Introduction

Previous Research

- The number of investigations examining the relationship between psychopathology and juvenile sexual offending is extremely limited.
- Previous investigations typically assess psychopathology with personality measures or other brief, self-report instruments (e.g., MMPI-II-A, MACI, etc.).
- Limited investigations assessing juvenile sex offenders and psychopathology with structured clinical interviews.

Goals

- Characterize juvenile sex offender psychopathology, as measured by the Kiddie Schedule for Affective Disorders and Schizophrenia for School-aged Children-Present and Lifetime Versions (K-SADS-PL) prior to treatment.
- Characterize juvenile sex offender psychopathology, as measured by the K-SADS-PL once treatment has been completed.
- Examine if treatment/incarceration influences the presence of psychopathology between assessment periods.

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.
- 15.65 (range = 12.1 to 18.67; SD = 1.55).
- Sex Offenders incarcerated on charges consisted of rape (attempted), sodomy (attempted), sexual abuse (attempted), incest (attempted), or sexual assault (attempted).
- Demographic Breakdown: Caucasian (56.4%), African-Americans (40.8%), Hispanic-Americans (2.4%), and “Other” (0.5%).
- The mean length of time between pretest and posttest assessment was 13.25 months (SD = 5.205).

Instrument

- Kiddie Schedule for Affective Disorders and Schizophrenia for School-aged Children-Present and Lifetime Versions (K-SADS-PL; Kaufman et al., 1997).
- The K-SADS-PL semi-structured interview protocol is designed to assess 82 current and past symptoms related to 20 different diagnostic areas found within the DSM-IV.
- Diagnostic impression of sexual offenders were ascertained with face-to-face interviews conducted by graduate-level clinicians who received calibration training and supervision by a licensed psychologist.

Results

- Pre-treatment and Post-treatment prevalence rates for each diagnostic variable are compared (see Figure 1).
- Published, non-clinical sample prevalence rates are compared with pre-treatment and post-treatment prevalence rates on select diagnostic variables (see Figure 2).
- A dependent t-test analysis revealed statistically significant differences between pre-treatment and post-treatment prevalence rates on the following diagnostic categories: Depressive Disorders, t(205) = 4.731, p<.001; Separation Anxiety Disorder, t(205) = 3.231, p=.001; Bulimia Nervosa, t(205) = -2.140, p=.034; Attention Deficit/Hyperactivity Disorder, t(205) = 8.361, p<.001; Conduct Disorder, t(205) = 6.548, p<.001; Cigarette Use, t(205) = 5.801, p <.001; Alcohol Abuse, t(205) = 7.686, p<.001; Substance Abuse, t(205) = p<.001.

Discussion

- Juvenile sex offenders report significant differences on 11 K-SADS-PL scales between pre-treatment and post-treatment administrations.
- Juveniles sex offenders, at time of incarceration, report significantly different levels of psychopathology compared to pre-test assessment (release).
- Given the significant differences on this semi-structured interview, it may be likely that incarceration and treatment influences psychopathology variables as measured by the K-SADS-PL.

Future Directions:

- Further research is needed to examine differentiating psychopathology among subgroups of juvenile sexual offenders (e.g., psychopathology related to offense type).