually present between offenders who had been the victim of sexual abuse and those who did not have a history of sexual abuse on any of the variables examined.

Discussion

This study examined the historical and demographic characteristics of adjudicated juvenile sex offenders and juvenile non-sex offenders. Results were consistent with other studies that have continued to show that juveniles who engage in sex offenses are more likely to also have been victims of sexual abuse as compared to juveniles who commit non-sex related offenses (Milloy, 1994; Righthand & Welch, 2001; Trivits & Reppucci, 2002).

The percentage of juvenile sex offenders who have been themselves sexually victimized varies greatly from study to study. The results of the present study most
closely match the findings of Cooper, Murphy, and Haynes (1996) who also found that 22% of the juveniles in their sample had a history of sexual abuse. However, other studies have reported even higher percentages of sexual victimization related to juvenile sex offenders (39%, Milloy, 1994; 41%, Pretsky, Harris, Frizzell & Righthand, 2000; 47%, Longo, 1982). Some of the differences in the percentage of sexual victimization may be accounted for by the sample size of these studies, which ranged from 17 to 96. Another factor to consider is how the information was collected regarding being the victim of sexual abuse. Although all studies utilized self-report measures, some were collected via an interview with the juvenile and others in a survey format. In addition, difference in self-reporting could occur depending on whether the juvenile was asked about the history of sexual abuse upon intake into a treatment program or further in the course of treatment after potential rapport and trust has been established.

Statistics on the prevalence of sexual abuse in the adolescent male population vary greatly and are full of cautionary words about methodology and how the sexual abuse was defined. Some prevalence estimates vary from 4% to 76% (Holmes & Slap, 1998) based on definitions used and the population studied. Studies that are more closely related to community samples of juveniles range from 2.8% to 16% (Hopper, 2005).

Given the results of this study in regards to the juvenile non-sex offenders being the victim of sexual abuse, the 2% and 4% reported by the residents in the Substance Abuse track and Disruptive Behavior track respectively, are a smaller percentage than what may be expected based on prevalence estimates. Again, some of this may have to do with the fact that information regarding sexual abuse was gathered from pre-admission data and prior to treatment interventions and the youth establishing rapport with a mental
health professional. The fact that this information was gathered predominantly through a face-to-face interview with either the probation officer and/or the intake liason, it is likely that some underreporting of sexual victimization exists in this study for both the sex offenders and non-sex offenders.

Clearly, there continues to be some discrepancy regarding how significant the issue of sexual victimization is in regard to juvenile sex offenders. It appears to be something consistently addressed in many studies of juvenile sex offenders and non-sex offenders. Because this study utilized self-reported data, inaccurate reporting of previous sexual abuse can be expected. Despite the fact that all residents in this study were asked the same questions regarding sexual and physical abuse history, it is likely that the juvenile sex offender sample will have discussed issues regarding their sexual histories in more detail than their non-sexual offending counterparts. In fact, some juveniles may feel more comfortable disclosing their own victimization when mental health professionals and police officials interview them because it helps put in context their own offenses. This remains speculation, however, and accuracy of report remains an issue for research in this area.

Early childhood sexual victimization is believed to affect future sexual behavior (Righthand & Welch, 2001). Previous studies have explored differences between juveniles who have been sexually abused and then in turn sexually offend others (Cooper, Murphy, & Haynes, 1996). The present study did not find significant differences between the juvenile sex offenders who had a history of sexual abuse and the juvenile sex offenders who did not have a history of sexual abuse. The only variable that approached significance, and should be considered for further study, was the number of victims.
reported by the juvenile sex offender sample. This study was limited because of the small sample size of only ten juvenile sex offenders who acknowledged being the victim of sexual abuse.

Other variables that were not studied were the age of the victims, the gender of the victims, and the relationship of the victim to the offender. When it was readily available in chart material, data were anecdotally gathered about the victims of the juvenile sex offender sample. Information regarding the victims was present for approximately 84% of the sex offender sample in this study. Interestingly, 54% of the victims were related to the offender and all of the victims were known to the juvenile sex offenders. The majority of the victims (48%) were between the ages of 6 to 10 and were female (67%).

