

## **RESIDENTIAL TREATMENT PROGRAMS FOR JUVENILE SEX OFFENDERS: DEINSTITUTIONALIZATION PROCESS AND TREATMENT MANAGEMENT CONCERNS**

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### **ABSTRACT**

Residential treatment for Adolescent Sexual Offenders has often been regarded as a last resort due to popular belief that their treatment should be least restrictive like in an out-patient environment. For these believers Residential Treatment Programs (RTPs) are not true representation of deinstitutionalization because such programs do not provide a considerable degree of freedom as in a home environment, where the adolescent can do whatever he/she can whenever he/she wants with whoever he/she will associate. While such an ideology is an admirable to some extent, the real issue is whether the deinstitutionalized adolescent is properly equipped to exercise such freedom responsibly in a way that his/her risk to self and his/her community is minimized. In reality, it is more than just a physical placement or part-time supervision of children. Their treatment, especially in case of sexual offenders, requires re-socialization and preparation for re-entry into mainstream community setting. While such an emphasis on close supervision and preparation of youth through re-socialization, and treatment justify RTPs, it is often difficult to determine the scope and standards of RTP, owing to the lack of consistent guidelines for the assessment of degree of pathology or mental illness among children and adolescents. Despite some basic consensus, treatment placement is frequently decided by various assessment methods adopted by clinicians, each of which is preferred based on their own perspective and/or disciplinary analysis of the client's psychological vulnerabilities as well as client's risk to the community. In general, children in residential treatment are believed to be not significantly different from those placed in less intensive

settings; nonetheless, they lack the structure that prepares them to make good choices for them and for their communities. Specifically, the lives of children in RTPs are often characterized by difficulties with strained family relationships at interpersonal level; and, behavioral, emotional, and psychological issues at intrapersonal level. Additionally, youth tend to have a history of substance abuse, family violence, mental illness, and criminal activity resulting in out-of-home placement. In other words, the adolescent sexual offenders are also less likely to have supportive networks than other youth offenders, which results in their inability to gain control over their poor psychological and emotional health a major gap that residential treatment programs can and shall fill.

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