

Resources for the Prevention of Sexual Abuse



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By David Prescott and Alisa Klein

“The Effects of Specialized Treatment on the Recidivism of Juvenile Sex Offenders: A Systematic Review and Meta-analysis”

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THE QUESTIONS

Are specialized treatment programs for youth who have been convicted of a sex offense effective in preventing sexual and general recidivism by these youth? Are specialized treatment programs more effective in reducing sexual recidivism than the non-specialized treatment programs used in juvenile justice systems?

THE RESEARCH

The authors point to a study by Pullman and Seto (2012), which concludes that the majority of youth who commit a sexual offense are “generalist offenders,” while only a small minority of these youth are “specialist offenders” who are at increased risk for committing future sexual offenses. This conclusion, note the authors, counters the premise that specialized sex offender treatment for youth is necessary. In fact, they note, current research indicates that few youth who commit a sex offense are at risk for sexual recidivism. In a meta-analysis of 106 studies by Caldwell (2016), sexual recidivism rates were at approximately 5 percent (and 2.75 percent for studies since 2000), whereas general recidivism was higher at 41 percent.

To determine whether or not specialized sex offender treatment for youth is effective – and necessary, the authors conducted a systematic review and meta-analysis of specialized

youth treatment and recidivism studies that they had determined to be of high methodological quality. The authors note that many previous meta-analyses on this topic may have produced biased findings due to poorly-controlled treatment control comparisons, so they focused their meta-analysis solely on the methodologically strongest studies in the field.

The outcome variables in the study were sexual and general recidivism (defined as arrest or court contact). The final sample for the meta-analysis consisted of eight studies with the sample size ranging between 16 and 190 largely male (90 to 100 percent) participants. All of the treatment programs were tailored to youth who had committed a sexual offense with a primary treatment modality of “some variant of counseling.” Three were group counseling models; two were family counseling; one was individual counseling; another was a combination of group, family, and individual counseling; and one was an adventure-based skill-building behavior management program. The authors do caution regarding their meta-analysis that, “the small number of studies and their relatively small sample sizes did not provide a great deal of statistical power for these analyses.”

RESULTS AND CONCLUSIONS

The authors found that the sexual recidivism rates ranged from 0 to 12.7 percent for specialized treatment groups and from 3.7 to 75 percent for comparison groups. They found that general recidivism rates were higher than sexual recidivism rates, ranging between 18.9 and 53.8 percent for specialized treatment groups and between 16.5 and 75 percent for comparison groups. Based on these numbers, the authors concluded that on average, participants who received specialized treatment did not significantly recidivate sexually more than participants in the comparison groups. They further state that based on their meta-analysis, they could not confidently conclude that specialized treatment programs for youth who have committed a sex offense are more effective for reducing sexual recidivism than general treatment that is used in juvenile justice systems.

IMPLICATIONS FOR PROFESSIONALS

This study highlights the importance of individualized, assessment-driven treatment (as opposed to giving all adolescents the same intervention). Further, it gives professionals pause to consider what the referral question actually is on a case-by-case basis. In other words, what is this young person at risk for, and how can professionals best prioritize treatment goals? It is entirely possible for the same program to provide specialized care to one client and a more generalized approach to another. The ultimate question may be less whether one should provide this or that kind of treatment, but rather “what is the best approach adults can take so that this young client can develop a lifestyle in which harmful behavior is unnecessary and undesirable?”

IMPLICATIONS FOR THE FIELD

This meta-analysis provides further evidence that youth can present with many types of risk, and that professionals must be expert in a wide range of areas, from human sexuality and

adolescent development to understanding the life-course trajectories of harmful behaviors. Although it has now been said many times, one size does not fit all when it comes to assessment and treatment. Further, it is crucial that treatment programs look beyond reducing risk in any specific area to building strengths, skills, and wellbeing in all areas of a youth's life.

ABSTRACT

Objectives Specialized treatment programs for juvenile sex offenders (JSOs) are commonly used in juvenile justice systems. Despite their popularity, the evidence base for the effectiveness of these specialized programs is limited in both scope and quality. This systematic review and meta-analysis updates previous meta-analyses while focusing on studies of relatively high methodological quality.

Methods A vigorous literature search guided by explicit inclusion criteria was conducted. Descriptive and statistical information for each eligible study was coded independently by two coders and disagreements resolved by consensus. Odds ratio effect sizes were computed for sexual recidivism and general recidivism outcomes. Mean effect sizes and their heterogeneity were examined with both fixed and random effects meta-analysis.

Results Only eight eligible studies were located, seven of which were quasi-experiments. The mean effect size for the seven studies reporting sexual recidivism favored treatment but was not statistically significant (OR = 0.74, 95% CI 0.40, 1.36). The mean effect size for general recidivism was significant and also favored treatment (OR = 0.58, 95% CI 0.42, 0.81).

Conclusions Remarkably little methodologically credible research has been conducted on specialized programs for JSOs despite their prevalence. The best available evidence does not support a confident conclusion that they are more effective for reducing sexual recidivism than general treatment as usual in juvenile justice systems. Future research should not only use randomized designs but should also distinguish generalist offenders who are at low risk of sexual recidivism from specialist offenders who are at higher risk of committing future sexual offenses.

CITATION

Kettrey, H.H. & Lipsey, M.W. (2018). The Effects of Specialized Treatment on the Recidivism of Juvenile Sex Offenders: A Systematic Review and Meta-analysis. *Journal of Experimental Criminology*, 14:361–387.