

**Adolescents with Sexually Inappropriate Behaviours: Background,
Characteristics and Approaches to Intervention**

Thesis submitted in accordance with the requirements of the University of
Liverpool for the degree of Doctor in Philosophy by

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December 2009

ACKNOWLEDGEMENTS

I would like to firstly thank Professor James McGuire for his guidance and his enduring patience in supervising this study. James has provided that elusive balance of autonomy with direction and support. His vast knowledge, expertise and ability to channel my often tangential approach has equipped, enabled and inspired me to conduct this research; it would not have been possible without.

I would also like to thank Mr Richard Ford, who made the research possible financially and practically. Richard provided an enormous and unwavering amount of support, from the research's infancy, through its hurdles and on to its completion; a very big thank you Richard.

Acknowledgement also goes to Knowsley Youth Offending Service and the Barnardo's 5A Project, from where I was able to access the research participants. Special thanks must be made to the interviewees who rendered their valuable time and effort to answer my questions.

My mother, Rhona England deserves another huge thank you, not just for the support through this research, but for the last 30 years of assistance, belief and encouragement that got me here.

I would also like to say an especially big thank you to Mr Paul Byrne for his persevering and adept assistance in preparing my thesis.

Last but certainly not least, thanks to my friends and family who have provided so much support and ever listening ears to topics they may not have necessarily wanted to hear about. You have kept me sane in times of desperation. A huge thank you to you all; you know who you are!

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ABSTRACT

The incidence of sexually inappropriate behaviour in adolescents is increasing. Understanding of the nature, incidence and characteristics of the perpetrators of such behaviours is growing; however a validated and conclusive aetiology of sexually inappropriate behaviour in adolescents remains elusive. A specialist project for adolescents with sexually inappropriate behaviours was accessed as a component of a national evaluation project, from where the research developed. It was the first aim of the research to explore the characteristics of a British sample of adolescents with sexually inappropriate behaviours attending a specialised intervention project. A retrospective analysis of case file records of young people was undertaken. A number of characteristics common to previous research were found as were a number contrary. A number of differences were observed between young people convicted and those alleged to have committed sexually inappropriate acts.

Intervention for adolescent offenders has seen considerable growth. However, offending continues and adolescents continue to re-offend despite receiving intervention. As a consequence, the second and third aims of the research were to psychometrically assess a sample of adolescents with sexually inappropriate behaviours. The validity of a proposed model of sexually inappropriate behaviour was tested and the efficacy of a specialist intervention project was assessed. Sexually inappropriate young people, non-sexual offenders and non-offenders were comparatively assessed. A small number of statistically significant

differences were found between the groups. However there were no statistically significant differences found in the majority of assessed areas. The adolescents who participated in the research were a heterogeneous group with differing characteristics and needs. No support was found for the tested model of sexually inappropriate behaviours in adolescents. Comparative analyses of the score results compared at two points in time showed no significant differences in scores after intervention by the specialist intervention project.

Research has also acknowledged the need to look beyond the content of offending intervention to how it is delivered. Psychological therapy research has recognised the role and importance of the working alliance between a professional and patient and the concept has begun to be explored within research and intervention with adult sexual offenders. The role of the working alliance within youth offending research has received limited research attention. Therefore it was the last aim of the research to explore the concept of a working alliance in youth offending intervention and its impact on successful outcomes. Interviews were conducted with youth offending professionals and young offenders and grounded theory analyses were completed to produce a model of interpretations of the role of the working alliance. The findings suggest that a working alliance exerts some influence on the success of youth offending interventions.

CHAPTER ONE: INTRODUCTION

1.1 Introduction to the Current Research into Sexually Abusive Youth

The term 'sexually abusive adolescent' is used more and more frequently in criminal justice and social work fields. It is a term well known to most of us through media channels, politics and is high in the public consciousness. News brings us frequent stories of teenagers charged with violent and sexual offences. The following news articles are examples of those that abound in newspapers:

The Daily Telegraph (May, 2005) reports: Serial sex attacker, 15, admits raping girl in Sainsbury's.

A serial teenage sex offender was facing a "substantial" period of detention last night after admitting raping an 11-year-old girl in a supermarket lavatory. The 15-year-old followed the girl, who was dressed in her school uniform, into a cubicle at the Sainsbury's store and attacked her. Yesterday he admitted rape and four other assaults relating to women aged between 28 and 47..... The boy followed her into the lavatory and waited outside the cubicle. As she came out he grabbed her from behind and dragged her back inside to assault her, ordering her to keep her eyes shut. During the attack he stroked her hair and even kissed her cheek afterwards. The court heard he only stopped when another

customer went into an adjacent cubicle. He warned the girl he would return to hurt her if she told anyone.....She said 'Are you going to hurt me?' and he said 'No, I won't hurt you, just follow what I do.'" The defendant, who cannot be named because of his age, admitted four other sex attacks and asked for a fifth to be taken into consideration. In each case, he had cycled past different women, ranging in age from 28 to 47, and assaulted them.....The youngster, around 5ft 2 tall, sat in the dock with a youth worker and showed no emotion as the details of the case were read out.

The Times Newspaper (October, 2007) reports: Rapist strikes 11 days after release from jail.

A teenage sex offender who raped a 16-year-old girl 11 days after he was released from prison has been jailed for a minimum of four years....he lured the girl off the train and on to a footpath before attacking her. A jury at Crown Court was told that after the attack he advised his victim: "Never get off a train with a stranger." He was wearing an electronic tag at the time after being convicted of indecent exposure a year earlier and has previous convictions for burglary, aggravated vehicle taking, possession of cannabis and theft. The Judge said he was a dangerous sexual predator "intent on satisfying his lusts".

The BBC television news (April 2003) reports: Jail for teenage sex offender.

A teenage boy, whose father and brother are convicted sex offenders, has been detained for indecently assaulting a nine-year-old boy in woods. The 13-year-old, who cannot be named for legal reasons, carried out the lewd act after attending a church service last November.

The Judge ordered him to be detained for three years at a secure school and imposed a further two-year Supervision Order to protect the public from serious harm. The boy's father is currently serving a nine-year sentence for sex attacks on an 11-year-old girl and a teenager. An older brother is also serving a sentence of detention for attempting to rape a teenage girl.

The 13-year-old earlier admitted the indecency charge against the boy when he appeared at the High Court. The judge added that he accepted that the teenager had "an unfortunate family background" but said he had no doubt that it was in the public interest that the boy should be detained. The court heard that the teenager was in foster care at the time of the assault and attending a day unit. He was also subject to children's panel supervision. On the day of the assault he had attended a church service with his carer.

News reports such as these are frequent. As a result of these and other accounts there is an increased sensitivity to the manifest harm caused by adolescent sexual offenders to their victims, and an increased awareness of the incidence of juvenile sexual aggression (Prentky, Harris, Frizell and Righthand, 2000). As McCulloch and Kelly (2007) state, the sensationalist reporting of cases, coupled with the media's tendency to only focus on high profile cases, has had a direct impact on the moral, social and cultural climate in which academics, criminal justice and probation workers operate. The impact of such crime on society is vast in monetary terms; the personal cost to the victims of such crime is immeasurable.

1.2 A Definition of Sexually Abusive Behaviour

When I began this research study I sought to identify a definition of sexually abusive youth, upon which I could base the research and progress study into the field. A definition of concrete behaviour was necessary to assess the context, pre-cursors to and nature of sexually abusive behaviour. However, a paucity of clear, descriptive and comprehensive accounts made this an elusive goal. Many definitions were vague, ambiguous, with little concrete definition of acts that constitute abusive behaviour.

The legal definitions of sexual offences relate to non-consensual behaviours or the forcing of undesired sexual acts by one person on another. Such acts include penetrative sex, touching or watching sexual acts. However, what is not available in the legal context is a definition of not only the behaviours and actions of a sexual offender that occur in the commission of such behaviour but also the dynamics of the relationship between an offender and their victim and the impact the offence has upon the victim. Using legal definitions of sexually abusive behaviour also excludes abusive behaviours that are not prosecuted or considered as sexual offences, but still cause sexual harm to a victim. Cases of sexually abusive behaviour do not always come to the attention of the judicial system and may end at a social services level of investigation and child protection; if for example, there is limited evidence of sexual assault that could lead to conviction or if families of young victims do not seek prosecution of a family member who is the perpetrator. Other offences, for example harassment and stalking, which could cause sexual harm to a victim, are prosecuted under the Protection from Harassment Act (1997).

Ryan and Lane (1991) defined sexually abusive behaviour as “any sexual interaction with a person of any age against that person’s will, without consent or in an aggressive, exploitative, manipulating or threatening manner” (p.3). In analysing this definition, more detail is provided as to the perpetrator’s manner; however it does not include the actions and behaviour involved in the sexually abusive act and again

makes no reference to the dynamics of the offender-victim relationship. A full and descriptive definition would assist in the current research's analysis of the parameters of sexually abusive behaviour.

A definition of sexually abusive adolescents is provided by Calder (2001, p.5) as "young people (below the age of 18 years) who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation and betrayal of trust." The sexual activity is defined as "sexual intercourse (oral, anal or vaginal), sexual touching, exposure of sexual organs, showing pornographic material, exhibitionism, voyeurism, obscene communication, frottage, fetishism and talking in a sexualised way. We should also include any form of sexual activity with an animal and where a young person sexually abuses an adult." (Calder, 2001).

By providing a full and detailed outline of the actions involved in sexually abusive behaviour, Calder's (2001) definition gives descriptive clarity to events that occur in the commission of such behaviour. In addition, the definition also provides a description of the relationship of the offender to the victim in terms of power. This descriptive and clear definition is thus acceptable for the purpose of study.

1.3 The Incidence of Sexually Abusive Behaviour in Adolescents

The study of sexually abusive adolescents is a burgeoning field of interest, instigated primarily by recognition of the increases in the apprehension, conviction and recording of offences committed by sexually abusive youth.

Up until the 1980s research and data on juvenile perpetrators of sexual offences was limited and almost nonexistent prior to 1985 and a tendency to explain adolescent sexually abusive behaviour as normal adolescent experimentation had prevailed (National Adolescent Perpetrator Network, 1988).

From 1980 to 1990 research in the United States of America began to reveal the extent of the problem. As work with adult male sexual offenders developed, it became increasingly evident that adult offenders have histories of exploiting others during their own childhood (Longo and Groth, Longo and McFadin, 1982). Abel, Mittleman and Becker (1985) reported that amongst 411 adult male sex offenders, 58.4 percent indicated that the onset of their deviant sexual arousal occurred prior to the age of 18 years and over 50% admitted committing sexual offences prior to the age of 18 years. As a number of similar studies have revealed, a significant portion of adult sex offenders have begun their sexually deviant behaviour during their adolescence and progressed from less intrusive to more serious sexually deviant behaviours as the offender progresses into adulthood (Abel et al. 1985; Becker, Cunningham-Ratner

and Kaplan, 1986; Groth et al. 1982). Groth (1977) similarly suggested that juveniles engaging in sexual offending were not just experimenting, but were possibly developing deviant interests similar to those of adult sexual offenders.

Research can not extrapolate USA findings of studies in highly controlled environments to British practice and research. In the United Kingdom, professionals have only more recently begun to investigate the extent to which adolescents sexually abuse other children (Richardson, Graham and Bhate, 1995) and the implications of an adolescent onset of sexually abusive behaviour that continues into adulthood. Recent figures show that amongst 5,200 males found guilty or cautioned for committing a sexual offence in England and Wales during 2000, 25 percent were less than 21 years of age (Home Office, 2000).

Contemporary data show that in 2006/07, there were a total of 57,542 recorded sexual offences in England and Wales (Home Office, 2007). This, compared to the figure of 29,044 recorded sexual offences in 1990 (Home Office, 2000) shows an increase of 28,498 offences; a 98 percent increase in recorded sexual offences over 15 years. In relation to adolescents, available statistics from the Home Office show that in 2004, of the 6,400 individuals cautioned for or found guilty of sexual offences in England and Wales approximately 17% were between 10 and 17 years of age (Home Office, 2005).

In America, the FBI's Uniform Crime Report (2001), shows that in 2000 16.4 percent of arrests for rape, and 18.6 percent of arrests for other sexual offences were of adolescents under the age of 18 years.

However, these available statistics refer only to young people dealt within a judicial or criminal context, as does much of the available research around sexually abusive adolescents (Långstrom, 2001; Righthand and Welch, 2001). Criminal statistics refer to young people above the age of criminal responsibility and only reported offences and do not provide a complete picture of the extent of sexually abusive behaviour in young people. It is acknowledged that official figures most likely underestimate the actual number of adolescent sex offenders because many incidents go unreported and only a small proportion result in arrest (Groth et al, 1982). In the latter study, adolescent sexual offenders convicted for the first time admitted to committing two to five sexual offences (Groth et al, 1982). One reason for the underestimation may be the fact that many sexual offences are committed against family members, and families are often reluctant to report the offence, with the intention of keeping the adolescent out of the criminal justice system (Barbaree, Blanchard and Langton, 2003).

Available data as to the frequency of sexually abusive behaviour outside of the criminal justice field is limited. Glasgow, Horne, Calam and Cox (1994) noted that of all allegations relating to sexual abuse coming to the child protection system over a 12 month period in Liverpool, United

Kingdom, over a third related to young people under the age of 18 as the alleged perpetrators (Glasgow et al. 1994).

It is clear that the sexually abusive behaviour of adolescents is a growing and concerning problem. Abel et al. (1985) estimate that the average adult sexual offender may be expected to commit 380 sexual crimes during his or her lifetime. Beckett (1999) also highlights that sexually inappropriate behavioural problems rather than offences begin in adolescence. It is likely that problems begin earlier than the recorded age of offending. The studies of onset of sexually abusive behaviour have however, served as a foundation for the belief that adolescents possess less ingrained patterns of deviancy and therefore would be more responsive to treatment than offenders who have reached adulthood. The importance of early intervention to identify and treat those adolescents at risk of continuing their sexual offending into adulthood provides impetus for the continued development of research to identify and successfully intervene with sexually abusive adolescents.

1.4 The Legislative Context

In the United Kingdom, sexual offence legislation has been through a number of different Acts of Parliament over the past century. Up until 2003, British law on sexual offences has been based on the Sexual Offences Act (1956) which was thought outdated and unsuitable for the 21st century. In recognition, a number of amendments had been made by

the British government through the 20th century as outlined in the Sexual Offences Bill (2003) pp. 79-85.¹

However these piecemeal changes led to confusing laws and a 'patchwork quilt of provisions' (Home Office, 2000, p. iii). As a consequence, a detailed and lengthy review process was initiated in 1999 (the Sexual Offences Review). This was followed by a Sexual Offences Bill (2003) and the Sexual Offences Act 2003, introduced in May 2004. The 2003 Act repealed the Sexual Offences Act 1956 and several other statutes dealing with sexual offences and has overhauled law on sexual offences providing more clarity and comprehensiveness in a complex legal framework. The Act contains increased protection for children and vulnerable people and stronger protection for the public. Offences for sexual violence and sexual exploitation are more clearly defined. The act also introduces equality in the law for men and women (Home Office, 2003). As Becker and Hicks (2003) state, in tandem with the development of intervention programmes, the orientation of the judicial system has

¹ Including Mental Health Act 1959; Indecency with Children Act 1960; Sexual Offences Act 1967; Theft Act 1968; National Health Service Reorganisation Act 1973; Sexual Offences (Amendment) Act 1976; Criminal Law Act 1977; National Health Service Act 1977; Protection of Children Act 1978; Magistrates' Courts Act 1980; Mental Health (Amendment) Act 1982; Mental Health Act 1983; Sexual Offences Act 1985; Criminal Justice Act 1988; Children Act 1989; Sexual Offences (Amendment) Act 1999; Criminal Justice and Public Order Act 1994; Crime (Sentences) Act 1997; Sex Offenders Act 1997; Crime and Disorder Act 1998; Powers of Criminal Courts (Sentencing) Act 2000; Care Standards Act 2000; Criminal Justice and Courts Services Act 2000; Sexual Offences (Amendment) Act 2000; Armed Forces Act 2001; Police Reform Act 2002; Adoption and Children Act 2002; Nationality, Asylum and Immigration Act 2002.

altered. An emphasis on rehabilitation over punishment has been developed into a greater emphasis on protection of the public over protection of the perpetrator.

1:5 Literature Search Objectives

To undertake research in the area of sexually abusive behaviour in adolescents, a comprehensive literature review was conducted using computer searches of Metalib databases; Metapress, Nature Journals, PsycARTICLES, PsychINFO, ScienceDirect, Scopus, Taylor & Francis and Web of Knowledge. The research objectives, detailed on pp. 67 -68, led to the following combinations of the following key words being used: sex offender (201 results) and sex abuse (234 results), these two search terms were the crucial and initial searches undertaken. To ensure comprehensive review, the following search terms were used to ensure all appropriate information sources were identified; juvenile sex offenders (254 results); adolescent sex offenders (252 results); juvenile sex abusers (221 results); adolescent sex abusers (212 results); young sex offenders (236 results); young sex abusers (213 results); Inappropriate sexual behaviour (251 results). Chapter 4, based on the concept of the working alliance, used the following search terms; working alliance juvenile (144 results); working alliance (308 results); therapeutic relationship (309 results) and working alliance adolescent (191 results). Other search terms used were; sexual assault (307 results); offender treatment (298 results); offender intervention (269 results); offender outcome (289 results);

offender recidivism (277 results). Additional articles were sought through the examination of the reference lists of the collected articles and those of review articles. Internet searches were undertaken using the above keywords. The following table gives an overview of some characteristics of the studies/comparisons included in the literature review.

Table 1.1: Descriptive Characteristics of the Information Used for the Purpose of Study

	Frequency	Percentage
Publication Year		
Prior to 1980	6	3
1980s	23	12
1990s	78	41
2000 onwards	85	44
Publication Type		
Journal Article	142	74
Book Chapter	25	13
Conference Presentation	4	2
Home Office / Government Report	21	11
Sexual Offender / Abuser Specific		
Yes	155	81
No	37	19
Adolescent / Adult Specific		
Adolescent	124	65
Adult	29	15
Both	39	20
Nature of Research		
Sexual Abuser Characteristics	72	31
Typology	8	3
Recidivism	16	7
Intervention	60	26
Working Alliance	18	8
Meta-Analysis / Review	15	7
Assessment	20	9
Official Statistics	5	2
Legislation / Policy	9	4
Statistical Methods	6	3

1.6 What is known about the Characteristics and Problem Behaviour of Sexually Abusive Adolescents

Before considering treatment directions for adolescent sex offenders, it is first necessary to consider the range of characteristics that have been evidenced in previous research as associated with adolescent sexual offending. Only then, can it be explored whether intervention is targeting factors associated with sexually abusive behaviours in adolescents. The literature review is divided into the methodology of study of adolescents with sexually abusive behaviours.

1.7 Descriptive Studies of Sexually Abusive Adolescents

Considerable descriptive information is available about the characteristics of sexually abusive adolescents in previous research, identified through survey research and studies of prevalence. Whilst a significant proportion of older research is derived from retrospective research on the childhood histories of adult sex offenders (Ford and Linney, 1995), contemporary research has improved and expanded to the descriptive study of adolescents. In one of the first comprehensive literature reviews of descriptive studies of sexually abusive adolescent behaviour, Davis and Leitenberg (1987) found some consistency of research findings. They found that adolescents do account for a large proportion of committed offences, an over-representation of male gender and black ethnicity was found; offenders have more female than male victims and victims are likely to be younger; offenders are more likely to

have a history of abuse; and behavioural and school difficulties were common. More recent literature reviews have drawn similar conclusions (Vizard, Monck and Misch, 1995; Becker, Harris and Sales, 1993; Becker, 1998; Boyd, Hagan and Cho, 2000; Righthand and Welch, 2001; Veneziano and Veneziano, 2002; Becker and Hicks 2003). In a less frequent British study, Richardson, Graham, Bhate and Kelly, (1995) concur with the results of these previous literature reviews. In the Richardson et al. (1995) study, the background characteristics of 100 British sexually abusive male adolescents were studied using a retrospective file review of demographic characteristics including family, history of involvement with professional agencies, school adjustment and performance, history of non-sexual antisocial behaviour, the adolescents' prior experiences of abuse, along with perpetrated abuse and victim characteristics. Their descriptive analysis identified abuser and abuse characteristics consistent with international literature.

Becker et al. (1993) observed that frequently reported characteristics of adolescent sexual abusers also include deficits in social interaction skills, conduct disorder, learning problems and depression.

However these reviews also identify methodological difficulties that arise in descriptive research; sample sizes are too small, nationality is not compared, procedures and characteristics and methods of data collection and analysis vary across research (Veneziano and Veneziano, 2002). The critical examination of these studies, with different data collection

techniques (e.g. questionnaires, psychometric tests or interviews) and for example, differing statistical analysis techniques makes only partial comparisons between these studies possible, and as a result there is a limited ability to generalise to all adolescents with sexually abusive behaviours.

Ryan, Miyoshi, Metzner, Krugman and Fryer (1996) conducted an analysis of data held by the USA National Adolescent Perpetrator Network Uniform Data Collection System on more than 1,600 juveniles referred for specialist evaluation or treatment after committing a sexual offence. Although data is relevant to specific groups of adolescents convicted of an offence and was generated from numerous sources, which when considering these methodological constraints, limits its reliability, the findings of such a large sample analysis have provided a basis for further study. The study identified a number of descriptive characteristics which will be presented in the following paragraphs, compared to other descriptive studies of the population.

1.7.1 Gender Characteristics of Adolescent Sexual Offenders

A total of 97 percent of the Ryan et al. (1996) study sample were male. However later studies have cited slightly lower proportions, such as 94 percent in the Hutton and Whyte (2007) medium sized descriptive study of sexually abusive adolescents in the Scottish Criminal Justice System.

Across samples, despite variances in percentages, sexually abusive adolescents are typically male.

1.7.2 Age of Adolescent Sexual Offenders

The modal age of offenders in the Ryan et al. (1996) study was 14 years, however this descriptive study collected data on age at conviction, and the participants onset of sexually inappropriate behaviour could differ from this modal age. The modal age of onset of sexual offending is suggested to be 11 years (Zolondek, Abel, Northey and Jordan, 2001). Other studies cite different onset ages. Wieckowski, Hartsoe, Mayer and Shortz (1998) stated that sexual offending can develop prior to the onset of adolescence, with 10 years being the mean age of an initial contact sexual offence being committed amongst their sample. However, the Zolondek et al. (2001) descriptive study is a large sample of 485 males aged between 11 – 17 years, being evaluated for possible sexually abusive behaviour. By contrast the Wieckowski et al. (1998) study is based on a small sample of 30 males convicted of a sexual offence meeting criteria for residential treatment.

1.7.3 Scholastic Characteristics of Adolescent Sexual Offenders

In the Ryan et al. (1996) study, despite reasonable academic success, an identified 60 percent of the sample was known to have truancy or behaviour problems and learning difficulties. Awad and

Saunders (1989) in their descriptive study of a medium sized sample of offenders, identified a larger 83 percent as having serious learning problems, 48 percent had a diagnosed learning disability and 65 percent had failed a grade. Taylor (2003) descriptively studied 227 accused adolescent child abusers and found that 36 percent of the sample had, or were in the process of receiving a Statement of Educational Need. The study also found 44 percent of the sample had emotional or behavioural problems; lower than the Ryan et al. (1996) study. The Richardson et al. (1995) retrospective case file study found similar truancy rates to the Ryan et al. (1996) study amongst a British sample of sexually abusive adolescents. Richardson et al. (1995) found that 44 percent of their sample had Statements of Educational Need and 78 percent had behavioural problems.

However some 30 percent of Taylor's (2003) sample was described as 'model pupils' with no scholastic difficulties. The variance in scholastic histories of adolescent sexual abusers again derives from variance in methodologies and samples; however, it is clear that adolescent sexual abusers typically experience significant scholastic difficulty. The over-representation of young people with learning disabilities amongst sexually abusive adolescents could, as suggested by the NSPCC (2002), be due to these adolescents being more likely to present such behaviour and that they are more likely to be apprehended.

1.7.4 Family Backgrounds of Adolescent Sexual Offenders

Descriptive studies demonstrate that a large proportion of sexually abusive adolescents have dysfunctional and unstable family backgrounds that are unstable and disorganised (Awad and Saunders, 1991; Wieckowski et al, 1998). Some 60 percent of the Ryan et al. (1996) study sample had witnessed violence within the home. Gray et al.'s (1997) study of 76 children aged 6 to 12-years who had engaged in sexual inappropriate behaviours found that the younger children were more likely to have witnessed family violence than the older children in their sample; some 43 to 62 percent having been witness to violence. Wieckowski et al. (1998) identified a lower 43 percent of their small sample who had been victims of, or witness to, family violence. In their study, 40 percent came from families with few boundaries, confusion of parental roles, lack of supervision and inconsistency. Graves, Openshaw, Ascione and Erickson (1996) conducted a meta-analysis of 20 years of empirical data of the parental correlates of adolescent sexual abusers. Amongst the three offender subtypes identified; *paedophilic*, *sexual assault* and *mixed offence youths*, familial differences were identified. The paedophilic group were more likely to live in foster care, originate from maladaptive families with mothers who have been physically abused as children and fathers who abused drugs. The sexual assault group were more likely to be from single parent, dysfunctional families with fathers abusing alcohol. The mixed offence group also originate from dysfunctional families with

paternal substance abuse and fathers who report being neglected as children and mothers who report having been physically abused. The authors reported that whilst the majority of their sample originates from homes employing pathological interaction, some originated from homes coded as healthy.

Similar differences can be identified in respect of family composition and loss. Ryan et al. (1996) identified that 57 percent of their sample of sexually abusive adolescents had lost a parental figure. However a lower, 11 percent of the Wieckowski et al. (1998) smaller study had absent caregivers. Kahn and Chambers (1991) descriptive analysis of a medium sized sample of convicted adolescent sexual offenders found that less than a third resided with both birth parents. In the Richardson et al. (1995) study, some 80 percent of the adolescents had been removed from the family home.

Ryan et al. (1996) found that the race, income and religion of adolescent sexual offenders were reflective of the general population, a finding replicated by other research including Awad and Saunders (1989) who descriptively studied 29 male adolescent child molesters referred to the Toronto Family Court Clinic.

Again, whilst varied in frequency, family dynamics of sexually abusive adolescents are typically dysfunctional and involve significant loss either through bereavement or through the adolescent having been removed from the family home. This evidence supports Marshall, Hudson

and Hodgkinson (1993) argument that poor attachment combined with parental abuse increases the likelihood of sexually abusive behaviour in an adolescent.

Hunter, Figueredo, Becker and Malamuth (2007) collected data on a large sample of 184 incarcerated adolescent sexual offenders. The authors aimed to explore the direct and indirect effects of developmental antecedents and personality constructs on emotional empathy, and the mediating and moderating influences of emotional empathy on engagement in delinquent behaviour. The authors found that parental attachment and positive fathering were positively associated with empathy and exposure to violence against females was inversely related. Emotional empathy was found to have mediating and moderating influences on the risk of engagement in non-sexual delinquency. However, their sample was limited to residentially treated youth who had committed "hands-on" sexual offences.

1.7.5 Previous Abuse Characteristics of Adolescent Sexual Offenders

Adolescent sexual abusers are frequently reported to have had previous professional involvement with psychological, social and criminal justice agencies by descriptive studies, with figures ranging from 70-87 percent (Awad and Saunders, 1989; Richardson et al, 1995). Previous social services involvement often stems from abuse and neglect and prior

histories of victimisation are consistent findings across research. Ryan et al. (1996) found that some 42 percent of their sample had been physically abused. This percentage has widened in later studies to some 20 - 65 percent of samples with histories of physical abuse (Ryan et al. 1996; Richardson, Kelly, Bhate and Graham, 1997; Hunter, Figueredo, Malamuth and Becker, 2003; Alwyn, Studer, Reddon and Clelland, 2003). Ryan et al. (1996) found that 39 percent of their sample had been sexually abused. Gray et al. (1997) found that 95 percent of their small sample had been sexually abused. Worling (1995) studied 112 adolescent male sexual offenders and stated that adolescent sexual offenders are likely to have been victims of sexual abuse themselves and their sexual behaviour stems from this experience. Taylor (2003) recorded a proportion of 49 percent of a sample of 227 adolescents in a community based sex offender programme in the United Kingdom who had been the subjects of child abuse investigations as alleged victims of abuse. Sexual or physical abuse is more common than neglect in respect of the abuse histories of adolescent sexual abusers compared to the histories of non-sexual offenders (Gray et al. 1997). The association of maltreatment with type of offence may sometimes be indirect and is also associated with other problem behaviours (Jonson-Reid and Way, 2001). Davis and Leitenberg (1987) conclude in their review of research literature on sexually abusive adolescents, that uncontrolled studies suggest family violence and being the victim of abuse plays a contributing role in the histories of adolescent

sexual offenders, and that later comparative studies continue to demonstrate this association. Whilst not consistent, some evidence exists to support this conclusion but the nature of the relationship needs further exploration.

1.7.6 Features of the Abusive Behaviour of Adolescent Sexual Offenders

In respect of the characteristics of their problem behaviour a wide amount of information is available in previous descriptive and survey research. The victims of sexually abusive adolescents are generally known to the abuser (Johnson, 1988) and consistent reports suggest that around 50 percent of perpetrators know their victims (Davis and Leitenberg, 1987). In a large percentage of cases victims are blood relations with figures ranging between 38 and 46 percent (Johnson, 1988; Ryan et al. 1996). However other studies have found a large percentage of acquaintance victim offender relationships (Wieckowski et al. 1998). In the Ryan et al. (1996) study, sexual abuse of a peer accounted for 10 percent of cases, and victimisation of strangers accounted for six percent of cases. Wieckowski et al. (1998) identified that 60 percent of offenders victims were acquaintances, 23 percent siblings, eight percent were other relatives, six percent were strangers, two percent step or half siblings and one percent a parent. The Ryan et al. (1996) study identified an average of eight victims per perpetrator at intake point to an intervention project but

again variance arises amongst later research. Gray et al.'s (1997) small sample analysis found that adolescents in their sample had perpetrated sexually abusive behaviour on two victims, most commonly siblings, and primarily on people whom they have trusting relationships and proximity to. Veneziano, Veneziano and LeGrand (2000) studied 74 adolescent male sexual offenders referred or Court ordered to attend residential treatment and found that the samples victims tended to be younger than perpetrators. Some 90 percent of Ryan et al.'s (1996) study victims were aged between 3 and 16 years. Other studies demonstrate some 60 percent of victims are younger than 12 years, some 40 percent are younger than 6 years (Fehrenbach, Smith, Monastersky and Deisher, 1986) and 63 percent younger than 9 years (Ryan et al. 1996). There is an average reported victim age of around 6 years (Johnson, 1988). Victims in studies have more typically been female (Gray et al. 1997; Taylor, 2003). Veneziano et al. (2000) explored the relationship between prior victimisation and subsequent sexual abuse of other victims, and found that sexually victimised adolescent male sex offenders chose victims and engaged in offending behaviour that reflected their own sexual abuse experiences.

It is generally agreed that sexually abusive adolescents commit a large array of offences (Fehrenbach et al. 1985) and molestation of children is consistently the highest reported frequency offence. In the Fehrenbach et al. descriptive study, 35 percent of the national sample

engaged in vaginal or anal penetration, 14.7 percent in oral genital contact and 17.9 percent in both types of act. Ryan et al. (1996) report some 35 percent of referred offences involved one or more types of vaginal or anal penetration without oral-genital contact, some 15 percent involved oral-genital contact and some 18 percent involved both. A total of 68 percent involved either penetration or oral-genital contact. Other “hands-off” offences were also frequent and verbal coercion, threats and physical force were common. Hunter, Hazelwood and Slesinger (2000) and Hunter et al. (2003) descriptive studies also report that adolescents who offended against younger children used physical violence less often than those who offend against a young person of a similar age. However Kjellgren, Wassberg, Carlberg, Långstrom and Goran-Svedin (2006) found no difference across subgroups in the use of violence in their national survey of all adolescent sexual offenders referred to Swedish Social Services during 2000.

Vizard (2000) reports that 24 percent of index abuses were penetrative, 14 percent involved an attempt at penetration and 83.9 percent involved contact abuse amongst their reviewed cases. Zolondek et al. (2001) confirm that amongst a sample of 485 adolescent male sexual offenders, child molestation offences were most frequent, more than a quarter of the sample reported fetishism and between 10 and 20 percent reported engaging in voyeurism, obscene phone calls, unwanted rubbing or touching and phone sex. Gray et al. (1997) report that most adolescents

in their sample committed a large array of both 'hands-on' and 'hands-off' offences with inappropriate touching being the most frequent behaviour recorded. Taylor (2003) reports that 31 percent of their study sample perpetrated penetrative acts. In Richardson's (1995) study of a sample of 100 British sexually abusive adolescents, of the adolescent's victims, some 40 percent of victims had penetrative acts perpetrated against them, some 50 percent had acts of fondling and 4 percent had non contact offences perpetrated against them. Zoophilia has also emerged as a perpetrated act amongst the population with Duffield, Hassiotis and Vizard (1998) reporting its occurrence in 10 percent of referred cases in their sample.

In addition, it is also suggested that sexually abusive adolescents are likely to have prior convictions for non-sexual offences and delinquency. Ryan et al. (1996) found that some 60 percent of sexually abusive adolescents have previous histories of non-sexual criminal activity that included theft, violence and burglary offences and 28 percent had more than three such offences. In Ryan et al.'s (1996) study some 28 percent of the sample had some indication of substance misuse. Again, later studies vary in the incidence of substance misuse issues amongst adolescent sexual abusers. Beckett (1999) argues that one would expect high levels of alcohol and drug abuse to be seen more often in delinquent young people, but this is not consistent in previous research.

1.7.7 Conclusions of Studies of the Characteristics of Adolescent Sexual Offenders

These descriptive studies and the available reviews of the literature investigating sexually abusive behaviour in adolescents exemplify the difficulties that remain with sample size, procedures and methods of data collection and analysis which vary across research. In addition, descriptive study of the characteristics of the population does not enable conclusions to be drawn as to whether these characteristics are distinct to juveniles with sexually inappropriate behaviours. Similar characteristics could be found amongst adolescents who commit non-sexual offences or adolescents who do not offend.

There is an additional tendency to focus on young people in sex offender treatment programmes who may not be typical of those also brought to the attention of social or welfare agencies who are alleged to have committed sexual offences. As Taylor (2003) suggests, the latter are suggested to have the most serious problems of violence, intrusive and persistent behaviours and as a consequence, only partial comparisons can be made and it is not yet possible to generalise findings. The Vizard et al. (1995) review of the literature concerning sexually abusive adolescents exemplifies these difficulties in their conclusion that 'there is a long way to go before we fully understand or effectively meet the needs of these young people'.

Despite these issues, a definitive conclusion can be drawn from prior research; sexually abusive adolescents are a heterogeneous group with diverse characteristics and treatment needs; there is no “typical” young sex offender (Bourke and Donohue, 1996; Becker 1988; Wieckowski et al. 1998); Worling, 2001; Veneziano et al. 2000, Veneziano and Veneziano, 2002; Hunter et al. 2003; Van Wijk et al. 2005).

Therefore, to achieve a representative and comprehensive analysis and provide a firm foundation from where specialist intervention can develop there is a clear need to progress the UK study of sexually abusive adolescents. Descriptions of a large representative sample of sexually abusive adolescents that includes those convicted of committing a sexual offence as well as those accused of committing such actions, thereby limiting any selection bias that can arise from a singular focus on either group, will expand the contemporary knowledge of this heterogeneous group.

1.8 The Comparative Study of Adolescent Sexual Abusers

Whilst the study of characteristics of adolescents with sexually abusive behaviours is important and necessary in the advancement of knowledge and intervention concerning such individuals, definite conclusions can not be drawn. Identified characteristics demonstrate patterns and commonality in socio-demographic, offending behaviour and other parameters. Available evidence suggests that poor impulse control

and problem solving skills (Smith, Monastersky and Deisher, 1987; Prentky et al. 2000), a history of maltreatment (Becker and Hunter, 1997), poor psychological adjustment (Becker and Kaplan, 1988; Cooper, Murphy and Haynes, 1996), poor anger management skills (Smith et al. 1987), depression (Becker et al. 1991), a lack of social skill (Awad and Saunders, 1989; Katz, 1990; Ford and Linney, 1995), low empathy (Knight and Prentky, 1993), deviant attitudes and cognitive distortions (Groth, 1977; Ward, Loudon, Hudson and Marshall, 1995) are common features of young people who sexually abuse. However, such evidence does not tell us whether these characteristics are key to the inappropriate behaviours or distinct only to the population. As Davis and Leitenberg (1987) stated, "We do not know if adolescent sex offenders truly differ from normal adolescents or from other delinquents who have never committed a sexual offence, on a host of variables that have been clinically implicated but never been empirically investigated in a controlled fashion" (Davis and Leitenberg, 1987, p. 425).

To enable conclusions to be drawn as to whether characteristics such as those identified in the preceding literature review are distinct to juveniles with sexually inappropriate behaviours, it is necessary to compare the group with appropriate control groups; adolescents who commit non-sexual offences or adolescents who do not offend. A number of previous research studies have undertaken such a comparison. However, there are apparent limitations in reviewing the methodologies of

study. As Farr, Brown & Beckett (2004) state, this problem has, in part, been compounded by the reluctance of ethics committees to give permission for sexually explicit questioning of normative samples of equivalent ages to offending adolescents, which is evident in reviewing such studies.

Comparative studies that have progressed research include Baker, Tabacofaft, Tornusciolo and Eisenstatd (2003) who, in their comparative study of adolescent sexual abusers and adolescents with conduct disorders, found that families of adolescent sexual offenders are more likely to tell more lies, have more family myths and are more likely to be involved in taboo behaviour. However, all participants in their study were incarcerated; no adolescent participant was residing in their family home at the time of the research. Bischof et al. (1992) compared the family systems of adolescent sex offenders to those of violent juvenile delinquents, non-violent juvenile delinquents and non problem families. The authors found that families of sex offenders were characterised by greater family cohesion when compared with other delinquents, but sex offenders perceive their families as less cohesive than do members of non problem offender families. However, a small number of participants, and with a majority of participants recruited from residential treatment, again make the findings of this study inconclusive.

Farr, Brown and Beckett (2004) conducted an exploratory study to compares the empathic ability and hyper-masculinity levels of 44 male

adolescent sex offenders and 57 non-offending adolescent males. The authors found that rather than possessing a general empathy deficit, adolescent sex offenders had more focal empathy limitations which, when combined with deficits in a sense of masculinity, were associated with abusive sexual behaviour. Differences were found between the masculine attitudes of adolescent sex offenders and non-offending adolescents with adolescent sexual offenders exhibiting higher levels of callous sexual attitudes towards females and adversarial attitudes towards females and sexual minorities compared with the non-offending adolescents. Adolescent sexual offenders had a significantly greater tendency to over-sexualise a female's motives than non-offenders.

Whittaker, Brown, Beckett and Gerhold (2006) compared the empathy and sexual attitudes of 55 male non-offending adolescents against 221 male adolescent child molesters of a similar age who had attended a treatment clinic and found evidence contrary to Farr et al. (2004). They found that adolescent sexual offenders had less sexual knowledge and less victim empathy skills than non-offending adolescents. However, the use of non-standardised measures limits empirical support for these findings and the authors conclude that further comparative work is necessary using standardised measures with fuller access to comparative groups.

Varker and Devilly (2007) compared the empathy a small sample of 16 sexual offending adolescents against that of a controlled comparison

group of 16 non offending adolescents using the Davis Interpersonal Reactivity Index. This study found results similar to Farr et al. (2004) in that adolescent sexual offenders did not display general empathy deficits compared to age matched non-offending controls. However, they did display significant empathy deficits for their own sexual abuse victim compared to a general sexual abuse victim. Adolescent sexual offenders were found to have significantly lower scores on the perspective taking sub-scale of the Index, compared to non-offenders. However, this study used a small number of participants and the length of empathy intervention received by the participants varied amongst the sexual offender group. In addition, empathy deficits are not related only to the sexual offending behaviour of adolescent sexual offenders. Other studies have also failed to find differences in empathy levels between adolescent sexual offenders and non-offender controls (Moriarty, Stough, Tidmarsh, Eger & Dennison, 2001).

Comparative research has also explored the effect that delinquent behaviour has on subsequent recidivism, finding that the extent to which an adolescent sexual offender engages in non-sexual delinquent behaviour is relevant to the assessment of risk of future criminal behaviour (Beckett, 1999); non-sexual offending behaviour has been correlated with repeated sexual violence by adult sex offenders (Hanson and Bussiere, 1998).

In contrast to studies that have identified differences, other studies have supported the hypothesis that personality characteristics of young sex offenders are similar to those of adolescent non-sexual offenders. Becker and Hunter (1997) and Miner and Crimmins (1995) demonstrated similarities in their history of antisocial behaviour, personality traits, cognitive skills and family background. Other studies have demonstrated contradictory results with respect to other characteristics of juvenile sex and non-sex offenders, such as psychopathology and ethnicity (Herkov, Gynther, Thomas and Myers, 1996; Oliver, Hall and Neuhaus, 1993).

Bullens, Van Wijk and Mali (2006) comparatively analysed subgroups of adolescent sexual offenders using data from Dutch police records over a 6 year period from 1996 to 2002. They found that sexual offenders, with the exception of an exhibitionist group, started their criminal career earlier than non-sexual offenders. However, whilst the authors suggest that there are some differences between the criminal careers of juvenile sexual and non-sexual offenders, they also conclude that there are also some major similarities between the groups. The major similarity between the groups was identified as a tendency for cross-over from an initial violent or sexual offence to an increase in property offences over time.

These inconclusive findings could be the result of the acknowledged heterogeneity of adolescent sexual offenders. Beckett (1999) stated that in many studies, youngsters who molest children

(persons at least 4 or 5 years younger than the perpetrator) and youngsters who rape or sexually assault peers or adult women have often been considered to be one (homogeneous) group. Another explanation is the differences in study methodologies which include studied populations, assessment measures used, access of suitable control groups and other general grouping of adolescent sexual offenders into one category for analysis. In the Richardson et al. (1995) study, in discussing the identified abuser and abuse characteristics referenced earlier in the chapter, the authors suggest that those alleged to have committed sexually abusive behaviours could differ from those convicted of sexual offences as a result of the courts and social services perception of the seriousness of problematic behaviours.

1.8.1 Meta Analyses of Comparative Studies of Adolescent Sexual Abusers

Van Wijk et al. (2005) reviewed studies published between 1995 and 2005 which compared juvenile sex offenders with non-sex offenders. The 17 articles reviewed by the authors suggested that differences exist between sex offenders and non-sex offenders on personality characteristics, behavioural problems, history of sexual abuse, nonsexual offending, and peer functioning. Adolescent sex offenders were younger at the time of their referral than non–sex offenders, a larger proportion were of white origin and a larger proportion of sex offenders attend schools

because of special educational need compared to non–sex offenders. Inconsistent results were found for demographic factors, family functioning and background, antisocial attitudes, and intellectual and neurological functioning. Sex offenders did have higher score on “bad contact” (inappropriate sexual contact) with peers and a lower score on extraversion, impulsiveness, and playing truant. However, the authors noted caution following their review of the published articles, stating that although it is likely that sex offenders can be differentiated from non-sex offenders on a number of characteristics, caution is warranted because of methodological differences between studies and small samples size. The mean number of participants in the sex offender subgroups (n = 105) was smaller than in the non sexual offender subgroups (n = 513), and most samples were derived from incarcerated populations making generalisation to sexually abusive adolescents in the community difficult. Their review concluded that adolescent sexual offenders are a heterogeneous group and that further research should take into account this heterogeneity by including sex offenders from clearly circumscribed groups and investigating characteristics specifically related to sexual behaviour.

1.9 Exploration of Sub-Types of Adolescent Sexual Abusers

The observed heterogeneity of adolescent sexual abusers and the conclusion from analysis of known characteristics that there is no ‘typical’

adolescent sexual offender (Bourke and Donohue, 1996; Becker 1998; Beckett, 1999; Worling, 2001; Veneziano et al. 2000, Veneziano and Veneziano, 2002; Van Wijk et al. 2005) suggests that there is a possibility of identifying subtypes of offender and as a result, researchers have attempted to categorise adolescent sexual offenders into distinct subtypes. Such typologies typically involve classification according to offence type or personality variables. However, despite the acknowledgement that sexually abusive adolescents are a heterogeneous group, only a small number of studies have differentiated among subtypes of offenders and possible differences among subtypes of sex offenders may have remained undetected (Beckett, 1999).

A number of proposed subgroups of adolescent sexual offenders differentiate adolescent sexual offenders on the basis of victims. Fehrenbach et al. (1986) identified differences between contact and non-contact offenders, victim relationship and age in their exploratory study. Graves et al. (1996) expanded this previous work by conducting a meta analysis on data from studies conducted between 1973 and 1993 of adolescent sexual offenders. The authors suggest that there are three identifiable groups of sexually abusive adolescents: sexually assaultive juveniles; paedophilic juveniles whose victims are 3 or more years younger; and a mixed group that includes juveniles who have perpetrated more than one class of sexual offence. Prentky et al. (2000) provide a more refined distinction having assessed 96 adolescent sexual offenders

and proposed six groups: child molesters; rapists; sexually reactive children; fondlers; paraphilic offenders and an unclassifiable group. Worling (1995) compared adolescent sibling-incest offenders to adolescent non-sibling offenders and found that sibling-incest offenders evidenced more marital discord, parental rejection and a negative family atmosphere and were more likely themselves to be victims of sexual abuse. Hunter et al. (2003) compared adolescent sex offenders whose victims were pre-pubescent children against those who offended against pubescent and post-pubescent females. Adolescents whose victims were pre-pubescent children had more psychosocial problems, were more likely to offend against females and offended with less force. Kjellgren et al. (2006) conducted an analysis of a national survey of adolescent sexual offenders and concluded that results suggested a higher proportion of group offenders than previously reported, i.e. adolescents committing sexual abuse together with peers. Kjellgren et al. (2006) found stronger support for subdividing offenders into child offenders and peer offenders rather than group and single victim offenders. Again no conclusive empirical evidence supports any of these models and the difference in suggested sub-groups necessitates further research.

Research that attempts to derive subgroups of sexually abusive adolescents using victim characteristics is countered with criticism of the use of victim characteristics as a method of differentiating youths who sexually harm. In a position paper the National Organisation for the

Treatment of Abusers (NOTA) in the United Kingdom states that frequently adolescents who have sexually offended have not targeted a specific group of victims, but perhaps selected one individual because of that person's availability (NOTA, 2001). The active role that the victim may take in determining offence parameters, such as the level of violence used, and how this may vary with the age of the victim is not considered when differentiating sub-groups of offenders on the basis of victim characteristics; such differentiation suggests that it is factors distinct to the offender that initiate a committed offence, and not the interaction of victim and offender factors. Given the absence of empirical support for any tested differentiation on the basis of victim characteristic despite the breadth of research conducted, it is unlikely that an offenders victim characteristics alone can sub-group adolescent sexual offenders.

Research has as a consequence also investigated additional differential variables in an attempt to identify subgroups of sexually abusive adolescents.

In what is thought to be the first typology to be proposed, O'Brien and Bera (1986) outline a seven-tier classification system. However, the theorised categories of adolescent sexual offender are "naive experimenters", "under socialised child exploiters", "sexual aggressives", "sexual compulsives", "disturbed impulsives", "group influenced" and "pseudo socialized child exploiter" have not been validated by further

research and to date, there are no data available regarding the statistical reliability or validity of this typology.

Later research includes Långstrom et al. (2000) who explored offence characteristics in their study of a small sample (n=56) of adolescent sexual offenders referred for psychiatric investigation by Swedish Courts. Five clusters of offenders emerged, based on both victim and offence characteristics. Cluster one were offenders who had molested one unknown male child victim in a public area, cluster two were non-contact, exhibitionist offenders, cluster 3 were one contact offenders against adolescent or adult female victims, cluster 4 sexually molested known child victims and cluster five perpetrated contact sexual crimes against one known adolescent or adult female victim. However, again a cluster analysis was used on a small sample; the power of this analysis to detect differences is weak and the probability of a type II error, high. Their results have not, to date, been replicated or validated with larger samples.

Almond, Canter and Salfati (2007) reviewed the case files of 300 adolescents attending two specialised intervention projects, one of which was the intervention project where participants of the current research attend. Almond et al. (2007) used the non-metric, multi-dimensional scaling procedure, Smallest Space Analysis (SSA), which statistically represents the co-occurrence of variables to examine the relative association of offenders' characteristics. The study concludes that its results provide empirical support for three distinct background themes as

71 percent of the youths could be assigned to one dominant background theme (abused, delinquent or impaired). However, this study did not utilise the breadth of information available in the case records of the two projects. The research also united data from two projects with differing referral routes. Adolescents convicted of sexual offences were not differentiated from those alleged to have perpetrated sexually abusive acts. The use of SSA and the interpretation of its findings are problematic as the rank order of entries in the data matrix (not the actual dissimilarities) is assumed to contain the significant information.

Some researchers have attempted to form personality-based typologies of adolescent sexual offenders using standardised psychometric measures. Smith et al. (1987) collected data from 262 adolescent male sexual offenders, and performed a cluster analysis on their data. The authors found that the 178 adolescents who were successfully classified were best represented by four groups; "immature", "personality disorders", "socialized delinquents" and "conduct-disordered adolescent".

In a replication of Smith et al. (1987) study, Worling (2001) found similar results, using the California Psychological Inventory to establish personality based sub-groups of a relatively small sample of 112 adolescent sexual offenders. Using cluster analysis, Worling (2001) revealed groups that are antisocial/impulsive; unusual/isolated; over controlled/reserved and confident/aggressive. The author does not caution

in the interpretation of these findings as a result of using cluster analysis; the final cluster solution in any cluster analysis is dependent on the distance measure chosen, the algorithms used to form clusters, the variables used in the analyses, the multi co-linearity of the variables included, and the method used to determine the final number of clusters. A problem common to the Smith et al. (1987) study. Further research has not, to date, replicated these findings.

Van Outsem, Beckett, Bullens, Vermeiren, Van Horn and Doreleijers (2006) found only few and relatively small differences in personality characteristics of adolescent sexual abusers compared with non-sexual and non-offending adolescents using the Adolescent Sexual Abusers Assessment Pack [ASAP] in the areas of social desirability, self esteem, emotional loneliness, empathy, locus of control, aggression, impulsivity, cognitive distortions and experienced sexuality. Van Outsem et al. (2006) tested the Dutch translated ASAP scales' validity and reliability and found the ASAP-D to be a valid and reliable measurement of those personality characteristics which, according to the literature, are most relevant. A large total of 833 young people participated, and whilst self report methods limit findings and some participants were aged up to 21 years - a wider age range than other studies - the large sample size and the validity and reliability of measures used give these findings credence.

Richardson, Kelly, Graham and Bhate (2004) identified five subgroups of adolescent sexual offender from a small outpatient sample of

112 adolescent sexual offenders. They named these “normal”, “antisocial”, “submissive”, “dysthymic/ inhibited” and “dysthymic/negativistic”.

Lambie and Seymour (2006) suggest that there are similarities between the groups identified by Richardson et al. (2004) and those identified by Smith et al. (1987) and Worling (2001). Lambie and Seymour (2006) suggest that the dysthymic/inhibited group of Richardson et al. is similar to Smith et al.’s conduct-disordered group and Worling’s unusual/isolated group. They suggest that the submissive group of Richardson et al. resembles most closely the over controlled/ reserved group of Worling and Smith et al.’s immature group. Richardson et al.’s antisocial group is similar to Worling’s confident/aggressive group and Smith et al.’s socialized delinquents. Finally, Richardson et al.’s dysthymic/negativistic group is similar to Worling’s antisocial/impulsive group (Lambie and Seymour, 2006). However these suggested similarities sound unlikely, as the groups can only resemble each other; certainly no empirical similarity has been evidenced. Differences remain within the research and conclusive support for any specific patterning by subgroup has not been found.

1.10 The Aetiology of Abuse in Adolescence

The investigation of offender subtypes, whilst inconclusive has provided differentiation in the progression of an agreed aetiology of

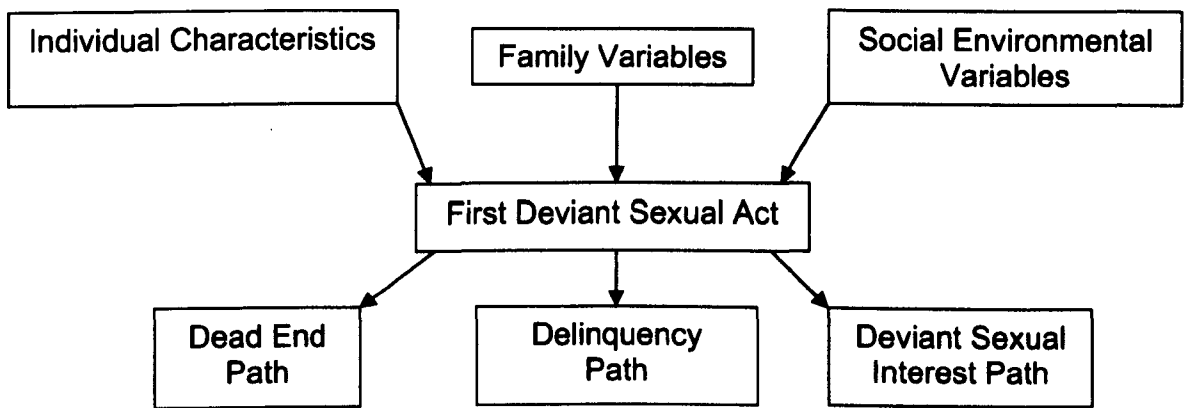
sexually abusive adolescents. Several theoretical models of the development of sexually abusive behaviour in adolescents have been proposed on the basis of these individual differences; again however, none has been empirically validated.

Ryan, Lane, Davis and Isaac (1987) described a cycle model of sexually abusive behaviour. The adolescent develops a negative self image which results in an increased likelihood of maladaptive coping strategies. A negative self image leads the adolescent to predict a negative reaction to others. To protect against anticipated rejection, the adolescent becomes socially isolated, withdrawn and fantasises to compensate for his or her lack of control, and the sexual offence occurs. In turn, this leads to a more negative self image and rejection and a repetitive cycle emerges. However, the previous reviewed literature, whilst yielding no empirical evidence, does indicate other risk factors that may interact with, or be causal to sexually inappropriate behaviour in an adolescent. A victim-to victimiser approach lacks discussion of possible alternate variables that may contribute, in combination with traumatic sexual victimization, to the development of sexual offending behaviour.

Becker and Kaplan (1988) proposed that an adolescent's first sexual offence stems from a combination of individual, family, and social-environmental factors. Becker and Kaplan developed a model incorporating individual characteristics, family variables and social environmental variables as plausible pre-cursors to the commission of

adolescents' initial, sexually deviant act. The model then defines three paths that an adolescent may follow towards further deviant sexual behaviour and re-offending. The structure of the model is as follows:

Figure 1.1: Model of deviant sexual behaviour



Becker & Kaplan (1988)

Becker and Kaplan's model of sexually abusive adolescent behaviour includes a wide range of predisposing variables, broadly defined under the three systematic classifications of risk factors. These variables include:

Individual Factors:

- Experience of physical and/or sexual abuse
- Depression
- Poor family relationships

- Poor academic performance
- History of non-sexual antisocial behaviour
- Relative social isolation
- Poor impulse and anger control
- Poor sexual knowledge
- Distorted beliefs & knowledge of sexual behaviour.