The results of this study demonstrated several significant differences in the characteristics of the three treatment tracks. The SO sample was more diverse in regards to ethnicity, having almost equal numbers of Caucasians and African Americans. In contrast, the SA and DB groups were weighted with significantly more African Americans than Caucasians. These results are similar to those found by Ford and Linney (1995) who explored the abuse histories of two different types of juvenile sex offenders identified as rapists (sexual offenses towards peers or adults) and child molesters (sexual offenses towards a child five or more years younger). Their sample of child molesters was almost evenly distributed between Caucasians and African Americans but the other groups (rapists, violent non-sex offenders, and status offenders) were over-represented by African Americans.
Results of this study also demonstrated that the SO sample was significantly younger upon admission to the residential program than their SA peers. This result is similar to other studies that have looked at the age of juvenile sex offenders as compared to juveniles that commit non-sex offenses (Milloy, 1994; Righthand & Welch, 2001).

Likewise, this study demonstrated a significant difference between the number of previous adjudications for the SO sample as compared to the number of previous offenses for the other treatment tracks. Many sex offenders had only one charge; that which led them to placement in the treatment program. This difference may be related to how cases are managed by the Court: many categories of sex offenses are felonies (e.g. Rape, Gross Sexual Imposition) for which the Court is compelled to impose stiff consequences, even if there is not a history of previous offenses. For many other charges, community based interventions are attempted before more costly residential programs.

Another characteristic in which a difference existed in the samples studied was that of intelligence as measured by Full Scale IQ scores. These results differed from other studies that showed either no significant differences (Cooper et al., 1996; Spaccarelli et al., 1997) or that the sex offender sample had lower IQ's than their non-sex offending peers (Jacobs et al., 1997). This difference may be due to a number of factors: the geographic sample of adjudicated juvenile sex offenders, the limited sample size, or the use of FSIQ data from multiple measures. However, this difference may also be a new trend among juvenile sex offenders and may be related to other factors such as family income level, family educational background, and academic achievement.

A final significant difference that was found in this study deserves further mention, especially in light of the need for future research in the area of juvenile sex
offenders. It appears that the SO sample had a higher median family income than both the SA and DB sample. As an example of the extreme differences between the lowest median income neighborhood and the highest median income neighborhood please refer to Table 4 (U.S. Census Bureau, 2000).

Table 4 demonstrates that these geographic neighborhoods differ on more levels than just the socioeconomic status of the offender’s family. How connected are the variables of race, living in poverty, family education level, and household income with the differences between juveniles who engage in sex offenses versus juveniles who engage in offenses of a non-sexual nature? These questions can be answered by further research in this area and especially in light of potential changes among samples of juvenile sex offenders. Perhaps there is an increasing trend involving juveniles from predominantly upper class neighborhoods with higher intelligence and better academic achievement committing sexual offenses and entering the juvenile justice system.

There were several limitations in this study. One limitation already mentioned is the issue of gathering and analyzing data based only on pre-admission information. This is especially crucial when exploring issues related to the self-disclosure of sexual victimization and sexually abusive behavior towards others. As clients enter treatment and establish rapport with a helping professional, they may be more willing to disclose their own victimization or be honest about other sexual offenses. Baker, Tabacoff, Tornusciolo, and Eisenstadt (2001) obtained data from agency records at three treatment programs for juvenile male sex offenders in New York. Results revealed that over half of the residents reported additional victims and/or additional offenses after being in the treatment program for at least six months. In addition, there were significant increases in
both resident and family disclosures regarding the sexual and physical abuse history of the offender. Clearly, this study was limited by the fact that information was only gathered from pre-admission reports and information sources.

Another limitation of the study was the exploration of two variables that were subjectively identified based on pre-admission information. Despite the identification of certain factors that would result in the youth being identified as having academic difficulties or being a part of a disruptive family system (see Appendix B), these variables were difficult to measure and identify consistently across all records.

An area for future research that was not addressed in this study is the role of exposure to pornography. In the review of chart material for the juvenile sex offender sample, many residents endorsed viewing pornographic material either on VCR tapes, DVD, or video clips through the Internet. Ford and Linney (1995) found that 42% of their sex offender sample was exposed to "hard core" sex magazines as compared to only 29% of the violent and status offenders. Upon further study, they also determined that the sex offenders were exposed to these pornographic materials at a younger age than their non-sex offender peers. Tabacoff (2002) found that 56% of the juvenile sex offender sample lived in a sexualized environment as defined by sexually provocative parents and exposure to pornography. This was in contrast to only 4% of the conduct disordered youth having the same experience. One must consider the possible connection between socioeconomic status of the family and exposure to readily available pornography over the Internet, when studying the juvenile sex offender population in future research.
In summary, this study demonstrated both similarities and differences between incarcerated juvenile sex offenders and juveniles that commit other non-sex related offenses. The sex offender sample had a higher rate of being the victim of sexual abuse than their non-sex offender counterparts. Additionally, the sex offenders had fewer previous adjudications, higher IQ scores, were younger upon admission, and came from higher socioeconomic neighborhoods. The sex offenders and non-sex offenders were similar in regards to the history of academic difficulties, the level of family disruption, and the age at first adjudication. In addition, within the sex offender sample, no differences were noted between those juveniles who were the victim of sexual abuse and those without a history of sexual victimization.
References


*Journal of Child and Youth Care, 11*(1).


