

AN EXPLORATION OF FAMILY INTERACTIONS AND MALE JUVENILE
SEXUAL OFFENDING: A QUALITATIVE STUDY

A DISSERTATION

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BY

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DEDICATION

This study is dedicated to my husband and best friend, Paul Thurston – for your love, support, and endless encouragement.

This is also dedicated to my precious parents, Ted and Lee Bellah. It is because of you that I have achieved my dreams.

ACKNOWLEDGEMENTS

Thank you to the brave participants and their parents who participated in this study. Without their willingness and candid descriptions, this research would not have been possible. Their gift of courage will certainly benefit others.

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ABSTRACT

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AN EXPLORATION OF FAMILY INTERACTIONS AND MALE JUVENILE SEXUAL OFFENDING: A QUALITATIVE STUDY

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The purpose of this qualitative, phenomenological study was to explore family interactions and juvenile sexual offending. The participants were 20 male juvenile sex offender males who were between the ages of 13 and 17. A semi-structured, audiotaped interview was conducted on a voluntary basis with juveniles who were placed on sex offender probation and were currently attending court-ordered sex offender therapy. The participants were recruited via flyer notification and interviewed at a North Central Texas outpatient therapy clinic. Parental consent for participation of the juveniles was obtained prior to conducting the interviews. Audiotapes of the interviews were transcribed and coded for emerging themes. Trustworthiness and credibility of the study's findings were established by utilizing an internal examiner, a team of external examiners, peer reviewing, member checking, a pilot study, and thick descriptions of the experience.

The following research questions were addressed in this study: (1) How do juvenile sex offenders experience family interactions? (2) What emotional needs do juvenile sex offenders experience regarding their family experience? (3) How is sexuality experienced in a juvenile sex offender's family interactions? (4) What themes emerge

regarding juvenile sex offenders and experienced family interactions? An analysis of the data revealed the following seven themes: (1) Strained Parent-Child Relationship, (2) Limited Family Verbal Communication, (3) Unhealthy Parental Sexual Education, (4) Poor Parental Financial Management, (5) Little Family Substance Abuse or Mental Illness, (6) Family Participation in Criminal Behavior, (7) Juvenile Sex Offenders' View of Parental Contributions to the Offense, Two additional themes also emerged: (8) Focus on Parents Rather Than Siblings, and (9) Positive Impact of Therapy and Probation.

The findings revealed that parental influence is significant in juvenile sex offender development. Parents, particularly fathers, tended to be disconnected and abusive. Families failed to verbally communicate well or foster healthy relationships. Parents also failed to adequately supervise their children and modeled unhealthy functioning to them. Such family interactions were reported to result in poor self-image, unmanaged emotional needs, and deviant behaviors contributing to sexual offending behaviors. The results of this study may help the juvenile criminal system address and manage juvenile sexual offenders, aid therapists in providing appropriate treatment for juvenile sexual offender families, and help family scientists in developing theoretical understanding of juvenile sexual offending. The findings have limited generalizability due to several delimitations of this study. Implications and recommendations were also made for future treatment and studies.

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CHAPTER I

INTRODUCTION

Juveniles committing sexual offenses are a significant problem in the United States (Hunter & Lexier, 1998; Hunter, Ryan, Sinclair, Carter, & Matson, 1999). While the attempts to empirically explain and understand sexual abuse have been conducted, much is yet to be discovered (SgROI, 1982; Salter, 2003; Becker, 2004). Many individual factors associated with sexual offending have been empirically identified with the adult population (Burgess, Groth, Holstrom, & SgROI, 1978; Lewis, Shankok, & Pincus, 1979; Longo, 1982; Longo & Groth, 1983; Van Ness, 1984; Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Fehrenbach, Monastersky, & Deisher, 1986; Smith, 1988; Awad & Saunders, 1989, 1991). However, the family interactions of sex offenders remain grossly understudied. In addition, research is focused on adult sex offenders rather than juvenile sex offenders and there are even fewer studies of family factors relating to juvenile sex offenders (Groth, 1979; Loeber & Dishion, 1983; Patterson & Stouthamer-Loeber, 1984; Pasqua, 2001; Hazelwood, 2003; Becker, 2004). Neglecting the family interactions of the juvenile sex offender in research and treatment may create a great disservice to both victims and society. A logical assumption is that if research is limited in fully understanding the characteristics of juvenile sex offending, then the treatment of such sexual crimes is negatively impacted. As Stevenson and Wimberly (1990) state, "the importance of family influences in the life of the adolescent sex offender cannot be

underestimated as it is often the barometer of what can or cannot happen in treatment"(p. 59). This study sought to explore the relationship between family interactions and juvenile sexual offending using a qualitative, phenomenological approach and aimed to further the understanding of factors associated with such abuse.

Statement of the Problem

Despite its long empirical history, information about sexual offending is relatively sparse (Hazelwood, 2003; Salter, 2003; Becker, 2004). The research that has been conducted thus far has been limited to male, adult, incest perpetrators from an intrapersonal perspective (Salter, 2003; Becker, 2004; Robinson, 2004). This leaves a paucity of research conducted on juveniles who commit sexual offenses, particularly in their family experiences. Differences in male and female offenders are also empirically neglected, as is research on a variety of sexual offense types (Hazelwood, 2003; Salter, 2003; Becker, 2004; Robinson, 2004). The number of juveniles who commit sexual crimes in the United States is significant and rising, implying a great need for further research on this population (Becker & Hunter, 1997; Bischof & Rosen, 1997; Becker, 1998; Brown & Kolko, 1998; Center for Sex Offender Management, 1999b; Becker, 2004). Therefore, research such as the present study is greatly needed.

Research shows a considerable number of adult sexual offenders began committing sexual offenses as a child (Fehrenbach, Smith, Monastersky, & Deisher, 1986; Gil, 1995). Although no research indicates that juveniles are destined to continue offending into adulthood, a number of juvenile sex offenders do indeed develop into adult offenders (Fehrenbach et al., 1986; Gil, 1995; Becker, 2004). This reality calls for

research in understanding and treating juvenile sex offenders to prevent future abuse. Barbaree et al. (1993) state that, “if treatment is effective in reducing deviant behaviors among juvenile offenders, then treatment of the juvenile could go a long way toward reducing the impact of sexual assault in our society” (p. 11). This suggests that early intervention may be more effective, as it treats the problem “before the behavior becomes more entrenched in adulthood” (Barbaree et al., 1993, p. 11).

Existing studies also suggest that one third of adult sex offenders experienced some form of childhood sexual trauma. However, as two thirds have not, such assumptions create an overfocus on past sexual trauma and negate considering other possible contributing factors to offending behaviors (Groth & Birnbaum, 1979). This study attempted to explore what other factors may be affiliated with juvenile sexual offending utilizing qualitative, phenomenological questions not previously posed in research.

As an increasing number of juvenile sex offenders are prosecuted in the criminal system, many of them are placed on probation. The sex offender probation terms require the perpetrator and their parents to attend court-ordered sex offender treatment. While the number of juvenile sex offender treatment programs is also rising, there is sparse research discussing the elements of this population that are important to address in treatment. As previously mentioned, the existing treatment models provided to juvenile sex offenders are based on the adult sex offender population. They are not empirically shown to be appropriate for juveniles or their families and the research on the effectiveness of

treatment remains sparse (Brecher, 1978; Glaser, 1978; Gray & Pithers, 1993; Becker & Hunter, 1997; Becker, 2004; Robinson, 2004).

Studies have found that the current treatment methods for sexual offending have not consistently reduced recidivism in offenders yet they continue to be provided (Barbaree et al., 1993; Becker et al., 1993; Sickmund, Snyder, & Poe-Yamagata, 1997; Alexander, 1999; Bynum, Carter, Matson, & Onley, 2001). In addition, the dominant sex offender research and theories utilized are based on an individual focus rather than a family focus. Thus, family systemic interactions associated with sexual offending have not been empirically and theoretically considered, although family therapy continues to be provided. Since therapeutic treatment continues to be provided to juvenile sexual offenders and their families throughout the country, such a lack of information is disconcerting. As Sgroi (1982) suggests, there is still much confusion regarding the nature of the problem and research such as the present study is greatly needed.

The standard treatment protocols applied in sexual offender rehabilitation are based on linear, cognitive-behavioral models (Barbaree & Cortoni, 1993; Gil, 1995; Charles & McDonald, 1997). The dominant offense cycle treatment model suggests that perpetrators maintain a pattern of deviant thoughts and behaviors that lead to offending (Salter, 1988; Ryan, Lane, Davis, & Isaac, 1989; Steen, 1999; Kahn, 2001). The focus is on addressing an offender's individualized, sexual deviancy characteristics, including deviant sexual arousal, cognitive distortions, poor management of emotional needs, and the creation of unhealthy boundaries. This model postulates that the motivation to offend is derived from emotional needs, deviant sexual arousal, and blockage, or the absence of

healthy outlets to fulfill the needs (Steen, 1999; Kahn, 2001). However, when applied in treatment, the emphasis is on addressing deviant sexual arousal rather than internal emotional needs. As sexual deviancy is controlled, managing emotional needs may go unaddressed, thus leading to other dysfunctional behaviors.

Systemic theory may view sexual abuse as a symptom of a larger systemic dysfunction rather than limiting the understanding to the usual individual, pathological model. As systemic theory gives merit to all types of realities, the juvenile sex offender's internal factors emphasized by linear models are considered in context with a deeper relationship experience being expressed through sexual deviancy. Sexual perpetration may be viewed as a symptom of poor anxiety management and meeting of emotional needs learned and transmitted through the family (Hoffman, 1981). Since systemic models believe a new symptom will surface in the presence of anxiety, addressing underlying family interactions will aid in the overall level of functioning and symptom substitution rather than solely focusing on one's sexual deviancy (Hoffman, 1981). With the dominant offense cycle treatment model focusing on deviant sexual arousal, such potential symptom substitutions may be neglected in treatment. Thus, there is a need to identify and address family systemic interactions contributing to an offender's emotional needs in treatment as well as the factors of the sexual offense, itself. This study aimed at exploring such family interactions needed to be addressed in treatment.

Other systemic theories postulate that ceasing the sexual offense may be later substituted for another unhealthy symptom to manage one's emotional needs. Systemic theorist, Hoffman (1981), has argued that behavior change is best maintained when the

individual's systemic context has been altered to support such change. It is therefore helpful to understand juvenile sexual offending by considering the juvenile's offending behaviors within a family context, as this study aimed to do. The systemic concepts utilized in this study also offer a new way to conceptualize sexual offending not previously employed in research.

Other treatment issues include offender typologies, mental illness, substance use, nonsexual criminal behaviors, academic functioning, and social skills deficits. Family experiences and interactions are not addressed in the treatment protocol and are merely supplemental in treatment. As Trepper and Barrett (1986) state, while a few family factors of juvenile sexual offending have been empirically identified, "little has been written from a family systems perspective about sexual abuse and families" (p. 117). The training requirements of sex offender therapists are also of importance. The academic and professional training required to treat sexual offenders in the state of Texas is based on a linear, cognitive-behavioral model and are not systemically focused (Counsel on Sex Offender Treatment, 2004b).

Although many researchers believe that family interactions contribute to adolescent development and sexual offending, the specific family problems or characteristics that contribute are not clear, nor is the way in which they affect the adolescent's sexual development (Groth & Birnbaum, 1979; Pasqua, 2001; Becker, 2004). Regardless of this burgeoning understanding, family systemic influences are neglected in the current treatment models, which focus solely on individual factors. This is a concern

since the families of juvenile sex offenders are required to attend therapy, yet their role is neither understood nor addressed.

Justification for Study

This study benefits the current research and treatment of juvenile sexual offending in many areas. As the prevalence of juvenile sex offenders in the United States is substantial and rising, there is a great need to expand its understanding. As previously discussed, a substantial amount of research suggests that juvenile sex offenders continue offending into adulthood (Fehrenbach et al., 1986; Gil, 1995; Becker, 2004). Thus, there is a great need to fully understand the interactions involved in a juvenile sex offender's development and tendencies to continually perpetrate. Although this tendency is argued against in other research, a single act of abuse is important to address. It is therefore essential to explore unidentified factors involved in juveniles committing sexual abuse in effort to comprehend its evolution and prevention (Fehrenbach et al.; Robinson, 2004).

This study contributes to the field of sex offender theory and treatment by expanding the understanding of the empirically neglected juvenile population. It also expands the systemic understanding of a significant problem by offering information on family interactions to be considered in offending behaviors. This is particularly beneficial as parents are currently adjudicated to attend parent therapy along with their children. Family therapy also benefits from this study by offering ways families may interact differently to improve their relationships and assist in adolescent development. This study aimed to expand the existing empirical focus of adult incest to include juvenile sex offenders perpetrating various types of sexual offenses. It also aimed at expanding the

current treatment model to include family interactions contributing to an offender's emotional needs. In addition, the information offered in this study contributes to other areas of treatment and study, such as with adult sexual offenders, families of adult sex offenders, victims of sexual abuse, and families of victims.

Statement of Purpose

The purpose of this qualitative, phenomenological study was to explore and describe family interactions and juvenile sexual offending. A qualitative, phenomenological approach was utilized to examine the essence of juvenile offender participants' rich meaning of human experience related to family interactions (Creswell, 1998). According to Creswell (1998), a strength of phenomenology is that the richness of an individual experience is gained and, when grouped with other shared experiences, a "unified meaning of the experience exists" (p. 55). Thus, the researcher expands his or her understanding of an experience through the rich, personal descriptions and perspectives of others.

The rich descriptions also allowed for transferability to other participants and settings (Lincoln & Guba, 1985; Marshall & Rossman, 1995). The trustworthiness of the study was further strengthened due to choosing participants for this study that have personally experienced the phenomenon to be explored. Furthermore, as this researcher is educated and trained in both family systems and in sexual offender treatment, and conducted the face-to-face interviews, the study was strengthened through her "extensive time spent in the field . . . and the closeness to participants in the study" (Creswell, 1998, p. 201). Dependability was enhanced through the researcher's multiple analysis of the

data, in bracketing personal bias, and in seeking member checks to verify the study's findings. Credibility was further strengthened via multiple forms of triangulation, including a pilot study, peer review, and an external coding team that ensured the objectivity and the accuracy of the findings (Marshall & Rossman, 1995). This study aimed to expand the current linear focus utilizing a systemic frame. It also aimed to explore what family interactions are helpful in understanding and treating the empirically neglected juvenile sex offenders. Furthermore, this study expanded the current incest focus by exploring experiences of offenders who commit a variety of sexual crimes.

Research Questions

To fulfill the purpose of this study, the following research questions were examined:

1. How do juvenile sex offenders experience family interactions?
2. What emotional needs to juvenile sex offenders experience regarding their family experience?
3. How is sexuality experienced in a juvenile sex offender's family interactions?
4. What themes emerge regarding juvenile sex offenders and experienced family interactions?

Table 1 illustrates the research questions in relationship to the interview questions:

Table 1 – Research Questions and Interview Questions

Research Question	Interview Question
1. How do juvenile sex offenders experience family interactions?	1. Tell me about your family's relationships with one another.
	2. What is the parenting and discipline like in your home?
	3. What is the time your family spends together like?
	5. What is your family's communication like?
	13. What connection, if any, do you see between your family's interactions and your sexual offending?
2. What emotional needs to juvenile sex offenders experience regarding their family experience?	4. How does your family experience conflict and problems?
	7. Tell me about your family's experience with substance use.
	8. Describe your family's experience with abuse.
	9. How does your family handle finances?
	10. How does your family experience love and affection?
	11. Describe your family's experience with mental illness.
	12. Tell me about your family's history of criminal behavior.
3. How is sexuality experienced in a juvenile sex offender's family interactions?	6. Describe how your family approaches sexuality.
4. What themes emerge regarding juvenile sex offenders and experienced family interactions?	

Definitions

For the purpose of this study, the following definitions are applied:

Adolescence – The developmental stage that serves as a transition period between childhood and adulthood.

Adjudication – A judicial decision or sentence based on allegations in a court petition.

Boundaries – Invisible barriers that separate individuals physically, intellectually emotionally, and spiritually; such barriers serve to keep others from coming into one's space and abusing him or her (Lerner, 1988; Rasmussen, Burton, & Christopherson, 1992; Rasmussen, 1999).

Child sexual abuse – A sexual act imposed on a child 17 or under who lacks emotional, maturational, and cognitive development. Authority, power, and manipulation enable the perpetrator, indirectly or directly, to coerce the child into sexual compliance.

Cognitive distortion – A thinking error or irrational thought used to justify one's behavior (Center for Sex Offender Management, 1999a).

Deviant sexual arousal - A pattern of physiological sexual responses to inappropriate fantasies, thoughts, objects, and/or persons that may or may not precede a sexual act (Meyer, 2004).

Deviant sexual behavior – A sexual act that is culturally abnormal or deviating from the societal standards. Involves sexual contact with persons under the legal age of consent, persons unable to give consent due to coercion or manipulation of physical,

cognitive, or emotional limitations, and persons participating in the sexual contact to avoid penalty or harm (Kahn, 2001; Meyer, 2004).

Family – A group of people connected by blood, marriage, adoption, or cohabitation who share long-term commitments, goals, and values.

Family interactions – The verbal and nonverbal exchanges among family members; includes social, relational, emotional, and moral influences on members' development.

Family of origin - The family into which one is born and/or reared during the majority of their first 18 years of life (Carson, Gertz, Donaldson, & Wonderlich, 1991).

Juvenile – a legal term referring to individuals between the ages of 12 and 17.

Juvenile sex offender - Child between the ages 12-17 who commits any sexual interaction with a person of any age against the victim's will, without knowing consent, or in an aggressive, exploitative, or threatening manner (Meyer, 2004).

Multigenerational transmission process - The passing of emotional responses from generation to generation (Bowen, 1978)

Offense cycle -The pattern of triggers, thoughts, feelings, behaviors, and events that precede a sexual offense (Meyer, 2004).

Paraphilia - A psychosexual disorder of recurrent, intense, sexually arousing fantasies, urges, thoughts, and/or behaviors that usually involve nonconsenting humans but may also involve non-human objects (Center for Sex Offender Management [CSOM], 1999a).

Pedophilia – A type of paraphilia including sexual urges, sexual fantasies, and sexual activity with prepubescent children (CSOM 1999a).

Probation – A court ordered disposition through which an adjudicated offender is placed under the control, supervision, and care of a probation field staff member in lieu of imprisonment, so long as the probationer (offender) meets certain standards of conduct (CSOM, 1999a).

Sexual contact - Includes touching another's genitals, having the other touch one's genitals, oral, anal, or vaginal penetration with body parts or objects, masturbating in the presence of another, or having the other masturbate in front of one, showing others pornographic materials, or photography of others participating in sexual touching or posing in a sexually suggestive manner (Gil, 1995).

Sexual assault – Any forced or manipulated unwanted sexual contact with another person (CSOM, 1999a).

System – A relationship of individuals whose interactions impact each other (Becvar & Becvar, 1992).

Symptom – unhealthy behaviors aimed at alleviating anxiety maintaining stability in the family system (Hoffman, 1981).

Triangulation - The involvement of a third person in a dyadic relationship that blocks healthy interactions and diffuses anxiety (Gilbert, 1992).

Assumptions

The following underlying assumptions based on existing research were made for this study:

1. Juvenile sex offenders experience family interactions that influence their development.
2. It is useful to explore the relationship between family interactions and juvenile sexual offending in a qualitative, phenomenological manner.
3. There is a need for research on juvenile sex offenders.
4. There is a need for research on juvenile sex offender family interactions.
5. People develop in a family system with each member influencing one another's development and behaviors.
6. The dominant offense cycle treatment model does not fully represent juvenile sex offender experiences and other ways to conceive their behaviors are needed.
7. Participants in this study responded openly and honestly about their offenses and experiences.
8. Participants in this study responded honestly regarding their denial of personal sexual victimization.
9. Responses of the participants reflected their subjective experience.
10. This researcher could bracket or set aside her personal biases and assumptions during the process of this study.

Delimitations

The following delimitations apply to this study and limited the generalizability of its findings:

1. Bracketing the researcher's preconceptions may be difficult due to her being trained in marriage and family therapy from a systemic perspective.

2. Bracketing the researcher's preconceptions may be difficult due to her being trained as a Licensed Sex Offender Treatment Provider and her having experience in working with juvenile sex offenders and offender parents.

3. The research participants were limited to offenders between the ages of 13 and 17, who were serving probation, who were court-ordered for treatment, who were currently receiving treatment, who have committed an offense that is sexual in nature, and who have not been sexually victimized themselves.

4. The participants were currently residing in the North Central Texas area.

5. The participants were non-randomly, purposively selected based on the researcher's specific criteria reflecting the phenomenon being studied.

6. The sample consisted of respondents who were willing to participate in audiotaped, face-to-face interviews about family interactions.

7. Only the perspective of the adolescents were explored in this study.

8. All the participants were in sex offender treatment at the time of the study.

9. Utilizing sex offenders as a subject pool limits generalizability to other populations.

Summary

Although the rate of juvenile sexual offending is increasing, the theories, research, and treatment of this problem are limited. Juveniles who commit sexual offenses and their parents are court-ordered to attend therapy that is based on a dearth of information of how to understand and address the problem. Such treatment approaches are based on the adult sex offender population and have not been empirically shown to be appropriate

for juveniles and their families. The current treatment model considers emotional needs as a motivation to offend although it is not extensively addressed. Rather, deviant sexual arousal issues are focused on in treatment. As systems theory views sexual offending as a manifestation of emotional needs based on family experiences, treatment would benefit from its further empirical examination. The purpose of this phenomenological, qualitative study was to expand the current knowledge and treatment of such an understudied area utilizing a systemic approach not previously employed. As a phenomenological study allows exploration of rich, personal experience, this research specifically aimed at exploring and discovering what family interactions are associated with juvenile sexual offending through juvenile sex offender's perspective. This study was based on the provided definitions and researcher's assumptions. It has limited generalizability due to the aforementioned delimitations.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

This study sought to expand the current research and literature on juvenile sexual offending. To date, most of the research on sexual abuse focuses on male, adult offenders who commit incest. There is a dearth of studies on juvenile sexual offenders who commit other types of abuse, although authors offer theories and speculations of this population. In addition, family interactions are even more neglected in research. The theoretical framework upon which this study was founded will be discussed, including systemic epistemology and theories compared to linear modalities. Current theories and models of sexual offending will also be discussed. A review of the existing research and literature on adult and juvenile sex offenders will be presented. Lastly, trends in therapy and problems with existing research will be explored.

Theoretical Framework of the Study

Contrary to the dominant linear, individualized models applied to sexual offending, this study was based upon a systemic theoretical framework. This study aimed at conceptualizing sexual offending in a family systemic frame to explore a different understanding of the perpetrator's development and resulting sexually acting out. Whereas linear modes address the perpetrator separate from family experiences, systemic theory approaches the perpetrator's experience within a family context.

Systemic Epistemology

Epistemology is defined as a type of philosophy addressing the nature of knowledge (Columbia Electronic Encyclopedia, 2003). Hoffman (1981) describes epistemology as “the rules one uses for making sense out of the world” (p. 342). Systems theory is based on the epistemology that people function in a system of relationships and that everyone’s behaviors impact each other’s functioning. Modern family theories are derived from Cybernetics and General Systems Theory. Prior to General Systems Theory, mathematics and scientific inquiry dominated the field placing behavior in an individualized, cause-and-effect fashion (Boss, Doherty, LaRossa, Schumm, & Steinmetz, 1993). This changed with Norbert Weiner’s (1961) seminal publication, *Cybernetics*. In this influential work, Weiner proposed the idea of feedback loops, which contradicted the dominant linear, cause-and-effect thinking. He was concerned with communication and manipulation of information in controlling the behaviors in many systems. Such cybernetic concepts include feedback, boundaries of open- and closed-systems, homeostasis, wholeness, interdependence, self-regulation, interchange with the environment, and equifinality (Weiner, 1961; Boss et al., 1993). Weiner’s theory was followed by Ludwig von Bertalanffy’s (1968) seminal publication, *General System Theory*, which proposed that the whole is greater than the sum of its parts and that each part of a system affects the other. Von Bertalanffy offered such concepts as isomorphy, holism (the whole is greater than the sum of its parts), human systems as self-reflexive (communication is more than just the exchange of information but it is within the context

of the relationship), hierarchy (subsystems, suprasystems), and that change in the system occurs in second order (von Bertalanffy, 1968; Boss, et al.).

Gregory Bateson, a friend of Weiner, studied both seminal publications and was the first theorist to apply them to family communication in his 1956 seminal work, *Toward a Theory of Schizophrenia* (Bateson, Jackson, Haley, & Weakland, 1956; Bateson, 1972). This work challenged traditional linear thinking and proposed that communication occurs at different levels within relationship, rather than independently of relationships. Following Bateson's book, Watzlawick, Bavelas, and Jackson (1967) published *Pragmatics of Human Communication* as an attempt to illustrate the behaviors involved in communication. The authors' seminal work proposed that relationship is made through communication via axioms: (1) One cannot not behave; (2) one cannot not communicate, thus all behavior is in context and has message; (3) the meaning of a behavior is not the "true" meaning but is, rather, a subjective reality; (4) perceptions are based on past experiences; and (5) communication is metacommunication by both giving information and defining the relationship. Bateson (1972) later published another seminal piece, *Steps To an Ecology of Mind*, which expanded Weiner's first-order cybernetics with second-order cybernetics. In first-order cybernetics, one is an independent observer who remains outside of the system and holds objective understanding of interactions that one observes. This thought is reflective of the linear, medical, scientific model generally applied to sex offender treatment. In second-order cybernetics, the observer is considered as part of the system; understanding is subjective and in the context of relationship (Becvar & Becvar, 1982). Bateson's (1972) book offered such communication concepts

as schismogenesis, complementary and symmetrical communication, negentropy, entropy, morphostasis, and morphogenesis. This expansion was further developed in Bradford Keeney's 1983 publication, *Aesthetics of Change* (Keeney, 1983). Keeney proposed an ecosystemic epistemology, which refrains from blaming the client for the behavior or from blaming the symptoms on causal factors. Rather, Keeney postulated that symptomatic behavior must be viewed as metaphorical communication about the relationship system.

Based on Batson's (1956, 1972) writings, family systems theory postulates the following: (1) Family is a system with boundaries, organized into subsystems; (2) multisystemic approach - the family system is embedded in a larger system, separated by boundaries; (3) family boundary must be semi-permeable to survive – rigid enough to survive and permeable enough to permit new information; (4) the behavior of each member creates patterns of interaction; (5) these patterned interactions are rule governed and recursive problem-maintaining patterns; (6) circular causality describes family interaction – all parts of the system affect each other; (7) in a family, there are processes that both prevent and promote change. For families to survive, they must form homeostasis, or maintain stability, morphostasis, or retain sameness, and morphogenesis, or evolve; (8) when a family lacks the resources for morphogenesis, the identified patient member will create symptomatic behavior. The symptom provides a positive function of maintaining homeostasis while change threatens it; (9) negative feedback, or deviation-reducing, leads to self-correction and maintains homeostasis; (10) positive feedback, or deviation-amplifying, allows change. If too much occurs, then a runaway effect occurs;

(11) members create schizmogogenesis, or recursive patterns of behavior, and each one's roles become distinct. There are two types, symmetrical and complementary; (12) new information via positive and negative feedback is news of difference. In comparing two different pieces of information, we find a difference; (13) there is a distinction between first-order change and second-order change. In first order change, behavior changes but the rules stay the same. In second order change, the rules also change; (14) within a social system, recursive patterns, present in one part of the system and replicate isomorphically, the replication of patterns across subsystems in larger systems, in other parts of the system; (15) schism reflects chronic conflict as skew reflects a power imbalance; and (16) pseudomutuality reflects relationship enmeshment and pseudohostility reflects conflictual relationships.

Systems vs. Linear Epistemology

In addition to the systemic epistemology, the linear view is another explanation of one's view of reality. The dominant discourse in Western American culture takes a linear, cause-and-effect approach. This thinking assumes a universal, objective way to understand experience. Life is made of universal facts, scientifically explainable and identifiable. Human experience is also viewed as independent, separate from the context of relationships (Becvar & Becvar, 1982; Keeney, 1983; Gergen, 1999). Linear epistemology considers unhealthy behavior as resulting from one's intrapersonal, psychological or biological pathology, independent of one's environmental context. The linear approach provides an understanding of individual intrapsychic or physiological factors of dysfunction, rather than the environmental and family factors.

Systemic thinking differs from linear thinking by viewing behavior and meaning in the context of one's environment. Although intrapsychic and biological factors are not discounted in systems theory, they are considered as only part of a systemic experience and broader relationship systems are also included. Pathology is viewed as developed and maintained in relationship with other systems. Thus, dysfunctional behaviors are viewed as symptomatic attempts to manage larger, systemic interactions. Lewis, Dana, and Blevens (1994) describe a system "as a set of units that have a consistent, organized, and predictable relationship with one another" (p. 144). This contrasts the linear view of individuals functioning independently, assuming that human experience is not objective and independent but that it is subjective and created in relationships with others. All members in a system are believed to affect one another through reciprocal or circular causality rather than assuming there is one cause and one effect for each behavior. Behaviors and reality are understood in the context of meaning making and relationship rather than absolute facts being independently and scientifically measured (Becvar & Becvar, 1982; Keeney, 1983; Boss et al., 1993; Gergen, 1999). Systems theory further postulates there are multiple realities and it rejects the linear idea of a single and rational account of the world. Reality is constructed through relationship and language is used to understand the constructions. Thus, self is created in relationship and problems are a function of the way it is constructed (Becvar & Becvar, 1982; Keeney, 1983; Boss et al.; Gergen, 1999).

Another seminal publication in systems theory was Urie Bronfenbrenner's (1979) ecological approach of human functioning. His model suggested that human behavior must be understood in all levels of the environment rather than just at the local level. He described four environmental levels in which humans are affected: (1) Microsystem – the primary system in which development takes place, which is the family; (2) mesosystem – daily influences one encounters, such as daycares or schools; (3) exosystem - external environments in which others participate and therefore affect one's development, such as work and friends; and (4) macrosystem – the norms and values influenced by one's society (Boss et al., 1993; Bronfenbrenner, 1979; Bronfenbrenner & Evans, 2000). This model illustrates that human reality is experienced in a series of systems, all of which affect the other. Thus, one is not independent of human relationship and societal experience but, rather, is created through such interactions.

Systemic Epistemology and Sexual Offending

The issue of sexual abuse has predominantly been approached in a linear fashion. Both the penal system and treatment models are based on linear thinking, thus viewing offending as an intrapersonal problem created independently from relationship with others (Hazelwood, 2003; Salter, 2003; Becker, 2004). When viewed in this manner, important factors associated with sexual offending may be overlooked. Viewing sexual offending through a systemic lens may offer another way of understanding that is not yet utilized in managing such a problem.

Sexual offending has rarely been empirically or therapeutically approached from a systemic view. Although the general method of sex offender treatment is the individual or

group setting, family therapy is beginning to be conducted in the treatment process (Ryan & Lane, 1991). Family therapy may benefit from understanding the abuse in a systemic context. Therapists who follow a systemic epistemology are forced to reconsider most of the commonly held assumptions postulated by the dominant linear thinking. Thus, sexual offending is viewed as a symptom of the larger systemic functioning. A family systems therapist will view the sex offender as the identified symptom-bearer in the family rather than the sole problem. Furthermore, the systemic therapist will consider the family interactions as contributing to the symptomatic, sexual offending behavior (Fisher, 1986).