Social/Environmental variables:

- Delinquent peer groups
- Inappropriate role models

Family Variables:

- Family relationships
- Witness to intra-family violence
- Pro-criminality

The authors suggested three paths that are possible after the initial offence: a dead-end path, where no further sexual acting out occurs; a delinquency path, where generalised antisocial behaviour continues, including sexual acting out; and a sexual interest pattern path, involving continued sex offending and the progressive development of deviant sexual arousal patterns. Becker (1998) acknowledges that this hypothesised model has not been empirically validated.

Other proposed theoretical models have been concerned with developmental processes. Johnson and Knight (2000) theorised developmental pathways and personality traits. Using path analysis techniques they hypothesise two paths of sexual behaviour – sexual compulsiveness and hyper-masculinity. These paths differentiated youths who used physical and verbal force respectively in the commission of their inappropriate behaviour, however other differentiations were not found. Other models have identified factors that hinder or enhance the learning of appropriate sexual behaviour (Epps, 1999). Calder (2001) however, states that again none of these variables are unique to young people who sexually abuse, but they are found in all delinquents and so the contribution of these variables to the development of typologies remains unsubstantiated and is exacerbated by a general paucity of studies that compare adolescent sexual offenders with non-sexual delinquents (Becker, 1998). To date, there is no empirically validated taxonomy of adolescent sexual offender.

Ward and Hudson (1998) suggest a meta-theoretical framework for the development of sexual offending theory. The absence of an integrated approach to theory building has led to an ad-hoc proliferation of theories that overlap and do not utilise each other. Ward and Hudson's (1998) suggested framework differentiates between levels of theory and distinguishes distal and proximal causal factors to provide an integrated framework for research development.

In summary, the lack of a conclusively agreed distinction highlights the existence of a clear need to develop the comparative study of adolescents who commit sexually inappropriate acts alongside adolescents who commit non-sexual offences and also non-offending adolescents in the suggested dimensions to progress the development of a typology of sexually inappropriate behaviour.

1.11 Intervention for Sexually Abusive Adolescents

As appreciation of the extent of the problem of sexually inappropriate behaviour in adolescents has grown, the numbers of both statutory and voluntary intervention projects have followed this trend. Within the USA alone, 1978 saw five identified specialist treatment programmes for adolescent sexual abusers, whereas by 2000 there were over 1000 (Lundrigan, 2001, p. xi).

Traditionally, programmes would evaluate and treat non-serious first time offenders as an alternative to formal court processing and were modelled on those used with adult offenders (Campbell and Lerew, 2002; Veneziano and Veneziano, 2002). It is clear that as Hunter and Longo (2004) state, this reliance on research and intervention with adult perpetrators gave insufficient consideration to the developmental differences between adults and adolescents.

Such early intervention programmes were based on models or approaches such as relapse prevention (Pithers, Marques, Gibat and

Marlatt, 1983), the cycle of sexual abuse (Ryan et al. 1987), and targeting of risks and criminogenic needs (Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen, 1990). Treatment models were primarily cognitive behavioural (Becker and Kaplan, 1993) with components including social skills training, anger control and management, assertiveness training, cognitive restructuring, modification of cognitive distortions, victim empathy development and sex education (Becker and Kaplan, 1993; Camp and Thyer, 1993; Knopp et al. 1997).

Today, adolescent programmes bear little resemblance to these original conceptual frameworks and utilise a diverse range of theory and intervention including approaches of cognitive behavioural, multi-systemic therapy, psychotherapy and strengths based programmes (Campbell and Lerew, 2002; Ayland and West, 2006). With research suggesting that young people who sexually abuse and adult sexual offenders are distinct groups (Hanson, 2002) and theories considering multiple pathways to offending (e.g. Ward and Siegert, 2002), a shift has been made in treatment towards more holistic approaches. Borduin, Henggeler, Blaske and Stein (1990) compared a multi-systemic approach, an ecologically based approach that addresses multiple determinants of behaviour with individual, family and school intervention co-ordination with individual psychotherapy. Multi-systemic treatment significantly reduced recidivism rates in comparison to individual psychotherapy. Similarly, Swenson, Henggeler, Schoenwald, Kaufman and Randall (1998) contended that

prevailing individually orientated treatment approaches focusing on the characteristics of the young person only, and not the family or social ecology were ineffective. They evaluated the effectiveness of multi systemic therapy with adolescent sexual offenders. Whilst the sample size was small, the data indicated the therapy's effectiveness in intervening with sexually abusive adolescents more holistically and identified a need for adaptations to address more thoroughly the needs of the offender, victims and family to advance promising findings. In addition to recidivism rate reduction, a multi-systemic approach receives support in the process of intervention delivery.

Interventions that challenge young people in denial of their sexually abusive behaviours have also developed. Barbaree and Cortoni (1993, p. 249) maintained that an adolescent sexual offender who denies having committed an offence will not be motivated to participate in treatment and treatment programmes frequently excluded such young people. However excluding deniers from intervention will fail to address the responsibility all treatment providers face of reducing future risk (Marshall, Thornton, Marshall, Fernandez and Mann, 2001). Cooper (2005) states that denial is often thought of as an all-or-nothing, binary phenomenon in which an offender either is or is not in denial. The implication is that sexual offenders either deny or admit everything. However, Salter (1988) argued well that this is not the case with denial falling on a continuum with varying degrees and types ranging from admission with justification to full admission with

acceptance of responsibility and guilt and an offender typically progresses through stages of denial as he admits the extent of his sexual offending. Beckett, Beech, Fisher and Fordham (1994) evaluated seven community based treatment programs and found that denial did not predict long-term recidivism, and suggest that it also may not predict, nor prevent, treatment gains. Meta analyses have similar conclusions. Hanson and Bussière's (1998) meta-analysis data indicated that denial was unrelated to sexual recidivism. However, as Marshall et al. (2001) conclude in their suggested approach to intervention, in all likelihood it is better to attempt some form of intervention with sexual offenders than to simply allow them to be released with their risk unaltered.

Other broadenings of approach have included goal-orientated interventions that target risk factors and build assets, such as the "Good Way Model"; a strengths based approach using narrative therapy approaches and incorporating relapse prevention (Ayland and West, 2006).

Barbaree et al. (2003) examined the effects of age on sexual arousal and sexual recidivism in sex offenders. They found that offenders released at an older age were less likely to recommit sexual offences and recidivism decreased as a linear function of age at release. Given that young people who are convicted of committing a sexual offence are supervised in the community or will be released into the community after completing a custodial sentence, it must be assured that intervention

addresses the aetiology of sexual offending, manages risk, reduces the likelihood of re-offending and assesses the attainment of all treatment goals. However, therapeutic work with sexually abusive adolescents is a relatively new initiative and an empirically validated typology of adolescent sexual offenders has continued to remain elusive (Veneziano and Veneziano, 2002). How then is it possible to deliver effective intervention that addresses the aetiology of sexually abusive behaviour and ensure that the correct risk factors are targeted and treatment goals achieved?

In 1988 a task force was commissioned to study juvenile sexual offending and intervention in the USA. The concluding report identifies a number of treatment goals that have become the foundation of current understandings of the characteristics of the group and consequent programme development. The identified goals include the reduction of recidivism, adolescents accepting responsibility for their sexual behaviour; identifying the pattern of the adolescents' deviant behaviour; challenging their cognitive distortions; development of victim empathy; development and learning of social skills; and developing a positive self-identity (National Adolescent Perpetrator Network, 1988). Models and modalities of current treatment intervention, whilst diverse, in general continue to target these same goals. However, these agreed goals of treatment were used infrequently as outcome measures (Davis and Leitenberg, 1987; Kahn and Chambers, 1991; Vizard et al. 1995; Weinrott, 1996).

Early studies that did explore treatment goals as outcome measurements show varied evidence of efficacy. Hains, Herrman, Baker and Graber (1986) compared two treatment modalities that related to the attainment of four treatment goals: improved psychological attitude, improved problem-solving ability, improved moral judgement, and increased sexual knowledge. Significant improvements were observed in problem-solving abilities amongst participants of a multi-systemic treatment model, compared to recipients of individual therapy. No differences between groups were observed in the level of sexual knowledge, psychological attitudes, or moral judgement. Kaplan, Becker and Tenke (1991) examined the level of sexual knowledge and attitudes toward sexual behaviour. Significant differences in offenders' levels of sexual knowledge and attitudes about sexual behaviour were observed from pre to post treatment. In the Arp, O'Brien and Freeman (1997) survey of specialist intervention providers, determinants of treatment success included low recidivism. In addition, offender management of behaviour; limiting access to victims and offending opportunities; offenders' acceptance of responsibility; improvements in victim empathy; the development of improved self-esteem, self image and positive family and community relations were all assessed.

Many researchers have used recidivism as an outcome measure – whether the young person has committed a further offence as a test of whether treatment goals have been achieved. However, there is

considerable ongoing debate as to the use of recidivism as an outcome measure within the literature. The term 'recidivism' does not have a centrally agreed definition in research with some studies using sexual recidivism and others using sexual and violent recidivism and others using any recidivism as a measure. Follow up periods of recidivism measurement differ between all of the above cited studies. Furthermore, acts of sexual aggression are underreported and data collected using arrests or reconviction rates do not accurately reflect rates of recidivism (Furby, Weinrott and Blackshaw, 1989; Vizard et al. 1995). Bremer (1992) states that in a comparison of self report to conviction rates, self report rates are higher than conviction rates. As Brown et al. (1998) observe, not getting caught does not necessarily indicate the absence of the behaviour. In addition, examining rates of reconviction fails to assess incremental behaviour changes that may result from intervention processes or personal growth (Palmer, 1995). Reconviction measurement also fails to include acts of sexually abusive behaviour that are not reported to the police or social services; behaviour which maybe just as harmful to the victims of such acts as those that result in conviction. Caldwell (2007) also states that youth previously identified as sex offenders may be at increased risk for detection, relative to other youth, which could impact upon reconviction rates in comparative studies. However, reconviction measurement remains an important measurement of treatment efficacy

and despite debate; it is a measurable consideration of whether intervention is effective.

1.12 Evaluation of Intervention for Sexually Abusive Adolescents

In regards to direct evaluation of treatment efficacy for adolescent sexual abusers, conclusive evidence of programme efficacy has yet to be gained. Veneziano and Veneziano (2002) state that this is due to the fact that therapeutic work with sexually abusive adolescents is a relatively new initiative and an empirically validated typology of adolescent sexual offenders remains elusive.

Lab, Shields and Schondel's 1993 study of an evaluation of adolescent sex offender treatment concluded that the growth of interventions had proceeded without adequate knowledge of how to identify at risk youths, the causes of the behaviour, and the most appropriate treatment for a juvenile sexual offender. Camp and Thyer (1993) similarly concluded that evaluations of programme efficacy are infrequent and empirical evidence of programme success is a rarity.

Eastman (2004) undertook a longitudinal study of treatment effectiveness of a residential treatment programme for 100 incarcerated adolescent sex offenders. The study investigated the attainment of treatment goals of a reduction of cognitive distortions, the enhancement of sexual knowledge, the development of pro-social attitudes toward sexual behaviour, the enhancement of empathic abilities, and the enhancement of

an offender's self-esteem. The study concludes that results provided support for the attainment of the programme's clinical goals with significant changes observed in the levels of cognitive distortions, sexual knowledge, attitudes about sexual behaviour, and self-esteem. Partial support was gained in that offenders' empathic abilities were enhanced. However, this investigation was of a programme for incarcerated youths and results can not be generalised to community based intervention.

In the United Kingdom, a similar picture emerges. Research has tended to focus on young people in sex offender treatment programmes who may not be typical of those who are brought to the attention of social or welfare agencies. Young people convicted of sexual offences are thought to have more serious problems of violence, intrusive and persistent behaviours than those who are alleged to have committed such offences (Taylor, 2003). However, there is limited available research that includes young people who are alleged to have committed sexually abusive acts. Problems may arise in exploring the characteristics and behaviours of young people who are alleged to have perpetrated sexually abusive acts if those who are already under the watchful eye of social service agencies are more likely to be reported to the police and social services (Taylor, 2003). There is a need for the study of all young people who have been convicted of committing sexual offences and those who have been accused of committing such actions to reduce any selection

bias that may arise from a focus on one or the other groups and utilise multiple outcome measures that assess programme goal attainment.

Masson and Hackett (2004) conducted a two year review of policy, practice and service delivery for young people who have sexually abused across the UK. They concluded that significant progress has been made, with community based, cognitive behavioural, one-to-one methods being most frequent. Only 8% of respondents rated service availability as excellent with problems of demand exceeding supply and limited skill and experience in the field of work being raised.

A later review of services for sexually abusive adolescents was conducted by Hackett, Masson and Phillips (2005). The authors concluded that there is further evidence to suggest that thinking about services for children and young people who have sexually abused have developed substantially since the early 1990s. This conclusion is however countered with recommendations common to research to date. Their recommendations include the need for development of further research and practice guidance that addresses the diversity of sexually abusive adolescents, with particular reference to those with a learning disability. The report also concludes that Governmental guidance should reflect current knowledge of factors such as recidivism and risk assessment of sexually abusive adolescents. Services need development, ensuring they are comprehensive, tiered in nature and incorporate the views and experiences of service users, their families and carers and more specific

services should be developed to support parents and carers who are affected by their children's sexually abusive behaviour. As few attempts to evaluate effectiveness of services working in this area have been undertaken to date in the UK and Republic of Ireland, further evaluation research and guidance is required to promote best practice. Sex offences legislation pertinent to juvenile perpetrators should be kept under constant review.

1.13 Meta Analyses of the Effectiveness of Sexual Offender Intervention

A number of reviews of the efficacy of sexual offender intervention have been undertaken. Furby et al. (1989) reviewed 55 sexual offender treatment studies and found that no studies were suitable for a meta-analytic procedure as there were no randomised and matched treated and untreated groups. Their extensive examination of the literature revealed no compelling evidence that treated offenders' recidivism rates were lower than rates for untreated offenders.

Hall (1995) produced a meta-analysis of recidivism data from 12 comparative sexual offender treatment studies produced after the Furby et al. (1989) review. Attempts were made to control for method variance by including only studies with comparison groups. A small but significant overall treatment effect ($r = .12$) was found. The overall recidivism rate for treated sexual offenders was .19 versus .27 for untreated sexual

offenders. Comprehensive cognitive behavioural treatments were concluded to be superior to medical treatment. However treatment effect sizes were heterogeneous across studies and a small (n=1313) number of subjects provided only an indication of treatment efficacy. However, of the twelve studies reviewed in their meta analysis, there was a wide range of offender types, treatment settings and age ranges. Ten studies included male participants who had offended against children, 6 included male participants who had offended against women, 1 was concerned exclusively with exhibitionists, 5 concerned with "hands off" offenders and 6 included outpatient participants. An additional criticism of Hall's meta-analysis is that the strongest treatment effects came from comparisons between treatment completers and dropouts and such comparisons are difficult to interpret because those who drop out of treatment are likely to have characteristics related to recidivism risk. When dropout studies were removed from Hall's meta-analysis, the treatment effect was no longer significant (Hanson, Gordon, Harris, Marques, Murphy, Quinsey and Seto, 2002).

Gallagher, Wilson, Hirschfield, Coggeshall and MacKenzie (1999) reviewed 25 comparison-group studies examining psychological or hormonal sexual offender treatment. Like Hall (1995), Gallagher et al. (1999) concluded that there was a significant treatment effect for cognitive-behavioural treatments. Unlike Hall, they found insufficient evidence to support medical/hormonal treatments. The apparent

effectiveness of medical/hormonal treatments in Hall's review could be attributed to a single study of physical castration in Germany (Wille & Beier, 1989). Again methodological differences limited conclusions as to treatment efficacy. Although Gallagher et al. (1999) made some effort to restrict their analysis to controlled studies, they did include a number of studies (6 of 25) where comparisons were made between completers and treatment dropouts).

Alexander (1999) combined data from 79 sexual offender treatment outcome studies with a cumulative sample of 10,988 subjects to examine recidivism rates for treated versus untreated offenders. Treated subjects had lower recidivism rates than untreated subjects in all defined categories. Juveniles were found to have the lowest recidivism rate of 7.1%. However, treated and untreated sex offenders were used from different studies and the observed differences could be attributed to treatment effects or to differences in follow-up periods, offender samples, recidivism criteria and other methodological differences.

Hanson et al. (2002) undertook a large meta-analysis of data from 43 sexual offender treatment studies combining 9,454 subjects. The authors found that cognitive-behavioural and systemic approaches were associated with reductions in both sexual recidivism (from 17.4 to 9.9%) and general recidivism (from 51 to 32%). The authors conclude that older treatment programs (operating prior to 1980) appeared to have little effect, in explaining the inconclusiveness of previous meta-analyses.

Lösel and Schmucker (2005) conducted a comprehensive meta-analysis on controlled outcome evaluations of sexual offender treatment based on 69 studies containing 80 independent comparisons between treated and untreated offenders (total N = 22,181). Again evidence of sexual offender treatment effectiveness was found. Treated offenders showed 37% less sexual recidivism than control groups. Organic treatments (surgical castration and hormonal medication) showed larger effects than psychosocial interventions. Among psychological interventions, cognitive behavioural approaches revealed the most robust effect. Non-behavioural treatments did not demonstrate a significant impact. The authors' analysis found no outcome difference between randomised and other designs, but found that group equivalence was associated with slightly larger effects. Various other moderators had a stronger impact on effect size (e.g., small sample size, quality of outcome reporting, program completion vs. dropout, age homogeneity, outpatient treatment, and authors' affiliation with the program) but again however, as the authors conclude, although studies containing no control group or only a comparison with dropouts were excluded, the methodological quality of the studies still remains moderate and confounded results.

Reitzel and Carbonell (2006) undertook a meta-analysis of published and unpublished data from nine studies on juvenile sex offender treatment effectiveness measured by recidivism. A statistically significant treatment effect was found on recidivism; however methodological flaws

including (a) a frequent reliance on the use of recidivism as a single outcome variable with (b) varying time frames of measurement for follow up periods of recidivism measurement and (c) variable drop out rates and the use of inadequate comparison groups, result in only a cautionary interpretation of findings being possible. Other studies have also demonstrated effectiveness of intervention projects in reducing the likelihood of a sexually abusive adolescent re-offending, both sexually and violently (Hagan, King and Patros, 1994). However, comparison of studies continues to be limited due to differing methodologies and measurement. Reitzel and Carbonell (2006) conclude that there remain more questions than answers about “what works” in intervention.

In all, these meta-analyses show significant evidence of the effectiveness of sexual offender intervention. These findings do however acknowledge the methodological problems of sexual offender treatment efficacy research. Some empirical studies of the effectiveness of sexual offender intervention are frequently methodologically weak and involve pre to post treatment analysis of a single outcome variable, usually recidivism, for a single form of treatment with no control group (Brown and Kolko, 1998). Additional differences in sample size, sample origin and other sample characteristics, the inclusion of program completers and programme dropouts, the type of delivered intervention and other methodological differences have all impacted upon meta-analysis findings. Though the intervention received may have impacted the offenders'

recidivism rates, the observed differences could also have been produced as consequences of the research methodologies. In addition, these meta-analyses provide limited practice development and guidance. Treatments that appeared effective from available meta-analysis were programmes that provide cognitive behavioural intervention and, for adolescent sex offenders, systemic treatment aimed at a range of life problems. However, conclusive evidence of efficacy is not available from meta-analyses.

1.14 Summary of Research into the Effectiveness of Intervention for Sexually Abusive Adolescents

Previous researchers have revealed important directions for future study and improved evaluations of intervention have been completed. Cognitive-behavioural and multi-systemic therapy interventions that target the specific problems of the offender have emerged as the most promising techniques (Swenson et al. 1998; Veneziano and Veneziano, 2002). However, results remain inconclusive; studies remain methodologically flawed and continue to lack confirmatory support. It cannot be thought that some treatment is better than no treatment in effectively intervening with sexually abusive youth. As Hout, Domon, Streit and Alford (2002) conclude there remains a glaring need for outcome research in this area that conclusively demonstrates the effectiveness of treatment and intervention techniques. Research that differentiates the adolescent offender according to his or her various behaviour patterns, cognitive and

emotional functioning and other relevant factors is needed to determine and apply appropriate and effective intervention and treatment strategies (Righthand and Welch, 2001).

It is certainly likely that current treatments reduce recidivism, but a firm conclusion awaits more high quality outcome studies that address specific subgroups of sex offenders and more detailed process evaluations. The attainment of treatment and intervention goals as opposed to a reliance on one single outcome variable must be used as a measurement in the assessment of the efficacy of treatment and intervention with sexually abusive adolescents.

1.15 Additional Considerations in Intervening with Sexually Abusive Youth

Evidence based practice guides professionals to deliver services to offending youths based on empirical evidence of success. Professionals in the field of youth offending adhere to these principles of evidence based practice when assessing, planning interventions, and supervising young offenders convicted of all offence types, including sexual offences. These principles are evident in the delivery and assessment of the efficacy of youth offending intervention and supervision. Emphasis has been placed on the components of effective intervention with adolescent offenders and outcome based research that tests the efficacy of specific intervention programmes (Borduin et al. 1990). Whilst the content, structure,

formulation and delivery method of youth offending intervention is evidentially crucial in previous research and several empirically validated models for the treatment of offending youth are available, adolescent offending and recidivism rates continue to rise (Home Office, 2005).

Florsheim, Shotorbani, Guest-Warnick, Barratt and Hwang (2000) highlight three fundamental problems in the development of effective intervention for offending adolescents. A subset of antisocial youth remain treatment resistant; researchers have had little success in identifying the mechanisms of change that account for positive treatment outcomes; and research on the treatment of adolescents has been conducted in highly controlled, non-community based environments. Given these factors, the authors highlight the need to identify treatment factors that increase the likelihood of positive outcomes amongst offending adolescents. Florsheim et al. (2000) as a consequence conducted a study of delinquent boys in community based programmes. Based on research into the attainment of therapeutic goals in therapy the researchers highlighted the working alliance as a factor that impacts upon the attainment of positive outcomes in therapy research. A working alliance refers to the quality and nature of the interaction between a patient and therapist, the collaborative nature of that interaction in the tasks and goals of treatment, and the personal bond or attachment that emerges in treatment that facilitates change (Kazdin, Marciano and Whitley, 2005). The researchers found that the development of a positive working alliance, assessed after three months of treatment,

related to positive psychological changes and predicted lower rates of recidivism.

However, amongst the evidence base available to professionals and academics, the concept of a working alliance has received little attention in youth offending fields. Whilst many professionals and academics would be informally aware of its existence, the limited available research that evidences its role and impact has made the concept's integration into the delivery of intervention unsystematic, informal and unstructured.

1.16 Summary and Direction of Research

Research has advanced significantly in the last twenty years from its previous extrapolation of adult sex offender work to adolescents. Now research has examined adolescent populations of sexual offenders and our understanding has improved. As Chaffin and Bonner (1998) state, we have answers to questions concerning general psychological characteristics, programme descriptions, behaviour patterns, and relapse rates after intervention for sexually abusive youth. However, what we do not have is more than a tentative answer to one of these questions. Longo (2003) similarly reflects on the national concern of children and adolescents with sexual behaviour problems, but despite the advances that have been made, more are necessary.

In the current literature review, a number of gaps have been identified. The first being that only characteristics distinct to samples of

adolescent sexual abusers are available, only the beginnings of typologies are thus available and there is no empirical evidence that supports any developed model as to the aetiology of sexual offending in adolescents. There is a paucity of systematic research into the characteristics and aetiology of sexually abusive behaviour in adolescents within the United Kingdom that investigates what is now acknowledged to be a burgeoning population.

The second identified limitation of available research arises as therapeutic work with sexually abusive adolescents is a growing and relatively new initiative; evaluations of programme efficacy and empirical evidence of programme success are as a consequence infrequent (Camp and Thyer 1993) and based on only a partial understanding of the population. Hout et al. (2002) concluded there to be a glaring need for outcome research in this area that conclusively demonstrates the effectiveness of treatment techniques. Whilst at this point there is considerable ongoing programme evaluation research, a paucity of empirical evidence remains and there is no evidence to support any one theoretical treatment approach. Although recidivism rates appear to be low for those having undergone treatment, it is not clear what is responsible for this effectiveness (Epps, 2001) and nor is it clear whether programmes are successfully targeting what is currently known about the group. An expansion in research is necessary to explore the efficacy of intervention

and the attainment of programme goals and also the mechanisms of attaining programme goals.

The present research commenced as an evaluation of a specialist programme for adolescents with sexually abusive behaviours. As the descriptive evaluation was conducted, the research was able to expand into these identified areas. A number of study aims were therefore derived from the preceding review and it is the aim of the current research to further explore and study each.

Research Aim One:

Epidemiologically representative information about sexually abusive adolescents is needed for the progression of specialist services and policy. The first aim of the current research is to provide a comprehensive descriptive analysis of the characteristics of a sample of British adolescents that includes not only those convicted of committing sexually abusive acts, but also those alleged to have committed such acts. This allows comparisons to be made between young people with sexually abusive problems and young people convicted of sexual offending. Such an understanding is needed to provide a basis for the development of specialist assessment and intervention that better addresses the identified risk factors of sexually abusive behaviour and will expand the contemporary knowledge of this heterogeneous group.

Research Aim Two:

There are limitations in the current understanding of and efficacy of treatment available to adolescent sexual abusers. Given the fact that a substantial proportion of sexual offences and sexually abusive behaviour is perpetrated by adolescents, a proportion of whom will continue to offend into adulthood, it is necessary to provide appropriate intervention based upon reached agreement as to the aetiology of sexually deviant behaviour. It is thus potentially valuable to progress the contemporary understanding of sexually abusive youth intervention by describing a specialist intervention project and assessing the efficacy of its intervention through attainment of programme goals.

Research Aim Three:

It is apparent that research has yet to consider all elements that contribute to the delivery of successful intervention with young people who offend. A clear need exists to widen researchers' understanding of the components and elements of successful intervention with offending youth. Emerging from research into the attainment of therapeutic goals is the necessity and role of a working alliance. The role and function of a working alliance in youth offending intervention has yet to be explored to expand the basis of evidence based practice available to academics and professionals in the field.

CHAPTER TWO: RETROSPECTIVE ANALYSIS OF CHARACTERISTICS

2.1 Introduction

The extent of and the current understanding of the behaviour of adolescents who commit sexually abusive behaviours was introduced in chapter one. The incidence (the rate at which new cases occur in a population during a specified period) and prevalence (i.e. the proportion of the population that are cases at a point in time or during a specified period) of sexually abusive behaviour committed by adolescents is a growing and concerning problem, despite intervention efforts to date.

It has been discussed how studies of the onset of sexually abusive behaviour have served as a foundation for the belief that adolescents possess less ingrained patterns of deviancy and therefore would be more responsive to treatment than offenders who have reached adulthood (Knopp, 1991). The importance of early intervention to identify and treat adolescents who are at risk of continuing their sexual offending into adulthood is an acknowledged priority (Barbaree et al. 1993, p. 1). It drives the need to better understand the population to ensure that they can be accurately identified and assessed. The population must be effectively managed and intervened to address their offending behaviour and attain treatment goals, ultimately reducing the likelihood of a re-occurrence of their sexually abusive behaviour.

Vizard et al.'s 1995 conclusion, having conducted a review of the literature concerning sexually abusive adolescents, that 'there is a long way to go before we fully understand or effectively meet the needs of these young people' is the premise of this element of the current research. Existing research evidence on the characteristics of young people who commit sexually abusive behaviours has yielded some conflicting conclusions. Available studies have used small samples, there is an infrequency of UK based descriptive studies of this population and an additional tendency to focus on convicted young people in sex offender treatment programmes. This overlooks those who are alleged to have committed sexually abusive acts. Indeed it is possible that some research has used both groups in analyses.

There is limited previous research which distinguishes convicted and alleged offenders. A convicted offender, by definition has received a criminal conviction for committing a sexual offence. They have either pled or been found guilty of their actions. An alleged offender, for the purposes of the current research, is somebody who has come to the attention of social services as a result of an allegation of sexually abusive behaviours. An alleged offender has not received a criminal conviction for their alleged sexually abusive act, for various reasons that could include a lack of evidence. However, guilt does not always mean truth and similarly, an allegation does not always indicate truth. In seeking to explore why some cases of sexually abusive behaviour do not reach the judicial system it is

questioned whether there is a systematically occurring difference between those convicted and those alleged to have committed a sexual offence. Differences in respect of the individual, the victims of their inappropriate behaviours or their offending behaviour may be identified which would enable a better understanding of why some individuals do not come to the attention of the judicial system, and whether the two groups can be reasonably combined in the future study of adolescent sexual offenders.

Conclusive research evidence of the characteristics of adolescent sexual abusers is needed to plan and develop services and policy. As Lambie and Stewart (2003) state, such an examination will assist the development of processes and services for responding effectively.

There is a minimal provision of services to sexually abusive adolescents around the United Kingdom with only a handful of community based programmes and intervention projects in existence. In comparison to the plethora of community based intervention projects in the United States of America, British service provision is small. As a consequence, the body of research and literature that has been generated in the United Kingdom from community based intervention projects to assist in the development and continuance of projects is also small. Compounded by the fact that the growth of interventions has proceeded without adequate knowledge of how to identify at-risk youths, the causes of the behaviour, and the most appropriate treatment for an adolescent sexual offender (Lab

et al. 1993), a clear need to assess provision within the context of United Kingdom is evident.

Therefore, it is the aim of this chapter to provide a comprehensive descriptive analysis of the characteristics of a sample of British adolescents. As it is not known whether distinction can be made between convicted and alleged offenders, the study will seek to explore both general characteristics of a sample of sexually abusive adolescents and also include not only those convicted of committing sexually abusive acts, but also those alleged to have committed such acts.

At the time the present research began, funding from a children's charity and the Youth Justice Board of England and Wales had enabled a project which delivers specialist intervention to adolescent sexual abusers, to expand their provision of intervention services. As part of the condition of funding from the Youth Justice Board of England and Wales, the project's service provision had to be evaluated. As a consequence the University of Liverpool was engaged to complete this evaluation.

In evaluating the project, the present research emerged. The project sought to develop its evidence based practice and agreed to the research assistant expanding the evaluation to a retrospective analysis of case files and a wider study of sexually abusive youth. Permission for the expanded elements of study was agreed through the projects' management board.

In presenting the research, this chapter will also describe the specialist intervention project, from where research participants were engaged. Some of the literature used by the project is integrated into the project description. The participants of the current research had attended, or were currently attending this community based intervention project.

It is recognised that additional selection biases remain in respect of young people who have perpetrated sexually abusive acts, but not come to the attention of welfare agencies. It is not possible to access such young people for the purpose of study. However, an analysis that overcomes some previous selection bias by including and distinguishing non-convicted sexual offenders is needed to provide a basis for the development of specialist assessment and intervention that better addresses the identified risk factors of sexually abusive behaviour and so potentially expands the contemporary knowledge of this heterogeneous group.

2.2 Methodology

2.2.1 Description of the Intervention Project for Sexually Abusive Youth Providing Intervention for Participants

The specialist intervention project provides services for young people, aged 10 – 18 years who are alleged or convicted of committing sexually inappropriate behaviours. Referrals are made to the project for young people displaying sexually abusive behaviours between the ages of

10 – 17 years. All sexually abusive behaviour must have been reported to the Police or to social services.

Young people must have accepted the occurrence of their sexually inappropriate behaviour; referrals are not accepted for young people in denial.

There are two defined groups of participants - those who are alleged to have displayed sexually abusive behaviour and those convicted of sexual crimes. The participation of convicted sexual offenders with the project is most often a condition of a court order or custodial release licence.

2.2.1.2 Project Service Delivery

Assessments and intervention is loosely based upon a cognitive behavioural framework of predisposing, precipitating and perpetuating influences that contribute to sexually abusive behaviour. At the time the research was conducted, the project includes the Becker and Kaplan (1988) model, and the characteristics identified in the Ryan et al. (1996) study, introduced in the earlier chapter in it's consideration of individual influences that contribute to sexually abusive behaviour. The project's multi-factorial approach to theory is considered to provide a framework to develop understanding of the sexually abusive behaviour, to control illegal, inappropriate or abusive sexual behaviour and to promote the opportunity

for change. Influencing the predisposing, predicating and perpetuating influences positively, are considered by the project to be treatment goals.

The project undertakes work in a number of formats specific to the area of intervention and the needs of young people. All direct, individual work with young people is “co-worked” using a gender-balanced model of practice with a male and female worker; usually one member of staff from the project and one from the referring agency. Hunter, Gilbertson, Vedros and Morton (2004) highlight that whilst the court supervision of juvenile sex offenders’ treatment is vital, collaborative clinical and legal case management too often consists of only the exchange of information via written progress reports and occasional telephone calls and face-to-face meetings. Rarer is the direct involvement of Probation Officers in the assessment and treatment processes and in clinical decision making. The authors suggest that community-based intervention is most effective when legal and clinical professionals are functioning as a unified team and is a considerable strength of the project in the co-worked delivery model of intervention between project and Youth Offending staff.

The project utilises a number of assessment and therapeutic strategies in the provision of services and intervention to young people and their families. Services are broadly based upon a cognitive behavioural framework and are tailored to the individual needs of the young person, their families and carers. Consideration is given to alternative theoretical frameworks in the provision of service forming an

eclectic intervention programme. Whilst the majority of work undertaken is of a common format, materials and approaches are related to the needs of each young person.

In line with research evidence, the project views assessment as a necessity to inform a wide variety of decisions regarding the management of a sexually abusive adolescent (Barbaree and Cortoni, 1993). The assessment process undertaken by the project is ongoing with the knowledge base concerning the young person continually changing. This necessitates the continual re-evaluation of all areas of work including treatment goals (Ross and Loss, 1991) as the assessment progresses.

The project defines the first stage of any such undertaken assessment as an 'initial assessment'. Initial assessment takes place over 10-12 weekly sessions dependent upon the responsiveness of the young person and their family and the information provided at referral stage.

During an initial assessment, extensive and more detailed information is sought by the project from all parties to expand the basic detail available from referral forms. As noted by Senge (1990), staff are unlikely to have the opportunity to focus on the structure underpinning the abusive behaviour at this level of assessment but detail of the abusive behaviour and its pattern with as much background information as available is sought to inform assessment. Information is continually cross-referenced to ensure accuracy and comprehensiveness. These steps

enable project workers to formulate an appropriate intervention plan and identify young people's treatment needs.

These steps enable project workers to assess whether a young person would be likely to benefit from further work and begin to develop a risk management programme. A main focus at this stage, particularly in child protection case referrals is the consideration of the safety of other young children with whom the referred youth may have contact, and the project will have a significant input into initial child protection case conferences and related procedures.

Subsequent to an initial assessment, any further direct work undertaken by the project begins with a focus upon the engagement of a young person. This first level of intervention focuses on the construction of a trusting relationship with the young person in order for any work to have a positive outcome. The co-working partnership will continue from this point until the closure of the case.

The process used by the project to engage young people is described in loose terms as a comforting and welcoming one. Staff aim to enhance the self-esteem of a young person in order to engender confidence within a safe working environment. The process of engagement varies between individuals but ranges between two and ten sessions.

After completion of an initial assessment and the engagement process, if a young person is assessed as likely to benefit from

intervention, a more substantive, comprehensive assessment is undertaken. The same project worker, who has completed the initial assessment and embarked upon engaging the young person (ensuring continuity), then undertakes a comprehensive assessment that will usually last a minimum of three months.

The comprehensive assessment process is based upon the conclusions of the initial assessment. Emphasis at this stage is primarily placed upon the gathering of information direct from the referred young person, as opposed to the referring agencies and families who have the highest frequency of contact at initial assessment stages. This stage of assessment amalgamates all available information in order to determine a necessary programme of intervention and set goals to be attained from the proposed schedule.

Focused areas of information sought at this stage are based upon Calder's (2001, p.133) Core Assessment Needs framework, which utilises a wide body of research in the area that highlights the heterogeneity of adolescent sex offenders and likely precipitating factors. Assessment will cover all areas of the young person's life including school, histories of involvement with professional agencies, family relationships and brief details of their offending behaviour.

Outcomes of a comprehensive assessment include recommendations to child protection agencies and Youth Offending Services and a specific treatment mandate for continuation into direct

intervention. This identifies specific predisposing, precipitating and perpetuating factors that will be addressed in any further work. Other treatment providers who may link to a proposed mandate of intervention will also be identified at this stage.

The project considers the process of assessment to be a cursory form of intervention, especially at this latter stage of assessment, as offending behaviour related issues are raised and discussed. The project may conclude that there is no need for further intervention, usually on the basis of non co-operation, unsuitability or other associated reasons and may still refer the young person onwards to other more appropriate agencies. Likewise, the project may conclude that sufficient work has been completed during assessment to address and control the sexually abusive behaviour displayed by a young person. In these instances the project will conclude that the young person would be unlikely to benefit from further direct work.

Following completion of a comprehensive assessment, should the project conclude that direct work is necessary to intervene with the sexually abusive behaviour of a young person, direct intervention will begin. The comprehensive assessment process's identification of dynamic predisposing, precipitating and perpetuating factors contributing to the problematic behaviours in question forms the schedule of any direct work.

The duration of any direct intervention with a young person is based firstly upon the conducted assessment of need at the comprehensive

stage. For ease of reference the time frame can be split into 'short-term' lasting up to and inclusive of 6 months and 'long term' with a duration of over 6 months. (These time periods do not include the time frames of initial and comprehensive assessment processes.)

Direct work with a young person will focus upon a number of areas, some of which will have been explored at the assessment stages. At this stage of intervention each dysfunctional area is addressed in accordance with cognitive behavioural methods. Work will begin with focus on very general non-threatening areas that will culminate in sessions focusing upon sexually abusive behaviour.

During the assessment stages a detailed individual history of the young person would be gathered that enables workers to identify predisposing and precipitating factors that contribute to the cycle of offending behaviour displayed by a young person. These may include familial, educational, peer influences, psychological and medical history and the young person's experience of abuse. Workers will explore the possible link of each factor to their abusive behaviour – each being defined as risk factors that predispose the abusive behaviour.

The project will endeavour to locate the sexually abusive behaviour displayed by a young person within their overall pattern of offending behaviour as applicable. Using information supplied during assessment stages, workers will ask the young person to pinpoint diagrammatically any incidents of offending behaviour in line with the genogram compiled at an

earlier stage and reconstruct all offences and the circumstances that led to their commission from the young person's perspective. Workers will then explore these perceptions with the young person, challenging any maladaptive beliefs as gentle introduction towards covering the same detail of the sexually abusive behaviour in question.

2.2.1.3 Relapse Prevention

Assessment and intervention by the project culminates in intervention that focuses on relapse prevention. This stage of work is largely based upon Pithers, Becker, Kafka, Morenz, Schlank and Leombruno (1995) cognitive behavioural model of the relapse process that connects to Pithers's (1991) model of predisposing, precipitating and perpetuating risk factors for sexual abuse.

The relapse prevention stage is viewed as a maintenance model that attempts to sustain changes made during assessment and treatment (Calder, 2001, p. 265). Through identification of risk factors, the young person will be assisted in developing an awareness of high risk situations and the decision making processes that may lead the young person to re-offend or repeat their abusive behaviour.

2.2.2 Method

In order for the study to be adequately powered to achieve its aims, power appropriate sampling was completed at the design stage. A power

analysis was conducted to determine the number of participants needed in this study. Power is broadly defined as the probability that a statistical significance test will reject the null hypothesis for a specified value of an alternative hypothesis (Cohen, 1988). Power analysis (Cohen, 1988), calculated using Gpower software, showed that an n of 210 participants would have 95% power and a medium effect size ($f^2 = .5$) to detect differences between groups.

2.2.3 Participants

Participants in this study were 238 young people who had been referred to the specialised project, between 01.01.96 and 31.12.01. There were 227 males and 11 females. The age range of participants was 7-20 years at time of referral with a mean age of 13.9 years (SD= 2.23 years). In the sample, the majority (89.5%) were of white British/European ethnicity, 2.5% were of mixed race, 2% were black and 1% of Asian ethnicity. The ethnicity of the remaining 5% was not recorded.

Some participants were referred to the project as a result of being cautioned for, or convicted of, committing a sexual offence by police or Courts (35%). The remainder were alleged to have committed acts of sexually abusive behaviour and were referred through Social Service channels (65%). All cases referred to the project whose documented records were available were used to form the sample. No cases were removed from analysis.

2.2.4 Procedure

Appropriate ethical agreement for the retrospective analysis of case file information was sought and granted by project management. The University of Liverpool was previously required to conduct evaluation research, a requirement of project funding from the Youth Justice Board of England and Wales and one focus of this was to be analysis of their pre-existing database. A blank electronic data matrix of 78 required parameters data in relation to each young person was produced to collect the required data. The following list details the variables recorded in each of the participant's case file records:

a. Individual Details:

- Age at time of referral
- Ethnicity
- Gender
- Disabilities
- Religion
- Substance misuse needs

b. Referral Parameters:

- Source of referral i.e. social services / youth offending team
- Nature of involvement with project e.g. assessment, intervention
- Outcome of project involvement e.g. successful completion, part completion

c. Previous Statutory Involvement and Cause:

- Young person previously on child protection register
- Known history of abuse to young person
- Type of abuse perpetrated on young person
- Relationship of young person to perpetrator of abuse

d. Education:

- School type
- Further education status
- Statement of Special Educational Need
- Rate of truancy
- Number of short-term exclusions
- Number of long-term exclusions

e. Family Composition:

- Main care giver(s)
- Employment status of main care giver
- Number of parental remarriages
- Dominant family cluster
- Place of residence
- Family members with criminal convictions
- Detail of type of criminal conviction of family members

f. Offence / Allegation Parameters:

- Number of sexual allegations
- Number of sexual offences

- Number of non-sexual offences
- Most serious allegation
- Most serious sexual offence
- Most serious non-sexual offence
- Category of offences committed in same incident
- Offence / allegation characteristics
- Outcome of offence / allegation
- Length of sentence
- Index sexual offence severity level

g. Victim Parameters:

- Victim age
- Victim gender
- Relationship of offender / alleged perpetrator to victim

The case files and electronic records of each young person were systematically examined. Additional information was gained from ASSET (criminal justice assessment) forms, police and social services documentation and computerised records when available. All required information was recorded in the data matrix and any missing information was requested from referring agencies. Formal requests for missing information were made in 12 cases to the referring agency.

Variables were then coded as 'missing' if the information remained absent or was vague and ambiguous and could not therefore be reliably

coded. The completed data matrix was reviewed with the project manager and anonymised.

The severity of allegations and offences were rated using the Alwyn et al. (2000) offence severity scale. Alwyn et al. (2000) developed the offence severity rating scale to provide a framework in which to consider an offence in isolation from other offending factors. It is an arbitrary rating scale that has not been validated, and as such, the use of this scale is intended only as an exploratory investigation to provide a framework by which participants' offences can be explored. At the time the research was conducted, this was the most comprehensive scale available for the exploratory purpose of this aspect of study. This coding scheme was used to rate the severity level of each young person's most serious sexually abusive action as shown in Table 2.1.

Table 2.1: Offence Severity Scale

Severity Level	Sexually Abusive Action(s)
One	Victim fondled (clothed); Victim fondled offender (clothed); Victim voyeured without knowledge; Obscene phone calls; Simulated intercourse.
Two	Victim fondled (clothes off) — includes digital penetration, masturbation; Victim fondled offender (clothes off) — includes digital penetration, masturbation; Victim incited to fondle other victim(s) (clothes off); Victim exposed to (exhibitionism); Frotteurism.
Three	Victim performed oral sex upon; Victim made to perform oral sex on offender; Victim incited to perform oral sex on other victims.
Four	Vaginal intercourse performed on victim or actively attempted.
Five	Victim sodomised or actively attempted; Victim gang raped.
Six	Offence of particular brutality. Offence of severity levels 3 to 5 with added dimension of severe degradation/humiliation; Weapon used in the course of assault; Forced confinement; Force much more than required for victim compliance.

2.2.3 Analysis

The completed data matrix was transferred into SPSS versions 11-15. The severity of offences was rated using an adapted version the severity scale shown above. If no detail of offending behaviour was available, severity was coded as 'missing'.

Two researchers independently rated offence severity and the inter-observer reliability was established at ($r = 0.93$, $p < 0.01$). Offence severity scores were then used in the statistical analysis of data.

Descriptive analyses of the data were completed. One-way analyses of data and Chi-Squared Analyses were conducted. Cells with fewer than five items were removed from the analysis. Post-hoc analyses were conducted by examining residual values; the differences between expected and observed values in the different cells computed in the chi-square analysis. If the residuals for a given cell exceed the prescribed alpha value (e.g. $+1.96$ or -1.96 for a significance level of 0.05) then that set of cells is producing the significant result.

2.3 Results

Family Composition

The largest single group of main caregivers were single parents - 30.3% mother and 4.2% father ($n = 82$). Mothers and/or fathers had remarried in 32% of cases (range 1-3 times). Table 2.2 details the dominant family cluster groups identified amongst the sample.

Table 2.2: Dominant Family Clusters

Variable	N	%
Single Parent	61	25.6
Mother and Father	57	23.9
Institution	46	19.3
Maternal step-family	21	8.8
Foster family	12	5
Extended family	8	3.4
Paternal step-family	7	2.9
Not Known	26	10.9

Main Caregiver Employment and Criminal History

The largest single group of main caregivers (excluding statutory agencies) were unemployed (46%) and 38% were in some form of employment. In 21% of cases, young people had family members with criminal convictions, 5% of which were for sexual offences.

Histories of Victimisation

A total of 40.8% of young people (105) had previous alleged or confirmed histories of abuse or victimisation. The most frequent abuse sustained was primarily sexual (n=74) and the remaining young people sustained primarily physical abuse (n=22) and neglect (n=1). Details of the abuse sustained by the remaining young people were not known. Amongst the identified abusers, 80% were male, 54% were family members, 4% were associates of the young person, and the remaining perpetrators were foster family members and strangers (1% respectively).

Educational Backgrounds

A total of 13% (n=31) of young people had involvement with education welfare services prior to their referral to the project. Subsequent to a referral, 14.7% (n=35) had ongoing involvement with education welfare services. Table 2:3 details the education parameters of the sample. A total of 44.5% (n= 106) of the sample had Statements of Educational Need and 55.9% (n=133) had recorded truancy concerns. A total of 45.5% (n=106) of the sample had short term and 38.3% (n=91) had long term school exclusions recorded in their case files.

Table 2:3: Education Parameters

Variable	N	%
Mainstream Provision	112	52.8
Special Educational Provision	81	38.2
Home Tuition	2	0.9
Not Known	17	8.1

Table 2:4: Further Education / Employment Parameters

Employment / Further Education Status		
Unemployed	9	34.6
Employed	1	3.8
Further Education	6	23.1
Not Known	10	38.5

Of participants over school age, the largest single group (34.6%) were unemployed. Only one participant (3.8%) was employed. However the largest proportion of participants over school age did not have a recorded further education or employment status.

Previous Professional Involvement

Young people had previous allegations of sexually abusive behaviour in 36% of cases (n=86, range 1-18). In 14.7% of cases (n=35, range 1-10) young people had previous cautions and/or convictions for sexual offences. Prior to referral, 23.5% (n=56) of cases had involvement with multiple (2 or more) professional agencies. A total of 60.5% (n=144) of cases prior to referral had involvement with social services. In 12.6% of cases (n=30), previous involvement with mental health services was recorded. A total of 12.6% (n=30) of young people had previous involvement with youth offending services prior to the incident that led to their referral to the project.

A total of 34 young people (14.3%) had recorded substance misuse concerns, but involvement with professional agencies in respect of these concerns was not documented.

Previous Offending Histories

A total of 86 young people had previous allegations of inappropriate sexual behaviour with a modal number of one previous allegation (n=58).

Amongst these young people there was a range of 1-18 allegations prior to their referral. A total of 35 young people had previous convictions with a range of 1-10 and a modal number of one.

Offence Characteristics

In 49.6% of cases one incident of sexually abusive behaviour led to a referral to the project.

In eight cases, young people committed additional, non-sexual offences during the incident that led to a referral to the project. Offences of violence were committed in 4 cases, robbery in 2 cases, burglary in 1 case and offences categorised as 'other' in 1 case.

Overall, young people were referred to the project as a result of committing an average of 1.5 offences and/or allegations of sexually abusive behaviour (range 0-13, SD = 1.5).

The following tables 2:5 – 2:7 detail the parameters of the most serious sexually abusive allegations and offences committed by young people during the incident that led to a referral to the project.

Table 2.5: Alleged Sexually Abusive Behaviours

Variable	N	%
Allegations of sexual abuse		
Inappropriate sexual behaviour	139	86.9
Rape	8	5
Rape and buggery	6	3.7
Inappropriate sexual language	2	1.3
Not Known	5	3.1

Table 2.6: Sexual Offences

Variable	N	%
Sexual offences		
Indecent assault	61	75.3
Rape	7	8.6
Indecent exposure	3	3.7
Buggery	3	3.7
Gross indecency	2	2.5
Attempted rape	2	2.5
Inciting gross indecency	1	1.2
Not Known	2	2.5

Table 2.7: Nature of Sexually Abusive Behaviours

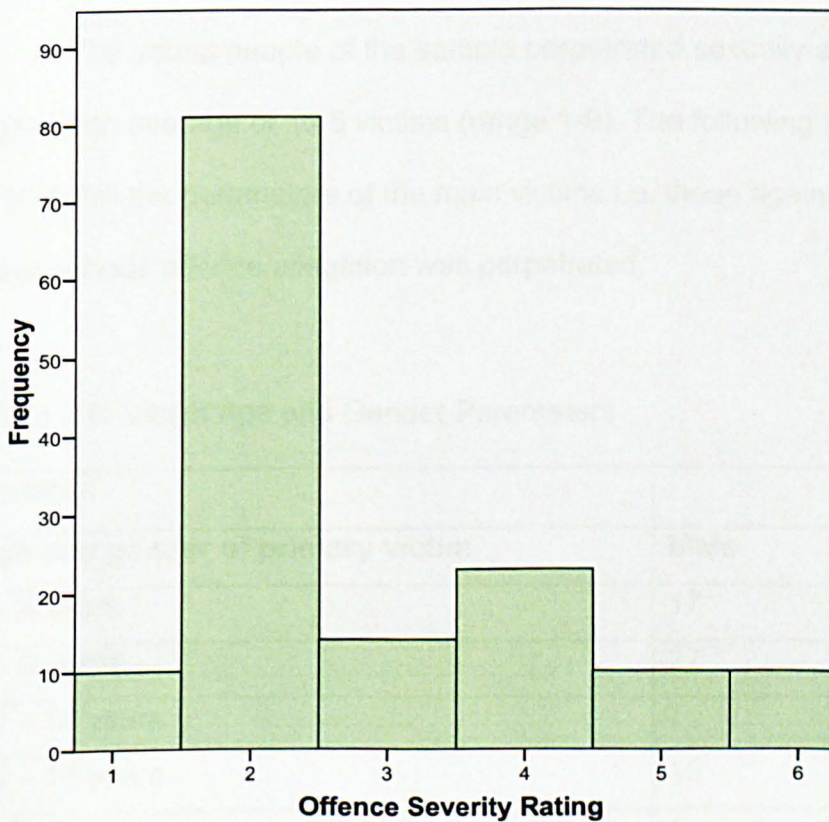
The following table details the nature of any sexual action recorded in offence / allegation details.

Variable	N
Fondling (under clothes)	52
Non defined inappropriate sexual behaviour	44
Indecent exposure	43
Inappropriate sexual language	35
Fondling (over clothes)	35
Digital vaginal penetration	27
Simulating sexual intercourse	20
Penile – vaginal penetration	18
Penile – anal penetration	18
Fellatio	15
Digital anal penetration	11
Attempted penile – vaginal penetration	7
Coercion of victim to perform fellatio	6
Zoophilia	5
Attempted penile – anal penetration	4
Coercion of victim to sexually fondle perpetrator under clothes	4
Coercion of victim to perform vaginal penetration on a third party	1
Coercion of victim to perform sodomy on perpetrator	1

Offence Severity

The severity of the most serious allegation or offence leading to referral, rated using an adapted version of the Alwyn et al. (2000) severity scale, ranged between 1 and 6 with a mean rating of 2.8, SD = 1.352. The largest single group of ratings (n=81, 55%) were a score of 2. A total of 90 were not rated as the nature of the offence / allegation was not known. Frequencies of other ratings were 1 (n=10), 3 (n=14), 4 (n=23), 5 (n=10) and 6 (n=10) as detailed in figure 2.1.

Figure 2.1: Offence / Allegation Severity



Imposed Penalties

Amongst the sample of 238 young people, 78 were cautioned or convicted of a sexual offence. The nature of imposed penalties was recorded in respect of 72 young people. The most frequently received outcome was a Supervision Order / Supervision Order with Specified Activities (n=32) and custodial sentences (Detention and Training Order / Section 90-92) were also frequent (n=20). A young person received a warning, nine a Final Warning / Caution-plus Programme, nine either a discharge or bind-over and one received a Probation Order.

Victim Characteristics

The young people of the sample perpetrated sexually abusive acts against an average of 1.45 victims (range 1-9). The following tables 2:8 – 3:10 detail the parameters of the main victims i.e. those against whom most serious offence/allegation was perpetrated.

Table 2.8: Victim Age and Gender Parameters

Variable	N	
	Male	Female
Age and gender of primary victim		
0 - 4 years	17	14
5 - 9 years	27	43
10 – 13 years	7	50
14 – 17 years	10	25
18+ years	1	17
Not Known	27	

Table 2.9: Relationship between Perpetrator and Primary Victim

Relationship between perpetrator and primary victim		
	N	%
Immediate Family Member	55	23.11
Non-similar Aged Associate	50	21.01
Similar Aged Associate	48	20.17
Stranger	25	10.50
Extended Family Member	20	8.40
Non-similar & Similar Aged Associates	11	4.62
Similar Aged Associate & Strangers	6	2.52
Family & Similar Aged Associates	4	1.68
Foster Family Members	4	1.68
Similar Aged Associates & Immediate Family	3	1.26
Immediate Family & Animals	2	0.84
Similar Aged Associates & Strangers	2	0.84
Immediate Family & Strangers	1	0.42
Animal	1	0.42
Not Known	6	2.52

Differences between those alleged and those convicted of committing sexual offence

Tables 2.10 – 2.17 show the data differences in characteristics of alleged and convicted adolescents with sexually abusive behaviours. A series of chi-squared analyses were conducted on the data available in these tables.