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Table 1

Demographic Characteristics of the Three Treatment Tracks

<table>
<thead>
<tr>
<th></th>
<th>SA (n=45)</th>
<th>DB (n=46)</th>
<th>SO (n=46)</th>
<th>Total N=137</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status in program (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.3*</td>
</tr>
<tr>
<td>Current resident</td>
<td>31</td>
<td>33</td>
<td>52</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Completed program</td>
<td>27</td>
<td>33</td>
<td>39</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>AWOL</td>
<td>42</td>
<td>34</td>
<td>9</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Race (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.1**</td>
</tr>
<tr>
<td>Caucasian</td>
<td>31</td>
<td>9</td>
<td>46</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>67</td>
<td>87</td>
<td>48</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Biracial</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Academic Difficulties (%)</td>
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<td></td>
<td></td>
<td></td>
<td>6.1</td>
</tr>
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<td>46</td>
<td>43</td>
<td>24</td>
<td>36</td>
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<tr>
<td>No</td>
<td>54</td>
<td>57</td>
<td>76</td>
<td>62</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Yes</td>
<td>53</td>
<td>41</td>
<td>41</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>47</td>
<td>59</td>
<td>59</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Victim of sexual abuse (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.8*</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>2</td>
<td>22</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>96</td>
<td>98</td>
<td>78</td>
<td>91</td>
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NOTE: * p<01, **p<.001
Table 2

Results of One-way ANOVA's for Several Dependent Variables Across the Three Treatment Tracks

<table>
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<tr>
<th></th>
<th>SA (n=45)</th>
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<th>SO (n=46)</th>
<th>Total N=137</th>
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<tbody>
<tr>
<td>Length of stay(^a)</td>
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<td></td>
<td></td>
<td></td>
<td>44.8 **</td>
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<tr>
<td>Mean</td>
<td>6.7</td>
<td>7.4</td>
<td>15.6</td>
<td>10.5</td>
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</tr>
<tr>
<td>SD</td>
<td>1.2</td>
<td>2.5</td>
<td>3.9</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>Age at admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.3**</td>
</tr>
<tr>
<td>Mean</td>
<td>15.5</td>
<td>14.9</td>
<td>14.4</td>
<td>14.9</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>1.3</td>
<td>1.3</td>
<td>1.2</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>Age at first adjudication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.7</td>
</tr>
<tr>
<td>Mean</td>
<td>12.8</td>
<td>12.2</td>
<td>13.0</td>
<td>12.7</td>
<td></td>
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<tr>
<td>SD</td>
<td>1.9</td>
<td>1.7</td>
<td>1.8</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>FSIQ(^b)</td>
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<td></td>
<td></td>
<td></td>
<td>9.4**</td>
</tr>
<tr>
<td>Mean</td>
<td>85.8</td>
<td>79.5</td>
<td>91.6</td>
<td>85.6</td>
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<tr>
<td>SD</td>
<td>13.8</td>
<td>8.9</td>
<td>15.5</td>
<td>13.9</td>
<td></td>
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<tr>
<td>Number of adjudications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25.3**</td>
</tr>
<tr>
<td>Mean</td>
<td>9.4</td>
<td>8.1</td>
<td>2.9</td>
<td>6.8</td>
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</tr>
<tr>
<td>SD</td>
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<td>4.9</td>
<td>4.0</td>
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<tr>
<td>Family income(^c)</td>
<td></td>
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<td></td>
<td></td>
<td>6.1*</td>
</tr>
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<td>Mean</td>
<td>31.7</td>
<td>32.4</td>
<td>39.6</td>
<td>34.6</td>
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</tr>
<tr>
<td>SD</td>
<td>12.9</td>
<td>11.8</td>
<td>12.9</td>
<td>12.9</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: *p<.01, ** p<.001

\(^a\) Length of stay was based on only those youth who completed the program and were discharged.