There are many benefits to conceptualizing sexual abuse in a systemic fashion. Although the systemic therapist does not discount the offender's intrapersonal responsibility and accountability for committing the offense as suggested by linear theory, he or she also considers a broader level of functioning and management of one's boundaries in the context of relationship systems (Becvar & Becvar, 1982; Gergen, 1999). James and Nasjleti (1983) support this notion, proposing that sexual abuse is most effectively addressed using a family systems model, for it recognizes that dyads, alliances, and boundaries in a family affect each family member's functioning both inside and outside the family system. An offender's level of functioning, both behaviorally and emotionally, can thus "be viewed as attempts to get his or her needs met" (pp. 45-46). Sexual abuse is therefore "viewed as one of a number of symptoms in family dysfunction" (pp. 45-46). Trepper and Barrett (1986) also suggest that using a family systems approach with sexual offending will aid in

the recognition of the problem of sexual abuse in two important ways among others. First, from its inception, the family systems approach has looked at symptomatic children and realized that they might be expressing problems originating with parents or other individuals in the family system.... Secondly, family systems theory served as an important antidote to the traditional psychoanalytic views, which had long obscured the problem of sexual abuse. Traditional psychoanalytic theory puts its emphasis on the problem of the children's unresolved incestuous impulses towards parents.... As long as sexually disturbed behavior in children was seen as an expression of the child's intrapsychic conflicts, the larger context of the problem was missed. (p. 53)

The authors thus allude to the benefits of considering sexual abuse not only in a nuclear family system but in the broader systemic levels in which one develops.

Regarding these larger systemic levels, it is helpful to explore sexual abuse using Urie Bronfenbrenner's (1979) aforementioned ecological approach of human functioning, which addresses human development in multiple subsystems. For example, Bukowski, Sippola, and Brender (1993) state that sexual development involves "not only becoming 'aware of the body's shape, size, functions, and capacities for pleasure' but also of many other phenomena regarding personal and interpersonal functioning and the 'rules' and rituals of the broader societal context" (p. 86). The authors also state that healthy sexual development consists of "learning about intimacy through interaction with peers," "developing an understanding of personal roles and relationships, both within and outside of the family," and of "learning about societal standards and practices regarding sexual

expression” (p. 86). Thus, merely considering the sex offenders’ intrapsychic, individual interactions neglects other important factors that may contribute to their functioning.

The microsystem and mesosystem levels are the primary systems in which human development occurs. Humans learn to function through these close, daily interpersonal relationships, including accepted sexual behaviors, attitudes, and boundaries (Boss et al., 1993; Bronfenbrenner, 1979; Bronfenbrenner & Evans, 2000). Bukowski et al. (1993) proposed that “interpersonal experiences and the way that persons ascribe meaning to relationships will affect their sexual experiences” (p. 86). In viewing families in a systemic way, interactions with family members are seen as reciprocal, with all members affecting each other (Becvar & Becvar, 1982). For example, parents who meet the needs of their children and who have some of their own needs met in the process help create an adequately functioning family. Children then learn a sense of security, stability, and self-concept and are thus better equipped to manage their own emotional needs and reciprocate this to others. However, in families where parents do not meet their own needs or those of their children, dysfunctions develop among relationships and with each individual member. Families create unhealthy methods for adapting to the system’s rules and interaction styles, thus continuing these maladaptive levels of functioning in other relationships and problems (Fisher, 1986). White and Koss (1993) suggested that parents model sexual gender roles, socializing sons to initiate sexual activity and daughters to resist sexual advances. Thus, the modeling of personal and relationship management provided by one’s family members has a direct impact on one’s sexual development. “For example, if power and dominance (or non-assertiveness and submission) in relationships

are important for a person, these will also become important themes of the person's sexuality" (Bukowski et al., p. 87). Borduin, Henggeler, Blaske, and Stein (1990) further propose that "family relations of sexual offenders are characterized by high rates of intrafamily violence and neglect . . .; conflict, disorganization, and drug abuse . . .; and high rates of other family problems" (p. 106). Therefore, relationship messages model the types of boundaries one develops, which affects one's sexual functioning. For example, early familial experiences such as "witnessing and experiencing family violence have been related to sexual aggression" (p. 106). In addition, "sexually assaultive behavior in young men has been related to fathers' attitudes toward sexual aggression" (White & Koss, 1993, pp. 187-188). Thus, if family modeling of relationship interactions and managing emotional needs are considered, sexual offending may be better understood and redirected.

Exosystemic influences, such as work and friends, also impact one's development. Becker (2004) explained that in social development, peers begin to have influence on children at school age. Particularly in adolescence, peers are very influential in determining a juvenile's success, deviance, and risk. She further suggested that adolescents benefit from parents who closely monitor their peer group, thus minimizing negative influences on their development. White and Koss (1993) postulated that "peer group socialization has been identified as a powerful predictor of sexually assaultive behavior" (p. 189). In addition, other social influences such as "school-related functioning, including academic aspirations, current success, and school normlessness, were significantly related to the probability of committing a sexually assaultive act"

(p. 189). Becker (2004) further proposed that social relationships may provide an opportunity for sexual perpetrators to manipulate boundaries and to take advantage of opportunities and vulnerable victims. For example, the level of closeness between the offender and the “potential victim appears to determine whether or not a sexual assault will occur, the type of strategy the perpetrator will use, and the likelihood that the assault will end in a completed rape” (White & Koss, 1993, p. 189). It is therefore beneficial to consider a sex offender’s social group influences in addition to the nuclear family system.

At the larger macrosystem level, development is influenced by one’s cultural norms and values (Boss et al., 1993; Bronfenbrenner, 1979; Bronfenbrenner & Evans, 2000). For example, Western American cultural values are suggested to teach adolescents that “rape can be seen as a manifestation of gender inequality and as a mechanism for the subordination of women” (White & Koss, p. 186). Sexual scripts, or learned sexual roles, are also influenced by “society’s expectations about adolescent dating rituals” (White & Koss, p. 187). Sexual abuse also has a reciprocal effect on society. For example, Abel, Osborn, and Twigg (1993) state that one societal impact of sexual abuse includes the “costs for counseling services of these victims and their families” (p. 115). Such costs are great, since the impact “cannot be dealt with by treatment of only the victims The financial costs of dealing with a paraphiliac through the criminal justice system are also astounding. Litigation costs can be enormous” (p. 115). Costs of sexual crimes also include “incarceration of the offender, with the paraphiliac’s loss of income and the increased expense of public support of his family,” which “adds considerably to the financial and emotional burden society must pay” (p. 115).

In sum, systemic epistemology challenges the dominant linear discourse in conceptualizing and managing sexual offending. Sexual abuse is better approached in a multisystemic fashion, thus expanding focus on the offender's intrapsychic interactions to include external influences. In addressing both individual and systemic characteristics, the understanding and treatment of juvenile sex offenders would expand and improve. Systemic theory illustrates that family, social, and cultural influences may create unhealthy rules and interaction styles. Such negative levels of functioning may transfer into other relationships and levels of functioning, particularly in sexuality (Fisher, 1986). Although theories of systemic factors influencing juvenile sex offender development exists, little research has been conducted to support these claims. This study utilized a systemic approach to expand the understanding of an offender's family interactions associated with such perpetuated dysfunction and relationship management.

Systemic Theories and Models of Family Interactions

The current accepted model of treatment for sexual offending is based on the linear epistemology. In this approach, offenders are viewed as functioning independently from their family influence and treatment focuses on individual functioning. Offending interactions are treated as individual, internal factors and family interactions are generally neglected in treatment. In contrast, applying the family systems model to sex offender treatment provides a "primary emphasis on family therapy and the inclusion of family members in the treatment process" (CSOM, 1999b, p. 22). This contrasts the accepted linear model, which approaches the individual separate from family influence. Thus,

although systemic theories are underutilized in conceptualizing and addressing sexual offending, there are many benefits in its application.

Child behavior problems may also be associated with cross-generational coalitions; thus treatment of these coalitions using family therapy leads to decreased individual symptomatology (Mann, Borduin, Henggeler, & Blaske, 1990). The theory may portray sexual abuse as a symptom of a larger systemic dysfunction rather than limiting the understanding to an individual, pathological model. Thus, the theory affords attention to both internal sexual deviancy and deeper management of emotional needs being expressed through this sexual deviancy. Addressing underlying family interactions may aid in overall level of functioning rather than limiting focus on one's sexual deviancy.

Vulnerability-Stress Model

The systemic model this study utilized is the vulnerability-stress model. As applied to incest cases, this model postulates that “there is no single cause of incest” (Trepper & Barrett, 1986, p. 14). Rather, there are “vulnerabilities within the individual, family, and environmental factors which may manifest itself through sexuality” (Trepper & Barrett, 1986, p. 14). Vulnerabilities to stress are proposed to include: (1) Parental family of origin issues – for example, if parents were incest victims from incestuous families, such abuse may repeat in the current family (Trepper & Barrett, 1986). Other childhood experiences include “emotional deprivation or neglect,” conditional love, physical or emotional abandonment, harsh discipline, and physical abuse (Trepper & Barrett, 1986, p. 14).

(2) Family system factors – Trepper and Barrett (1986) state that there are three levels of systemic functioning that may contribute to a family’s vulnerability: “family style, family structure, and communication patterns” (pp. 16-17). The authors define the first level, family style, as “pervasive and enduring patterns of interaction a family displays”(pp. 16-17), such as:

(1) Affection Seeking, which is characterized by a great amount of affection exchange, seduction, positive intent, and object connection; (2) Pansexual, characterized by oversexualization of their sexual patterns, where the family is closest when being sexual either openly or symbolically; (3) Hostile-Negative, which is characterized by a family pattern of displacing anger, a desire to hurt each other, and where anger and sexuality are paired; and (4) Violent Rape, where the entire family is organized toward violence, often paranoid, and with flimsy reality testing. (Trepper & Barrett, 1986, pp. 16-17)

Thus, family members learn to function from one another via their modeling of interaction types.

The second level of family structure, based on Salvador Minuchin’s structural theory, refers to “the organization of a family with regard to roles, hierarchies, rules, and power” (Trepper & Barrett, 1986, p. 17). Cohesion and adaptability are used to describe such family behavior. Cohesion refers to “the degree to which family members are separated or connected emotionally to one another, and is displayed as a continuum from disengaged to enmeshed” (Trepper & Barrett, 1986, p. 17). Adaptability refers to “the extent to which a family is flexible and adaptable to change, and is displayed on a

continuum from rigid to chaotic” (Trepper & Barrett, 1986, p. 17). Trepper and Barrett (1986) propose that the families who are most vulnerable to incest “appear rigid and enmeshed or chaotic and enmeshed” (p. 17). In rigid and enmeshed families, there is “a strict hierarchical nature, with inflexible rules and stereotypic sex roles” (p. 17). In chaotic and enmeshed families, “family rules change constantly, formal roles fluctuate so to become inappropriate, and the family experiences a feeling of being leaderless” (pp. 16-17). The authors further state that chaotic families have “functionally no executive subsystem present...parents and children function on the same level...and no one enforces the rules or boundaries....Emotionally, the family shows immature judgment, displays little impulse control and expressing the need for immediate gratification” (p. 20).

The third level, family communication patterns, refers to “the degree of the clarity and directness of various forms of communication, including verbal and non-verbal” (Trepper & Barrett, 1986, p. 17). Trepper and Barrett (1986) explain that families exhibiting “conflict avoidance, secretiveness, hostility, and double-binding communication patterns are commonly present in sexually abusing families” (p. 20).

In sum, the vulnerability-stress model is a systemically-based theory that offers helpful family dynamic understanding when applied to juvenile sexual offending. Although limited to the application of incest, this model could provide information on the types of family experience that influence the juvenile sex offender’s emotional and sexual development as well as the level of impact on them. Such information may not only benefit the management of sexual offending but the treatment of it. This model also

offers types of family vulnerabilities that can be empirically explored and utilized to offending populations.

Linear Theories and Models

The current theoretical approaches to conceptualizing, prosecuting, and treating sexual offending are based on a linear model. As previously discussed, the linear model assumes that behaviors are created from intrapersonal pathology, independent from one's environmental influences. Sexual crimes are addressed as matters of the individual's sexual deviancy and pathological internal processes. Abuse is viewed through a universal, objective, and measurable truth (Becvar & Becvar, 1982; Keeney, 1983; Boss et al., 1993; Gergen, 1999). Thus, the perpetrator is managed and rehabilitated through an intrapersonal approach rather than addressing contributing environmental or systemic influences. Following is a brief overview of linear models currently utilized to understand sexual offending, including: cognitive-behavioral model, social learning theory, attachment theory, psychoanalytic model, offense cycle model, relapse prevention model, and personality theories.

Cognitive-Behavioral Model

Of the models applied to sexual offending, the cognitive-behavioral model is the most utilized and empirically supported to date. Many states, including Texas, regard cognitive-behaviorism as the preferred mode of treatment in sexual offender recovery and require its application in the treatment protocols (Association for the Treatment of Sexual Abusers, 1996; Salter, 2003; Becker, 2004; Robinson, 2004).

The cognitive-behavioral model holds the following assumptions: Humans are believed to be passive reactors to stimulus and behaviors are viewed as learned through one's environment. Based on the social exchange model, focus is on learning via rewarding and punishing exchanges. Problematic behaviors and cognitions are seen as created and maintained through repetitive patterns of interaction. In addition, cognitions and feelings are included as behaviors and are not considered separate, although cognitive therapists are the ones who make the distinction. Thus, all behaviors and cognitions are believed to be modifiable for a higher functioning level (Gurman & Kniskern, 1991).

Healthy families are believed to share mutual goals and expectations for living (such as food, clothes, shelter, parenting, social/leisure, and religion). The family illustrates the ability for adaptability and flexibility for change. Each family member influences each other in rewarding ways, thus controlling negative interactions. Deviant behavior is handled in a calm, tolerant manner with constructive criticism, thus promoting alternative behaviors. Healthy families also effectively cope with stressors via open communication and problem-solving (Gurman & Kniskern, 1991).

Unhealthy families are difficult to define in cognitive-behaviorism because everyone is seen as doing their best to cope in life. Rather, the "best" responses of one member are interfering with another's goal achievement. Members have difficulty recognizing their deviant behaviors and lack clearly defined family rules and household structure. These families also hold dysfunctional emotional communication, such as using less positive expressions of praise or encouragement and engaging in negativity and

criticism. They engage in negative interactions, which escalate into destructive arguments. Members also maintain more negative behavioral patterns maintained by reinforcement and view each other in a negative light. Deviant behavior is handled in a distressed, critical, or highly over involved manner, which only serves to escalate the matter (Gurman & Kniskern, 1991).

In the context of sexual offending, the abuse is viewed to occur through cognitive distortions that allow the behavior to be acceptable and justifiable. Cognitive restructuring is utilized to correct thought distortions toward sexuality and improve behavior (Abel et al., 1993; Grant, 2000). In addition, conditioning theory suggests that sexual deviancy is conditioned when deviant fantasies are paired with arousal and masturbation (Marshall & Eccles, 1993). Behavioral methods are used to reduce “arousal and increasing pro-social skills,” such as extinction, systematic desensitization, and aversion therapy (CSOM, 1999b, p. 22).

Although cognitive-behaviorism has received empirical support, it has not been compared with other available models. Research reports success with short-term rehabilitation, yet longitudinal studies show a tendency for sexual offense relapse. In addition, the model has been criticized for focusing solely on the present and discounting the offender’s past experiences in understanding abusive behavior (Gurman & Kniskern, 1991).

Social Learning Theory

Social learning theory is another linear model used to understand sexual offending. This model proposes that “all behaviour and knowledge is learned through

experience. . . . The focus is in reducing undesirable behaviours . . . by learning more acceptable patterns of conduct” (Grant, 2000, p. 4). According to Becker and Hunter (1992), this theory also “emphasizes the importance of modeling and conditioning experiences” (p. 76). Behavior is learned and reinforced by learning from home modeling (Becker, 2004). In addition, social learning theory “posits that aggression is learned by observing the behavior of others and its positive consequences” and parents, due to their power and status, serve as primary role models for children. “Therefore, children with violent parents may not have the opportunity to witness constructive ways of resolving conflict” (Foshee, Bauman, & Linder, 1999, pp. 331). Due to learning unhealthy modeling, people with violent tendencies generally have poor conflict resolution skills, lacking healthy “negotiation, verbal reasoning, self-calming strategies, and listening” (Foshee et al., 1999, pp. 332).

When applied to adult sexual offending, social learning theory suggests that early sexual behavior with immature peers may also play a role in the conditioning of deviant arousal. Learning is “established by the process of fantasizing the initial deviant experience. . . . The sexual perpetrator frequently recalls his first sexual experience. The repeated pairing of these fantasies with orgasm results in their acquiring sexually arousing properties, which are continually reinforced” (Becker & Hunter, 1992, p. 76). In addition, Marshall and Eccles (1993) suggest assessing the environmental context within which juvenile sex offenders develop. They state that the “values and stereotypes adopted and maintained by Western culture provide adolescent males with an extremely sexualized view of the world. Furthermore, they tend to perceive predatory and even

aggressive sexual behavior to be acceptable and even expected” (p. 133). Thus, the juvenile sex offender may have learned their unhealthy sexual behaviors through previous experiences and modeling of sexual dysfunction.

Attachment Theory

Attachment theory is a third linear model used to explain sexual offending. This theory postulates that healthy parent-child attachment results in positive self-image, social functioning, and empathy for others (Barbaree, Marshall, & Hudson, 1993). Parent bonding is viewed as essential for the healthy development of children. Attachment, according to John Bowlby’s work, is the bond between a child and the primary caregiver and is the central feature of this developing relationship. “This bond serves to provide the child with the security needed to confidently explore the world.” Thus, healthy attachments are seen to “give rise to positive feelings such as love and a feeling of securityWhen the bond between child and parent is either disrupted or of poor quality, then all manner of problem behaviors will appear” (Marshall, Hudson, & Hodkinson, 1993, p. 167). Research shows that although attachment to the mother appears to be more important in development, attachment to fathers is also important. Specifically, “with respect to the development of delinquent behaviors among boys, perceived closeness to their father is a better predictor than is closeness to their mother” (Marshall et al., 1993, p. 167). Research also found that secure attachments developed in childhood indicated positive peer relationships, adult romantic relationships, and high self-esteem. Likewise, “insecure childhood attachments, rejecting parents, or prolonged separation from parents resulted in problems as children and adults (Marshall et al.,

p. 167). According to Marshall et al., “secure parent-child attachment bonds that are formed with the caregiver are confident, responsive, sensitive, warm affectionate, empathic, trustworthy, and consistent” (p. 167). These children grow to reflect these characteristics and form good relationships with others. When attachment bonds are “characterized by insecurity, rejection, a lack of warmth, inconsistency, abuse, or disruptions in continuity, the child will develop either an avoidant or anxious-ambivalent interpersonal style” (p. 167). Parent-child “attachment bonds serve as templates for relationships outside the family, these children can be expected to have considerable difficulties in forming peer relations at adolescence.” Thus, children who form inadequate attachment bonds with their parents are lonely and “may create difficulties for the young person’s attempt to transfer his or her attachment to peers” (p. 168). In addition, insecure attachments foster persons who are “unempathic, self-conscious, low in self-esteem, anxious, uncommunicative and socially inept” (p. 169). Marshall and Barbaree (1990) further propose that deficiencies in self-confidence, social competence, and empathy are critical to the development and persistence of sexually abusive behavior.

Marshall et al. (1993) discuss three types of parent-child attachment styles: (1) Secure – the “parent is warm and sensitive to the child, the child develops a secure way of relating of others...they are more sociable, more empathic” (p. 167). Poor attachments are associated with “parents who are absent or rejecting in the way they relate to their children, who are insensitive to the child’s needs, who lack warmth and have difficulties in showing affection, and are inconsistent in their responses” (p. 167); (2) Anxious-Ambivalent – the parents offer “little or no support or encouragement” to their children

(p. 167); and (3) Avoidant – the parents are distant and untrustworthy. Mothers “are unresponsive, have an aversion to physical contact, and lacked emotional expressiveness” (p. 67).

When applied to adult sex offenders, Marshall and Eccles (1993) propose that their developmental history leads to vulnerability in a variety of ways. “This vulnerability, we believe, arises most particularly by the failure during their infancy and childhood, of the parents of sex offenders to ensure that secure attachment bonds are formed between them and their children” (p. 131). They state that “secure attachments provide the growing child with a view of others that is affectionate and empathic and that instills a desire for, and the skills and confidence necessary to achieve, intimacy with peers.” Healthy transitions into puberty “may be hindered by parents who either care little about the child or who are possessively jealous of the child’s other relationships” (p. 132). Such parental reactions limit a child in

developing extrafamilial relations by his lack of self-confidence, his self-interested disposition, and his lack of skills at forming peer relations. In particular, such a boy will have difficulties relating to peer-aged females, and consequently he will find appealing those media messages (in pornography and advertising, as well as in regular fare on television and movies, and in books and magazines) that express attitudes toward women and children that objectify and demean them....Since these boys lack confidence, are unskilled interpersonally, and may fear intimacy given their history of insecure attachments, they are likely

to find appealing those sexual scripts that make no demands on their confidence or skills that do not involve intimacy. (pp. 132-136)

Furthermore, the authors suggest that the developmental histories of some male sex offenders “are made vulnerable such that particular sexual scripts (i.e. deviant ones) will appeal to them. These scripts may be communicated to them through various media, through conversations with peers, or even through self-generated ideas” (pp. 132-136). Marshall et al. (1993) connected adult sexual offending with a lack of intimacy in adult relationships as directly relating to childhood formation of attachment. The authors postulated that “failure to achieve intimacy leads to the experience of emotional loneliness which, so the limited evidence suggested, increases the likelihood that the person will engage in aggressive behaviors” (p. 165). They cited research that found sex offenders “more frequently failed to report intimacy in their lives and expressed greater feelings of loneliness than did non-offender controls” (p. 165).

When poor parent attachment was found in juvenile sex offenders, they illustrated detached relationships from parents, poor social skills, and peer relationships (Marshall et al., 1993). Marshall et al. suggested that when insecure attachments with parents are formed, the child will learn to “be fearful of intimacy, will lack self-confidence, and will not have the skills necessary to establish close relationships. Such a person will experience what is described as emotional loneliness and lack of self-esteem” (pp. 174-175). The authors further proposed that “this type of loneliness increases the probability that the person will engage in aggression toward others” (p. 174). Since a male’s sense of self is based on his sense of masculinity, which is “derived, at least in

part, from their sexual experiences, insecurely attached youngsters will seek out, or be attracted to, sexual scripts that depict them, by virtue of being male, as powerful, manly, and in control” (p. 175). This socialization is thought to lead to a juvenile sexually offending. Marshall et al. explain that sexual assault “requires none of the social skills that these boys have failed to acquire; it provides a rare opportunity...to experience power and control, and to be relatively unconcerned with rejection” (p. 176).

Psychoanalytic Model

Another model utilized to explain sexual offending is the psychoanalytic model. Based on Sigmund Freud’s work, the model views the individual as “the locus of malfunction” (Hoffman, 181, p. 6). “Trauma experienced in early childhood espouses the premise that the molester is ‘fixated’ at an infantile level and therefore chooses an immature sexual object.” Psychoanalytic theorists “view paraphilia as an expression of unresolved problems in childhood development” (Becker & Hunter, 1992, p. 76). Thus, unconscious symptoms are thought to rise from trauma in one’s past. Treatment consists of releasing the unconscious trauma and releasing the emotions of the event. Once emotions are identified and processed, the symptom is no longer needed (Hoffman, 1981).

Offense Cycle Model

A popular model applied to sexual offending is the offense cycle model. In this model, offending has a sequence of cognitive distortions and behaviors that lead to committing sexual abuse (Grant, 2000; Kahn, 2001). In this cycle, four phases occur: (1) A single trigger leads to deviant thoughts and fantasies about offending; (2) grooming and ritual, where the victim is chosen and manipulated to form trust and become close to the

offender; (3) the offense, or sexually acting out; and (4) the post-offense, where the offender attempts to cover up the abuse (Kahn, 2001). Prior to the offense cycle, four preconditions must be in place. Adapted from Finkelhor, Araji, Baron, Browne, Peters, and Wyatt's (1986) four-factor theory of adult sex offenders, the four preconditions of the offense cycle include : (1) motivation to offend, including emotional needs, deviant sexual arousal, and blockage (lack of alternative resources for gratification); (2) a break-down in internal barriers, or one's conscience, through cognitive distortions; (3) a break-down in external barriers, or manipulation of one's environment for an offending opportunity; and (4) a break-down of victim resistance (Becker & Hunter, 1992; Kahn, 2001).

A critique of the offense cycle model relates to empiricism. Although deviant sexual arousal has been found to motivate adult offenders to sexually abuse, few studies have been conducted on juvenile sex offenders, and none have been conducted comparing juvenile sex offenders to juvenile nonoffenders (Barbaree, Hudson, & Seto, 1993). Another critique argues against the idea of a single triggering event leading to the cycle's progression. Rather, Salter (2003) argues that an overall state of life dissatisfaction can provoke the cycle to perpetuate.

Relapse Prevention

The relapse prevention model is another popular approach to sexual offending. Originally created for the treatment of addictions, the relapse prevention model identifies a pattern of decisions that leads to relapse (Wilmot, 1992; Steen, 1999; Grant, 2000). The pattern of decisions is characterized by an offense chain. The steps include: (1) Abstinence, or maintaining appropriate decision making; (2) Seemingly Unimportant

Decision, or the apparent unimportant decision to engage in a behavior; (3) High Risk Situation, or the opportunity to reoffend; (4) Lapse, or the thought, idea, or fantasy to act out; (5) Giving Up, or thinking one cannot turn back and must proceed with the idea; and (6) the Offense, where sexual perpetration is committed. In assessing each choice of the offense chain, an offender can create alternative behaviors, including escape (immediately leaving the situation) and avoidance (planning ahead of time to avert opportunities). By anticipating one's choices, an offender can implement different choices, maintain healthy behavioral changes, and cope with problems in a healthy fashion (CSOM, 1999b).

Personality Theories

The last grouping of sex offender models includes personality theories. Hunter, Figueredo, Malamuth, and Becker (2003) proposed the theory of personality differences. This theory includes three types: (1) Psychosocial Deficits – such as “depression and anxiety, self-esteem, and self-efficacy.” Research found that “juveniles who sexually offend against children could be differentiated from nonsexual offending controls on the basis of greater deficits in self-efficacy and more negative attributional styles associated with pessimism...deficits in social competency and self-esteem” (pp. 31-32); (2) Hostile Masculinity – “dominance motives associated with negative perceptions of women and interpersonal rejection experiences (pp. 31-32); and (3) Egotistical-Antagonistic Masculinity – “reflects a stereotypically masculine sex role orientation and the tendency to aggressively seek dominance in sexual competitions with other males....Both

misogynistic fantasy and hypermasculinity have been found to predict higher levels of sexual aggression in juvenile sex offenders” (pp. 31-32).

In sum, there are many linear models utilized in conceptualizing and treating sexual offending. The current dominant models, applied in both research and treatment, are based on such an epistemology. Although linear models offer benefits in addressing sexual offending, they are not empirically founded on juveniles. In addition, they neglect areas such as family influences in treatment. When linear and systemic theories are combined, a more thorough conceptualization of offending behavior may be obtained.

Literature Review

Considering the large prevalence of juveniles who commit sexual crimes, many proposals have been made to identify causal factors of sexual criminal behaviors. However, as Sgroi (1982) states, there remains “much confusion . . . regarding the nature of the problem” (p. 1). Although there is no empirically identified “cause” of sexual offending, studies suggest many contributing factors to such abuse (Salter, 2003). Research on juveniles who sexually offend is meager compared to the empirical attention given to adult sex offenders, as the majority of research conducted on sexual offending is based on adult populations (Salter, 2003; Becker, 2004; Robinson, 2004). Of the research that is available on juvenile sex offenders, even less focuses on family experiences. Thus, although theories of juvenile sex offending exist, empirical data on juvenile sex offenders and their families is sparse. Therefore, there is a need to further investigate not just juveniles who sexually offend but also their family connections. This study aimed specifically at exploring what family interactions contribute to juvenile sexual offending.

The research conducted thus far on juveniles who sexually offend is limited to the scope and focus of individual factors rather than on family aspects. Such individual factors include sexual deviancy and arousal, typology, mental illness, substance abuse, nonsexual criminal behavior, academic functioning, and social skills deficits (Burgess, Groth, Holstrom, & Sgroi, 1978; Lewis, Shankok, & Pincus, 1979; Longo, 1982; Van Ness, 1984; Becker et al., 1987; Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Fehrenbach et al., 1986; Smith, 1988; Awad & Saunders, 1989, 1991). For example, researchers of juvenile sexual offending have argued against the belief that deviant sexual behaviors are simply due to “a matter of innocent sex play, experimentation, or that the sexual offenses were due to the normal aggressiveness of sexually maturing adolescents” but should rather be considered criminal and serious (Becker, Cunningham-Rathner, & Kaplan, 1987, p. 433). Sexual deviancy is further identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as a paraphilia (American Psychiatric Association, 1994). Federal and state laws also address sexual deviancy as a crime (The Texas Legislative Council, 2004).

The focus of typologies postulates that there is no profile of sex offenders and that an offender consists of all ages, socioeconomic status, ethnicities, religion, education levels, occupations, intelligence levels, mental status, and both genders. Offenders also differ on a wide range of variables, including types of offending behaviors committed, histories of child maltreatment, sexual knowledge and experiences, academic and cognitive functioning, and mental health issues (Knight & Prentky, 1990, 1993; Weinrott, 1996, 0998). Rather, typologies are used to describe such a heterogeneous group (O’Brian

& Bera, 1986; Weinrott, Miner & Crimmins, 1995, 1996; Pithers, Gray, Busconi, & Houchens, 1998b; Prentky, Harris, Frizzell, & Righthand, 2000; Becker, 2004).

Research has also associated mental illness as one characteristic identified with some sexual offenders, although the prevalence is debated in the literature. For example, some researchers state that fewer than five percent of juvenile sex offenders have been diagnosed with a mental illness while others claim that up to 80 percent have a diagnosable psychiatric disorder (Bagley & Schewchuk-Dann, 1991; Becker, Kaplan, & Tenke, 1991; Becker & Hunter, 1997; CSOM, 1999b; Lebelle, 1999; Talbot, Gilligan, Carter, & Matson, 2002; Fritz, 2003; Carpenter, Peed, & Eastman 1995).

Juveniles who commit sexual crimes are often abusing substances. Although substance abuse has been identified as a problem for many juveniles who have sexually offended, the role of substance abuse in committing the offense remains unclear and may not be related to all perpetrated acts (Kahn & Chambers, 1991; Lightfoot & Barbaree, 1993; Becker & Hunter, 1997; Bischof & Rosen, 1997; Miner, Siekert, & Ackland, 1997; Becker, 1998; Brown & Kolko, 1998; CSOM, 1999b).