Table 2.10: Dominant Family Clusters of Alleged and Convicted Adolescents

		Dominant Family Cluster							
		Mother & Father	Single Parent Family	Extended Family	Paternal Step-Family	Maternal Step-Family	Foster Family	Institution	Not Known
	Alleged Perpetrator	30	38	4	4	17	11	41	15
	Convicted Perpetrator	27	23	4	3	4	1	5	11

Table 2.11: Family Member Convictions of Alleged and Convicted Adolescents

		Identified Family Members with Criminal Convictions				
		Immediate Family	Extended Family	Step-Family Members	None	Not Known
	Alleged Perpetrator	27	6	6	77	44
	Convicted Perpetrator	7	4	1	56	10

Table 2.12: History of Abuse of Alleged and Convicted Adolescents

		Known History of Abuse to Young Person			
		Yes	No	Alleged	Not Known
	Alleged Perpetrator	74	49	10	26
	Convicted Perpetrator	14	53	7	4

Table 2.13: Education Status of School Aged Alleged and Convicted Adolescents

		Applicable School Type				
		Mainstream	Special Educational Provision	Home Tuition	Not Applicable - Above School Age	Not Known
	Alleged Perpetrator	68	64	1	12	15
	Convicted Perpetrator	44	17	1	14	2

Table 2.14: Further Education / Employment Status of Over School Aged Alleged and Convicted Adolescents

		Applicable Further Education Status				
		Further Education	Unemployed	Employed	Not Applicable - School Age	Not Known
	Alleged Perpetrator	3	1		135	21
	Convicted Perpetrator	3	8	1	62	4

Table 2.15: Special Educational Need Status of Alleged and Convicted Adolescents

		Statement of Educational Need		
		Yes	No	Not Known
	Alleged Perpetrator	83	54	23
	Convicted Perpetrator	23	51	4

Table 2.16: Relationship between Perpetrator and Primary Victim of Alleged and Convicted Adolescents

		Relationship of offender / alleged perpetrator to victims of offence / allegation														
		Immediate Family Member	Extended Family Member	Similar Aged Associate	Non-Similar Aged Associate	Stranger	Animal	Similar & Non Similar Aged Associates	Similar Aged Associates & Strangers	Foster Family Members	Similar Aged Associates & Family	Family & Animals	Family & Non Similar Aged Associates	Non Similar Aged Associates & Strangers	Family & Strangers	Not Known
Alleged Perpetrator		49	15	20	33	7	1	11	6	3	3	2	2	2	1	5
Convicted Perpetrator		6	5	28	17	18				1			2			1

Table 2.17: Offence Severity Rating of Alleged and Convicted Adolescents

		Offence Severity Rating					
		Severity Level 1	Severity Level 2	Severity Level 3	Severity Level 4	Severity Level 5	Severity Level 6
Alleged Perpetrator		9	63	10	17	4	2
Convicted Perpetrator		1	18	4	6	6	8

Adolescents alleged to have committed sexually abusive acts were on average younger (mean = 13.4 years) than those convicted of a sexual offence. Convicted offenders had a mean age of 14.9 years. A one-way ANOVA was performed on the two groups and the analysis confirmed that there was a significant difference in age between these two groups ($F(13,223) = 2.333, p < .01$).

Several other sets of comparisons were made between the two subgroups. The dominant family cluster of sexual offenders was most frequently a mother and a father being the main care givers (34.6%). The cluster of those alleged to have committed such an offence was most frequently a single parent family (23.9%). A Chi-squared test showed this difference in the dominant family cluster between the two groups was significant ($\chi^2=23.72, df=7, p < .01$).

The severity of acts committed by offenders was slightly higher (mean = 3.51, range 1-6) than those alleged to have committed such acts (mean = 2.52, range 1-6). A Chi-squared test showed this difference in offence severity between the two groups was significant ($\chi^2=20.93, df=5, p < .01$).

Across both groups, there was a modal number of 1 victim and 1 incident that led to referral. A one-way ANOVA was performed on the two groups and the analysis confirmed that there was no significant difference in the number of victims between the two groups ($F(1,221) = 0.669, NS$). The victim of alleged offenders was most frequently a family member

(44.7%) where as the victims of sexual offenders were most likely to be peers (37.2%). A Chi-squared test showed that the difference in the relationship of the offender and victim between the two groups was significant ($\chi^2=119.641$, $df=5$, $p<.01$). The highest effect size was found in testing this association.

Table 2.18 summarises the significant Chi-Squared analyses and effect sizes. The symbol Φ^2 refers to Phi squared, a measure of association; the proportion of variance in one variable explained by the variance in the other variable (Sheskin, 2004, p. 157).

Table 2.18: Summary of Significant Chi Squared Tests

Characteristic	χ^2	df	p	Φ^2
Dominant Family Cluster	23.72	7	0.001	0.316
Offence Severity	20.933	5	0.001	0.376
Relationship Of The Offender And Victim	119.641	5	0.006	0.709

2.4 Discussion

Findings from the retrospective analyses of the case files of adolescents with sexually inappropriate behaviours attending the specialist intervention project suggest overall characteristics of the sample, and further separated characteristics when the sample is divided into those convicted, and those alleged to have committed sexual offences. The first stage of the analysis reviewed the entire sample characteristics. The most

frequent characteristics within the sample were male gender, white British ethnicity, aged 13 to 16 years, with an average of 13.4 years on referral for specialist intervention. An unstable family background was frequent. They were more frequently likely to have been a victim of sexual or physical abuse during their formative years. As a consequence they were more likely to have had previous involvement with statutory services such as social services, spending time in the care of the local authority or named on the child protection register. They were more likely to have behavioural or educational needs and with scholastic difficulties and also likely to have a Statements of Educational Need.

The sample's typical adolescent perpetrator of sexual abuse is likely to commit sexually abusive acts on a victim known to him. The victim is likely to be of a much younger age and is more likely to be female.

Each of these characteristics is common to those identified in previous research. However there are a number of additional findings that demonstrate overall characteristics of the referred group that are contrary to previous research.

Within the sample, adolescents did not commonly have a history of substance abuse. It was less likely that their victim was a blood relation; in fact it is more likely from analysis of adolescents in this sample that his victim is a peer or an associate. They were unlikely to commit penetrative acts upon their victims.

The second element of the analysis sought to expand the identification of general characteristics, by incorporating previous research suggestions for future direction and analysing any differences between adolescents convicted of committing sexual offences and adolescents who are alleged to have committed sexually abusive acts. This enabled the researcher to explore whether differences exist between those with problem behaviour and those with offending behaviour. Results support emerging research evidence that there are differences between young people who are convicted of sexually abusive acts and enter the criminal justice system and those who are alleged to have committed such acts and are brought to the attention of social services.

These differences apply both to characteristics of the individuals within each group and the characteristics of their abusive behaviours. A typical sexually abusive adolescent who has been convicted of an offence is likely to be somewhat older than one alleged to have committed sexually abusive acts who were, on average, younger; the age difference found here was 17 months. The convicted offender is more likely to have an intact nuclear family with both his mother and a father as united main care givers. The alleged offender is more likely to have a non-intact family with a single parent acting as the main care giver.

In terms of differences in offending behaviour, the victim of an adolescent convicted of a sexual offence is more likely to be a similarly aged and unrelated female. In contrast, the victim of an alleged perpetrator

is more likely to be a family member. There is no greater likelihood of their victim being either male or female. It is likely that one incident of sexually abusive behaviour led to a referral for specialist intervention, but it is likely that previous allegations of sexually inappropriate behaviour had been made prior to the adolescent's referral for specialist assessment and intervention.

If an alleged perpetrator of sexually inappropriate behaviour, the young person is likely to have committed an act defined as "sexually inappropriate behaviour". If convicted of an offence it is likely to be for an offence of indecent assault. However, the differences in the perpetrated actions in offence and allegation definitions occur as a result of the legal and social services systems. The differences may occur as a consequence of the legal system rather than a characteristic of the individuals who fall into the two groups. Therefore, the actions involved in the perpetrated offences and allegations are considered to be more indicative of difference.

The most common element of the perpetrated incident across both groups was fondling of the victim under clothes. Also frequent was a "non-defined" act of sexually inappropriate behaviour. The mean severity of the act that has been perpetrated, measured by an adapted version of the Alwyn et al. (2000) scale of 1-6 (six being the most serious) is a rating of two. A convicted youth is more likely to have committed an offence of greater severity than an adolescent who is alleged to have committed a

sexually abusive act. If convicted of a sexual offence the participating offenders were likely to have had a Supervision Order imposed.

2.4.1 Study Limitations

The limitations of the present study must be recognised. The retrospective methodology was entirely descriptive and no non-abusive or non-offending control group was available to be used. The retrospective data relied on an assumption of accurate and comprehensive record keeping by agencies involved in each individual case. The breadth of records, whilst comprehensive, was created by a wide range of professionals with different recording formats, from paper based to more systematic computer based records, resulting in some missing information. The fact that a characteristic has not been recorded on a young person's file unfortunately does not mean that the characteristic does not apply to the young person. As a result, information from all agencies involved in each individual case was used to supplement information available in the core project record to cross reference and verify parameters, primarily social service and criminal justice records. This improved the accuracy and comprehensiveness of the retrospective data source.

The process of assigning descriptive variables to each individual case was based on evidence available in case records. To limit subjectivity, variables were assigned if records indicated an 'actual' event or parameter recorded from Police or social services records. The exceptions to this rule

were cases of alleged perpetrators of sexually abusive behaviour. However, as each individual within this subset had been referred through social services channels, this involvement would have instigated an investigation into events and the consequential referral to the specialist intervention project on the basis that the allegations were thought likely to be true but there was insufficient evidence to prosecute. Variables thought to be less reliable, such as a 'suspected victim of sexual abuse' were not used. Therefore it is likely that in the absence of verified data, the experiences of abuse of the sample are likely to be under-reported.

The specialist intervention project's acceptance criterion has affected the available data source in respect of sampling. Each case has been referred to the specialist intervention project through Police or social services channels and the project does not provide intervention, and thus maintain archived records for young people in 'denial' of their alleged or convicted behaviour. Thus the retrospective sample is limited to young people who have accepted, to varying degrees, the occurrence of their problem behaviour. The referral of cases through social services and Police channels excludes those cases with insufficient evidence of sexually abusive behaviour occurring, despite suspicions being raised. It would be impossible to verify or quantify such cases.

The use of the Alwyn et al. (2000) severity scale has a number of limitations. In using the scale to rate the severity of offences, it was apparent that the classification of offences into arbitrary ratings of severity

did not take into account the impact of the offence upon an individual victim and perceived severity does not perhaps differ according only to the nature of the committed offence. The scale does not account for a number of other factors – levels of violence, threat, location of offence and the victims interpretation of offence severity. It is questionable whether it is reasonable to make equivalence assumptions between the severity of offences used by the scale, such as a victim unknowingly voyeured and a victim of simulated intercourse. The use of the scale for both convicted and alleged offenders is methodologically difficult as the detail of offences, particularly amongst the alleged offenders of the sample, was limited. Generalisation of the findings in relation to offence severity is, as a consequence, cautioned.

It is difficult to conclude that all findings can be generalised to all adolescents who perpetrate sexually abusive behaviours. The study participants were those who had attended the specialist intervention project, and whilst no case was removed from analysis, other perpetrators of sexually abusive behaviours may have not have received intervention from the project and thus would not be included in the analysis. For example, there were few females within the sample, and the majority of participants were of white British ethnicity. However, the study does provide a retrospective study of adolescents who have attended a specialist project as a result of their sexually abusive behaviour, and in

addition, the study sought to breakdown the analysis to convicted and alleged offenders.

2.4.2 Study Strengths

Despite these limitations, a number of strengths of the research are identified. The sample used in this study is likely to be more representative of the total population of sexually abusive adolescents than in some previous research samples. The sample size was adequate for the purpose of research. Through the a priori power analysis calculated in the design of the study, there is a high probability that the research study has successfully achieved accurate and reliable statistical judgments made from the data by using an appropriate sample size. The sample was not distinct to those incarcerated or those in the community and thus overcomes some uncontrolled selection mechanisms that have affected previous research. Despite some issues in the available sample in respect of the exclusion of young people in denial the study has addressed Taylor's (2003) assertions that retrospective research in criminal justice fields is likely to over-represent more frequent, serious and possibly entrenched offenders.

2.4.3 Comparison of Findings with Previous Research

The familial context of the adolescents in the study is typically dysfunctional, in agreement with previous research. Whilst parental

violence was not assessed as the data was unavailable, the compositions of adolescents' nuclear families were most frequently single parent households. A significant proportion of the sample was looked after or in the care of foster families. This concurs with the assertion that adolescents have experienced significant loss either through bereavement or through the adolescent having been removed from the family home, but also through parental divorce. Becker and Kaplan (1988) identified poor family relations in their model of risk factors of sexually abusive behaviour, an assertion that is supported by the characteristics of adolescents attending this specialised intervention project. This evidence potentially supports Marshall et al.'s (1993) argument that poor attachment combined with parental abuse increases the likelihood of sexually abusive behaviour in an adolescent.

Similar to Ryan et al. (1996) and Becker and Kaplan (1998) but contrary to other studies, a large proportion of the overall sample, 45 percent, had learning difficulties and Statements of Educational Need. A large proportion of the sample had truancy concerns, common to most previous research. However a large proportion of the overall sample, 47 percent, was in mainstream educational provision, and of those over school age a similar 44 percent were employed or in further education. This is contrary to Van Wijk's (2005) observation that behavioural problems and learning disabilities seem to underlie the finding that a larger proportion of sex offenders attend special schools. Whilst this element of

the study did not compare participants with non-sex offenders, the majority of adolescents with sexually inappropriate behaviour were in mainstream school provision. Due to the study limitations, it is difficult to generalise this finding. The NSPCC's (2002) assertion that the over-representation of young people with learning disabilities amongst sexually abusive adolescents could be due to these adolescents being more likely to present such behaviour and that they are more likely to be apprehended can not be tested in the absence of comparative data.

Some 40 percent of young people in the current study had previous alleged or confirmed histories of abuse or victimisation. The most frequent type of abuse sustained was primarily sexual and a lower proportion sustained primarily physical abuse. Neglect was identified in one case. The assertion that sexual or physical abuse is more common than neglect in respect of the abuse histories of adolescent sexual abusers (Becker and Kaplan, 1988; Gray et al. 1997; Jonson-Reid and Way, 2001) is supported.

Becker and Kaplan (1988) identified a history of non-sexual deviance as a risk factor for sexually abusive behaviour in adolescents. There was limited supportive evidence found within the sample of British adolescents. A history of sexual deviance was identified amongst a proportion of the adolescents, as was non-sexual deviance, but was not a commonly occurring risk factor.

2.4.4 Summary and Conclusions

Overall, the findings of the study provide further support that adolescent sexual abusers are a heterogeneous group. The majority of characteristics identified were common to those identified in previous research. However, the main differences to previous studies of characteristics were the findings that a victim of these adolescent perpetrators was more likely to be a peer or an associate of the adolescent as opposed to a relative. This does however concur with Gray et al.'s (1997) assertion that adolescents commit sexually abusive acts more frequently on people that they have trusting relationships and proximity to. Similar to Gray et al. (1997) but contrary to other study findings (Richardson et al. 1995), the current study found that an adolescent perpetrator is unlikely to commit penetrative acts upon his victims; some 25 percent of the sample had committed penetrative acts which is a lower frequency than often reported.

In critically evaluating the use of the Alwyn et al. (2000) scale, it was identified by the researcher that by assuming that the nature of the perpetrated act determines the extent of the harm caused to a victim does not consider the impact of events and actions to different victims. The adapted version of the Alwyn et al. (2000) offence severity scale enabled the researcher to objectively consider offence severity by ranking ordered methods of assault irrespective of the effect upon the victim and other considerations. The low mean severity rating must be interpreted with

these considerations in mind. Whilst useful to explore data using a severity tool to yield patterns of objectively measured offence severity, definitive conclusions as to whether this sample of adolescents' perpetrated acts can be considered as low in average severity would be incorrect. The absence of data on the intent, thoughts and attitudes of the perpetrator and the impact of the perpetrators' actions on their victims would be a more comprehensive way to consider offence severity, however such data was not available for the purpose of study. A future direction for research is suggested to explore these aspects of offence severity and its measurement.

As found by Taylor (2003), some participants had committed violent and grave crimes involving high levels of violence, force and coercion. However a larger proportion had committed acts against peers and associates that involved inappropriate sexual behaviour and touching, without the use of force or coercion and often include exposure, inappropriate language and a non-direct victim. Whilst it is recognised that limitations in the recording of data in participants' case files with descriptions of some behaviours limited to sexually inappropriate behaviour reduce the ability to draw firm conclusions regarding this, the results give support to Taylor's (2003) assertion that not all behaviours committed by participants can be classified in one heading of 'sexual abuse'. A more appropriate description would be sexually inappropriate behaviour. That said however, this should not be interpreted as a

minimisation of sexually inappropriate behaviour committed by adolescents; it is clear that a substantial number of adolescents in the sample have committed abusive and harmful acts. However, adolescents who have used inappropriate sexual language have received a similar intervention to adolescents who have committed acts of rape and grave crimes, which is surely not the most appropriate statutory response.

The observed differences between those convicted and those alleged to have committed sexually inappropriate acts provides support to assertions that there are distinctions between these groups. Further empirical research is necessary, but it is apparent that there are different presenting needs and a possible difference in the type of intervention required. Given that those alleged to have committed sexually inappropriate acts were on average younger than those convicted, it could be asserted that this group are not as sophisticated and entrenched as those who are convicted. On the other hand it could be that these offenders are more sophisticated in that they have not been apprehended. A longitudinal follow up study of the participants of both groups would provide better evidence of distinction between these groups. This might help clarify whether there is a trajectory or pathway of deviance from sexually inappropriate behaviour to offending behaviour.

The mean age of participants of 14 years is similar to previous research. However the current study has measured age at referral and not age at the onset of offending behaviour. A total of 36% of the sample had

a previous allegation of sexual inappropriate behaviour, leaving 64 percent of participants coming to the attention of statutory services for their first incident of such behaviour. For those 64 percent it is possible that this is their first incident of sexually abusive behaviour.

Whilst the heterogeneity of adolescents committing sexually inappropriate behaviours was supported by the current research, it was identified that frequent and recurring personal, social, familial, community and individual variables were present to varying degrees amongst a large fraction of the sample. The existence of such a variety of variables provides further support to a socio-ecological model of sexually inappropriate behaviour, and for the use of approaches such as multi-systemic therapy that address that spectrum of need in a holistic and systematic manner.

Overall the study has found a heterogeneous group of adolescents with characteristics both common to previous research, but also characteristics contrary to those previously identified. Whilst this study addressed some selection biases of previous research, and in doing so found distinctions between offenders and alleged offenders, further work on the characteristics of adolescents committing sexually inappropriate behaviour is necessary to achieve consensus as to their characteristics. Characteristics are not evidence of the causality of sexually inappropriate behaviour in adolescents and without comparative study it can not be assumed that they are distinct to this group.

CHAPTER THREE: PSYCHOMETRIC ASSESSMENT OF ADOLESCENT SEXUAL ABUSERS

3.1 Introduction

Chapter Two has outlined the findings of a retrospective analysis of individual, demographic, familial and offending behaviour characteristics of adolescents attending a specialist intervention project in the United Kingdom. The results of this study have advanced contemporary understanding of the characteristics of the group which will contribute to the delivery of specialist intervention that meets these identified characteristics. Whilst a typical adolescent is described, the heterogeneity of characteristics amongst the participant group is identified and demonstrated and supports the findings of previous research (Bourke and Donohue, 1996; Becker, 1998; Beckett, 1999; Worling, 2001; Veneziano et al. 2000, Veneziano and Veneziano, 2002; Van Wijk et al. 2005). As a consequence it remains likely that there is a possibility of identifying subtypes of offender. Furthermore, whilst understanding of individual, demographic, familial and offending behavioural characteristics of adolescent sexual abusers is crucial, research has progressed to the investigation of psychological dimensions in its search for an understanding of the aetiology of sexually inappropriate behaviour.

A central question was asked in the previous discussion of findings of the retrospective study of the characteristics of adolescents who commit sexually inappropriate behaviour; what is the extent to which these

offenders differ from other adolescents? Identifying the characteristics of adolescent sexual abusers alone, whilst clinically relevant, does not enable conclusions to be drawn as to whether these are characteristics distinct to adolescent sexual offenders if there are no attempts to determine the prevalence of such features amongst appropriate control groups. As Van Wijk et al. (2005) conclude, this matter is of clinical interest. They state that if adolescent sexual offenders were not to distinguish themselves from other offenders, it would suffice to provide generic instead of specific treatment programmes.

Becker and Kaplan (1988) proposed a model of the aetiology of sexual offending and sexually abusive behaviour in adolescents. They proposed that an adolescent's first sexual offence results from a combination of individual characteristics: they argue that certain risk factors predispose an adolescent to engage in aggressive sexual behaviour. These risk factors include:

- having experienced physical and sexual abuse;
- depression;
- history of non-sexual deviance;
- poor academic performance;
- a history of non-sexual antisocial behaviour;
- poor family relationships;
- social isolation (such as an inability to establish and maintain close relationships with same-age peers);

- a lack of social and assertion skills;
- a lack of impulse and anger control;
- inadequate sex education;
- having witnessed family violence.

After the commission of the adolescent's initial offence the adolescent can then embark on three possible paths. One is the "dead end path" on which he or she commits no further crime. The second is the "delinquency path" on which the individual commits other sexual offences and also engages in other general non-sexual offences and deviant behaviours. The third, the "sexual interest pattern path", is followed by an adolescent who continues to commit sexual offences and often develops a deviant arousal pattern.

Existing research results provide some tentative support for Becker and Kaplan's (1988) model. In the previous study a number of these risk factors were explored. The adolescents' experience of prior abuse, academic performance and poor family relations were all identified as characteristics. Limited evidence was found to support histories of non-sexual deviance and anti-social behaviour as characteristics of the sample. However the absence of a control group does not enable definitive conclusions to be agreed. Shields (1995) sought to overcome such limitations by comparing 52 young sex offenders with 800 young non-sex offenders. The offenders were psychometrically assessed on ten variables relevant to Becker and Kaplan's (1988) model. The results of this

study provided some support for Becker and Kaplan assertions that young sex offenders are characterised by sexual abuse, depression, poor academic performance and non-sexual antisocial behaviour. However the study's results failed to support four of Becker and Kaplan's risk factors. Young sex offenders were no more likely than the control group to have been physically abused, to have had poor relations with family members, to be socially isolated or to associate with peers outside their age range. However data relevant to a number of Becker and Kaplan's risk factors were not available (such as assertion skills, anger/impulse controls, sex education and witnessing family violence). The study also assessed incarcerated sex offenders, and did not include those subject to community supervision. Whilst a suitable control group of non-sexual offenders was used, no comparison was able to be made with non-offenders. An expanded and developed empirical test of the model is necessary to build upon the conducted retrospective analysis and utilise comparative control groups.

In addition, the importance of appropriate and effective intervention for adolescents who commit sexually abusive acts is clear. An adolescent who has perpetrated a sexually harmful act will be released into the community after completing a custodial sentence or be made subject to community based supervision. It can not be assumed that some treatment is better than no treatment in delivering effective intervention. High quality research into programme effectiveness is necessary to assure that

intervention addresses the aetiology of sexual offending, manages risk, reduces the likelihood of re-offending and assesses the attainment of treatment goals.

All intervention with adolescents with sexually abusive behaviours should be evaluated. The specialist intervention project for adolescents with sexually abusive behaviours, introduced in Chapter Two provides a cognitive behavioural approach to intervention based around predisposing, perpetuating and precipitating factors which incorporates the Becker and Kaplan (1988) model of risk factors. The project's treatment goals are to positively influence these factors. At the time the research commenced this specialist project had not been evaluated. As a condition of received funding from the Youth Justice Board of England and Wales, the specialist intervention project had to be evaluated, and as a consequence, the current research emerged as an expansion of an original descriptive evaluation, based upon the previous literature review of project evaluation.

In summary, there are two identified limitations of available research. There is an absence of comparative analysis of adolescents who commit sexually inappropriate behaviours to both non-sexual offenders and adolescents who do not offend. There are also limitations in the study of the attainment of treatment goals. These two limitations provide a combined aim of this element of the research.

Research Questions

(1) What individual psychological dimensions, as proposed in previous literature are common amongst adolescents attending a specialised intervention programme in comparison to non-sexual offenders and non-offending adolescents and (2) how are these addressed in specialist intervention?

The paucity of empirical evidence concerning factors etiological to sexual offending behaviour provides impetus to assess and explore those factors commonly proposed in previous research. Using the Becker and Kaplan (1988), eight of the proposed risk factors of sexual offending will be assessed. These eight proposed risk factors were identified as they are able to be psychometrically assessed. Access to previous historical records of non-sexual and non-offending control groups was not available for the purposes of study. As a consequence, six of the Becker and Kaplan (1988) model risk factors were not explored using psychometric comparative assessment, these six were however considered in the retrospective study and will be discussed with the results of the current study.

It is hoped that this will contribute and widen our current understanding of the group. The study will assess these risk factors using standardised psychometric tests with appropriate comparative control groups. It will also assess whether these factors have been positively addressed and thus treatment goals attained after specialist intervention.

Within the sample, responses to the test battery will be compared against responses from non-sexual offending and non-offending adolescents prior and post specialist intervention.

Hypothesis One: Adolescents with sexually inappropriate behaviours will be less socially competent than non sexual and non offending adolescents.

Hypothesis Two: Adolescents with sexually inappropriate behaviours will have lower levels of self esteem than non sexual and non offending adolescents.

Hypothesis Three: Adolescents with sexually inappropriate behaviours will have higher levels of depression compared to non sexual offending adolescents. Non offending adolescents will have the lowest levels of depression.

Hypothesis Four: Adolescent sexual offenders will have poorer anger management skills compared to non sexual and non offending adolescents.

Hypothesis Five: Adolescent sexual offenders will have a more external locus of control compared to non sexual and non offending adolescents.

Hypothesis Six: Adolescent sexual offenders will have lower levels of empathy compared to non sexual and non offending adolescents.

Hypothesis Seven: Adolescent sexual offenders will have lower levels of sexual knowledge compared to non sexual and non offending adolescents.

Hypothesis Eight: Adolescent sexual offenders will have more distorted beliefs concerning appropriate sexual behaviours compared to their non sexual and non offending peers.

3.1 Methodology

In order for the study to be adequately powered to achieve its aims, power appropriate sampling was completed at the design stage. A power analysis (the probability that a statistical significance test will reject the null hypothesis for a specified value of an alternative hypothesis, Cohen (1988)) was conducted to determine the number of participants needed in this study.

As it was known that a relatively number of adolescent sexual abusers was available for the purposes of the current research a "compromise power analysis" was performed to determine the minimum number of participants that would generate reliable findings. Compromise power analysis is applicable in uncontrollable situations (e.g., working with clinical populations) (Faul, Erdfelder, Lang and Buchner, 2007). This

method was used to determine the number of participants necessary for the study's statistical power. The minimum number participants needed to achieve a power of 0.75, with a medium effect size of 0.5 and β/α ratio = 1 was calculated using GPower software. The outcome showed that 88 participants, would yield a statistical power of 0.75 for our study (Alpha: 0.05, Effect Size: 0.5).

3.2.1 Participants

There was a total of 89 participants. The age range of participants was between 11-18 years with a mean age of 15.07 years (SD = 1.421 years). All were male.

Participants were split into three groups as follows.

Group 1 (sex offender group) were a total of 32 of the 89 young people. These 32 attended a specialist adolescent sexual abusers project. They were either convicted of committing a sexual offence (n=14) or were alleged to have committed acts of sexually abusive behaviour and were referred through Social Service channels (n=18). Amongst the 32, the age range was between 11-18 years with a mean age of 15.16 years (SD = 1.462 years). All were male; 56 percent were referred to the project as a result of inappropriate sexual behaviours, 22 percent were convicted of rape, 16 percent were convicted of indecent assault and 6 percent were convicted of gross indecency. Their victims ranged in age from 3 to 12 years.

Group 2 (non-sexual offender group) was a total of 25 of the 89 young people. These 25 had been convicted of committing non-sexual offences. Each was subject to a statutory period of supervision by a Youth Offending Team. Of these 25, 3 were incarcerated i.e. were subject to a custodial sentence. All were male. The age range of group 2 was between 13-17 years with a mean age of 15.44 years (SD = 1.356 years).

Group 3 (non-offender group) were 32 young people who had not been convicted of any offence. This was confirmed by checking the Youth Offending Team database. No member of this group had previous allegations of offences made against them. They were each regular attendees at a youth club. All were male. The age range of group 3 was between 11-17 years with a mean age of 14.69 years (SD = 1.378 years).

The age and ethnicity data across the three subgroups are presented in Table 3:1.

Table 3.1: Participant Details

	Group 1: Adolescent Sexual Abusers N = 32	Group 2: Non-sexual Offenders N = 25	Group 3: Non Offenders N = 32
Age	\bar{x} = 15.16 S = 1.462	\bar{x} = 15.44 SD = 1.356	\bar{x} = 14.69 SD = 1.378 years
Ethnicity	94% White British 6% Black British	96% White British 4% Black British	94% White British 3% Black British 3% Other Ethnicity

3.2.2 Materials

The research aimed to test participants in areas identified in the Becker and Kaplan (1988) model of adolescent sexually inappropriate behaviours: social competence, self esteem, depression, anger management, locus of control, empathy, sexual knowledge and distorted beliefs. Other dimensions of the model; data relevant to previous histories of abuse, academic performance, anti-social behaviour, family relations and histories of non-sexual deviance were not available for the purposes of study. Agreement was gained to test each group only using psychometric measures, and access to case records was not available. Therefore, the study sought to utilise measures available at the time of undertaking the research that best tested psychometric dimensions of participants according to the model. At the time this element of the research was planned and the tests administered (2001), there were limited psychometric assessment tools available. The following measures were utilised as they included the identified risk factors of Becker and Kaplan (1988) model. The reason for each measures inclusion is discussed in relation to each measure. Each measure was administered to individuals in each of the above groups of participants. The measures were administered again after the test group had completed intervention with the specialist project, or after a 3 month time period for control

groups, to ascertain whether the specialist project had impacted change in any of the tested dimensions.

▪ ***The Matson Evaluation of Social Skills in Youngsters (MESSY)***
(Matson, 1994)

To measure social competence, this widely used measure of social behaviour in young people which rates how often a person does or feels like doing a particular behaviour was used. It is a valid, multi-modal, self-rating assessment. The instrument's 62-item Self-Rating version was employed to provide indicators of respondents' social ability and competence. The items refer to discrete, observable behaviours, for example "makes other people laugh". The MESSY provides scales for both appropriate and inappropriate social skills so that users do not focus exclusively on the negative aspects of behaviour but also take into account positive aspects. Examples of appropriate skills are, "Helps a friend who is hurt" and "Walks up to people to start a conversation." Examples of inappropriate skills are, "Gives other children dirty looks" and "Wants to get even with someone who hurt him/her." Each of the 64 items has a test-retest reliability of .50 or greater and based on a sample of 744 responses, internal consistency (α) was 0.8 (Matson, 1994).

▪ ***The Piers Harris Children's Self Concept Scale (CSCS) (Piers, 1999)***

This measure was used to assess each participant's self esteem and self-concept. The measure is based upon a definition of self-concept being 'a relatively stable set of self attitudes reflecting both a description and an evaluation of one's own behaviour and attributes' (Piers, 1999). It can be used with any individuals aged 7 to 18. It is composed of 60 items covering six subscales:

- Physical Appearance and Attributes
- Intellectual and School Status
- Happiness and Satisfaction
- Freedom From Anxiety
- Behavioural Adjustment
- Popularity

In addition, two validity scales identify biased responding and the tendency to answer randomly. Higher scores reflect more positive self concepts. Amongst Piers's (1973) normative sample of 297 sixth and tenth graders, internal consistency (α) ranged between .88 and .93 for various subgroups and other studies report similar high levels of reliability (Winne et al. 1977). Studies also show the Piers-Harris to have both high internal validity ($r = +.88$) and test-retest reliability coefficient ($r = +.77$) (Jeske, 1985; Piers, 1984). The Piers-Harris 2nd edition manual (Piers et al. 2002)

includes extensive information on test validity. Construct validity was determined by inter-scale correlation analysis and factor analysis. Inter-scale correlation analysis evidenced that domain scales on the Piers-Harris 2 demonstrate moderate to high correlations with each other. The domain scales also correlate strongly with the overall total score.

▪ ***The Nowicki-Strickland Internal-External Control Scale For Children (IECS) (Nowicki, 1973)***

To measure locus of control, this measure, based upon Rotter's (1966) conceptualization of internal and external control over reinforcement, was used to assess the degree to which a person attributes the control of events and circumstances to internal and external factors. The items on the scale describe reinforcement situations across interpersonal and motivational areas such as affiliation, achievement, and dependency, based on Rotter's dimensions of locus of control. An item example is: "Do you believe that most problems will solve themselves if you don't fool with them?" The 80 item measure utilises a yes / no response format. Higher scores are more indicative of a more external locus of control, and lower reflect a more internal locus of control.

Nowicki and Strickland (1973) reported internal consistency (α) between 0.63 and 0.68 and test-retest reliability of 0.83. In regards to construct validation, Nowicki and Strickland (1973) reported the relation between the Rotter Scale and the Nowicki-Strickland scales was

significant in two studies with college students ($N = 76$, $r = .61$, $p < .01$; $N = 46$, $r = .38$, $p < .01$).

- ***The Adolescent Anger Rating Scale (AARS) (McKinnie-Burney, 2001)***

This standardised assessment measures several aspects of anger, including anger management and anger control. Individuals indicate which behaviours they exhibit when angered and how often each typically occurs; the 4-point response scale ranges from “Hardly Ever” to “Very Often”. Scores are reported for total anger and for 3 subscales measuring aspects of the adolescent’s typical anger response pattern: Instrumental Anger, Reactive Anger and Anger Control.

Instrumental anger is defined as a negative emotion of a delayed response resulting in a desired and planned goal of revenge and/or retaliation marked by proactive aggression. Reactive anger is defined as an immediate angry response to a perceived negative, threatening or fear-provoking event. Anger control is defined as being a proactive cognitive-behavioural method used to respond to reactive and/or instrumental provocations in adolescents.

McKinnie Burney and Kromrey (2001) report discriminant validity results that support the AARS’ ability to measure specific types of anger which differs from general anger measurement, as measured by the Multi Dimensional Anger Inventory (MAI). Moderate to low correlations indicated

some relationship between the MAI and the reactive and instrumental subscales. A minimal negative relationship was observed by the MAI and the anger control subscale. Overall, this indicated that different constructs were being measured between the MAI and the AARS. Results of profile analyses further supported construct validity of AARS scores across the scales. The AARS demonstrated ability in identifying group differences consistent with research findings on differences between gender, differences among race affiliations, grade level, and type of students (see McKinnie Burney and Kromrey, 2001)

As the only scale found to assess all of these specific dimensions or patterns of anger in adolescents and with internal consistency (α) across its four subscales between .81 to .92 based on a large sample of respondents ($n=4,187$), and as a result, it was included within the test battery to utilise its ability to explore the three elements of anger, including anger control and management, to explore the Becker and Kaplan (1988) model.

- ***The Beck Depression Inventory (BDI) II*** (Beck, Steer and Brown 1996).

In order to assess depression, the BDI was explored. The BDI is a twenty-one question multiple choice self-report inventory that is a widely recognised screening measure of the severity of depression. The measure is composed of items relating to depression symptoms such as

hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex. It has been shown to be a valid measure of depression in adolescents and adults (14 years and above) (Worling and Curwen, 2000) with internal consistency (α) calculated at 0.89 (Worling, 1995) and as a result it was utilised for the purposes of the research.

The BDI II manual outlines several validation studies to assess its similarity to other kinds of depression-related scales. Beck et al. (1996) state that the measure has been extensively tested for content validity, concurrent validity and construct validity. The measure was designed to conform closely to the diagnostic criteria for depression, and items specifically assess the symptoms of depression listed in the DSM-IV to increase the content validity of the measure. With regard to construct validity, the convergent validity of the BDI-II was assessed by administration of the BDI-1A and the BDI-II to two sub-samples of outpatients (N=191). The order of presentation was counterbalanced and at least one other measure was administered between these two versions of the BDI, yielding a correlation of .93 ($p < .001$) and means of 18.92 (SD = 11.32) and 21.888 (SD = 12.69).

For younger adolescent participants (14 years and below) the **Beck Youth Inventory of Emotional and Social Impairment** (Beck, Beck and Jolly, 2001) was utilised. This is a self-report instrument for assessing maladaptive cognitions and behaviours of children ages 7 to 14. Its

inventories measure anxiety, depression, disruptive behaviour, anger, and self-concept. Its internal consistency ranges from .87 to .91 for 11 – 14 year olds across its five subscales (Beck et al. 2001).

▪ ***The Math Tech Sex Test (Kirby, 1984)***

This assessment measure provided a number of sub-scales to test elements of the Becker and Kaplan (1988) model in addition to its other subscales. The scale was used to assess the sexual knowledge of each adolescent, their sexual attitudes, sexual beliefs and sexual behaviour. The knowledge test consists of 34 multiple-choice questions with three to six possible responses and includes items on physical development, relationships, sexual activity and consequences, human reproduction, birth control and sexual behaviour. Higher correct total scores indicate higher levels of sexual knowledge. The authors report that the instrument has excellent internal consistency with a Cronbach's alpha of .92. The knowledge test re-test reliability co-efficient of a sample of 58 adolescents tested at a two-week interval was 0.89.

The attitude and value inventory consists of 70 five point Likert type items. Each relates to one of 14 subscales. From responses to the questions in the inventory, a mean score is calculated. Higher scores reflect more adaptive or pro-social attitudes of the respondent toward sexual behaviour. Amongst 990 adolescents Cronbach's alpha inter-correlation co-efficient ranged between 0.58 and 0.86. In the 44 Likert-type

item behaviour inventory with 13 subscales, test-re-test reliability co-efficients ranged between 0.38 and 0.88 (Kirby, 1984). The author cites several studies in support of the validity of the Math Tech Sex Test with both age groups (Kirby, 1984, p. 36-38). In 337 students, Cronbach's alpha inter-correlation co-efficient ranged between 0.72 and 0.95.

- ***The Davis Interpersonal Reactivity Index (Davis 1980)***

This index was used to explore separate aspects of the global concept of empathy. The scale consists of 28 items constituting four subscales of seven items each (Davis, 1980). Each of the 28 items is rated using a five point Likert scale, ranging from 0 (does not describe me well), to 4 (describes me very well).

The perspective-taking scale contains items that assess spontaneous attempts to adopt the perspectives of other people and see things from their point of view. Items on the fantasy scale measure the tendency to identify with characters in movies, novels, plays and other fictional situations. The other two subscales explore respondents' chronic emotional reactions to the negative experiences of others. The empathic concern scale inquires about respondents' feelings of warmth, compassion, and concern for others, while the personal distress scale measures the personal feelings of anxiety and discomfort that result from observing another's negative experience. In the work of Davis (1980), test re-test reliability co-efficient ranged between 0.61 and 0.81 with an internal

reliability co-efficient (α) between 0.7 and 0.78 with n = 146 respondents at a 15 day interval. Davis (1983) found support for the construct validity of the IRI through predicted significant relationships of the scale with interpersonal functioning, social competence and self-esteem. Davis (1980) also conducted a factor analyses on the instrument, using an oblique rotation, yielding a four-factor solution that matched the four subscales.

- ***The Sexual Beliefs Scale (Muehlenhard and Felts, 1998)***

This scale measured five beliefs relating to rape. They include; the belief that women often indicate an unwillingness to engage in sex when they are actually willing; that if a women 'leads a man on' behaving as if she is willing to engage in sex when in fact she is not, then the man is justified to force her; that women enjoy force in a sexual situation; that men should dominate women in sexual situations; and that a woman has the right to refuse sexual intercourse at any point. This was used instead of other scales on the basis that separate scores for different beliefs were yielded as opposed to a singular global measurement of distorted belief. The measure has been used with adults and adolescents and the authors cite several studies in support of the validity of the Sexual Beliefs Scale with both age groups (Muehlenhard and Felts, 1998, p. 117). This includes Goodchilds and Zellman (1984) who used the scale with adolescents. In

337 students, Cronbach's alpha inter-correlation co-efficient ranged between 0.72 and 0.95.

3.2.3 Procedure

Appropriate ethical agreement was sought and granted by Project senior management and the proposed battery of psychometric tests was agreed between the researcher and the Project management team. Written agreement for participation was gained from a Youth Offending Team and a youth club for the researcher to access comparison groups. Parental agreement was sought in all groups of participants for inclusion in the study by using information and consent leaflets that were signed and returned by parents before any assessment was undertaken. Consent forms are available in Appendix One.

The test group of young people completed the battery of measures at the start and completion of any work undertaken with the specialist project. The battery of measures was completed by participants in two one-hour sessions. The non-sexual offenders and the non-offenders completed the full battery of measures twice; at as close to a four-month interval as feasible. The instigation of breach proceedings and a number of unmet appointments extended timescales in 16 cases, by a maximum of 6 months in the two comparison groups.

Four participants from the test group completed only the second battery of tests at the Project's request. A total of three young people

completed the Beck Youth Inventory of Emotional and Social Impairment. These results were not used in the comparative analyses.

One researcher conducted all psychometric testing. After parental consent had been agreed, two appointments with the young person were arranged. Tests were administered on an individual basis and the battery was split to fill two, hour long sessions. The process of administering the test began by the researcher confirming that the young person could read and write. The researcher then read initial example questions to the young person and verified their understanding and ability to respond. Each young person was given the first test to complete and the researcher was available to respond to questions. When the young person had completed the first measure – the MESSY, the researcher asked if the young person had any questions in regards to the measure. The completed measure was then checked to ensure that all questions had been answered and that scoring of item responses was legible. The researcher continued the same process with each subsequent measure to be completed in the session. After completion of all measures in the session the researcher again asked if the young person had any questions. The measures were then collected and stored in individual confidential folders.

A total of 10 non-sexual offenders and 11 non-offenders failed to complete the second hour session at time one. A further 5 sexual offenders, 9 non-sexual offenders and 11 non-offenders failed to complete the test battery at time two.

Details of confidentiality and the nature of the study were given to each young person at the beginning of every session. The researcher was available throughout the session for assistance. Comparison group participants were given incentive monetary vouchers for their participation after completing both the test battery. Participants in the test group were not given incentive vouchers, as completion of the tests was a requirement of their specialist intervention work. The measures were scored and results were entered into SPSS versions 11 - 15 for analysis. Missing or illegible responses were not included in analyses.

3.2.4 Statistical Analysis

The completed test score data were anonymised to protect client confidentiality.

A probability plot was produced to examine the normalcy of the data. The normal probability plot (Chambers, 1983) is a graphical technique for assessing whether or not a data set is approximately normally distributed. Dependant variable data are plotted against a theoretical normal distribution in such a way that the points should form an approximate straight line. Departures from this straight line indicate departures from normality.

Therefore a Normal Probability Plot was constructed and examined for each test subscale. Normal Probability Plots are available in Appendix Two. The points on each plot seemed to deviate from a straight line in a

random manner. This indicates normality. If the line had risen more steeply at first and then increased at a decreasing rate it would have indicated a left skewed data set. The opposite is true for a right skewed data set. In addition, parametric tests, such as the ANOVA, use the mean of the sample so some non-normality can be tolerated. Therefore normality of data is assumed and parametric tests are used in the analyses, as more powerful than any equivalent nonparametric tests.

Missing data were excluded from analyses. Analyses of Variance were conducted on test responses. Post hoc analyses were completed on the data using Tukey's Honestly Significant Difference Tests. Bonferroni corrections for multiple testing were completed.

3.3 Results

A series of one way analyses of variance were used to test whether there were any statistically significant differences between the three groups completing the test batteries at time one (prior to any intervention). The results are presented in Table 3:2 in terms of significant differences between groups in each measure. Statistically significant differences are shown in bold.

Table 3.2: One Way ANOVA Test Results – Time One

Psychometric Scale	Group Mean \pm SD			df	F	p	Partial Eta ²
	Sexual Offenders	Non Sexual Offenders	Non Offenders				
Adolescent Anger Rating Scale							
Total Anger	80.71 (15.64)	90.12 (17.60)	90.44 (15.31)	2,83	3.329	0.067	0.074
Instrumental Anger	28.64 (7.68)	32.92 (10.49)	34.81 (11.02)	2,83	3.001	0.047	0.067
Reactive Anger	17.82 (5.57)	18.62 (4.826)	18.38 (5.575)	2,83	0.158	1.000	0.004
Anger Control	30.75 (6.84)	28.04 (8.48)	27.75 (6.217)	2,83	1.528	0.328	0.036
Beck Depression Index	15.77 (10.93)	9.46 (5.38)	6.47 (6.80)	2,77	9.520	0.021	0.198
Nowicki Internal External Locus of Control Scale	14.18 (4.55)	16.22 (3.91)	16.81 (4.73)	2,84	2.835	0.072	0.063
Piers Harris Children's Self Concept Scale							
Behaviour	11.85 (3.12)	10.15 (3.47)	10.72 (2.85)	2,80	2.045	0.151	0.049
Intellectual and School Status	11.00 (3.31)	10.22 (2.94)	11.07 (3.63)	2,80	0.553	1.000	0.014
Physical Appearance and Attributes	7.22 (2.97)	8.30 (2.37)	8.90 (3.23)	2,80	2.398	0.099	0.057
Anxiety	9.41 (2.55)	11.56 (2.71)	11.97 (2.53)	2,80	7.719	0.010	0.162
Popularity	8.56 (2.59)	8.89 (2.70)	10.21 (1.74)	2,80	3.829	0.123	0.087
Happiness and Satisfaction	7.48 (2.33)	7.93 (1.84)	8.34 (1.52)	2,80	1.422	0.287	0.034

Psychometric Scale	Group Mean \pm SD			df	F	p	Partial Eta ²
	Sexual Offenders	Non Sexual Offenders	Non Offenders				
Piers Harris Children's Self Concept Scale Total Score	53.96 (9.46)	54.59 (9.68)	57.59 (10.33)	2,80	1.094	0.517	0.027
Matson Evaluation of Social Skills in Youngsters							
Appropriate Social Skills	78.75 (11.83)	77.07 (13.62)	78.23 (15.31)	2,83	0.107	1.000	0.003
Inappropriate Assertiveness	32.57 (9.58)	29.74 (7.5)	35.45 (9.4)	2,83	2.971	0.655	0.067
Impulsive	11.64 (3.33)	10.33 (3.49)	10.94 (4.22)	2,83	0.855	0.586	0.020
Overconfident	10.46 (3.09)	7.85 (3.0)	9.42 (3.20)	2,83	4.937	0.007	0.106
Jealous	7.39 (2.69)	5.37 (2.17)	6.19 (3.18)	2,83	3.821	0.022	0.084
Miscellaneous	25.61 (3.04)	26.19 (3.28)	25.74 (3.27)	2,83	0.246	1.000	0.006
Total Score	146.93 (19.81)	140.41 (21.15)	147.52 (22.49)	2,83	0.964	0.621	0.023
Math Tech Sex Test							
Knowledge Test Total Score	14.15 (5.40)	17.41 (3.80)	12.81 (4.94)	2,66	4.664	0.011	0.124
Clarity of Long Term Goals	17.38 (3.92)	14.94 (4.28)	17.50 (5.09)	2,66	2.002	0.255	0.057
Clarity of Personal Sexual Values	16.50 (2.76)	20.35 (3.37)	17.50 (3.33)	2,66	7.986	0.001	0.195

Psychometric Scale	Group Mean \pm SD			df	F	p	Partial Eta ²
	Sexual Offenders	Non Sexual Offenders	Non Offenders				
Math Tech Sex Test Continued							
Understanding of Emotional Needs	16.77 (2.81)	18.94 (2.84)	16.85 (3.91)	2,66	2.726	0.111	0.076
Understanding of Personal Social Responses	16.50 (3.28)	18.29 (2.93)	16.77 (4.79)	2,66	1.222	0.420	0.036
Understanding of Personal Sexual Responses	16.00 (3.14)	18.65 (4.29)	17.00 (4.2)	2,66	2.427	0.093	0.069
Attitude Towards Various Gender Role Behaviours	19.12 (3.75)	17.24 (3.15)	15.92 (3.86)	2,66	4.998	0.007	0.132
Attitude Towards Sexuality in Life	15.88 (2.70)	17.82 (3.05)	17.92 (3.5)	2,66	3.360	0.063	0.092
Attitude Towards the Importance of Birth Control	21.38 (3.91)	21.24 (3.15)	18.92 (4.03)	2,66	3.267	0.066	0.090
Attitude Towards Pre-Marital Intercourse	10.77 (4.24)	9.29 (4.86)	11.23 (5.07)	2,66	0.900	0.959	0.027
Attitude Towards the use of Pressure and Force in Sexual Activity	21.04 (3.91)	24.24 (1.20)	20.35 (4.27)	2,66	6.396	0.018	0.162
Recognition of the Importance of Family	20.62 (3.34)	20.82 (4.28)	18.58 (4.55)	2,66	2.226	0.224	0.063

Psychometric Scale	Group Mean \pm SD			df	F	p	Partial Eta ²
	Sexual Offenders	Non Sexual Offenders	Non Offenders				
Math Tech Sex Test Continued							
Self Esteem	17.27 (3.08)	19.24 (2.64)	17.58 (3.66)	2,66	2.094	0.163	0.060
Satisfaction with Personal Sexuality	16.35 (4.07)	21.59 (3.43)	17.04 (4.85)	2,66	8.696	0.001	0.209
Satisfaction with Social Relationships	17.12 (4.29)	20.29 (3.67)	18.46 (4.30)	2,66	3.014	0.050	0.084
Social Decision Making Skills	19.38 (4.78)	20.59 (5.11)	19.46 (5.86)	2,66	0.312	1.000	0.009
Sexual Decision Making Skills	14.65 (4.91)	16.82 (3.7)	16.23 (5.43)	2,66	1.203	0.470	0.035
Communication Skills	24.88 (6.10)	28.06 (5.65)	24.38 (5.76)	2,66	2.229	0.262	0.063
Assertiveness Skills	8.54 (2.92)	10.29 (3.67)	9.04 (3.01)	2,66	1.627	0.236	0.047
Birth control Assertiveness Skills	5.08 (3.61)	5.76 (2.86)	6.35 (2.72)	2,64	1.033	1.000	0.031
Comfort Engaging in Social Activities	12.27 (3.31)	13.18 (3.25)	11.54 (3.83)	2,66	1.131	1.000	0.033
Comfort Talking with Friends, partner and Parents about Sex	7.08 (2.24)	8.59 (1.7)	8.19 (2.71)	2,65	2.513	0.128	0.072
Comfort Talking with Friends, partner and Parents about Birth Control	7.63 (2.60)	7.41 (2.00)	7.65 (2.98)	2,64	0.049	1.000	0.002

Psychometric Scale	Group Mean \pm SD			df	F	p	Partial Eta ²
	Sexual Offenders	Non Sexual Offenders	Non Offenders				
Math Tech Sex Test Continued							
Comfort Talking with Parents about Sex and Birth Control	3.84 (2.25)	4.53 (2.24)	4.31 (2.11)	2,65	0.558	0.964	0.017
Comfort Expressing Concern and Caring	3.23 (0.86)	3.41 (1.00)	3.04 (0.958)	2,66	0.838	1.000	0.025
Comfort being Sexually Assertive	5.00 (2.12)	5.65 (1.84)	5.27 (2.18)	2,66	0.499	0.965	0.015
Comfort Having Current Sex Life	2.65 (1.41)	3.18 (1.24)	2.62 (1.27)	2,66	1.090	0.623	0.032
Comfort Getting and Using Birth Control	6.88 (7.03)	6.71 (6.05)	10.65 (4.56)	2,64	3.368	0.083	0.095
Davis Interpersonal Reactivity Index							
Fantasy	14.48 (5.02)	10.47 (5.22)	12.82 (4.38)	2,67	3.497	0.031	0.095
Perspective Taking	13.68 (4.73)	14.41 (4.06)	12.64 (4.31)	2,67	0.906	0.590	0.026
Empathic Concern	17.32 (4.59)	16.88 (5.74)	14.39 (5.02)	2,67	2.521	0.118	0.070
Personal Distress	12.76 (3.98)	11.24 (3.23)	11.18 (4.25)	2,67	1.266	0.445	0.036

	Group Mean ± SD						
Psychometric Scale	Sexual Offenders	Non Sexual Offenders	Non Offenders	df	F	p	Partial Eta ²
Sexual Beliefs Scale							
Token Refusal	5.50 (1.87)	6.33 (3.53)	6.54 (3.38)	2,67	0.829	0.654	0.024
Leading on Justifies Force	4.25 (2.56)	3.00 (3.18)	4.93 (3.79)	2,67	1.926	0.668	0.054
Women Like Force	5.33 (1.93)	7.11 (3.61)	6.43 (3.65)	2,67	1.729	0.225	0.049
Men Should Dominate	3.71 (2.81)	4.00 (3.52)	6.89 (3.67)	2,67	7.029	0.003	0.173
No Means stop	10.17 (2.32)	11.28 (1.45)	9.14 (3.19)	2,67	3.895	0.021	0.104

A total of 57 one way ANOVAs were conducted in this element of the research. Bonferroni corrections for multiple testing were incorporated.

The differences are summarised:

A significant difference was found in scores of instrumental anger between adolescent sexual offenders, non-sexual offenders and non-offenders ($F(2,83) = 3.001, p < .05$). Tukey's HSD was used to determine the nature of the differences between the groups. The Tukey HSD test detected no significant differences in mean instrumental anger scores between any pair amongst groups. No other significant differences in anger subscales were found.

A significant difference was found in depressive responding ($F(2,78) = 9.957, p < .01$). Tukey's HSD was used to determine the nature of the differences between the groups. Adolescent sexual offenders had higher levels of depressive responding than non-offenders ($p < 0.05$). Adolescent sexual offenders also had higher levels of depressive responding than non-sexual offenders ($p < 0.01$). No significant difference in depressive responding was found between non-sexual offenders and non-offenders.

Analysis of Matson Evaluation of Social Skills in Youngsters test responses shows a significant difference in scores of overconfidence ($F(2,82) = 7.395, p < .01$) between the three groups. Tukey's HSD was used to determine the nature of the differences between the groups. Adolescent sexual offenders had higher levels of overconfidence than non-sexual offenders ($p < 0.01$). No significant differences were found in overconfidence between non-offenders and non-sexual offenders or between sexual offenders and non-offenders. A significant difference was also found in the Matson Evaluation of Social Skills in Youngsters subscale of jealousy ($F(2,82) = 7.045, p < .01$). Again, Tukey's HSD was used to determine the nature of the differences between the groups; adolescent sexual offenders had higher levels of jealousy than non-sexual offenders ($p < 0.01$). No significant differences in levels of jealousy were found between non-sexual offenders and non-offenders or between sexual offenders and non-offenders.

In subscales of the Piers Harris Self Concept Scale, a significant difference between group scores was found in the subscale 'freedom from anxiety' ($F(2,80) = 7.719, p < .01$). Tukey's HSD was used to determine the nature of the differences between the groups. Adolescent sexual offenders had lower scores of freedom from anxiety than non-sexual offenders ($p < 0.01$). Adolescent sexual offenders also had lower scores of freedom from anxiety than non-offenders ($p < 0.01$). No significant difference was found between non-sexual and non-offenders. No other significant differences were found.

Analysis of The Math-Tech Sex Test sexual knowledge scale found a significant difference between groups ($F(2,66) = 4.664, p < .05$). Tukey's HSD was used to determine the nature of the differences between the groups; non-sexual offenders had higher levels of sexual knowledge than non-offenders ($p < 0.01$). No other significant differences were found.

A significant difference was found between groups in clarity of personal sexual values ($F(2,66) = 7.986, p < .01$). Tukey's HSD was used to determine the nature of the differences between the groups; sexual offenders had lower levels of clarity of personal sexual values than non-sexual offenders ($p < 0.01$). Non-sexual offenders had higher levels of clarity in this area than non-offenders ($p < 0.05$). No other significant differences were found.

A significant difference was found between groups in attitudes towards various gender role behaviours ($F(2,66) = 4.998, p < .01$). Tukey's

HSD was used to determine the nature of the differences between the groups; sexual offenders had more positive attitudes than non offenders ($p < 0.01$). No other significant differences were found.