\(^b\) FSIQ=Full Scale IQ score; based on the Wechsler Intelligence Scale for Children-III or Wechsler Abbreviated Scale of Intelligence

\(^c\) Mean family income is based on median household income for youth’s zip code and presented in thousands.
Table 3

*Means, Standard deviations, and t-test results for Sex Offenders With and Without a History of Sexual Abuse*

<table>
<thead>
<tr>
<th>Sex Abuse Victim</th>
<th>Yes (n=10)</th>
<th>No (n=36)</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Age at admission</td>
<td>14.2</td>
<td>1.4</td>
<td>14.5</td>
</tr>
<tr>
<td>Age at first adjudication</td>
<td>13.1</td>
<td>1.0</td>
<td>13.0</td>
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<tr>
<td>Age at first sex offense</td>
<td>13.1</td>
<td>1.0</td>
<td>13.4</td>
</tr>
<tr>
<td>FSIQ (n=9/35)</td>
<td>94.4</td>
<td>17.5</td>
<td>90.8</td>
</tr>
<tr>
<td>Number of victims (n=9/36)</td>
<td>1.7</td>
<td>1.1</td>
<td>1.3</td>
</tr>
<tr>
<td>Number of adjudications</td>
<td>2.0</td>
<td>1.9</td>
<td>3.1</td>
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### Table 4

**Census 2000 Demographic Profile Highlights for Two Ohio Zip Codes**

<table>
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<tr>
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<th>45203</th>
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<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>General Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population</td>
<td>3,205</td>
<td>100</td>
<td>43,776</td>
<td>100</td>
</tr>
<tr>
<td>Male</td>
<td>1,744</td>
<td>54.4</td>
<td>21,654</td>
<td>49.5</td>
</tr>
<tr>
<td>Female</td>
<td>1,461</td>
<td>45.6</td>
<td>22,122</td>
<td>50.9</td>
</tr>
<tr>
<td>One race</td>
<td>3,159</td>
<td>98.6</td>
<td>43,363</td>
<td>99.1</td>
</tr>
<tr>
<td>White</td>
<td>415</td>
<td>12.9</td>
<td>41,968</td>
<td>95.9</td>
</tr>
<tr>
<td>AA</td>
<td>2,708</td>
<td>84.5</td>
<td>559</td>
<td>1.3</td>
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<tr>
<td><strong>Social Characteristics</strong></td>
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<td></td>
</tr>
<tr>
<td>HS graduate or higher</td>
<td>1,096</td>
<td>56.7</td>
<td>24,707</td>
<td>89.9</td>
</tr>
<tr>
<td>BA degree or higher</td>
<td>210</td>
<td>10.9</td>
<td>11,143</td>
<td>40.6</td>
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<tr>
<td><strong>Economic Characteristics</strong></td>
<td></td>
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<tr>
<td>In labor force</td>
<td>865</td>
<td>33.9</td>
<td>22,735</td>
<td>72.1</td>
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<tr>
<td>Median household income</td>
<td>11,208</td>
<td>67,859</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families below poverty level</td>
<td>316</td>
<td>57.5</td>
<td>391</td>
<td>3.2</td>
</tr>
</tbody>
</table>

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Appendix A

Approval Letter from Xavier University IRB

See Attached
March 23, 2004

Amy L. Garbrecht, M.A.
3280 Fritz Court
Beavercreek, OH 45434

Dear Ms. Garbrecht:

The Xavier University IRB received your Protocol #0283-3, Characteristics of Incarcerated Juvenile Sex-Offenders and Non Sex-Offenders, on March 15. Your protocol has been reviewed by the IRB and it has been determined that since you will be extracting data from files which contain identifiable information, your research falls into the Expedited review category. Your research is approved in the Expedited category. Please mail to the above address or e-mail to baumillr@xavier.edu the completed Expedited application for our files.

This approval expires 3/23/05. A progress report must be filed with XU's IRB by the expiration date either indicating that your research has been completed or that you request an extension of IRB approval. A form is enclosed for your convenience. The form is also available at www.xu.edu/IRB/IRBforms.htm.

If there are any adverse events or modifications to the research, please notify the IRB immediately.

We wish you every success with your research.

Sincerely,

Robert C. Baumiller, S.J.
IRB Chair and Administrator

cc: Dr. Kathleen Hart, ML 6411

Enclosures: Progress Report