Many juveniles who commit sexual offenses also engage in other types of criminal behaviors. Some youth have “long histories of delinquent and antisocial behavior and affiliate with delinquent peers” (Hunter et al., 2003, p. 28). A number of juvenile sex offenders also show a tendency for general criminal activities and mentalities (Fehrenbach et al., 1986; Kavoussi, Kaplan, & Becker, 1988; Becker, Kaplan, & Tenke, 1991; Becker & Hunter, 1997; Miner et al., 1997; CSOM, 1999b; Righthand & Welch, 2001; Becker, 2004).

Juvenile sex offenders often experience academic difficulties and social skills deficits. Such academic struggles are due to learning disorders (Awad & Saunders, 1989, 1991; Epps, 1991; Hunter & Goodwin, 1992; CSOM, 1999b; Righthand & Welch, 2001). Juveniles with sexual behavior problems have also illustrated significant deficits in social competence, such as inadequate social skills, poor peer relationships, and social isolation (Fehrenbach et al., 1986; Smith & Israel, 1987; Becker, 1990; Katz, 1990; Epps, 1991; Schram, Milloy, & Rowe, 1991; Rasmussen et al., 1992; Knight & Prentky, 1993; Righthand & Welch, 2001; Rasmussen, 1999; Miner & Crimmins, 1995; Vizard, Monck, & Misch, 1995; CSOM, 1999b; Prentky, Harris, Frizzell, & Righthand, 2000; Righthand & Welch, 2001; Talbot et al., 2002). Such deficits may create a lack social confidence, feeling socially inadequate, and anticipating peer ridicule and rejection, leading to a preference to socialize with younger children (Hunter et al., 1994). Although the aforementioned factors may be helpful in understanding and treating juveniles who sexually perpetrate, there is much left to consider, particularly from the family context.

Research on Family Factors

There is sparse research available on family factors associated with juvenile sexual offending. What little research that does exist will be discussed below. Literature suggests that juvenile sex offenders often experience family instability and disorganization, disruption in the family structure through death, divorce, or abandonment, financial stressors, childhood placement outside of the home, and sexual abuse (Burgess, Groth, Holstrom, & Sgroi, 1978; Lewis, Shankok, & Pincus, 1979; Longo, 1982; Van Ness, 1984; Becker et al., 1986; Becker, Kaplan, Cunningham-

Rathner, & Kavoussi, 1986; Fehrenbach et al., 1986; Smith, 1988; Awad & Saunders, 1989). However, there has been no research conducted on the family interactions of juvenile sex offenders from the juvenile's perspective. This study aimed to explore such family interactions by offering juvenile sex offenders an opportunity to have a voice and describe their perceptions.

A child's experience of family life is a fundamental component of his or her development. One's experiences in his or her family of origin will either positively or negatively impact personal development (Dean, 1988; Feldman, 2003). Researchers have explored how the family environment affects children's development and have related them to contributing to the juvenile's general criminal activity and delinquent behavior (Groth, 1979; Loeber & Dishion, 1983; Patterson & Stouthamer-Loeber, 1984; Pasqua, 2001). Although many researchers believe that family interactions contribute to juvenile offending, the specific family problems or characteristics that contribute are limited and unclear, as is the way in which they affect the adolescent's sexual development (Becker, 2004). Family variables thus far connected with offending include: family structure, poor father-son relationships, the number of family crises, criminal and sex offense history of family members, family religiosity and repression of sexuality, authoritarian parenting, poor communication, marital discord, emotional distance, economic deprivation, poor parenting skills, and poor parent-child communication (Hazelwood, 2003). Following is a brief description of some of these family characteristics.

Healthy vs. Unhealthy Families

Dean (1988) postulated that there is a difference between the qualities healthy families experience from those of unhealthy families. Her theory suggested the following 10 qualities of healthy families: (1) Authority – The adults hold a position of authority in the family while being flexible and respecting the opinions and feelings of the others in the family; (2) sharing time – All members of a family are considered important and they make effort to spend time with one another; (3) recreation and responsibilities – The importance of play and relaxation is balanced with the importance of responsibility and work; (4) quality time – The time family members share is of value and parents “exchange thoughts, feelings, and opinions” with their children (p. 9); (5) feelings – The family encourages acceptance of and expression of feelings by the members; emotions are not stifled or inhibited; (6) anger – Expressing anger is encouraged for growth and members are able to work through it; (7) honesty – Family members encourage honesty and they share openly with one another. Children learn it is safe to be truthful even if the truth is uncomfortable or disapproved of by others; (8) discussion – Family members are able to discuss difficult and sensitive areas with one another even though dealing with and accepting the topic may be arduous; (9) cooperation – The family works together as a team and the members are aware of responsibilities to each other; and (10) growth – The family respects and encourages individual growth in its members through love and support.

Dean’s (1988) theory also proposed 10 qualities of unhealthy families: (1) Authority – the parents assume absolute power over the children and hold inflexible

boundaries. The children's opinions and feelings are disregarded and viewed as unimportant; (2) sharing time – the family members do not share time with one another and are self-focused; children learn that their needs and interests are unimportant; (3) recreation and responsibilities – the family fails to balance play and relaxation with work and responsibilities. They do not experience fun and may be chaotic. Responsibilities are also negated or unequal among the members; (4) quality time – family members do not spend positive time with one another. Rather, their time together is experienced as negative, including “criticism, feelings of guilt, anger or fighting, unhappiness, controlling behaviors, and lack of communication” (p. 9); (5) feelings – the family discourages expression of feelings. Members learn to feel limited, negative emotions and learn to hide their feelings from others; (6) anger – anger is the main feeling openly expressed. Members harbor their anger and do not learn to process through it or forgive; (7) honesty – the family is tolerant of lying and keeping secrets. Parents model dishonesty and secrecy to their children, who repeat the pattern in their own lives; (8) discussion – the family avoids communicating about sensitive areas and manages them through denial, lies, or secrecy; (9) cooperation – the family focuses on the dysfunctional parents and the others' needs are secondary. The members fail to function as a unit and they learn that others' needs are more important than their own; and (10) growth – individual growth is discouraged and the focus is on the family chaos rather than each other. Members do not learn to nurture, encourage, support, or love others; rather, they learn negative behaviors and feelings. Members also learn to neglect their own needs and focus on others.

Family Structure

Although research on juvenile sex offender families is sparse, family structure has been proposed to impact the juvenile's development. For example, approximately half of the juvenile sex offenders are reared in two-parent homes while the other half have experienced some parental loss through divorce, illness, death, adoption, or temporary separation (Lebelle, 1999). Studies of juvenile offender families show offenders often live in single-parent or blended families while others show they live in intact families (Lebelle, 1999). Other studies have found that less than one-third of juvenile sex offenders resided with both birth parents. Many juvenile sex offenders have experienced physical and/or emotional separations from one or both of their parents, due to family instability, parental separation or divorce, or residential placement of the juvenile (Kahn & Chambers, 1991; Fehrenbach et al., 1986). Family financial strain is also attributed to juvenile sex offending. For example, Pithers, Gray, Busconi, and Houchens's (1998a) study of juvenile sex offenders found that caregiver financial stressors were high, including living below poverty level, and requiring much effort to meet the basic needs of the family.

Parental Supervision

Problems with parental supervision are an identified factor with some juvenile sex offenders. According to researchers, adequate support and supervision may be lacking in the families of these juveniles (Borduin et al., 1990; Hunter & Figueredo, 1999). The juvenile sex offender is skilled in manipulating his or her external environment to create opportunities to offend. Therefore, a child with negligent parental supervision will have

more opportunities to offend (Rasmussen et al., 1992). For example, single-parent homes and stepfamilies may lead to a higher risk of adolescents becoming sexually active with relatively low levels of parental supervision, support, and control (Hogan & Kitagawa, 1985). Sgroi (1982) suggests that examples of poor supervision include “parents who permit young children to frequent public places...unaccompanied by a responsive caretaker. Parents who do not screen and set limits on their children’s playtimes, playmates, and play areas are also exercising poor supervision.” Sgroi explains that “many cases of child sexual abuse are occurring within a milieu of complete parental abdication of supervisory responsibility” (p. 242). Inappropriate sleeping arrangements are also considered to be a risk for sexual offending, for “doubling up children of the opposite sex to sleep together in the same bed or even in the same room also creates an unnecessary risk of inappropriate sexual activity” (Sgroi, 1982, p. 243).

Communication

Researchers suggest that families of juvenile sex offenders lack open communication and education about sexuality, resulting in unclear messages and misinformation (Becker & Hunter, 1997; Bischof & Rosen, 1997; Becker, 1998; Brown & Kolko, 1998; CSOM, 1999b). Righthand and Welch (2001) also report that the families of both sex offenders and offenders of nonsexual crimes illustrate more negative communication than positive communication. Studies have found that supportive communication and comments that facilitate dialog between parents and children are limited in the families of juvenile sex offenders, whereas negative communication, such

as aggressive statements and interruptions, are frequent (Blaske, Borduin, Henggeler, & Mann, 1989).

Relationship Factors

Research has suggested that families of juvenile offenders differ from other families by exhibiting “(1) a more disturbed marital relationship, (2) a more disturbed parent-child relationship, (3) more rigidity, (4) less support and concern, (5) less spontaneous agreement, and (6) less effective communication” (Fisher, 1986, p. 393). James and Nasjleti (1983) studied adult incest offenders and identified certain common family relationship patterns. In these offenders, the family was emotionally isolated and lacking the skills to maintain relationships outside the family. There was a “history of loss or separation from their families of origin;” thus, “loyalty to the nuclear family means survival” (p. 35). The study also found that mothers tended to physically withdraw from their children and were uncomfortable with touching. Trepper and Barrett (1989) discussed other theorists discussing incest families. These authors proposed that incest further identified families as typically having a strong patriarchy, “poor marital relationships, . . . poor mother-daughter relationships,” and having very sexually active members (p. 9). The quality of parent-child relationships is found to be related to the congruence of parent and child sexual attitudes. Families with positive relationships experience emotional closeness and understanding, which may delay the onset of adolescent sexual behaviors (Henggeler & Hanson, 1985; Hovell, Sipan, Blumberg, Atkins, Hofstetter, & Kreitner, 1994; Fisher, 1986). Smith and Israel (1987) found that some parents of juveniles who sexually abused their siblings were physically and/or

emotionally inaccessible and distant. Miner and Crimmins (1995) also found that sex-offending juveniles appeared to be more disengaged from their families than were other juveniles and, consequently, may have been cut off from possible sources of emotional support and less able to form positive attachments. In addition, a study by Hanson, Henggeler, Haeefe, and Rodick (1984) found that juvenile criminal behavior was linked to cold and conflictual father-son connections while Henggeler and Hanson's (1985) study found mother-son relationships lacked warmth and positive communication.

Boundaries

The modeling of healthy boundaries is important in a child's development, as children "learn about appropriate boundaries from parents, teachers, other adult caretakers, and friends" (Rasmussen et al., 1992, p. 38). Lerner (1988) claimed that the families of juvenile sex offenders have dysfunctional boundaries. She defined a boundary as how one distinguishes one's self from others and ensures behaviors are appropriate and inoffensive. Lerner (1988) explained that physical neglect creates a need for affection, which leads to attention-seeking children and adults, who then invade the space of others. She further stated that a child "without boundaries will not know when someone is physically, emotionally, or intellectually violating them" (p. 6). According to Johnson (1998a, 1998b), juveniles with sexual behavior problems generally experience "a number of significant boundary violations" (p. 83) in their homes, which contribute to the child's lack of boundaries and sexually aggressive behavior. Rasmussen et al. claimed that "when families have difficulty relating to the outside world and become socially

isolated, their problems with external boundaries may be manifested by inadequate social skills” and a lack of intimacy (pp. 37-38).

Kahn (2001) proposes three types of boundaries that impact juvenile sexual offending: physical, social, and emotional. (1) Physical boundaries refer to one’s level of comfort with physical touching and contact. Lerner (1988) states that physical boundaries are “most often violated by physical violence, incest, or neglect. . . .Our bodies and emotions tell us when someone is violating our space” (p. 2). She explains that children with abusive parents “learn to distrust their senses and their emotions” and “begin to form a protective wall of anger and fear instead of a healthy physical boundary. . . unavailable for intimacy” (pp. 2- 5). (2) Social boundaries reflect cultural norms and rules of appropriate behaviors and ideas. Accepted actions and beliefs in one culture may be offensive in another. (3) Emotional boundaries refer to one’s emotional comfort in situations and with others. “Emotional boundaries are violated when a person cannot have private thoughts and when others’ feelings are projected onto them” (Johnson, 1998a, p. 83).

Parentification of children is one type of emotional boundary violation that is thought to contribute to offending behaviors. According to Henderson, English, and MacKenzie’s (1989) study of juvenile incest offenders, the offender was commonly found assuming a parent role and caretaking for a younger sibling. The offending behavior is used as an expression of resentment for being required to fulfill a parent’s role. James and Nasjleti (1983) further stated that children who sexually abuse their siblings may also be assuming the parental roles in a family due to lack of appropriate

parenting by the adults. Lerner (1988) postulated that the parentification of children is a violation of emotional boundaries, “damaged in the family by role reversal, emotional incest, shaming and humiliation, and enmeshment” (p. 7). Parentification occurs when parents fail to function as adults, relying on the children to become responsible for meeting their needs. Children learn quickly to emotionally shut down and neglect their own needs. Cavanagh (1998a) supports this notion and postulated that “when there are role reversals in the home, the children’s emotional boundaries are disregarded” (p. 83). She further stated that in families with poor boundaries, “children are placed in the role of protector of a parent, are told the details of the parents’ problems, and become the friend or confidante of the parent” (Cavanagh, 1998a, p. 83). Cavanagh (1998a) proposed a fourth boundary, sexuality. She asserted that sexual boundary violations “include children being told the sexual intimacies of the parent, being put in the role of the surrogate boyfriend/girlfriend, observing intimate sexual behaviors by the parents, and being encouraged to act in sexually seductive ways” (p. 83).

Parental Modeling

Like boundaries, parents model appropriate behaviors and beliefs to their children through their personal actions and morals. Families hold a primary influence on adolescents through social learning, role modeling, control, and supervision (Rossi & Rossi, 1980; Maccoby & Martin, 1983). Families also instill norms and role models for accepted sexual behaviors and boundaries (Thornton & Camburn, 1987; Hovell et al., 1994). One type of unhealthy parent modeling found with juvenile sex offenders is in the parents’ sexual pathology and exposing the juveniles to their sexual behaviors (Smith &

Israel, 1987). Araj (1997) suggests that families with “highly sexualized environments (e.g. exposing children to sexual activity, pornography, and both covert and overt sexual abuse)” model unhealthy sexual boundaries to their child offenders (p. 87). Sgroi (1982) also states that children living in homes with adults engaging in frequent sexual activity with multiple caretakers are at great risk for sexual abuse. Exposure of many adults who are engaging in casual sexual encounters creates confusion for the child.

Basic family behaviors may also model inappropriate boundaries for juveniles. For example, Sgroi’s (1982) study of incest offenders illustrated that “people wander into bedrooms or bathrooms, opening closed doors, and walking in on others while they bathe, go to the toilet, and undress. Bedrooms, beds, closets, drawers, and clothing tend to be used interchangeably by everyone.” In particular, parents appear to “have little respect for the privacy of the children or siblings for each others’ privacy” (p. 34). Further, “inappropriate genital exposure, lack of privacy with respect to bathroom and sleeping arrangements, and permitting physically intimate behavior by parents and children” create unhealthy sexual modeling for offenders (pp. 242-244). In addition to sexual overexposure, parents may also fail to educate their children about sexuality (Kaplan, Becker, & Cunningham-Rathner, 1988). Rather, Gil (1995) suggested that parents contribute to their child’s sexually offending behaviors. Parents need to discuss sex with their children openly and offer guidance to manage confusing and strong sexual feelings that adolescents experience.

Family violence also models unhealthy functioning for juveniles. Davis and Leitenberg (1988) offered a model suggesting four influences of family violence on

juvenile sexual offending: (1) When families tolerate physical aggression and marital violence, juveniles learn this is acceptable behavior; (2) neglect and abuse may lead to the juvenile seeking revenge on other people; (3) parental abuse may lower the juvenile's self-esteem and the sexual perpetration may be an attempt to improve self-worth; and (4) parental abuse may desensitize the juvenile to intimate relationships with peers, who consequently, may sexualize social relationships with others.

Parenting Styles

Closely related to boundaries are parenting styles. One type of parenting style that is detrimental to a child's development is authoritarian parenting (Lerner, 1988). According to Lerner (1988), parents who control their children's perceptions encourage dependency and discourage responsibility, thus having a negative impact on the children's functioning. She explained that when children become dependent on their parents to think for them they fail to develop the ability to think for themselves (Lerner, 1988). Lerner (1988) further stated that when children are "punished, ridiculed, or overruled" for holding their own ideas of the world, they learn to distrust their own instincts and beliefs. She explains that that "adolescents raised in a distorted reality often will follow whoever is in charge....A damaged intellectual boundary will cause them to mistrust their beliefs and go with the group" (p. 12). Fisher (1986) postulated that in families with overcontrolling and overmonitoring parents, adolescents may feel resentful and more rebellious and thus more likely to engage in sex. Similarly research reports that parents of juvenile sex offenders were more likely to be overly ambitious for their

children and excessively critical of poor school grades (Bagley & Shewchuk-Dann, 1991; Righthand & Welch, 2001).

Other types of poor family boundaries thought to contribute to juvenile sexual offending include lack of stability, consistency, routine, and chaos (James & Nasjleti, 1983). Righthand and Welch (2001) suggested that many juvenile offenders tend to have family instability, created by experiencing multiple male adult caregivers and/or desertions by a father figure. The authors stated that the parents of offenders have higher levels of marital stress, have more mental health problems requiring intervention, and that fathers tend to abuse alcohol. Likewise, Miner et al.'s (1997) study of juvenile sex offenders found that approximately 60% of the fathers had substance abuse histories, and 28% had criminal histories. The mothers, however, were more likely than the fathers to have a history of psychiatric illness and treatment. Furthermore, nearly one-fifth of the subjects' siblings had criminal histories, and 29% of biological siblings and 20% of stepsiblings had psychiatric histories.

History of Abuse

There is an abundance of research linking childhood abuse to sexually offending behaviors with a detrimental impact on a child's future functioning. A history of physical abuse, sexual abuse, neglect, or family violence can be found in the background of most adolescent sex offenders and is thought to contribute to their offending behaviors (Mrazek, 1981; National Adolescent Perpetrator Network, 1993; Becker & Hunter, 1994, 1997; Ford & Linney, 1995; Bischof & Rosen, 1997; Becker, 1998; Brown & Kolko, 1998; CSOM, 1999b; Ellason & Ross, 1999; Lebelle, 1999). According to the National

Clearinghouse on Family Violence [NCFV] (2004), many juvenile sex offenders grow up in abusive families where alcoholism, substance abuse, and domestic violence are commonplace. The NCFV (2004) suggested that this daily modeling teaches children that anger, frustration, and personal needs can be dealt with by the use of force and violence. Pasqua (2001) cited research that found early life experiences were a significant factor in the lives of a substantial number of 785-selected sex offenders. Becker (2004) cited research of 256 juvenile sex offenders indicating that 70% had been sexually victimized and 66% had been physically abused. In addition, a study of male juveniles by Knight and Prentky (1993) found that the perpetrators had experienced more family physical abuse or neglect than non-offending juveniles. Through their findings, they postulated that juvenile sexual aggression may be an expression of their sexual victimization or modeling from observed sexual abuse in the family. Other research has reported that 40% to 80% of sexual abusers have themselves histories of sexual abuse and 20% to 50% have histories of physical abuse (Talbot et al., 2002). Following is a brief description of physical, emotional, and sexual abuse and the impact on adolescent sexual aggression.

Knight and Prentky (1993) identified certain abusive factors that may have relevance for juvenile sex offenders in particular who have been maltreated by their families. For example, they cited studies indicating that abused children evidence less empathy than nonabused children, have trouble recognizing appropriate emotions in others, and have difficulty taking another person's perspective. This observation is consistent with research indicating that cognitive distortions, such as blaming the victim, were associated with increased rates of sexual reoffending among juveniles who

committed sex offenses (Kahn & Chambers, 1991; Righthand & Welch, 2001; Schram et al., 1991). However, it is important to note that research also states such abuse does not predict future sexual aggression in its victims. There are a multitude of issues contributing to sex offending behavior in adolescents and abuse histories are but a part of them (Becker & Murphy, 1998). For as Fritz (2003) stated, “histories of experiencing childhood maltreatment and sexual abuse are common but not universal among juvenile offenders, and most victims of child abuse do not become sex offenders” (p. 8).

Physical abuse

There is a plethora of research available showing that exposure to physical violence has a detrimental impact on an adolescent’s functioning. For example, Stagg, Willis, and Howell’s (1989) study found that male children, in particular, who are exposed to domestic violence tend to act out the conflict or tension through aggression with others. Therefore, exposure to family violence is linked to the likelihood of sexually offending as an adolescent, as well as the severity of psychosexual disturbance (Fagan & Wexler, 1988; Smith, 1988; Johnson & Knight, 2000). Exposure to violence in one’s cultural setting can also be detrimental. According to recent studies, exposure to severe community violence, such as gang life and murder, may also increase the likelihood of engaging in violent and antisocial behavior (Barbaree et al., 1993). Thus, experiencing physical abuse may not only model violent behaviors to juvenile sex perpetrators, but may relate to their expressing such abuse through their offenses.

Emotional Abuse

The effects of the exposure to physical violence may be combined with other detrimental developmental experiences, such as emotional abuse and neglect (O'Keefe, 1994). Two forms of emotional abuse, shaming and humiliation, have been found to negatively impact a child's development. According to Lerner (1988), "parents who constantly humiliate and blame raise emotionally deprived children. Shame eats away at the bond between parents and children and teaches children to humiliate and shame others as well as themselves" (p. 8). Such humiliating and shaming of others can become factors in a juvenile's sexual offending. James and Nasjleti (1983) found that adult male offenders commonly experienced "emotional deprivation at an early age," including "early loss and separation in the family of origin." Such loss may include "physical separation from one or both parents or an emotionally unavailable parent" (p. 17). Just as juvenile sex offenders may express their exposure to physical abuse through their offenses, so too, may they express their emotional trauma through their sexual violence.

Sexual Abuse

Of the types of abuse occurring, sexual abuse is perhaps the most empirically focused upon in relation to juvenile sexual offending. Extensive research has shown that sexual abuse has a substantial impact on juvenile sex offenders. According to White and Koss (1993), "early sexual experiences, including sexual victimization, have been found to be predictive of sexual aggression....Early sexual experiences, especially abusive ones, may shape a young man's notion of normal sex." They further suggested that "the psychological consequences of abuse may include lowered self-esteem, another factor

predictive of sexual assault” (pp. 187-188). There is also a plethora of research showing that female adolescent sex offenders were victims of extensive sexual abuse with multiple perpetrators more than their male juvenile sex offender counterparts (Bumby & Bumby, 1997; Fehrenback & Monastersky, 1988; Howley, 2001; Salter, 2003; Robinson, 2004).

Incest appears to be the most researched form of sexual abuse and research suggests it negatively affects a child’s ability to form boundaries, relationships, and manage emotional needs. For example, James and Nasjleti (1983) stated that, “sibling incest is the most common form of incest” and that it most often “occurs in families where an adult is sexually abusive” (p. 178). According to Rasmussen et al. (1992), children learn about forming appropriate and inappropriate boundaries from significant adult role models and friends. If children are molested at a young age, they “grow up relatively confused about personal space; cultural reservations regarding acting upon sexual impulses are not in place” (pp. 37-38). This may also be attributed to family interactions where the mother or father was incestuously abused as children (Trepper & Barrett, 1986).

Juveniles may parallel their own sexual victimization experiences and sexually offend others as an attempt to recreate their past trauma and develop control over feelings (Hunter et al., 2003). James and Nasjleti (1983) stated that one consequence of childhood sexual abuse is due to teaching sophisticated sexual activity with younger children. “This enhanced sexual awareness coupled with anger associated with physical and/or emotional abuse can lead to an offense” (Rasmussen et al., 1992, p. 35). Thus, children learn advanced sexual behaviors that they cannot developmentally understand or manage. The

authors also postulate that abuse victims may molest younger children “in an effort to communicate their own victimization” at a subconscious level (James & Nasjleti, 1983, p. 4). They further suggested that children who “become sexually active with siblings may be simulating or duplicating the sexually abusive behavior of the adults in the family” (p. 15). Thus, vicarious learning or witnessing abuse is just as detrimental as experiencing the abuse personally. James and Nasjleti (1983) implied that juvenile sexual offending may serve to “master events in the molester’s past” by repeating their own sexual abuse (p. 20). The offender becomes the aggressor through the abuse and “punishes the child for what he dislikes in himself-his weakness, his helplessness. By becoming the aggressor rather than the victim, he gains a sense of mastery. It is his defense against profound feelings of insecurity and vulnerability” (p. 20). Gil (1995) also stated that sexual offenders who have been themselves molested might “repeat the molesting behaviors in an effort to make sense of what happened, or correct what happened” (p. 14). She explained that “there may also be a hidden need to ‘master’ earlier painful or scary experiences by recreating them in order to control the outcome” (p. 15).

Although a substantial number of juvenile sex offenders were themselves victims of sexual abuse, this is not a causal factor in perpetrating. According to Groth and Birnbaum (1979), while one third of adult sex offenders had some form of childhood sexual trauma, 58% did not. In addition, Groth’s (1979) research of adult sex offenders found that one third of the perpetrators appeared to contain some form of sexual trauma

during their childhood while two thirds did not. Therefore, other family of origin interactions may be beneficial to consider.

In conclusion, the research on juvenile sexual offending is sparse and limited. Empiricism primarily focuses on individual factors separate from the family systemic influence. The modest amount of family-based literature available suggests that adolescent sexual offenses should be considered as a reflection of developmental problems occurring in the family. Although family experience has a great influence on child development, little research on offender families remains. Furthermore, no research exists on the juvenile sex offender's personal perceptions of family interactions. As family experience greatly influences a child's development, it would be useful to explore such an understudied premise (Feldman, 2003). This study aimed not only to expand this understudied area but to explore if such aforementioned qualities are experienced by the participants in this study.

Sex Offender Treatment

As research on juvenile sex offenders is conducted, the findings are incorporated into rehabilitative treatment to cease the abuse. As previously discussed, the dearth of research conducted on this population hinders such treatment. Likewise, as juvenile sex offender parents are required to attend therapy, the treatment provided is not empirically based on this population. This study aimed at expanding the understanding of juveniles and their families who commit sexual crimes to advance the knowledge and treatment of offending. Following is a brief discussion of the limited treatment currently available.

Recognizing and understanding sexual abuse is relatively new in Western American culture. Understanding the complexities and pervasiveness of this crime has only begun. For example, Denov (2001, 2003) stated that previous research in the 1950s suggested that sexual abuse was rare, occurring one in one million cases. Although sexual abuse was occurring, society was slow to both recognize and discuss this problem. Reporting of sexual abuse rose in the mid 1970s and 1980s as victims began to break their silence (Denov, 2001, 2003; Langstrom, 2002; Auburn & Lee, 2003; Salter, 2003). While the treatment and theories of sexual offending are slow to evolve, sexual abuse is considered a prevalent and significant problem.

Research has stated that nearly half of all child sexual abuse and 20% of all rapes in this country are perpetrated by juveniles, committing the same types of offenses as their adult counterparts (Showers, Farber, Joseph, Oshins, & Johnson, 1983; Davis & Leitenberg, 1987; Becker, Harris, & Sales, 1993; Becker & Hunter, 1997; Bischof & Rosen, 1997; Becker, 1998; Brown & Kolko, 1998; CSOM, 1999b). Due to the rise in juvenile sex offending, federal and state criminal systems have implemented the juvenile prosecution of sexual crimes and public registration as a sex offender (Bala & Schwartz, 1993; Sickmund et al., 1997; Hunter & Lexier, 1998; Hunter, Ryan, Sinclair, Carter, & Matson, 1999).

As juvenile sex offenders are prosecuted through the legal system for their perpetrations, they are often mandated to attend therapy in preference to incarceration in effort to prevent recidivism and continued offending into adulthood (Knight & Prentky, 1993; Weinrott, 1996; Lebelle, 1999; Murphy & Page, 2000; Fritz, 2003; Becker, 2004).

Although no research indicates for certain that juveniles are destined to continue offending into adulthood, a significant number of juvenile sex offenders do, indeed, develop into adult offenders (Groth, Longo & McFadin, 1982; Fehrenbach et al., 1986; Gil, 1995; Fritz, 2003; Becker, 2004).

The current accepted treatment protocol for sex offender rehabilitation is individual or group therapy based on a cognitive-behavioral model. The parents of juvenile sex offenders, however, are adjudicated to attend parent therapy with their offending children. These parents receive the same cognitive-behavioral treatment protocol as their children (Counsel on Sex Offender Treatment, 2004a; Taylor, Worry, & Ruedas, 2004).

Justification for Treatment

A number of studies suggest that the majority of sexually abusive children are amenable to, and can benefit from, treatment (Hunter et al., 1999). Research also shows that sex offenders who participate in offender treatment have lower rates of recidivism than those who do not (Barbaree et al., 1993; Becker et al., 1987; Sickmund et al., 1997). For example, Becker (2004) reported that current research shows that the recidivism rate for juvenile sex offenders who receive treatment is under 11%. Bala and Schwartz (1993) suggest that the juvenile criminal system assumes that juveniles are more rehabilitative and is preferred to their incarceration. Since most sex offending begins during adolescence, the earlier treatment is offered to sexual offenders, the more likely recidivism is prevented (Taylor et al., 2004).

Although sex offenders cannot be "cured" from their perpetrations, many sex offenders can learn to manage their behaviors through specialized treatment and supervision (CSOT, 2004b). Reasons for treating sex offenders are abundant. A primary reason to rehabilitate is to ensure public safety, as the majority of sex offenders eventually return to the community. In addition, victims benefit from rehabilitation as treated offenders are more likely to make emotional and psychological restitution for the deviant behavior. Treatment is also more cost beneficial for the community in the investigation of the crime, the trial, incarceration, and supervision. More importantly, treatment reduces recidivism and prevents further victimization (Taylor et al., 2004).

Treatment has been empirically shown to be important in preventing and managing future sexual offending (Barbaree et al., 1993; Becker et al., 1987; Sickmund et al., 1997). Multiple studies have illustrated that a significant number of juvenile sex offenders continue their perpetrations throughout their adolescence and into adulthood (Abel et al., 1993; Langstrom, 2002). In general, the sexual arousal patterns of sexually abusive youth appear more changeable than those of adult sex offenders, and therefore show promise in receiving treatment (Hunter & Becker, 1994; Hunter et al., 1994; Murphy, DiLillo, & Haynes, 2001). However, there are opposing studies arguing the progression of sexual offending from childhood into adulthood, and researchers also disagree on the efficacy of sexual offender treatment. For example, James and Nasjleti (1983) challenged the notion that juveniles are not destined to continue abusing into adulthood and they suggest that adolescents will repeat patterns of molesting children if they are not treated. However, Groth et al. (1982) suggested that relatively little is known

regarding the effectiveness of treatment approaches. Because adolescents are still in a phase of development and becoming, they are more amenable for changes brought on by therapy and modifications in parental modeling than their adult counterparts (Becker, 2004). Gil (1995) further postulated that “once a sexual attraction to children has been established, youngsters need professional help to redirect their sexual interest to appropriate peer partners” (p. 15).