A significant difference was found between groups in attitudes towards the use of pressure and force in sexual activity ($F(2,66) = 6.396$, $p < 0.01$). Tukey's HSD was used to determine the nature of the differences between the groups; sexual offenders had less positive attitudes than non-sexual offenders ($p < 0.05$) and non-offenders had less positive attitudes than non-sexual offenders ($p < 0.01$). No other significant differences were found.

A significant difference was found between groups in attitudes towards their satisfaction with personal sexuality ($F(2,66) = 8.696$, $p < 0.01$). Tukey's HSD was used to determine the nature of the differences between the groups; sexual offenders had less positive scores than non-sexual offenders ($p < 0.01$) and non-offenders had less positive attitudes than non-sexual offenders ($p < 0.01$). No other significant differences were found.

A significant difference in the Davis Interpersonal Reactivity Index subscale of fantasy was found between the groups ($F(2,67) = 3.497$, $p < 0.05$). Tukey's HSD was used to determine the nature of the differences between the groups; adolescent sexual offenders had higher levels of fantasy than non-sexual offenders ($p < 0.05$). No other significant differences were found.

A significant difference in the Sexual Belief Scale subscale of 'men should dominate' was found between the groups ($F(2,67) = 7.029, p < .01$). Tukey's HSD was used to determine the nature of the differences between the groups; adolescent sexual offenders had more socially acceptable scores than non-offenders ($p < 0.01$). Non-sexual offenders had more socially acceptable scores than non-offenders ($p < 0.01$). No other significant differences were found.

A significant difference in the Sexual Belief Scale subscale of 'no means stop' was found between the groups ($F(2,67) = 3.895, p < .05$). Tukey's HSD was again used to determine the nature of the differences between the groups; non-sexual offenders had more socially acceptable scores than non-offenders ($p < 0.01$). No other significant differences were found.

The calculated effect sizes for the significant one-way analyses of variance range from 0.104 – 0.209. The effect size (the proportion of dependent variable variance due to differences among the group) was measured by partial Eta squared. The sums of the partial Eta squared values are not additive and do not sum to the amount of dependent variable variance accounted for by the independent variables (Levine and Hullett, 2002). Effect sizes in this element of the research are regarded as small.

3.3.1 Specialist Project Intervention Efficacy

In this analysis the three groups were compared over time. Group one, the test group, were young people receiving specialist intervention from the project described in chapter two. The other two control groups; non-sexual offending and non-offending adolescents were not. For this short term outcome study, a repeated measures analysis of variance was used to test whether there were any statistically significant differences between the three groups completing the test batteries at time one and time two. A total of 57 repeated measures Analyses of Variance were conducted. Post hoc analyses were completed on the data using Tukey's Honestly Significant Difference Tests. Bonferroni corrections for multiple testing were completed. The results of total score analysis are presented in Table 3:3 in terms of significant differences between groups in each measure. Subscale score test results are available in Appendix three.

Table 3.3: Repeated Measures ANOVA Test Results

Measure	Time	Group Mean / SD			df	F	p	Partial Eta ²
		Sexual Offenders	Non Sexual Offenders	Non Offenders				
AARS	Total Score - Time 1	85.38 (16.55)	89.87 (20.13)	90.18 (11.45)	2,40	0.397	0.675	0.019
	Total Score - Time 2	82.06 (19.34)	82.33 (22.87)	85.76 (14.21)				
BDI	Total Score - Time 1	17.71 (10.89)	9.07 (6.08)	6.25 (6.20)	2,40	0.397	0.675	0.019
	Total Score - Time 2	12.71 (9.69)	8.86 (5.20)	3.94 (4.92)				
Nowicki	Total Score - Time 1	14.13 (5.05)	16.54 (4.50)	16.80 (5.03)	2,41	1.193	0.314	0.055
	Total Score - Time 2	13.50 (4.90)	14.62 (4.98)	17.20 (6.77)				
Piers Harris Children's Self Concept Scale	Total Score - Time 1	54.27 (8.73)	56.67 (8.93)	58.08 (10.87)	2,36	1.261	0.295	0.064
	Total Score - Time 2	57.07 (11.16)	53.92 (9.77)	56.46 (13.13)				
MESSY	Total Score - Time 1	149.06 (19.10)	132.13 (20.19)	150.4 (21.16)	2,39	0.982	0.384	0.048
	Total Score - Time 2	145.81 (21.42)	137.67 (17.15)	144.7 (20.32)				
Math Tech Sex Test	Total Score - Time 1	14.71 (5.43)	16.30 (4.19)	12.62 (4.31)	2,34	0.300	0.743	0.017
	Total Score - Time 2	15.57 (6.68)	16.90 (5.24)	12.31 (4.42)				

No significant differences were found amongst test scores completed by the three groups at times one and two on any measure.

3.4 Discussion

The results of the psychological assessment of adolescents attending a specialised intervention project demonstrate a small number of significant differences between the three tested groups.

Adolescent sexual offenders had significantly higher levels of depressive responding than non-sexual offenders and non-offenders; the latter group had the lowest levels of depressive responding.

In respect of assessed social skills, adolescent sexual offenders had significantly higher levels of overconfidence and jealousy than non-sexual offenders.

The Piers Harris Children's Self Concept test showed that adolescent sexual offenders obtained higher anxiety levels than non-sexual offenders and non-offenders. Only partial support is gained for Hunter and Figueredo's (2000) study findings. In the Hunter and Figueredo's (2000) study, juveniles who sexually offended against children could be differentiated from nonsexual offending controls on the basis of greater deficits in self-efficacy and more negative attributional styles. Significant differences would be expected in the majority of subscales and in the total scores of the measure; these were not found. Hypothesis two is rejected. The study found no evidence to support the proposition that

adolescent sexual offenders have lower levels of self concept than non-sexual offenders and non offenders. However, the offender group had committed a range of offence types and were not only those who had offended against children. It was not possible to access data on the victim characteristics of the study sample.

The Math-Tech Sex Test revealed that non-offenders had significantly lower levels of sexual knowledge than non-sexual offenders. No significant difference was found in the knowledge of adolescent sexual offenders compared to the other two groups. Hypothesis Seven is rejected; there is no evidence to support the suggestion that adolescent sexual offenders have lower levels of sexual knowledge compared to non sexual and non offending adolescents. This finding is contrary to the Whittaker et al. (2006) study that compared adolescent sexual offenders to non-offending adolescents. Adolescent sexual offenders were found by Whittaker et al. (2006) to have less sexual knowledge than non-offending adolescents. In contrast to Whittaker et al. (2006), the current study used a standardised measure, the Math Tech Sex Test (Kirby, 1998) to assess sexual knowledge.

In other scales of the Math Tech Sex Test, sexual offenders had the most significantly positive attitudes towards various gender role behaviours compared to non-offenders. Non-sexual offenders had more significantly positive attitudes towards the use of pressure and force in

sexual activity compared to sexual offenders. Non-offenders had the least positive attitude to the use of pressure and force in sexual activity.

Adolescent sexual offenders were less satisfied with their personal sexuality compared to non-sexual offenders. Non offenders were less satisfied than non-sexual offenders with their personal sexuality. In all, no significant differences were found in twenty of the Math Tech Sex Test's 28 inventories between the groups. Non offenders and non sexual offenders had the least positive attitude towards the use of pressure and force in sexual activity.

Adolescent sexual offenders had more socially acceptable responses to the 'men should dominate' subscale of the sexual beliefs scale than non-offenders. Non-sexual offenders had more socially acceptable responses to this scale than non-offenders. Non-sexual offenders had significantly more socially acceptable responses to the 'no means stop' subscale of this measure than non-offenders. Hypothesis Eight is rejected; there is no evidence to suggest that adolescent sexual offenders have more distorted beliefs concerning appropriate sexual behaviours compared to their non sexual and non offending peers.

Analysis of subscales of the Davis Inter-personal Reactivity Index demonstrated that adolescent sexual offenders had higher levels of fantasy than non-sexual offenders. However, the suggested differences between the masculine and empathic attitudes of adolescent sex offenders and non-offending adolescents identified in Farr et al.'s (2004)

comparative study is not supported. There was no evidence that adolescent sexual offenders exhibited higher levels of callous sexual attitudes towards females and adversarial attitudes towards females and sexual minorities compared with the non-offending adolescents and no evidence that adolescent sexual offenders had a greater tendency to over-sexualise a female's motives than non-offenders. Hypothesis Six is rejected; there is no evidence that adolescent sexual offenders have lower levels of empathy compared to non sexual and non offending adolescents.

These findings are contrary to previous comparative research studies (Whittaker et al. 2006) where significant differences in empathy were found. The study findings do however support the Varker and Devilly (2007) comparative study. The Varker and Devilly study also used the Davis Interpersonal Reactivity Index to find that adolescent sexual offenders did not display general empathy deficits compared to age matched non-offending controls. The current study has widened this assertion to also include a comparison with non-sexual offenders. However the length and type of empathy intervention received by the participants in the current study varied amongst the sexual offender group and the non-sexual offender group. At least four of the test group participants and at least 6 of the non-sexual offenders received no specific intervention in empathy. This variance may have impacted upon the study findings. Specific empathy deficits for adolescent's own sexual abuse victim compared to a general sexual abuse victim were not tested. It has

not been possible to assess whether empathy deficits would be found in relation to an offenders specific victim(s) as opposed to general empathy assessment.

The finding that adolescent sexual offenders had higher levels of depressive responding enables hypothesis three to be accepted: adolescents with sexually inappropriate behaviours have higher levels of depression compared to non sexual offenders. This finding provides further support for Becker et al. (1991) and Becker et al. (1993) who also evidenced that depression is higher in sexually abusive adolescents compared to non-sexually abusive adolescents.

No support was found in this study for Van Wijk et al.'s (2005) study findings that sex offenders and non offenders differ in reference to problem behaviour and personality traits. Hypotheses one, four and five are rejected. There was no evidence to support the assertion that sex offenders had higher scores on inappropriate sexual behaviour or lower scores on extraversion or impulsiveness. No significant difference was found between groups in respect of impulsivity. Similarly, the study's findings did not support O'Callaghan and Print's (1994) findings of higher levels of withdrawal and social anxiety in adolescent sexual abusers compared to non-sexual offending adolescents. Appropriate and inappropriate social skills were not significantly different between each group and nor were scores in impulsivity or miscellaneous subscales of the MESSY evaluation of social skills. The study did however find that

sexual offenders had significantly higher levels of over confidence and jealousy supporting Becker (1988) and Ryan et al. (1996) that adolescents do lack some of the requisite skills to interact with peers which could lead them to befriend younger children and potentially sexualise those relationships.

The lack of significant difference between groups in respect of locus of control, appropriate and inappropriate social skills, reactive anger, self concept, empathy and sexual attitudes and beliefs supports the hypothesis that some personality characteristics of young sex offenders are similar to those of non-sexual adolescent offenders (Becker and Hunter, 1997; Miner and Crimmins, 1995). However, the study used a non-offending control group and also found no significant difference between groups. Amongst this sample, these characteristics of young sex-offenders (locus of control, appropriate and inappropriate social skills, reactive anger, self concept, empathy and sexual attitudes and beliefs) are similar to those of both non-sexual adolescent offenders and non-offending adolescents.

Vitaly, no support has been gained for the Becker and Kaplan (1988) model of sexual offending. The authors proposed a number of risk factors associated with each other; depression; social isolation (such as an inability to establish and maintain close relationships with same-age peers); a lack of social and assertion skills; a lack of impulse and anger control and inadequate sex education. As found in the Shields (1995) study which tested the Becker and Kaplan, adolescent offenders had

higher levels of depression than control groups. No differences were found between adolescents with sexually inappropriate behaviour and adolescents who commit non-sexual offences or those who do not offend in any of the Becker and Kaplan (1988) model dimensions. The Becker and Kaplan (1988) model is not supported.

In addition to the few identified between-group differences, comparative analyses of the total test score results of the three groups compared at two points in time observed differences in a few of the tested dimensions. Levels of depressive responding have reduced. After a period of intervention or work undertaken with the specialist intervention project for adolescents displaying sexually inappropriate behaviour, levels of depression reduced within the test group. However, as levels have reduced amongst the two control groups after a similar period it can not be concluded that the specialist intervention project alone has reduced levels of depressive responding amongst the adolescent sexual abusers.

Comparative analyses of the subscale score results that differed between groups compared at two points in time showed no significant differences in scores after a period of assessment or intervention undertaken by the specialist intervention project. The goals of the specialist adolescent sexual abuser intervention project, which include a reduction in levels of risk factors identified by the Becker and Kaplan (1988) model, were not evidenced. Eight of the risk factors identified in the model were tested; depression; social isolation, social skills, assertion

skills, sex education, impulse and anger control, empathy and distorted beliefs and there was no evidence of change over time.

The study also considered additional treatment goals as those identified by research conducted by the National Adolescent Perpetrator Network (1988). This enabled the study to consider whether the project was targeting incorrect treatment goals through the utilisation of a model that had not been empirically supported. Treatment goals of the acceptance of responsibility for their behaviour, addressing and challenging cognitive distortions, development of victim empathy, social skills and self identity development (National Adolescent Perpetrator Network, 1988) were not evidenced to have been attained through the intervention of this specialist project. No evidence was gained to support the expectation that offenders who completed treatment at this specialist intervention project showed a better ability to identify with the negative feelings of others than did non sexual or non offenders, as measured by the personal distress scale of the Davis Interpersonal Reactivity Index. No significant differences in any subscales were found between offender and non offender groups.

In addition to these tested dimensions, other goals, identified through aetiology research; locus of control and self concept were also tested prior to and post specialist intervention. Again no significant positive change was evident in any of these additional dimensions.

These findings do not substantiate previous research that has evidenced intervention efficacy in attained goals of problem-solving abilities (Hains et al. 1986), sexual knowledge (Kaplan et al. 1991; Eastman, 2004) attitudes about sexual behaviour, self-esteem and empathy (Eastman, 2004)

The results do however support other aspects of previous research with no differences found between groups in the level of sexual knowledge and psychological attitudes (Hains et al. 1986).

It is evident that these previous studies have assessed the efficacy of a range of intervention orientations. This efficacy study has assessed a project that delivers specialist intervention for adolescents with sexually inappropriate behaviours using a cognitive behavioural framework presented in Chapter Two.

In assessing the efficacy of the specialist intervention project, the study tested the project's attainment of treatment goals identified in the Becker and Kaplan (1988) model. Treatment goals identified by the National Adolescent Perpetrator Network (1988) were also explored. No evidence of these treatment goals being attained was found, however the study has not exhaustively tested all potential treatment goals. There was no evidence found of project impact in the tested dimensions, but further evaluative study of the project in other potential areas and treatment goals is necessary to definitively conclude the effectiveness of the project.

3.4.2 Study Limitations

In considering the results of the study, potential limitations have been considered and their impact and contribution to the lack of significant results found.

Social desirable responding is the first consideration. In respect of Group 1, for the sexual offender group, the assessment was completed after conviction, and thus an increased likelihood of socially desirable responding or of minimisation of their sexually abusive behaviours could have occurred due to minimal time for engagement with the project's assessment process and a need to admit only actions of they were convicted. It is feasible that as an adolescent's understanding of their behaviour develops through assessment and intervention there will be more admission of behaviours over time. Across both groups 1 and 2 (sexual and non sexual offender groups) it is likely that participants had a greater propensity for "fake good" errors i.e. respondents may have attempted to present themselves in a falsely favourable light given their statutory involvement with either the Youth Offending Service or with the specialist intervention project. However, the use of standardised measures in the battery of psychometric tests limited the occurrence of such errors.

The psychometric tests used, were those available at the time of conducting the research. It is feasible that other dimensions or other, more contemporaneous measures may produce different findings if the research was repeated.

The sampling of participants aimed to minimise bias. Non sexual offenders were recruited opportunistically at a local youth club. Non-sexual offenders were recruited by approaching those attending a Youth Offending Team over a week period, to ensure that all adolescents active to the Team were recruited. All adolescents attending the specialist intervention project participated in the study. However, young offenders in breach of their orders were not accessed; a group whose intervention was not effective for any number of reasons, and their responses to psychometric assessment may have differed to the co-operating general offenders.

As the researcher met each offender only to conduct assessments, rapport was limited, however, the researcher as a result was impartial and potentially perceived as neutral to the statutory supervision of the offending the adolescents.

In the course of conducting the current research, the researcher spent a considerable amount of time with the project, observing practice and completing various aspects of the research with project staff, service users and partner agencies. As the research study progressed, a large number of important deficits were observed that were not evident when the researcher began the current study. The researcher reflected upon these elements in accordance with available literature and evidence as to effective intervention. In discussing the lack of any evidence that the project studied here had meaningful impact in the tested dimensions on its

participants, the following observed factors were considered and are discussed in the following section.

3.4.1 Project Limitations

Assessment:

The project uses of a range of tools at initial and comprehensive assessment stages, gathered from various resources that are regularly changed and substituted. There is no identifiable standard tool that is used during the project's assessment process. Such use of varied standardised and non-standardised assessment tools does not provide a concrete base for the delivery of intervention that meets the assessed needs of young people.

The project also delays the assessment of incarcerated youth and states that young people must be given time to adjust to a custodial sentence before assessment begins. The project does not define the length of time necessary and young people in a community setting are not given such adjustment time.

Conceptual Framework of Delivery:

The project states it uses a cognitive-behavioural approach. However it is unclear what formalised programme of intervention is used. An eclectic array of tools and orientations is used without systematic and

structured guidelines. The project does not have a clear evidence based and systematic model on which intervention is delivered to address the aetiology of sexually abusive behaviour in adolescents. Whilst research provides no conclusive empirical support for a model of sexually abusive behaviour in adolescents, no emerging models guide the project's assessment and intervention approach. The project does not evidence any structured method of addressing various types and levels of disturbance, characteristics, treatment needs and differing risks of re-offending. The project has not individualised its intervention successfully to meet all needs of the adolescents relative to personality and other characteristics. As Becker and Hicks (2003) state, in order to effectively provide interventions to adolescent sexual offenders it is critical that a comprehensive assessment be conducted and that evidence based intervention be used. The project does not adhere to this guidance. Delivery is always based on a one-to-one basis and no group work is undertaken by the project.

It is agreed that adolescent sexual offenders are a heterogeneous population, reflecting various types and levels of disturbance, diverse characteristics, treatment needs and risk of re-offending and there is no "typical" young sex offender (Bourke and Donohue, 1996; Becker 1998; Beckett, 1999; Worling, 2001; Veneziano et al. 2000, Veneziano and Veneziano, 2002; Hunter et al. 2003; Van Wijk et al. 2005). The recognised heterogeneity of the population of adolescents with sexually inappropriate

behaviours attending the project is not addressed in intervention in a structured, systematic or targeted approach. The project's delivery is universal in that 'one size fits all'. As Becker and Hicks (2003) state, given the heterogeneity of adolescent sexual offenders and the emergence of typologies, treatment should be individualised to meet all needs of the adolescents relative to personality and other characteristics. They do not advocate a universal approach given the differing needs of such adolescents.

The emerging evidence of the effectiveness of social-ecological methods, defined by their emphases on understanding delinquent behaviour as a product of multiple, and oftentimes interactive, individual, familial, social, and cultural determinants (Borduin, 1999) such as multi-systemic therapy for sexually abusive youth (Swenson et al. 1998) has not been integrated into the projects' delivery. It is suggested that the project's limited attention to social and cultural determinants of the youth's behaviour, in addition to a limited amount of family work undertaken, has contributed to the lack of evidence of project efficacy.

Relapse Prevention:

The project seeks to assist the young person to develop an awareness of high risk situations and the decision making processes that may lead the young person to re-offend or repeat their abusive behaviour. However the project does not establish collaborative networks to support

the young person in the family and community setting. Focus is orientated to the individual's development of internal processes to prevent relapse.

Family and Intervention:

Pare et al. (1994) state that if a youth is to make any real gains, family relationships must change. Literature identifies the young abuser's family as being a central influence in the development and or elicitation of abusive behaviour (Eastman and Carpenter, 1997). However the value of a holistic approach to intervention that includes family intervention appears to be underestimated by the project.

The family members of a young person who has been alleged to have been sexually abusive or convicted of sexual offending are often in crisis themselves. It is not unusual for them to respond to allegations with a willingness to protect and co-operate confused with feelings of anger, grief and loss. They may experience many areas of impact on family functioning such as relationship difficulties, difficulties in the adult sexual relationship, reacting differently to their children for fear of their behaviour being misinterpreted and confusion being experienced by their non-offending children. Families who are referred to the project have in many cases separated in attempts to protect other children from further abuse and intra-familial conflict is the norm. Many families are firmly entrenched in denial of their child's alleged or convicted sexual offending which reinforces any

denial expressed by the young person. Parents will frequently minimise the offence and collude with the young person.

The project does complete basic work with families when workers gather information and attend initial professional meetings. This relationship expands in home visits and conversations with parents to update and inform all parties as to the young person's progress. However, as no direct intervention is conducted with primary care givers, the family members of an adolescent with sexually inappropriate behaviours could unwittingly hamper any intervention work that is done with a young person. In addition, as Cooper (2005) highlights, denial may be linked to family dynamics. By denying the offence, the offender may be protecting family members from stress, subsequent physical injury or from emotional rejection from significant family members. Not only does the project not intervene with young people in categorical denial, they fail to conceptualise denial as a continuum, leaving families able to perpetuate myths and reinforce elements of the young person's denial.

It is recognised that like all community based programmes, workers are not a magic cure for the behaviours of parents. Family work may not alter the dysfunctional and detrimental beliefs of primary care givers but it is suggested that any attempts made would be beneficial, which leaves this area of work a suggested focus of practice for the project.

Young People in Denial of Their Behaviour:

The project does not work with young people in denial of their offence. Cooper (2005) states that denial is often thought of as an all-or-nothing, binary phenomenon in which an offender either is or is not in denial. The implication is that sexual offenders either deny or admit everything, akin to the specialist intervention project ethos. However as Salter (1998) argued, denial falls on a continuum with varying degrees and types of denial ranging from admission with justification to full admission with acceptance of responsibility and guilt. An offender typically progresses through stages of denial as he admits the extent of his sexual offending. The project does not consider this conceptualisation in the intervention delivery and elements of denial are not addressed. No concrete reason is available as to why the project excludes young people in denial of their offence when convicted despite evidence that people in denial of their offence benefit from intervention (Beckett et al. 1994).

Distinction of Phases of Project Intervention:

The project distinction of the boundaries between an initial and a comprehensive assessment and between assessment and intervention phases is unclear. There is crossover between the content of delivered intervention at each of these stages and it is apparent that elements of intervention are duplicated and unstructured.

The duplication of elements of intervention may have impacted the findings of the present study, as it was not possible to identify what stages

of intervention young people had received. Thus, some young people in the study are likely to have received varying assessment and intervention hours, and evidence of impact may differ between these stages.

3.4.3 Conclusion

Perhaps the major finding of this element of the research is that in the majority of scales and subscales there were no significant differences between the groups. Research needs to develop and investigate other individual dimensions and factors in its search for a typology of sexually inappropriate behaviour in adolescents.

A search for factors that might be aetiologically significant in explaining adolescent sexually abusive behaviours yielded little that could prove practically meaningful. If there are variables differentiating such young people from others, in the present research they have remained elusive.

The sample size used in this analysis was adequate, however, in the case of this specialist project, limited evidence of project effectiveness was found and through the course of conducting the research a number of limitations of the project were identified. This does not mean the research has no purpose. All specialist intervention projects for adolescents with sexually abusive behaviour must be evaluated and at the outset, the project limitations were unknown. In this case, evidence as to the limitations of this specialist project contributes to our evidence base of

what does not work. Evaluations of other specialist projects are necessary to progress understanding of suitable and effective intervention.

CHAPTER FOUR: THE WORKING ALLIANCE BETWEEN YOUTH OFFENDING PROFESSIONALS AND YOUNG OFFENDERS

4.1 Introduction

The importance of effectively intervening with young people who commit any type of offence is clear. Young people aged 10 – 17 years were responsible for the reported commission of 301,860 offences between April 2005 – April 2006 (Youth Justice Board of England and Wales, 2006). The Home Office reports that a total of 5,557,000 offences were recorded over the same period (Walker et al. 2006), which means that young people aged 10 – 17 years have committed approximately 18 percent of all offences recorded between 2005 – 2006 in England and Wales.

These figures demonstrate that whilst the number of young offenders is relatively small, they are responsible for a large percentage of all crime committed in an average year. The importance of effectively intervening with young people who commit any type of offence is clear. Statistics show that 287,013 offences were committed by 10 to 17 year-olds that resulted in convictions in 2004/05.

The range of offences committed by young people is wide, from grave and serious crimes, sexual offences to theft and criminal damage offences, often persistently. Young people convicted of committing an offence in the United Kingdom criminal justice system or those made

subject to a Final Warning or Reprimand (formerly a Caution) are made subject to statutory supervision and through the course of their statutory order will be supervised by a Youth Offending Service Worker. Youth Offending Services, established by the Crime and Disorder Act (1998) are a multi-agency partnership of social work, probation, health, education, police and other allied professionals who provide a co-ordinated response to young offenders subject to statutory supervision. The challenges faced by a Youth Offending Service worker and other professionals within the youth justice system is to provide a comprehensive and targeted service that manages the risk that a young offender poses to themselves, the public and of re-offending by thorough assessment and a delivered intervention that meets their identified needs through the course of supervision. Risk management is fundamental to youth offending intervention and Youth Offending Services are now challenged by evolving and complex needs of young people who offend, with growing gang, gun and other risk issues. A Youth Offending Service must address the spectrum of needs through its multi-agency resources and ensure that risk is managed and intervention delivered meets the young person's presenting needs to reduce their risk and likelihood of re-offending.

In intervening with offending adolescents, professionals in the field of youth offending adhere to principles of evidence based practice. Emphasis has been placed on the components of effective intervention with adolescent offenders and outcome based research that tests the

efficacy of specific intervention programmes (Borduin et al. 1995; Youth Justice Board of England and Wales, 2003). Whilst the content, structure, formulation and delivery method of youth offending intervention is evidentially crucial in previous research and several empirically validated models for intervening with offending youth are available, adolescent offending and recidivism rates continue to rise (Home Office, 2005) and offending behaviour amongst adolescents is growing in complexity and seriousness. Gang and weapons culture are growing concerns and like sexual offending, the media gives frequent and worrying reports of its occurrence. The recent murder of an 11 year old Liverpool boy shot on his way home from football practice by a suspected teenager on a BMX bike, and gun and gang murders of other teenagers across the United Kingdom exemplify some of the challenges faced in effectively managing and intervening with offending youths. Again, the media's tendency to only focus on high profile cases has had a direct impact on the moral, social and cultural climate in which academics, criminal justice and youth offending workers operate across youth justice arenas. It is apparent that the response to youth offending must continue to develop to address and intervene effectively in addressing the complexity of young people's needs.

Florsheim et al. (2000) highlight the need to identify treatment factors that increase the likelihood of positive outcomes amongst offending adolescents, one of which is the concept of the working alliance.

A working alliance refers to the quality and nature of the interaction between a patient and therapist, the collaborative nature of that interaction on the tasks and goals of treatment, and the personal bond or attachment that emerges in treatment that facilitates change (Kazdin et al. 2005). Bordin (1979) defined the relationship and identified three domains of which it comprised: bonds, goals, and tasks. Bonds represent trust, respect, and caring between a therapist and client. Tasks refer to the agreement and collaboration around the activities that occur during therapy and also the timing and pacing of activities. Tasks also encompass the client's perception of the therapist's ability to help him or her. Goals focus on the mutual agreement about, and investment in achieving set objectives or targets (Bordin, 1979). Additional domains have been suggested by later researchers, but these three domains remain central to the construct of a working alliance. A good working alliance is characterised by both the therapist and client mutually endorsing and valuing outcomes that are the target of the intervention (Bordin, 1979; Horvath and Greenberg, 1986).

Two relatively recent meta-analyses of alliance and outcome relationships in mental health and counselling research have demonstrated consistent and predictive relationships across types of treatment and types of disorders to positive psychological change (Horvath and Symonds, 1991; Martin, Graskie and Davis, 2000). Researchers have concluded that the development of a positive therapeutic alliance is a

predictor of positive treatment outcome across a variety of therapies (Horvath and Symonds, 1991; Horvath and Luborsky, 1993) as it facilitates greater therapeutic change, fewer perceived barriers and greater treatment acceptability (Kazdin et al. 2005).

Whilst the working alliance has been extensively studied in mental health, counselling and psychotherapy research, far fewer studies have examined it in the context of criminal justice services and in work with offenders. An exception is the work of Marshall and Serran (2000). Marshall and Serran (2000) suggested that identifying positive therapist behaviours and training therapists to enact these behaviours has the potential to further reduce recidivism among sexual offenders. Given the consistency of findings that associate a working alliance with positive treatment outcomes, the limited study of this association in work with adult sexual offenders led to the exploration of other dimensions of adult sexual offender intervention as indicated by Florsheim et al. (2000). Marshall, Serran, Fernandez, Mulloy, Mann and Thornton (2003) conducted a review of 197 articles, books and conference presentations of the relevance of process issues for the treatment of sexual offenders. This review found sufficient evidence to propose that the behaviour and personal style of the therapist exerts some influence on the changes observed in sexual offenders as a result of treatment. This set the stage for their empirical investigation of therapist characteristics that were most

commonly identified as facilitating or impeding the attainment of treatment goals.

In the first investigation Marshall, Serran, Moulden, Mulloy, Fernandez and Mann (2002) used videotapes of treatment sessions provided by the United Kingdom Prison Service. Each tape depicted five to eight sexual offenders and two to three treatment facilitators. Initially two tapes were used to train the two judges to evaluate the presence of 28 features of the therapists' behaviours derived from a review of literature. Agreement was reached between the two judges after four hours of training. The feature described as 'supportive' could not be agreed. Observations were then limited to 27 features of the therapists' behaviour. A further six tapes were chosen from other programmes and the two judges independently rated each tape for the presence of the identified features. Data analysis established that the two trained judges could reliably identify 17 therapist features that occurred with reasonable frequency: empathy, sincerity, warmth, respectful, rewarding, confidence, directive, appropriate time on issues, appropriate body language , appropriate amount of talking, appropriate voice tone, encourages participation, encourages pro-social attitudes, non-collusive, clear communications, asks open-ended questions and non-confrontational challenges. Empathy and warmth displayed by the therapists and their directive and rewarding behaviours were the features that most strongly predicted therapeutic benefits.

Marshall et al. (2003) went on to investigate the relationship between the identified therapist characteristics and treatment-induced changes in sexual offender treatment programmes in English prisons. Using 12 two-hour videotapes from seven different prisons the researchers were able to reliably identify ten features of the therapists that influenced treatment-induced changes: empathy, warmth, rewarding, directiveness, appropriate body language, appropriate amount of talking, appropriate voice tone, encourages participation, asks open-ended questions, deals effectively with problems. A confrontational style was negatively related to increased competence in coping. Empathy, warmth, being directive and rewarding were significantly related to indices of treatment benefits that measured targets of cognitive behavioural treatment programmes for sexual offenders.

In an earlier published paper, Marshall et al. (2002) repeated their 2003 study with videotapes from five different prisons and the programme in each prison being run in the year 2000. The four primary therapist features observed to be influential in the first study; empathy, warmth, being directive and rewarding were powerfully influential across various indices of change. These four features were concluded to be the cardinal virtues of therapists when dealing with sexual offenders as the findings consistently showed they influenced changes in the treatment of various other problem behaviours identified. The authors conclude from these studies that sexual offender therapists will maximise their influence and

increase the chances their clients will overcome their offending propensities if they display empathy and warmth in a context where they provide encouragement and some degree of directiveness (Marshall, 2005). The authors suggest that increasing the role of the therapist, by reducing strict adherence to detailed procedural manuals may increase the effectiveness of intervention with sexual offenders.

However, these studies, along with much of the research in the field of the working alliance have focused on adult recipients of varied therapeutic intervention. Research into working alliances in therapeutic work with adolescents has developed more recently and emerging evidence indicates its fundamental role in the achievement of positive outcomes through varied intervention methods.

Shirk and Karver (2003) conducted a meta-analysis of 23 studies that examined the associations between therapeutic relationship variables and treatment outcomes in child and adolescent therapy. The premise of this meta-analysis was that child process research has not included a unifying relational construct such as the therapeutic alliance. Instead, a range of relationship variables such as therapy bond, treatment involvement, and perceptions of therapist warmth has been evaluated in relation to outcome and it is likely that varied facets of the therapeutic relationship have been explored. Therefore a wider set of relationship variables were included in their review than in previous meta-analyses of alliance and outcome relations. The results indicated that the overall

strength of the relationship and outcome associations was modest and similar, almost identical to alliance–outcome estimate with adults. They conclude that the therapeutic relationship has a modest, but consistent, association with outcome with children, adolescents, and adults. Results showed that measures of the relationship obtained late in therapy were more strongly associated with outcomes than measures taken early in therapy. The source of the therapeutic relationship also moderated strength of associations. Reports from treatment providers as opposed to reports from child and adolescent patients were more strongly associated with outcomes. Associations between relationship and outcome variables were stronger for shared versus cross-source informants; the authors explain the association between relationship and outcome in child therapy may be “inflated” by shared measurement source and biased by concurrent perceptions of progress. The association between therapeutic relationship variables and treatment outcomes was moderated by outcome domain and outcome source. Relationship variables were most highly correlated with measures of change in global functioning.

Psychlic, Laukkanen, Marttunen and Lehtonen (2006) explored the effects of therapeutic relationships on the treatment outcome in 45 adolescent inpatients. Results demonstrated that a better quality of working alliance and a greater number of therapy sessions were significantly associated with a positive change in cognitive performance

during treatment. A higher number of therapy sessions also impacted upon the probability of positive changes in cognitive performance.

Models of therapeutic involvement in adolescent substance misuse treatment have also linked higher levels of therapeutic involvement to increased odds of client retention and better post-treatment outcomes (Hawke, Hennen and Gallione, 2005).

Considerable challenges have been identified in the formation of a working or a therapeutic alliance with adolescents. Eltz, Shirk and Sarlin (1995) examined the relationship between maltreatment experience, therapeutic alliance formation and treatment outcome amongst psychiatrically hospitalised adolescents. They found that maltreatment, multiplicity of maltreatment and types of perpetrator were all associated with initial alliance difficulties. Severity of interpersonal problems predicted alliance development and maltreated adolescents who failed to develop positive alliances tended to have poorer outcomes than those who developed positive alliances.

O'Malley (1990) highlights the challenge of establishing a working alliance with severely disturbed adolescents. Adolescents with severe psychiatric disturbances exhibit high levels of cognitive distortions and hopelessness and a tendency to attribute their experience to external causes. Hospitalised adolescents often deny their problems, defy any attempts to handle them in collaboration with staff, and are reluctant to participate in therapeutic processes (O'Malley, 1990).

In a review of the therapeutic alliance as a treatment variable in Child and Adolescent Mental Health Services, Green (2006) concluded that a therapeutic alliance is likely to be an important variable for treatment outcome studies and is measurable. The study suggests that as therapeutic research pushes towards evidence-based practice and evaluation of systematised therapeutic treatment programmes, explicit attention must be given to the process and value of the therapeutic relationship.

Evidence of the role of the working alliance and its evident impact in therapy and criminal intervention with adults and in therapeutic work with young people has emerged. However the same can not be said for research into intervention with offending adolescents. Richards and Sullivan (1996) explored the impact and outcome of psychotherapy for 47 offending adolescents, referred for therapy through the juvenile justice system. In discussion of the improvements seen amongst the participants in respect of a reduced external locus of control, the authors refer to a facilitating therapeutic alliance. However, available research that is specific to the working alliance within youth offending intervention is seemingly limited to one study; the Florsheim et al. (2000) study of delinquent boys in community based programs. The authors highlighted three fundamental problems in the development of effective intervention for offending adolescents. A subset of antisocial youth remain treatment resistant; researchers have had little success in identifying the mechanisms of

change that account for positive treatment outcomes; and research on the treatment of adolescents has been conducted in highly controlled, non-community based environments. Given these factors, the authors highlight the need to identify treatment factors that increase the likelihood of positive outcomes amongst offending adolescents. As a consequence the authors conducted a study of delinquent boys in community based programmes, highlighting the working alliance as a factor that impacts upon the attainment of positive outcomes in therapy research. Using Horvath and Greenberg's (1989) Working Alliance Inventory, the authors assesses the therapeutic alliance between youth and staff after three weeks of treatment and again after three months. Achenbach's (1991) (as cited in Florsheim et al. 2000) Child Behaviour Checklist and recidivism scores were used to assess treatment progress and outcome. The researchers found that the development of a positive working alliance, assessed after three months of treatment, related to positive psychological changes and predicted lower rates of recidivism.

From a developmental perspective, it has been suggested that the therapeutic relationship may be more critical in child than adult therapy (Shirk and Karver 2003). Considered against the mounting evidence base of therapy research that inter-personal relationships can impact the outcomes of therapeutic treatment, a gap in adolescent offender intervention understanding seems apparent.

Instead of a 'what works' stance, research into the efficacy of work with offenders has expanded to incorporate a 'who works' stance. Primarily in the arena of adult offenders, the importance of staff characteristics or 'process issues' in the delivery of effective intervention is emerging. A number of studies have indicated that the therapist's style, the client's perception of the therapist, and the alliance between the client and the therapist are all important indicators of treatment effectiveness (Marshall et al. 2002; Marshall et al. 2003). The emergence of the 'who works' discourse has been welcomed by both academics and practitioners alike, in so far as it has been seen to complement existing knowledge in this area (McCulloch and Kelly, 2007). However, McCulloch and Kelly (2007) also state that much like application of cognitive behavioural approaches, to date the application and implications of the 'who works' discourse for sex offender interventions have been rather narrowly conceived with much of the discussion in this area failing to look beyond the group context or programme content to effective assessment. From the review of research conducted for the purposes of the present study it is evident that this assertion is common in youth offending intervention. Research and practice has not formally considered the 'who works' concept into its basis of evidence as there is very limited evidence available. McCulloch and Kelly (2007) argue that this recent theoretical development of process issues in intervention have been somewhat hijacked, or at least re-appropriated, by the increasingly rigid political and

practice paradigms currently regulating sex offender interventions (i.e. group work, managerialism, correctionalism and control) and it is again likely that a similar regulation has occurred across youth justice. That said however, the premise of evidence based practice is that evidence of 'what works' forms a basis of intervention delivery. The concept of 'what works' and evidence based practice is not static; the Youth Justice Board of England and Wales (2006) states its continued commitment to identifying and promoting effective practice across the whole of the youth justice system to ensure that work with young people is as effective as possible and based on best practice and research evidence. The emerging evidence of process issues needs to be considered in the context of youth offending intervention to contribute to the building evidence base of appropriate and effective practice.

To complete such an investigation a number of points must be considered. In respect of assessing the role of an alliance, Hawke et al. (2005) highlight how adolescents often lack the attention span or willingness to complete paperwork and as a result, assessment of a therapeutic alliance from the perception of a young person using standardised scales limits the reliability of some study data. Webster and Beech (2000) argue in their qualitative consideration of empathy in adult sex offenders that by predefining empathic constructs for sexual offenders, researchers may be invalidating their measure before it has even been administered and that a reliable assessment may require empiricists to

triangulate their measures using both quantitative items and qualitative free responses. The same argument can be made for the consideration of a working alliance within Youth Offending Service. Whilst the nature of an alliance has been investigated and defined within therapy research, at this point in time the same has not been achieved in youth offending research. It is not known whether an alliance exists between a youth offending professional and a young offender in the delivery of statutory supervision and intervention, let alone what its role is, its nature and its function. To investigate this, the first option would be to use a measure such as the Working Alliance Inventory (Horvath and Greenberg, 1994) which has been widely utilised with validity and reliability in the assessment of a working alliance in adult fields. However, such a tool has not been validated in adolescent research. In addition, the utilisation of a standardised tool or measure at this exploratory stage could have a similar impact to that argued by Webster and Beech (2000), in that predefining the working alliance in youth offending work may be invalidating the research that aims to explore what the nature of an alliance is before it has even begun. As the authors suggest, it would be unrealistic for an exploratory study to expect to be able to access such a frame of reference with predefined responses, without first examining the nature of the concept of a working alliance from the perspective of young offenders and youth offending professionals.

Qualitative approaches are emerging in research into offending adolescents. Ward et al. (1995) employed a grounded theory approach (Strauss and Corbin, 1990) to generate their description of the offence chain, and more recently others have used the same approach in sexual offending research (Swaffer, Hollin, Beech, Beckett and Fisher, 2000; Webster and Beech, 2000). Such studies demonstrate that utilising qualitative approaches at exploratory stages can yield person centred and reflexive accounts of a concept from where research can progress. At this exploratory stage, a number of qualitative approaches were considered including interpretative phenomenological analysis (Smith, 1997, p.189). However the research aimed to explore the participants' social experience in addition to their personal experience. Content analysis, a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding (Stemler, 2001) was also considered, however the richness of the emerging data and the researchers aim to generate a model of participants' perceptions of a working alliance excluded this methodology from eventual use. Of available qualitative approaches one methodology that can employ systematic procedures for shaping and handling rich qualitative material is Grounded Theory, developed by Strauss and Corbin (1990). Grounded theory analysis enables the researcher to explore social processes and practices and as Glaser (1978, p. 2) outlines, the procedure of grounded theory analysis as one that is based on the

systematic generating of theory from data, that is systematically obtained from social research, and offers a rigorous, orderly guide to theory development that at each stage is closely integrated with a methodology of social research. Charmaz (1995) stated that interpretative epistemology and the grounded theory approach can bridge traditional positivistic methods with its interpretative methods.

It is the aim of the present study to endeavour to improve the understanding of the concept of the working alliance within the youth offending work. The epistemological basis of the research is the use of grounded theory methodology to explore the concept of a working alliance within youth offending work from the perspectives of both young offenders and youth offending professionals. The research aims to provide a systematically derived account of each group's conceptualisation of a working alliance to provide a possible insight into the nature and extent of its role and impact in successful youth offending intervention.

4.2 Method

4.2.1 Researcher

The researcher was a 26 year old, female postgraduate psychology student. The researcher had professional experience of the youth offending field having worked as a case manager and as a performance analyst within a Youth Offending Team for 6 years. The researcher had conducted the previous studies prior to commencing the current study and

had reviewed professional literature of the field. In grounded theory a researcher must demonstrate “theoretical sensitivity” to the subtleties of the data, through being steeped in the professional literature combined with professional and personal experiences (Glaser, 1978).

4.2.2 Participants

Participants used in the study were a sample of 10 youth offending professionals and 10 young offenders.

The youth offending professionals included 8 females and 2 males. Length of experience in youth justice fields ranged from one to fifteen years. Seven participants were employed by Youth Offending Services and three by a specialist adolescent sexual offender project. All participants were qualified social workers or similarly qualified professionals. A total of 8 participants had social work qualifications and 2 had degrees in Youth and Community Work. Other information concerning the professional participants is recorded in Table 4:1. Participants in this group were a self-selected sample of respondents, approached through Service meetings where the researcher explained the aim and methodology of interviews and asked for volunteers. Theoretical sampling, whereby interviews were completed with several informants until a broad range of perspectives were reached with no new knowledge or insight gained, was used to identify the total number of participants in this group.

Table 4.1: Youth Offending Professional Participant Details

Participant	Job Title	Age	Gender	Qualifications	Employer	Number of Years Worked with Young Offenders
1	YOT Officer	33	Female	Diploma Social Work	Youth Offending Team	10
2	YOT Officer	42	Female	Diploma Social Work	Youth Offending Team	7.5
3	YOT Officer	39	Female	BA. Hons. Youth and Community Work	Youth Offending Team	2.5
4	Project Worker	52	Female	Diploma Social Work	Specialist Project	3.5
5	YOT Officer	56	Female	BA. Hons. Youth and Community Work	Youth Offending Team	1
6	Project Worker	57	Female	Diploma Social Work	Specialist Project	15
7	Project Worker	54	Female	Diploma Social Work	Specialist Project	12
8	YOT Officer	41	Male	Diploma Social Work	Youth Offending Team	6.5
9	YOT Officer	34	Male	Diploma Social Work	Youth Offending Team	10
10	YOT Officer	38	Male	Diploma Social Work	Youth Offending Team	12

The young offender group comprised ten males, aged 14 to 17 years. Participants in this group were recruited through participant's Case Managers. The researcher agreed access to young people due to attend the Youth Offending Service between set hours over an identified a week period to limit self selection bias. Case Managers provided the researcher with set appointment times of expected young people and those attending

their appointments over the week period were asked for their agreement to participate in the study by the researcher. No refusals were made. After parental consent had been agreed, young people attended scheduled appointments with the researcher. A total of 10 of an expected 12 young people attended interview appointments; the two drop outs had breached their orders as a result of general non-compliance. All participating young people were subject to statutory Court Orders, supervised by Youth Offending Services. Court Orders ranged from Referral Orders, to Supervision Orders and Detention and Training Orders, the most frequent being Detention and Training Orders being served by five young people. The total length of time young people had been supervised by the Youth Offending Team varied between 3 months and 4.5 years. The length of time young people had completed on their current order varied between 2 and 3 months. Young people had committed a range of offences: robbery, theft, vehicle theft, motoring offences, violence, burglary and criminal damage offences, the most frequent being vehicle theft, committed by five participants. No refusals were made by nominated young offenders.

Case information is summarised in Table 4:2.

Table 4.2: Young Offender Participant Details

Young Person	Age	Most Recent Principal Offence	Current Statutory Order	Total Length of Involvement with YOT
1	17	Robbery	12 month DTO; completed 4 months of 6 month licence	3 years
2	15	Theft / Handling	12 month Referral Order; completed 9 months	9 months
3	16	Vehicle theft / motoring offences	8 month DTO; completed 2 months of 4 month licence	2.5 years
4	16	Vehicle theft / motoring offences	12 month Supervision Order; completed 5 months	1.5 years
5	15	Violence	8 month DTO; completed 1 month of 4 month licence	2 years
6	14	Vehicle theft / motoring offences	12 month Supervision Order; completed 4 months	1 year
7	17	Burglary / Vehicle Theft	8 month DTO; completed 1 month of 4 month licence	4 years
8	14	Vehicle Theft / motoring offences	6 month Referral Order, completed 3 months	3 months
9	17	Violence	12 month DTO; completed 2 months of 6 month licence	4.5 years
10	15	Criminal Damage	6 month Referral Order; completed 3 months	3 months

Ideally, given the previous research described in earlier chapters this element of the study would have been conducted with staff and young people in a sex offender programme. However, the specialist intervention project for adolescent sexual abusers who participated in the earlier stages of the research refused to participate in this latter element of the study. This refusal was the result of the findings of the previous study. The findings of the previous study demonstrated limited evidence of project efficacy in the tested dimensions, and practice parameters could have

contributed to these findings. Therefore, the non-participation of the project in this research, whilst disappointing initially, removed potential practice limitations from the study of the working alliance within youth offending intervention. The impact of this decision on the research was overcome through the agreement of a youth offending team to participate in the study and permit access to general young offenders and youth offending professionals.

4.2.3 Methodology

Interviews were employed in the qualitative study. Qualitative techniques were chosen to explore and capture the richness and range of data and to develop categories based on what respondents say. With qualitative techniques it was possible to explore diverse issues to gain a detailed picture of each respondent's perceptions, whilst giving consideration to the context of the information obtained.

A semi-structured interviewing technique was utilised in the research. Semi-structured interviewing techniques were considered to be more appropriate than an unstructured narrative interview or the formal structural style of interview. A semi-structured interview allowed some control over the nature of responses, and could guide the participant towards the relevant information required, whilst allowing elaboration and diversion. Less structured methods may not have elicited the required

information, and a more structured approach can limit possible theoretical avenues and emergent data.

4.2.4 Data Collection

A format of twelve general interview questions was constructed to determine each group's perceptions of the working relationship between youth offending professionals and young offenders. Questions were broad to allow elaboration, and provided a general framework for all interviews. The schedule of questions was "funnelled" (Smith, 1995); a movement from general to particular questioning with potentially sensitive issues introduced gradually. Broad questions concerning the respondents' perceptions of fundamental elements of working with a young person, and vice-versa were used first to establish the informants' general views of a working relationship. More specific questions concerning the working alliance were asked later in the interview schedules. If questions are asked in the reverse order, bias is often introduced in the direction of specific questions (Smith, 1995). The schedule was constructed accordingly. Interview Schedules are available in Appendices Four and Five.

All interviewees were told at the beginning of each interview that the study was about their perceptions of what was necessary in youth offending intervention. This broad statement was designed to prepare and acquaint the participant with the nature of the study but limit bias and influence of responses by the design or the aim of the investigation.

Each interview was audiotaped to ensure the reliability of the analysed material. The recorder's intrusion was minimised by its discrete size, shape and unobtrusive position during each interview.

4.2.5 Procedure

Ethical approval for access to staff and young people was gained. The researcher wrote to the Youth Offending Team and the adolescent sexual abuser project (accessed to conduct the previous research) outlining the proposed study and procedures of conducting the research. Written agreement was received from both agencies for staff to participate in the research. The adolescent sexual abusers project did not permit access to young people for the purposes of research. The Youth Offending Team financially supported this element of the research as a doctoral study as the researcher was also a staff member.

Young people were each given an information sheet to take home to their parents after their first meeting with the researcher (see Appendix Six). This information sheet, which detailed the study procedure, contained a parental consent form which each participant's parents signed and the young person returned to the researcher. It contained permission for the interviews to be audio-taped. All consent forms were returned.

All fifteen youth offending professionals employed by the Youth Offending Team and the four professionals employed by the adolescent sexual abusers project were approached by the researcher. The study

procedure was explained and an information sheet was given to each professional. It contained permission for the interviews to be audio-taped. A total of eight of the approached youth offending professionals and two of the adolescent sexual abusers project staff agreed to participate and confirmed their consent in a signed form. Refusals were made as a result of workload and leave commitments.

Before each interview commenced, participants were informed of how long the interview would last. Each interviewee was assured of participant confidentiality. Participants were also informed that they were under no obligation to answer any questions that they were uncomfortable with, and that they were free to pause for a break or terminate the interview at any time. Any questions raised to the methodology were answered. Participants' understanding of the voluntary basis of the interviews was confirmed. Each participant was informed that the interview would be recorded and transcribed, after which the tape would be destroyed and the interviewee not identifiable. Questions concerning the nature of the investigation were postponed until the interview was finished, to prevent revelations as to the aim of the investigations from influencing responses. Each interview lasted around thirty minutes and consisted of a number of questions that related to the participants perceptions of the identification and impact of a working relationship.

The interviews were terminated when all questions had been asked, and the participants had no further questions. Participants were then thanked.

Audio-tapes were transcribed by the researcher. Two of the professionals and two of the young offender verbatim transcripts of interviews were selected randomly and returned to the participants for their review of the accuracy of the document. No corrections were made. An example of a transcribed interview with a youth offending professional and with a young person is available in Appendices Seven and Eight.

4.2.6 Data Analysis

Interview transcripts were qualitatively analysed using a grounded theory methodology derived from the work of Glaser and Strauss (1967). Grounded theory methods provide systematic procedures for shaping and handling rich qualitative data, using a “bottom up”, data driven approach (Pidgeon and Henwood, 1995) and enabled the researcher to ascertain the salience of information, by creating levels of abstraction built directly upon the data. A comprehensive theory of psychological process that is reflective of the original data source can then be attained. As Taylor and Bogdan (1984) suggest, a second approach, analytic induction (Katz, 1983), was used to verify emerging theories by constant comparison with original data, and reformulation of hypothesis in the light of negative cases. Greater claims of generalisability can therefore be asserted.

Taylor and Bogdan's (1998) account of grounded theory provided a framework of analysis with three types of coding procedures: open, axial and selective. The process began with a discovery stage. The researcher read and reread the data, making notes on emerging ideas and interpretations, to prepare for more intensive analysis. Interview transcripts were read and re-read, and codes considered to be relevant were drawn from each interview. This primary "open coding" analysis yielded a number of pertinent low level categories (level one categories) of associated codes. Once categories were formed during the open coding, their given properties and dimensions were explored and defined by the researcher. Features of the datum were described and documented for each interview.

The researcher's theoretical memos, made during analysis, recorded the emerging assumptions and ideas, which were critically compared to the original codes. Analytic refinements of emerging categories were conducted to produce a model of the related categories. The resultant higher level more abstracted categories (which were described as level two categories), were eventually linked together by prominent themes (axial coding) as defined by Strauss and Corbin (1990, p.113); the process of relating categories to their subcategories. The nature of coding in grounded theory necessitated the researcher's continual return to the data for different pieces of information at different times to explore topics to saturation and address variations as they arose.

The final stage of the grounded theory data analysis was selective coding, a process that the researcher built upon the foundations of the previous open and axial coding stages. Selective coding is defined as “the process of selecting the central or core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development” (Strauss & Corbin, 1990, p.116). Data relevant to each category were compared and how the categories linked together was considered. The level two categories were grouped and related to form themes and the relationships between themes was identified to develop a model. Theoretical saturation was reached by the researcher; no new properties, dimensions, or relationships emerged during this final stage of analysis. This process produced a refined, interpretative aggregate of explicated interpretations of a working alliance grounded in the information gathered over the course of 10 interviews.

Deviant case analysis was also used during each analysis stage. As Strauss & Corbin (1998) state, to increase credibility the researcher explored deviant cases which appeared to exceptions in the emerging categories and themes thoroughly to understand the differences and incorporate them into the model. This aimed to provide the flexibility and variation necessary to strengthen a grounded theory model (Lincoln & Guba, 1985).

