



Iatrogenic Effects Measured within a Juvenile Sexual Offender Population

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Introduction

Previous Research

- Treatment programs with delinquent youth may bolster or increase antisocial attitudes and subsequent delinquent behaviors. (Arnold & Hughes, 1999).
- Previous investigations typically assess psychopathology with personality measures or other brief, self-report instruments (e.g., MMPI-II-A, MACI, etc.).
- No previous published research, with juvenile sexual offenders, examining treatment or incarceration-based iatrogenic effects is available.

Goals

- Identify assessment tools appropriate for measuring iatrogenic effects.
- Determine if juvenile sexual offenders are susceptible to incarceration related iatrogenic effects.
- Identify potential treatment/incarceration suggestions aimed at minimizing iatrogenic effects.

Methods

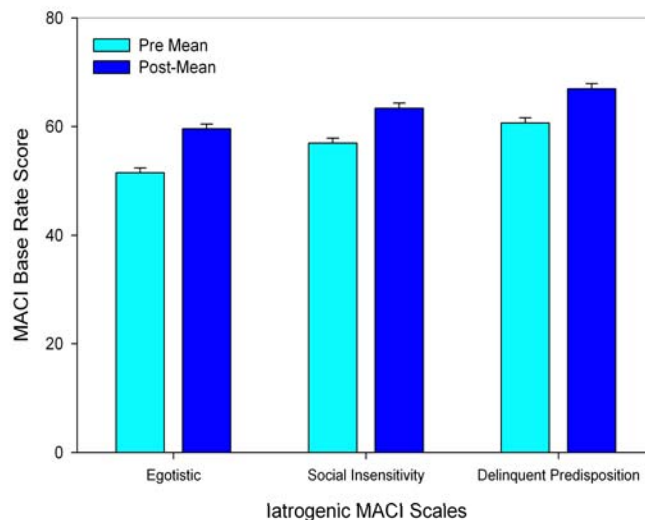
Participants

- Juvenile youth-offenders incarcerated at an Alabama Department of Youth Services correctional facility.
- Youth from throughout the state of Alabama were housed within this correctional facility.
- Average age = 15.66 (range = 12.1 to 18.67 ; $SD = 1.55$ years).
- $N=278$
- Offenders incarcerated for sexually inappropriate behaviors. Most common charges included rape (attempted), sodomy (attempted), sexual abuse (attempted), incest (attempted), or sexual assault (attempted).
- Demographic Breakdown: Caucasian (56.8%), African-Americans (40.2%), and "Other" (2.7%).
- The mean length of time between pretest and posttest assessment was 438.76 days (range 132 – 1745 days; $SD = 196.03$ days).

Instrument

- Millon Adolescent Clinical Inventory (MACI; Millon 1993).
- The MACI is a 160-item, self-report inventory specifically targeted to assess trouble adolescents.
- The MACI was designed to measure unique concerns, pressures, and situations adolescents face.
- Based on item content, the Egotistic, Social Insensitivity, and Delinquent Predisposition scales were selected to act as an objective measure sensitive to iatrogenic effects.

Figure 1. Pre-treatment and Post-treatment Mean Scale Comparisons



SAMPLE ITEMS

Egotistic

- I don't see anything wrong with using others to get what I want. (I)
- If I want to do something I just do it without thinking what might happen. (I)
- I don't like being the person I've become. (F)
- In many ways I feel superior to most people. (I)

Social Insensitivity

- I do what I want without worrying about its effects on others.(I)
- I do my very best not to hurt people's feelings (F)
- I don't see anything wrong with using others to get what I want (I)
- Too many rules get in the way of me doing what I want. (I)

Delinquent Predisposition

- Punishment never stopped me from doing what I wanted. (I)
- I'm no different from lots of other kids who steal things now and then. (I)
- I often have fun doing certain unlawful things. (I)

Results

- Significant differences across testing administrations were measured by a multivariate analysis of variance (MANOVA); Wilks' Lambda = 0.954, $F(2, 553) = 13.22, p < .001$.
- Subsequent univariate analyses indicated significant mean scale score differences between testing administrations based on the increase on the Egotistic scale ($F(1, 554) = 35.6; p < .001$), Social Insensitivity scale ($F(1, 554) = 23.01; p < .001$) and Delinquent Predisposition scale ($F(1, 554) = 23.01; p < .001$).

Discussion

- Juvenile sex offenders, based on the measured post-treatment responses on the Egotistic, Social Insensitivity, and Delinquent Predisposition scales, reported more frequent attitudes, beliefs, and behaviors associated with incarceration-related iatrogenic effects.
- These measured iatrogenic effects are believed to be the result of an extended period of incarceration and frequent contact with antisocial and delinquent youth throughout the treatment process.
- Correctional culture at this facility "rewards" delinquent behaviors and attitudes as students are extremely receptive to defiant individuals.
- Positive reinforcement of antisocial attitudes and behaviors may stem from the perceived increase in social status and respect from peers.
- Results suggestive of a more healthy clinical presentation following treatment were also measured (e.g., a significant reduction in symptoms of Depression, an increased ability to express empathy for others).

Treatment Implications:

- Comprise treatment goals with potential incarceration iatrogenic effects in mind.
- Attempt to identify individuals with frequent antisocial attitudes/behaviors as well as those who may be negatively influenced by exposure to such individuals (e.g., less delinquent peers).
- Attempt to eliminate/reduce the culture in which antisocial attitudes and behaviors are reinforced among peers.

Future Directions:

- Further research is needed to determine if segregating extremely delinquent youth from those who are less delinquent will protect less delinquent individuals from incarceration-related iatrogenic effects.

Contact Patrick Cook with any questions at cookpat@auburn.edu or visit the Burkhart laboratory webpage to view additional projects at www.auburn.edu/~burkhbr