The current standard treatment of sexual offending requires specialized training in working with sexual offenders for professional therapists. For instance, the therapeutic training required to treat sexual offenders in the state of Texas includes a master’s degree in the field of counseling or related field, the Licensed Professional Counselor (LPC) state licensure or Licensed Counselor of Social Work (LCSW) state licensure, and the Licensed Sex Offender Treatment Provider (LSOTP) licensure. The clinical hours and Continuing Education Units required in obtaining the licensures include individual and group offender therapy; family therapy is not recognized.

Treatment Protocol

The treatment protocols utilized in sex offender rehabilitation have evolved through the years. In the early 20th century, sexual offending was viewed by professionals as committed only by males and resulting from intrapsychic conflicts. The treatment approach was psychoanalytic and assumed the offending behaviors were out of the individual’s control. In the 1940s, sexual offending was considered as a biological problem. Medical treatment was utilized, including hormonal medications. The 1950s shifted from a medical model to viewing sexual offending as resulting from deviant

sexual arousal. Treatment aimed at altering deviant fantasies and sexual arousal patterns. In the 1970s, treatment expanded this focus to include cognitive distortions held by the offender; which were errors in thinking that served to minimize the guilt and shame of offending behaviors. Cognitive-behavioral treatment and victim empathy training was utilized to adjust the distorted thinking. The late 1980s and early 1990s altered the cognitive-behavioral approach and applied addiction relapse prevention and cycle models to sexual offending. Likewise, specialized treatment for sexual offending emerged as well as creating multisystemic treatment teams to aid in rehabilitation. Family systemic concepts began being applied to sexual offending in the 1990s. This decade approached sex offender intervention in the family and community context. In addition, the 1990s began addressing juveniles who sexually offend (Auburn & Lee, 2003; Denov, 2001, 2003; Langstrom, 2002; Marshall, 1996; Salter, 2003; United States Conference of Catholic Bishops, 2004). It may be helpful to consider juvenile sex offending in a family systemic basis; however, such conceptualizations are currently underutilized.

The traditional sex offender treatment is different than general psychotherapy. Based on the stance that sexual offending is harmful, deviant, and criminal, treatment involves court mandated attendance, high confrontation, strict structure and treatment requirements, focus on victim impact and empathy, concentration on altering cognitions and behaviors, and confidentiality is limited to the multisystemic team. Sex offender treatment requires a unique approach because of the substantial control a therapist must exercise over the client due to the concern for community protection. With sex offender treatment, community safety takes precedence over any conflicting consideration, and

ultimately treatment providers must be accountable for what is in the best interests of society. Stringent rules and standards of practice provide a framework for treatment providers and delineate professional expectations for the treatment of sex offenders (Taylor et al., 2004).

Most sex offense theories propose that the perpetrations are not impulsively committed. Rather, most offenders are thought to engage in a cycle of offending behavior. As previously discussed, the dominant treatment model consists of the sexual offense cycle and relapse prevention. The offense cycle reflects a pattern of thoughts and behaviors that lead to offending (Salter, 1988; Ryan, Lane, Davis, & Isaac, 1989; Steen, 1999; Kahn, 2001). This model postulates that there are four preconditions present prior to beginning an offense cycle. The first of these preconditions is the motivation to offend based on emotional needs, deviant sexual arousal, and blockage of socially acceptable outlets. Emotional needs are postulated to be a major incentive to commit sexual abuse. As an offender struggles with meeting emotional needs in a healthy way, sexual contact is considered a way to meet those needs. For example, in a study of 59 incarcerated, adult sex offenders, sex was utilized as a coping skill for emotions (Cortoni, 1999). Power, anger, and control are considered important emotional needs contributing to committing a sexual offense (Hazelwood, 2003) As one feels powerless in life, power and control is gained through manipulating and taking advantage of a more vulnerable victim. For example, Drapeau, De Roten, and Korner's (2004) study of 20 adult sex offenders found that the participants had core issues of power and control. Hunter et al. (2003) explained that as juvenile sex offenders have "greater deficits in psychosocial functioning, [and]

lack of social confidence,” they feel “socially inadequate and anticipate peer ridicule and rejection.” Such self-image leads to a feeling of social isolation, “sadness and loneliness,” and may prefer the company of younger children to compensate (p. 42). In addition, James and Nasjleti (1983) claimed that juveniles commit sexual assaults on children to gratify more than just sexual urges. They suggested that sexual offending appears to be an “outlet to express hostility, a means to feel powerful, a way to master an event from the past, or a method of validating heterosexuality; or they may serve as an outlet to express hostility and to feel in control of situations” (p. 20). A juvenile sex offender has learned that overtly expressing anger is detrimental, which leads to suppression of anger and fosters issues of power and control. “Power and control are gained by sexually exploiting young children, who are accessible and are easily controlled by authority...[and] are unable to retaliate” (p. 20). The authors further suggested that male juvenile sexual offending may also serve to validate one’s heterosexuality. They explained that many male juveniles worry that they are homosexual due to being sexually molested by male perpetrators. Sgroi (1982) further suggested that sexual offending “tends to be classified as a sexual problem” (p. 1). The treatment of it is therefore approached as treating sexual abnormality. However, Sgroi (1982) stated that motivation to sexually offend is not due “primarily by sexual desires; instead...they tend to engage in sexual behaviors with children in the service of nonsexual needs, especially the need to feel powerful and in control” (pp. 1-2). Thus, sexual offending “involves a sexual expression or acting out of nonsexual issues” in effort to meet emotional needs (p. 2).

Adolescents are theorized to have little direction about appropriate outlets for their sexual expression and urges, which leads to blockage. Blockage is defined as the inability to meet sexual urges or emotional needs in healthy ways (Kahn, 2001).

According to Gill (1995), many adolescents who commit sexual crimes do not have the internal or external resources to cope with peer pressure to be sexually active. Sexual abuse may serve to alleviate the physical and emotional pressure to gain sexual knowledge and experience. Another precondition is the breakdown in internal barriers (one's conscience) through the use of cognitive distortions (Kahn, 2001). According to a study of 36 adult sex offenders conducted by Blumenthal, Gudjonsson, and Burns (1999), all offenders endorsed using distorted thinking to minimize their abuse.

The remaining preconditions include a breakdown in external barriers (manipulating the environmental structures preventing sexual abuse) and a break down in victim resistance through grooming (manipulation of the victim to gain trust) (Kahn, 2001). A study of juvenile sex offenders by Fehrenbach et al. (1986) suggested that "the nature of the relationship between offender and victim may be critical. Selection of a victim from within one's family rather than an acquaintance or stranger has implications for the role of family interactions," thus contributing to the victim's vulnerability for sexual abuse (p. 231). Although such researchers acknowledge the importance of considering family interactions in sexual offending, the dominant offender treatment models fail to address such issues.

Once the four preconditions are present, the offense cycle begins. Negative thoughts, feelings, and fantasies are triggered, a victim is chosen, the victim is groomed

or manipulated to trust the offender, the offense occurs, and is concealed during the post-offense phase. During this cycle, offenders implement planning and forethought in preparing their victim and in conducting their sexual abuse. In this model, offenders are viewed as manipulative, secretive, devious, and deceptive with the intent to gratify self while sacrificing others' wellbeing (CSOM, 1999b; Kahn, 2001).

Regardless of the offense cycle's extensive use in treatment, researchers find problems with model. For example, Weinrott (1996) stated that although the offense cycle has been used in sex offender treatment for nearly 20 years, this model has not been empirically validated. Weinrott (1996) also claimed that the model is not generalizable for all offender types. Further, the model is adapted from a substance abuse model, which creates problems when applying it to sex offending. As Salter (2003) explained, unlike addiction models, sexual offending includes premeditation and intent to abuse; an important factor that is neglected in the model. In addition, the offense cycle model implies there is a homeostasis provoked by an isolated stressor. Rather, researchers postulate that there may be a general negative life environment contributing to the offending (Salter, 2003). Chaffin and Bonner (1998) further argued against the dominant treatment approach, stating that "despite their wide acceptance, it is our opinion that clear, empirical scientific support for each and every one of these conventional wisdoms is either minimal or nonexistent" (p. 314). Lastly, researchers argue against applying this model to juvenile sex offenders, as its relevance and appropriateness with this population has not been empirically demonstrated (Hunter et al., 2003). Thus, regardless of the

extensive use of the current therapeutic models, there is a great need to expand the approach and explore additional factors associated with offending.

The second traditional treatment model for sexual offending is relapse prevention. This model focuses on identifying the chain of events that occur during offending in effort to prevent reoffending. The relapse prevention includes the following steps: (1) Abstinence – not committing or planning any offending behavior; (2) Seemingly Unimportant Decision (SUD) – a decision that appear reasonable but leads to an opportunity to reoffend; (3) High Risk Situation –the opportunity to offend; (4) Lapse – a thought, idea, or fantasy that leads to the offending behavior; (5) Giving Up –feeling there is “no turning back” and choosing to proceed with the behavior; and (6) Reoffense – the sexual offense reoccurs. Alternative behaviors are created to prevent the reoffending behavior, including avoidance, or planning ahead to prevent any reoffending opportunity, and escape, or immediately leaving the risky situation (Steen, 1999).

Other issues addressed in sex offender treatment include the following:

(1) Arousal control - control of deviant sexual arousal, fantasies, and urges to act out deviant behaviors; (2) cognitive distortions – also labeled as thinking errors. These thoughts allow a sex offender to rationalize, minimize, and justify the abuse are addressed and restructured to recreate responsibility and recognize consequences for the offense. Techniques to change thinking include thought stopping, or ceasing the improper thought by considering consequences of the behavior or utilizing outside stimuli, and thought switching, or changing inappropriate thoughts to appropriate ones; (3) victim empathy – understanding the impact of the sexual abuse on victims and reestablishing the

ability to empathize with others' feelings; (4) socialization – basic social skills are taught to improve the sex offender's ability to appropriately connect with age-appropriate peers and family members; (5) polygraphs – used to measure honesty about one's sexual offending and compliance with treatment; and (6) penile plethysmograph and psychosexual assessments - physiological and psychological measurements of sexual arousal in response to various sexual stimuli and personality traits (Association for the Treatment of Sexual Abusers [ATSA], 1996; CSOM, 1999b, 2003, 2004; Steen, 1999; Kahn, 2001; Salter, 2003; Becker, 2004).

Deficits in Treatment Protocol

While there are many benefits to the standard treatment protocol, there is much room for its advancement both in theory and in its application. One problem relates to the dominant sex offender research and theories being based on the adult population and only utilizing a linear focus. The treatment of juvenile sexual offenders is vastly empirically neglected and treatment models applied to juveniles are based on this adult population. Considering that sex offender parents are also adjudicated to attend sex offender therapy, the lack of attention given to family interactions in research, theory, and treatment is disconcerting. Although a few family factors have been identified in offender conceptualization, systemic interactions affiliated with sexual offending is even more empirically and theoretically neglected. The standard, cognitive-behavioral, treatment protocol for sexual offending addresses the important issues of sexual deviancy characteristics, including deviant sexual arousal, cognitive distortions, poor meeting of emotional needs, and boundaries. However, although parents are required to attend

treatment, nuclear family and family of origin interactions are often neglected and are merely supplemental to individual, offender factors in treatment.

The training requirements of offender therapists are also of concern. The professional training required to treat sexual offenders in the state of Texas is based on a linear, cognitive-behavioral model and is not systemically focused. Educational requirements to work with offender populations include a Master's degree in counseling or a related field, the Licensed Professional Counselor (LPC) or Licensed Counselor of Social Work (LCSW) state licensure, and the Licensed Sex Offender Treatment Provider (LSOTP) licensure. The internship clinical hours and Continuing Education Units required to obtain the LSOTP licensure stipulate only individual and offender therapy hours and do not require training in family therapy or systemic theory (Counsel on Sex Offender Treatment [CSOT], 2004b). The juvenile sex offender and parent treatment provided is also based on an individual, linear model, focusing on cognitive and behavioral modifications of sexual deviancy. The paucity of sex offender models and research available predominately pertain to adult incest cases and are not applicable to juvenile sex offenders or the various types of abuse that they commit. Likewise, professionals providing the treatment are not required to be trained in family systems (CSOT, 2004b). Thus, the conceptualization and treatment of family interactions are limited and often neglected in rehabilitation. Therefore, an exploration of the relationship between family factors and juvenile sexual offending would not only expand empirical understanding of sexual abuse, but it would discover relevant factors beneficial for current models and modes of treatment. This study aimed at exploring such factors.

Considering the previously mentioned prevalence and recidivism of sexual offending it is important to provide therapy for rehabilitation and to prevent further abuse. Systemic theory would argue that the current linear model utilized in treatment is limited in its ability to be fully effective in addressing such a significant problem. Given the aforementioned family factors identified by research as contributing to offending, it is also important to address family of origin factors in treatment in addition to the traditional protocol of addressing deviant arousal.

Research on the efficacy of traditional treatment methods has not found consistent reduction of recidivism in offenders (Barbaree et al., 1993; Becker et al., 1987; Sickmund et al., 1997). Hoffman (1981) has argued that behavior change is best maintained when the individual's systemic context has been altered to support such change. Other systemic theories would further postulate that the ceasing of the sexual offense may be later substituted for another unhealthy symptom to manage one's emotional needs. For example, Salter (1988, 2003) stated that most juvenile sex offenders are also criminally minded, yet juvenile sex offender programs only account for the sexual offense. Treatment is ignoring a huge and important criminal component, which could manifest in symptom substitution. Limitations in the current treatment models also provide room for development. Specifically, the application of the sexual offense cycle model assumes a single triggering event that begins the offending pattern. This supposition neglects pervasive environmental stressors and strips an offender's intent to commit sexual deviancy. Thus, there is a need to identify and address family systemic interactions in treatment as well as the factors of the sexual offense, itself. Unfortunately, current

offender and treatment models do not provide such consideration. Therefore, based on the above noted concerns with the current sex offender research and treatment, this study aimed to expand the understanding of family interactions associating with juvenile sexual offending.

Deficits in Juvenile Sex Offender Research

In addition to the limitations in sex offender theory, there are also deficits in the available research. Specifically, the nature of using sex offenders as a subject pool limits generalizability to other populations. Existing research on sexual offending utilizes only convicted or adjudicated offenders, therefore, biasing the opinions of offenders in general. Offenders studied who have been in treatment are more knowledgeable in interactions due to therapeutic exposure of such issues whereas untreated offenders will not be (Barbaree et al., 1993). Existing research also focuses on the adult offender populations while neglecting juvenile and female offenders (Fehrenbach et al., 1986; Robinson, 2004). To date, adult offenders get most of the research attention even though research states there is no empirical evidence that they continue offending into adulthood. Additionally, this research is largely based on incest cases and neglects other types of sexual abuse (Fehrenbach et al.).

Limitations in theory utilized in research also exist. According to Marshall and Barbaree (1990), most researchers take a rather narrow perspective concerning factors that contribute to the etiology of sex offending, basing most research and treatment on a cognitive-behavioral model. Juvenile sex offenders, in particular, share a dearth of classification and typologies. The models that do exist provide neither reliability nor

validity in its application to juveniles (O'Brien & Bera, 1986). Of the juvenile research that does exist, "much of the data on prior offenses, history of abuse, and other social history were based on subjects' self-reports" (Fehrenbach et al., 1986, p. 225). In addition, the sex offender's personal abuse experiences get most of the empirical attention, supporting the assumption that sex offenders were themselves abused when a substantial number in fact have not been offended (Groth & Birnbaum, 1979). Becker (1998, 2004) also stated that research utilizing juveniles should not be generalized to all adolescent sexual offenders since differences exist between adolescents who are incarcerated and those that the criminal justice system allows to remain in the community. These points are of great concern considering the number of adjudicated juveniles and their families that receive sex offender treatment. In this study, not only was a new perspective applied in studying sex offending, but juveniles were the focus.

Gender Bias

Another problem with existing sex offender research and models is gender bias. The majority of existing research is based on the male population and assumes that sex offenders are male. However, females are also capable of sexually offending, and the rate of female reported sexual offenses is rising (Robinson, 2004). Thus, there is a need to consider females in future research. Treatment of sex offenders also illustrates gender bias. As the dominant treatment models are based on male populations, its applicability to female sex offenders is limiting. For example, female sex offenders illustrate different motivations to offend than the male offenders. According to researchers, females tend to sexually offend for emotional needs and relationship factors rather than deviant sexual

arousal (Hazelwood 2003; Robinson, 2004). According to Salter (2003), there are three categories of female offenders: (1) Independent – molests victims under the age of six, usually their biological children. Motivations include enjoying the physical experience and power/control, wanted to hurt them. Was fused, felt loved in the act; 2) teacher-lover – age gap generally is doubled, don't see themselves as molesters but as lovers, say children initiated it, such as with Mary Kay Letourneau; and (3) intentionally coerced – forced by men to offend and typically continues offending. Had arousal thoughts even if instigated by the force or coercion of a man involved in the abuse. Thus, the dominant offense cycle and deviant sexual arousal models would not fit female offenders.

Although females are neglected in research and theory, a significant number of them commit sexual crimes. Although the estimated number of females who commit sexual abuse is 20%, females are vastly underreported and this number is assumed to be larger (ATSA, 1996; Taylor et al., 2004). The sparse research that has been conducted on female sex offenders has found certain risk factors, including: more sexual abuse and domestic violence in their histories, family of origin criminal behaviors, exposure to antisocial modeling and values, history of inconsistent caregivers, family relationship and attachment problems, and disturbances in the relationship with female caregiver (Fehrenbach & Monastersky, 1988; Travin, Cullin, & Protter, 1990; Hunter, Lexier, Goodwin, Browne, & Dennis, 1993; Kaplan & Green, 1995; Mathews, Hunter, & Vuz, 1997; Robinson, 2004).

Societal views of female sexuality are thought to directly impact such neglect of female sex offenders in research. According to Denov (2001, 2003), the general societal

belief is that sexual perpetrators are male and sexual abuse victims are female. This view of females as sexually passive has affected offender laws, criminal reporting of them, and treatment of them (Denov, 2001, 2003). Specifically, society does not believe that females can commit sexual crimes. In addition, sexual acts by juvenile males with older females are glorified and not viewed as inappropriate or abusive (Hazelwood, 2003). James and Nasjleti (1983) explain that male victims often do not report sexual abuse by females due to fear of their masculinity coming into question by others. Males fear they will not be believed due to female sex offending being disbelieved/minimized in our society. Males also believe that sexual activity is not harmful to a boy due to societal messages and modeling. "Television and movies, for example, often depict the sexual exploitation of boys by women as a positive, romantic experience" (p. 9).

Although the media has increased its attention on female offenders due to high profile cases in the 1990s, empiricism and treatment of female offenders has remained stunted. Previous research in the 1950s suggested that sexual abuse was rare, occurring one in one million. Reporting of sexual abuse rose in between 1975 and the 1980s and is now considered a prevalent problem. However, abuse by women was seen as rare in the 1970s and the 1980s believed that pedophilia was absent in females. Research is now acknowledging females do commit sexual offenses but it is in infantile stages, and attention to juvenile female offenders is even less (Denov, 2001, 2003; Hazelwood, 2003; Salter, 2003).

Robinson (2004) also stated female sex offenders are treated differently in the criminal courts. She claimed that females are less likely to be adjudicated and are more

likely to be viewed as victims than their male counterparts. She further reported that female offenders enter the system as victims of child abuse and neglect, whereas boys are more likely to become involved with the system because of a concern for the safety of others. Considering the significant number of females who commit sexual crimes, the need for societal and empirical acknowledgement is critical.

Summary

The theoretical framework of this study was based on a systemic epistemology, viewing sexual offending as evolving in the context of one's family system. The review of the literature for this study reflects extensive information on adult male sex offenders while offering sparse information on juvenile sex offenders. In addition, while research has been conducted on the individual characteristics of juvenile sex offenders, there is a dearth of information discussing their family interactions and less exploring the juvenile's perceptions. This study aimed to address such deficits and to explore family interactions associated with juvenile sexual perpetration. Utilizing a phenomenological approach, this study focused on questions not previously asked in research related to family experience and allowed for exploration of the juvenile's personal perspective.

CHAPTER III

METHODOLOGY

The purpose of this study was to explore and discover family interactions and juvenile sexual offending. The researcher conducted a qualitative, phenomenological exploration of juvenile sex offenders' personal experiences of family interactions while suspending, or bracketing, the researcher's personal preconceptions (Creswell, 1998). By bracketing the researcher's assumptions and biases, the phenomenological approach allowed for the rich description of the participant's meaningful experiences (Creswell, 1998). Themes emerged from the data without the researcher's preconceptions influencing the data analysis (Marshall & Rossman, 1999). Semi-structured, audiotaped interviews were conducted on a voluntary basis with juvenile sex offenders at a North Central Texas outpatient therapy clinic. The data were then transcribed verbatim and analyzed for common themes. Following is a description of how the study was conducted, including the research questions, participant description, the person of the interviewer, pilot study and peer review, procedures, data collection, and data analysis.

Research Questions

To fulfill the purpose of this study, the following research questions were examined:

1. How do juvenile sex offenders experience family interactions?

2. What emotional needs to juvenile sex offenders experience regarding their family experience?
3. How is sexuality experienced in a juvenile sex offender's family interactions?
4. What themes emerge regarding juvenile sex offenders and experienced family interactions?

Participants

The participants consisted of a non-probability sample. Purposeful, criterion sampling was utilized to recruit participants. The participants were male volunteers, ages 13 to 17, who were currently serving a probation sentence for a sexual offense, and were court-ordered to attend sex offender therapy. Although females were invited to participate, none volunteered for this study. The age group utilized follows the Texas definition of an adolescent (Texas Statutes Family Code, 2004). They were participating in an 18-22 month long sex offender treatment program at an outpatient therapy agency in North Central Texas. The treatment they had been receiving consisted of weekly individual or group therapy provided by a Licensed Sex Offender Treatment Provider. Their parents were also attending biweekly parent groups at the agency. Only juveniles who had admitted to committing an offense were eligible for the study. The types of sexual offense committed per participant varied in type, severity, and in number of victims. Participants who had been themselves victimized were omitted from the study. The final sample size consisted of 20 participants and grew until saturation of the data occurred.

The participants were recruited through their parents using flyer notification (Appendix A). The flyer was posted in the juveniles' parent therapy group room at the North Central Texas outpatient therapy clinic providing the juvenile sex offender treatment. The offenders' parents had an opportunity to see the posted flyer, which invited them to contact the researcher to volunteer their child's participation.

Protection of Human Subjects

To ensure the protection of the study's participants, this study was conducted in accordance with the policies and procedures of the Texas Woman's University Institutional Review Board (IRB). Approval of the study was obtained by the university's IRB and Graduate School prior to the data collection. Participant confidentiality was protected through the use of code names on the audiotapes and interview transcriptions. All audiotapes, transcriptions, and other data were secured in a locked filing cabinet to be destroyed following the study's completion. The participants' parents were provided a consent form (Appendix C) and the information was given both verbally and in writing. Their signatures were obtained prior to the study's participation, indicating their agreement to participate in the study. The consent form described the study's purpose and procedures, potential benefits and risks, and participant rights. Limits to and protection of participant confidentiality were also discussed. They were also offered a referral list for therapeutic assistance if the study caused emotional distress and were informed of their ability to withdraw from the study at any time. The parents were provided a list of interview questions for their review (Appendix G). Participants were also provided with

contact information for questions or concerns regarding the study. Furthermore, participants were invited to review the results of the study's findings upon request.

The Person of the Interviewer

According to Marshall and Rossman (1999), the researcher as interviewer is the primary instrument in the qualitative research process. As the interviewer, data analyzer, and data interpreter, the researcher has great influence on the study's process. Qualitative research is a subjective process; the interviewer becomes part of the participants' shared experience and perceptions are influenced by the interaction with them. The interviewer's preconceptions may impact the study's process, including selection of research topic, selection of participants, and the interpretation of the data (Creswell, 1994; Gilgun, 1999; Marshall & Rossman, 1999). It is therefore important that the interviewer's personal biases and experiences be stated and bracketed, or suspended and set aside, to ensure objectivity and accuracy of the study's process (Creswell, 1998; Cohen, Kahn, & Steeves, 2000). Once all prior knowledge is set aside, the researcher analyzes the data based solely from the participant's responses.

This researcher is a 31 year old, Caucasian, married female. She is a doctoral candidate in family therapy at Texas Woman's University in Denton, Texas. This researcher views human experience in relationship, being systemically influenced. She is a Licensed Professional Counselor (LPC) and a Licensed Sex Offender Treatment Provider (LSOTP). She has provided presentations of sex offender and sexual abuse issues in graduate classes and workshops. This researcher also works as a therapist in a private practice setting, providing services to adult sex offenders, juvenile sex offenders,

sex offender parents, sexual abuse victims, and a variety of marriage and family clients in the Dallas/Fort Worth metroplex. While she is trained in linear, sex offender treatment models, she is also trained in systemic theory. This researcher views sexual offending as a combination of both deviant sexual arousal patterns and symptomatic expressions of emotional needs based in family relationship experiences. She is committed to bracketing her preconceptions and experiences in effort to create research that is true to the participant's rich, meaningful experience.

Peer Review and Pilot Study

Preceding the study, the researcher sought a peer review of the study's format and content for feedback and recommendations on the appropriateness of the interview questions and the interviewer's presentation. The peer reviewers consisted of three fellow therapists who were both systemically and non-systemically trained. These therapists reviewed and approved of the interview questions and format, offering no recommendations for changes. The feedback was considered and no revisions to the study were needed.

A pilot study was then conducted with the first three voluntary participants for further feedback on the study's content and format. The pilot study was conducted in the format intended for the final study. Any changes deemed necessary for the study would have first been submitted to the IRB for approval. Once approved, the revisions to the interview would have been made; however, no changes were needed. The pilot study was performed to assess the study's verification and dependability (Creswell, 1998). The

similarities in the peer review and pilot study's participants' experiences and responses also supported dependability of the study.

Procedures

Once approval was received from the Institutional Review Board and the Graduate School, the researcher began conducting the study. A consent form (Appendix C) was provided to the North Central Texas outpatient therapy clinic owners approval to conduct the study of juvenile probationers at the agency was obtained.

Participants were then recruited via flyer invitation (Appendix A) at the North Central Texas outpatient therapy clinic. The flyer requesting juvenile participation was posted in the juvenile parents' group room for parents to see. Contact information was offered for parents to contact the researcher and volunteer their child's participation. Once parents contacted the researcher, the researcher either presented the research opportunity over the phone or met with them at the counseling location to present the research opportunity (Appendix B). This study's purpose was discussed with the parents and their questions were answered. The parents were provided with a list of interview questions for their review (Appendix G). A consent form was administered to the parents and consent was obtained in writing (Appendix C). This researcher emphasized that participation was on a voluntary basis with the ability to decline or drop out of the study at any time. The interviewer offered the parents a therapeutic referral list for their child in the event of emotional distress due to the study. Efforts to maintain anonymity and confidentiality were discussed with all parties. Parents were given an opportunity to ask questions regarding the study prior to providing consent. Ability to contact the researcher

for follow-up questions was also offered. Once consent was obtained, the researcher scheduled an interview time for the juvenile with the parents. The participants' therapists and probation offices were not notified of participant identity in this study or of the times when the interviews occurred to protect confidentiality.

Data Collection

The study utilized a semi-structured interview format. A face-to-face interview was conducted by this researcher utilizing open-ended questions and took place in an outpatient therapy clinic setting. Two office locations were available at the participant's and his/her parents' choosing. The interview took place in a private office with comfortable seating and ambiance. Privacy was secured by a closed door and covered windows. The interviews were audiotaped to ensure accuracy of the participants' responses. Each interview was conducted for 60 to 90 minutes. Time was allowed to build rapport with the participant and to answer any questions he or she had prior to and during the recording (Marshall & Rossman, 1999). The interviewer began discussing the study's purpose and completing an anonymous Demographic Information Sheet with each participant (Appendix D). A genogram was also conducted to explore the participant's family patterns. Each questionnaire was assigned a code name to protect the participant's anonymity and confidentiality. The researcher stated the assigned code name on the audiotape for future transcription. Interview questions were then asked using the Interview Protocol (Appendix E). Reflective listening, clarification, and prompting communication skills were utilized as needed for clarification and to facilitate the discussion. Participants were able to discuss their ideas freely with minimal influence

from the interviewer. Field notes of the interviewer's observations and responses were written during and immediately following the interview. The participants were asked for willingness to participate in a follow-up interview for needed clarifications, additional information, and a transcript review, although all participants rejected the offer.

Data Analysis Procedures

The researcher began thematic analysis by bracketing her personal biases of the phenomenon being studied through writing down her preconceptions regarding juvenile sex offenders. She relied solely on the participants' self-reports to explore the individual experience of the phenomena (Creswell, 1998). Once biases were bracketed, she listened to the audiotapes twice to familiarize herself with the data. The audiotapes were then listened to a third time and transcribed verbatim onto paper form with nonverbal expressions noted in brackets. Each transcription was assigned the code name corresponding with the demographic information sheet and audiotape. Five copies of the transcripts were then made, one for a filed hard copy, one for coding, and three to be disbursed to the team of external coders.

The transcripts and field notes were read multiple times in their entirety to identify consistencies and meaningful statements among the responses. Horizontalization was conducted by highlighting significant transcripts statements while giving them equal value. They were then compared with the research questions, interview questions, and field notes and organized into clusters of meanings while "removing repetitive statements" (Marshall & Rossman, 1995; Creswell, 1998, p. 235). Each of the meaning clusters were grouped into content categories. Using inductive content analysis rather

than a prepared list, categories emerged from the data (Patton, 1990). The categories were then reviewed for recurring patterns and emerging themes until saturation of the data occurred (Moustakas, 1994; Creswell, 1998). Once emerging themes were identified, they were placed with the corresponding research question, interview questions, and categories (Appendix H). Furthermore, the narrative essence of the participants' experience was used to provide rich, thick descriptions of the identified themes (Creswell, 1998). This was achieved by selecting quotations "that typify the experiences of all the participants in the study" (Moustakas, 1994; Creswell, 1998, p. 235). Lastly, the demographic data were reported as frequencies and percentages.

The researcher utilized a team of three coders to assist in coding the written transcriptions. The team members chosen were trained in family systems theory and had experience in coding and qualitative research procedures. Utilizing a team of coders strengthened the verification and dependability of coding for themes. No members of the coding team knew the identity of the participants. Following the researcher's coding of all transcripts, the transcripts were divided evenly among the coding team members. The coders read and coded the transcripts independently to see if they identified the same emerging themes, which they did. The researcher then collected the team's coding and compared all the themes for similarities. No participants requested to be notified on the informed consent for a review of the study's findings. Audiotapes and demographic information sheets were secured with a locked filing system to protect the participants' confidentiality. To further secure confidentiality and anonymity, the data were secured in

a location separate from the interview's clinical setting. All data will be destroyed by erasing and shredding six months after the study's conclusion.