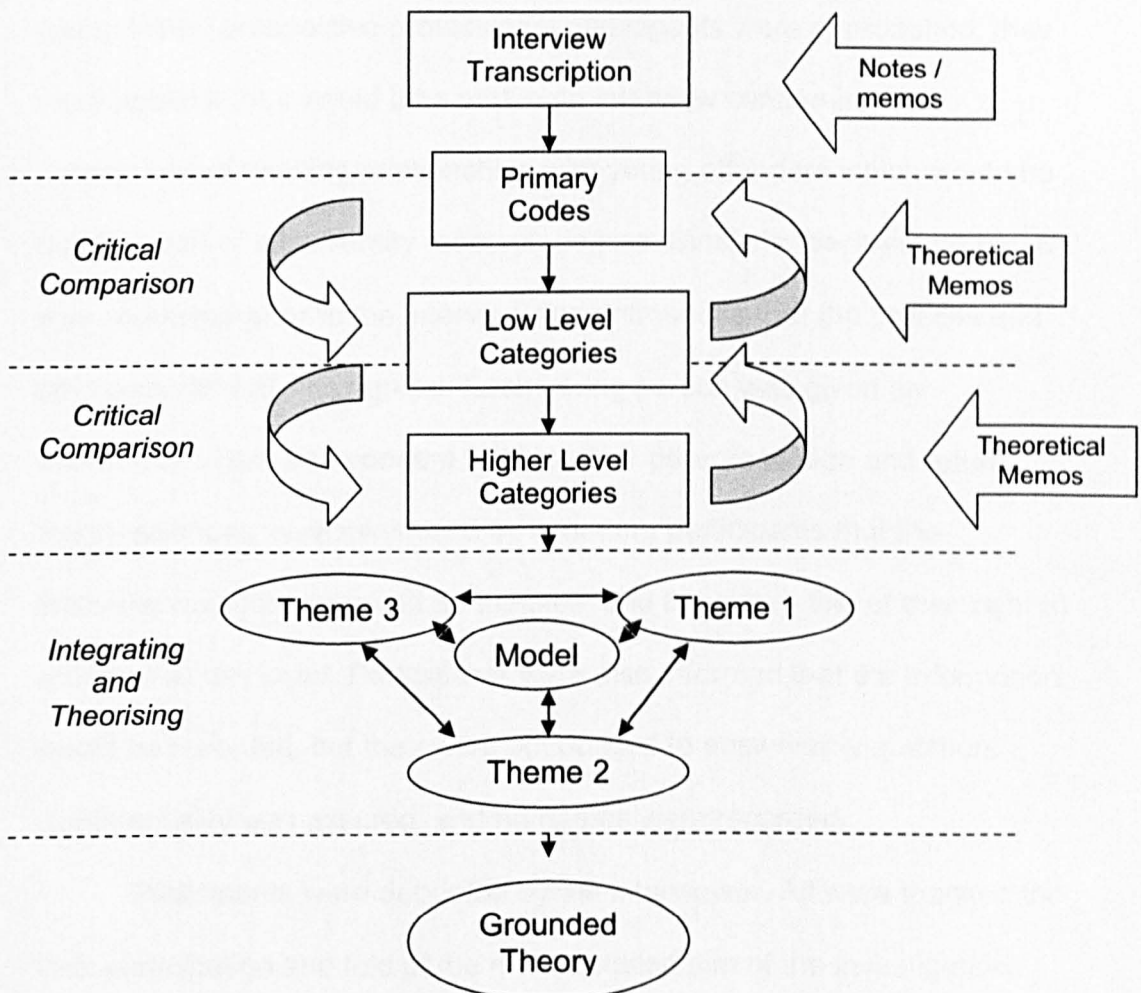
A number of steps were taken by the researcher to test the trustworthiness of the analysis. Lincoln and Guba (1985) outline that

trustworthiness is bolstered by the amount of time spent in the field and with the data, triangulation of data, an alertness to the subjective lenses and subsequent biases that the qualitative researcher brings to the study, and mapping what works within the boundaries and limitations of the study. Firstly, to limit researcher bias influences during the formulation of the research questions and analysis stages, the researcher utilised a triangulation approach. Lincoln and Guba (1985) defined triangulation as exploring data from different sources, methods, investigators, and theories. In the preparation of the research questions, the researcher attended a number of practice meetings to discuss general approaches to youth offending intervention. This enabled the researcher to identify that emerging evidence from the professional literature of the importance of the working alliance in working with young offenders was supported. Professionals considered the working relationship during practice discussions at each forum the researcher attended. During analysis stages, to achieve a more reflexive analysis of the data, the researcher sought feedback in regards to the emerging themes from both young offender and professional participants (a total of 6 participants). The researcher also sought feedback in regards to the analysed data from service managers and other staff at 3 practice meetings. All feedback supported the emerged model.

The overall process of the reduction from initial codes into categories and themes is demonstrated in Figure 4:1 and aimed to

replicate the process of grounded theory methodology as outlined by Taylor and Bogdan (1998).

Figure 4.1: Data Reduction Process



4.2.7 Validity

During the qualitative analysis, the research supervisor reviewed all interview transcripts and summaries of emerging codes and categories, to ensure data analysis was an objective reflection of the given material.

4.2.8 Ethical Considerations

Appropriate ethical safeguards were enforced to ensure that participants were provided with sufficient information as to the nature of the investigation to assure that an informed consent to be interviewed was given. When prospective professional participants were approached, they were asked if they would take part in an interview concerning their perceptions of working relationships with young offenders which would be used as part of a University research degree. Similarly, each young person was contacted prior to the interview appointment so that the process and time commitment was agreed. Each young person was given an information sheet and consent form for their parents to sign and return. Inconveniences were minimised by informing participants that the interview would take around 30 minutes, and they were told of their right to withdraw at any point. Participants were also informed that the information would be recorded, but they were not obliged to answer any question. Confidentiality was assured, and no names were recorded.

Participants were debriefed by the interviewer. All were thanked for their participation and told of the more detailed aim of the investigation. Any questions raised were answered.

4.3 Results

4.3.1 Youth Offending Professionals

The initial analysis of the 10 interviews conducted with Youth Offending professionals began with the discovery phase with the generation of 298 primary codes. Each transcript was carefully analysed, with codes labelled as they were identified. The following paragraph of the transcribed interview with youth offending professional three is an example of how initial primary codes were generated to illustrate this process. Each code is denoted by a numbered bracket.

"I think it's achieved by building that relationship (1) you know, it can mean that you might only have someone on bail supervision for example for a couple of weeks so you haven't really probably got an opportunity to build that relationship (2) but it's being open (3) and honest (4) and you know young people, you can't pull the wool over their eyes if you try and lie to them (5) and not act in a professional manner yourself (6) then you can't expect them to respond positively to your intervention (7). So I think good outcomes are when they do things that you ask them to do (8) in a professional working environment."

The paragraph illustrates a range of emerging phenomena. The professional immediately refers to the relationship as being "built" it's not something that happens immediately and that it takes more than a couple of weeks to develop; it perhaps relates to the type of order that the young person is subject to. The professional then moves on to identify what they

think are factors in a relationship. "openness" and "honesty" which the professional adds are key interactions with a young person, "professionalism" again identifying this feature as an interaction with the young person to engender a positive response. It seems that each identified factor works in tandem with a young person to build the relationship. The participant then identifies good outcomes as "when they do things you ask them to do" and within a "professional working environment", again re-enforcing the necessary parameters in the professionals view.

Associated codes of each interview were combined and grouped into a number of initial low level categories as follows. See Appendix Nine where low level category codes are available.

4.3.2 Higher Level Categories

Critical comparison of initial level one categories to primary codes and theoretical memos yielded a higher level of categories defined as level two categories of youth offending professional's interpretations of the working alliance. Any relationships between low level codes were compared, and then clustered together to form higher level categories. The following examples illustrate this process:

Professional 3, Line 16: *Working as a Team so that young people have a better chance of moving away from offending.*

Category Label: The Fundamental Elements of Youth Offending
Intervention

Professional 2, Line 24: *Trust, making clear boundaries with young people. Building up a rapport with young people. Defining your role as well, giving young people information about my role. Making it clear to them so they know what they're getting from me and also making clear what I want from young people.*

Category Label: The Youth Offending Professional's Contributions to
Forming a Relationship

Professional 4, Line 113: *I think it's the vital element, if you don't have that relationship then you're not going to have the best outcomes.*

Category Label: The Necessity of a Working Relationship

Professional 9, Line 31: *it's about equipping them with the skills, by setting boundaries and being clear from the outset about what I'm here to do, and what they can expect and what I can and will expect from them.*

Category Label: Definition of a Good Working Relationship

Professional 4, Line 101: Any work that we do is not going to be as effective as it would if we had a good relationship with them and it's going to be more difficult to check out what we're doing as an accurate reflection of where that young person is at.

Category Label: The Impact of a Working Relationship

These five categories will now be described.

a) The Fundamental Elements of Youth Offending Intervention

This first category relates to respondents' views of what are considered to be the main and most important elements of youth offending intervention. An example is given in the following quote:

"Making sure that the young people are, well that we provide intervention that reduces the chances of them re-offending. Sometimes it's a simple case of education or accommodation or whatever, the kind of set more material things, and sometimes it's about changing their attitudes or their behaviours so to speak." (Professional 8, Line 13²).

It is evident that the content of the delivered intervention must address the young person's needs, be it accommodation, or a change in attitude.

An interesting aspect of this category was the difference found in responses after respondents were directly questioned as to the importance of any working alliance in youth offending intervention. A total of 9

² All quote references denote the line number of the transcribed interview where the quote begins.

respondents identified elements of engagement skills, establishing the relevant relationships and inter-personal skills prior to direct questions, all relating to aspects of a skill repertoire that commonly emerged as necessary in developing a working alliance. The remaining respondent initially identified logistical input in respect of accommodation provision. Other respondents identified logistical elements such as offending behaviour work, education provision and family support as important but not fundamental. All respondents identified a good working relationship as being fundamental when questioned directly. To deliver intervention that addresses young person's needs, be it a change in attitude or support in the community, the relationship of low level codes demonstrated that a positive working relationship was key, and underpins this content of intervention.

b) The Youth Offending Professional's Contributions to Forming a Relationship

This category concerns respondents' identification of their contributions in building and maintaining a working relationship with a young person. A difference between actions and attitudes was evident during analysis, with actions mentioned more frequently. More importance was placed upon actions as opposed to attitudes in a youth offending professionals' contributions to any working relationship.

“Building up a rapport with young people. Defining your role as well, giving young people information about my role, er, making it clear to them so they know what they’re getting from me and also making clear what I want from young people.” (Professional 2, Line 26).

Professional 2 exemplifies the relationship between low level codes around their necessary actions; clarity, rapport building, boundary setting are all actions of the professional needed to build a working alliance.

Overall, the actions considered to be necessary in a working alliance that emerged from the analysis were considered to include active empathy skills, communication skills, being knowledgeable, setting boundaries, honesty, positive role modelling, being approachable, listening to and understanding a young person’s perspective, empowerment of a young person to make positive change, a non- judgemental approach, the ability to respect and value a young person, being credible and realistic, the ability to engender a young person’s confidence, being flexible, interactive, open, interested in the young person and responsive. A sense of humour and a sense of personality were also considered to be important contributions.

c) The Necessity of a Working Relationship

The necessity of a working relationship within youth offending work and intervention repeatedly emerged as a category during the analysis. It was clear that respondents viewed a working relationship as necessary in

achieving any outcomes of intervention delivered. Respondents identified a working relationship as being a necessary condition for successful outcomes of any intervention; without an alliance no positive outcomes could be achieved. Respondents identified a working alliance as causal in reference to any negative or unsuccessful outcomes; a poor working alliance was responsible for the young person not achieving positive outcomes. When a negative or poor working relationship is mentioned, respondents were absolute in respect of outcomes, demonstrated by the following quote:

"I think it's crucial, 'cos otherwise they're going to vote with their feet aren't they? If they don't like you, if they don't trust you then whatever work you do isn't going to have any effect at all. It's going to fall on deaf ears."

(Professional 9, Line 68).

d) Definition of a Good Working Relationship

This category relates to respondents' views of what a good working relationship is. This category was built from the low-level categories of the attributes of the relationship and the building and maintaining of the relationship. A working alliance is considered to be a shared sense of understanding, a partnership that is built over time. It is built from honesty and communication from both the professional and the young person and small successes lead to bigger success in its course. The establishment and maintenance of a working alliance cannot be forced and boundaries

are important, particularly in its maintenance. The trust of a young person will build in time. It has static and dynamic factors that can impact upon the relationship in its building and maintenance stages and depends on inputs from both the young person and the youth offending professional, though responsibility is ultimately viewed as that of the professional.

"...it's about empowerment, it's about equipping them with the skills, by setting boundaries and being clear from the outset about what I'm here to do, and what they can expect and what I can and will expect from them. It's also about listening, not just about listening but about understanding and taking on board what they are saying so you know what and how things are happening for them so you can intervene properly."

(Professional 9, Line 32).

e) The Impact of a Working Relationship

The impact of a working relationship forms the final category. This was another repeatedly occurring category which emerged from the analysis. Differing from the role of a relationship in youth offending intervention, statements identified the consequences and impact of working relationships. Most frequently, the impact of a positive relationship is that the young person is empowered to demonstrate defined successful outcomes, these being reduced re-offending and a lesser likelihood of instigating breach action. A common statement identifies a difference between a young person attending for appointments, and a young person

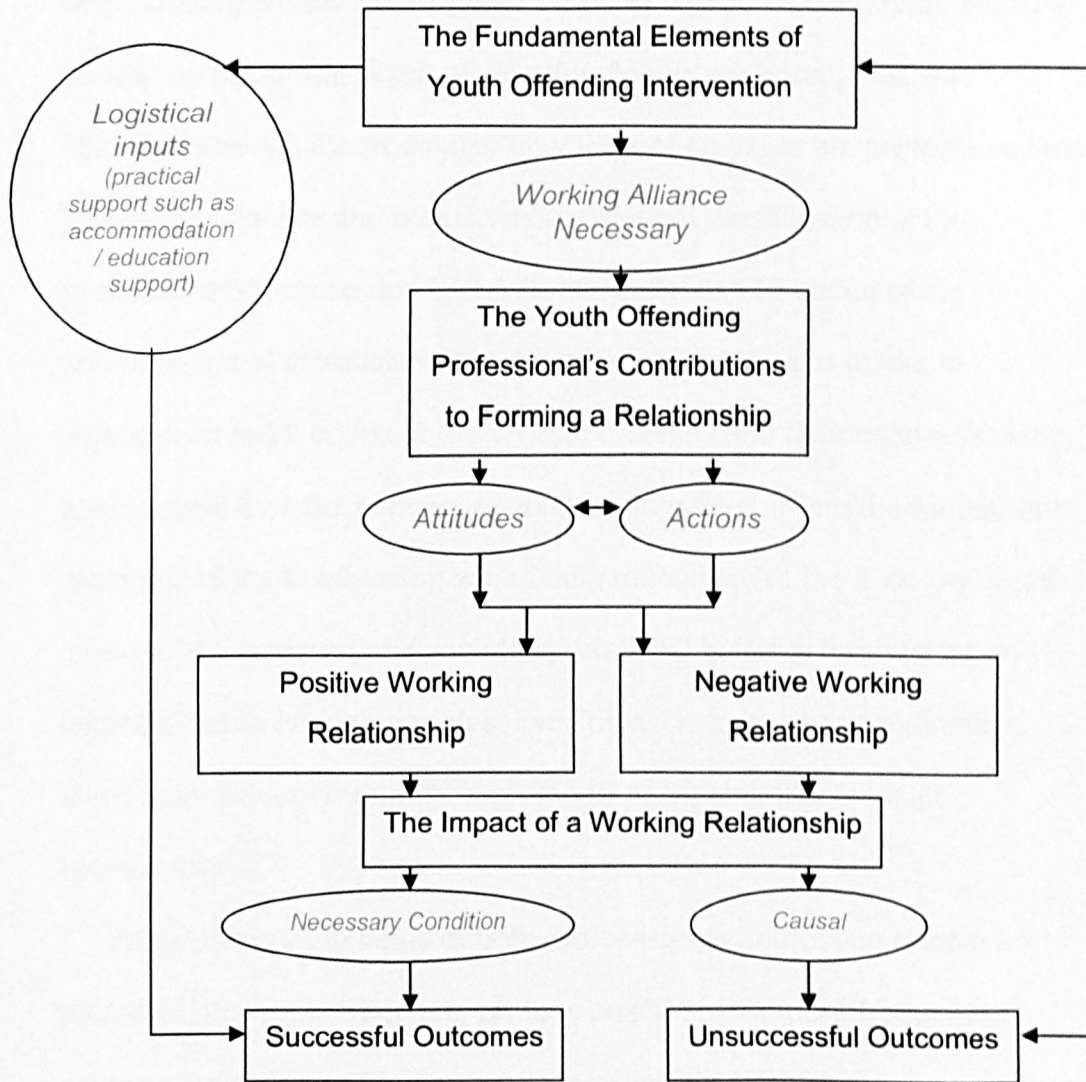
attending appointments and completing work that is listened to and understood. This is the impact of the working relationship which the following quote demonstrates:

*"..... that the young person is empowered and that they take that forward, a new ability what ever it may be, a change in their thinking process, a change in attitude, and move on and achieve their goals."
(Professional 10, Line 81).*

4.3.3 Category Integration

The integration and linkages between the emerged higher level categories is displayed in Figure 4:2.

Figure 4.2: Model of Youth Offending Professional's Interpretation of the Role of a Working Alliance in Delivery of Successful Intervention



A number of salient themes interconnected the categories to produce a cohesive model of youth offending professionals' views of the working alliance between professionals and young offenders. An account of each theme is given.

Theme One: Responsibility

Across each category, it was very evident that responsibility for actions and inputs necessary to form and maintain a good working relationship is viewed as being that of the youth offending professional. This was identified through the frequency of actions of each i.e. the professional and the young offender and a much more frequent identification of the professionals' actions and behaviours. A total of 135 codes of the contributions of professionals to a working alliance were made, in comparison to 29 codes of the young person's contributions to a working alliance and 5 codes concerning joint contributions. From the fundamental elements of youth offending work being mentioned in the 'I' or 'my' input context, to the nature of the working relationship being focused around what the youth offending professional must do to build and maintain it, there is an evident theme through the transcripts of this focus of responsibility.

Whilst the contributions of both professionals and young people are identified, the youth offending professionals' are far more frequent in comparison. The imbalance of responsibility indicates the youth offending professional is primarily viewed as responsible for the creation of the working relationship through his or her actions and attitudes. This responsibility is demonstrated in the following quote:

"..... if you haven't got that relationship then they're not going to listen, you're going to get them offside, you're going to go in the wrong direction

and unfortunately it could lead to somebody re-offending because they haven't attended or been attentive. And that shouldn't be the fault of the young person. We have the responsibilities as a YOT worker to bring the best out of that young person". (Professional 1, Line 104).

This theme is particularly apparent when youth offending professionals were asked to describe a past case that they have worked with where a good working relationship was achieved. Evident in each description was the complexity of the scenario which each respondent had to work with. When describing the necessary actions and attitudes that each respondent used to build a working relationship, detailed accounts are given of how the complex needs were addressed, such as *".....that was the first thing I had to sort, to show him that I was his worker and that that wasn't going to change. So at that stage it was about me seeing him, getting to know him, him getting to know me and that kind of thing. From there, I had to get him to do the work and he really didn't like that. If he didn't show I'd go and get him, I was on his case and really set down the law of what I expected and what he had to do".*

On establishment of a good and effective working relationship however, a change in responsibility for change and successful outcomes is seen. The view that an effective working relationship equips the young person with the skills necessary to achieve successful outcomes makes it apparent that the focus of responsibility of the youth offending professional is bounded within the creation and maintenance of a positive working

relationship. This positive relationship is seen as the end of the professionals' roles in their inputs, with a young person becoming the responsible party in achieving what are perceived to be the outcomes of a positive working relationship – the young person attending appointments to complete the work necessary in reducing or stopping their offending behaviour. This is exemplified by the following quote:

“I think when they do comply with the contract and can see that there is a life outside of offending, you know, if they are encouraged to do other things, particularly if you're dealing with a young person who has got no confidence at the start and things you might help them with to boost their self esteem and self confidence at the start and I feel that if they've got the confidence in themselves they may have the confidence to say no to peers if it's peer pressure that's causing them to offend.” (Professional 5, Line 14).

Theme Two: The Necessity of a Working Alliance

Another theme that emerged from the analysis of the interviews with youth offending professionals, apparent within the categories of the 'definition of', 'role of' and 'impact' of a working alliance is that it is a fundamental and causal element of youth offending intervention, without which success can not be achieved. It was frequently referred to throughout the interviews and continually occurred during analysis.

A working alliance is a necessary condition for successful outcomes of any intervention. The consequences and impact of a working relationship is a young person empowered to demonstrate defined successful outcomes. To achieve other defined successful outcomes such as "job satisfaction" a positive working relationship is also necessary. The nature of this necessity is demonstrated in the following quotes:

"Without it, well without it the work's just not going to have any effect- straight in one ear and out of the other you know. Be it, well nothing will have an impact.....the work just won't have an effect. A good working relationship means that the work you do will have an impact, a bad one means it won't." (Professional 9, Line 76).

"Job satisfaction actually er, being able to see, being able to make a difference, to help people's behaviour change. The, having a good relationship means hopefully that the outcomes, the good outcomes are going to be maximised, yes, it has a feel good factor that you are able to make those changes, that's your sort of goal." (Professional 4, Line 158).

Theme Three: Dependency of Process

Throughout all categories during the analysis, it was apparent that a fluid process of dependencies is viewed in relation to building and maintaining a working alliance. As demonstrated in the Figure 4.1, respondents identified a working relationship as being a necessary condition for successful outcomes of any intervention being achieved (it is

necessary to empower a young person to cease offending and not breach their order). It is necessary in attaining such empowerment. An alliance is causal in reference to any negative or unsuccessful outcomes. Any poor alliance is wholly responsible for non success of orders. In achieving an alliance, the youth offending professional is primarily responsible for the inputs into forming and maintaining a good relationship, “to work and prove their role”. Without this responsibility for input, a working alliance won't be achieved. The input alone is not sufficient; responsibility is seen to lie with the professional.

On its establishment, the working alliance is fundamental and central to youth offending work, without which successful outcomes will not be achieved, exemplified by one interviewee stating that “without a working relationship the young person won't take the work on board”. Each category detailed in the Figure 4:2 is dependent on another, and each becomes a causal stage in ultimately empowering a young person to achieve success.

4.3.4 Results – Young People's Interviews

The initial analysis of the 10 interviews conducted with young people who had come to the attention of the Youth Offending Team and related professionals began with the discovery phase with the generation of 102 primary codes. Each transcript was carefully analysed, with codes

labelled as they were identified. The following paragraph of the transcribed interview with young person one is an example of how initial primary codes were generated to illustrate this process. Each code is denoted by a numbered bracket.

“Yeah, it does, you wouldn’t come back (1) and you forget appointments (2). Me last one, P, used to remind me (3), used to ring me (4) and used to talk to me (5) not at me like (6), she was cool (7) I turned up for her (8).”

The paragraph illustrates a range of emerging codes. The young person straight away defines the main reason that in their view, a working relationship is important as “you wouldn’t come back” or that “you forget appointments”. They see no incentive to comply with a youth offending professional without a good working relationship. The young person then defines two qualities in a worker which contribute to the likelihood of them attending appointments “remind” and “call”. The young person is insightful in his saying that “talk to me” as opposed to “at me” is also important, the professional must interact in communication with the young person, it is a two way process. The young person defines the worker as “cool” which whilst limited in descriptive insight into the workers qualities, suggests that the professional must have the qualities identified by this young person to be identified as “cool”. As a consequence of a good working relationship the young person “turns up” for appointments, re-enforcing the necessity of a working relationship.

Associated codes of each interview were combined and grouped into a number of initial low level categories as follows. See Appendix Ten where low level category codes are available.

4.3.5 Higher Level Categories

Critical comparison of initial level one categories to primary codes and theoretical memos yielded a higher level of categories defined as level two categories of youth offending professional's interpretations of the working alliance. Any relationships between low level codes were compared, and then clustered together to form higher level categories.

The following examples illustrate this process:

Young Person 5, Line 16: *To keep me out of trouble, make sure I don't do it again, no what I mean, I don't want to go back inside.*

Category Label: The Aims of Youth Offending Intervention

Young Person 10, Line 56: *If they were like, just not nice, like just talk at you, know what I mean. If they were just like do that, do that and like, not getting you.*

Category Label: The Impact of the Attributes of a Youth Offending Professional on a Working Relationship

Young Person 3, Line 79: *Yeah, if I didn't get on with them I probably wouldn't remember to turn up and then I'd go back to jail.*

Category Label: The Impact of a Working Relationship

The three categories are described in the following section.

a) The Aims of Youth Offending Intervention

This first category relates to what emerged from respondents' views of what is considered to be the aim of the intervention being undertaken with them. During the analysis, the aim of youth offending intervention was most frequently viewed as being "*making sure I don't get into trouble.*"

(Young Person 3, Line 10.)

To achieve the aims of youth offending intervention it is apparent that primarily concrete and logistical elements are considered and voiced by young people, such as "getting me back into college", "getting a job", "talking about school", "substance misuse work".

b) The Impact of the Attributes of a Youth Offending Professional on a Working Relationship

This category emerged from the analysis from respondents' identification of the attributes of a youth offending professional that impacts on a working relationship, both positive and negative. In positive references, young people use descriptions such as "if they are sound",

“cool”, “sort things out”, “understand me” and are “knowledgeable” and refer to these as being good impacts and elements of a working relationship. Throughout the analysis it was evident that positive elements identified by young people were vague and poorly defined in contrast to the attributes that would have a negative impact. This contrast is exemplified in the following quotes. In respect of negative attributes the young people outlined *“if they used an attitude or not use an attitude really know what I mean, just being horrible saying sit down and all that, they’re not chilled out or nothing, I’d just say no, I’m not doing it.....the way they speak to me, if they don’t respect me then I won’t respect them and I just won’t turn up for them any time.”* (Young person 1, Line 31). Another young person outlined *“If they were, er, like horrible and stuff like. If you came in and they were giving you (expletive) and didn’t respect you just had a go and that. Yeah.”* (Young person 8, Line 46).

This compared to positive elements identified as *“she’s sound”* (young person 3, Line 26) and *“I can talk to her, she’s alright”*, (young person 10, Line 26) exemplifying the lack of clarity on the professional’s attributes in the view of young people.

There is one reference to a positive attribute, that “I can speak to her like, tell her a few things” a statement that does not have the same level of description to that of the negative attributes.

When joint contributions to building and maintaining a positive working relationship were explored, respondents identify more descriptive

attributes with “respect”, “be nice to one another”, “listen to each other” and “honesty” identified as necessities.

c) The Impact of a Working Relationship

The impact of a working relationship forms the final category. Similarly to the previous category, respondents mainly identified the impact of a negative working relationship in terms of “would not attend appointments”, “would not be back to do the work so would end up in Court”, “Order would be a waste of time” and “end up in jail”.

Young people did however identify a difference between attending appointments as a minimum requirement of their court order but not engaging in the delivered intervention, and attending and doing the work or intervention necessary to make positive psychological change, indicating some insight into the intended impact of youth offending work. This was evident throughout the analysis of interviews.

Similarly to the theme that emerged from youth offending professionals' interviews, the impact of the working alliance is seen as causal. As negative outcomes are the main considerations for young people, it is a causal view of the working alliance and again absolute: in its absence, negative outcomes will occur. This is exemplified by the following quote “*Yeah, ‘cos like I wouldn’t come if they were horrible and stuff if they just like, gave me (expletive) all the time and that, I wouldn’t be arsed to*

come.....Well I'd end up back in jail, no what I mean?" (Young Person 9, Line 74).

As with the youth offending professionals' interviews a number of salient themes interconnected the emergent categories to produce a cohesive model of young people's views of the working alliance between young offenders and youth offending professionals. An account of each theme is given.

Theme One: The Necessity of a Working Alliance

The first theme that emerged from the analysis of the interviews with young people is again the view that a working alliance is fundamental to youth offending intervention and causal in respect of outcomes, particularly negative outcomes. Without a working alliance, young people are less likely to attend appointments, despite the statutory necessity to do so and success can not be achieved as young people will not complete the work necessary. Young people seem to see the necessity of a working alliance primarily in relation to the likelihood of breach and their ability to avoid being breached by their youth offending worker, rather than a reduction in re-offending.

This is exemplified by young person 5, who when asked what kind of things would put them off doing work with a supervisor replied *"Sometimes when he doesn't listen and seems to have other more important stuff to do, that's why I nearly got er, breached 'cos I didn't want*

to turn up, 'cos like what's the point. But I have to turn up; so long as I do I won't go back to Court" (Line 21).

Young people see the working alliance in terms of "getting on", "listening to each other" and "being straight". Without these elements, young people see an inevitable consequence of not attending appointments and some have insight that without attendance then offending related intervention will not be completed and they will "end up back in jail".

Theme Two: Negativity

Common to all categories was a theme of negatives. When young people have responded to interview questions and considered youth offending work, the nature and attributes of youth offending professionals necessary to form a good working relationship, and the impact of any working alliance, young people have tended to focus on negative elements. Positive elements have been considered by young people but without the levels of emphasis upon negative factors and attributes of a youth offending professional. Young people appear more attuned and focused on negative elements. The impacts of a negative attributes are absolute and detrimental to a working alliance.

This is exemplified by young person 4, who when asked what kind of things do you talk about with your case worker, replied "*Nothing he doesn't listen, he talks at me, then I go..... he talks and I don't listen*".

(Young Person 4, Line 65). Young Person 3, states similarly, "Yeah, if I didn't get on with them I probably wouldn't remember to turn up and then I'd go back to jail". (Young Person 3, Line 81).

Theme Three: Responsibility

The final theme that influenced and interlinked the identified categories was the responsibility of actions and inputs necessary to form and maintain a good working relationship which is viewed by young people as more of a partnership.

Within young people's considerations of the attributes of a youth offending professional necessary in building and maintaining a good working relationship, these attributes, whilst negative are identified in tandem with the young person's attributes and contributions, such as "doesn't seem to want to know so won't talk to them", "if they don't respect me then I won't respect them". This causal dynamic also exemplifies theme 1 whilst demonstrating a partnership in responsibility.

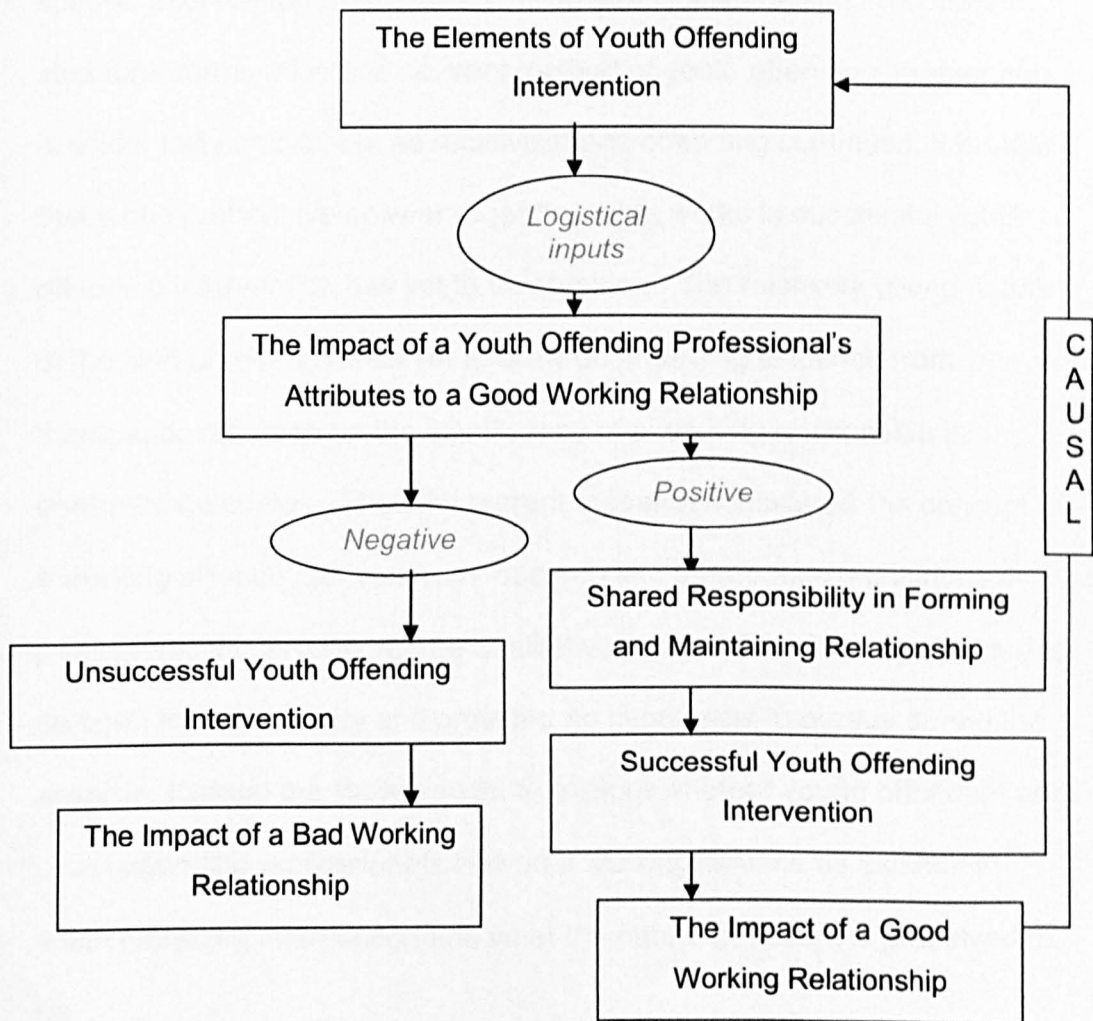
Young people have considered more joint inputs throughout their interviews and the focus of responsibility balance indicates partnership. This responsibility is demonstrated in the following quote:

"..... like talk to each other isn't it, tell her what's going on 'cos otherwise she can't sort it. Both be like straight with one another". (Young Person 9, Line 30).

A change in responsibility for outcomes is seen. Shared responsibility is bounded within the creation and maintenance of a positive working relationship. In contrast it is seen that the working relationship has a causal relationship to outcomes chosen by young person, who is seen as responsible for achieving outputs, mainly attending appointments.

The integration and linkages between the emerged higher level categories is displayed in Figure 4:3.

Figure 4.3: Model of Young Offender's Interpretation of the Role of a Working Alliance in Delivery of Successful Intervention



4.4 Discussion

The majority of previous research into the efficacy of intervention with offenders and young offenders has explored the components of specific intervention methodology using quantitative design. The content, structure, formulation and delivery method of youth offending intervention is evidentially crucial, but as recidivism and offending continues, it is clear that a comprehensive answer regarding what works in successful youth offending intervention has yet to be obtained. The relatively young nature of the field of research has yet to draw on emerging evidence from therapeutic research on the significance of a working relationship in treatment outcomes. Thus the current research considered the concept of a working alliance, derived from research into therapeutic techniques of psychological intervention. The qualitative nature of the investigation led to an open form of enquiry and provided no hypothesis to pursue during the analysis. Instead the study sought to explore whether young offenders and youth offending professionals viewed a working alliance as existent in youth offending intervention and what the nature of its role is perceived to be.

As studies have begun to demonstrate, by utilising a qualitative grounded theory approach at this exploratory stage, the absence of a predefined construct of the working alliance in a measurement tool left open the possibility of developing person centred and reflexive accounts of a working alliance.

The findings of this qualitative investigation provide evidence of the existence of a working alliance and its perceived impact on youth offending intervention. Evident in both young offenders and youth offending professionals' views is an understanding of the existence of a working alliance. The findings suggest that a working alliance is built between a young offender and a youth offending professional and its existence is viewed as central to and causal in achieving success. Logistical factors such as education support and accommodation assistance are acknowledged components of successful intervention, as are formalised programmes of offending behaviour intervention. However, the working alliance between both a professional and a young offender underpins successful intervention. This success is viewed in terms of a reduced likelihood of breach [returning a young offender to Court for non-compliance of a statutory Court Order] and a reduced likelihood of further offending.

In respect of the construct of a working alliance, the emerged tentative model reveals that both youth offenders and youth offending professionals view it as similar to that proposed in therapy research. The quality and nature of the interaction between a young offender and a youth offending professional, the collaborative nature of that interaction and the personal bond or attachment that emerges in treatment that facilitates change has been referenced.

The emerged shared account of the working alliance from both the perspective of the youth offending professionals and young offenders provides a helpful framework for understanding its role in youth offending intervention. The emerged account is tentative, particularly given the limited articulation of the young offender participants of the study. The tentative shared account of the working alliance within youth offending intervention is considered to be a shared sense of understanding; a partnership that is built over time. It is built from honesty and communication from both the professional and the young person and small successes lead to bigger success in its course. Young people view respect as particularly crucial. Such respect is considered to include the professional understanding the young person and their perspective, not talking 'at' the young person but talking to them. Both professionals and young people consider that a working alliance cannot be forced and boundaries are important in its establishment and maintenance. The trust of a young person will build in time. It has static and dynamic factors that can impact upon the relationship in its building and maintenance stages and depends on inputs from both the young person and the youth offending professional, though responsibility is ultimately viewed as that of the professional. Bonds, goals, and tasks are considered to be its components.

Bonds representing trust, respect, and caring between a professional and a young person are outlined with respect, being non-

judgemental and an open approach frequently considered. Tasks referring to the agreement and collaboration of work plans and delivered interventions and also the timing and pacing of activities were also key elements, particularly in respect of an alliance being a process constructed step by step. It doesn't occur immediately and requires bonds in addition to tasks to achieve. It is also evident that tasks do refer to the young person's perception of the professionals' ability to help them, from reference to their knowledge and skills. Goals have focused on the mutually agreed set goals of attending, completing and engaging in the delivered intervention and not being returned to Court and re-offending. These three key elements are similar to those of Bordin's (1979) account.

In respect of the professionals' contributions to a working alliance, the findings of Marshall et al.'s (2003) investigation of therapist characteristics that influenced treatment-induced changes: 'empathy', 'warmth', 'rewarding' and 'deals effectively with problems' were all identified as features of professionals' contributions to an alliance by both professionals and young people. The remaining features identified by Marshall et al. (2003) were slightly different from the perspective of both groups. Instead of being directive, being skilled and knowledgeable were considered fundamental. Instead of an appropriate amount of talking and voice tone, an ability to respect the young person in their interaction was considered essential. An ability to encourage participation was not considered and nor was asking open-ended questions. Non-verbal

communication was given little consideration. No key features were identified in the current study, all were identified but no assessment of their priority was made. As Marshall et al. (2003) concluded, this exploration has found that the behaviour and personal style and in addition, attitude, of the professional exerts some influence on the success of intervention.

An additional domain that has emerged from the present research is responsibility. Whilst differing in account, responsibility is central to the emerged models of the working alliance. As Horvath and Greenberg (1986) suggested, both the professional and young person must mutually endorse and value outcomes that are the target of the intervention, but with varying responsibilities in the actions and attitudes that contribute to achieving this.

The views of both young offenders and youth offending professionals indicate that developing and maintaining a positive working relationship between the two parties improves the efficacy of any delivered intervention. A foundation of mutual trust, understanding and respect is gained, the likelihood of a young offender attending for statutory appointments is increased and it enables intervention to be delivered that is more likely to achieve attitudinal and behavioural change. As suggested in therapy research (Horvath and Symonds, 1991; Martin et al. 2000) a positive therapeutic alliance has been associated with positive youth offending outcomes; mutually agreed aims, and not just attending appointments to tick a box.

The account of the working alliance that has emerged from the present study supports Florsheim et al.'s (2000) assertions of the fundamental problems in the development of effective intervention for offending adolescents. The lack of success to date in identifying the mechanisms of change that account for positive treatment outcomes could be due to the lack of investigation of the working alliance and its role and impact within youth offending intervention. The current study suggests that the alliance is central to change and achievement of positive treatment outcomes; without it the young offender either does not attend appointments to complete the necessary intervention or the young offender attends an appointment but does not take on board the work being completed to make positive psychological change. Respondents identified a working relationship as being a necessary condition for achieving successful outcomes of any intervention and causal (i.e. responsible) for any negative or unsuccessful outcomes. When a negative or poor working relationship is mentioned, respondents were likely to be absolute in respect of outcomes; a negative alliance is a preventative mechanism of change from the accounts observed. The working alliance has been identified as a treatment factor that increases the likelihood of positive outcomes amongst offending adolescents. This provides more evidence towards Shirk and Karver's (2003) conclusion. The working alliance is associated with outcomes.

Similar to previous research, challenges are evident in both models in the formation of a working or a therapeutic alliance with adolescents. A young person's first impressions are powerful influences in establishing an alliance and are seen as difficult to alter once gained. Like the O'Malley (1990) study, young people had a tendency to attribute responsibility to the external professional in establishing and maintaining an alliance. However, it was also evident that both young people and professionals view the young person as then responsible for achieving positive outcomes, and is enabled to do so from the skills gained from successful youth offending intervention. Like Richards and Sullivan's (1996) findings, it is hypothesised from the produced models that a working alliance reduces a young offender's external locus of control to a more internal locus after successful intervention. Positive elements have been considered by young people but without the levels of insight into negative factors and attributes of a youth offending professional. Young people are more attuned and focused on negative elements when considering youth offending interventions, and their impacts are absolute and detrimental to an alliance and to the achievement of positive outcomes of youth offending intervention. Negative elements are more influential in alliance establishment and maintenance than positive elements, a finding that must be considered in practice development.

It is important to consider the limitations of the present research. Grounded theory can generate a subjective formation of its explored topic,

and although the methodology of the study incorporated the independent review of a proportion of interview transcripts and summaries of emerging codes and categories by the research supervisor, it is acknowledged that some degree of subjectivity is inherent in the produced account of the working alliance.

All interviewees were told at the beginning of each interview that the study was about their perceptions of what was necessary in successful youth offending intervention to limit influence of the design or the aim of the investigation on participants' responses. The use of the word 'necessary' sought to focus responses to what participants considered important in youth offending intervention and did not suggest the concept of the working alliance to interviewees. Some bias may have arisen despite this approach in that participants were aware that necessary components of intervention were being explored. They may have sought to 'please' the researcher and answer questions with responses that focused on their interpretations of necessary, however the structure of the interview schedule aimed to further reduce any potential bias by funnelling questions towards final questions around the working alliance.

The young offenders who participated in the study were less articulate than the professional participants. Young offenders had limited and simplistic interpretations of questions. The researcher ensured that young people fully understood questions and prompted as necessary to encourage the young people.

Young offenders participating in the research were all subject to statutory supervision. The researcher met each offender only to conduct interviews and rapport was therefore limited. There is therefore an increased likelihood of false responding and a greater propensity for “fake good” accounts i.e. respondents may have attempted to present themselves in a falsely favourable light given their statutory involvement with the Youth Offending Service. However, appointments with each young offender were all made on a voluntary basis and not as a statutory national standard supervision contact to re-enforce the independency of the research. Participants were also assured of anonymity and that the research was not an assessment of the Youth Offending Service or of a youth offending professional. Similar assurances were provided to professionals prior to interview.

This exploratory study was conducted on a small sample of participants. Whilst professionals from two services were used, young people were all attending one youth offending team and thus the representative nature of the sample was limited. In addition, all offenders were subject to community supervision. It would thus be necessary to replicate this research with a larger, representative group of offenders subject to both community and custodial sentences to establish any differences in alliance nature between a young offender and a youth offending professional, and also a young offender and a key worker from the secure estate. Replication of the research with a larger and more

representative group of professionals would also be beneficial. Potentially, a qualitative methodology could be adopted in a large scale study along these lines.

Despite these recognised limitations this study provides evidence to contribute to understanding of the importance of the role of a working alliance within youth offending intervention. Further research needs to consider and measure process issues in the context of youth offending intervention to ensure appropriate and effective practice is delivered.

CHAPTER FIVE: DISCUSSION AND FUTURE DIRECTIONS

5.1 Introduction

The introduction to this research study of adolescents with sexually inappropriate behaviour and adolescents who offend, explored the significant advances that have been made in the last twenty years. Work with adolescent perpetrators of sexually inappropriate behaviour has developed from its previous extrapolation of adult sex offender work to the direct assessment, intervention with, and management of, adolescent perpetrators of such behaviour. Research has examined adolescent populations of sexual offenders and as a consequence, contemporary understanding has improved and developed.

However, from analysis of the available research at the outset of the current study it was evident that tentative answers were available to questions concerning general psychological characteristics, programme descriptions, behaviour patterns and relapse rates after intervention for sexually abusive youth. A conclusively agreed answer to any one of these questions was unavailable. Despite the advances that have been made in the understanding of adolescents with sexually inappropriate behaviours, more were necessary.

As a consequence of the limitations in the understanding of the aetiology of sexually inappropriate behaviour in adolescents, therapeutic work with sexually abusive adolescents remains a growing and relatively new initiative. Evaluations of programme efficacy and empirical evidence

of programme success are few and based on only a partial understanding of the population. Whilst process evaluation (Bilby, Brooks-Gordon and Wells 2006) and meta-analysis of sexual offender intervention study has demonstrated treatment effects of approaches based on cognitive behaviourism, researchers have identified a need for more differentiated high quality evaluation to clarify what works for whom and under what circumstances (Lösel and Schmucker, 2005). Brooks-Gordon, Bilby and Wells (2006) reported a systematic review of randomised control trials reporting the effectiveness of sexual offender treatment programmes. Analysis of nine randomised control trials showed that cognitive behavioural therapy in groups reduced re-offence at one year compared with standard care but increased re-arrest at 10 years. These findings show that uncertainty remains about effectiveness of treatment. Outcome research built from a better understanding of the population to conclusively demonstrate the effectiveness of treatment techniques was a gap identified in the introduction to this research. We need to ensure that programmes are successfully targeting what is currently known about the group.

Given the continued rise in sexual and violent crimes committed by adolescents within the United Kingdom, and rising recidivism rates it is evident that intervention with offending young people needs to be developed. Florsheim et al. (2000) conducted a study of delinquent boys in community based programmes. Based on research into the attainment of

therapeutic goals in therapy the researchers highlighted the working alliance as a factor that impacts upon the attainment of positive outcomes in therapy research. A working alliance refers to the quality and nature of the interaction between a patient and therapist, the collaborative nature of that interaction in the tasks and goals of treatment, and the personal bond or attachment that emerges in treatment that facilitates change (Kazdin, Marciano and Whitley, 2005). The researchers found that the development of a positive working alliance, assessed after three months of treatment, related to positive psychological changes and predicted lower rates of recidivism. Research also needed to progress the Florsheim et al. (2000) study to expand and explore not only the efficacy of intervention and the attainment of programme goals but also the mechanisms of attaining programme goals, utilising emerging evidence from alternative research fields.

5.2 The Aims of the Study

This research study aimed to explore the characteristics and parameters of adolescents with sexually inappropriate behaviours and the efficacy of intervention. At the onset of the research, the literature review identified a number of questions that had not, to date, been answered by contemporary research. Vizard et al. (1995) exemplified this position in their review of the literature concerning sexually abusive adolescents in their conclusion that 'there is a long way to go before we fully understand

or effectively meet the needs of these young people'. The research aimed to contribute evidence in answers to these questions.

5.3 Study One: The Characteristics of a British Sample of Adolescent Sexual Offenders

This first aspect of the research aimed to contribute to the development of specialist assessment, intervention and appropriate policy to better address risk factors in adolescent sexually inappropriate behaviour and to expand the contemporary knowledge of this heterogeneous group.

This element of the research sought to identify firstly, general characteristics of the entire sample to explore whether characteristics identified in previous research were common to this sample of sexually abusive adolescents.

Within the sample, perpetrators were most frequently male, of white British ethnicity and aged 13 to 16 years, with an average of 13.4 years on referral for specialist intervention. Unstable family backgrounds and family members with a wide range of criminal convictions were frequent.

Being a victim of sexual or physical abuse and neglect during the offender's formative years was also frequent. As a consequence previous involvement with statutory services such as Social Services, spending time in the care of the local authority or named on the Child Protection Register

was also frequent. Behavioural or educational needs and scholastic difficulties were common as were Statements of Educational Need.

Adolescents in the sample were likely to commit sexually abusive acts on a known victim. The victim is more likely to be of a much younger age and is more likely to be female.

Not all juvenile sex offenders within the sample had a history of sexual abuse. As (Becker & Hunter, 1997) state, not all sexually abused children become offenders and, whilst this could not be supported by the results of this study, the evidence that some young people were not themselves, victims of previous abuse, goes some way to support Becker and Hunter's (1997) assertion; previous abuse is not a pre-cursor for perpetrating abuse. Whether a history of abuse is causal relationship to sexual offending is yet to be ascertained. Research on adult sexual offenders suggests that having a history of sexual abuse may be a specific characteristic of child molesters (Becker & Hunter, 1997; Ford & Linney, 1995). It is unknown whether this is also the case amongst adolescent child molesters. Further research is necessary to ascertain the relationship between childhood sexual abuse and sexual offending as an adolescent and as an adult.

Each of these characteristics is common to those identified in previous research. A number of additional findings were found that demonstrated characteristics of the sample that were contrary to previous research.

The study's perpetrators of sexually abusive behaviour were less likely to have a history of substance abuse. It is less likely that victims were a blood relation; in fact from analysis of adolescents in this sample, it is more likely that a victim is a peer or an associate. Perpetrators were unlikely to commit penetrative acts upon their victims.

On the basis of the conducted literature review, previous studies suggested a need to identify differences between sexually abusive adolescents on the basis of alleged or convicted status (Richardson et al. 1995). As a consequence, the research sought to analyse any differences between young people convicted of and those alleged to have committed sexually inappropriate acts. Whilst the separation of these groups is done by professionals within the judicial or social welfare systems, there are real underlying distinctions between these groups. Further empirical research is necessary, but it is apparent that there are differing presenting needs and a possible difference in intervention need. Given that those alleged to have committed sexually inappropriate acts were on average younger than those convicted, it could be asserted that this group are not as sophisticated and entrenched as those who are convicted. On the other hand it could be that these offenders are more sophisticated in that they have not been apprehended. A longitudinal follow up study of the participants of both groups would provide better evidence of distinctiveness between these groups.

The variation and distribution of sexually inappropriate behaviours amongst the sample led to the assertion that not all behaviours committed by participants can be classified in one heading of 'sexual abuse' and a more appropriate definition of sexually inappropriate behaviour is suggested. This was countered with the fact that this assertion should not be interpreted as a minimisation of sexually inappropriate behaviour committed by adolescents, it is clear that a substantial number of adolescents in the sample have committed abusive and harmful acts. However, adolescents who have used inappropriate sexual language received a similar intervention to adolescents who have committed acts of rape and grave crimes, which is surely not the most appropriate statutory response.

Overall this element of the current research found a heterogeneous group of adolescents with characteristics both common to previous research, but also characteristics contrary to those previously identified.

5.4 Study One Conclusion and Direction for Further Research

It is difficult to conclude that these findings can be generalised to all adolescents who perpetrate sexually abusive behaviours and caution must be taken. The study participants were those who had attended a specialist intervention project, and whilst no case was removed from analysis, other perpetrators of sexually abusive behaviours may have not have received

intervention from the project and thus would not be included in the analysis. For example, there were few females within the sample, and the majority of participants were of white British ethnicity. However, the study does provide a retrospective analysis of a sample of adolescents who have attended a specialist project as a result of their sexually abusive behaviour, and provides further evidence to contribute to the growing body of research in this area. To achieve a fully representative and generalisable study of adolescent perpetrators of sexually abusive behaviour, a much larger sample, from various sources, community and custodial settings and locations would be necessary. Reliance on case sample records would need to be supplemented, as the current research sought to do, by verification and cross checking of records to minimise inaccuracy as far as possible.

Whilst the heterogeneity of adolescents committing sexually inappropriate behaviours was supported by the current research, it was identified that frequent and re-occurring personal, social, familial, community and individual variables were present to varying degrees. In conclusion, the existence of such a variety of variables is suggested to provide further support to a socio-ecological model of sexually inappropriate behaviour and approaches such as multi-systemic therapy that address such a spectrum of need in a holistic and systematic approach.

Identification of specific characteristics of adolescent sexual offenders is necessary to develop targeted prevention and intervention programs. Further research in this field is vital. Characteristics are not evidence of the causality of sexually inappropriate behaviour in adolescents and without comparative study it can not be assumed that they are distinct to this group. Further research is necessary to explore differences among different types of sex offenders and non-sex offenders, to enable more differentiated and effective assessment and intervention to be developed.

5.5 Study Two: Comparative Analysis of Adolescent Sexual Offenders, Non-Sexual and Non Offenders and Intervention Efficacy

The second element of the present research, as a consequence, sought to comparatively assess sexually inappropriate young people with appropriate control groups. Limitations in the current understanding of and efficacy of treatment available to adolescents with sexually inappropriate behaviours were also explored. To progress the contemporary understanding of sexually abusive youth, the second study accessed a specialist intervention project for sexually abusive adolescents, developing from a descriptive evaluation of the project which was a condition of the project's funding. This element of study comparatively assessed sexually inappropriate young people, non-sexual offenders and non-offenders using a range of psychometric instruments. To assess the efficacy of the

specialist intervention project for sexually abusive youth, participants were again psychometrically assessed after three months to investigate whether the sexually inappropriate youths had attained (or otherwise) programme goals.

Several statistically significant differences were found. Adolescent sexual offenders had significantly higher levels of depressive responding than non-sexual offenders and non-offenders; the latter group had the lowest levels of depressive responding.

In respect of assessed social skills, adolescent sexual offenders had significantly higher levels of overconfidence and jealousy than non-sexual offenders.

Adolescent sexual offenders scored higher anxiety levels than non-sexual offenders and non-offenders.

Non-offenders had significantly lower levels of sexual knowledge than non-sexual offenders. Adolescent sexual offenders had the most significantly positive attitudes towards various gender role behaviours compared to non-offenders. Non-sexual offenders had more significantly positive attitudes towards the use of pressure and force in sexual activity compared to sexual offenders. Non-offenders had the least positive attitude to the use of pressure and force in sexual activity.

Adolescent sexual offenders were less satisfied with their personal sexuality compared to non-sexual offenders. Non offenders were less satisfied than non-sexual offenders with their personal sexuality. Overall

however, no significant differences were found in twenty of the Math Tech Sex Test's 28 inventories between the test groups and each comparison group. Non offenders and non sexual offenders had the least positive attitude towards the use of pressure and force in sexual activity.

Adolescent sexual offenders had more socially acceptable responses to the 'men should dominate' subscale of the sexual beliefs scale than responses of non-offenders. Non-sexual offenders had more socially acceptable responses to this scale than non-offenders. Non-sexual offenders had significantly more socially acceptable responses to the 'no means stop' subscale of this measure than non-offenders.

Adolescent sexual offenders had higher levels of fantasy than non-sexual offenders. There was no evidence to indicate that adolescent sexual offenders displayed general empathy deficits for the empathic concern, perspective taking and personal distress sub-scales of the IRI, compared to non-sexual offending and non-offending adolescents. This finding is inconsistent with research conducted with adult offenders which has shown adult offenders to be deficient in perspective taking ability (Marshall et al., 1995). The adolescent sexual offenders higher levels of fantasy concurs with Vaker et al. (2007) findings, who suggest that a possible explanation for this may be that empathy can be seen as mediated by narcissism. Narcissistic personality traits can provide an explanation for the significantly higher fantasy level observed in the adolescent offenders as compared to the non-offenders, with narcissistic

people often preoccupied with fantasies of brilliance, success or power. However, as Vaker et al. (2007) also state, a key feature of narcissism is a lack of perspective taking ability, which was not demonstrated within this study. In addition, the Vaker et al. (2007) study did not use a general offending control group; future research into empathy differences between adolescent sexual offenders and non-sexual offenders should investigate whether narcissism is a possible covariate for empathy.

Fisher (1997) provides an argument that sexual offenders give the impression that they are very empathic generally, when in fact the deficits they possess are related to their specific victim(s). Marshall *et al.* (1995) propose that the use of general measures of empathy masks real differences between sexual offenders and non offender controls. Therefore, in light of this argument and the findings of limited difference in the present study, it could be argued that generic measures of empathy fail to access the deficits in adolescent sexual offenders that lead to their offending.

No support was found in this study for the expectation that sex offenders and non offenders differ in reference to problem behaviour and personality traits. There was no evidence to support the assertion that sex offenders had higher scores on inappropriate sexual behaviour or lower scores on extraversion or impulsiveness. No significant difference was found between groups in respect of impulsivity. Appropriate and inappropriate social skills were not significantly different between each

group. The study did find that sexual offenders had significantly higher levels of over confidence and jealousy.

The lack of significant difference between groups in respect of locus of control, appropriate and inappropriate social skills, reactive anger, self concept, empathy and sexual attitudes and beliefs supports the hypothesis that some personality characteristics of young sex offenders are similar to those of non-sexual adolescent offenders (Becker and Hunter, 1997; Miner and Crimmins, 1995).

5.6 Study Two Conclusion and Direction for Further Research

In summary of this element of the research, the major finding is perhaps that in the majority of scales and subscales there were no significant differences between the groups. The adolescents who participated in the research were a heterogeneous group with differing characteristics and needs. It is therefore suggested that research should develop and investigate other individual dimensions and factors in its search for a typology of sexually inappropriate behaviour in adolescents.