Trustworthiness

Due to the subjective nature of qualitative research, the usual quantitative terms of validity and reliability are not applicable (Creswell, 1998; Lincoln & Guba, 1985; Miles & Huberman, 1994; Patton, 1990). Rather, the term trustworthiness utilized to represent qualitative research authenticity. Trustworthiness is measured in four ways (Lincoln & Guba, 1985; Marshall & Rossman, 1995): credibility, transferability, dependability, and confirmability.

Credibility

Credibility is comparable to quantitative research's internal validity (Marshall & Rossman, 1995). Creswell (1998) describes credibility as the extent to which others can replicate the study. For research to be credible, participants' experiences must be accurately described so that the depth and complexities of their description reflect validity (Marshall & Rossman, 1995). This study attempted to enhance credibility by attempting to utilize member checks, including offering the transcriptions, interpretations, and conclusions back to the respondents for feedback on the study's accuracy (Creswell, 1998). However, all participants declined to return for follow-up interviews. Credibility was also created by the researcher spending prolonged time in the field, including spending time with the participants during the interview. Credibility was further strengthened by triangulation, described by Creswell (1998) as the "use of multiple sources methods, investigators, and theories to provide corroborating evidence" (p. 202).

This study utilized a pilot study and peer reviews by asking other therapists to review the study's process prior to the interviews and to provide feedback for improvements.

Triangulation was also included utilizing a team of three coders, trained in family systems theory and in the qualitative coding process, who reviewed the transcripts for verification of identified themes (Moustakas, 1994; Creswell, 1994). The team was also used to compensate for the researcher's internal biases, which were clarified from the outset of this study. The researcher also attempted to utilize member checks by offering to review the data and findings with the participants and gain their feedback on the study's accuracy. However, all participants declined the offer.

Transferability

Transferability relates to external validity in quantitative research. It refers to the generalizability of the research findings to other populations and contexts (Lincoln & Guba, 1985; Marshall & Rossman, 1995). Through the use of participant quotations, the rich, thick descriptions allowed the study to reflect whether the results can be transferred to other settings. The use of rich, thick, descriptive quotations also supported the findings of emerging themes (Creswell, 1998).

Dependability

Dependability accounts for any changes in the conditions and design through the use of accurate documentation during the data collection process. The interviewing process generally attempts to minimize the effects of the interaction between the interviewer and the participant (Marshall & Rossman, 1995). This study enhanced dependability through the process of listening to the audiotapes multiple times,

transcribing the interview verbatim, reading the transcripts multiple times, and through seeking member checks to ensure the study's accuracy. In addition, the bracketing of the researcher's personal biases strengthened the interpretation of the data.

Confirmability

In confirmability, the study's findings are not biased and data can be tracked to their original sources (Creswell, 1998). Authenticity was obtained in this study by utilizing participants who personally experience the phenomenon being studied (Creswell, 1998). This study also utilized peer review and external coding teams to ensure the objectivity and the accuracy of the findings (Marshall & Rossman, 1995). Furthermore, verbatim transcriptions and attempted member checks enhanced the study's confirmability.

Summary

This research used semi-structured, audiotaped interviews with male juvenile sex offenders to explore and describe the individual experiences of family interactions they encounter. Prior to conducting the interviews, approval by the Institutional Review Board and the Graduate School was obtained. A pilot study and peer review was also conducted prior to the data collection. The data were then collected and analyzed from a phenomenological approach, following the researcher's bracketing of preconceptions. The data were then analyzed for recurring themes and the rich descriptions associated with the participants' personal experiences were explored. Multiple forms of trustworthiness were conducted, including triangulation of data, peer reviews, pilot

testing, and member checks. The protection of human subjects and the person of the interviewer were also discussed.

CHAPTER IV

RESULTS

The purpose of this qualitative, phenomenological study was to explore and discover family interactions and juvenile sexual offending. Semi-structured, audiotaped interviews were conducted on a voluntary basis with 20 male, juvenile sex offenders at a North Central Texas outpatient therapy clinic. The data were then transcribed verbatim and analyzed for common themes. In this chapter, a description of the participants' demographics will be presented. The results and emerging themes from the data analysis will also be discussed, supported and illustrated by selected participant responses to the interview questions.

Description of Sample

The sample consisted of 20 male, juvenile sex offenders who participated in semi-structured, face-to-face interviews for this study. Although females were invited to participate, none volunteered for this study. A total of 23 interviews were conducted; however, three participants disclosed being a sexual abuse survivor during the interview. They were therefore not included in this study to meet the qualifications for participation. The following tables illustrate the demographics of the participants found in this study. In Table 2, sample sizes and averages for participant gender, age, and grade are given. In Table 3, sample sizes and percentages for participant ethnicity, length of treatment, offense type, victim gender, victim relationship, number of victims, age at offense, victim age, and parents' marital status are given. A description of the results follows the tables.

Table 2

Participant Demographics – Sample Size and Averages

Characteristic	n	
Gender:		
Male	20	
Female	0	
Age:		
13	1	
14	0	
15	9	
16	9	
17	1	
M: 15.5	Md: 15.5	Mo: 15, 16
Grade:		
9 th	1	
10 th	14	
11 th	5	
12 th	0	
M: 10.2	Md: 10 th	Mo: 10

Table 3

Participant Demographics – Sample Sizes and Percentages

Characteristic	<u>n</u>	%
Ethnicity:		
Caucasian	14	70
African-American	2	10
Hispanic	2	10
Other:		
Caucasian/Af.Am.	1	5
Caucasian/Hispanic	1	5
Length of Treatment:		
<1 year	5	25
1 year	5	25
1½ year	8	40
2+ years	2	10
Offense Type:		
Masturbation	8	40
Fondling	9	45
Frottage	2	10
Exposure	1	5
Fellatio	9	45
Vaginal Penetration	8	40
Anal Penetration	2	10
**Some participants reported multiple types of offenses committed.		
Victim Gender:		
Male	8	40
Female	7	35
Both	5	25

Characteristic	<u>n</u>	%
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Victim Relationship:

Related	7	35
Non-Related	13	65

**No participants reported offending both related and non-related victims.

Number of Victims:

1	10	50
2	2	10
3	4	20
4	4	20

Age at Offense:

<12	5	25
12	6	30
13	9	45
14	9	45
15	0	0
16	1	5
17	0	0

**Some participants reported offending during different ages.

Victim Age:

<5	3	15
5-10	15	75
11-12	4	20
13>	5	25

**Some participants reported offending multiple victims.

Parents' Marital Status:

Divorced	16	80
Married	4	20

As reflected in Table 2, the participants consisted of 20 male, juvenile sex offenders. Although females were invited to participate, none volunteered for this study. The ages of the participants ranged from 13 to 17, with a mean age of 15.5, a median age of 15.5, and a mode of 15 and 16 years. No juvenile sex offenders the age of 14 participated.

All of the participants were in high school; most were in the 10th grade. The mean grade was 10.2, the median grade was 10th grade, and the mode was 10th grade. No seniors participated in this study. Two participants repeated a grade.

As reflected in Table 3, sample sizes and percentages for participant ethnicity, length of treatment, offense type, victim gender, victim relationship, number of victims, age at offense, victim age, and parents' marital status are given. The juvenile sex offenders who participated in this study consisted of 70% ($n = 14$) Caucasian, 10% ($n = 2$) African-American, 10% ($n = 2$) Hispanic, 5% ($n = 1$) Caucasian/African-American, and 5% ($n = 1$) Caucasian/Hispanic.

The participants in this study had attended court-ordered sex offender treatment ranging in length from six months to more than two years. 25% ($n = 5$) had attended treatment for less than one year, 25% ($n = 5$) had attended for one year, 40% ($n = 8$) had attended for one and one half years, and 10% ($n = 2$) had attended for two years or longer, not exceeding two and one half years.

The types of offenses committed by the participants varied widely. 40% ($n = 8$) reported offending by masturbation, 45% ($n = 9$) offended by fondling, 10% ($n = 2$) offended by frottage, 5% ($n = 1$) offended by exposure, 45% ($n = 9$) offended by fellatio,

40% ($n = 8$) offended by vaginal penetration, and 10% ($n = 2$) offended by anal penetration. These numbers reflect multiple offenses reported by some of the participants.

Participants reported that they offended both males and females. Participants who offended male victims consisted of 40% ($n = 8$). Participants who offended female victims consisted of 35% ($n = 7$). Finally, participants who offended both genders consisted of 25% ($n = 5$).

The participants reported various relationships to the victims, including siblings, cousins, neighbors, friends, and children being baby-sat. 35% ($n = 7$) were considered related to the victim and 65% ($n = 13$) were considered non-related to the victim. No stranger-victims were reported.

The number of victims the participants reported to offend also varied. 50% ($n = 10$) reported one victim, 10% ($n = 2$) reported two victims, 20% ($n = 4$) reported three victims, and 20% ($n = 4$) reported four victims. No participants reported offending more than four victims.

The ages of the participants at the time of their offenses ranged from less than 12 years to 16 years. 25% ($n = 5$) offended at ages younger than 12, 30% ($n = 6$) offended at age 12, 45% ($n = 9$) offended at age 13, 45% ($n = 9$) offended at age 14, and 5% ($n = 1$) offended at age 16. Some participants reported repeat offending at different ages. No participants reported offending at ages 15 or 17.

Participants reported offending victims at different ages, ranging from less than five years old to older than 13 years. 15% ($n = 3$) reported offending victims younger than five years, 75% ($n = 15$) reported offending victims between ages five and 10, 20%

($n = 4$) reported offending victims between the ages of 11 and 12, and 25% ($n = 5$) reported offending victims 13 years old or older. Some participants reported offending multiple victims.

Lastly, of the participants interviewed, the majority reported coming from broken homes. 80% ($n = 16$) reported their biological parents were divorced and 20% ($n = 4$) reported their biological parents remained married. Nineteen participants reported they are the biological children of their parents and one participant reported that he is adopted.

Findings

For the purpose of this study, the following research questions were examined:

1. How do juvenile sex offenders experience family interactions?
2. What emotional needs to juvenile sex offenders experience regarding their family experience?
3. How is sexuality experienced in a juvenile sex offender's family interactions?
4. What themes emerge regarding juvenile sex offenders and experienced family interactions?

To explore the research questions, the participants were asked the following thirteen interview questions in a semi-structured, audiotaped format:

1. Tell me about your family's relationships with one another.
2. What is the parenting and discipline like in your home?
3. What is the time your family spends together like?
4. How does your family experience conflict and problems?
5. What is your family's communication like?

6. Describe how your family approaches sexuality.
7. Tell me about your family's experience with substance use.
8. Describe your family's experience with abuse.
9. How does your family handle finances?
10. How does your family experience love and affection?
11. Describe your family's experience with mental illness.
12. Tell me about your family's history of criminal behavior.
13. What connection, if any, do you see between your family's interactions and your sexual offending?

Through transcribing, coding, and analyzing the responses, seven themes emerged from the interview questions. Two additional themes were also discovered when the participants' spontaneous remarks were analyzed. Presented below is a description of the emerging themes, supporting quotations, and a table illustrating the participants' responses.

Theme One – Strained Parent-Child Relationship

The participants' responses reflected a strained view of the parent-child relationship. Such relationship strain included the views of their mothers and fathers, differences in parental love and affection, deficient parenting and discipline, poor management of conflict and problems, limited time spent as a family, and experienced family physical and emotional abuse. These relationship strains will be discussed below.

Views of Mothers and Fathers

The participants reflected different views of their mothers from their fathers resulting in four subthemes. They described the relationship with their mother as either very positive or very negative. The majority of the participants viewed their paternal relationship as very negative. Although a minority of the participants discussed step-parents, the relationships were viewed negatively.

Positive relationship with mother

The majority of the participants (n=14, 70%) described their relationships with their mothers as positive. These maternal relationships were expressed as good, nurturing, and loving. These mothers were also depicted as overfunctioning, compensating for abusive or disengaged fathers, such as nurturing the participant to counteract an abusive or negligent father. The following statements support these findings:

My mom is awesome. She buys me lots of things and gives me money when I need it. My mom disciplines me but like grounding me and lecturing me. And she lectures A LOT! [smiling] (#B4)

My mom's great. We get along good. . . . She's usually the one who takes care of me and makes me feel good when I'm down. (#B11)

My mom stayed at home. I loved her very much. She was nurturing and I know that she loved me very much. During the summer she let me go outside and play all day with my friends. [sad tone, head down] (#B14)

My mom is very outgoing and funny and overall a great person. I get along with her very well. (#B17)

My mom's a good-natured, sweet woman. We get along good She gives lots of hugs. Try to make us feel better when dad was mean. (#B18)

My mom's very sweet, very Christian. Believes in everyone. My mom's a hard worker, unlike my dad. (#B23).

Yea, we're all afraid of dad and mom's more nice to us when he's away working. . . . Mom tries to love on us to make up for it but he's got her so afraid that she really can't. [sad tone, head down] (#B26)

Poor relationship with mother

Many of the participants described their maternal relationships as very negative.

While some participants directly portrayed their mothers negatively, others initially presented mothers positively (as discussed above) yet proceeded to describe negative characteristics throughout the interview questions. These mothers were portrayed as being passive, needy, and parentifying of their sons. Participants indicated that the parent-child relationship is changed to a peer relationship. These mothers tend to confide in their sons as a friend to compensate for a poor marital relationship, leaving their sons feeling emotionally responsible for them ($n=10$, 50%). According to the participants, such poor boundaries created emotional strain for them and they wished for a more structured relationship. Mothers were also described as emotionally abusive ($n=9$, 45%), physically abusive and volatile ($n=3$, 15%), punitive, and shaming ($n=3$, 15%). These participants viewed their mothers as angry, yelling, rigid, controlling, and critical. Two participants (10%) reported their mothers had abandoned them at some point in their life.

The following statements support these findings:

Usually she complains about most things and nothing seems to go her way. She's pretty critical and insulting; wants everything perfect or she'll make you feel real small. [angry tone] (#B2)

Mom's always telling me how good she did and so did my dad and that she doesn't understand why I can't get it. She gets really mad at me, makes me feel bad. I wish she could be supportive of me and know that I try my best. [sad, embarrassed expression, shrugging shoulders, looking down] (#B3)

I'm the man of the house to take care of things now. My mom has always counted on me to be the man . . . she depends on me to be the man of the family. [smiling, proud] (#B5).

I didn't ever see my mom until the offense. I had to move in with her when I got put on probation. Before that, I never ever saw her. . . . She like, abandoned me and I lived with my dad. [angry tone} Now I live with her and she expects us to be all close but it don't work like that. . . . I was pretty pissed at her at first. We fought all the time. I was pretty mad at her for abandoning me. We're doing OK now. She fights all the time with [step-father] though. Real bad. [looking away] (#B9)

My mom's easier to talk to; she depends on me and tells me her problems. . . . My mom and dad fought a lot I know for a fact that she would hit him. (#B10)

As for my mom, I really don't have too good a feelings toward her because she left us kids. [sad expression, head down] (#B12)

Mom'll give praise sometimes but not that often. It's hard to live up to their expectations. [frustrated tone] (#B20)

Man, my mom's crazy. She's always yellin' and screamin' and she'll beat yo' ass. Just start a-whalin' on ya. [smiling, laughing, slapping hands] (#B22)

Mom tells me everything like when she's depressed or stressed out about money or when she and [step-dad] are fighting. She kinda leans on me to be her friend and give her advice. . . . I'm kinda the protector in the family. Mom really depends on me to be her support. [proud, smiling] (#B27)

Poor relationship with father

None of the participants (n=0, 0%) viewed their paternal relationships as good or nurturing. Rather, 60% (n=12) described their fathers as disengaged, distant, or abandoning. A few participants (n=3, 15%) reported their fathers were passive or underfunctioning. Fathers were also depicted as emotionally abusive (n=12, 60%), physically abusive, and volatile (n=7, 35%). Such abuse was expressed as rigid, controlling, critical, uninvolved, neglectful, punitive, and shaming. The fathers tend to

yell, express much anger, and become violent. The following statements support these findings:

My dad, though, he's an asshole. He's been mean to my mom growin' up. Mom would tell me all about him abusing her all the time. . . . It sucks. I just try to stay away. . . . Uh huh, he calls me an asshole. He just runs his mouth. When I come back in, he says stuff like, "Whatcha doin' back here? You're just lazy, good for nothin'." [sad tone, looking down] (#B1)

I haven't seen him in years. He lives in another state and my mom hates him. I didn't meet him until I was 11. He calls every once in a while, though. We're not close. He's like a stranger. [nonchalant tone] (#B4)

At first I was sad that Dad was gone and all but not now. I'm kinda glad because he was abusive and all. . . . Well, like, he used to hit us, especially my mom and I would get real mad and try to stop him. He's also an alcoholic and would get real mean. [casual tone, calm] (#B5)

I haven't seen him since I was little. I don't know where he is. [calm, casual tone] (#B6)

Yea, he doesn't care. He still lets her just beat up on me and just sits there. He always just sits there ignoring everybody. [frustrated tone, upset expression] (#B9)

My dad gets like real mad at me when I do stuff and won't talk to me for a long time. Won't even let me come over. He gets all red in the face and I get afraid of him. He tells me I've disappointed him and need to think of his feelings when I do stuff. . . . He don't do nothin' around the house and [step-mother]'s gotta do it all. Dad just sits there watchin' TV and drinkin'. [sad tone, head and shoulders down] (#B10)

My dad 'n' me, we don't talk much. When I do go visit him things stay on the surface. [calm tone] (#B11)

My dad and I don't have much to say and I don't like being around him. He has a bad temper and he doesn't pay attention to his own kids. [sad tone] (#B12)

My dad would hit me in the head if I smack my food or talk with my mouth full. After dinner we watch TV if I can stop myself from talking. My dad would tell me all the time, Shut up or go to your room!" [yelling] Yea, I'm afraid of my dad. He acts like he hates me and I'm always screwing up. [tearful] (#B14)

I don't know him much. My mom divorced him because of drugs when I was little. I used to visit him but mom quit that because he didn't watch over me. [calm tone] (#B15)

I don't know my real father; all I know is his first name. My step-dad has raised me . . . I was only one when my mother and father divorced so I never knew him and he never wanted to me a part of my life. [looking away] (#B16)

Ah, Dad'll cut you off. He's quit talking to me right now and won't have anything to do with me. He's started doing all this stuff for my little brother and is ignoring me, like birthdays and goin' fishin' and stuff. Hurts a lot. [serious expression, looking down, frustrated tone] (#B17)

My dad was definitely more strict. If we were disrespectful he would grab us by the throats, slam us against the wall, and just yell in our faces. . . he was always careful to not leave a mark or cut off our air. [calm, nonchalant tone] (#B18)

Nope, he's never praised us for anything. He's not too strict or anything, just not that loving either. . . My mom and dad were fighting and my dad slapped my mom; then the fight ended. [irritated tone, frustrated expression] (#B20)

Dad's a slacker and is always jumping from one crappy job to another. He's always trying to tell us he's the boss and he's so self-centered. . . Can treat us like crap and we just gotta take it. . . He calls me names and makes me feel stupid a lot. [frustrated tone, looking down] (#B23)

My dad hates me; we never talk . . . Well, he's never really had nothin' to do with me but he got really mad at my offense and quit talking to me. I really think he hates me. . . I think my dad's emotionally abusive because he won't talk to me. It's been months since he's called me or anything. [looking down, sad tone, tearful] (#B27)

Negative view of step-parents

Those few participants who mentioned step-parents reported negative relationships. Four participants (20%) described their step-mothers as emotionally abusive. Three participants (15%) reported they have an abusive step-father relationship, experiencing shaming, punitive parenting, and physical abuse. Two (10%) participants stated his step-father is disengaged and uninvolved in the family's life. Only 1 (5%)

participant reported that he shared a good, nurturing relationship with his step-father.

Table 4 shows the participants' views of their parent relationships. The following statements support these findings:

I can't stand my step-mom. She's got a history of abusing me and my dad and my dad would just sit back and let her. [angry] (#B9)

But my step-dad beats her, just like my dad did, so she says. [shrugging shoulders, nonchalant tone] (#B10)

He pretty much ignored me until they got married. Then, when they did, he pulled me aside and told me if he found even one pot seed he would send me away to a place where no one could get me out or visit me. . . . I found out later that my mom's new husband had been beating her a lot before she died. [sad tone, looking down] (#B14)

When my mom was married before, he was very abusive to her. . . . Yea, I hated him. He had an anger problem and once he took my mom against the wall and threw her legs over her head and then after a while my mom pulled a knife on him for defense till the police came. It was pretty scary. [excited tone, raising hands] (#B15)

My step-mom treats me like the evil step-son and I don't like her very much. . . . My mom's second husband used to beat the crap out of me and my little brother and sometimes my mom. [angry] I got real depressed when they were together and started failing school. I started doing drugs and things I wasn't supposed to because I was so mad. [frustrated tone] (#B17)

Table 4

View of Mothers and Fathers

Participants	Characteristic
	Mother
14 (70%)	Good Relationship/Nurturing
2 (10%)	Abandoning
10 (50%)	Needy/Passive/Parentifying

3 (15%)	Punitive/Shaming
9 (45%)	Emotionally Abusive
3 (15%)	Physically Abusive/Volatile
	Step-Mother
4 (20%)	Emotionally Abusive
	Father
0 (0%)	Good Relationship/Nurturing
12 (60%)	Abandoned/Disengaged
3 (15%)	Passive/Underfunctioning
7 (35%)	Physically Abusive/Volatile
12 (60%)	Emotionally Abusive
	Step-Father
1 (5%)	Good Relationship/Nurturing
2 (10%)	Disengaged/Uninvolved
3 (15%)	Abusive

****Some participants initially described their mothers as positive yet offered negative descriptions throughout the interview questions.**

Differences in Parental Love and Affection

The participants' responses also reflected differences in parental love and affection. Many of the participants reported loving relationships with their mothers and unloving relationships with their fathers. Twelve (60%) participants described their mothers as loving and affectionate whereas eight (40%) participants described their mothers as unloving and showing no affection. Although participants previously reported their mothers were chaotic and volatile, it was often attributed to conflict with their fathers and not with the participants. None (0%) of the participants viewed their fathers as loving or affectionate. Rather, all 20 (100%) of the participants viewed their fathers as

unloving. Table 5 shows participants' views on family love and affection. The following statements support these findings:

My dad don't do the love thing. He just yells. I mean, I knew my mom loved me because she'd always say she loved me but my dad just loved [sister] because he'd show her special attention and let her go places. [sad, looking down] (#B1)

There's not much love and affection. In my family there's mainly pain. We sure know how to express that! [sarchastic] My family doesn't know how to show love. (#B12)

My mom was very loving and I loved her. I think she tried to protect me from my dad a lot. She was sweet and gentle in a quiet way. [sad, tearful] My dad is the mean one. He's never told me he loves me or that he's proud of me that I can remember. [sad, looking down] (#B14)

My mom's real nice and loving. She's always hugging and scratching my back. [smiling] (#B17)

We're very loving and affectionate, especially my mom. She gives lots of hugs. Tries to make us feel better when dad was mean. [calm, nonchalant tone] (#B18)

We don't show love or affection. We're pretty cold I guess. [shrugging shoulders] (#B20)

We're not very affectionate. Dad leaves sometimes for days at a time. I sometimes pray that he'll be in an accident so we can know where he is. [sad, frustrated] (#B23)

There's never any affection whatsoever. I never feel loved or special, more like a slave. [angry, calm] (#B26)

Table 5

Differences in Parental Love and Affection

Participants	Characteristic
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Good Love and Affection

12 (60%)	Mother
0 (0%)	Father
	No Love and Affection
8 (40%)	Mother
20 (100%)	Father

Deficiencies in Parenting Skills and Discipline

Participants also reported deficiencies in parenting skills and discipline by both parents. While only three (15%) of the participants reported positive maternal parenting and discipline, none of the participants (0%) described their father's parenting and discipline as good. Nine (45%) participants reported their parents lacked adequate supervision, having little or no knowledge of the participants' friends, their activities, or their whereabouts. Participants explained that such lack of supervision not only left them to gain deviant, inaccurate sexual knowledge from unhealthy friends, but provided them with opportunities to offend. Six (30%) participants described the parenting and discipline as shaming and punitive, while eight (40%) participants stated their home life is chaotic, disconnected, and unstable. Mothers were reported to have no control, and act passively while the fathers took a rigid, controlling role. Table 6 shows the participants' views on their parents' parenting and discipline. The following statements support these findings:

She don't pay much attention. She never checked up on me and didn't know my friends, neither. Dad was gone all the time so he didn't know. [calm tone] (#B1)

Um, mostly grounding. Sometimes with the belt or their hand if we're really bad. . . They're always punishing us. [sad, looking down] (#B2)

Yea, they expect me to be as smart as them and they get really mad if I'm not. They say I'm making them look bad but sometimes I just don't get the lessons

. Yea, mom and dad don't know the pressure they put on me. They're strict with my school and expect me to be smart. Always comparing them to me. . . . I was afraid to tell them that I was having a hard time so I started hiding it. They can be really critical and shaming if you don't live up to their expectations. [sad, embarrassed expression] (#B3)

Before I was on probation I could go wherever I wanted and stay out as late as I wanted. She didn't care much. She didn't really know my friends. We'd do all kinds of bad stuff. [smiling] (#B4)

Well, my mom goes pretty nuts. She starts crying and yelling at me. [smiling] For the most part, though, mom doesn't have any control over me I just let my friends come and go and she can't really do nothing about it. She don't know them anyways. [calm, shrugging shoulders] (#B9)

Yea, everyone's nuts. Ya never know what's gonna happen. [nervous laughter] (#B10)

The supervision in my home before my grandparents was nothing because my dad was never there and was always gone. And my mom was always off somewhere getting high. Before I lived with my grandparents my home was total chaos. [sad, looking away] (#B12)

My dad's pretty abusive. He's always insulting me and yelling at me. I don't think I do anything right in his eyes. He thinks nothin' of poppin' me in the head and callin' me bad names [sad, tearful] (#B14)

Supervision was a lot different before probation. Before, I could come and go as I pleased and my parents didn't really know what my friends and I were doing and we'd be doing drugs and drinking and stuff. . . . My family has always been chaotic. Before, things were punitive –that's what my mom calls it. My dad'll smack ya and not think twice. No matter who it is. [calm, smiling] (#B17)

My dad usually just pins us up against the wall. My mom just gets in a shouting fight with us until we storm off. I used to admire my dad and started choking my brothers, too. [excited tone, frustrated] (#B18)

Man, just fighting. [excited tone] Mom doesn't care where we go; I mostly hung all night with my homies. She didn't care. Now she's everywhere with this probation. [smiling] (#B22)

Man, there's no parenting. Everything, and I mean EVERYTHING, depends on Dad's mood and what he wants or doesn't want. [yelling, frustrated] Dad punishes

us for whatever he feels like, whether we've done something bad or not. . . . You just can't please Dad EVER even though I keep trying. [frustrated, yelling] (#B26)

My dad, though, he just yells and makes you feel bad. That is if he talks to you at all. Most of the time he just quits talking to you or having anything to do with you. [sad, looking down] (#B27)

Table 6

Deficiencies in Parenting and Discipline

Participants	Characteristic
3 (15%)	Good Maternal Parenting/Discipline
0 (0%)	Good Paternal Parenting/Discipline
9 (45%)	Lack of Supervision, Knowledge of Friends, Whereabouts
6 (30%)	Rigid/Shaming
8 (40%)	Chaotic/Instability

Poor Management of Conflict and Problems

The majority of participants reported that conflict and problems are handled poorly in their families. Only two participants (10%) believed their mother manages conflict and problems well while the remaining participants viewed deficits in parental management. None of the participants (0%) viewed their fathers as managing conflict and problems well. Rather, ten (50%) participants reported both parents avoid dealing with problems leading to disconnect and emotional needs. Fifteen (75%) participants reported that their family creates and maintains secrecy, furthering disconnect. Fifteen (75%) participants stated that their parents are shaming, punitive, and emotionally abusive during conflict, leading to poor self-image. Six (30%) participants described their parents

as volatile and hostile during conflict. Such volatility included excessive yelling, anger, insults, and physical violence. Table 7 shows the participants' views on their parents' management of conflict and problems. The following statements support these findings:

Dad'll mostly yell, especially when he's drunk . . . he'll just start yellin' and cussin' and throwin' things at ya. [frustrated] He was always beating up on my mom when I was little. Like, when we was little, I remember they was always fightin' really loud. Once Dad pulled her by the hair and pulled her down the hallway. She was kickin' and screamin', beggin' him to get off of her. We was all hiding crouched down in the living room scared and cryin'. [excited tone, angry] (#B1)

I don't remember anyone having an anger problem. We all just hold it all in and hit 'em. . . . Just bust out and clock em! [smiling, punching air] (#B4)

Oh, like she'll start hittin' you and stuff. She yells real loud, like. Loses total control. My mom has anger issues, I swear. . . . my parents have always fought and it has always been bad. They've always looked like things flying everywhere and things breaking and a lot of screaming. [excited tone] (#B5)

Not much other than yelling and fighting. . . . Fighting is resolved by winning, hitting is how anger is resolved. We ain't talking much if we ain't fighting. . . . Man, my whole family is conflict. My mom even tried to stab my step-dad a couple of months ago when he made her really mad. She stabbed my dad once, too. . . . My mom and me fight all the time, too. [calm, nonchalant tone] (#B9)

They're always fighting They HATE each other – try to get into fights all the time. [excited tone, loud] My family's chaos. . . . I hate it. Always walking around eggshells, never knowing what's goin' on. Taught me how to be sneaky; that's how I offended. (#B10)

I guess my family has had plenty of anger or fighting like my real dad used to hit my mom. [calm, nonchalant tone] (#B11)

All we are is fighting and problems. Everyone hates and fights with everyone. . . . It's not the physical abuse but the emotional abuse that really gets to me. My parents were always telling us we weren't worth anything and were screw-ups. That's what triggers most of my anger. [sad, angry tone, looking down] (#B12)

My dad could be pretty mean with his comments to her, [mother] though. He still does that to me. I don't get to say a word or fight back at all. I just know to keep quiet and out of his way. [sad, looking down] (#B14)

We talk about some things and not about other things I think she's not sure how to talk to me when I'm upset and is afraid she'll upset me more. [calm, nonchalant tone] (#B15)

Man, like I said, we're always yellin' and screamin'. Mom'll just haul off and slap you. She and Dad fight all the time, too. [excited tone] (#B22)

The only talking is yelling, yelling all the time. Mostly between my mom and dad because my dad's never working and can't pay the bills. Most of the time Dad will either walk off from her or just say anything to shut her up. He's always lying about stuff. [frustrated tone, angry expression] (#B23)

Man, the only one allowed to be angry is Dad. You don't dare let Dad know if you're in a fight. If my sisters and I are fighting, and I have four, we hide it from Dad, usually just let it go and don't work it out. I have a lot of anger built up that just stays there all the time. [calm tone, frustrated expression] (#B26)

That's what we used to do before counseling was ignore problems and be all tense. My dad, though, he just yells and makes you feel bad. That is if he talks to you at all. Most of the time he just quits talking to you or having anything to do with you. [sad tone, looking down] (#B27)

Table 7

Poor Management of Conflict and Problems

Participants	Characteristic
2 (10%)	Mother Manages Conflict/Problems Well
0 (0%)	Father Manages Conflict/Problems Well
10 (50%)	Avoid Problems, Secrecy
15 (75%)	Shame, Emotionally Abusive Management
6 (30%)	Volatile/Hostile Management

Limited Family Time

Participants also reported limited time spent together as a family. A few of the participants (n=7, 35%) reported they spend quality time with their mothers. However, none of the participants (n=0, 0%) reported spending quality time with their fathers. Many participants (n=12, 60%) reported spending no time together as a family, spending their time instead in isolated activities and avoiding one another. One (5%) participant reported spending quality time with both parents as a family. One (5%) participant reported spending considerable time as a family yet the parents are controlling and punitive. Table 8 shows the participants' views on time spent together as a family. The following statements support these findings:

Ah, man, we don't spend it together, like all of us. My brother and me hang out sometimes and smoke pot but that's all. Dad was always working and Mom, she's always working and when she's home she's doing her own thing then we do our thing. She don't pay much attention. [calm, nonchalant tone] (#B1)

We really don't do much together. . . . I've gotten closer to Mom since all the probation and counseling, though. I really like it. [happy tone, smiling] (#B2)

We eat dinner together and watch TV together. Mom is always with me and going to my swim meets and stuff. [happy tone, smiling] (#B3)

Man, we're always together now because of this probation. We didn't really do much together before this. [calm tone] (#B5)

We never have spent time together unless it's fighting. [nonchalant tone, looking down] (#B12)

We don't really do anything together. I just try to stay away from my dad so I don't get hit or yelled at. [sad tone] (#B14)

My mom and [boyfriend] and I spend lots of time together now. We play games and get along real well. [smiling] (#B17)

We never really spend much time together. Most of the time, I'm in my room doing my own thing. Our family time consists of watching TV or a movie in the living room. We don't talk much. [calm tone] (#B18)

We don't really do anything together. For one, we don't have any money to do anything. For two, everyone's always avoiding each other. [sad tone] (#B23)

We don't spend any time together. We all pretty much hide and avoid my dad. [calm, nonchalant tone] (#B26)

Table 8

Limited Family Time

Participants	Characteristic
7 (35%)	Time Spent Together with Mother
0 (0%)	Time Spent Together with Father
1 (5%)	Time Spent Together with Both Parents
12 (60%)	No Time Spent Together as a Family

Experienced Family Physical and Emotional Abuse

Participants discussed experiencing abuse from their parents, particularly physical and emotional abuse. Six (30%) participants reported there is no abuse in their families while 14 (70%) participants described some form of family abuse. None (0%) of the participants reported that their mothers were sexually abusive. Three (15%) participants described their mothers as physically abusive, while nine (45%) participants described their mothers as emotionally abusive. Two (10%) participants reported that their fathers were sexually abusive, seven (35%) participants stated that their fathers were physically abusive, and twelve (60%) participants described their fathers as emotionally abusive. Of

the few participants who mentioned step-mothers, none (0%) reported sexual abuse, one (5%) reported physical abuse, and one (5%) reported emotional abuse. Of those few who discussed step-fathers, none (0%) reported sexual abuse, two (10%) reported physical abuse, and one (5%) discussed emotional abuse. One (5%) participant also mentioned a sibling who committed sexual abuse. Table 9 shows participant responses on family abuse. The following statements support these findings:

That's why we get so sneaky. Dad'll mostly yell, especially when he's drunk. He drinks whisky every night and when he's mad he'll just start yellin' and cussin' and throwin' things at ya. [excited tone, irritated] (#B1)

Well, my dad's in prison for sexually abusing someone in my family. [calm, nonchalant tone] (#B2)

I can't stand my step-mom. She's got a history of abusing me and my dad and my dad would just sit back and let her. . . . [angry, excited] My mom's pretty abusive, too. She's on probation now for assault. (#B9)

But my step-dad beats her, just like my dad did, or so she says. [calm, nonchalant tone] (#B10)

My other brother, step-brother, is in prison for sexual assault, too. No one talks to him either – they're all mad at him for being a rapist. [sad, looking down] (#B12)

My dad's pretty abusive. He's always yelling and insulting me. [sad, frustrated] (#B14)

My mom's second husband used to beat the crap out of me and my little brother and sometimes my mom. [sad] (#B17)

My dad was definitely more strict. If we were disrespectful he would grab us by our throats, slam us against the wall, and just yell in our faces. [excited tone, angry] (#B18)

My mom and dad were fighting and my dad slapped my mom; then the fight ended. [calm, nonchalant tone] (#B20)

There isn't any physical abuse but my dad's pretty emotionally abusive. . . . He calls me names and makes me feel stupid a lot. [sad, embarrassed, looking down] (#B23)

We get beat with either a hand to our head or with a long wooden rolling pin that you use to bake on our bare butts. He also likes to stack chores on work on labor on top of work that he should be doing. [calm, angry tone, frustrated expression] (#B26)

Well, I think my dad's emotionally abusive because he won't talk to me. It's been months since he's called me or anything. [looking down, shrugging shoulders] (#B27)

Table 9

Experienced Family Physical and Emotional Abuse

Participants	Characteristic
6 (30%)	No Abuse in Family
1 (5%)	Sibling Committed Sexual Abuse
0 (0%)	Mother - Abusive
3 (15%)	Sexual Abuse
9 (45%)	Physical Abuse
2 (10%)	Emotional Abuse
7 (35%)	Father - Abusive
12 (60%)	Sexual Abuse
0 (0%)	Physical Abuse
1 (5%)	Emotional Abuse
1 (5%)	Step-Mother
0 (0%)	Sexual Abuse
2 (10%)	Physical Abuse
1 (5%)	Emotional Abuse
0 (0%)	Step-Father
2 (10%)	Sexual Abuse
1 (5%)	Physical Abuse
	Emotional Abuse

**Some participants described parents in multiple categories

Theme Two – Limited Family Verbal Communication

The participants' responses reflected limited family verbal communication. The majority of the participants (n=15, 75%) reported their families do not verbally communicate. Seven (35%) participants stated that the family communication they experience is limited and secretive. These participants also reported that their family members are afraid of one another and thus avoid engaging in conversation. Only three (15%) participants viewed their mothers as having good verbal communication and none (0%) of the participants viewed their fathers as having good verbal communication. Table 10 shows the participants' responses of general family verbal communication. The following statements support these findings:

My dad don't tell us nothin'. My mom, neither. Like, my mom had a baby before all of us and it died but she don't talk about it. . . . She never talks about problems. [frustrated tone] (#B1)

Well, their divorce was a shock to me. I didn't know until Dad's stuff was already gone outta the house. It was ugly – Mom and my sister on one side hating my dad and my dad on the other side. No one ever told me what was going on; I still don't [calm tone, frustrated expression] know. (#B2)

It is good in our family. My mom is easy to talk to. My dad is harder to talk to. Secrets are not kept in my family; we know everything about each other. Sometimes that gets on my nerves when my sister knows stuff about me. Sometimes I don't feel they respect my privacy. [calm tone] (#B3)

It's OK, about as good as it's gonna get. Counseling helped a little, made my mom and me start dealin' with stuff. Before, we didn't really talk. [calm tone] (#B4)

I guess so, I don't really know. No one really told me what happened. I usually don't get told anything about what's going on. Just gotta pickup on the tension Well, it's frustrating because you never know what's going on or why everyone's in a bad mood. [annoyed, looking down] (#B5)

We really don't talk a lot. . . . We don't talk about certain things; my family keeps lots of secrets. [calm tone] (#B10)

Communication in my family's not the greatest but I think its fine. My mom's always up in my business – she knows EVERYTHING. . . . [loud tone, smiling] My dad n' me don't talk much. When I do go visit him things stay on the surface. [sad, looking down] (#B11)

Like I said, there ain't none unless we're all yelling and fighting. My family must think its easier to fight than to tell someone you care about them. My brothers and sisters are the easiest to talk to. My parents are the hardest to talk to because it only takes one word to send them into crazy mode. I have probably learned bad communication skills because I cut myself and throw things and yell when I'm mad. [frustrated expression, calm tone] (#B12)

My dad's quit talking to me since the offense; he's cut me off and spends all his time with my brother now. I don't care, though. He can have him. [sad, looking down, frustrated] My mom and I talk real easy. She and [boyfriend] will poke and prod at me if they tell I'm holding something in. (#B17)

Communication's never been very good in my family. We never talk over dinner about our day like other families do. Things are always superficial. We've been taught to keep our problems to ourselves and solve it on our own. [calm, nonchalant tone] (#B18)

We don't really share feelings, just what happened during the day. Mom and Dad don't ever really talk or do anything together We're pretty closed off. I guess that's where I've learned not to share what I really feel and bottle everything up. [calm, nonchalant tone] (#B20)

My mom tries to be involved and get me to open up to her but I don't. . . . because she's always forcing stuff on me. [frustrated tone] (#B22)

She said that when my court stuff was happening and all my offense stuff came out that no one would talk about it and that caused problems. That's what we used to do before counseling was ignore problems and be all tense. [calm, nonchalant tone] (#B27)

Table 10

Limited Family Verbal Communication

Participants	Characteristic
3 (15%)	Good Verbal Communication by Mother
0 (0%)	Good Verbal Communication by Father
15 (75%)	No Family Verbal Communication
7 (35%)	Secretive Family Communication

Theme Three – Unhealthy Parental Sexual Education

Participant responses reflected that their parents lack verbal communication and education of sexuality while modeling unhealthy sexual messages. The majority of participants reported a lack of sexual discussion or education in their families. Sixteen (80%) participants stated that there is no talk of sexuality in their home. Due to lack of parental discussion and guidance, eleven (55%) participants instead gained their sexual knowledge from friends, pornography, siblings, and school sexual education videos, all of which reportedly created sexual images, thoughts, and urges for the participants. In addition, ten (50%) participants reported that their fathers and step-fathers serve as poor models for sexuality. Such poor paternal modeling included possessing pornography, purposefully exposing the participants to pornography, engaging in loose sexual boundaries with others, sexualizing and objectifying women through comments and behaviors, glorifying unhealthy sexuality, and encouraging the participants to be sexual. Two (10%) participants stated that both parents have poor sexual boundaries, thus further

exposing their children to unhealthy sexuality. Table 11 shows the participants' responses to sexuality in their families. The following statements support these findings:

When I was little I would be hangin' with my friends and there'd be these girls over there and they'd all be doin' their thang - and I was like, I wanna do it to, so I started doin' what they was doin'. [playful tone, smiling] It was easy because my mom wasn't really knowin' who all my friends were or where I was. She didn't pay no attention. I'd spend the night with my friend and he'd show me some porn tapes all the time. I learned a lot from that. [calm, nonchalant tone] I didn't learn nothin' from my parents. Never talk about it. Not even now when I'm in trouble for sex offending. [frustrated tone] My dad's a bad example anyway 'cause he's always making sexual comments and stuff. Like his stupid comments [irritated tone] – anything I ask him where something is he says, “Between your legs!!” all grabbin' on himself, too, when he says it. And if we go camping he'll pick out this woman and tell me we'll go gang-bang her and he'll be laughin'. [embarrassed expression, looking away] (#B1)

I don't get any information from my family. Everything I know is from school or my treatment group now. Even though my dad's a sex offender I don't know anything about it. . . . I found a dirty book in Dad's closet once, though. [calm, nonchalant tone] (#B2)

Well, I had to learn everything through my friends and I got pretty curious and sneaky. If I could've asked my mom and dad about stuff maybe I wouldn't've gotten so bad. [calm, nonchalant tone] (#B3)

I don't really have a model and sex isn't a topic that comes up in my house. My friends tell me about it, though. Them and now group. I mostly looked at porn on the Internet. [calm, nonchalant tone] (#B4)

Well, my family's pretty open and unhealthy with sex. I hear my mom and [step-dad] having sex all loud through the walls all the time. [annoyed expression] My mom gets mad because [step-dad] leaves porn all over the house. There's lots of sex jokes being said, too. (#B9)

Man, it ain't talked about. Not even now, everyone gets all tense at the topic. [irritated tone, frustrated expression] (#B10)

Sex is kinda off limits in my home. I know they do it, though, 'cause I can hear my mom and step-dad through the walls at night. [calm, nonchalant tone] (#B11)

Sex was never discussed and we had to learn about it from school or watching porn. They get all tense talking about it and change the subject. I stay real quiet because they couldn't handle my sexual stuff if they knew. [smiling] (#B12)

Sex is never talked about in my family. One time my mom and dad were having a pool party and my sister and me were told to stay in our rooms. I went and looked out the window after a while and they were all nude. [embarrassed expression] My dad has Playboy and Penthouse magazines in his bathroom. I sometimes looked at them and read the stories that are in the Penthouse Forum. That is pretty much how and where I learned about sex. [nonchalant tone] (#B14)

There's no sex talking in my family and treatment is making us learn how to. It makes us all uncomfortable, especially my mom. [calm tone] (#B15)

Well, my mom's second husband was a total porn fanatic and had porn all over the house. [excited tone] Used to make my mom so mad and they'd get into fights. . . . My dad would give me his porn and told me about masturbating and would let me use them anytime I wanted. Then I'd show them to my friends. We'd smoke pot out in the garage and look at them all the time. [embarrassed expression] (#B17)

No one's ever talked about sex, really. My mom's left it up to my dad to do. Once when my dad got the mail, he left it on the kitchen counter and I saw a Playboy magazine on the pile. I heard about Playboy from my friends at school and asked my dad if I could see it. He said yes and took me to the garage to talk. His garage was turned into a game room and he showed me his hidden stash of porn under the cushions and told me I could come out here and look at them anytime I wanted to. Then he explained what masturbation is and told me it was OK to do. That's when I started using porn. [calm tone, embarrassed expression] (#B18)

Man, we never talk about sex, only in counseling. It's really hidden in my family. [irritated tone] (#B20)

Mom'll tell me all her business, stuff I shouldn't be knowin'. Ma, she really needs to find a man and leave me alone. . . . Mom talks about sex a lot, she's a horn-ball. I hear her with boyfriends all the time. [excited tone, loud, smiling] My dad's a playa'. He's always got the honies. He's the porn king. [proud] (#B22)

Sex is never talked about. Everyone's pretty private. [calm tone] (#B23)

Sex is definitely never talked about. We have to figure it out from school and friends. My sister and I sometimes talk about it in secret, though, and swap stories. My dad sometimes talks dirty about girls we see in the mall or on TV. . . .

Dad also tells us stuff about his and mom's sex life that he shouldn't, too. It's always embarrassing and never flattering for mom. [frustrated, embarrassed] (#B26)

Table 11

Unhealthy Parental Sexual Education

Participants	Characteristic
16 (80%)	No Family Talk of Sexuality
11 (55%)	Sexual Knowledge by Friends, Pornography, School
10 (50%)	Poor Father/Step-Father Modeling
2 (10%)	Poor Parental Boundaries

Theme Four – Poor Parental Financial Management

Participant responses reflected that these families experience financial strain yet lack verbal communication of finances. The participants' parents also model unhealthy financial behaviors. The majority of the participants reported experiencing family financial strain ($n=14$, 70%). Only five (25%) participants reported their family has good communication of finances while six (30%) participants reported parental conflict with finances; four (20%) participants did not comment about communication. Five (25%) participants reported no family verbal communication of finances at all, yet the participants sense the tension. Six (30%) participants viewed their fathers as financially non-supportive or negligent with child support, often leading to open family conflict. Four (20%) participants described their parents as financially irresponsible and illustrating poor modeling of financial management, also creating family conflict. Table

12 shows the participants' responses to family financial management. The following statements support these findings:

Yea, we're pretty open and they want me to be responsible. [proud] (#B3)

My family money is OK but we aren't the richest people. That's because my bum father never sends us any money. He's thousands of dollars behind in child support and my mom's gonna garnish his wages, where they take it straight from his check. Mom's gotta work extra hours to cover that loser bastard. [calm, sad] (#B4)

We struggle with rent and with electricity and other money problems but my mom works real hard. Mom would always fight with my dad because he wasn't working and bringing in money. (#B6)

It's not talked about. My dad's always tellin' me how much I'm costing him with probation and counseling and things. Makes me feel bad. [sad, embarrassed] Mom don't got much. Dad makes pretty good money, I think. He and mom fight about it because she says he doesn't pay child support. (#B10)

Mom's pretty good at teaching me responsibility and I'm real good at workin' and savin'. [smiling, proud] (#B11)

Mom teaches me how to be responsible and to not spend money on things we don't need. (#B16)

We're pretty comfortable. No problems that I can see. Never really talked about. (#B18)

We're so broke we're ghetto, food stamps and all. We gotta move all the time and run from the bill collectors that call. Never got nothin'. [smiling, playful] (#B22)

We're very poor. Everyone knows and it really embarrasses me and makes me mad at my dad. Dad is always jumping from one crappy job to the next and half the time isn't working. He'll bounce checks and mom has to run around behind him to take care of them. They fight really bad about money. [sad, embarrassed, looking away] (#B23)

We always struggle because my dad always quits working; we get food stamps most of the time. My dad never teaches me anything about money. [calm, sad] (#B26)

Like, we're always broke. Dad owes us thousands of dollars in child support and mom's gonna take his wages. She's always griping about how much money he owes and never takes care of us. . . . We're always bouncing checks and avoiding the phone from people we owe, makes me worry. [excited tone, frustrated] (#B27)

Table 12

Poor Parental Financial Management

Participants	Characteristic
5 (25%)	Good Family Verbal Communication of Finances
5 (25%)	No Family Verbal Communication of Finances
6 (30%)	Parental Conflict about Finances
4 (20%)	No Participant Comment Regarding Communication
14 (70%)	Financial Strain
6 (30%)	Fathers Financially Non-Supportive/Neglect Child Support
4 (20%)	Irresponsibility/Poor Parental Modeling

Theme Five – Little Family Substance Abuse or Mental Illness

Participant responses reflected little perceived family substance abuse or family mental illness. Many of participants (n=12, 60%) reported no perceived substance abuse by either parent. Mothers of three (15%) participants abuse drugs, and mothers of four (20%) participants abuse alcohol. Fathers of five (25%) participants abuse drugs while fathers of seven (35%) participants abuse alcohol. Two (10%) participants reported their step-fathers abuse drugs and two (10%) participants reported their step-fathers abuse alcohol. No step-mothers were reported as abusers of any substances (n=0, 0%). Table 13 shows the participants responses to family substance abuse. The following statements support these findings:

Dad's always drunk and yelling. He drinks a lot, and hard liquor like a fifth of whiskey every night. Always talkin' smack to us, too. And kickin' us out when he's drunk if we say anything. [angry, frustrated] (#B1)

My family doesn't have a problem with drugs or alcohol. My dad occasionally drinks beer and my mom has a wine cooler but not since the baby. (#B3).
My family doesn't really have a history of drugs and drinking. I mean, people drink but they don't have a problem. (#B4)

My family's history of drugs is rare. My dad's an alcoholic, though. A mean one. [sad] (#B5)

None of us do drugs from what I know. But Mom and Dad tell us not to do them and what they do to your body. I know now in how many ways drugs can affect you. I'm glad my parents did not use it. [smiling] (#B6)

Well, my dad's an alcoholic, although he won't admit it. [looking down] (#B10)

My dad used to do drugs and my mom's done them for years. She just got out of rehab a few months ago but she's doing pretty good now. . . . My parents are divorced now but they got together because of drugs. It made me mad because I didn't have a mother for six to seven years and I didn't even know if she was still alive. [frustrated, angry, looking down] (#B12)

My mom drank some but my dad drank a lot and still does. [calm, nonchalant tone] (#B14)

Everybody in my immediate family who are older have tried drugs. . . . my mom and my dad and my step-dad has. Dad has gone to rehab for drugs and is still in rehab. [calm, nonchalant tone] (#B15)

I don't know nothin' about that. None, I guess. [shrugging shoulders] (#B16)

There has always been a history of fighting in my family and it's always been due to alcohol. My dad's an alcoholic and the cops have come when he and [step-mother] have been beating the crap out of each other before. . . . [frustrated, embarrassed] There's lots of drugs and alcohol in my family. Both my parents are alcoholics and have done drugs. They've both been in rehab and my mom's clean now but my dad still drinks and does drugs. (#B17)

Our drinking is pretty normal and no one does drugs. (#B18)

That's never been a problem for us. Dad has beer at home but he doesn't get drunk or anything. He lets me take a sip sometimes. (#B20)

My dad's been in jail for drugs a lot. . . . My mom's an alcoholic, a bad one. She always hides the vodka but we all know she's drinking. [calm, nonchalant tone] (#B22)

No one drinks or does drugs. Maybe drinking would chill my dad out. [sad] (#B26)

No one's really a druggo or anything. My brother smoked pot but he doesn't now. Mom knew; she didn't care as long as he was at home. Dad didn't know. [calm, nonchalant tone] (#B27)

Table 13

Little Family Substance Abuse

Participants	Characteristic
12 (60%)	No Substance Abuse by Parents
	Mother Abuses
3 (15%)	Drugs
4 (20%)	Alcohol
	Father Abuses
5 (25%)	Drugs
7 (35%)	Alcohol
	Step-Father Abuses
2 (10%)	Drugs
2 (10%)	Alcohol
	Step-Mother Abuses
0 (0%)	Drugs
0 (0%)	Alcohol

**Some participants reported parents engaging in multiple types of substance abuse.

The majority of the participants (n=14, 70%) also reported no perceived family mental illness. Four (20%) participants reported that their mothers suffer from bipolar

disorder, and one (5%) participant reported his mother suffers from depression. One (5%) participant's father also suffers from depression. No siblings were mentioned. Table 14 shows the participants' family mental illness. The following statements support these findings:

None that I know. (#B1)

Uhh, I think one of my grandmothers has depression but I'm not sure. No one else, though. (#B2)

No one's sick that I know of. (#B3)

We don't got any mental illnesses. (#B4)

None. Only one and that's my cousin but I don't know what's wrong with her. (#B5)

My whole family's nuts. My grandma has bipolar or schizophrenia or something like that. My mom's got issues, too. My dad takes medicine for his anger – antidepressants, I think. [calm, playful] (#B10)

My mama's a little crazy but that's OK. [Joking, laughing] Naw, no one's nuts-o from what I know. [smiling, laughing] (#B11)

My mom suffers from bipolar and depression. I think her family has more of this. [calm, nonchalant tone] (#B12)

I don't think anyone's got mental illness that I know of. (#B14)

No one's ill in my kin. (#B15)

Don't nobody got anything, I think. I got ADHD, though. [calm tone] (#B16)

There isn't any. (#B18)

There's not any with us. Mom volunteers at a home for mentally challenged people, though. [proud] (#B20)

Man, we're all crazy. My mom's got bipolar, so do my grandma and my aunt. I've always been depressed, been on meds for it. [calm tone] (#B22)

None of us have ever been diagnosed by a doctor or anything but there's definitely something wrong with my dad. [calm, serious tone] (#B26)

When mom's worried she gets real depressed and suicidal. [sad, worried expression] (#B27)

Table 14

Little Family Mental Illness

Participants	Characteristic
14 (70%)	No Family Mental Illness
	Mother
4 (20%)	Bipolar Disorder
1 (5%)	Depression
	Father
1 (5%)	Depression

Theme Six –Family Participation in Criminal Behavior

Participant responses indicate that quite a few families engage in criminal behaviors. Eight (40%) participants reported no criminal history in their families. Eleven (55%) participants reported that their parents had criminal histories, including three (15%) participants with a mother on probation and eight (40%) participants with a father in jail or prison. No (n=0, 0%) participants reported step-parents with a criminal history. Two (10%) participants reported siblings serving time in jail or on probation and one (5%) participant reported a sibling involved with Child Protective Services for the sibling's abusive behavior. In addition, one (5%) participant reported Child Protective

Services intervention due to his parents' abuse. Table 15 shows the participants' report of family criminal behavior. The following statements support these findings:

Just my dad's abusive. See, they say he raped my sister and all but I don't know much about it. He's also hit my mom before. [calm, nonchalant tone] (#B1)

Even though my dad's a sex offender, I don't know anything about it. [calm, nonchalant tone] (#B2)

No one until me. [embarrassed, sad] (#B3)

I can only think of brushes with the law. Nothin' big. (#B4)

My dad is in jail for a long time for leaving the scene of a car wreck. [embarrassed] (#B5)

In my family, one or two have been in trouble with the law, like uncles and cousins. [shrugging shoulders] (#B6)

Aw, man, just about everyone in my family's a criminal. Everyone's got a rap sheet. . . . Mom's on probation, too, for assault. . . . Yea, she stabbed my dad in a fight once. She tried to stab [step-father] not too long ago in a fight, too. [excited, giggling] (#B9)

My dad was arrested and put in jail a lot when he was in his 20s. I think it was for fighting and stuff. [nonchalant tone, calm] (#B10)

I'm the first one to be arrested. Ain't too proud of that. [looking down, embarrassed] (#B11)

So far, I'm the only one who's been arrested that I know of. [calm, nonchalant tone] (#B14)

My dad went to jail for family violence. [calm, nonchalant tone] (#B15)

I'm the only one who's been in trouble so far. [calm, nonchalant tone] (#B16)

My dad's spent many times in jail for family violence. He's also been in trouble for DUIs and was sent to jail for that, too. [calm, nonchalant tone] (#B17)

I'm the only one. [embarrassed] (#B18)

There's not any criminal history, either. Just speeding tickets. (#B20)

My dad's spent time in jail for hot checks a few times. We're always having to go pay them off and bail him out of jail. [frustrated, embarrassed] (#B23)

Does CPS count? Yea, because of all the abuse. They didn't do nothing, though. Just left us there. [angry, frustrated] (#B26)

My mom was on probation once for hot checks. I'm the only other one. [calm, nonchalant tone] (#B27)

Table 15

Family Participation in Criminal Behavior

Participants	Characteristic
8 (40%)	No Family Criminal History
11 (55%)	Parent With Criminal History
3 (15%)	Mother - Probation
8 (40%)	Father - Jail /Prison
0 (0%)	Step-Parent Criminal History
2 (10%)	Siblings - Jail/Probation
1 (5%)	Siblings - Child Protective Services Intervention
1 (5%)	Family - Child Protective Services Intervention

**Some participants reported multiple family member involvement in criminal behaviors

Theme Seven – Juvenile Sex Offenders’ View of Parental Contributions to the Offense

The participant responses resulted in three subthemes. A few participants reported no parental blame for their offense and held themselves responsible for the offense. A few participants directly blamed their parents for contributing to their offending behaviors. Half of the participants attributed indirect blame to their parents.

No Blame

A few participants (n=4, 20%) reported that they do not blame their family for their sexual offense. Rather, they stated that they recognize the offense was their choice.

The following statements support these findings:

I don't see any. I did it on my own. [embarrassed] (#B2)

I don't see any connection. I chose to offend and I am sorry. [sad, embarrassed] (#B3)

None. It was all my fault. [calm, nonchalant tone] (#B15)

Direct Blame

Six (30%) participants reported that they directly blame their parents for committing their offense. Two (10%) participants attributed their parents' physical and emotional abuse to their offending, leading to emotional needs, poor social skills, and low self-esteem connected with the offense. Two (10%) participants attributed their family anger, chaos, and hostility to their offending, contributing to the emotional needs, poor social skills, and low self-esteem. Two (10%) participants also attributed the lack of parental supervision, creating opportunities to engage in unhealthy friendships, activities, and places parents were unaware of. One (5%) participant credited the lack of sexual discussion in the family, thus creating incorrect information, secrecy and curiosity. These participants further reported that the lack of sexual guidance and correct sexual information from their parents led to poor choices, incorrect information from social outlets, and offending. Two participants (10%) connected the poor family communication and disconnection among the members, thus leading to secrecy with emotional needs and sexual behaviors. Two (10%) participants also attributed poor parental modeling to their

offense, creating learned unhealthy sexual behaviors, sexual arousal, sexualizing and objectifying others, and poor impulse control. The following statements support these findings:

I think I learned it from my friends and it was easy because my parents weren't involved much with my life. If my mamma knew who I was hangin' around, she'd think they were bad, boy! [excited, smiling] I liked doin' bad things and I just quit caring because I got all angry from my dad, the way he acts. See, my dad, like, he wasn't around and my mom was just clueless to what all I was doin'. It was easy to do what I was doin', with drugs and stealin' and all. [calm, nonchalant tone] (#B1)

I think our not ever talking about sex could have something to do with my offense. That and my mom never talking to me about anything. [sad] I learned about sex the wrong way. We were pretty distant before counseling and it's made us closer, talk more. (#B4)

Well, I think that my family's anger led to my offending because if I could have just let out my feelings with people who cared about me I wouldn't have taken it out on my victims. Plus, growing up around all the crime was a bad role model for me. But no one makes you do what you choose to do. I just wish they would see what kinda pain they put me through and that I wish they never had me because I wouldn't be hurting or have hurt that little girl. [sad, frustrated] (#B12)

My mom being so easy on me before may have helped me commit my offense. I needed the rules. That and all the anger before we got help. I wasn't happy back then. [calm, nonchalant tone] (#B16)

Maybe my being unable to communicate and talk about my feelings has something to do with it but I'm not sure. I also think my dad teaching me that porn was OK put sex on my brain. [calm tone] (#B18)

I totally believe that missing love and acceptance and getting abused instead has led to my offending. I was so scared of my dad that I kept quiet and out of the way. I made a secret and double life in order to deal with all the crap we go through. Sex stuff just fell right into play. I have learned in counseling that my anger was part of why I offended, because I was trying to take it out on someone. I've never felt loved and because how dad makes me feel I've never been good at making friends. I think I was trying to connect to someone in a bad way. [excited, angry] (#B26)

Indirect Blame

Although ten (50%) participants stated they offended due to personal choice, they indirectly blamed their parents for committing their offense by offering contributing factors. Six (30%) participants attributed parental abuse and seven (35%) participants attributed family anger and hostility. These traits created emotional needs, poor self-image, and poor social skills for the participants. Three (15%) participants connected the lack of parental supervision, explaining that they were able to associate with unhealthy friends, engage in unhealthy activities, and attend unhealthy places without the parents' knowledge. One (5%) participant related the lack of sexual discussion in the family, creating sneaky behaviors, sexual curiosity, and lack of sexual guidance. One (5%) participant attributed poor parental modeling, stating that he learned unhealthy sexual messages, practices, and poor impulse control by watching his parents engage in inappropriate sexual practices. One (5%) participant associated the family disconnection and lack of communication to his offending, creating unapproachable parents and a tendency to stay secretive and isolated. Table 16 shows the participants' responses to parental contributions to their sexual offending. The following statements support these findings:

I think that, like, my parents always fighting may have led to my offense. I mean, I'm totally responsible for my choice, but in counseling I learned that I have emotions from my family and their fighting always made me feel bad and stuff. I was always angry and looking to take it out on something. Plus, I didn't feel real good about myself. [sad, looking down] (#B5)

Naw, I don't see that it's my family's fault. I do think that all the chaos and anger made me really angry though. That might have something to do with it. (#B10)

Nope, it was all my doing. I'm learning in group that I was pretty lonely because of everything going on at home and all and didn't know how to talk or make friends, so maybe my offense had something to do with that. [calm tone] (#B14)

I don't think anyone caused me to sexually offend but me. I think that they contributed to how bad I was feeling about myself, though. [looking away, sad] (#B17)

They didn't teach me to offend, that was all my choice. But through counseling I know I was pretty lonely and was pretty angry. I think this had a part. I also learned to keep secret and hide lots of things. (#B20)

Naw, I did what I did because of me. I think that my family's craziness made it easier, though. . . . mom's never supervised us like she does now. She didn't care who I hung with or where I went; she had no idea what I was doing. [calm tone] (#B22)

None, it was all me. I was real lonely at the time when Mom and Dad divorced. Think I was looking for friends. [sad, looking down] (#B27)

Table 16

Juvenile Sex Offenders' View of Parental Contributions to the Offense

Participants	Characteristic
4 (20%)	No Blame
6 (30%)	Direct Blame
2 (10%)	Family Abuse
2 (10%)	Family Anger/Hostility
2 (10%)	Lack of Parental Supervision
1 (5%)	Lack of Sexual Discussion
2 (10%)	Poor Parental Modeling
2 (10%)	Disconnection/No Family Communication
10 (50%)	Indirect Blame
6 (30%)	Family Abuse
7 (35%)	Family Anger/Hostility
3 (15%)	Lack of Parental Supervision
1 (5%)	Lack of Sexual Discussion
1 (5%)	Poor Parental Modeling
1 (5%)	Disconnection/No Family Communication

**Some participants described parent blame in multiple categories.

Additional Themes

During the analysis of the data, two additional themes emerged not directly related to the interview questions. These included:

Theme Eight - Focus on Parents Rather Than Siblings

In this research, the interviewer asked interview questions regarding the juvenile sex offender's family interactions. The term family was not defined for the participant by the interviewer; rather, the term was left up to the participant's subjective definition. Although many participants reported siblings in creating the genograms, few discussed their sibling relationships during the interview questions. Rather, the participants focused on discussing their parents.