As stated, this element of the research also sought to empirically test the Becker and Kaplan (1988) model of sexual offending. The authors proposed a number of risk factors for sexual offending behaviour; depression; social isolation; a lack of social and assertion skills; a lack of impulse and anger control and inadequate sex education. With the exception of depression, no differences were found between adolescents

with sexually inappropriate behaviour and adolescents who commit non-sexual offences or those who do not offend on any of the proposed risk factors. The Becker and Kaplan (1988) model is not supported by the current research. Research must continue to seek a more developed typology of sexual inappropriate behaviour in adolescents.

5.7 Study Two: Evaluation of A specialist Intervention project for Adolescent Sexual Offenders

In addition to the identified differences between groups, the study completed comparative analyses of the total test score results of the three groups compared at two points in time. Comparative analyses of the subscale score results that differed between groups compared at two points in time showed no significant differences in scores after a period of assessment or intervention undertaken by the specialist intervention project.

The goals of the specialist adolescent sexual abuser intervention project, which include a reduction in levels of risk factors identified by the Becker and Kaplan (1988) model, were not evidenced. Eight of the risk factors identified in the model were tested; depression; social isolation, social skills, assertion skills, sex education, impulse and anger control, empathy and distorted beliefs and there was no evidence of change over time.

The study also considered additional treatment goals as those identified by research conducted by the National Adolescent Perpetrator Network (1988). This enabled the study to consider whether the project was targeting incorrect treatment goals through the utilisation of a model that had not been empirically supported. Treatment goals of the acceptance of responsibility for their behaviour, addressing and challenging cognitive distortions, development of victim empathy, social skills and self identity development (National Adolescent Perpetrator Network, 1988) were not evidenced to have been attained through the intervention of this specialist project. In addition to these tested dimensions, other goals, identified through aetiology research; locus of control, self concept, anger, sexual knowledge, attitudes and behaviour were also tested prior to and post specialist intervention. Again no significant positive change was evident in any of these additional dimensions.

These findings did not substantiate previous research from elsewhere that evidenced intervention efficacy in attained goals of problem-solving abilities (Hains et al. 1986), sexual knowledge (Kaplan et al. 1991; Eastman, 2004) attitudes about sexual behaviour, self-esteem and empathy (Eastman, 2004)

The ineffectiveness of this specialist intervention project does however support other aspects of previous research with no differences

found between groups in the level of sexual knowledge (Hains et al. 1986) and psychological attitudes (Hains et al. 1986).

5.8 Study Two Evaluation Conclusion and Directions for Further Research

Whilst a number of limitations have been identified in the study methodology, a number of limitations of the specialist project were identified through the course of conducting the research which may have compounded any methodological weaknesses. A lack of clarity in differentiation of assessment and intervention phases is the suggested origin of the project's ineffective intervention. The project's "loose" and vague framework of delivery does not account for the heterogeneity of adolescents with sexually inappropriate behaviours in a structured, systematic or targeted approach.

It was inconclusive as to whether the project utilised cognitive behavioural methods of delivery. The process evaluation and meta-analysis of sexual offender intervention study that has demonstrated treatment effects of approaches based on cognitive behaviourism (Lösel and Schmucker, 2005, Bilby, Brooks-Gordon and Wells 2006), can not be therefore supported by this research. Furthermore, the emerging evidence of the effectiveness of social-ecological methods, defined by their emphases on understanding delinquent behaviour as a product of multiple, and oftentimes interactive, individual, familial, social, and cultural

determinants (Borduin, 1999) such as multi-systemic therapy for sexually abusive youth (Swenson et al. 1998) is not addressed by the specialist project evaluated in the current research, and thus no conclusions can be made as to the effectiveness of such approaches. Evaluation of specialist intervention projects must include a clear and structured methodology of intervention to enable a rigorous evaluation to be conducted.

Overall a number of implications of findings of this element of the research were considered. Dependent upon the specific nature of a young person's psychological characteristics, a clear treatment approach is that addresses assessed need in a holistic and structured framework is suggested. The observed heterogeneity of the population of sexually inappropriate adolescents is suggested to require differentiated treatment approaches based upon a more developed understanding of the aetiology of such behaviours and an empirically supported model of the typology of the behaviours.

5.9 Study Three: The Role of the Working Alliance in Intervention with Offending Adolescents

As a result of the previous elements of research the third aim of the present study was to consider other elements of youth offending intervention that contribute to the attainment of treatment goals. To contribute to contemporary evidence of effective practice, current understanding of the necessary components and elements of successful

intervention with offending youth was widened to explore the existence and nature of a working alliance in youth offending intervention. In an exploratory study, Florsheim et al. (2000) found that the development of a positive working alliance, assessed after three months of treatment, related to positive psychological changes and predicted lower rates of recidivism. Thus the concept of a working alliance was considered in relation to positive outcomes in intervention with offending adolescents.

The findings of this element of the research found evidence of the existence of a working alliance and its role in youth offending intervention. The findings suggested that a working alliance is built between a young offender and a youth offending professional and its existence is viewed as central and causal to successful intervention. Whilst logistical factors in youth offending intervention such as education support and accommodation assistance and offending behaviour intervention such as cognitive behavioural techniques and offending behaviour programmes are acknowledged by both, the working alliance between both a professional and a young offender also has a role in the likelihood of successful intervention. This success could be a reduced likelihood of breach [returning a young offender to Court for non-compliance of a statutory Court Order] and a reduced likelihood of further offending. Further exploration of changes in the likelihood of attaining these outcomes in relation to an alliance is necessary.

In respect of the construct of a working alliance, the emerged model revealed that both youth offenders and youth offending professionals view it as similar to that proposed in therapy research. The quality and nature of the interaction between a young offender and a youth offending professional, the collaborative nature of that interaction and the personal bond or attachment that emerges in treatment that facilitates change have emerged from accounts.

The emerged shared account of the working alliance considered an alliance to be a shared sense of understanding, a partnership that is built over time. It is built from honesty and communication from both the professional and the young person and small successes lead to bigger success in its course. Young people particularly view respect as crucial, which is considered to include the professional understanding the young person and their perspective, not talking 'at' the young person but talking to them and both parties being on time for appointments. A working alliance cannot be forced and boundaries are important in its establishment and maintenance. The trust of a young person will build in time. It has static and dynamic factors that can impact upon the relationship in its building and maintenance stages and depends on inputs from both the young person and the youth offending professional, though responsibility is ultimately viewed as that of the professional.

This exploration found that the behaviour and personal style and in addition, attitude, of the professional exerts some influence on the success

of interventions. Responsibility was fundamental in the models of the working alliance that have emerged. As Horvath and Greenberg (1986) suggested, both the professional and young person must mutually endorse and value outcomes that are the target of the intervention, but with varying responsibilities in the actions and attitudes of the professional that contribute to achieving this.

The views of both young offenders and youth offending professionals indicate that developing and maintaining a positive working relationship between the two parties is seen to improve the efficacy of any delivered intervention. It is viewed that a foundation of mutual trust, understanding and respect is gained, that the likelihood of a young offender attending for statutory appointments is increased and that it enables intervention to be delivered that is more likely to achieve attitudinal and behavioural change. A positive therapeutic alliance is considered to be a likely predictor of positive youth offending outcome. It is viewed to achieve a greater psychological change in the young person with fewer perceived barriers and greater intervention acceptability as young people are working to its mutually agreed aims, and not just attending appointments to tick a box. Further research is necessary to investigate whether these views are a reality in everyday youth offending intervention.

5.10 Study Three Conclusion and Direction for Further Research

The lack of success made to date in identifying the mechanisms of change that account for positive treatment outcomes and possibly the lack of significant evidence of treatment efficacy in study three, could be due to the lack of investigation of the working alliance and its role and impact within youth offending intervention. This last element of study has provided an account of how the alliance is central to change and achievement of positive treatment outcomes. The emerged accounts indicate that without an alliance the young offender either does not attend appointments to complete the necessary intervention or the young offender attends an appointment but does not take on board the work being completed to make positive psychological change. The implications of these findings were considered against current youth justice practice developments.

It would be beneficial to build upon this emerging evidence to explore the frequency of sessions necessary to build and maintain a relationship. The Youth Justice Board of England and Wales is currently reviewing national standards for youth justice i.e. the minimum frequency of contact in statutory intervention to make a scaled approach dependant on assessed risk. Having knowledge of a necessary appointment frequency to maintain an alliance will further contribute to the development of policy and standards in managing risk and re-offending of young people.

The emerged model provides an account of a working alliance that depends on the contributions of a professional for successful creation and

maintenance. It is thus likely that changes in youth offending professionals and the multi-agency delivery of intervention impacts upon the establishment and maintenance of a working alliance. It is likely that Psychlic et al.'s (2006) findings apply similarly to youth offending intervention; a better quality and likelihood of a working alliance is linked to frequency of sessions and number of sessions with differing workers. Given this association, it is suggested that youth offending intervention by an individual professional should first focus on alliance formation, limiting additional worker contact where possible in early sessions with young people. A working alliance is likely to be built over time, and can be delayed by the influence of other workers or a change in professional that results in mistrust from the young person. Of course in cases with high need and risk concern, a multi-agency targeted approach is necessary to address and manage presenting risk and need, but it must be balanced against the need to achieve a positive working alliance which has emerged as an influence in achieving positive outcomes.

This final element of the research provided evidence to contribute to understanding of the importance of the fundamental and causal role of a working alliance within youth offending team intervention. The development and maintenance of a positive working alliance emerged as what is viewed by both professionals and young people to be a conduit of positive psychological change and as a consequence, lower rates of recidivism and breach. The inter-personal relationship impacts the

outcomes of youth offending intervention. The importance of staff characteristics and process issues in the delivery of effective intervention was evident. A professional's style, a young person's perception of the professional, the impacts upon establishing and maintaining an alliance, responsibility of actions and the nature of an alliance between a young person and professional all influence intervention effectiveness. A 'what works for whom' concept is suggested as an important addition to the concept of 'what works' and the dynamic resource of evidence based practice.

This exploratory study produced insightful and inspiring initial evidence of the need to consider process issues in the context of youth offending intervention to ensure appropriate and effective practice is delivered. More developed research is necessary to progress the initial evidence that has emerged.

5.11 Conclusion

This research study, whilst not providing empirical or conclusive evidence, has instead contributed to the growing research evidence that suggests work with adolescents who sexually offend must develop in new directions. The initial exploration of the characteristics of a British sample of sexually abusive adolescents contributed to the growing evidence base defining a number of characteristics that were common to the sample. This study led to the suggestion that to conclusively explore characteristics,

comparisons must be made with appropriate control groups. This second element of study was undertaken, and in doing so, no evidence was found in support of the Becker and Kaplan (1988) model of adolescent sexual offending. In testing the model, the study was able to assess and evaluate a specialist intervention project and found no evidence of efficacy of the intervention. In addition to identified limitations of the delivered intervention, the limited evidence of intervention efficacy led the research to expand and explore additional elements of intervention with offending youth. Emerging evidence from therapy research of the importance of the concept of a working alliance was reviewed. This exploratory element of the study provides a tentative model as to the existence of a working alliance from the perspective of both youth offending professionals and young offenders and a significant role within delivered intervention.

Despite the identified limitations of each element of the research, contributions to the growing field of research have been made. In answer to Vizard et al. (1995) conclusion that 'there is a long way to go before we fully understand or effectively meet the needs of these young people', the research provides evidence of characteristics of a British sample of adolescents and the results of a specialist intervention project evaluation. The research progression into an exploratory area of 'who works' provides promising indication that this area of work demands expansion and investigation in order to effectively intervene with sexually abusive and offending adolescents.

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APPENDICES

Appendix One: Information and Consent Forms for Participation in Studies Three and Four

INFORMATION AND CONSENT FORM – ADOLESCENT SEXUAL ABUSERS

YOUNG PEOPLE PARTICIPATING IN RESEARCH AROUND YOUNG PEOPLE WHO OFFEND

You are being invited to participate in a doctoral thesis research study. The aim of this information sheet is to help you to understand why the research is being done and what it will involve. Please take the time to read the following information, and feel free to ask the researcher if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

PURPOSE

The purpose of this study is to explore how you, a young person who is working with the XXXX Project feels, thinks and behaves. We are asking you and other young people who attend the project to complete a number of questionnaires about your thoughts, feelings and behaviours. The questions relate to both your feelings and thoughts, and some questions are asked about your sexual behaviours and thoughts. We will compare your answers with those of other young people to see if there are any differences. We are not looking at you in particular; we are looking at common patterns of all young people who will complete the questionnaires. Your answers to the questions will be used for the research, and your worker from the project will see the overall results of the questionnaires.

DESCRIPTION

As a participant in the study, we will be asking you to fill in questionnaire items on the above topics. The questionnaires will be given to you by the researcher and you will be able to ask the researcher any questions as you complete them. The questionnaires will take approximately two, one hour sessions to complete, before you start work with the project and again after you have completed 3 months of work with the project.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not you wish to take part in the study. If you do decide to take part, you will be given this Information Sheet to keep and asked to sign a Consent Form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect you in any way.

ANONYMITY

Your participation in this study will be anonymous. All information is treated as confidential, and will not be linked to any other information. We are asking for some background information about what alleged actions or offences you have committed and what orders you are subject to, but this will again be anonymous and will not identify you. Please take your time to respond to the questions thoughtfully and openly. Remember that there are no right or wrong answers. Please feel free to provide completely open and honest responses at all times.

POTENTIAL RISKS

It is possible that some people may feel uncomfortable when participating. If you become uncomfortable or experience any unusual or unexpected anxiety while participating, please let the researcher know and you can stop completing the questionnaires at any point.

POTENTIAL BENEFITS

This study aims to encourage a better understanding of how agencies can best work with young people who have sexually inappropriate behaviours. It will contribute to improvements in services for yourself and other young people. The results of the research will be written up and may be published in a psychology journal for dissemination to the wider psychology community.

THE AGREEMENT TO CONSENT

1. I understand the scope, aims, and purposes of this research project and the procedures to be followed and the expected duration of my participation.
2. I have received a description of any reasonable foreseeable risks or discomforts associated with my being a participant in this research, have had them explained to me, and understand them.
3. I have received a description of any potential benefits that may be accrued from this research and understand how they may affect others or me.
4. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained within the extent of the law.
5. I understand that my consent to participate in this research is entirely voluntary.
6. I further understand that if I consent to participate, I may discontinue my participation at any time.
7. I confirm that no coercion of any kind was used in seeking my participation in this research project.
8. I understand that if I have any questions pertaining to the research, my rights as a research participant, I can contact the researcher – Rachel England, on 0151 794 5512 to have the opportunity to discuss them in confidence.
9. I understand that I will not be provided with any financial incentive for my participation in this study.
10. I understand that the results of this study may be published in scientific journals, or may be presented at a conference as long as my identity is kept confidential.

I have read this agreement, I am over 16 years and consent, or I am a parent /carer giving consent for my son / daughter to participate in the above described research

Yes I accept

Signed

Print Name

No I do not accept

Signed

Print Name

Please return this form to Rachel England, the researcher conducting this study or to your Project Worker.

INFORMATION AND CONSENT FORM - YOT

YOUNG PEOPLE PARTICIPATING IN RESEARCH AROUND YOUNG PEOPLE WHO OFFEND

You are being invited to participate in a doctoral thesis research study. The aim of this information sheet is to help you to understand why the research is being done and what it will involve. Please take the time to read the following information, and feel free to ask the researcher if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

PURPOSE

The purpose of this study is to explore how you, a young person who is working with the Youth Offending Team (YOT) feels, thinks and behaves. We are asking you and other young people who attend the YOT to complete a number of questionnaires about your thoughts, feelings and behaviours. The questions relate to both your feelings and thoughts, and some questions are asked about your sexual behaviours and thoughts. We will compare your answers with those of other young people to see if there are any differences. We are not looking at you in particular; we are looking at common patterns of all young people who will complete the questionnaires. Your answers to the questions will be used for the research, and your YOT worker will not see your responses.

DESCRIPTION

As a participant in the study, we will be asking you to fill in questionnaire items on the above topics. The questionnaires will be given to you by the researcher and you will be able to ask the researcher any questions as you complete them. The questionnaires will take approximately two, one hour sessions to complete, before you start work with the project and again after you have completed 3 months of work with the YOT.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not you wish to take part in the study. If you don't want to take part it won't affect your YOT Order. If you do decide to take part, you will be given this Information Sheet to keep and asked to sign a Consent Form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect you in any way.

ANONYMITY

Your participation in this study will be anonymous. All information is treated as confidential, and will not be linked to any other information. We are asking for some background information about what offences you have committed and what orders you are subject to, but this will again be anonymous and will not identify you. Please take your time to respond to the questions thoughtfully and openly. Remember that there are no right or wrong answers. Please feel free to provide completely open and honest responses at all times.

POTENTIAL RISKS

It is possible that some people may feel uncomfortable when participating. If you become uncomfortable or experience any unusual or unexpected anxiety while participating, please let the researcher know and you can stop completing the questionnaires at any point.

POTENTIAL BENEFITS

This study aims to encourage a better understanding of how agencies can best work with young people who offend. It will contribute to improvements in services for yourself and other young people. The results of the research will be written up and may be published in a psychology journal for dissemination to the wider psychology community.

THE AGREEMENT TO CONSENT

- 11. I understand the scope, aims, and purposes of this research project and the procedures to be followed and the expected duration of my participation.
- 12. I have received a description of any reasonable foreseeable risks or discomforts associated with my being a participant in this research, have had them explained to me, and understand them.
- 13. I have received a description of any potential benefits that may be accrued from this research and understand how they may affect others or me.
- 14. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained within the extent of the law.
- 15. I understand that my consent to participate in this research is entirely voluntary.
- 16. I further understand that if I consent to participate, I may discontinue my participation at any time.
- 17. I confirm that no coercion of any kind was used in seeking my participation in this research project.
- 18. I understand that if I have any questions pertaining to the research, my rights as a research participant, I can contact the researcher – Rachel England, on 0151 794 5512 to have the opportunity to discuss them in confidence.
- 19. I understand that I will not be provided with any financial incentive for my participation in this study.
- 20. I understand that the results of this study may be published in scientific journals, or may be presented at a conference as long as my identity is kept confidential.

I have read this agreement, I am over 16 years and consent, or I am a parent /carer giving consent for my son / daughter to participate in the above described research

Yes I accept

Signed

Print Name

No I do not accept

Signed

Print Name

Please return this form to Rachel England, the researcher conducting this study or to your YOT Worker.

INFORMATION AND CONSENT FORM – Non Offenders

YOUNG PEOPLE PARTICIPATING IN RESEARCH AROUND YOUNG PEOPLE

You are being invited to participate in a doctoral thesis research study. The aim of this information sheet is to help you to understand why the research is being done and what it will involve. Please take the time to read the following information, and feel free to ask the researcher if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

PURPOSE

The purpose of this study is to explore how you, a young person feels, thinks and behaves. We are asking you and some other young people who have committed crimes to complete a number of questionnaires about your thoughts, feelings and behaviours. The questions relate to both your feelings and thoughts, and some questions are asked about your sexual behaviours and thoughts. We will compare your answers with those of the other young people who have offended to see if there are any differences. We are not looking at you in particular; we are looking at common patterns of all young people who will complete the questionnaires. Your answers to the questions will be used for the research.

DESCRIPTION

As a participant in the study, we will be asking you to fill in questionnaire items on the above topics. The questionnaires will be given to you by the researcher and you will be able to ask the researcher any questions as you complete them. The questionnaires will take approximately two, one hour sessions to complete, and again after 3 months. You will be given £10 of HMV vouchers for completing both sets of questionnaires.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not you wish to take part in the study. If you do decide to take part, you will be given this Information Sheet to keep and asked to sign a Consent Form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect you in any way.

ANONYMITY

Your participation in this study will be anonymous. All information is treated as confidential, and will not be linked to any other information. We are asking for some background information about you – your age and gender, but this will again be anonymous and will not identify you. Please take your time to respond to the questions thoughtfully and openly. Remember that there are no right or wrong answers. Please feel free to provide completely open and honest responses at all times.

POTENTIAL RISKS

It is possible that some people may feel uncomfortable when participating. If you become uncomfortable or experience any unusual or unexpected anxiety while participating, please let the researcher know and you can stop completing the questionnaires at any point.

POTENTIAL BENEFITS

This study aims to encourage a better understanding of young people and about the differences between young people who do and don't offend. It will contribute to improvements in services for young people. The results of the research will be written up and may be published in a psychology journal for dissemination to the wider psychology community.

THE AGREEMENT TO CONSENT

21. I understand the scope, aims, and purposes of this research project and the procedures to be followed and the expected duration of my participation.
22. I have received a description of any reasonable foreseeable risks or discomforts associated with my being a participant in this research, have had them explained to me, and understand them.
23. I have received a description of any potential benefits that may be accrued from this research and understand how they may affect others or me.
24. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained within the extent of the law.
25. I understand that my consent to participate in this research is entirely voluntary.
26. I further understand that if I consent to participate, I may discontinue my participation at any time.
27. I confirm that I will receive £10 incentive vouchers for participating in the research project.
28. I understand that if I have any questions pertaining to the research, my rights as a research participant, I can contact the researcher – Rachel England, on 0151 794 5512 to have the opportunity to discuss them in confidence.
29. I understand that the results of this study may be published in scientific journals, or may be presented at a conference as long as my identity is kept confidential.

I have read this agreement, I am over 16 years and consent, or I am a parent /carer giving consent for my son / daughter to participate in the above described research

Yes I accept

Signed

Print Name

No I do not accept

Signed

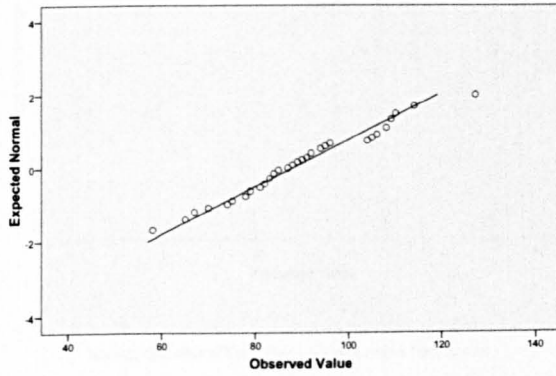
Print Name

Please return this form to Rachel England, the researcher conducting this study.

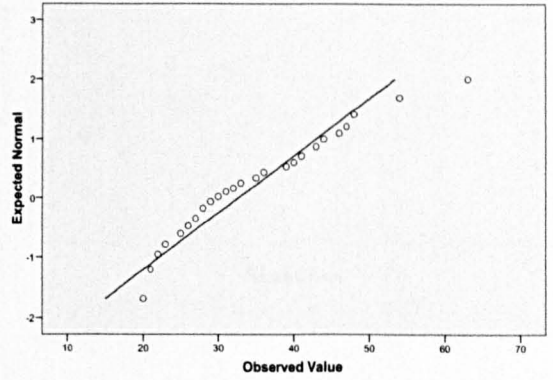
Appendix Two: Normal Q-Q Plots of Normality of Psychometric Test Data

1. Adolescent Anger Rating Scale (AARS)

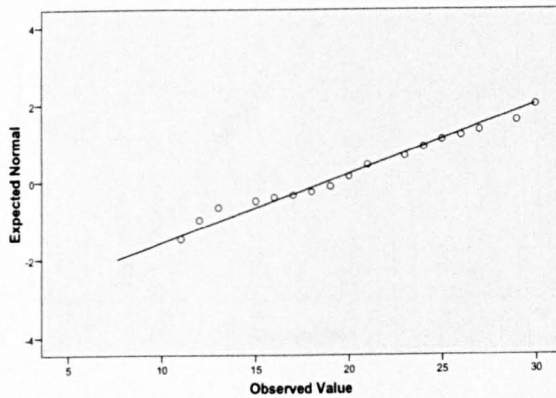
Normal Q-Q Plot of Time One - Total Anger Raw Score



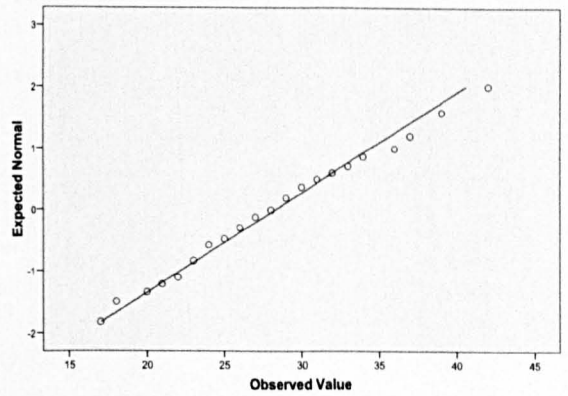
Normal Q-Q Plot of Time One - Instrumental Anger Raw Score



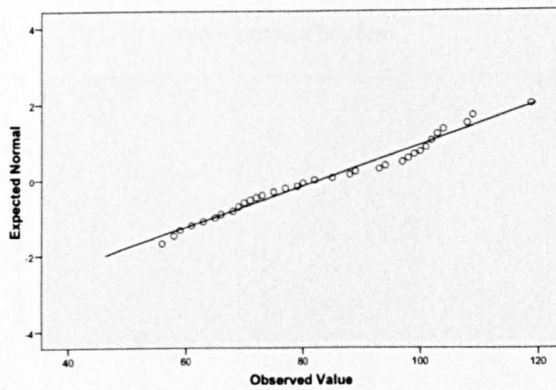
Normal Q-Q Plot of Time One - Reactive Anger Raw Score



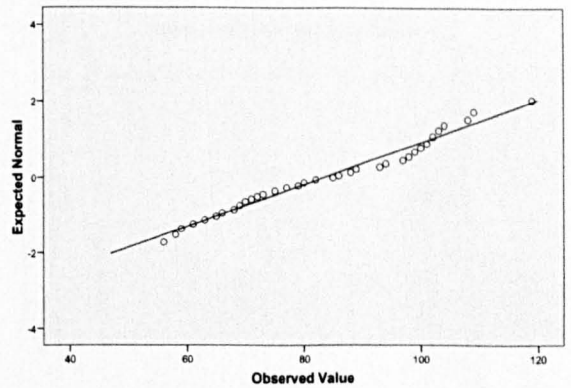
Normal Q-Q Plot of Time One - Anger Control Raw Score



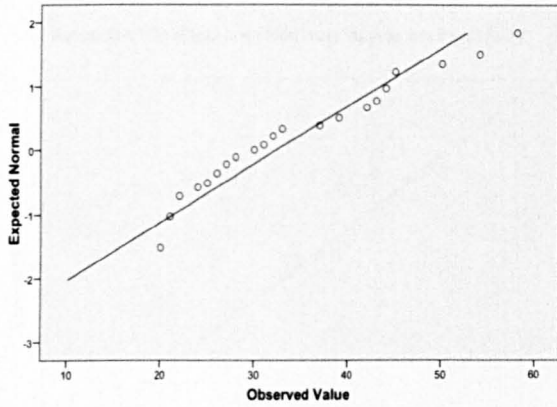
Normal Q-Q Plot of Time Two - Total Anger Raw Score



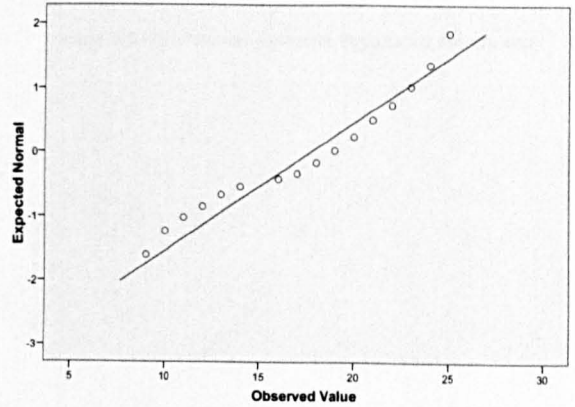
Normal Q-Q Plot of Time Two - Total Anger Raw Score



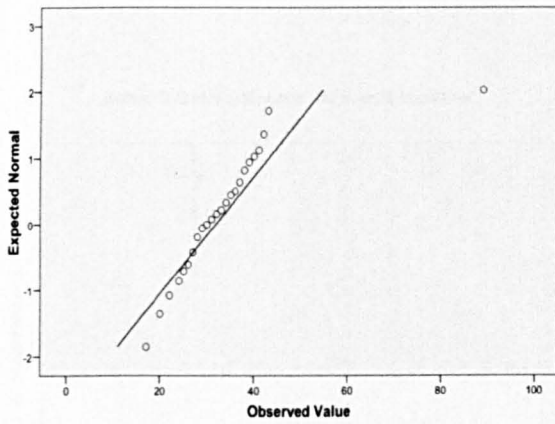
Normal Q-Q Plot of Time Two - Instrumental Anger Raw Score



Normal Q-Q Plot of Time Two - Reactive Anger Raw Score

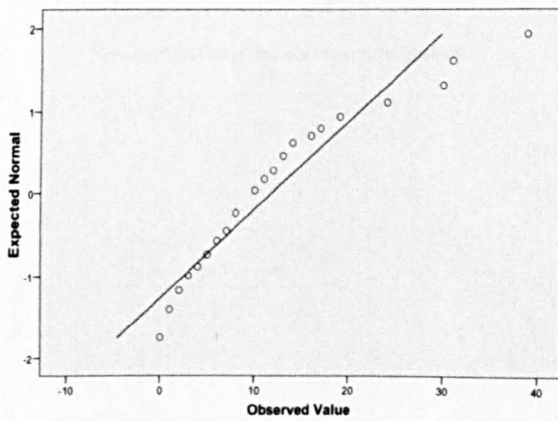


Normal Q-Q Plot of Time Two - Anger Control Raw Score

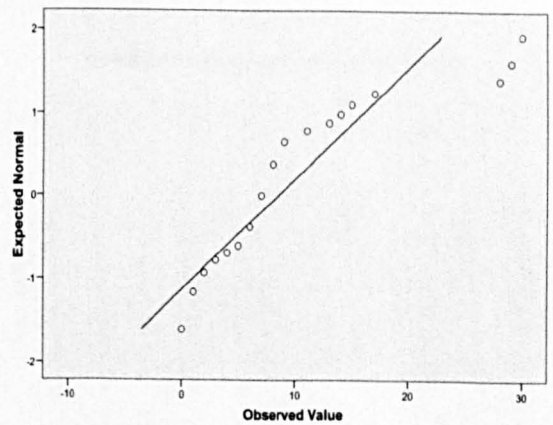


2. Beck Depression Inventory

Normal Q-Q Plot of Total Score

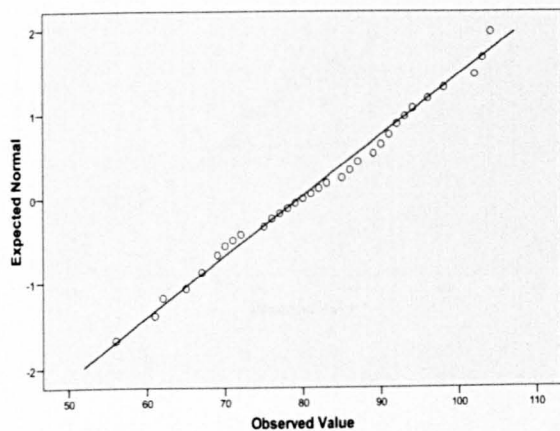


Normal Q-Q Plot of Total Score Time 2

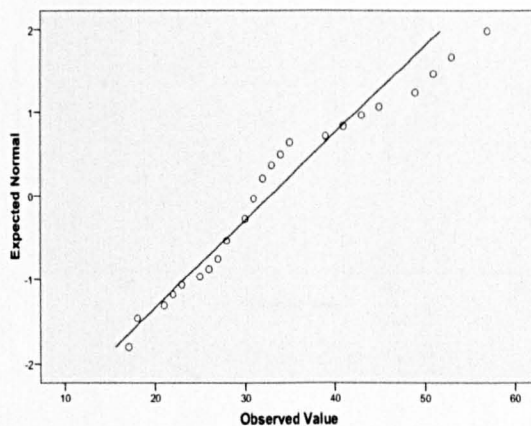


3. Matson Evaluation of Social Skills in Youngsters

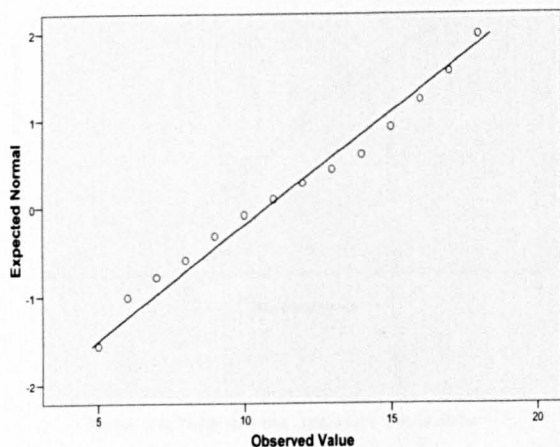
Normal Q-Q Plot of time one - total score 'Appropriate Social Skills'



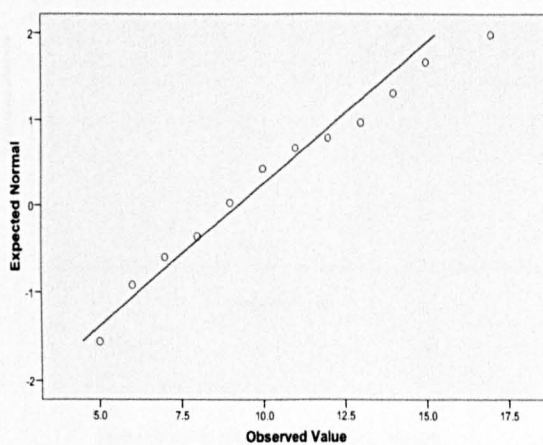
Normal Q-Q Plot of time one - total score 'Inappropriate Assertiveness'



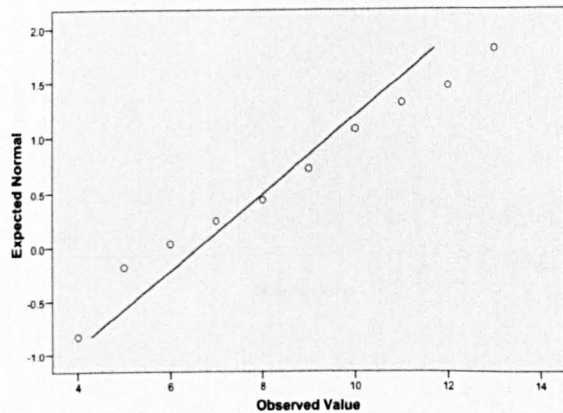
Normal Q-Q Plot of time one - total score 'Impulsive'



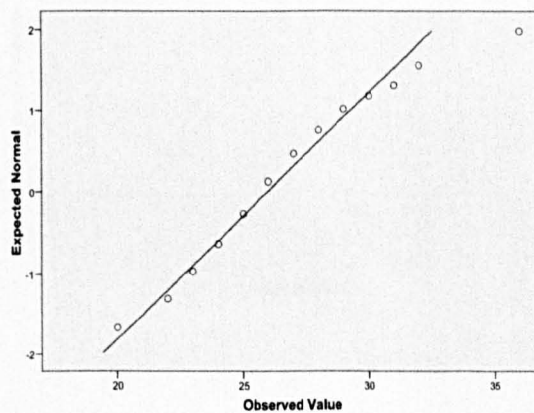
Normal Q-Q Plot of time one - total score 'Overconfident'



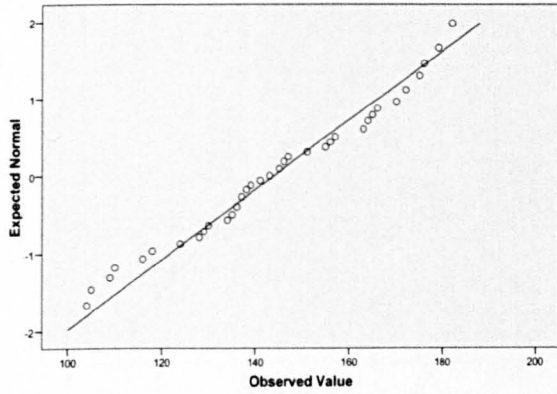
Normal Q-Q Plot of time one - total score 'Jealous'



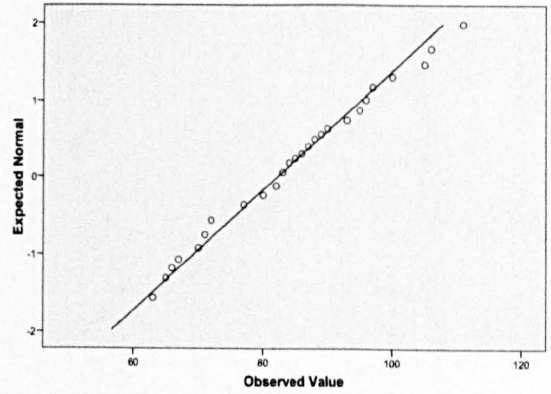
Normal Q-Q Plot of time one - total score 'Miscellaneous'



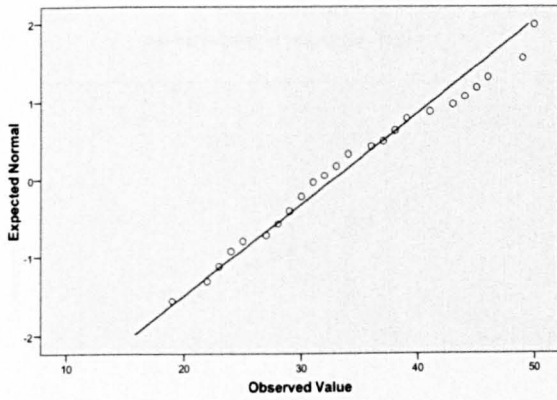
Normal Q-Q Plot of TIME ONE - TOTAL MESSY SELF RATING SCORE



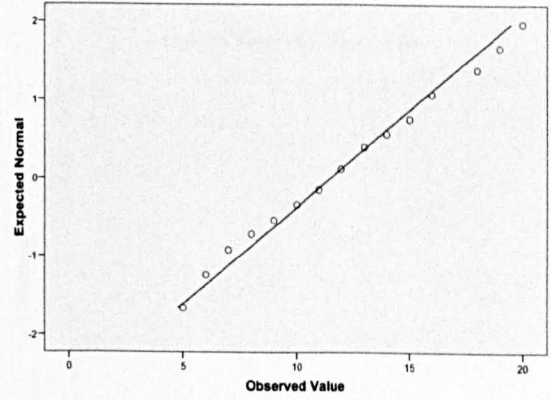
Normal Q-Q Plot of time two - total score 'Appropriate Social Skills'



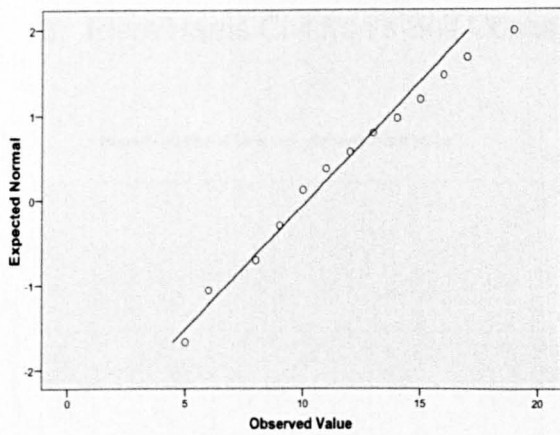
Normal Q-Q Plot of time two - total score 'Inappropriate Assertiveness'



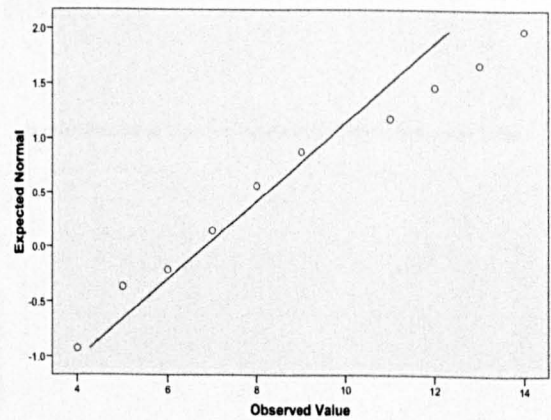
Normal Q-Q Plot of time two - total score 'Impulsive'



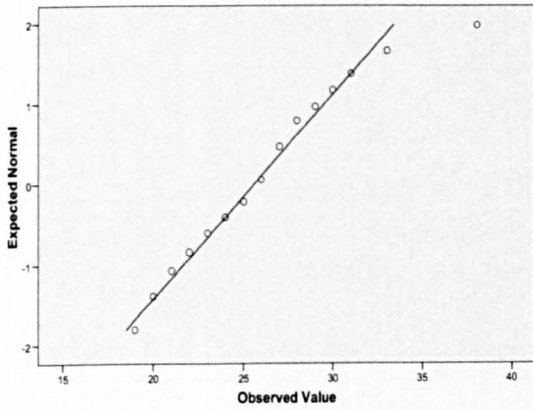
Normal Q-Q Plot of time two - total score 'Overconfident'



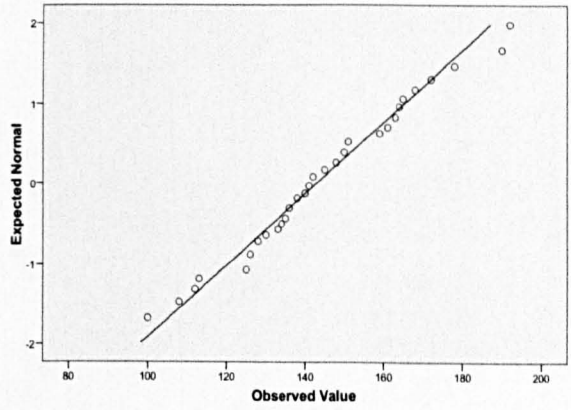
Normal Q-Q Plot of time two - total score 'Jealous'



Normal Q-Q Plot of time two - total score 'Miscellaneous'

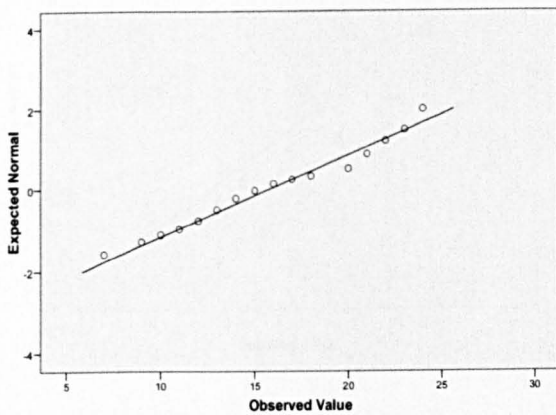


Normal Q-Q Plot of TIME TWO - TOTAL MESSY SELF RATING SCORE

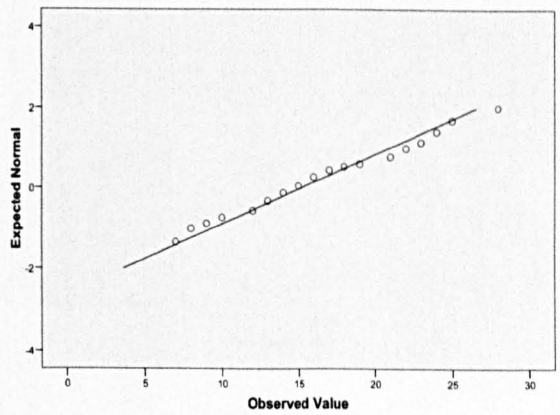


4. Nowicki Strickland Internal External Locus of Control Scale

Normal Q-Q Plot of Total Score - Time 1

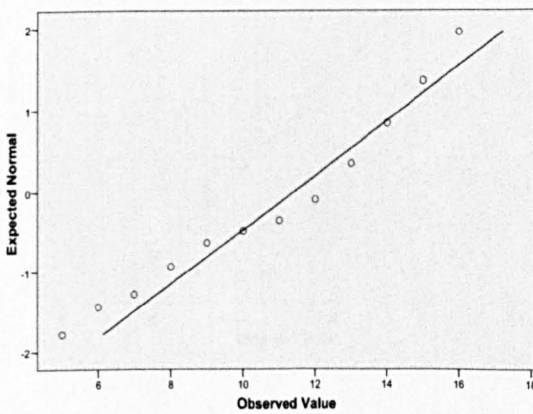


Normal Q-Q Plot of Total Score - Time 2

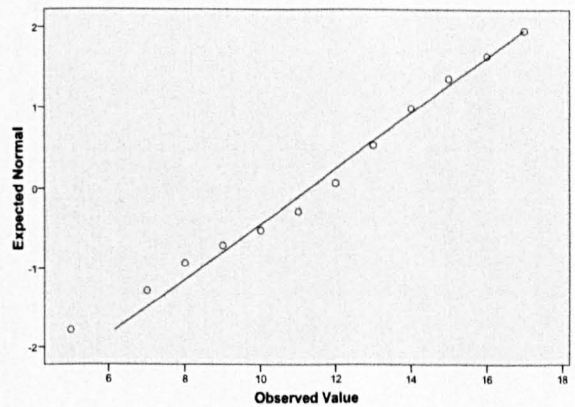


5. Piers Harris Children's Self Concept Scale

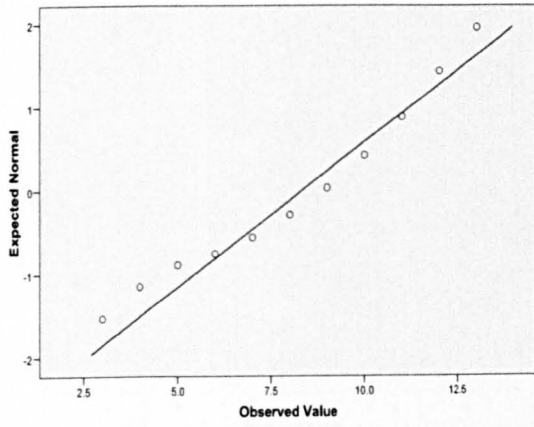
Normal Q-Q Plot of Time one - Behaviour raw score



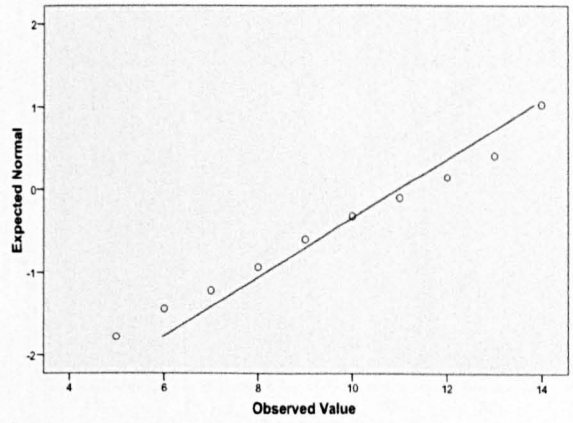
Normal Q-Q Plot of Time one - Intellectual & School Status raw score



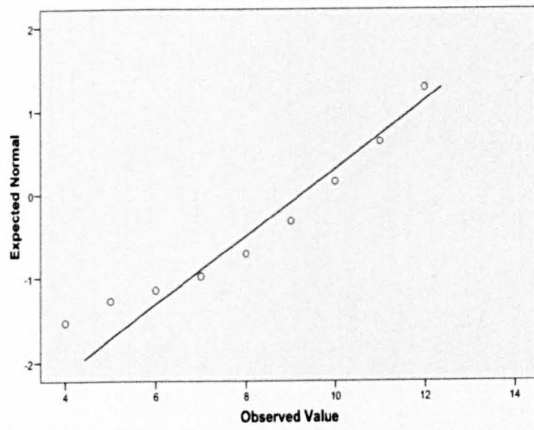
Normal Q-Q Plot of Time one - Physical Appearance & Attributes raw score



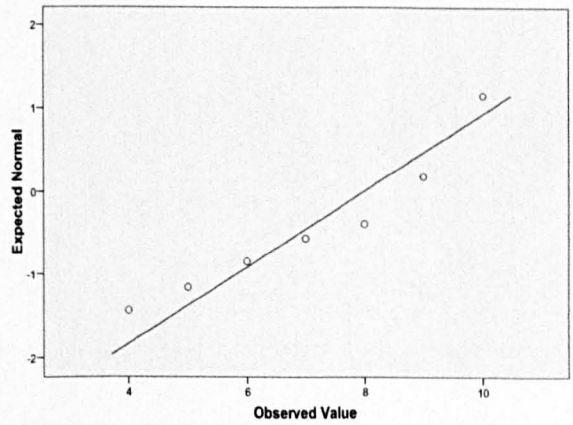
Normal Q-Q Plot of Time one - Anxiety raw score



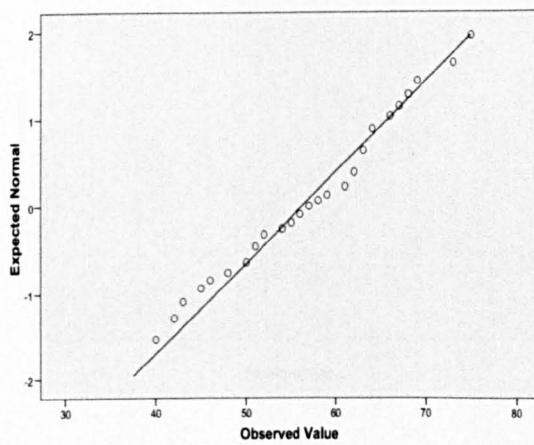
Normal Q-Q Plot of Time one - Popularity raw score



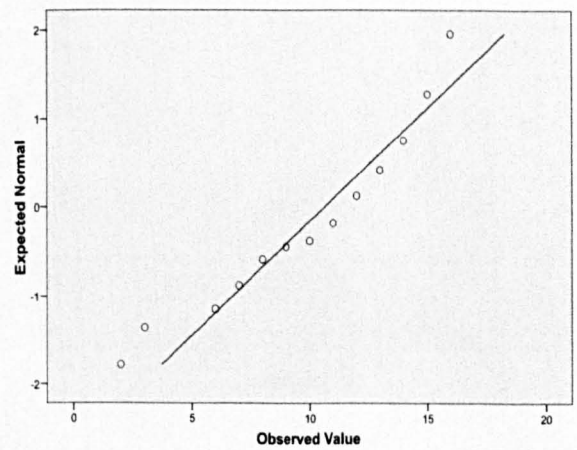
Normal Q-Q Plot of Time one - Happiness & Satisfaction raw score



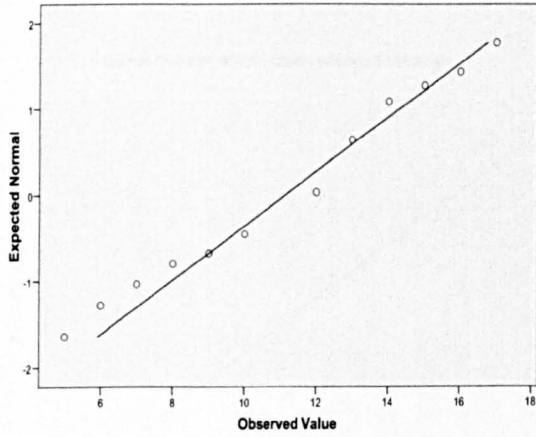
Normal Q-Q Plot of Time 1: Total Score - raw score



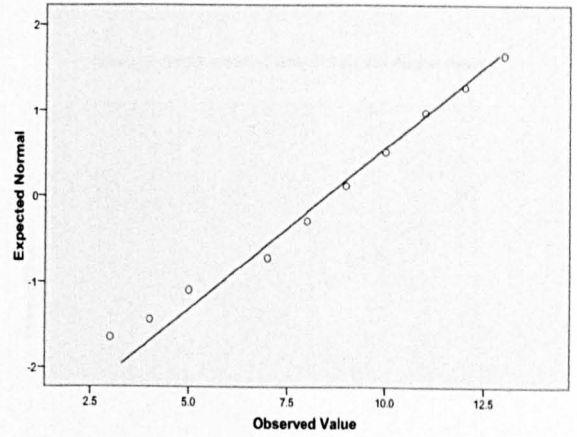
Normal Q-Q Plot of t2.b.rs



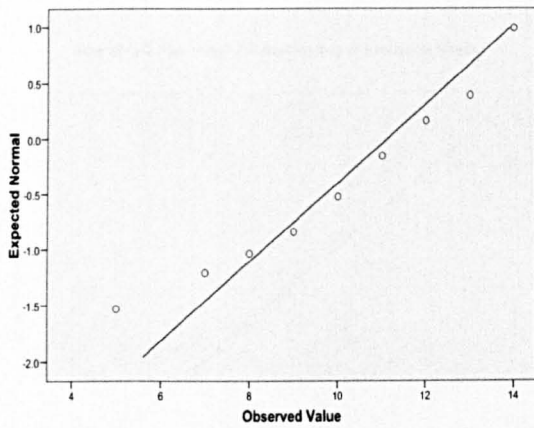
Normal Q-Q Plot of Time two - Intellectual & School Status raw score



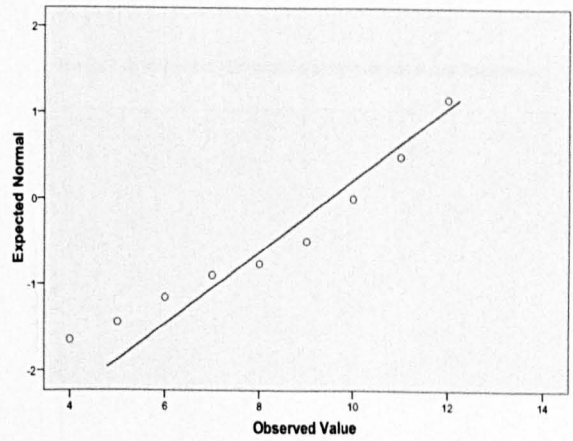
Normal Q-Q Plot of Time two - Physical Appearance & Attributes raw score



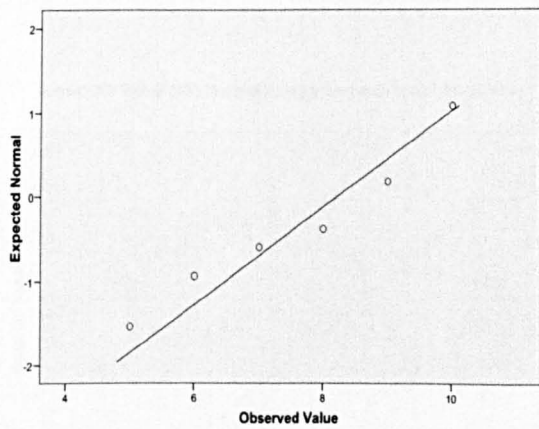
Normal Q-Q Plot of Time two - Anxiety raw score



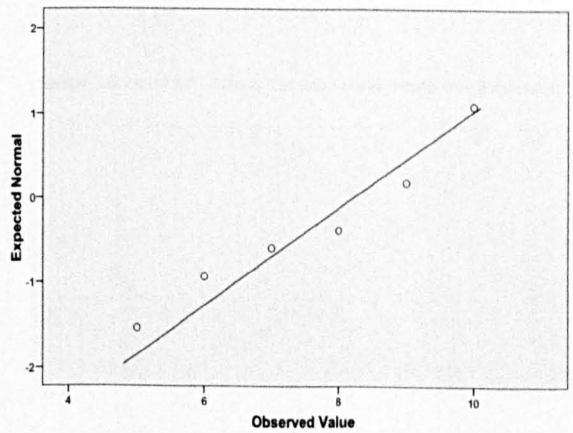
Normal Q-Q Plot of Time two - Popularity raw score