Theme Nine - Positive Impact of Therapy and Probation

During the interviews, many participants reported that therapy and probation had improved the family's functioning. As discussed above, these families tend to experience poor parent-child relationships, poor communication, negligent supervision, poor sexual discussions, poor supervision, and avoidant problem-solving. The participants stated that the therapeutic process and probation structure provided opportunities to improve family functioning, create healthier family interactions, and implement needed structure and supervision. Participants reported forming closer parent-child relationships, improved family communication, and discussions about sexuality. Families also decreased their avoidance of problems and began coping with them as a family. The following statements support these findings:

I've gotten closer to mom since all the probation and counseling though. I really like it. . . . It's not easy talking to no one in my family because I'm always shy. Plus, you never know how mad someone's gonna get. . . . It's getting better now that we're in counseling. No one has secrets in this house and Mom's getting better at being easy to talk to. [proud] (#B2)

Before I was on probation I could go wherever I wanted and stay out as late as I wanted. She didn't care much. She didn't really know my friends. We'd do all kinds of bad stuff. Now I have a curfew and she has to supervise me everywhere. . . . Counseling helped a little, made my mom and me start dealing with stuff. Before, we didn't really talk. [calm tone] (#B4)

Man, we're always together now because of this probation. [excited, smiling] We didn't really do much together before this. Now I'm with my mom all the time and we do things with her boyfriend. (#B5)

We are more open and helpful to each other since counseling started. (#B6)

We ain't talkin' much if we ain't fightin'. Counseling's helped me and my mom, though. [sad, looking down] (#B9)

My mom and me are always together. She's cool. Especially now with the supervision and all. She won't let me outta her sight for a second before she comes a'tearin' down the street screamin' my name. I'm not about to reoffend because that woman won't let me outta her sight. Naw, it's cool because we've gotten really close over counseling. [proud, happy tone] (#B11)

There's no sex talking in my family and treatment is making us learn how to. (#B15)

She's a lot tougher now that we're in counseling. Before, she let me go wherever and do whatever. Now I got rules. [excited tone] (#B16)

Supervision was a lot different before probation. Before, I could come and go as I pleased and my parents didn't really know what my friends and I were doing and we'd be doing drugs and drinking and stuff. . . . Now my mom's all over where I am and never has her eye off of me. . . . [frustrated] (#B17)

Mom doesn't care where we go, I mostly hung all night with my homies. She didn't care. Now she's everywhere with this probation. [smiling] (#B22)

Counseling's teaching us to deal with stuff. (#B27)

Summary

Semi-structured, audiotaped interviews were conducted on a voluntary basis with 23 juvenile sex offenders at a North Central Texas outpatient therapy clinic. Twenty participants were used in this study and three were removed for not fitting the study's qualifications. In this chapter, a description of the participants' demographics was presented. The results, six emerging themes, and two additional themes from the data analysis were also discussed. Themes were supported and illustrated by selected participant responses to the interview questions.

The participants discussed their interactions with their parents. Step-parents were only mentioned a few times and sibling relationships were not addressed in the responses. Most of the participants described their maternal relationships as either very positive or very negative; all participants viewed their paternal relationship as very negative. While a few participants reported they do not have loving, affectionate mothers, most of the participants stated their mothers are very loving and affectionate. None of the participants stated they have loving, affectionate fathers. They also reported deficient parenting skills and discipline. Participants reported poor management of conflict and problems in their families. Participants also stated they spend some time with their mothers yet spend no time with their fathers. Participants described experiencing high parental abuse, particularly physical and emotional. The majority stated they have no family verbal communication and that the families tend to maintain secrets. Participants reported that their families do not discuss sexuality yet the parents exhibit poor sexual modeling. A few participants stated they have good financial communication. However, most

participants have financial strain, poor financial support by their fathers, and poor parental modeling. A few participants spoke of their parents abusing substances while many did not experience substance abuse in their families. The majority of participants do not experience mental illness in their families. Only a few participants have no criminal history in their families. In addition, while a few participants do not blame their parents for their sexual offense, the majority either directly or indirectly blamed them. Additional themes included discounting siblings and having a positive impact from therapy and probation on improving functioning.

CHAPTER V

DISCUSSION AND CONCLUSIONS

This chapter includes a summary of the qualitative research conducted for this study, including a summary of the study's purpose, discussion of the findings, and support of current research and literature. Conclusions drawn from the study's findings will also be presented. Limitations of the study are also discussed. Finally, implications for family therapy, sex offender therapy, and recommendations for future research will be provided.

Summary of the Study

The purpose of this study was to explore family interactions and juvenile sexual offending. Semi-structured, audiotaped interviews were conducted with a voluntary sample of juvenile sex offenders at a North Central Texas outpatient therapy clinic. Purposeful, criterion sampling was utilized to recruit participants. Twenty male juvenile sex offenders, between the ages of 13 and 17, were eligible for the study. Three participants were eliminated for not meeting the study's qualifications. Qualitative methodology was used, collecting and analyzing data from a phenomenological perspective until saturation occurred. The data were then transcribed verbatim and analyzed for common themes.

Discussion of Findings

Seven themes emerged through the data analysis. Two additional themes also appeared in the participants' spontaneous comments. Following is a description of each theme and the participants' corresponding perspectives.

Theme One – Strained Parent-Child Relationship

The participants' responses reflected a strained view of the parent-child relationship. Such relationship strain included the views of their mothers and fathers, parental love and affection, deficient parenting and discipline, poor management of conflict and problems, limited time spent as a family, and family physical and emotional abuse. These relationship strains will be discussed below.

The participants reflected different views of their mothers from their fathers. They described the relationship with their mother as very positive and loving or very negative, shaming, and abusive. Many mothers were described as passive, needy, and parentifying of the participant. They would often exhibit poor boundaries with their children by depending on their child for emotional support and confiding in the child with inappropriate, adult-level information. These participants often felt emotionally responsible for their mothers' well-being. Such responsibility created emotional strain for the participants and they expressed a wish for healthier family boundaries. Mothers were also depicted as overfunctioning to compensate for an abusive or disengaged father.

All participants, however, viewed their relationships with their fathers as very negative. These fathers were described as abandoning, negligent, shaming, and abusive. Such abuse included use of control, criticism, and violence. No fathers were described as

involved, loving, or nurturing. Of the few participants who discussed step-parents, they too, viewed the relationships negatively.

These findings are consistent with literature on maternal relationships. For example, Henggeler and Hanson's (1985) study that found mother-son relationships lacked warmth and positive communication. In addition, as reflected in this theme, many juvenile sex offenders have experienced physical and/or emotional separations from one or both of their parents (Kahn & Chambers, 1991; Fehrenbach et al., 1986). Miner and Crimmins (1995) also found that sex-offending juveniles appeared to be more disengaged from their families than were other juveniles. Consequently, they may have been cut off from possible sources of emotional support and therefore be less able to form positive attachments. Likewise, James and Nasjleti's (1983) study found that juvenile sex offender families were emotionally isolated and lacking the skills to maintain relationships outside the family.

This theme also supports the literature's description of poor maternal boundaries. For example, parentification of children is one type of emotional boundary violation that is thought to contribute to offending behaviors. According to Henderson, English, and MacKenzie's (1989) study of juvenile incest offenders, the offender was commonly found assuming a parent role and caretaking for family members. As parentification occurs, children learn to emotionally shut down and neglect their own needs. Cavanagh (1998a) supports this notion and postulated that "when there are role reversals in the home, the children's emotional boundaries are disregarded" (p. 83). She further stated that in families with poor boundaries, "children are placed in the role of protector of a

parent, are told the details of the parents' problems, and become the friend or confidante of the parent" (Cavanagh, 1998a, p. 83). Such factors, as reflected in the findings of this study, could lead to emotional needs and offending behaviors.

This theme is also consistent with the literature stating that father-son relationships are important for adolescent development. According to the literature, "with respect to the development of delinquent behaviors among boys, perceived closeness to their father is a better predictor than is closeness to their mother" (Marshall et al., 1993, p. 167). In addition, a study by Hanson, Henggeler, Haefele, and Rodick (1984) found that juvenile criminal behavior was linked to cold and conflictual father-son connections.

Most of the participants reported loving relationships with their mothers while none reported it with their fathers. Although participants reported in previous themes that their mothers were chaotic and volatile, it was often attributed to conflict with the fathers and not with the participants. However, some participants did report their mothers as unloving and showing no affection. No fathers were reported to show love or affection. Rather, all participants described their fathers as unloving.

According to the literature, as parents meet the needs of their children, an adequately functioning family is created. Through love and affection, children learn a sense of security, stability, and self-concept. They are thus better equipped to manage their own emotional needs and reciprocate this to others. However, when parents do not meet their children's needs, dysfunctions develop among relationships (Fisher, 1986). Such dysfunction is conducive to offending behaviors.

This theme contrasts the literature's claim that the majority of juvenile sex offenders experience lack of love and affection. As some participants reflected these traits, this theme moderately supports the literature. For example, Lerner (1988) explained that physical neglect creates a need for affection, which leads to attention-seeking children who then invade the space of others. James and Nasjleti (1983) also found that juvenile sex offender mothers tended to physically withdraw from their children and were uncomfortable with touching.

Participants reported deficiencies in parenting skills and discipline by both parents. A very few stated that their mothers provide healthy parenting and discipline. None of the participants reported healthy parenting and discipline from their fathers. Rather, most of the parents' approaches were described as shaming and punitive. Participants also stated that their home life is chaotic, disconnected, and unstable. Mothers were reported to have no control, acting passively while the fathers took a rigid, controlling role. Parents were also described as lacking adequate supervision. Such poor involvement created opportunities for the participants to engage in unhealthy friendships, inappropriate activities, and spend time in unsuitable places.

The findings are consistent with the literature discussing the negative impact of shaming, chaotic, and disconnected parenting. Such negative parenting creates children who lack self-confidence, are unskilled interpersonally, and may fear intimacy. These children are likely to seek sexual scripts that make no demands on their confidence or skills that do not involve intimacy (Marshall & Eccles, 1993). According to Trepper and Barrett (1986), emotional stress may manifest itself sexually. Such stressors include

“emotional deprivation or neglect,” conditional love, physical or emotional abandonment, harsh discipline, and physical abuse (Trepper & Barrett, 1986, p. 14). Unhealthy families also handle deviant behavior in a distressed, critical, or highly over involved manner, which only serves to escalate the matter (Gurman & Kniskern, 1991). Other types of poor family boundaries thought to contribute to juvenile sexual offending include lack of stability, consistency, routine, and chaos (James & Nasjleti, 1983). For example, Fisher (1986) postulated that in families with overcontrolling and overmonitoring parents, adolescents may feel resentful and more rebellious and thus more likely to engage in sex.

This theme is also consistent with the current literature, suggesting that adequate support and supervision may be lacking in the families of these juveniles (Borduin et al., 1990; Hunter & Figueredo, 1999). As peers are very influential, particularly in adolescence, adolescents benefit from parents who closely monitor their peer group, thus minimizing negative influences on their development (Becker, 2004).

As reflected in SgROI’s (1982) writings, poor supervision includes “parents who permit young children to frequent public places...unaccompanied by a responsive caretaker. Parents who do not screen and set limits on their children’s playtimes, playmates, and play areas are also exercising poor supervision.” SgROI (1982) further explains that “many cases of child sexual abuse are occurring within a milieu of complete parental abdication of supervisory responsibility” (p. 242). As the juvenile sex offender is skilled in manipulating his or her external environment to create opportunities to offend, a child with negligent parental supervision will have more opportunities to offend (Rasmussen et al., 1992).

This theme also reflects the current therapy model utilized in sex offender treatment. In the four preconditions to the offense cycle, a breakdown in external barriers (manipulating the environmental structures preventing sexual abuse) and a breakdown in victim resistance through grooming (manipulation of the victim to gain trust) precede offending behaviors (Kahn, 2001). As this theme suggests, juveniles with poor parental supervision will be afforded the opportunity to manipulate both the environment and the victim in committing a sexual offense.

The majority of the participants reported that conflict and problems are managed poorly in their families. Rather, participants stated that both parents avoid dealing with problems. Such avoidance resulted in disconnection among the family members. The participants' emotional needs also remain unaddressed and unfulfilled. Avoidance and disconnection also created secrecy in the family members' functioning. Many participants also described their parents as shaming, punitive, and emotionally abusive during conflict. Such traits led to poor self-image, according to the participants. Participants further described their parents as volatile and hostile during conflict. Such volatility included excessive yelling, anger, insults, and physical violence, thus furthering poor self-image.

The current literature postulates that unhealthy families engage in dysfunctional expressions of emotions, such as lacking positive expressions of praise or encouragement and engaging in negativity and criticism. They also engage in negative interactions, which escalate into destructive arguments (Gurman & Kniskern, 1991). This research found these claims to be evident in juvenile sex offender families.

Participants also reported spending little time together as a family. Approximately one-third of the participants reported spending quality time with their mothers. However, no participants reported spending quality time with their fathers. Most participants stated that their families spend no time together; instead, family members spend their time in isolated activities while avoiding one another.

Existing research neglects exploring the amount and quality of family time juvenile sex offender families' experience. This study is the first to do so. However, this theme does support Dean's (1988) theory of unhealthy families. This theory postulates that unhealthy families do not share time with one another and are self-focused; children thus learn that their needs and interests are unimportant. Dean (1988) also stated that unhealthy families do not spend positive, quality time with one another. Rather, their time together is experienced as negative, including "criticism, feelings of guilt, anger or fighting, unhappiness, controlling behaviors, and lack of communication" (p. 9). Such characteristics were reflected in this theme's findings.

Participants reported experiencing family physical and emotional abuse. Approximately one-third of the participants reported there is no form of abuse in their families. The remaining participants described experiencing some form of abuse from their parents, including sexual, emotional, or physical abuse. Very few described their fathers as sexually abusive and no mothers were described as sexually abusive. Rather, the majority of the parents were portrayed as emotionally abusive. Many were also depicted as physically volatile.

This theme supports the literature's discussion of emotional abuse in juvenile sex offender families. According to Lerner (1988), "parents who constantly humiliate and blame raise emotionally deprived children. Shame eats away at the bond between parents and children and teaches children to humiliate and shame others as well as themselves" (p. 8). Such humiliating and shaming of others can become factors in a juvenile's sexual offending.

This theme also reflects literature on juvenile sex offender families exhibiting physical abuse. According to previous research, a history of physical abuse, sexual abuse, neglect, or family violence can be found in the background of most adolescent sex offenders and is thought to contribute to their offending behaviors (Mrazek, 1981; National Adolescent Perpetrator Network, 1993; Becker & Hunter, 1994, 1997; Ford & Linney, 1995; Bischof & Rosen, 1997; Becker, 1998; Brown & Kolko, 1998; CSOM, 1999b; Ellason & Ross, 1999; Lebelle, 1999). Borduin, Henggeler, Blaske, and Stein (1990) propose that "family relations of sexual offenders are characterized by high rates of intrafamily violence and neglect . . .; conflict, disorganization, and drug abuse . . .; and high rates of other family problems" (p. 106). Negative relationship messages model unhealthy boundaries, which affects one's sexual functioning.

The National Clearinghouse on Family Violence [NCFV] (2004) suggests that this daily modeling teaches children that anger, frustration, and personal needs can be dealt with by the use of force and violence. Stagg, Willis, and Howell's (1989) study found that male children, in particular, who are exposed to domestic violence, tend to act out the conflict or tension through aggression with others. In addition, Knight and

Prentky (1993) postulate that abused children do not learn empathy for others, as seen in offending behaviors.

According to Davis and Leitenberg (1988), parental abuse teaches juveniles that physical aggression is acceptable. Such abuse may lead juveniles to seek revenge on other people for the neglect and abuse they endure. Parental abuse also creates low self-esteem and the sexual perpetration may be an attempt to improve self-worth (Leitenberg, 1988). The literature also states that “children with violent parents may not have the opportunity to witness constructive ways of resolving conflict” (Foshee, Bauman, & Linder, 1999, p. 331). Due to learning unhealthy modeling, people with violent tendencies generally have poor conflict resolution skills, lacking healthy “negotiation, verbal reasoning, self-calming strategies, and listening” (Foshee et al., 1999, pp. 332). All such traits are conducive to offending behaviors.

Theme Two – Limited Family Verbal Communication

Most of the participants reported that their family does not verbally communicate with one another. Those that do verbally communicate do so in a limited, secretive manner. The lack of verbal communication was due in part to family members being frightened of one another and therefore avoiding interacting. Very few reported that their mothers effectively verbally communicate with them while no participants reported that their fathers verbally communicate.

This theme supports the literature on juvenile sex offending addressed family communication patterns. For example, Trepper and Barrett (1986) state that “conflict avoidance, secretiveness, hostility, and double-binding communication patterns are

commonly present in sexually abusing families” (p. 20). Righthand and Welch (2001) also report that the families of sex offenders illustrate more negative communication than positive communication. Studies have found that supportive communication and comments that facilitate dialog between parents and children are limited in the families of juvenile sex offenders, whereas negative communication, such as aggressive statements and interruptions, are frequent (Blaske, Borduin, Henggeler, & Mann, 1989).

Theme Three – Unhealthy Parental Sexual Education

The majority of the participants reported no sexual discussion or education with their parents. Such lack of guidance created sexual curiosity and secrecy for the participants, who then sought sexual information through external sources, such as in friends, pornography, and the school setting. Participants thus gained unhealthy and inaccurate sexual information, thoughts, urges, and behaviors. Some participants reported that their fathers and step-fathers exhibited poor sexual modeling for them, including sexualizing and objectifying others, indulging in pornography, engaging in unhealthy sexual behaviors, and encouraging the participants to sexually engage as well.

This theme supports current trends in the literature. Researchers suggest that families of juvenile sex offenders lack open communication and education about sexuality, resulting in unclear messages and misinformation (Becker & Hunter, 1997; Bischof & Rosen, 1997; Becker, 1998; Brown & Kolko, 1998; CSOM, 1999b). This finding also reflects the current offense cycle treatment model provided in sex offender treatment. This model proposes that prior to engaging in an offense cycle, four preconditions are present. One of these preconditions, a break-down in internal barriers,

reflects unhealthy cognitive distortions one possesses to engage in inappropriate sexuality. As parents model sexual cognitive distortions, their children engage in them as well. Therefore, as Gil (1995) suggested, parents contribute to their child's sexually offending behaviors. This study supports the need for parents to discuss sex with their children openly and to offer guidance in managing the sexual feelings their children experience.

Theme Four – Poor Parental Financial Management

Financial strain was experienced by most of the participants. However, only a few participants reported open, healthy, verbal communication in their family about finances. Some experienced parental conflict regarding financial strain while some families did not discuss the hardship with one another at all. However, the participants reported sensing the tension and being affected by it. Some of the participants viewed their fathers as financially non-supportive or negligent with child support, often leading to open family conflict about money. One third of the participants also reported their parents are financially irresponsible and indulging poor financial management.

This theme supports research findings stating that family financial strain is connected with juvenile sex offending. For example, Pithers, Gray, Busconi, and Houchens's (1998a) study of juvenile sex offenders found that caregiver financial stressors were high, including living below poverty level, and requiring much effort to meet the basic needs of the family.

Theme Five – Little Family Substance Abuse or Mental Illness

The majority of the participants reported no perceived substance abuse by either parent. The few participants who did stated their parents indulged in both alcohol and drug use.

This theme contradicts current literature, claiming that juvenile sex offenders experience a significant amount of substance abuse in their families. For example, Miner et al.'s (1997) study of juvenile sex offenders found that approximately 60% of the fathers had substance abuse histories.

The majority of the participants also reported no perceived mental illness in their families. Very few stated that their parents, primarily the mothers, suffer from bipolar disorder and depression.

This study did not confirm the current research and literature's claims that mental illness is significant in juvenile sex offender families. However, this study did support Miner et al.'s (1997) study of juvenile sex offenders, finding that mothers were more likely than the fathers to have a history of psychiatric illness and treatment.

Theme Six –Family Participation in Criminal Behavior

Slightly less than half of the participants reported no criminal behaviors in their families. However, slightly over half of the participants stated their parents have committed crimes and been punished with probation, jail, or prison sentences. Whereas a slight few mothers served probation for misdemeanor and felony charges, more fathers served time in jail or prison for felonies.

These findings are slightly higher than the current review of literature. For example, Miner et al.'s (1997) study of juvenile sex offenders, found that approximately 28% of the fathers had criminal histories.

Theme Seven – Juvenile Sex Offenders' View of Parental Contributions to the Offense

Although a few participants did not place blame on their parents for their offense, others either directly or indirectly attributed their parents' poor functioning as contributing to their offending. Such attributions included their parents' physical and emotional abuse, family anger, chaos, and hostility. Participants explained that these factors led to emotional needs, poor social skills, and low self-esteem, which contributed to their sexually acting out. Participants also attributed the lack of parental supervision, thus creating opportunities for them to engage in unhealthy friendships, activities, and places. Such liberties afforded the participants opportunity to engage in inappropriate sexual behaviors and offending.

Participants further attributed the lack of sexual discussion in the family to their offending. Due to a lack of guidance, participants developed curiosity, secrecy, and sneaky behaviors with sexuality. They sought sexual information through incorrect and inappropriate sources, including their offending. The deficient family communication and disconnection among the members also reportedly lead to secrecy and isolation with emotional needs and sexual behaviors.

Lastly, poor parental modeling of sexual boundaries was connected to offending behaviors. Such modeling included parents engaging in unhealthy sexuality, fathers sexualizing and objectifying others, fathers exposing their children to pornography, and

fathers encouraging sexuality in their children. This exposure taught the participants unhealthy sexual behaviors, sexual arousal, sexualizing and objectifying others, and poor impulse control.

To date, no prior research has been conducted directly addressing a juvenile sex offender's views on parental contributions to their offending. This study is the first to explore such views. However, the reasons for blame that are identified in this theme support many literature claims, particularly regarding parental role modeling and sexual offending. As the literature states, parents instill norms and role models for accepted sexual behaviors and boundaries (Thornton & Camburn, 1987; Hovell et al., 1994). One type of unhealthy parent modeling found with juvenile sex offenders is in the parents' sexual pathology and exposing the juveniles to their sexual behaviors (Smith & Israel, 1987). Araj (1997) suggests that families with "highly sexualized environments (e.g. exposing children to sexual activity, pornography, and both covert and overt sexual abuse)" model unhealthy sexual boundaries to their child offenders (p. 87). Therefore, parents modeling unhealthy sexuality contribute to their children's poor sexuality.

These findings also support literature on emotional needs and offending behaviors. Emotional needs are postulated to be a major incentive to commit sexual abuse. According to the literature, as an offender struggles with meeting emotional needs in a healthy way, sexual contact is considered a way to meet those needs. For example, in a study of 59 incarcerated, adult sex offenders, sex was utilized as a coping skill for emotions (Cortoni, 1999). Power, anger, and control are considered important emotional needs contributing to committing a sexual offense (Hazelwood, 2003). As one feels

powerless in life, such as in abusive families, power and control is gained through manipulating and taking advantage of a more vulnerable victim (Sgroi, 1982). In addition, Hunter et al. (2003) explained that as juvenile sex offenders have “greater deficits in psychosocial functioning, [and] lack of social confidence,” they feel “socially inadequate and anticipate peer ridicule and rejection.” Such self-image leads to a feeling of social isolation, “sadness and loneliness,” and may prefer the company of younger children to compensate (p. 42). Such young children become vulnerable to sexually acting out. James and Nasjleti (1983) also claim that juveniles commit sexual assaults on children not just to gratify sexual urges but as an “outlet to express hostility, a means to feel powerful, . . . and to feel in control of situations” (p. 20). Further, Hunter, Figueredo, Malamuth, and Becker (2003) found that juvenile sex offenders have “deficits in social competency and self-esteem” (pp. 31-32). In addition, as parents deprive their children of intimacy, the children feel loneliness, which increases their likelihood of engaging “in aggressive behaviors” (Marshall & Eccles, 1993, p. 165). Lastly, as Stagg, Willis, and Howell’s (1989) study found, male children, in particular, who are exposed to domestic violence, tend to act out the conflict or tension through aggression with others.

Additional Themes

As the data were analyzed, two additional themes emerged from the participants’ spontaneous responses.

Theme Eight - Focus on Parents Rather Than Siblings

This research encouraged the participants’ subjective definition of the term family when exploring family interactions. As participants spoke of their families, parents were

the focus of discussion and siblings were not. The sibling descriptions that were offered were merely incidental.

This theme parallels current research on juvenile sex offending. As reflected in this study's literature review, siblings are neglected in research. Rather, siblings are discussed minimally as a victim type when studying juvenile sex offenders who commit incest (James & Nasjleti, 1983). Siblings are also slightly studied for their criminal histories (Miner et al., 1997).

Theme Nine - Positive Impact of Therapy and Probation

Many participants reported that therapy and probation had a positive impact on the family's functioning. As the families in this study tend to experience poor parent-child relationships, poor communication, negligent supervision, poor sexual discussions, poor supervision, and avoidant problem-solving, the therapeutic process and probation structure provided opportunities to improve family functioning, create healthier family interactions, and implement needed structure and supervision. Participants reported forming closer parent-child relationships, improved family communication, and discussions about sexuality. Families also decreased their avoidance of problems and began coping with them as a family. Thus, as probation provided the structure and parental monitoring these families needed to improve their management, therapy supported probation's structure and also provided the skills needed to address and improve the families' interactions.

This theme is a new discovery for the research on juvenile sex offenders. To date, no research has specifically addressed juvenile sex offenders' perceptions of the impact

that treatment and probation structures creates for their offending behaviors and family functioning.

Conclusions

For the purposes of this study, four research questions were examined:

1. How do juvenile sex offenders experience family interactions?
2. What emotional needs to juvenile sex offenders experience regarding their family experience?
3. How is sexuality experienced in a juvenile sex offender's family interactions?
4. What themes emerge regarding juvenile sex offenders and experienced family interactions?

Research on sexual offending is relatively sparse (Hazelwood, 2003; Salter, 2003; Becker, 2004). The research that has been conducted thus far has been limited to male, adult, incest perpetrators from an intrapersonal perspective (Salter, 2003; Becker, 2004; Robinson, 2004). Research on juveniles who commit sexual offenses is therefore limited, particularly in their family experiences. As the number of juvenile sex offenders who are prosecuted and ordered into therapy with their parents rises, research on this population and their families is desperately needed (Becker & Hunter, 1997; Bischof & Rosen, 1997; Becker, 1998; Brown & Kolko, 1998; Center for Sex Offender Management, 1999b; Becker, 2004).

The existing treatment models provided to juvenile sex offenders and their parents are based on the adult sex offender population. They are not empirically shown to be appropriate for juveniles or their families and the research on the effectiveness of

treatment remains sparse (Brecher, 1978; Glaser, 1978; Gray & Pithers, 1993; Becker & Hunter, 1997; Becker, 2004; Robinson, 2004). While many researchers believe that family interactions contribute to adolescent development and sexual offending, the specific family problems or characteristics that contribute are not clear, nor is the way in which they affect the adolescent's sexual development (Groth & Birnbaum, 1979; Pasqua, 2001; Becker, 2004). This study aimed at exploring such family interactions in a systemic frame for a better understanding of the impact on juvenile development.

Based on the findings of this research, the following conclusions are surmised:

1. The juvenile sex offenders in this study often experience negative interactions with their parents, including neglect, shame, parentification, emotional abuse, and physical abuse. They view their mothers and fathers in different ways: (A) These juveniles tend to have negative relationships with their fathers, viewing their fathers as unloving, disengaged, abandoning, shaming, or abusive. (B) Their mothers tend to be more loving and connected with their children than the fathers. Some mothers are often loved despite their negative parenting behaviors. The mothers of this study's juveniles also attempt to compensate for unloving, absent fathers.

2. Many of the juvenile sex offenders in this study experience chaotic, disconnected, abusive, and unstable home lives. A very few mothers and none of the fathers provide healthy parenting and discipline. Most of these families manage conflict and problems poorly.

3. Mothers of the juvenile sex offenders in this study spend some time with their children while fathers spend very little time with their children. What time is spent together tends to be punitive and abusive.

4. The juvenile sex offender families in this study experienced poor parental supervision, which created opportunities for the juveniles to develop unhealthy friendships, engage in unhealthy activities, be exposed to inappropriate sexuality, and attend inappropriate places while unmonitored.

5. The juvenile sex offender families in this study tend to lack general verbal communication. In particular, most of these families do not discuss sexuality in educational or healthy ways. In many cases, these families, particularly the fathers, tend to model and encourage unhealthy sexual behaviors in their children.

6. The juvenile sex offenders in this study experience little substance abuse in their families. Those parents to who do abuse are ill equipped to provide proper parenting and a chaotic, abusive home environment results. Only a few families experience mental illness. Of those who do, it is typically the mothers who suffer.

7. Financial strain is common among the juvenile sex offender families in this study. Fathers of this study's juvenile sex offenders tend to be financially non-supportive or negligent. While some of these families experience healthy verbal communication about finances, some do not discuss finances openly and verbally. Rather, communication is through an indirect, manner, such as through fighting. There is also no modeling of problem-solving or talking about the stress the family members are experiencing. Rather, juvenile sex offenders sense the tension and react to it in disconnected, secret ways.

8. Many of the juvenile sex offenders in this study have parents with criminal histories, some serving probation or prison sentences for misdemeanors or felonies.

9. When discussing their families, this study's juvenile sex offenders focus on their parents and do not consider siblings. Most of the juveniles tend to blame their parents' interactions for contributing to their offending behaviors.

10. Counseling helped this study's juvenile sex offender families in the following ways: (A) It helped reduce the parentification and restructure the parent-child boundaries. (B) It helped families confront conflict and address problems. (C) It helped improve parenting and discipline. (D) It helped families begin to communicate with one another. (E) It helped families discuss sexuality.

Limitations

The generalizability of this study's findings and conclusions are limited in several ways. This study sought to explore juvenile sex offenders; the results may therefore not be applicable to juveniles who commit other types of crimes. The participants in this research were volunteers; the findings may be applied with caution to those who did not or would not volunteer in such a study. In addition, the participants were not randomly selected but purposefully selected. Also, due to the study's sensitive topic, some participants chose not to participate. Therefore, this study may not be applicable to all juvenile sex offenders. To qualify for participation in this study, participants could not be sexual abuse victims, themselves. Therefore, this study should be applied with caution to offenders who are also sexual abuse survivors. The use of juvenile sex offenders as participants limits generalizability to adult populations.

All participants in this study were serving probation and receiving sex offender treatment. The responses of the participants may reflect the language and perceptions learned through this process. As the impact of the probation and treatment on their perceptions is unknown, the findings in this study may not be generalizable to others not having such influence. In addition, it is possible that family interactions may have been previously addressed in the treatment protocol. Such exposure may have influenced the participants' perceptions, and therefore responses, in ways other offenders would not experience. It is also possible that the participants were aware of this interviewer's status as a sex offender therapist. The influence of this knowledge on the participant responses and attempts to please her is unknown.

As the parents were given the interview questions during the informed consent, it is unknown if the questions were reviewed with the participant prior to the interview. Such exposure may have impacted the juveniles' answers. The interviewer refrained from defining the term family for the juvenile, leaving the definition to the participant's subjective interpretation. Such subjectivity could have impacted the responses offered in the interview. Furthermore, as this interviewer is trained in both family systems and sex offender treatment, it is unknown if all preconceptions were fully and successfully bracketed from the findings despite all attempts to secure the trustworthiness of this study.

As only juvenile sex offenders from the ages of 13 to 17 participated, this study may not be applicable to other ages. As the participants were predominantly Caucasian, the results may not be generalizable to other ethnicities. The participants were located in

North Central Texas and are therefore not generalizable to other areas of the country. As no females volunteered to participate in this study and all males were used, the findings may not be suitable for female offenders.

Only the juvenile sex offender's perspectives were used in this research; the parents' and siblings' perspectives were not. As parents or siblings may offer different perspectives, the results of this study may be biased to juvenile perceptions. This study also relied on the participant's subjective interpretation of the interview questions being asked. As a questionnaire and interview format was used, this study relied on the honesty of the participants' answers.

Implications

The results of this study reveal many implications for the field of juvenile sexual offending. The existing research on sexual offenders is limited to adults who predominantly commit incest. Juvenile sex offenders are empirically neglected and there are currently no studies focusing on family elements. However, this study illustrates many family factors important to consider in the juvenile sex offender's development. Such information may serve as a foundation for a much needed and neglected area of research. This study provides family scientists with a foundation in creating theories, expanding treatment protocols for juvenile sex offenders and their families, and education for others in this area. Although juvenile sex offenders and their parents are court ordered into treatment, the current treatment model utilized is only applicable to adult offenders. Interestingly, as this study indicates, mothers tend to be more involved with their children

than the fathers and may attend therapy more than the fathers. For treatment to be effective, both parents should be mandated to attend treatment.

The current treatment models do not consider systemic influence, particularly family elements, that contribute to juvenile sexual offending. Simply addressing sexual arousal rather than family influences and resulting emotional needs of juvenile sex offenders' development inhibits the rehabilitation. As illustrated in this study, many family interaction factors directly relate to a juvenile sex offender's level of functioning. In addition, treatment that is limited to sexual arousal and behaviors neglects the offender's emotional needs the offense served to meet. Therefore, the juvenile sex offender's emotional needs remain unmet and may be further managed by new, unhealthy behaviors. A well-rounded treatment protocol that addresses sexual deviancy, emotional needs, and family elements would benefit the juvenile sex offender and the family in long-term, improved functioning. The information discovered in this research offers family therapists, social workers, and counselors who work with these families the information needed to provide such well-rounded, effective care. The study's findings may also assist the criminal system and legislation in creating social policies relating to managing juvenile sex offenders and their families.

The findings in this study illustrate that parents have a substantial influence on a juvenile sex offender's development. This study also exemplifies the many complexities of family factors important to consider in juvenile sexual offending. Parents would benefit from understanding the great impact they have on their children's development. As the themes in this research demonstrate, there are differences in maternal and paternal

relationships with their children. Mothers would benefit from understanding the positive impact their loving relationships have on their children while realizing the negative impact of their shaming and parentifying. Fathers need to understand the negative impact that their disconnection and abuse has on their children's functioning and decision-making. Parents would also benefit from understanding how their unhealthy parenting not only creates emotional needs in their children but deprives them from the tools to manage them. Mothers and fathers should be informed of the negative impact their lack of communication and time spent together has on their children. Parents should be aware that creating avoidance, chaos, shaming, and volatility in the family results in secretive, isolated, sneaky children. As parents avoid discussing sexuality, they should be prepared for their children to seek and gain unhealthy information elsewhere. Mothers and fathers need to understand how important proper supervision of their children is in fostering healthy development and preventing sexual offending. Parents, specifically fathers, should also realize the impact that unhealthy sexual modeling has on their children's sexuality.

As indicated in this study's findings, treatment serves as a positive influence in interrupting unhealthy juvenile sex offender family functioning. Thus, treatment models and providers should focus on addressing and improving a family's relationships and boundaries, supportive and consistent discipline and parenting, communication, conflict resolution, problem-solving, increasing time spent together, fostering parental love and affection, providing healthy sexual education and modeling, improving parental supervision, and monitoring the impact of family criminality.

The findings in this study imply that while many juvenile sex offenders directly blame their parents for their offending, many either indirectly blame or do not blame their parents at all. As these participants were receiving treatment, it is possible that treatment influenced these answers. Treatment teaches sex offenders to hold themselves fully accountable for their offense. Although this is a good approach, it may hinder the offender's awareness of the impact their family interactions had on their development. In addition, as the participants in this study were serving a probation sentence and receiving sex offender treatment, the influences of these sources are unknown. Therefore, more research is needed to explore family interactions with juvenile offenders who are not currently serving probation or in treatment.

Recommendations

Research in juvenile sexual offending is sparse and studies that explore family elements of juvenile sex offenders are non-existent. The opportunities to further such research are abundant. Until this study, juvenile sex offenders had not been studied regarding family factors and yet they appear insightful and willing to share their perceptions. Researchers should consider this population as viable, invaluable candidates for future studies. As this study was qualitative, replications of this study could be conducted using more reliable and valid measures. Future research of juvenile sex offender families could also utilize different methods and procedures.

This study asked only a few of the unlimited questions that could be empirically explored. The different questions that could be asked in future studies are infinite, each offering further understanding. For example, research could explore family interactions

with juvenile offenders who are not currently serving probation or in treatment, as the influences of such sources on the participants' responses are unknown in this study. Research might explore if adjudicated families are different than non-adjudicated families. Research could also explore the differences among families succeeding in treatment from those who are unsuccessfully discharged from treatment or whose probations are revoked for violations. Finally, research could explore the differences between families with male offenders from those with female offenders.

This research focused on the juvenile sex offender's perceptions. Future studies could explore the parents' or siblings' perspectives. As this study proposes, each family member affects one another's development. As the participants defined the term family for themselves, they focused on their parent relationships while the mention of siblings was merely incidental. Additional research could explore the salience of sibling relationships in offender families. Research could also examine different types of systemic influences, such as social and cultural influences.

This study could be replicated and expanded with adult sex offenders. As this study addressed sexual offending, other research could explore different types of crimes. Future studies could examine the perspectives of juvenile sex offenders who are themselves sexual abuse survivors; this study excluded them. As the participants in this study were predominantly Caucasian and between the ages of 13 and 17, future research could include participants of different ethnicity and age. Likewise, this study's participants were on probation and receiving treatment from a north central Texas area. Other studies could include participants from different locations who either are or are not

on probation and receiving treatment. In addition, the participants in this study committed a myriad of different sexual offense types with various types of victims. Other research could seek information regarding those who commit similar offenses versus different offenses as well as those who abuse similar victim types versus different victim types.

As previously discussed, the dearth of research conducted on this population hinders the treatment provided. Likewise, although juvenile sex offender parents are required to attend therapy, the treatment provided is not empirically based on this population. These parents receive the same cognitive-behavioral treatment protocol as their children (Counsel on Sex Offender Treatment, 2004a; Taylor, Worry, & Ruedas, 2004). Future research could expand treatment methods that are applicable to juveniles and their families. To date, the dominant offense cycle treatment model has not been studied to be appropriate for juvenile sex offenders. It assumes a single, triggering event that begins the offending pattern. This supposition neglects pervasive environmental stressors and the predisposed emotional needs from family factors go unaddressed. Thus, there is a need to study appropriate treatment models for juveniles and include such familial predispositions.

This model also proposes four preconditions to offending behaviors, the first of which offers sexual arousal, emotional needs, and blockage as motivations to offend. However, treatment tends to focus solely on redirecting sexual arousal. As this study illustrates, research would benefit the treatment models by exploring relevant family factors contributing to emotional needs and blockage. Further studies could explore what emotional needs are experienced by juvenile sex offenders and if their families contribute

to these needs. Similarly, the relapse prevention model focuses on the chain of events that lead to offending in a particular point in time. Studies are needed to expand this approach to predisposed, contributing factors, such as the family factors identified in this study. Regarding recidivism, research reports success with short-term rehabilitation, yet longitudinal studies show a tendency for sexual offense relapse (Gurman & Kniskern, 1991). Therefore, the field would benefit from research addressing effective long-term rehabilitation with juvenile sex offending. As current research and treatment focus on sexual behaviors, root issues remain unaddressed and juvenile offenders may develop other unhealthy coping skills. The field would benefit from researching different outlets the juvenile offenders engage in to address such root issues.

Summary

This study sought to expand the sparse research and literature on juvenile sexual offending and their families by exploring their family interactions. This chapter provided an overview of the study. A discussion of the themes that emerged from the data analysis was provided. Conclusions surmised from the identified themes were also explored. The study's limitations were also discussed. Lastly, the findings' implications and recommendations for future research were offered.

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APPENDICES

APPENDIX A
Invitation Flyer

Exploring Family Interactions!!

Adolescents are invited to participate in a new study!

- Purpose:** This study will explore the family interaction experiences of the adolescent sex offender.
- Who:** Adolescent sex offenders are wanted to participate in a one-on-one, audiotaped interview with the researcher, Stephanie Thurston, LPC, RSOTP.
- When:** At a time convenient for you!
- Where:** The Counseling Group
138 W. Church Street, Suite B., Lewisville, Texas 75067
~ OR ~
501 N. Carroll Blvd, Suite F., Denton, Texas 75268
- Why:** To improve the understanding and treatment of adolescents!
You may also receive a copy of the study's findings!

NOTE: *This study does not take the place of any obligation to complete probationary terms.*

For more information or to volunteer, contact:
Stephanie Thurston, M.Ed., LPC, RSOTP
(972) 436-5157, ext. 2 / (940) 381-0019, ext. 2

APPENDIX B
Recruitment Script

Recruitment Script

“Hi! This is Stephanie Thurston returning your call about participating in my dissertation study. I’d like to tell you a little about this study before scheduling you.”

“This study is for my dissertation through Texas Woman’s University. The purpose of this study is to explore what family interactions juvenile sex offenders experience, and will be used solely for educational purposes. Your child’s participation is strictly voluntarily; you and your child may quit participating at any time. If you would like a copy of the results, I will mail them to you once the study is completed. Just put the address you would like me to mail the results to on the bottom of the informed consent form on the lines provided.”

“Your child will meet with me one time for a face-to-face interview lasting about 60-90 minutes. If needed, I would also like to meet with your child once more later on so he/she can clarify or correct what I find. The interview will be held at your counseling location whenever it is convenient for you. I will be asking your child audiotaped questions about what family interactions he/she experiences but I will not be asking any names or identifying information at any time. The audiotape will only be heard by me and it is used only to make sure I get your child’s information right. It will be erased after I have used the information. Your child’s tapes will only be heard by me and the information will be kept in a secured filing cabinet. I will have a team of coders reviewing the transcripts from the audiotapes but they will not know your child’s identity. Your child will also complete an anonymous demographic information sheet. The study’s results will be used solely for this study. No probation officers, other parents, or therapists at your agency will know you participated in this study or what was said by your child.”

“There are a couple of potential risks of your child’s participation I should tell you about. During the interview, your child could become fatigued. To avoid this, he/she may take breaks as needed during the interview. He/she may also experience emotional discomfort during the interview. If so, he or she may stop answering any of the questions at any time. A referral list of counselors will be provided to all participants in case of emotional discomfort. The release of your confidential information is also a potential risk. I take you and your child’s confidentiality very seriously and will protect it in every way possible. I will not be asking your child for identifying information and I will secure his/her information in a locked filing cabinet. Once the study is completed, I will destroy all the information I have. Your confidentiality is protected to the extent that is allowed by law, meaning that if your child discloses harm to him/herself or others, abuse to children, the elderly, or to handicapped people, I will need to contact Child Protective Services or other law enforcement agency and make a report. You or your child may feel coerced to participate in this study. Your willingness to participate is strictly voluntary and your child may withdraw at any time. I will do my best to not lead or judge your child’s responses. There may also be a negative impact on your child’s treatment or probation. Again, your child’s participation will be kept strictly confidential. You may obtain a referral list to address any difficulties your child experiences due to this study.”

“I will do my best to prevent any problem that could happen to you and your child because of this research. You should let Linda Brock, Ph.D. or me know immediately if there is a problem. Although Texas Woman’s University does not provide medical services or financial assistance

for injuries that might happen because of your child's participation, Linda Brock, Ph.D. and I will help you in any way we can."

"Do you have any questions about this study or about your child's participation?" [Questions asked and answered] "If you think of any other questions, you can contact Linda Brock, Ph.D. or me at the phone numbers given at the top of the informed consent form you will sign. If you have questions about your right as a participant in this study or the way the study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at the phone number or email address also provided in the informed consent form."

"Here's the informed consent for you to sign. Please read over it and ask any questions before you sign it. I will also give you a copy of this consent form to keep. Please also note that this study does not take the place of any obligation to complete the probationary terms. What is a good time to schedule the interview for you? Which office location would you like? Great! I'll see you and your child then!"

APPENDIX C

Approval Letter & Consent Form

The Counseling Group

138 W. Church St., Suite B, Lewisville, Texas 75057

Phone: 972-436-5157 / Fax: 972-436-2570

July 19, 2005

Ms. Stephanie Thurston
7 Straight Creek Court
Trophy Club, TX 76262

Re: Approval for Research Participation

Dear Ms. Thurston:

We are contacting you to offer our consent for you to conduct a dissertation study with the juvenile sex offenders affiliated with this agency. We understand that the purpose of this study is to explore the relationship between family interactions and juvenile sex offenders, and will be used solely for educational purposes. We also understand that the juvenile sex offenders' participation in this study is voluntary and that this study does not take the place of any obligation to complete the probationary terms.

We are aware of and consent to the following: Consent to participate in this study will be gained from the juvenile sex offender's parent(s) prior to participation. You will conduct a one-time, face-to-face interview with the juvenile sex offender lasting 60-90 minutes. The interview is free of charge and there will not be a fee charged for your time. The interview will take place at the juvenile's counseling location at a time convenient for the family. Questions will be asked related to family interactions in a semi-structured, audiotaped format. The juvenile will also complete an anonymous demographic information sheet. No names will be requested and the responses will be kept completely anonymous and confidential. Audiotaping is used solely for the purposes of transcribing the interview content and ensuring the accuracy of the information reported. Results will be used solely for this study to benefit therapists and treatment teams in assisting the rehabilitation and prevention of sexual offending. Probation officers, parents, or treatment teams will not receive any data reflecting specific participation, participant responses, or identifying information.

We have been informed that the potential risks related to the juvenile sex offender's participation in this study include fatigue and emotional discomfort during the interview. To avoid fatigue, the juvenile may take breaks as needed during the interview. If the juvenile experiences emotional discomfort during the interview, he or she may stop answering any of the questions at any time. If the juvenile feels the need to discuss the discomfort with a professional, I will provide a referral list to the parents.

Agency Owner's Initials
Page 1 of 2

We are aware that the release of confidential information is also a potential risk for participating in this study. Confidentiality will be protected to the extent that is allowed by law, meaning that if a client discloses abuse to children, the elderly, or to handicapped people, you will need to contact Child Protective Services or other law enforcement agency and make a report.. No identifying information will be requested and assigned numbers will be used on the demographic information sheet, audiotape, and transcriptions. All data will be confidential and will be securely locked in a filing cabinet at your office

and will be destroyed at the study's completion. We are aware that findings will be published in a dissertation and possibly in professional journals. No identifying information of any participant will be used in these publications. Participants and we may request a copy of the research findings at the study's conclusion.

We have been informed that the researchers will try to prevent any problem that could happen because of your research. We will let the researchers know at once if there is a problem and will be assisted. However Texas Woman's University does not provide medical services or financial assistance for injuries that might happen because the juvenile sex offender is taking part in your research.

We are aware that participation in this study is voluntary; the juvenile sex offenders and their parents may refuse to participate or withdraw from this study at any time without penalty or harm. The only direct benefit of this study to the participants and us is that at the study's completion a summary of the results will be mailed to us and the participants upon request.

We have been informed that if we have any questions about this study, we may contact Linda Brock, Ph.D., at 940-898-2713, or you at 972-436-5157. If we have questions about our right as a participant in your study or the way the study has been conducted, we may contact the Texas Woman's University Office of Research and Sponsored Programs at (940) 898-3378 or via email at IRB@twu.edu. We will be given a copy of this signed and dated approval letter to keep.

We wish you luck in your research and look forward to receiving your results!

Agency Owner's Signature

Date

Agency Owner's Signature

Date

Page 2 of 2

Texas Woman's University
Consent to Participate in Research

Title of Study:

An Exploration of Family Interactions and Male Juvenile Sexual Offending: A Qualitative Study

Researcher: Stephanie Thurston, M.Ed., LPC, RSOTP
Phone - (972) 436-5157
Research Advisor: Linda Brock, Ph.D.
Phone - (940) 898-2713

I would like to inform you of a study I am conducting for my dissertation at Texas Woman's University. The purpose of this study is to explore family interactions and juvenile sex offenders, and will be used solely for educational purposes. I would like to invite your child to voluntarily participate in this study in hopes of expanding the understanding and treatment of sexual offending. Please note that this study does not take the place of any obligation to complete the probationary terms.

Research Procedures

I will conduct a one-time, face-to-face interview with your child lasting 60-90 minutes. If you are willing, your child may be asked to participate in a 60-90 minute follow-up interview to clarify the information obtained. If so, the total time commitment for this study will be three hours. The interview will take place at your counseling location at a time convenient for your family. Questions will be asked related to family interactions in a semi-structured, audiotaped format. Your child will also complete an anonymous demographic information sheet. No names will be requested and the responses will be kept completely anonymous and confidential. Audiotaping is used for the purposes of transcribing the interview content and ensuring the accuracy of the information reported. Results will be used for this study to benefit therapists and treatment teams in assisting the rehabilitation and prevention of sexual offending. Probation officers, parents, or treatment teams will not receive any data reflecting specific participation, participant responses, or identifying information.

Potential Risks

Potential risks related to your child's participation in this study include fatigue and emotional discomfort during the interview. To avoid fatigue, your child may take breaks as needed during the interview. If your child experiences emotional discomfort during the interview, he or she may stop answering any of the questions at any time. I will provide you with a referral list in case your child feels the need to discuss the emotional discomfort with a professional.

Parent/Guardian
Initials
Page 1 of 3

The release of confidential information is also a potential risk for participating in this study. Confidentiality will be protected to the extent that is allowed by law, meaning that if your child discloses abuse to children, the elderly, or to handicapped people, I will need to contact Child Protective Services or other law enforcement agency and make a report. No identifying information will be requested and assigned numbers will be used on the demographic information sheet, audiotape, and transcriptions. All data will be confidential and will be securely locked in a filing cabinet at the researcher's office and will be destroyed at the study's completion.

You or your child may feel coerced to participate in this study. Your willingness to participate is strictly voluntary and your child may withdraw at any time. I will do my best to not lead or judge your child's responses. There may also be a negative impact on your child's treatment or probation. Again, your child's participation will be kept strictly confidential. You may obtain a referral list to address any difficulties your child experiences due to this study.

Findings will be published in a dissertation and possibly in professional journals. No identifying information of any participant will be used in these publications. You may request a copy of the research findings at the study's conclusion.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and we will help you. However Texas Woman's University does not provide medical services or financial assistance for injuries that might happen because the juvenile sex offender is taking part in this research.

Participation and Benefits

Participation in this study is voluntary; you and your child may refuse to participate or withdraw from this study at any time without penalty or harm. The only direct benefit of this study to you and your child is that at the study's completion a summary of the results will be mailed to you upon request. **

Questions Regarding the Study

If you have any questions about this study, please contact Linda Brock, Ph.D., or me at the phone numbers located at the top of page one. If you have questions about your right as a participant in this study or the way the study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at (940) 898-3378 or via email at IRB@twu.edu. You will be given a copy of this signed and dated consent form to keep. Thank you for your participation.

I have reviewed the above information and I consent to my child's participation in this study:

Parent/Guardian Initials

Date

Page 2 of 3

****If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:**

****If you permit your child to review his/her interview transcript for content accuracy, please provide a phone number and the researcher will contact you following the interview:**

Page 3 of 3

APPENDIX D

Demographic Information Sheet

Demographic Information Sheet

Interview #: _____

*Thank you for your help in this research. Please do not put your name on this; your answers will be completely confidential! Your therapist, parent, or probation officer will **NOT** see your answers!! Please answer the following questions the best that you can.*

1. Are you a male or a female? (Circle one): MALE FEMALE

1. What is your age and birthday?

2. What grade are you in?

3. What is your race/ethnicity?

4. How long have you been on probation?

5. How long have you been in treatment?

6. Please describe the offense you are on probation for, giving **NO** victim identifying information:

7. Please describe any other offenses you have admitted to your therapist, giving **NO** identifying information:

8. How many victims do you have total, giving **NO** identifying information?

9. Please circle the gender of your victim(s): Male Female Both

10. How old were you at the time of the offense(s)?

How old was your victim(s) at the time of the offense?

11. Please list the relationships (ex: mother, sister) of the people who live in your home, their ages, and their relationship to you: **(IMPORTANT: Please do not give any names or other identifying information in your answers!!)**

GENOGRAM:

APPENDIX E

Interview Guide

Interview Guide

Rapport building: The interviewer will greet the participant and engage in informal discussions to bond prior to recording. The participant will be reminded of the issues of confidentiality and that he or she may quit at any time without consequence.

Begin Interview: “I’d like to talk to you about ways your family experiences some things. I will be audiotaping this interview so that I can hear all the information you give me. I will also make notes during the interview as we talk. Everything you say is important to me and there are no right or wrong answers. You are free to stop talking at anytime if you are uncomfortable. Your name will not be used at anytime and you will be given a code name to protect your identity. Once I have written down everything you have said from the audiotape, I will keep all your information secure in a locked filing cabinet. It will all be shredded after the study is completed. Do you have any questions?” [Questions asked and answered]. “If you have any questions, feel free to ask me at any time. Ok, let’s begin.”

[Start tape]

Interviewer:

“This is Code name # _____, and the date is _____.”

(Use prompts as needed per each interview question)

“Let’s start by getting some demographic information a history of your family.”

[Demographic Information Sheet is read aloud to the participant and responses are recorded.] “Now I’m going to draw a family diagram called a genogram to map out all of your family members.” [Genogram is drawn as information is given] “Are there any important characteristics about these members or their relationships?”

Interview Questions:

1. “Tell me about your family’s relationships with one another.”
2. “What is the parenting and discipline like in your home?”
3. “What is the time your family spends together like?”
4. “How does your family experience conflict and problems?”
5. “What is your family’s communication like?”
6. “Describe how your family approaches sexuality.”

7. "Tell me about your family's experience with substance use."
8. "Describe your family's experience with abuse."
9. "How does your family handle finances?"
10. "How does your family experience love and affection?"
11. "Describe your family's experience with mental illness."
12. "Tell me about your family's history of criminal behavior."
13. "What connection, if any, do you see between your family's interactions and your sexual offending?"

"Is there anything else you would like to say about your family before we quit?"

[Stop tape]

Closing: "Thank you for helping me with my study today. I enjoyed talking to you today. I will type what you and I talked about on paper and I will review it with you if you would like. Do you have any questions before we go?" [Questions asked and answers provided]

Sample Prompts:

Uh, huh . . .	What else can you think of?
Mm-hm . . .	Tell me more about that.
Okay . . .	So, are you saying (clarifying statement)?
Yes.	And by that you mean (clarifying statement)?
Yeah.	What was that like?
I see.	Nodding
Anything else?	Smiling
What about that?	Summarizing
Laughing	Silence

APPENDIX F
Coding Scheme

Coding Scheme

Explanation: Coding will occur by identifying significant statements for each question, forming clusters of meanings into categories, and identifying emerging themes

1. "Tell me about your family's relationships with one another."

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
-------------------------------	-----------------	-----------------------

2. "What is the parenting and discipline like in your home?"

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
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3. "What is the time your family spends together like?"

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
-------------------------------	-----------------	-----------------------

4. "How does your family experience conflict and problems?"

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
-------------------------------	-----------------	-----------------------

5. "What is your family's communication like?"

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
-------------------------------	-----------------	-----------------------

6. "Describe how your family approaches sexuality."

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
-------------------------------	-----------------	-----------------------

7. "Tell me about your family's experience with substance use."

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
-------------------------------	-----------------	-----------------------

8. "Describe your family's experience with abuse."

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
-------------------------------	-----------------	-----------------------

9. "How does your family handle finances?"

<u>Significant Statements</u>	<u>Category</u>	<u>Emerging Theme</u>
-------------------------------	-----------------	-----------------------

10. "How does your family experience love and affection?"

Significant Statements

Category

Emerging Theme

11. "Describe your family's experience with mental illness."

Significant Statements

Category

Emerging Theme

12. "Tell me about your family's history of criminal behavior."

Significant Statements

Category

Emerging Theme

13. "What connection, if any, do you see between your family's interactions and your sexual offending?"

Significant Statements

Category

Emerging Theme

APPENDIX G

Interview Questions

Interview Questions

1. “Tell me about your family’s relationships with one another.”
2. “What is the parenting and discipline like in your home?”
3. “What is the time your family spends together like?”
4. “How does your family experience conflict and problems?”
5. “What is your family’s communication like?”
6. “Describe how your family approaches sexuality.”
7. “Tell me about your family’s experience with substance use.”
8. “Describe your family’s experience with abuse.”
9. “How does your family handle finances?”
10. “How does your family experience love and affection?”
11. “Describe your family’s experience with mental illness.”
12. “Tell me about your family’s history of criminal behavior.”
13. “What connection, if any, do you see between your family’s interactions and your sexual offending?”

APPENDIX H

Summary of Research Questions, Interview Questions, and Themes

Summary of Research Questions, Interview Questions, and Themes

Research Question	Interview Question	Content Categories	Emerging Themes
<p>1. How do juvenile sex offenders experience family interactions?</p>	<p>1. Tell me about your family's relationships with one another.</p> <p>2. What is the parenting and discipline like in your home?</p>	<p>Mother – good relationship, nurturing, needy, parentifies children, overfunctioning, passive, loving, shaming, critical, controlling, anger, yelling, punitive, volatile, emotionally abusive</p> <p>Father – disengaged, abandoned, disconnected, shaming, punitive, abusive, angry, yelling, volatile, physically abusive, emotionally abusive</p> <p>Step-Mother – shaming, punitive, physically abusive</p> <p>Step-Father – disconnected, punitive, physically abusive</p> <p>Instability, chaos, no supervision, good with mother, punitive, yelling, volatile, controlling, shaming, therapy helped</p>	<p>Positive relationship with mother, Poor relationship with mother, Poor relationship with father, Negative view of step-parents</p> <p>Poor parenting and discipline</p>

Research Question	Interview Question	Content Categories	Emerging Themes
	<p>3. What is the time your family spends together like?</p> <p>5. What is your family's communication like?</p> <p>13. What connection, if any, do you see between your family's interactions and your sexual offending?</p>	<p>None spent with either parent, good time spent with mother, none spent with father, therapy helped</p> <p>No verbal communication, secrecy, good with mother, none with father, therapy helped</p> <p>None, no supervision, lonely, low self-image, poor social skills, anger, no family communication, no sexual discussion or guidance, abuse, fathers modeling pornography, fathers modeling sexualizing/objectifying</p>	<p>Poor family time</p> <p>Poor family communication</p> <p>No blame, direct blame, indirect blame</p>
<p>2. What emotional needs to juvenile sex offenders experience regarding their family experience?</p>	<p>4. How does your family experience conflict and problems?</p>	<p>Yelling, anger, avoidant, therapy helped, punitive, volatile, fighting, shaming, secrecy, therapy helped</p>	<p>Poor management of conflict and problems</p>

Research Question**Interview Question****Content Categories****Emerging Themes**

7. Tell me about your family's experience with substance use.

None
 Mother – drugs, alcohol
 Father – drugs, alcohol
 Step-Father – drugs, alcohol

Family substance abuse

8. Describe your family's experience with abuse.

None
 Mother – emotional, physical
 Father – emotional, physical, sexual
 Step-Mother – emotional, physical

Family abuse

9. How does your family handle finances?

Financial strain, no communication, poor parental modeling, non-supportive father, good with mother, none with father

Poor financial modeling

10. How does your family experience love and affection?

Mother good, none from father, none from either parent

Parental love and affection

11. Describe your family's experience with mental illness.

None, mother bipolar, depressed, father depressed

Little family mental illness

Research Question	Interview Question	Content Categories	Emerging Themes
	12. Tell me about your family's history of criminal behavior.	None Mother – probation; felonies, misdemeanors Father – jail, prison, felonies, CPS	Family criminal behavior
3. How is sexuality experienced in a juvenile sex offender's family interactions?	6. Describe how your family approaches sexuality.	No discussion, no supervision, learn from friends, pornography, school, poor parental modeling, poor father modeling, therapy helped	Poor sexual education

APPENDIX I

Referral List

Referral List

Shelly Butler, LPC
The Counseling Group, Lewisville/Denton
972-436-5157

Cathy Champ, LPC, ASOTP
The Counseling Group, Lewisville/Denton
972-436-5157

Gail Spagnola, LMSW-ACP, RSOTP
The Counseling Group, Lewisville/Denton
972-436-5157

Kati Willis, LPC, RSOTP
The Counseling Group, Lewisville/Denton
972-436-5157

Beth Works, LPC, RSOTP
The Counseling Group, Lewisville/Denton
972-436-5157

Youth and Family Counseling
Flower Mound, Texas
972-724-2005

Counseling Center of Lewisville
Lewisville, Texas
972-353-9404

Family Counseling Services
Lewisville, Texas
972-219-0288

Texas Woman's University Counseling and Family Development Center
Denton, Texas
940-898-2600