Normal Q-Q Plot of Time two - Happiness & Satisfaction raw score



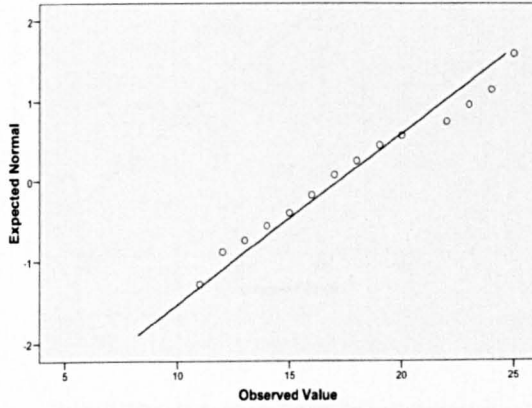
Normal Q-Q Plot of Time two - Happiness & Satisfaction raw score



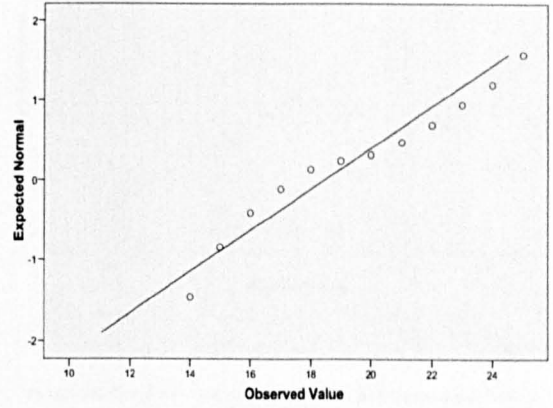
6. Math Tech Sex Test

Time One:

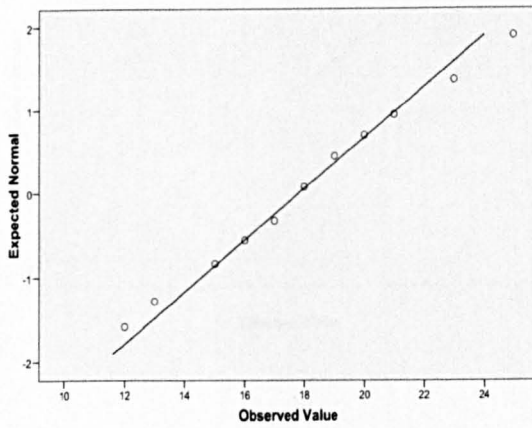
Normal Q-Q Plot of AVI - Clarity of Long Term Goals



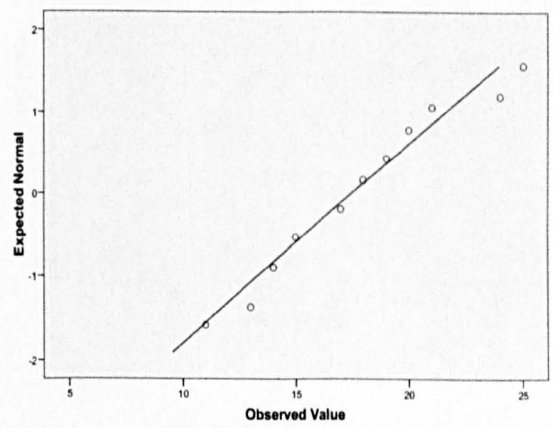
Normal Q-Q Plot of AVI - Clarity of Personal Sexual Values



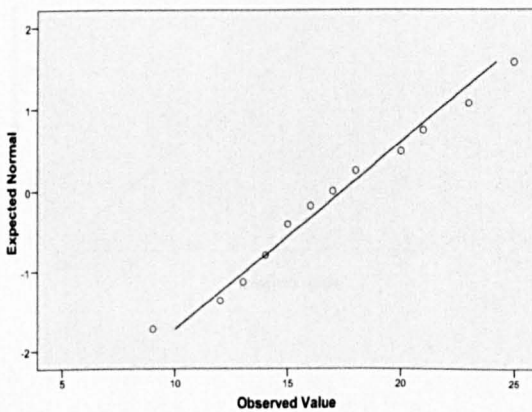
Normal Q-Q Plot of AVI - Understanding of Emotional Needs



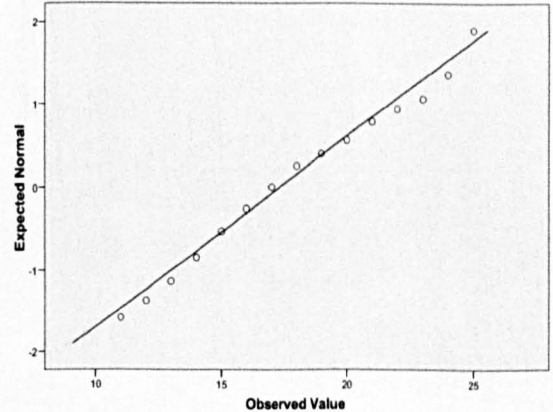
Normal Q-Q Plot of AVI - Understanding of Personal Social Responses



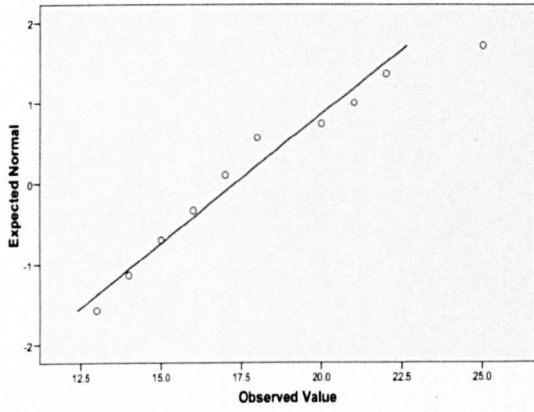
Normal Q-Q Plot of AVI - Understanding of Personal Sexual Responses



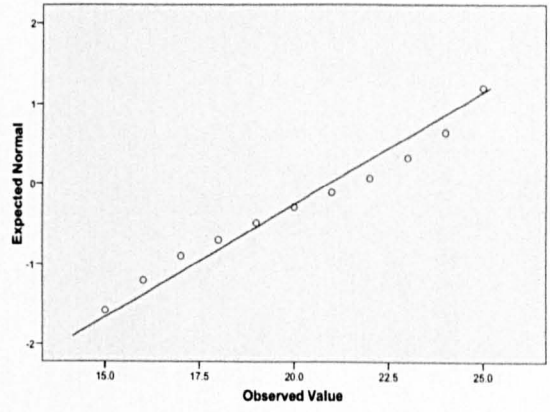
Normal Q-Q Plot of AVI - Attitude Towards Various Gender Role Behaviours



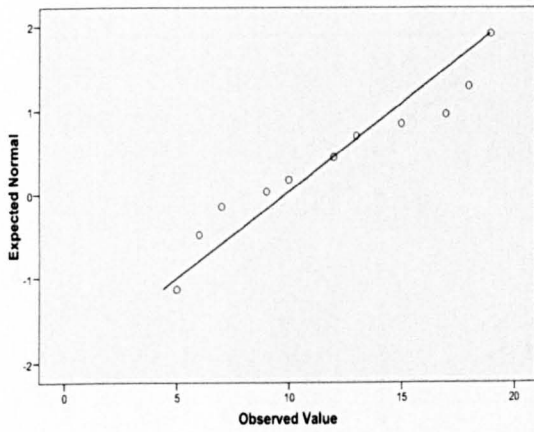
Normal Q-Q Plot of AVI - Attitude Towards Sexuality in Life



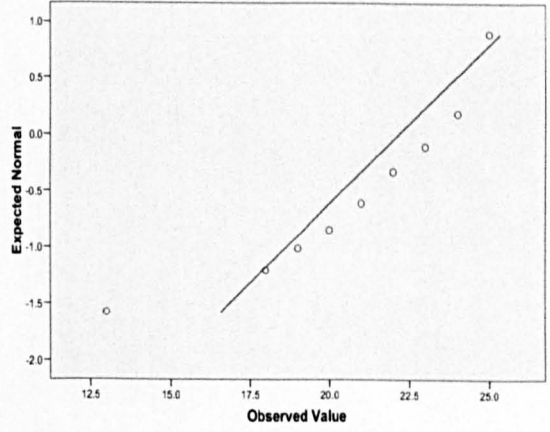
Normal Q-Q Plot of AVI - Attitude Towards the Importance of Birth Control



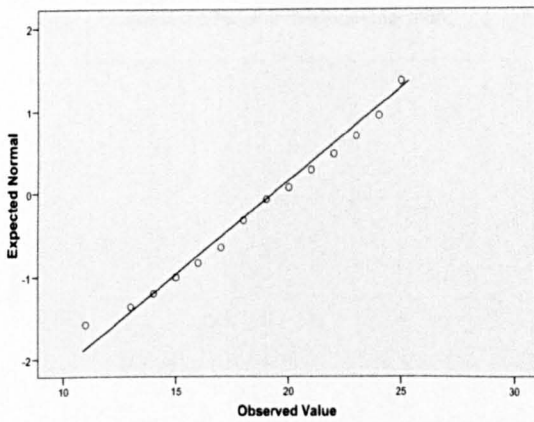
Normal Q-Q Plot of AVI - Attitude Towards Pre-marital Intercourse



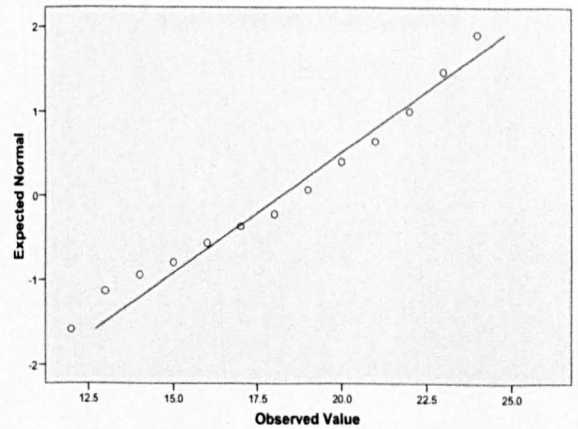
Normal Q-Q Plot of AVI - Attitude Towards the use of Pressure and Force in Sexual Activity



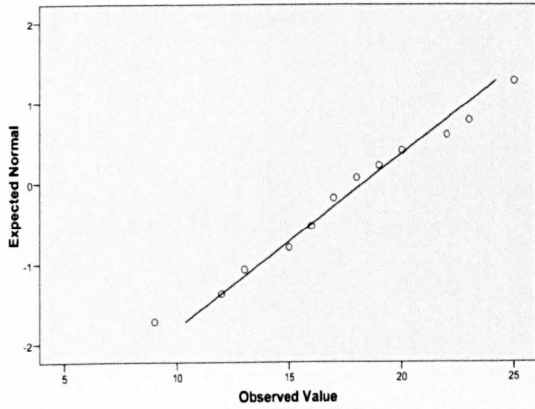
Normal Q-Q Plot of AVI - Recognition of the Importance of Family



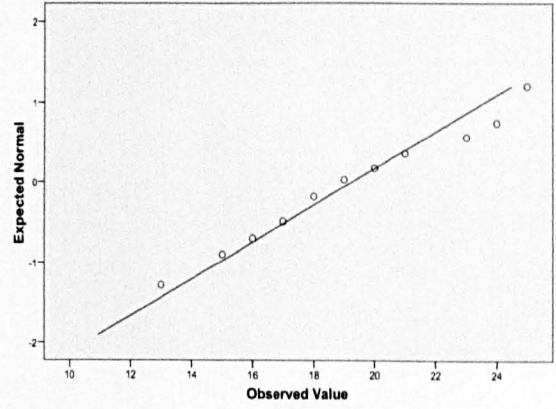
Normal Q-Q Plot of AVI - Self Esteem



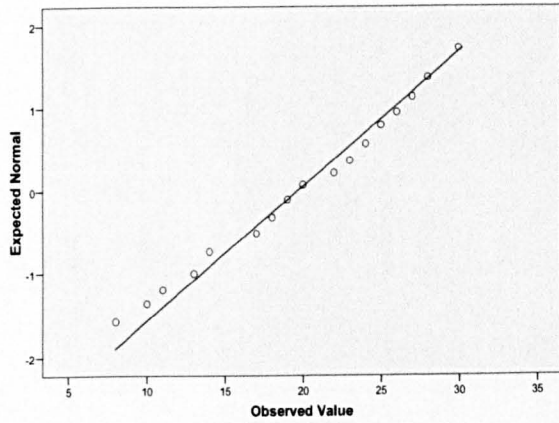
Normal Q-Q Plot of AVI - Satisfaction with Personal Sexuality



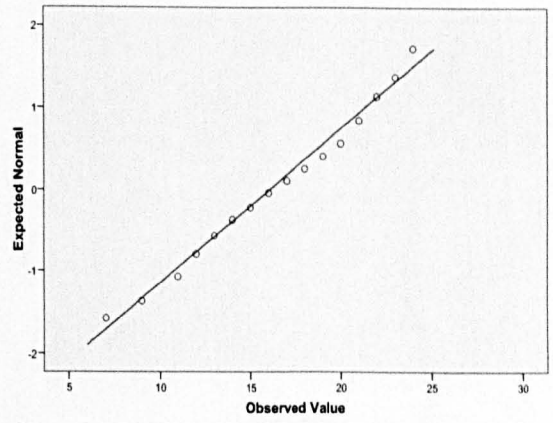
Normal Q-Q Plot of AVI - Satisfaction with Social Relationships



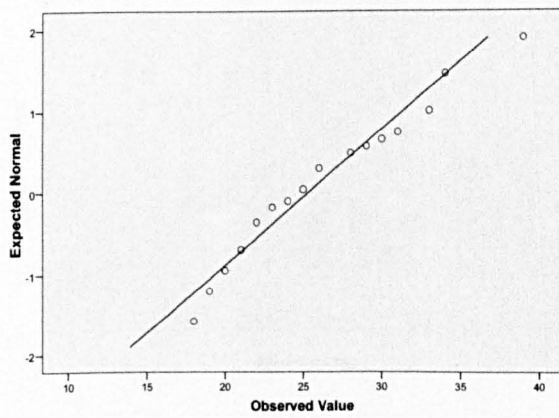
Normal Q-Q Plot of BI - Social Decision Making Skills



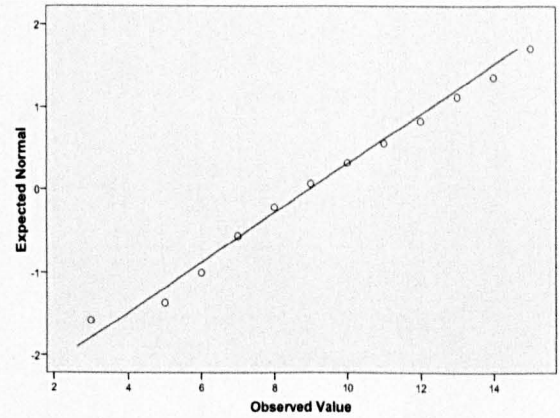
Normal Q-Q Plot of BI - Sexual Decision Making Skills



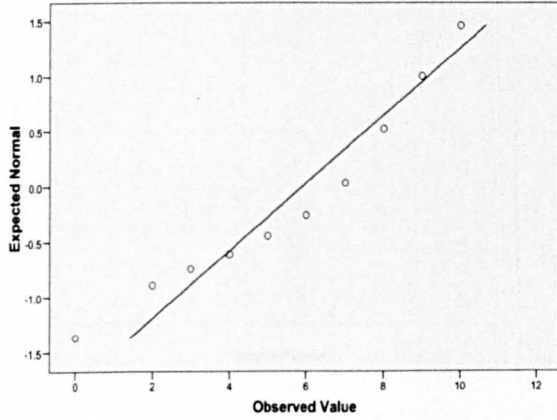
Normal Q-Q Plot of BI - Communication Skills



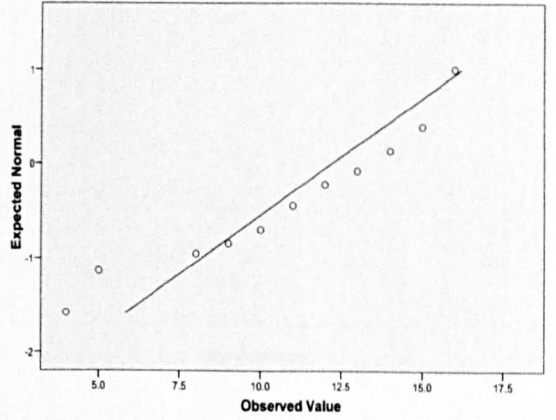
Normal Q-Q Plot of BI - Assertiveness Skills



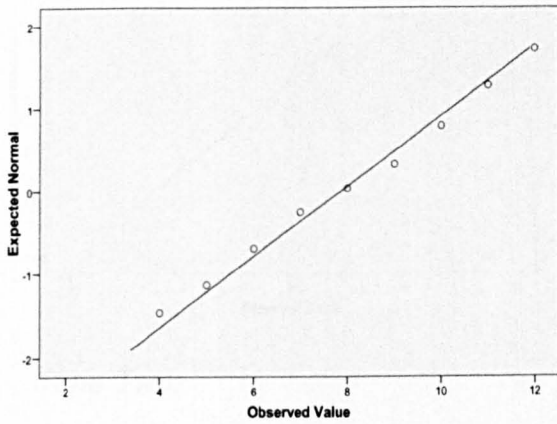
Normal Q-Q Plot of BI - Birth Control Assertiveness Skills



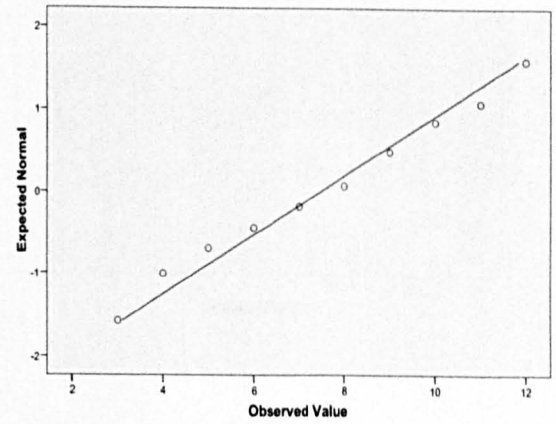
Normal Q-Q Plot of BI - Comfort Engaging in Social Activities



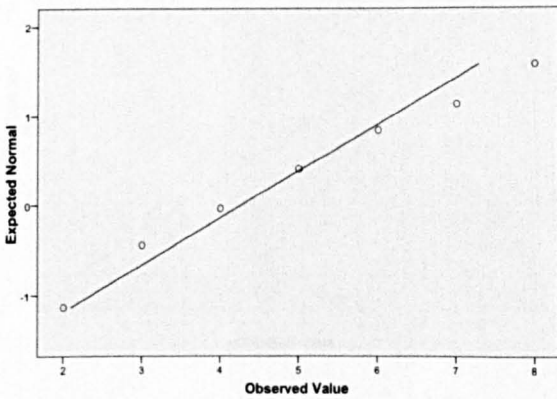
Normal Q-Q Plot of BI - Comfort Talking with Friends, partner and Parents about Sex.



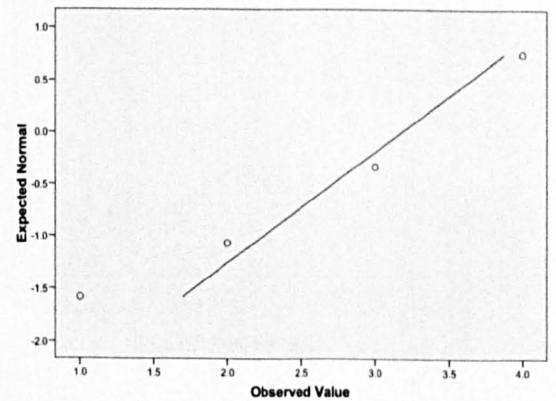
Normal Q-Q Plot of BI - Comfort Talking with Friends, Partner and Parents about Birth Control.



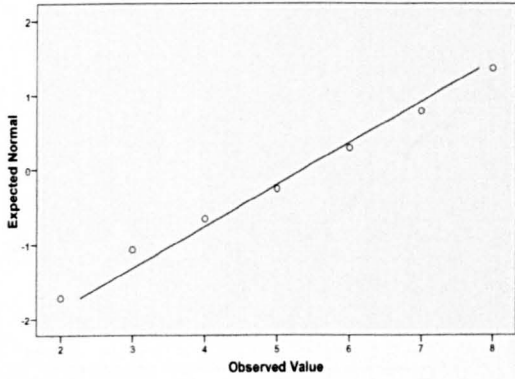
Normal Q-Q Plot of BI - Comfort Talking Parents about Sex & Birth Control.



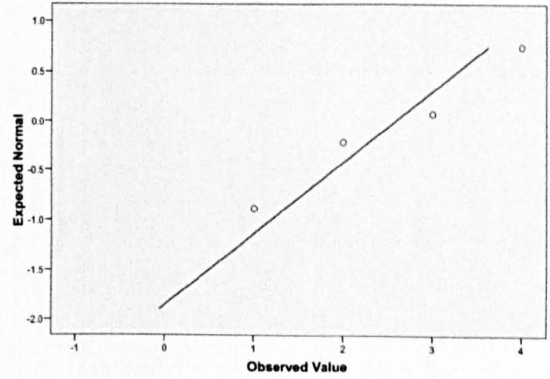
Normal Q-Q Plot of BI - Comfort Expressing Concern and Caring.



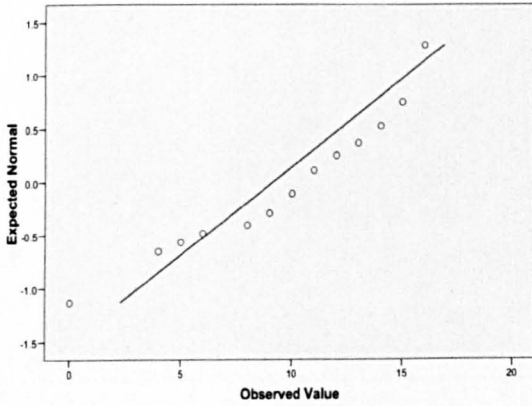
Normal Q-Q Plot of BI - Comfort Being Sexually Assertive.



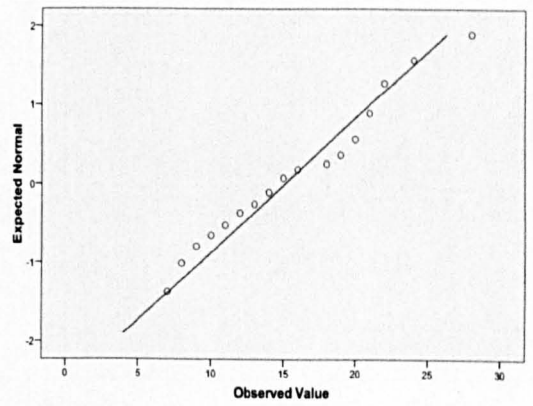
Normal Q-Q Plot of BI - Comfort Having Current Sex Life.



Normal Q-Q Plot of BI - Comfort getting and Using Birth Control.

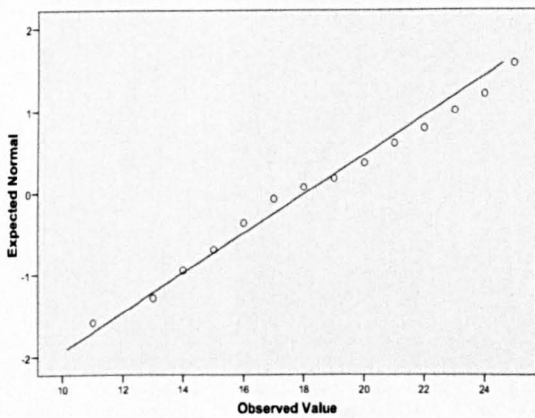


Normal Q-Q Plot of Knowledge Test Total Score - Time Two.

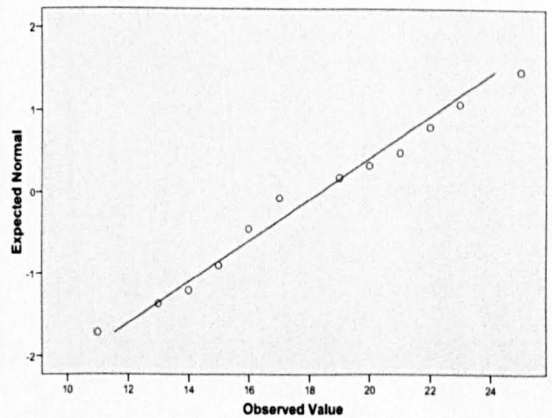


Time Two:

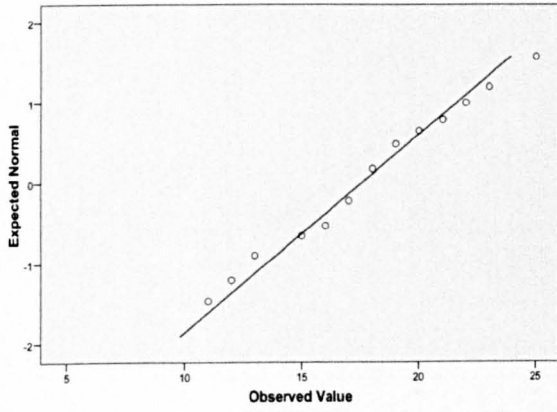
Normal Q-Q Plot of AVI - Clarity of Long Term Goals



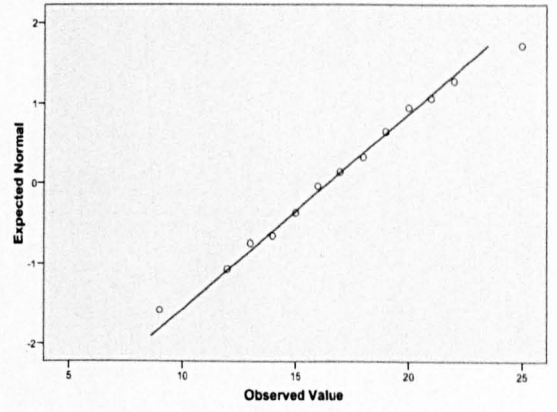
Normal Q-Q Plot of AVI - Clarity of Personal Sexual Values



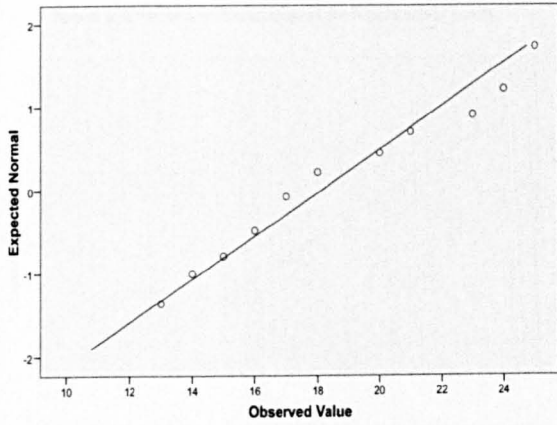
Normal Q-Q Plot of AVI - Understanding of Emotional Needs



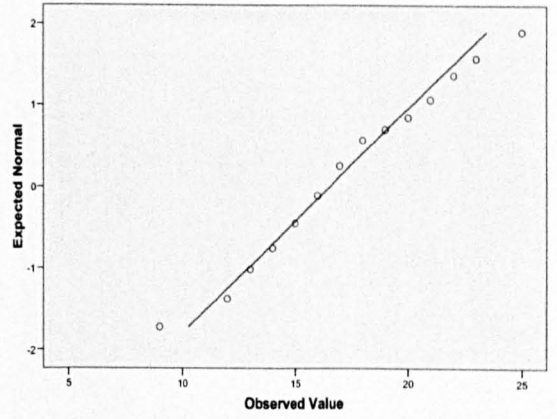
Normal Q-Q Plot of AVI - Understanding of Personal Social Responses



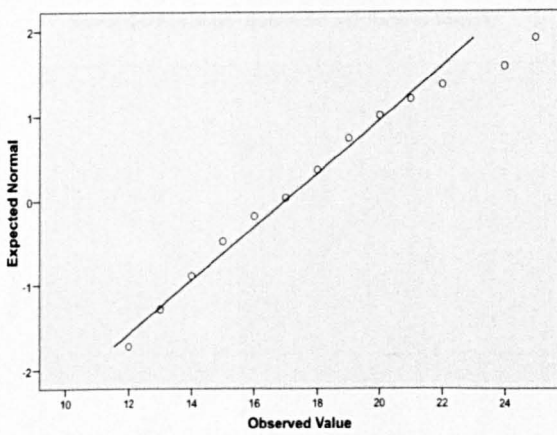
Normal Q-Q Plot of AVI - Understanding of Personal Sexual Responses



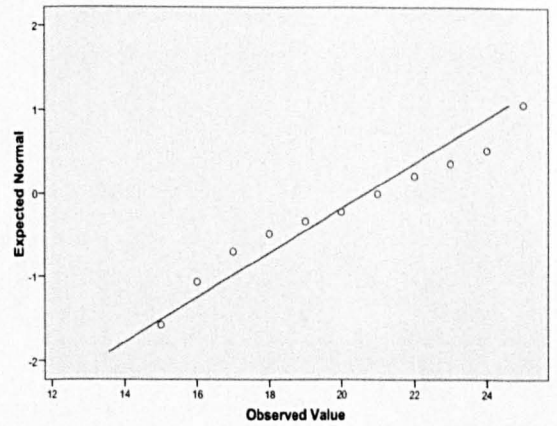
Normal Q-Q Plot of AVI - Attitude Towards Various Gender Role Behaviours



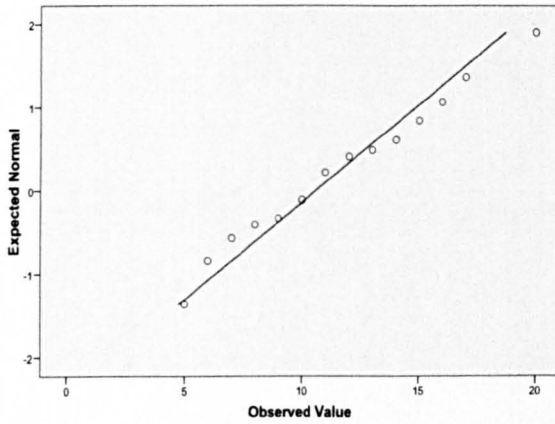
Normal Q-Q Plot of AVI - Attitude Towards Sexuality in Life



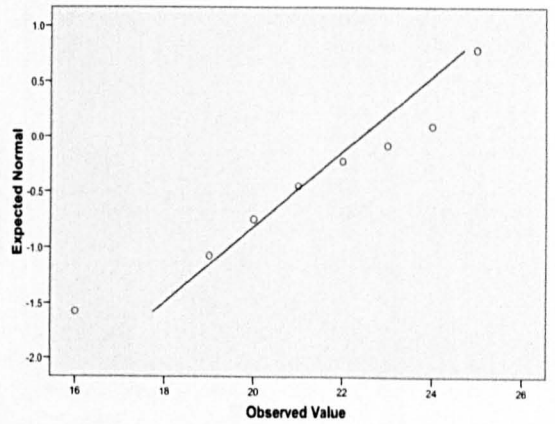
Normal Q-Q Plot of AVI - Attitude Towards the Importance of Birth Control



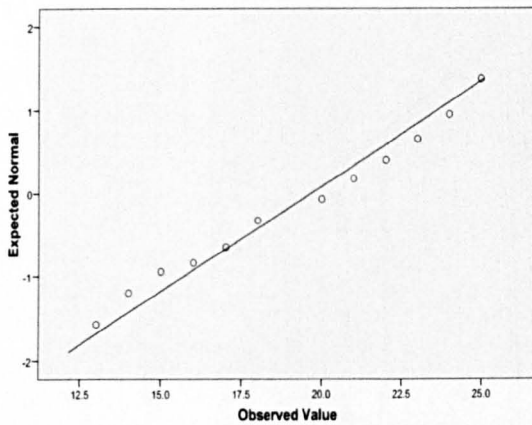
Normal Q-Q Plot of AVI - Attitude Towards Pre-marital Intercourse



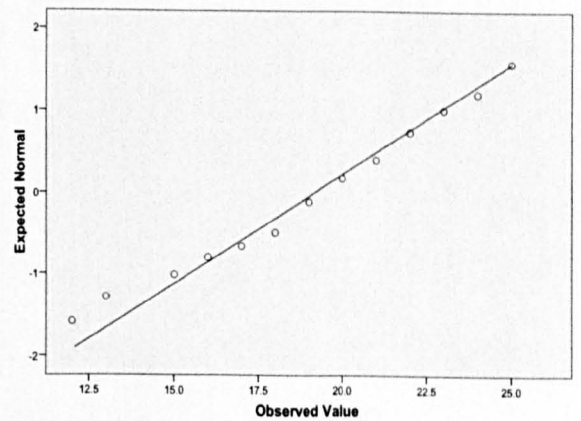
Normal Q-Q Plot of AVI - Attitude Towards the use of Pressure and Force in Sexual Activity



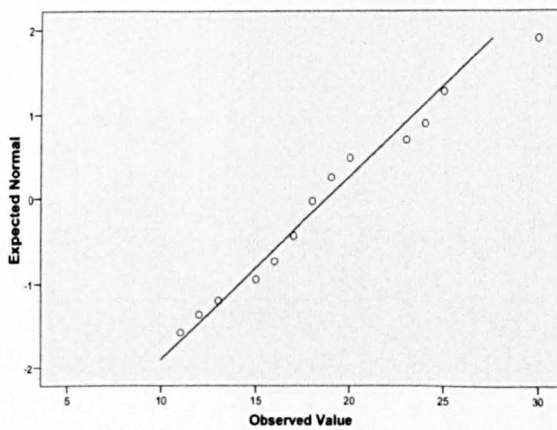
Normal Q-Q Plot of AVI - Recognition of the Importance of Family



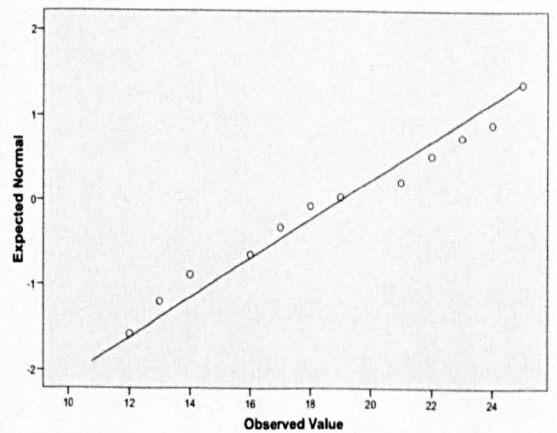
Normal Q-Q Plot of AVI - Self Esteem



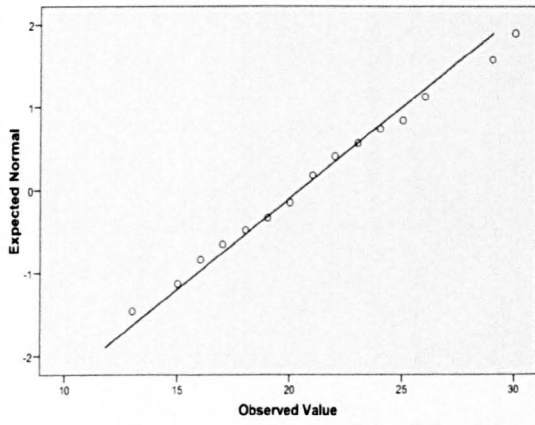
Normal Q-Q Plot of AVI - Satisfaction with Personal Sexuality



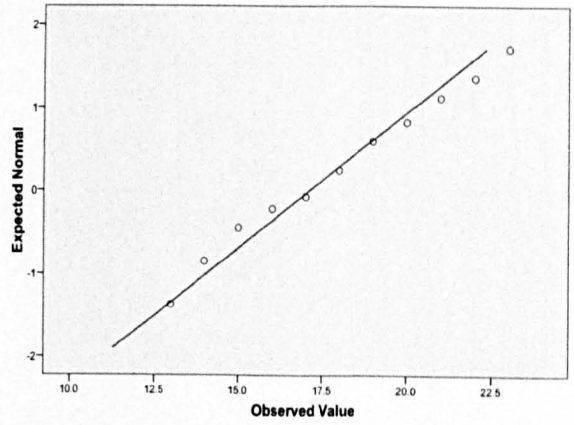
Normal Q-Q Plot of AVI - Satisfaction with Social Relationships



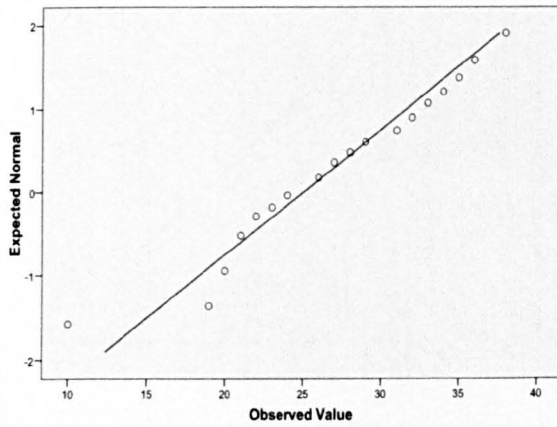
Normal Q-Q Plot of BI - Social Decision Making Skills



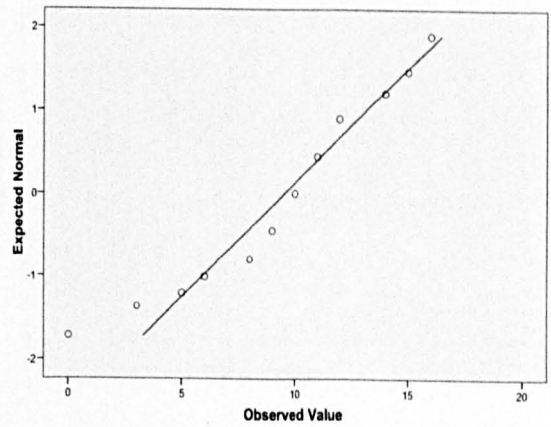
Normal Q-Q Plot of BI - Sexual Decision Making Skills



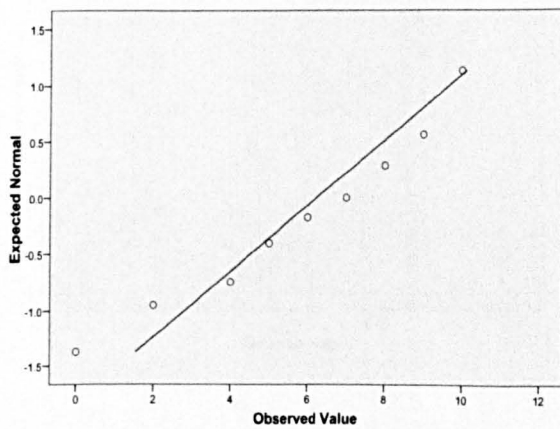
Normal Q-Q Plot of BI - Communication Skills



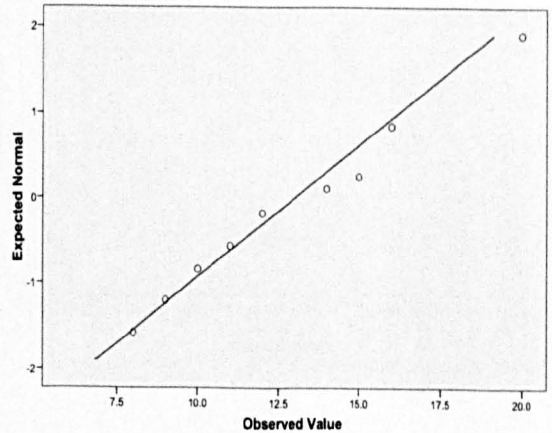
Normal Q-Q Plot of BI - Assertiveness Skills



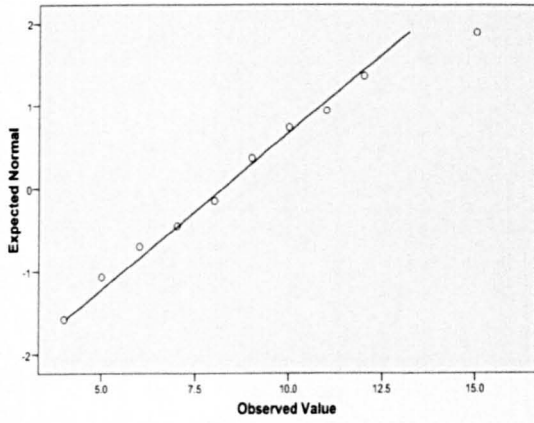
Normal Q-Q Plot of BI - Birth Control Assertiveness Skills



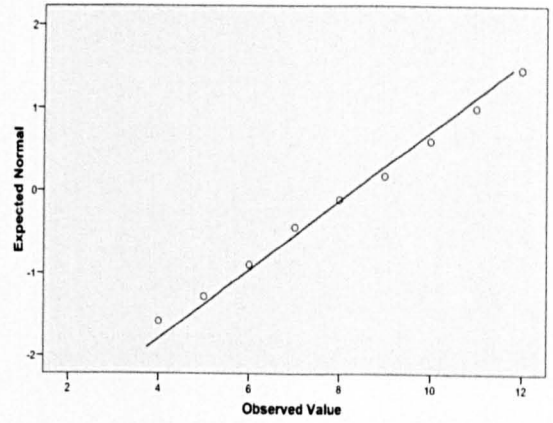
Normal Q-Q Plot of BI - Comfort Engaging in Social Activities



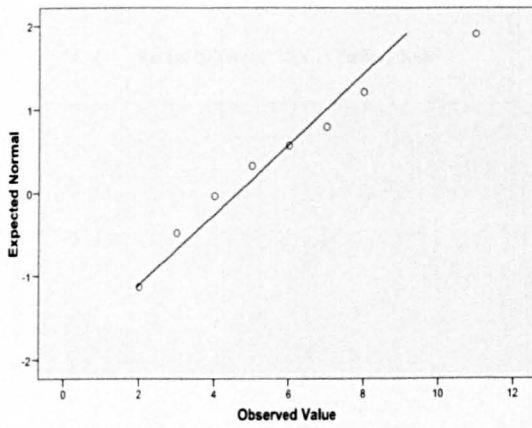
Normal Q-Q Plot of BI - Comfort Talking with Friends, partner and Parents about Sex.



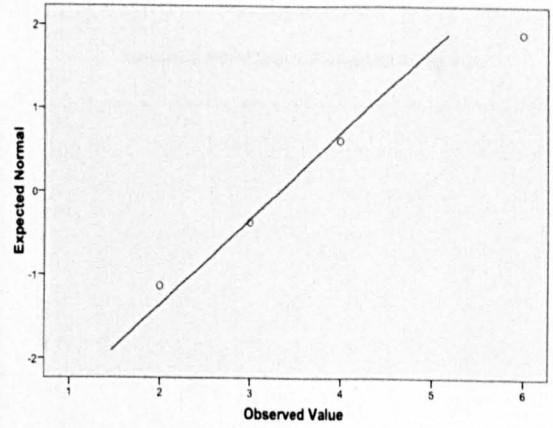
Normal Q-Q Plot of BI - Comfort Talking with Friends, Partner and Parents about Birth Control.



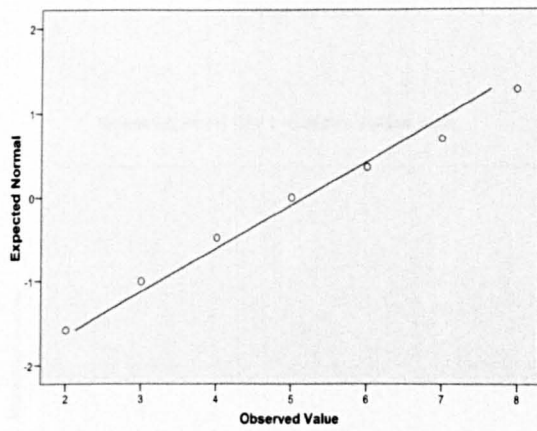
Normal Q-Q Plot of BI - Comfort Talking Parents about Sex & Birth Control.



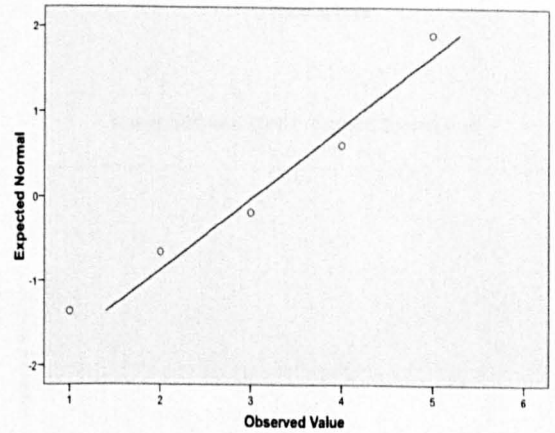
Normal Q-Q Plot of BI - Comfort Expressing Concern and Caring.



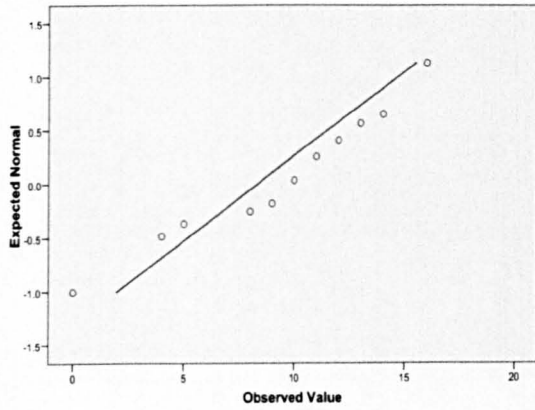
Normal Q-Q Plot of BI - Comfort Being Sexually Assertive.



Normal Q-Q Plot of BI - Comfort Having Current Sex Life.

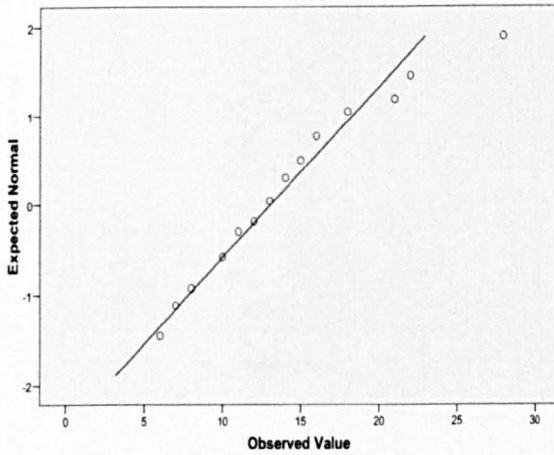


Normal Q-Q Plot of BI - Comfort getting and Using Birth Control.

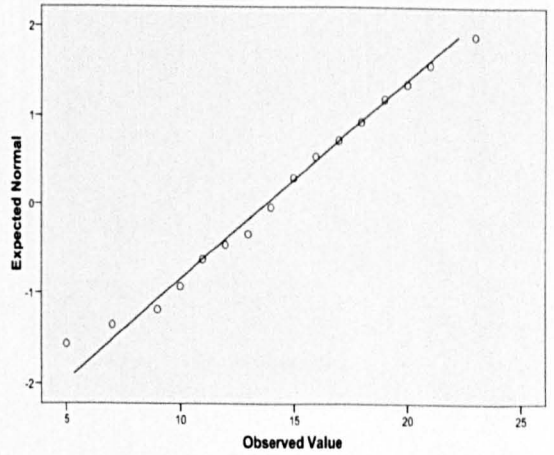


5. David Interpersonal Reactivity Index

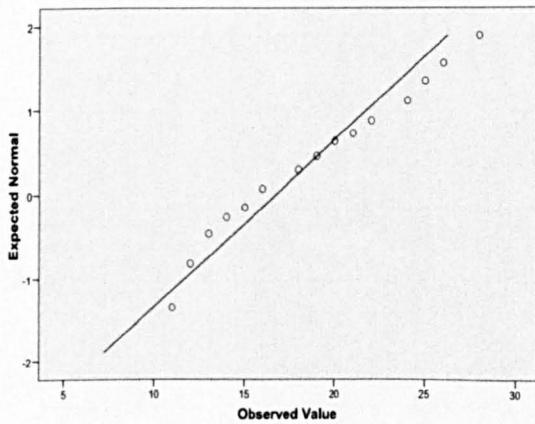
Normal Q-Q Plot of Time 1 - Fantasy Scale



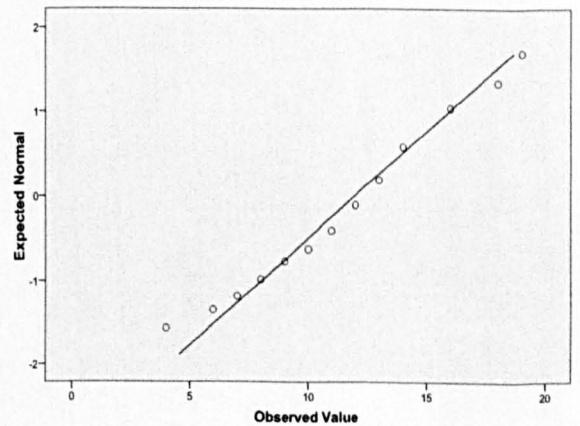
Normal Q-Q Plot of Time 1 - Perspective Taking Scale



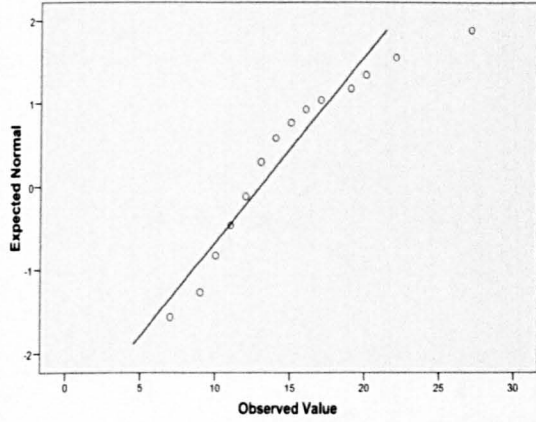
Normal Q-Q Plot of Time 1 - Empathic Concern Scale



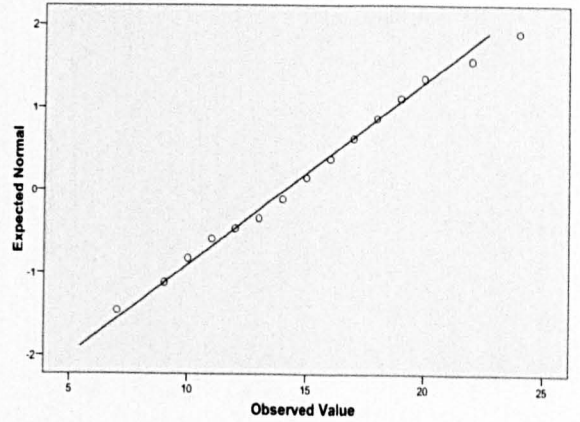
Normal Q-Q Plot of Time 1 - Personal Distress Scale



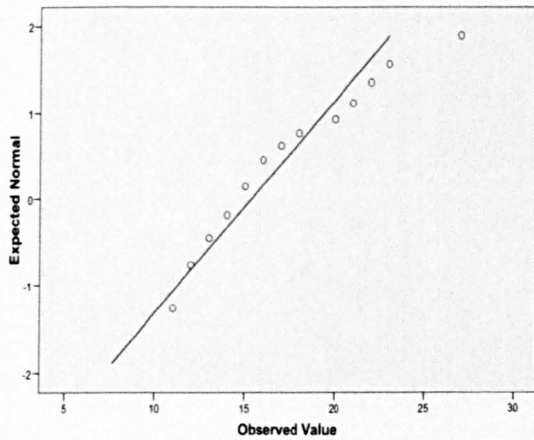
Normal Q-Q Plot of Time 2 - Fantasy Scale



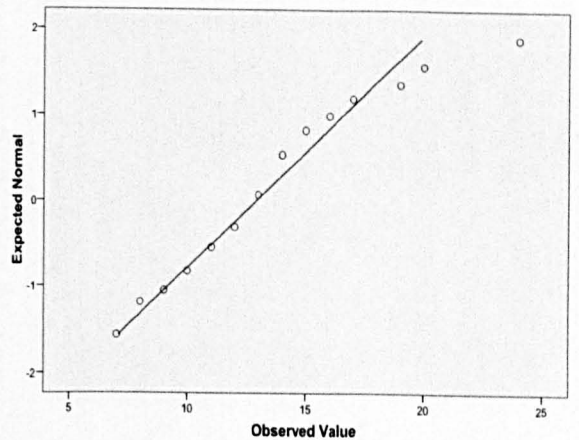
Normal Q-Q Plot of Time 2 - Perspective Taking Scale



Normal Q-Q Plot of Time 2 - Empathic Concern Scale

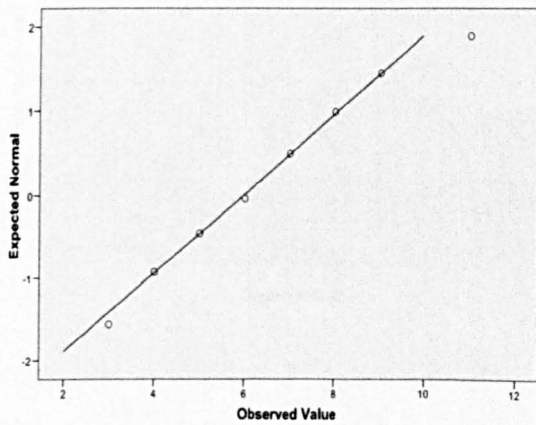


Normal Q-Q Plot of Time 2 - Personal Distress Scale

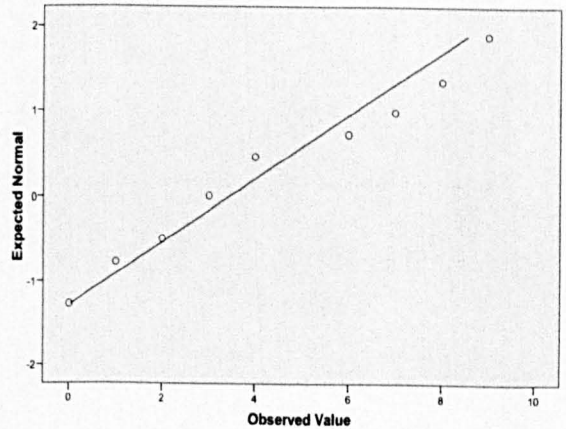


7. Sexual Beliefs Scale

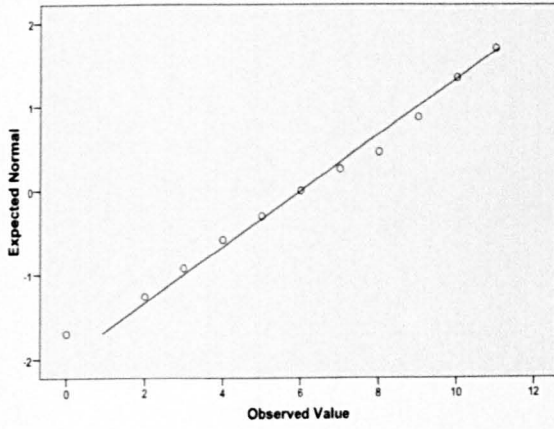
Normal Q-Q Plot of Time One - Token Refusal Subscale



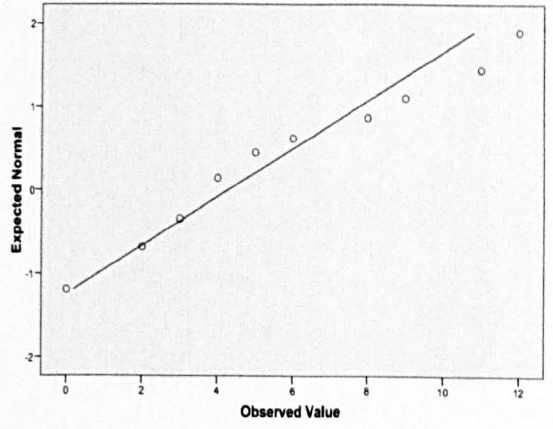
Normal Q-Q Plot of Time One - Leading on Justifies Force Suscale



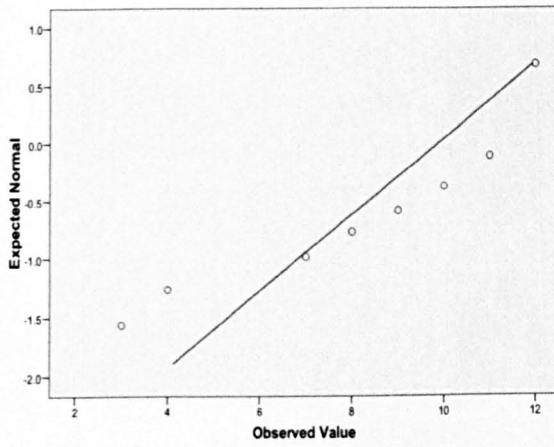
Normal Q-Q Plot of Time One - Women Like Force Subscale



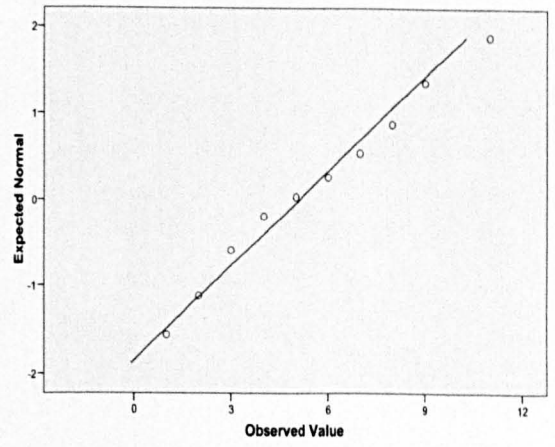
Normal Q-Q Plot of Time One - Men Should Dominate Subscale



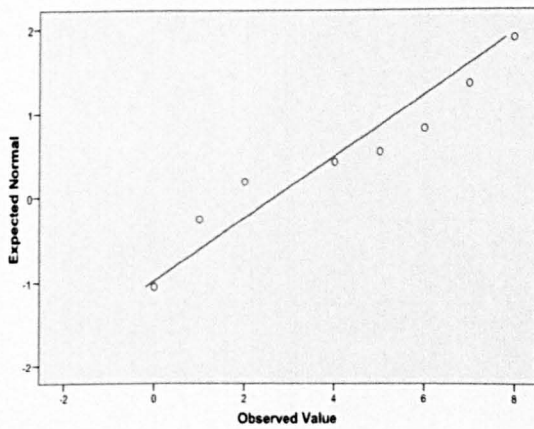
Normal Q-Q Plot of Time One - No Means Stop Subscale



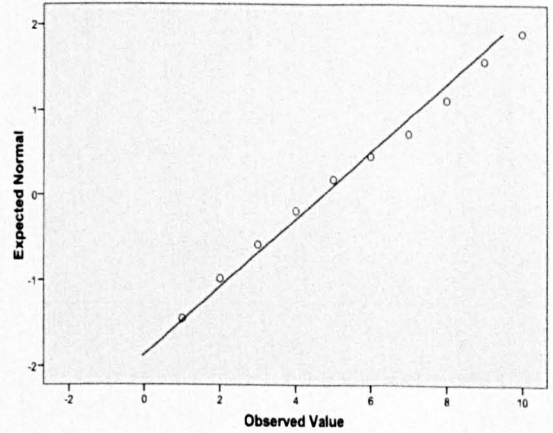
Normal Q-Q Plot of Time Two - Token Refusal Subscale



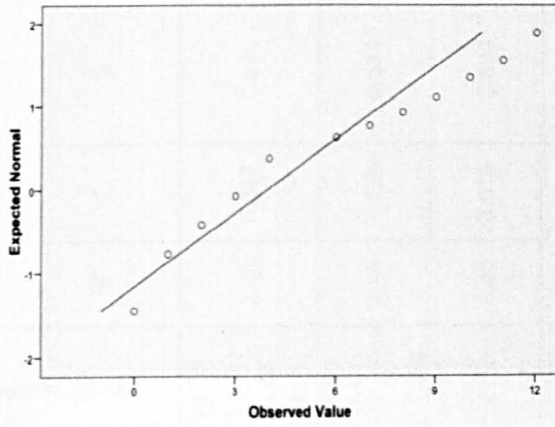
Normal Q-Q Plot of Time Two - Leading on Justifies Force Subscale



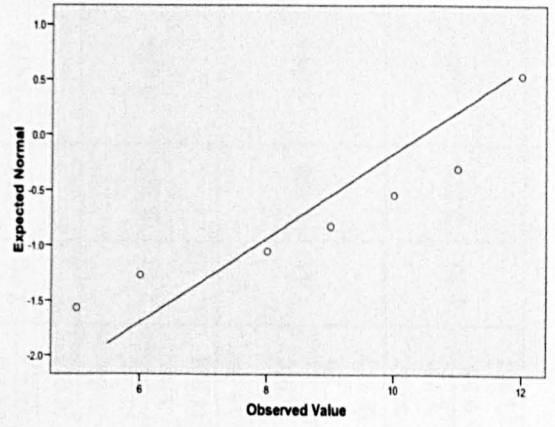
Normal Q-Q Plot of Time Two - Women like Force Subscale



Normal Q-Q Plot of Time Two - Men Should Dominate Subscale



Normal Q-Q Plot of Time Two - No Means Stop Subscale



Appendix Three: Repeated Measures ANOVA Test Results

Measure	Subscale	Time	Group Mean \pm SD			df	F	p	Partial Eta ²
			Sexual Offenders	Non Sexual Offenders	Non Offenders				
AARS	Total Anger	Time 1	85.38 (16.55)	89.87 (20.13)	90.18 (11.45)	2,40	0.397	0.675	0.019
		Time 2	82.06 (19.34)	82.33 (22.87)	85.76 (14.21)				
	Instrumental Anger	Time 1	30.13 (8.66)	32.83 (12.07)	35.00 (10.81)	2,40	1.136	0.331	0.054
		Time 2	29.75 (10.73)	29.00 (10.45)	37.40 (11.09)				
	Reactive Anger	Time 1	18.75 (6.35)	19.42 (5.55)	18.33 (5.02)	2,40	0.518	0.600	0.025
		Time 2	17.00 (5.18)	19.25 (4.20)	16.67 (5.46)				
	Anger Control	Time 1	28.50 (6.21)	27.83 (7.60)	28.33 (5.15)	2,40	0.895	0.417	0.095
		Time 2	29.06 (7.81)	34.67 (18.89)	32.87 (6.05)				
BDI	Total Score	Time 1	17.71 (10.89)	10.60 (6.62)	5.83 (4.26)	2,40	0.397	0.675	0.019
		Time 2	12.71 (9.69)	8.86 (5.20)	3.94 (4.92)				
Nowicki Strickland Internal External Locus of Control Scale	Total Score	Time 1	14.13 (5.05)	16.54 (4.50)	16.80 (5.03)	2,41	1.193	0.314	0.055
		Time 2	13.50 (4.90)	14.62 (4.98)	17.20 (6.77)				
Piers Harris Children's Self Concept Scale	Behaviour	Time 1	12.33 (2.64)	10.73 (3.56)	10.92 (2.72)	2,36	2.619	0.87	0.127
		Time 2	12.33 (2.69)	10.00 (4.67)	9.23 (3.96)				

	Intellectual and School Status	Time 1	11.13 (3.02)	11.09 (2.17)	11.69 (3.43)	2,36	0.524	0.597	0.028	
		Time 2	10.60 (3.44)	10.91 (2.88)	11.92 (3.15)					
	Physical Appearance and Attributes	Time 1	7.53 (3.14)	8.73 (1.56)	8.92 (3.35)	2,36	1.660	0.204	0.084	
		Time 2	7.20 (2.54)	8.45 (1.75)	10.00 (2.77)					
	Anxiety	Time 1	9.53 (2.64)	11.55 (2.38)	12.08 (2.78)	2,36	1.582	0.220	0.081	
		Time 2	10.87 (2.56)	11.55 (2.73)	11.08 (3.33)					
	Popularity	Time 1	8.60 (2.95)	9.18 (2.40)	10.00 (1.73)	2,36	0.436	0.650	0.024	
		Time 2	9.33 (2.66)	9.73 (2.33)	9.46 (2.30)					
	Happiness and Satisfaction	Time 1	7.67 (2.82)	8.09 (1.97)	8.23 (1.48)	2,36	1.095	0.345	0.057	
		Time 2	8.40 (1.81)	7.55 (1.57)	8.54 (1.76)					
	Total Score	Time 1	54.27 (8.73)	56.67 (8.93)	58.08 (10.87)	2,36	1.261	0.295	0.064	
		Time 2	57.07 (11.16)	53.92 (9.77)	56.46 (13.13)					
	Matson Evaluation of Social Skills in Youngsters	Appropriate Social Skills	Time 1	80.00 (11.63)	83.58 (12.62)	74.64 (16.62)	2,39	0.982	0.384	0.048
			Time 2	80.88 (11.41)	83.83 (12.72)	81.57 (15.15)				
Inappropriate Assertiveness		Time 1	34.44 (9.61)	28.17 (6.53)	34.71 (10.64)	2,39	2.46	0.099	0.112	
		Time 2	32.75 (9.82)	31.83 (6.53)	33.00 (10.64)					
Impulsive		Time 1	12.00 (3.35)	9.67 (3.47)	10.50 (4.45)	2,39	2.611	0.086	0.118	
		Time 2	12.38 (3.32)	11.75 (4.37)	10.36 (4.33)					
Overconfident		Time 1	10.88 (2.66)	7.58 (2.97)	8.79 (2.67)	2,39	0.968	0.389	0.047	
		Time 2	11.00 (2.58)	9.25 (3.14)	10.07 (4.34)					

	Jealous	Time 1	7.69 (2.68)	5.42 (2.35)	6.29 (3.02)	2,39	0.827	0.445	0.041
		Time 2	7.06 (2.11)	6.17 (2.69)	6.93 (3.54)				
	Miscellaneous	Time 1	26.06 (3.44)	26.00 (3.86)	25.86 (2.71)	2,39	0.968	0.389	0.047
		Time 2	25.50 (3.01)	24.58 (3.06)	26.64 (5.20)				
	Total Score	Time 1	149.06 (19.10)	132.13 (20.19)	150.4 (21.16)	2,39	0.982	0.384	0.048
		Time 2	145.81 (21.42)	137.67 (17.15)	144.7 (20.32)				
Math Tech Sex Test	Knowledge Test Total Score	Time 1	14.71 (5.43)	16.30 (4.19)	12.62 (4.31)	2,34	0.300	0.743	0.017
		Time 2	15.57 (6.68)	16.90 (5.24)	12.31 (4.42)				
	Clarity of Long Term Goals	Time 1	16.36 (4.36)	15.10 (2.56)	19.62 (5.09)	2,34	0.729	0.490	0.041
		Time 2	17.93 (5.09)	16.00 (3.80)	18.92 (3.07)				
	Clarity of Personal Sexual Values	Time 1	18.93 (2.76)	18.80 (3.88)	18.46 (3.55)	2,34	1.054	0.312	0.030
		Time 2	19.07 (2.62)	19.60 (4.48)	18.69 (4.17)				
	Understanding of Emotional Needs	Time 1	16.07 (1.98)	19.00 (2.87)	18.00 (4.16)	2,34	1.749	0.189	0.093
		Time 2	16.93 (3.61)	18.60 (3.66)	16.85 (4.53)				
	Understanding of Personal Social Responses	Time 1	15.93 (2.79)	18.20 (1.99)	17.69 (5.94)	2,34	1.483	0.241	0.080
		Time 2	16.71 (4.01)	17.20 (2.53)	15.62 (4.93)				
	Understanding of Personal Sexual Responses	Time 1	15.36 (2.27)	18.00 (4.85)	18.31 (5.07)	2,34	1.054	0.312	0.30
		Time 2	18.86 (3.33)	17.50 (4.58)	17.54 (3.57)				

	Attitude Towards Various Gender Role Behaviours	Time 1	19.93 (3.69)	17.20 (2.49)	15.38 (4.99)	2,34	0.003	0.997	0.00
		Time 2	18.93 (3.45)	16.30 (2.36)	14.46 (3.26)				
Math Tech Sex Test	Attitude Towards Sexuality in Life	Time 1	19.93 (3.69)	17.20 (2.49)	15.38 (4.99)	2,34	0.486	0.619	0.028
		Time 2	18.93 (3.45)	16.30 (2.36)	14.46 (3.26)				
	Attitude Towards the Importance of Birth Control	Time 1	21.36 (3.65)	20.20 (3.29)	20.38 (4.13)	2,34	3.061	0.060	0.153
		Time 2	22.50 (3.11)	21.10 (3.06)	18.38 (3.71)				
	Attitude Towards Pre-Marital Intercourse	Time 1	10.29 (3.97)	9.00 (5.19)	10.08 (5.14)	2,34	0.200	0.819	0.012
		Time 2	10.64 (4.51)	10.80 (4.85)	10.77 (4.29)				
	Attitude Towards the use of Pressure and Force in Sexual Activity	Time 1	21.86 (3.21)	24.30 (1.06)	20.54 (4.14)	2,34	1.558	0.225	0.084
		Time 2	22.14 (2.98)	23.40 (2.27)	21.54 (3.13)				
	Recognition of the Importance of Family	Time 1	19.64 (2.41)	18.80 (4.57)	18.92 (5.74)	2,34	3.276	0.052	0.162
		Time 2	21.79 (2.33)	20.10 (4.01)	17.23 (4.05)				
	Self Esteem	Time 1	16.86 (2.90)	19.20 (3.12)	18.31 (4.05)	2,34	0.671	0.518	0.038
		Time 2	18.86 (4.17)	19.60 (2.99)	18.77 (3.98)				
	Satisfaction with Personal Sexuality	Time 1	18.00 (4.13)	19.61 (3.69)	18.08 (5.36)	2,34	0.675	0.417	0.019
		Time 2	19.00 (4.56)	19.00 (3.20)	17.92 (5.39)				
Satisfaction with Social Relationships	Time 1	19.16 (4.52)	20.90 (3.41)	20.15 (4.43)	2,34	0.082	0.776	0.002	
	Time 2	19.36 (4.27)	19.70 (4.62)	19.77 (4.40)					

Math Tech Sex Test	Social Decision Making Skills	Time 1	18.79 (4.79)	19.80 (5.81)	20.15 (7.43)	2,34	1.060	0.358	0.059	
		Time 2	18.57 (4.99)	23.10 (4.01)	19.15 (3.51)					
	Sexual Decision Making Skills	Time 1	15.36 (4.60)	16.80 (4.05)	15.23 (6.71)	2,34	0.026	0.974	0.002	
		Time 2	16.21 (5.61)	17.60 (2.63)	16.46 (3.15)					
	Communication Skills	Time 1	24.57 (5.39)	28.30 (4.74)	23.15 (6.36)	2,34	2.947	0.066	0.148	
		Time 2	26.86 (5.59)	25.50 (6.98)	22.15 (6.49)					
	Assertiveness Skills	Time 1	8.64 (2.21)	9.20 (3.94)	8.85 (3.67)	2,34	0.749	0.480	0.042	
		Time 2	7.93 (4.29)	10.80 (3.77)	9.46 (2.30)					
	Birth control Assertiveness Skills	Time 1	5.15 (3.69)	4.70 (3.20)	6.85 (2.94)	2,34	1.166	0.324	0.066	
		Time 2	6.92 (4.17)	4.90 (3.28)	6.69 (2.29)					
	Comfort Engaging in Social Activities	Time 1	12.21 (3.83)	13.10 (3.51)	11.85 (4.60)	2,34	0.343	0.712	0.020	
		Time 2	14.21 (3.26)	12.10 (3.76)	12.62 (2.50)					
	Math Tech Sex Test	Comfort Talking with Friends, Partner and Parents about Birth Control	Time 1	7.33 (2.46)	7.20 (2.44)	7.62 (3.38)	2,32	0.061	0.941	0.004
			Time 2	8.25 (1.91)	7.80 (2.44)	8.69 (3.38)				
Comfort Talking with Parents about Sex and Birth Control		Time 1	3.08 (1.61)	5.00 (2.06)	4.38 (2.06)	2,33	1.870	0.170	0.102	
		Time 2	4.15 (2.61)	4.30 (2.79)	5.15 (2.12)					
Comfort Expressing Concern and Caring		Time 1	3.21 (0.699)	3.20 (1.23)	3.23 (0.927)	2,34	0.064	0.938	0.004	
		Time 2	3.43 (0.76)	3.30 (1.34)	3.31 (0.86)					

	Comfort being Sexually Assertive	Time 1	5.00 (1.92)	5.20 (1.99)	5.62 (2.14)	2,34	0.349	0.708	0.020	
		Time 2	5.14 (1.92)	4.50 (1.99)	5.54 (2.14)					
	Comfort Having Current Sex Life	Time 1	2.21 (1.37)	2.90 (1.45)	2.69 (1.49)	2,34	0.964	0.392	0.054	
		Time 2	2.86 (1.29)	2.80 (1.55)	3.00 (1.49)					
	Comfort Getting and Using Birth Control	Time 1	8.42 (6.69)	6.70 (6.48)	11.00 (5.07)	2,32	2.425	0.105	0.132	
		Time 2	5.42 (6.91)	5.50 (4.58)	12.54± (4.70)					
David Interpersonal Reactivity Index	Fantasy	Time 1	14.33 (5.98)	12.11 (5.60)	12.50 (4.30)	2,30	1.375	0.268	0.084	
		Time 2	13.00 (4.65)	11.67 (5.34)	13.83 (3.54)					
	Perspective Taking	Time 1	13.17 (4.61)	14.44 (5.13)	13.92 (4.14)	2,30	2.250	0.123	0.130	
		Time 2	14.33 (5.05)	12.78 (4.89)	14.83 (3.93)					
	Empathic Concern	Time 1	17.17 (4.89)	17.78 (5.36)	15.50 (5.07)	2,30	0.293	0.748	0.019	
		Time 2	15.75 (3.55)	15.00 (5.19)	15.17 (3.93)					
	Personal Distress	Time 1	12.92 (3.66)	12.67 (2.37)	12.30 (4.91)	2,30	3.039	0.092	0.092	
		Time 2	12.75 (2.30)	12.22 (3.99)	12.25 (4.09)					
	Sexual Beliefs Scale	Token Refusal	Time 1	5.42 (1.38)	5.89 (3.06)	6.58 (1.83)	2,30	0.689	0.510	0.044
			Time 2	3.92 (2.11)	5.00 (2.65)	6.33 (3.03)				
Leading on Justifies Force		Time 1	3.75 (2.38)	3.33 (3.00)	3.25 (2.96)	2,30	3.149	0.057	0.173	
		Time 2	1.17 (1.19)	3.33 (3.08)	3.67 (3.06)					

	Women Like Force	Time 1	4.75 (1.82)	7.33 (3.67)	6.25 (3.08)	2,30	1.542	0.230	0.093
		Time 2	4.00 (1.35)	4.44 (3.01)	5.67 (2.93)				
	Men Should Dominate	Time 1	2.42 (2.39)	4.00 (3.61)	6.33 (3.31)	2,30	0.794	0.461	0.050
		Time 2	2.08 (1.78)	4.67 (4.47)	5.25 (3.14)				
	No Means stop	Time 1	10.17 (2.59)	10.89 (1.76)	8.83 (4.0)	2,30	1.640	0.210	0.093
		Time 2	10.75 (1.91)	9.33 (3.84)	10.92 (2.02)				

Appendix Four: Interview Questions – Youth Offending Professionals

1. Could you briefly introduce yourself with your name, job title and how long you have worked in the youth justice area of work?
2. Could you describe what work you usually do in the course of any Court order or intervention with an individual young person?
3. What do you consider to be the most fundamental elements of any work you undertake with a young person?
4. What skills do you consider as being the most important when working with a young offender?
5. What do you consider to be successful outcomes of any work you have done with a young offender and how do you think they or it is achieved?
6. How would you define a good working relationship between yourself and any young offender and how do you think it is achieved?
7. Could you describe an individual case where you have developed a good working relationship with a young person from the start to the end of the work you did with them and how do you think it was established and maintained?
8. What can you as a youth offending professional contribute towards a good working relationship with a young person?
9. What can a young offender contribute towards a good working relationship with you, the youth offending professional?
10. How do you think a good working relationship can contribute towards outcomes of work that you do with any young offender?
11. How do you think a poor working relationship can contribute towards outcomes of work that you do with any young offender?
12. What do you think is the most beneficial aspect of a good working relationship with a young person?

Thanks for answering those questions, that's the end of the interview. Is there any part of it you would like to go through or ask about?

Appendix Five: Interview Questions – Young People

1. Could you tell me your name, age, what order you are on to the YOT and how long you have been working with your current supervisor?
2. Could you tell me about some of the work that you have been doing with [supervising officer name]? What really sticks out in your mind?
3. Why do you think you are doing this kind of work with [supervising officer name]?
4. Of [what ever work mentioned] what part of it do you think is most important in achieving [aim previously mentioned]?
5. Could you tell me about any adult that you get on really well with, could be anybody, parent, teacher, anyone?
6. Why do you get on so well with this person?
7. Is there anyway in which, [supervising officer name] is like that?
8. What kind of things would put you off doing any kind of work with a YOT Supervising Officer?
9. What kind of things do you talk about with [supervising officer name]?
10. Do you think the way you get on with [supervising officer name] or with any other supervising officer could affect the success of your order – what we talked about before?
11. In what ways do you think it would affect the success of your order?
12. Overall, could you describe to me what you think both you and [supervising officer name] have to do to make sure you get on well?

Thanks for answering those questions, that's the end of the interview. Is there any part of it you would like to go through or ask about?

Appendix Six: Consent Forms for Professionals and Young People Participating in Study Five

INFORMATION AND CONSENT FORM

PROFESSIONALS PARTICIPATING IN RESEARCH EXPLORING WORK OF THE YOUTH OFFENDING TEAM

You are being invited to participate in a doctoral thesis research study. The aim of this information sheet is to help you to understand why the research is being done and what it will involve. Please take the time to read the following information, and feel free to ask the researcher if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

PURPOSE

The purpose of this study is to explore how you think and feel about working with the Youth Offending Team (YOT) and how you work with young people. We are not looking at your work in particular; it is a general look at the work of the YOT and an exploration of the role of a working relationship within YOT intervention.

DESCRIPTION

As a participant in the study, we will be asking you a number of questions about the work you do at the YOT. You will be seen individually by a researcher who will answer any questions you may have and then ask you the interview questions. It will take approximately thirty minutes to complete. The researcher will record the interviews using an audio tape.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not you wish to take part in the study. If you do decide to take part, you will be given this Information Sheet to keep and asked to sign a Consent Form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect you in any way.

ANONYMITY

Your participation in this study will be anonymous. All information is treated as confidential, and will not be linked to any other information. We are asking for some background information about how long you have worked in youth justice, your qualifications and your age and gender, but this will again be anonymous and will not identify you. Please take your time to respond to the questions thoughtfully and openly. Remember that there are no right or wrong answers. Please feel free to provide completely open and honest responses at all times.

When the interviews are completed, they will be transcribed. Again you will not be identified in any way. Although, interviews will be audio-taped, all audiotapes will be destroyed after the data is transcribed.

POTENTIAL RISKS

It is possible that some people may feel uncomfortable when participating. If you become uncomfortable or experience any unusual or unexpected anxiety while participating, please let the researcher asking you the questions know. You can stop the interview at any time.

POTENTIAL BENEFITS

This study aims to encourage a better understanding of how the YOT can best work with young people. It will contribute to improvements in YOT work with yourself and other young people. The results of the research will be written up and may be published in a psychology journal for dissemination to the wider psychology community.

THE AGREEMENT TO CONSENT

- 30. I understand the scope, aims, and purposes of this research project and the procedures to be followed and the expected duration of my participation.
- 31. I have received a description of any reasonable foreseeable risks or discomforts associated with my being a participant in this research, have had them explained to me, and understand them.
- 32. I have received a description of any potential benefits that may be accrued from this research and understand how they may affect others or me.
- 33. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained within the extent of the law.
- 34. I understand that my consent to participate in this research is entirely voluntary.
- 35. I further understand that if I consent to participate, I may discontinue my participation at any time.
- 36. I consent to the interview being tape recorded and transcribed.
- 37. I confirm that no coercion of any kind was used in seeking my participation in this research project.
- 38. I understand that if I have any questions pertaining to the research and my rights as a research participant, I can contact the researcher – Rachel England, on 0151 794 5512 to have the opportunity to discuss them in confidence.
- 39. I understand that I will not be provided with any financial incentive for my participation in this study.
- 40. I understand that the results of this study may be published in scientific journals, or may be presented at a conference as long as my identity is kept confidential.

I have read this agreement, and I consent to participate in the above-described research

Yes I accept

Signed

Print Name

No I do not accept

Signed

Print Name

Please return this form to Rachel England, the researcher conducting this study.

INFORMATION AND CONSENT FORM

YOUNG PEOPLE PARTICIPATING IN RESEARCH EXPLORING WORK OF THE YOUTH OFFENDING TEAM

You are being invited to participate in a doctoral thesis research study. The aim of this information sheet is to help you to understand why the research is being done and what it will involve. Please take the time to read the following information, and feel free to ask the researcher if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

PURPOSE

The purpose of this study is to explore how young people think and feel about working with the Youth Offending Team (YOT) and how you work with your case manager. We are not looking at your worker in particular, it is a general look at the work of the YOT and how young people get on with workers.

DESCRIPTION

As a participant in the study, we will be asking you a number of questions about the work you do at the YOT. You will be seen on a one-to-one basis by a researcher who will answer any questions you may have and then ask you the interview questions. It will take approximately thirty minutes to complete. The researcher will record the interviews using an audio tape.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not you wish to take part in the study. If you do decide to take part, you will be given this Information Sheet to keep and asked to sign a Consent Form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect you in any way.

ANONYMITY

Your participation in this study will be anonymous. All information is treated as confidential, and will not be linked to any other information. We are asking for some background information about what offences you have committed and what orders you are subject to, but this will again be anonymous and will not identify you. Please take your time to respond to the questions thoughtfully and openly. Remember that there are no right or wrong answers. Please feel free to provide completely open and honest responses at all times.

When the interviews are completed, they will be transcribed. Again you will not be identified in any way. Although, interviews will be audio-taped, all audiotapes will be destroyed after the data is transcribed.

POTENTIAL RISKS

It is possible that some people may feel uncomfortable when participating. If you become uncomfortable or experience any unusual or unexpected anxiety while participating, please let the researcher asking you the questions know. You can stop the interview at any time.

POTENTIAL BENEFITS

This study aims to encourage a better understanding of how the YOT can best work with young people. It will contribute to improvements in YOT work with yourself and other young people. The results of the research will be written up and may be published in a psychology journal for dissemination to the wider psychology community.

THE AGREEMENT TO CONSENT

41. I understand the scope, aims, and purposes of this research project and the procedures to be followed and the expected duration of my participation.
42. I have received a description of any reasonable foreseeable risks or discomforts associated with my being a participant in this research, have had them explained to me, and understand them.
43. I have received a description of any potential benefits that may be accrued from this research and understand how they may affect others or me.
44. I understand that the confidentiality of all data and records associated with my participation in this research, including my identity, will be fully maintained within the extent of the law.
45. I understand that my consent to participate in this research is entirely voluntary.
46. I further understand that if I consent to participate, I may discontinue my participation at any time and it will not affect my YOT order.
47. I consent to the interview being tape recorded and transcribed.
48. I confirm that no coercion of any kind was used in seeking my participation in this research project.
49. I understand that if I have any questions pertaining to the research, my rights as a research participant, I can contact the researcher – Rachel England, on 0151 794 5512 to have the opportunity to discuss them in confidence.
50. I understand that I will not be provided with any financial incentive for my participation in this study.
51. I understand that the results of this study may be published in scientific journals, or may be presented at a conference as long as my identity is kept confidential.

I have read this agreement, I am over 16 years and consent, or I am a parent /carer giving consent for my son / daughter to participate in the above described research

Yes I accept

Signed

Print Name

No I do not accept

Signed

Print Name

Please return this form to Rachel England, the researcher conducting this study or to your YOT Case Manager.

Appendix Seven: Example Interview with a Youth Offending Professional

1. Right, I'm MJ and I'm the Referral Order and Liaison Officer at the YOT and er, I have been in this post for just over 12 months, the end of May last year – just over 12 months it's gone over.

2. Right, the YOT people who are referred to me are all on Referral Orders. I don't take anything other than Referral Orders, er, the reason being is that I don't have a professional qualification but I do have experience of working with young people and so the Referral Orders are allocated to me depending on the gravity of the offence. So I see a young person through all the elements of a Referral Order contract that they have signed with the community panel. So from start to finish, so it's making sure they comply with the Referral Order contract, arranging their reparation, arranging any appointments with other workers such as CAMHs, basically making sure they comply and dealing with any non-compliance and I also have a role working for the Referral Order co-ordinator in terms of that will be making sure the panel is set up, yeah.

3. Erm, I think when they do comply with the contract and can see that there is a life outside of offending, you know. If they are encouraged to do other things, particularly if you're dealing with a young person who has got no confidence at the start and things you might help them with to boost their self esteem and self confidence at the start and I feel that if they've got the confidence in themselves they may have the confidence to say no to peers if it's peer pressure that's causing them to offend, that's the most satisfying part. Simply getting someone to fulfil the contract and you know, being able to say that it was successfully completed that's very satisfying and I think it's good for them to say, well done, you know, you've done absolutely everything, yes.

4. Skills, erm, I think listening to them and I feel I have to listen and I do listen to what they're telling me. I give them the time and space to express themselves because I feel if I don't give them that then they are less likely to co-operate with me. Erm, I'm not saying I give them licence to do what they want but you know, just to tell me about what's been happening. I think it's important to listen to what they're saying because they may not have said it in court, they may not have said it to a Referral Order Panel

and I think as you build up some sort of relationship with them, erm, that they will tell you things that are happening and that can influence the way, you know, that you direct the reparation or the offence focused work that you do with them. Sometimes you find out things that they've not disclosed to the report writer erm, not for any sinister reason, because it just hasn't occurred to them, you know they're train of thought, things working differently but I feel that the best skill I've got is listening to them.

5. Erm, there was one young lad who was totally disaffected, truanted from school for the last 12 months, problems at home, erm, in real difficulties. He wasn't living with his mum, erm, and he actually enrolled at college although it wasn't part of his Referral Order Contract the reparation we found for him was good, the people he was working with encouraged him to go further erm, in the catering field so he enrolled at college but he wasn't really getting much support. Grandma couldn't support him at, because of her age she wasn't in the best of health er, and she was looking after her sick brother as well. The relationship just broken down totally between him and mum in terms of you know, supporting him, getting him to college to enrol and it was really, it was a difficult set of circumstances to get him to college, so I think if you can turn somebody's life around just a little, then it's a step in the right direction. Hopefully it's you know, he carries on going to college, he won't be in the position where he'll re-offend, that gives me a lot of satisfaction – wish they were all like that!

6. Erm a good relationship?

Yes.

I suppose one where there's honesty, erm, I mean I don't regard myself as their friend, I think that's wrong, that's you know, crossing the boundaries that you shouldn't cross but I would like them to think they could be open and honest with me erm, and in return I'll be open and honest with them. Erm, you know, I'll always encourage them if they feel that there's something wrong to tell me, you know I've actually asked people what I have just said that's made you angry, what have I just said that's upset you because I need to know if it's my practice that's made them that way if it's something else

outside, lets talk it through and see what we can do about it. I think honesty er, what's the rest of the question?

[Question Repeat]

Yeah, I think by being open and honest and I think that's across the board, whether it's children or whether it's with colleagues.

7. Erm, this boy I am still working with because it's a Referral Order that's been extended, but you know it is a good relationship. He's never missed any appointments, he's been honest with me about what's going on in his life, er, again I think it's about being honest with him from the very start erm, you know lay down the ground rules, you know this is what we expect from you, in return this is what you can expect from us and letting him know that you know it's a two way process if he felt I wasn't doing my job properly he had the right to complain about it or you know, to tell me what he thought was wrong erm, by and encouraging him to be realistic, not to go to the next panel and make promises he couldn't keep, you know that there's nothing wrong in being honest with people, it's better than telling people what you think they want to hear. So you know, I encouraged him to tell it as it is rather than to think what it is he wants me to say because I don't feel that that achieves anything, it's counter productive. So then we've got a good working relationship now and going for another four months but you know, again it's been about listening to him. He's another young person that's had problems with his mum, lives with his grandparents – granddad isn't ill, sorry granddad is ill at the moment, its about listening to how he feels erm, not that I can do anything about the way he feels but I'm a bit of a sounding board. I think that's encouraged his relationship with me so if anything does go wrong he is always going to ring the office and say I've got a problem and I'll be there which from my point of view is better than going out to an appointment and you know haven't turned up and I've wasted my time and petrol.

8. Er, professionalism, you know I think I am here as a representative of the YOT and you know, young people who are here because they have offended and I feel I need to maintain a professional relationship with them but I'm not their friend, I am

certainly here to listen to them but you know, it is I am here as the YOT dealing with them as the client rather than the mate because I think its wrong to give expectations erm, you know if I was overfriendly with them I think their expectations of me would be wrong. Don't get me wrong I treat them nicely, I don't shout at them or scream at them but I think you've got to maintain a bit of professionalism with them but you have to realise that they are all individuals and you have to treat them just as that. They've got their different personalities and I need to find ways of dealing with their particular issues, you can't treat them all the same so that's what I can contribute. Generally you know, I can maintain my cool with them.

I've just been to one where I was told, I'm asking for another f'ing worker because you are an f'ing load of shit, oh well!

9. Erm, I think a bit of respect, it isn't the word I am looking for, co-operation you know rather than anything else that they are here for a particular reason and if they co-operate you know, it makes life easier for them rather than for me, you know er I think that's the best thing that they can contribute that they don't necessarily like doing it but you know perhaps if they realise that if I, you know co-operate it's going to get this order over so much easier. So I think co-operation but I think sometimes it's difficult, generally not a word they want to hear, so co-operation.

10. I think if you've got a good working relationship with them you are more likely to get a successful outcome. If its understood early on that they have to co-operate with the order that it's not just me saying that they've got to carry out this work, it's actually the Court order through a Referral Order panel and you know, that they have signed a contract and it's like any other contract, you know, I've said to kids, you know you may go on to sign a HP contract for example, OK that man who sign's the contract wants his money every week or every month so if you've signed a contract with us it's something similar. You know you've not signed to say you'll pay the money but you've signed to say you'll do this, we expect you to do that. Generally, you know, it's reasonable and co-operative, I think that's the best thing you can do. Yeah that's it.

11. Erm, I think it can just, you know, leave a young person at the stage where they're not prepared to co-operate, you know, what ever the reason is, erm, that they just hang the consequences. I'm not going to do this, you can't make me do this and you know, I hate you and go away, I want a new worker and that's basically that, generally you know, I think because of the age that they are they think that they are invincible and nothings going to happen to them, particularly with Referral Orders if some kids don't have a grasp of the fact that if they don't co-operate and go back to Court the Court have still got all of the original sentencing options and that they, you know, go to the Referral Panel and the community members and think OK well it's not Court and it doesn't mean the same. And I think some kids get quite a shock when they've not co-operated and they go back to Court and find, you know, I always try to explain to them that if that looks like it could be happening, the Referral Order by doing what you have to do or what they have agreed to do you don't have a criminal record. If you feel that what you have to do is unreasonable or you feel that you can't achieve it you can ask to go back to panel to vary the contract, you know, if you go back to Court you are stuck with that criminal record and you know, a criminal record can affect you for the rest of your life, but some of them will be unreasonable, they don't seem to care, you know if they reach a stumbling block and are not working they think they would rather go back to Court. I think it's the naivety that goes with their age. I've gone right off track now.

No, no don't worry.

12. Erm, I mean in the field that we are working in I think if they've got a good relationship, you know, with anybody from here it could be beneficial to them, you know it might help them not to re-offend, you know if they can see, but very often young people resent authority and they can see that people here are professional and treat them with respect er you know, it may help, even if it just helps, you know a couple of them loose their anger that they have with authority it might help preventing them wanting to buck authority in the future.

Er, I don't know, I mean I would hope it would stop some of them re-offending if you have good relationships with the people in here, but you know, somebody in authority showing you can be human while you're in authority because unfortunately a

lot of them don't see the beginning of the youth justice process, the police, the 'mags as human but they may only see them once, when they're arrested, when they're in Court, they're referred here and they are, you know, real human beings like me. Cut them they bleed, hit them they cry and I think it may let some of them see that you know, you know yeah we are all human beings doing a job aimed at helping them and I think with a lot of the young people we're working with it may be a positive support if they're prepared to accept. Support may have been there for parents, the kids may have rejected it, it may be the first time they've accepted it but because they've got to keep themselves out of custody or what ever so I feel that that is the positive thing.

Appendix Eight: Example Interview with a Young Person Subject to Youth Offending Team Supervision

1. *Could you tell me your name, age, what order you are on to the YOT and how long you have been working with your current supervisor?*

I'm SC, I've been inside for 4 months and now I've got 3 months left on probation.

2. *Right, could you tell me about some of the work that you have been doing with A? What really sticks out in your mind?*

Er, getting me into a placement, seeing what I want to do.

What kind of placement?

Like college, but paid, like joinery, or summit.

Great, anything else you have been doing as part of your order?

Er, talking about why I did it, and that kind of stuff, thinking about other things, no what I mean?

3. *Why do you think you are doing this kind of work with A?*

Er to keep me out of trouble, make sure I don't do it again, no what I mean, I don't want to go back inside.

4. *Right so talking about college, getting a placement and talking about why you did it, what part of it do you think is most important in making sure you don't go back inside?*

Er, like the, er, you know, keeping me mind busy, making me think about what else is there to do other than nicking a car. Doing the, er, work about why I did it, that kind of thing.

5. Ok thanks, next one is could you tell me about any adult that you get on really well with, could be anybody, a parent, a teacher?

Me Nan, yeah me Nan. She listens to me, she tells me how it is and I can tell her stuff and she will tell me how it is. She doesn't give me any shit, that's it, she er, yeah. She listens.

6. Is there anyway in which A is like that?

Yeah, I suppose. Sometimes he is, er, just like, why and I'm like er. He talks at me, he doesn't listen sometimes and sometimes I come in and he goes, you ok and that's it like. Sometimes I then, like, I would have told him, but he doesn't seem to want to know. But sometimes he does sort things out, like me placement and stuff, so that's good.

7. So, what kind of things would put you off doing any kind of work with a YOT Supervising Officer?

Sometimes, when like, when he doesn't listen and seems to have other more important stuff to do, that's why I nearly got er, breached, 'cos I didn't want to turn up, 'cos, like what's the point. But I have to turn up, so long as I do I won't go back to court.

So, talking about any YOT worker, what kind of things would put you off doing the kind of work we spoke about before?

Er, like that, like not listening, then I'll turn up, and just be like yeah, whatever, sign me name and then go.

8. So what kind of things do you talk about with A?

Er, me college stuff. Working, that, yeah.

Anything else?

The work, the like, er, things about why I did it, yeah.

9. Do you think the way you get on with A or with any other supervising officer could effect the success of your order – what we talked about before?

Yeah, er, you either don't turn up, or do and are just like yeah whatever and get your bus fare.

10. In what ways do you think it might affect the success of your order?

Er, they're the person you've got to see and if you don't like them, then er, well your not going to come and then you go back to Court. Yeah, then that's failed.

11. Right, last question, overall, could you describe to me what you think both you and A have to do to make sure you get on well?

Er, you've got to listen, they have to be interested and respect what I'm saying, know what I mean? Like know where I'm coming from. Respect me, that's it.

And what about you, what could you do to make sure you get on?

Turn up, be there er, like, listen to them know what I mean? They show you respect and you show them respect and want to come and want to do the work like, and not go back to Court. I liked me ISSP worker ST, she was, she listened, she knew the score and I turned up, I did the work and stuff. Yeah, she knew the score and didn't give me shit. Yeah.

Appendix Nine: Level 1 Category Codes of Staff Interviews

1. Important Elements of Youth Offending Intervention

- Relationship must first be established – most fundamental part of work
- Most fundamental part of any work is engagement process
- Changing the way a young person thinks is important
- Most important elements of Youth Offending Team work are the logistical inputs
- First part of work - engage young person – mutual establishment of boundaries
- Above will enable the young person to communicate
- Engagement = boundary setting
- Fundamental part of work relates to young person's accommodation
- Holistic intervention
- Working relationship most important element of work
- Most important element is the quality of relationship established
- Balance between working relationship and content of intervention in importance
- Relationship not considered in 'outdated older' work
- Must include parents in work
- Relationship has to be built before work begins
- Not just about offence related work
- Not just about young person attending appointments, it's the work undertaken during that's critical.
- Intervention must include family work

2. A Young Person's Contributions to Building and Maintaining a Good Working Alliance

- Young person must be open
- Young person must listen
- Young person must attend
- Young person must be in a suitable state to complete work during appointments
- Young person be timely
- Young person must be able to talk about any subject
- Young person needs to know their information will be confidential
- Young person disclosure and able to show emotions
- Young person needs to be able to understand their autonomy
- Non-openness is a barrier imposed by a young person
- Young person's positive feedback will encourage a youth offending professional
- Young person must engage
- Young person must show their commitment
- Young person must trust youth offending professional
- Young person must co-operate
- Youth offending professional rules (boundaries) adhered to
- Young person must show commitment
- Young person must know that support is there
- Young person must feel that they have permission to share
- Young person must communicate what is going on in their life
- Young person must be open

- Communicate the good and bad (young person)
- Young person must be prepared to take a risk
- Young person must have confidence in youth offending professional
- Young person's honesty
- Young person who trusts will take risks and divulge
- Young person needs to be willing to undertake work
- Young person must show willing
- Young person not pre-judge

3. A Youth Offending Professional's Contributions to Building and Maintaining a Good Working Alliance

- Youth offending professional empowers a young person to break that cycle
- Youth offending professional must listen and understand a young person
- Youth offending professional must empower a young person to achieve what they want
- Youth offending professional must prove self to young person
- Skill is knowledge of situation or problem
- Skill is empathy
- Active empathy – must be interested as well as understand
- Not a friend – Youth offending professional must impose boundaries
- Communication important
- Youth offending professional's ability to make a young person understand bigger picture most important skill
- Young person's expectations and understanding need affecting for change

- Define boundaries
- Young person needs to be made to feel comfortable
- Make sure the young person understands what's going on
- Do your job to the best of your abilities
- Youth offending professional must be honest
- Youth offending professional a positive role model
- Boundaries set by youth offending professional
- Young person needs to know a youth offending professional will listen and not judge
- Establish boundaries
- Youth offending professional listen to young person to gain understanding
- Be straight and get where they're coming from
- Ability to understand young person
- Youth offending professional must be honest
- Youth offending professional must be capable
- Let the young person see you are human
- Youth offending professional needs to make sure the young person is listening
- Youth offending professional be approachable
- Youth offending professional's ability to communicate
- Clear explanation of youth offending professional role should be given
- Youth offending professional non- judgemental
- Youth offending professional must lay out foundations of work
- Be clear about Youth offending professional's expectations
- Youth offending professional must be approachable
- Youth offending professional must communicate

- Youth offending professional needs to encourage young person's understanding
- Youth offending professional is responsible for ensuring young person's understanding
- Youth offending professional honesty
- Don't make false promises of outcomes
- Respect and value young person
- Straight talking
- Can't give up if young person initially reluctant
- Use best suited techniques to initiate conversation
- Use easy topics to introduce work
- Youth offending professional helps a young person achieve outcomes
- Youth offending professional non judgemental
- Non verbal communication important
- Youth offending professional needs to make young person understand they want good outcomes for them
- Not young person's friend
- Ability to engender young person's confidence
- Encouraging confidentiality within limits
- Youth offending professional flexible approach
- Reduce wariness of young person through relationship building process
- Youth offending professional interactive and responsive
- Youth offending professional openness
- Interest in young person
- Youth offending professional definition of outcomes
- Practical not theoretical ability important

- **Develop a safe relationship for young person**
- **Youth offending professional establishing trust and boundaries**
- **Youth offending professional ability to communicate**
- **Ease of Youth offending professional around young person**
- **Ability to develop meaningful relationships**
- **Speedy ability to develop a relationship = positive**
- **Youth offending professional can take young person's perspective**
- **Youth offending professional – Non judgemental behaviour**
- **Youth offending professional – openness and credibility**
- **Youth offending professional – honesty**
- **Youth offending professional – ability to listen**
- **Youth offending professional – not to dictate to young person**
- **Ability to work on young person's level**
- **Realism of outputs / targets**
- **Realism of expectations of Youth Offending Team role**
- **YP made to feel they can trust Youth offending professional**
- **Youth offending professional bring in their personality to relationship**
- **Confirmation / feedback to young person important**
- **Youth offending professional must be knowledgeable**
- **Youth offending professional make clear boundaries with young person**
- **Engendering trust in young person**
- **Building a rapport**
- **Youth offending professional information giving**
- **Youth offending professional needs to understand young person's background**
- **Youth offending professional must demonstrate honesty and openness**

- Youth offending professional must praise and give encouragement to young person
- Youth offending professional must ensure young person understands what's happening – most important part of Youth Offending Team role
- Youth offending professional able to communicate
- Youth offending professional must not place their values onto young person
- Limit use of jargon
- Assist young person in understanding
- Professionalism important
- Youth offending professional role in logistics / external factors
- Youth offending professional open and honest
- Sense of humour important
- Connect with a young person
- 1ST action = fact finding
- Engagement (1st part of work)
- Engagement is - holistic need to get family engaged also
- Shared understanding of hoped outcomes with family important
- Youth offending professional communication skills
- Youth offending professional must relate work to young person's understanding
- Youth offending professional affecting and shifting a young person's understanding = positive outcome
- Youth offending professional needs to identify difference in boundaries and professionalism in engagement
- Youth offending professional engendering a clear / shared understanding
- Young person made to feel comfortable

- Youth offending professional disclosure within boundaries
- Youth offending professional inputting some of their personality to relationship
- Start with information giving
- No prejudged outcomes
- Family communication
- Support and reassurance
- Sense of humour
- 1st get to know each other
- Family – open and honest
- Youth offending professional to consider young person's individual need
- Make young person feel safe
- Youth offending professional non-judgemental
- Youth offending professional must communicate
- Youth offending professional relationship with parents can impact that with young person
- Praise important is success achieved
- Youth offending professional must have ability to listen
- Young person given space to express
- Young person made to feel they know they can talk to youth offending professional
- Youth offending professional must not rest on laurels
- Youth offending professional must understand and recognise differences between young person and youth offending professional
- Youth offending professional non-judgemental
- Building rapport

- Youth offending professional gaining young person's respect
- Lack of conscious thought – sometimes just do it – make contributions to good relationship
- Honesty and truthfulness of youth offending professional
- Realise impact of judicial environment
- Youth offending professional must be approachable
- Youth offending professional a role model
- Youth offending professional being professional
- Youth offending professional being patient
- Need to get the young person's view of the best way to communicate

4. Joint Contributions to Building and Maintaining a Good Working Alliance

- Behaviours to build good relationship are timeliness and time bounded limits
Mutual process of 'work together' to achieve outcomes
- Mutual disclosure
- Mutual communication
- Relationship development is a two way process
- Lack of commitment from both parties negative

5. Measures of Successful Youth Offending Intervention

- Successful outcome = young person sees bigger picture
- Successful outcome = break cycle of offending
- Tangible outcomes = success

- **Success = young person's improved ability to communicate**
- **Success = whether a young person turns up or not**
- **Measure of relationship is continued statutory contact after order ended**
- **Positive outcome is no –re-offending**
- **Positive outcome is a young person keeping appointments**
- **Positive outcome of work – no re-offending**
- **Re-offending defines successful completion**
- **Successful outcome impacts the community as well as the young person**
- **Success = better opportunities for young person**
- **Reduce as well as remove offending = success**
- **Outcome = risk minimisation**
- **Success = compliance with Youth Offending Team**
- **No breach / re-offending = success**
- **Success = job satisfaction**
- **Positive outcome = change**
- **Positive outcome = young person understanding their behaviour**
- **Outcomes must be realistic**
- **Outcomes are small and large**
- **Affecting any change in young person = success**
- **Reduce re-offending = success**
- **Success is reducing re-offending**

6. General Attributes of a Good Working Relationship between a Youth Offending Professional and a Young Person

- Good relationship has a shared sense of understanding
- Good working relationship is a partnership
- Relationship is built
- Interest initially piqued – pre-judgement from youth offending professional
- Young person opened up after engagement
- Two way communication
- Small successes lead to bigger
- Realism of positive outcomes
- Relationship must be built
- Relationship is built – a step process
- Time bound
- Must achieve as a basis for effective work
- Relationship can not be forced
- Relationship built
- Good relationship = honesty
- Boundaries important in relationship
- Must 'work at it'
- In time young person begins to trust youth offending professional
- Boundaries important in working alliance
- Trust is built

7. Static Impacts upon Building and Maintaining a Good Working Relationship

- Gender of both parties impacts relationship
- Young person trusted me because I was a woman
- Past YOT experience impacts relationship building but can be overcome
- Young person's stage in criminal justice system impacts ability to build relationship
- Young person's expectations depend on previous Youth Offending Team experience
- Impact of custody vs. community setting
- What crime committed can impact working relationship

8. Dynamic Impacts upon Building and Maintaining a Good Working Relationship

- Frequency of contact impacts relationship
- Other workers impact on building a working relationship
- Difference in professional roles
- Frequent changes in youth offending professionals makes it more difficult to establish a working relationship
- Family impact on relationship
- Formality has more impact than time on a working relationship
- Important to initiate relationship building quickly after court
- When you get on with a young person work is easier
- Young people are perceptive
- Something non-definable can make you not like a young person

- Rapport important
- Relationship is built on intangibles as well as honesty etc.
- Working relationship directly impacts outcomes
- Working relationship impacts on levels of trust / honesty

9. The Outcomes of a Good Working Relationship

- On proving self [Youth Offending Professional), young person will begin to communicate
- Relationship critical to success
- Without relationship young person won't listen
- Attending = attentive young person
- Focus on positive outcomes being external to the young person
- Positive relationship = insight and comprehension
- Success gives job satisfaction
- Information gained by having a working relationship informs assessment and effectiveness of work
- Youth offending professional equipping young person with attitude to change
- Positive outcomes and success is rewarding
- Young person taking a 'leap of faith' demands a working relationship To get a positive outcome a young person's understanding and motivation must change
- A working relationship will enable youth offending professional to access and gain understanding of reasons / precursors to young person's behaviour
- Young person being motivated to change = positive change
- The quality of relationship is core to successful work

- Communication of feelings regardless of topic with a working relationship
- Youth offending professional job satisfaction with success
- Good relationship = young person talking to you
- Attendance and effect of young person attending = success
- WA contributes to young person's take up of work
- WA most critical thing in reducing re-offending
- Positive = young person is empowered
- Youth Offending Team work improves young person's confidence

10. The Outcomes of a Poor Working Relationship

- A poor working relationship means intervention will not work
- Poor working relationship stops work being effective as you won't understand young person
- Without relationship youth offending professional won't get necessary information to assess young person
- If a young person doesn't like you then they won't turn up
- If a young person doesn't like you they won't listen and work won't have an effect
- Bad working relationship – work will not be effective
- Without working relationship young person won't take work on board
- Youth Offending Team work won't impact without a working relationship
- Without working relationship youth offending professional won't see whole picture

11. The Responsibility of Achieving a Good Working Relationship between a Youth Offending Professional and a Young Person

- Youth Offending Team responsible ultimately for relationship to work
- A one way – Youth Offending Team controlled view of input to a good relationship
- Responsibility for change is put back to young person / family
- Young person made to feel comfortable and had the permission
- Young person needs to feel that a youth offending professional 'wont go on'
- Youth offending professional's responsibility to work and prove their role

Appendix Ten: Level 1 Category Codes of Young People Interviews

1. Young people's Views of Aims of Work with the Youth Offending Team

- Keeping out of trouble
- Keeping young person out of jail
- Get a good job
- Make me wiser / make me think about what I do and other people
- Not go back to Court

2. Necessary Elements of Youth Offending Intervention to achieve Aims

- Getting young person back in family home
- Victim / reparative work
- Getting young person into college / work
- Thoughts and feelings
- Empathy work
- Substance misuse work
- Talking about getting a job
- Making sure young person doesn't get into trouble
- Getting a job so young person does not need to 'graft'
- Offending related work
- Giving the young person other things to think about
- How time since last meeting has been
- Whether been in trouble

- Talking about work / school
- Consequence work
- Talking about family and getting on better with

3. The Attributes of a Person [not Youth Offending Professional] That Young People Get on Well With

- Tell each other anything
- Sorts things out so nothing bad happens
- Gets me out of bed
- Cooks for young person
- Gives young person money
- Similar personalities
- There for young person
- Listens to young person
- Gives young person "shit" that they need sometimes
- Doesn't give the young person any "shit"
- Tells it how it is
- Doesn't judge young person
- Sorts things out
- Understands things / young person
- If they are sound
- Young person feels they can talk to them

4. The Positive Attributes of a Youth Offending Professional that Impact Building and Maintaining a Good Working Relationship

- Tell each other things
- Feel able to talk to YOT worker
- Listens
- Gives advice
- They're sound
- They're cool
- Sorts things out
- Doesn't give young person shit
- They understand young person
- Knowledgeable
- YOT worker has to listen to young person
- YOT worker respects young person
- Understand where young person's coming from
- Put up with young person
- YOT worker not to ask to many questions
- Be straight
- Not give any shit
- Make sure they understand what young person is saying [feeling]

5. The Negative Attributes of a Youth Offending Professional that Impact Building and Maintaining a Good Working Relationship

- Don't know them as well
- Couldn't tell YOT worker what they tell adult close with
- Not family
- Doesn't cook or give money
- If they had an attitude
- Being horrible
- Not chilled out
- Telling young person what to do and being unreasonable in instructions
- First impression important
- If they don't respect me - I won't respect them
- If they go on at young person
- If YOT worker was nasty
- If they tried to make you do it
- If they weren't sound
- Doesn't listen to young person
- Talks at young person
- Doesn't seem to want to know, so young person won't talk to them
- If they seem to have more important stuff to do
- If they gave young person "shit"
- Didn't do what they said they would do
- Didn't understand young person
- Was weird
- Don't respect young person
- Judge young person

- Not nice

6. The Outcomes of a Poor Working Relationship

- Would not attend appointments
- Would not be back to do the work so would end up in Court
- Wouldn't remember to turn up
- End up in Court due to not turning up
- They will turn up but not listen or do work
- Wouldn't do the work
- Wouldn't talk to YOT worker
- Order would be a waste of time
- End up in jail

7. Joint Contributions to Building and Maintaining a Good Working Relationship

- Mutual respect
- Be honest
- Make the YOT worker understand material needs
- Listening
- Both turn up
- Team work / co-operation
- Don't argue
- Be nice to one another
- Don't disagree

- Listen to each other
- Talk to each other
- Honesty